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INSTITUTIONAL ANALYSIS AND INSTITUTIONAL SUPPORT: COLLECTIVIZATION AS A PRACTICE OF RESISTANCE

ANÁLISE INSTITUCIONAL E APOIO INSTITUCIONAL: COLETIVIZAÇÃO COMO PRÁTICA DE RESISTÊNCIA

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Abstract
Introduction: This article stems from the analysis of the political, ethical, and ideological crisis fueled by the advancement of neoliberal logic and its effects on the weakening of the Unified Health System (SUS). The legitimation of practices that undermine social guarantees raises questions about the existence of a health system that aspires to be universal, comprehensive, and equitable. **Objective:** Seeking to highlight strategies of resistance against the dismantling of SUS, this article presents Institutional Analysis and Institutional Support as mechanisms capable of mobilizing counter-forces to the neoliberal logic in health management and care practices. **Method:** This is a conceptual review that brings together the tools of Institutional Analysis and Institutional Support as resources for counter-practices within SUS. **Result:** The work to be carried out using these tools, in the context of crisis and neoliberal advance, involves activating collective action to critically examine work and institutional implications. **Conclusion:** Supporting collectives, therefore, emerges as a supportive action to contribute to the production of a healthcare system that serves as a stronghold of resistance against the dismantling of public policies.

Keywords: Democracy; Capacity Building; Unified Health System.

Resumo
Introdução: O presente artigo parte da análise da crise política, ética e ideológica promovida pelo avanço da lógica neoliberal e seus efeitos de fragilização do Sistema Único de Saúde (SUS). A legitimação de práticas de devastação de garantias sociais, coloca em xeque a existência de um sistema de saúde que se quer universal, integral e com equidade. **Objetivo:** Buscando evidenciar estratégias de resistência ao desmonte do SUS, apresenta a Análise Institucional e o Apoio Institucional como dispositivos capazes de mobilizar forças

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destituintes da lógica neoliberal nas práticas de gestão e de cuidado no campo da saúde. **Método:** Trata-se de uma revisão conceitual que aproxima as ferramentas da Análise Institucional e Apoio Institucional como recursos de práticas destituintes no SUS. **Resultado:** O trabalho a ser realizado a partir destas ferramentas, no contexto de crise e avanço neoliberal, é o de acionar a ação coletiva para colocar o trabalho e as implicações institucionais em análise. **Conclusão:** Apoiar coletivos, portanto, se apresenta como uma ação de suporte para a produção de uma saúde que seja trincheira de resistência ao desmonte das políticas públicas.

Palavras-chave: Democracia; Fortalecimento Institucional; Sistema Único de Saúde.

AS AN INTRODUCTION: IS HEALTH DEMOCRACY?

> What interests us in this health reform, imagining it as a national project, is the improvement of the living conditions of the population. May fewer children die, may our people live longer, may our people grow more, may our people be less afraid, may our people work better, may our people increasingly participate in the shaping of our future, may this nation be more self-determined, and may create a Brazilian project. We need to learn to live with diversity, with the collective. And it will be through diversity and the collective that we shall build our project [...] for a fairer society [1].

In these terms, more than three decades ago, Sérgio Arouca opened the proceedings of the VIII National Health Conference (1986). The first health conference with the active participation of civil society would be marked by establishing the guidelines of the Unified Health System (SUS), characterizing it as a fundamental policy to raise a democratic society project along with social justice.

From the approval of the SUS by law 8,080, September 19th, 1990 to the present day, SUS has gone through different historical moments, experiencing a stage of stagnation in the first years, and later it has thoroughly risen in the first decade and a half of the 21st century [2]. However, the last few years have shown one of the most significant crises in the history of SUS. Unlike many other crises experienced in different periods in more than three decades from the creation of this huge and generous social engineering, that the SUS has been representing, the current situation of the system exceeds the problems related to its financing, the quality of the services offered, or the qualification of workers to operate from the perspective of an effective public health. What calls SUS into question in this day and age is a political, ethical, and ideological crisis, a dispute of interests that also goes through the health field as an effect of a much more serious crisis in the democratic rule of law.

This crisis has deep roots and has originated from the lack of possibility of maintaining profits, whether through the process of transformation of productive forces, which imposes the destruction of old productive arrangements, as has been caused by 4th generation technologies, or by the capital financialization, which does not necessarily generate more value. The consequence of this crisis leads to “the impossibility to keep financing the social arrangement of the welfare state” [3], leading to a regressive structural transformation in the public sphere [3]. The defunding of public policies, as a consequence of this crisis, not only increases the degree of suffering of a significant portion of the population but also escalates social tensions, causing the emergence of a Penal State, with the expansion of the State violence against the excluded, which appears as a strategy of regulation of social life, because for the first time in the history of capitalism, a growing portion of society will be absolutely disposable forever [3]. From this perspective, the threats to the SUS are not in its retraction, but in its unviability in the face of a destructive logic of capital, which requires investments that, therefore, should not be shifted to financing public policies. Constitutional changes in SUS financing, such as PEC (Abbreviation for "Constitutional Amendment Project" in Portuguese) 86, approved in 2015, and social policies as a whole by Constitutional Amendment 95, approved in 2016, are tools that implement this statement, decreeing the constitutionalization of SUS defunding [4].

The spending freeze on public policies for two decades represents the hardest blow to the financing of resources to guarantee the rights provided by the 1988 Federal Constitution. In reality, this decision definitively undermines the possibility of affirming the democratic rule of law, implementing the neoliberal ideological premise that only the market is capable of effectively responding to social demands.

Campos [5] has assessed that the current distortion of the public nature of the country's health policies is due to the privatizing and neoliberal perspective of the Brazilian State, driven by a “reductionist rationality - opposed to social policies”. From this perspective, the public health professional expert evokes the transformative feature of the Health Reform that led to the creation of the SUS and calls on the many responsible ones who have created it and have been still

supporting it in deepening the critiques that defined this movement, remembering that “the fight for SUS relies on the fight against inequality, racism, machismo, the concentration of power in politicians, managers, authorities, and so on” [5].

It is known that the basis of social rights, in the triad that coincides with these rights and civil and political rights, are always those that are most tense and susceptible to being questioned, especially in times of economic crisis [6]. Therefore, there has been an advancement of the neoliberal way of thinking, which is not limited to an arrangement of policies favorable to the market but takes advantage of the economic, political, and social crisis that Brazil has been going through in recent years to present itself as an "alternative" project. The young people who walk on the streets with the phrase "Less Marx, more Mises" printed on their shirts set the tone for this dispute, showing that the basis of the debate has been significantly tense.

In the health field, this dispute has been presented in several ways, such as the privatization of services and the introduction of new institutional standards, such as Social Health Organizations (OSS, standing for *Organizações Sociais de Saúde*, in Portuguese) and Public Institutions of Private Law (7), but maybe the debate that is the best example and provides the dimension of the current clash of antagonistic forces is that of management models. It is through confronting and overcoming hegemonic administrative rationality, a Tayloristist heritage in health practices, that Campos proposed *Saúde Paidéia* (Paideia Health) [8], supported by a collectivizing and network-producing perspective to establish work processes and the basis of relations, by consequence, in the way of proposing health policies. According to Campos, the health work process cannot reproduce the Taylorist logic concerning the production line. Health must necessarily be proposed collectively and democratically [8].

According to the neoliberal way of thinking, the State is always presented as a too-large institution, also too bureaucratic and eminently inefficient. Along with this discourse there is the defense of the effectiveness of the market based on its “natural” capacity for self-regulation of social relations.

The neoliberal idea, self-proclaimed “libertarian”, seeks to delegitimize any and all social agendas, represented specially in a figure of a State characterized by the Leviathan, the Hobbesian monster, an authoritarian and inhibiting entity of

individual freedoms. This perspective radicalizes the logic of "streamlining", of "a smaller" or "less bureaucratic" state, a feature of the political debate guided by the defense of a "market God" regulator of life [9]. The neoliberal idea has been radicalized with the advance of financialized capitalism and is now guiding the extinction of the state as a whole. It is a logic that seeks to replace, ultimately, the idea of a Welfare State, which has as one of its constituent premises the duty to promote social justice, with the figure of the market as a self-regulating entity for the entire economy and, therefore, for human relations and human beings with their time [9].

This perspective goes in the opposite direction to the society project expressed in Sérgio Arouca's speech three decades ago. Given these terms, the foundation of the debate is no longer based on the responsibility of the State as a representative entity of collective interests, but rather on individual rights as a private problem that exempts any government body from responsibility for social issues, the articulation of public policies, among them the right to healthcare.

Safatle [10] diagnoses the effects that this mode of economic production and the resulting conception of the State produce on contemporary modes of subjectivation. The philosopher understands the aggravation of contemporary individualism as the most direct symptom of our current way of life and thus describes the hegemony of affections that reduce us to melancholic, easily controlled automatons:

> It is possible to say that power brings us melancholy and that is how it subjugates us. This is its true violence, much more than the classic mechanisms of coercion and domination by force, as this is the violence of a social regulation that leads the Self to accuse itself [10].

The main problem of this hyper-individualized subjectivity is the impossibility of recognizing ourselves as subjects of lack, which is exactly the fundamental condition to establish ourselves as political subjects. It is necessary to focus on the understanding of our own incompleteness, the insufficiency that makes us, so that we can give up the necessity for authority, at the expense of the need to form alliances for the production of the common [10].

Returning to the founding act of the VIII Conference which pointed out that there would be only health for all when there were democracy, just as there would be only democracy when there were health for all, we can say that the society project that supports the Unified Health System is only callable with a social project based on what is common. The dispute over social projects that goes through the Brazilian political situation calls into question the existence of the SUS at risk. It is therefore necessary, from the main core of health practices, to propose also actions that support this project that is based on collectivity, solidarity, and social justice.

This article is part of a set of theoretical-methodological efforts by public health experts whose implications regarding the public dimension of health policy, strenuously built up over more than 30 years of SUS regulation, do not allow any silence in the face of attacks on its principles and setbacks of his most valorous achievements. In response to the call made by Campos [5] to build a unified project that implements the universal right to health, we propose to integrate this debate with an analysis of the support-function within SUS collectives, taking it as technology for the expansion of institutional democracy that can contribute to overcoming the current impasses that the collective health and the country have been facing.

COLLECTIVE HEALTH AND POSSIBLE TOOLS FOR THE PRODUCTION OF THE COMMON

> We can change this world exclusively from within, metamorphosing ourselves, becoming chimeras and monsters, and freeing ourselves from all capitalist subjectivations [11].

When Toni Negri introduces, along with Michel Hardt, his proposal for a new conception of *Common Well-Being* [12] (the third book that completes the trilogy along with the books *Império* and *Multitude*) the problematization that is in focus is related to the current need for revolution, including the concrete and material conditions that could lead to new forms of social organizations that face the exploitation of globalized capitalism. Thinking with the authors that the production of the common involves new collective assemblages that activate the multitudinous power of an affective plurality, a collective synergy that encompasses many and different subjective forces, it is necessary to tension the field of health towards this

movement that, according to Arouca, would lead us to learn how to live with diversity and build a fairer society. Pelbart also seems to invest in this construction when he mentions the concept of the Italian philosopher to speak of a "set of brains in cooperation(...). Anyway, here it is the social bios, the vital, material, and immaterial assemblage... In summary, this common is a set of singularities in continuous variation" [13].

It is, therefore, from this point where there is an agreement in relation to a productive sense of collectives regarding health actions, what we could also designate as a rescue of the public dimension of health; a matter of thinking about what tools we have built in the field of collective health to guide the production of the common. Here we propose the approach of two methodological intervention tools that, with the necessary differences, contemplate this ethical-political dimension that has been evoked here based on the concept of Common Well-being. We will focus, hence, on the working methodologies of Institutional Analysis and the technology of Institutional Support in Health.

Nothing is more contemporary, in this time that demands the production of resistance strategies against neoliberal attacks on health, than the institutionalist premise "transform to know." The slogan-motto of the French institutionalist movement [14,15] was taken from the walls of Paris in 1968 to evoke methodological inversion, critical of the linearity in the traditional pedagogy. If it is possible to learn from the effects of the revolutionary movement, all hierarchies that put the authority of the professorial, patriarchal, or governing knowledge above collectives can be questioned. Perhaps reversed. Thus, following up and inspiring groups, collectives, and the governed to practice their autonomy of thought, establish their own knowledge, and define, with them, their spaces of power – self-analysis and self-management, as proposed by the institutionalist movement – becomes not only a methodology for social work for small groups of French students from the mid-20th century. Gathering varied fields of knowledge and social operators from different theoretical-political origins, institutional analysts inaugurate an entire critical movement of focusing on the reality of groups and organizations to produce an increasingly greater relationship of subject-groups and not just subjected-groups [16,17].

Going in the same direction, investing in the potential of expanding the autonomy of collectives, as a strategy for the production of technical and ethical crises in health services, and in the ways of thinking about health, is the motto of Paideia Health from which the figure of the Institutional Supporter will emerge [8].

Both methodologies, based on the proposition of showing the implication of the subjects who comprise and produce the institutions, are based on the understanding that all subjects are deeply influenced by the machinic productions of our ways of existing. In the specific case of the health institution, it is equivalent to saying that there is no production of health that is not immediately also a production of subjectivities and the creation of worlds. In this way, producing health through the practices of a system that is desired to be universal, comprehensive, and equitable is to confront directly a societal project that relies on values that exalt individualism and the commodification of life. Acting in support of collective health promotes processes of subjectivation that reject the neo-liberalization of health.

Seeking, for the previously announced purpose of building paths for effectively collective health that contributes to the fabric of a new Common Well-Being, we will outline here, in a synthesis effort, a parallel between the proposition of a socio-analytic intervention and institutional support, in order to understand how it is possible to bring together such devices in favor of a movement in defense of SUS and the public dimension of politics, so contrary to these times of economic and subjective privatization.

INSTITUTING CRITIQUES AND ADVANCES OF EACH PERSPECTIVE

Lourau [18] establishes the socio-analytic thought precisely through the critique of the pragmatism of psychosociological models that had a significant influence on institutional thinking in the first half of the 20th century. The American way of thinking, especially through theorists like Maslow, Maio, Lewin, Moreno, and Rogers, had "reformist" characteristics, related to crisis management or organizational dysfunctions, seeking to employ techniques that would establish a "good" group functioning. This way of conceiving institutions, still in their legal conception, i.e., the institution as an establishment, was unable to put institutions, with all their

conservative apparatus, related to maintaining the moral values of an era, under analysis [18]. By formulating the notion of the institutional unconscious as an invisible, cultural, and subjectivizing dimension of institutions, Lourau and Lapassade twist the previously used concept and from it, they outline a new perspective on the institutional intervention that should precisely focus on the institutional dimension of collectives [15,18,19].

A similar movement can be observed in the development of the support role in the context of a Paideia Health program [8]. Starting from an analysis of Taylorized health work processes, Campos [20] delves into what he would designate as the "critique of the critique." While understanding that individuals are immersed in history and society, and therefore subject to the heavy influence of hegemonic managing rationality, he also recognizes a being with relative and variable autonomy to fulfill desires, interests, and needs. A subject, hence, who is not "devoid of a singular subjectivity and the ability to react to their context" [20].

In some way, the displacement effort proposed by Lourau and Lapassade from the place of the institutional analyst, as well as the way of understanding the institution itself, converges with the intention of expanding the autonomy of collectives proposed by Campos in the practice of Institutional Support. Just as the practice of control over workers in hegemonic managing rationality arises from the division between those involved in management and those operationalizing the work [20], the effort of implication analysis – a fundamental tool of the institutional analyst's work – is also to remove the place of the expert, who engages in thinking in the place of others, about others.

The Wheel Method, proposed by Campos, aims to shift the control of autonomy over workers to the workers themselves, "combining social commitment with freedom" [20]. As the autonomy of workers is expanded through the co-management of collectives, there is here the possibility of tensioning the hegemonic ways of proposing the organization of health services, in both its technical and ethical dimensions. Shared management hybridizes the ways of managing, democratizes participation in decision-making, and destabilizes the separation between those who plan and those who operate.

The premise that supports the emphasis on expanding the autonomy of collectives is precisely the idea that only subjects of the analysis (including the analysis of their power relations with the institutions in focus) and intervention are capable of producing instituting health. In this way, the use of the wheel method is also a device of rejection of managing models with neoliberal features, since the practice itself operates under the analysis of power relations established through health actions.

THE INTERVENTION MOTTO

For institutionalists, self-analysis and self-management are assumed as analytical devices, in the sense that everyone involved operates to unveil the repressed dimension of the institution. The unconscious dimension of institutions becomes a constant object of analysis, seeking the exposition of the instituted, thus operating towards the affirmation of a subject-group. In socio-analysis, the institutional analyst, hence, constitutes in themselves, through the tool of implication analysis, a device of intervention [21].

The main objective of the practice of the Institutional Supporter, on the other hand, is to produce a collective analysis movement of work from the perspective of what Campos calls Paideia Health, i.e., promoting collective and democratic management as an inducer of change in individuals, work processes, and health organizations. The co-management makes it possible to redo positions in power struggles within establishments, and considering that all health production is also a producer of subjectivities, it results in new ways of self-perception and perception of others as an effect. In this sense, both approaches focus on the production of non-institutionalized health. The instituted health is this denounced one for it does not have as a goal the practice of care but rather the production of patients that justify the existence of experts in this field [18].

The critique towards the health institution, in its hardened and fragmented ways of performing and conceiving care work, is committed to the creation of demand for its own reproduction [of the instituted], serving as the motive for the intervention of any instituting support and analysis. We recognize here a clue

to tension in every practice that aims to turn health into a commodity. The way wherein, at times, a client/service relationship is reproduced in SUS services, distorting the system's actions as efforts to guarantee rights, is unveiled as a result of the market logic instituted in the health institution. It is through the analysis of these practices that institutional agents (workers, users, managers, and social movements related to health) can displace these instituted elements from their practices.

As institutional analysis processes are capable of highlighting the instituted forms of a particular institution, setting off the established relationships between groups and/or individuals with these institutions, it becomes possible to favor instituting movements. This dialectic of tensioning instituted forms, which promotes instituting movements and, on the other hand, will establish a new instituted form, is compatible with the purpose of Institutional Support to strengthen the organizational democracy of a specific establishment/service. Organizational democracy encompasses the chance to debate, therefore, the rise of the difference and the contradictory.

PLACE/POSITION OF THE AGENT OF INTERVENTION

Both the Institutional Analyst and the Institutional Supporter are part of the work process; however, what differentiates them is the fact that the former is necessarily an external third party linked to the organization with the exclusive goal of conducting institutional analysis. The Institutional Analyst is inherently an inciter, a foreigner who goes into the institutional dynamics with the interest of "infiltrating" into institutional spaces where the institution's agents may be unable to navigate. He or she is, therefore, an authorized intruder authorized by the institutional contract, challenging the dynamics of established relations, favoring the emergence of analyzers, creating crises to generate movement, and transforming to know. On the other hand, the institutional supporter can be either an external third-party or a member of the client-team. It is a role that seeks to contribute to the collective in the exercise of analysis, aiming to enhance projects and the organization of practices.

METHOD/MAIN TOOLS

The fundamental strategy of Institutional Analysis is the effort to release social discourse, composing collective statements with the non-knowledge of groups, revealing concealments in an unconscious level in which institutions are operating. The intention of the analytical process is to build a process culminating in the Socio-analytical General Assembly (*Assembleia Geral Sócio-Analítica* - AGS). The AGS would be an immersive work with all agents of the contracting establishment and analysts, seeking to conduct a collective analysis based on social phenomena.

Besides, the institutional analyst will also rely on a series of tools, such as implication analysis, analysis of the order, analysis of demand as well as the production of analyzers [19]. The institutional supporter operates through the organization of collectives, guiding health production through co-management, always aiming for the expansion of autonomy and democracy in services. The wheel method aims to spread knowledge, power, and affection. As the wheel becomes a method of co-management, collectives enhance their analytical capacity as well as their ability to produce health [20].

In any case, whether it is the general assembly or the wheel method, these are devices that can serve the SUS, and through health, produce experiences that strengthen democracy. In times of exhaustion, both material and immaterial labor affectively affect the worker, draining their energy in a way that prevents them from reacting collectively and organizedly to attacks on their rights and those of the entire population. Thus, Institutional Analysis and Institutional Support are identified as potential devices of resistance, guiding the production of the common based on the relations of work. The table below provides a summary of these intervention devices:

Table 1

	Institutional Analyst - Lourau	**Institutional Supporter - Campos**
Founding Critiques	To the pragmatism of psychosociological models. To the 'psi' intimacy of groupism that confirms the social structure (clinging to techniques, turned into ends); critique of structuralism.	To the hegemonic managing rationality, based on Taylorism (control); critique of structuralism: man has not died!"

News/ Innovation	**Implication Scandal** Arise of the concept of institution, distinguished from organization/establishment and groups = Acrobatic leap by G. Lapassade.	Emphasis on the **Expansion of Autonomy** of collectives as a crucial element in the production of the technical and ethical crisis in health services.
Motto of Intervention	**Self-Analysis and Self-Management** Unveil, take off the mask. Why? Disturb, **set off the crisis** to change the organization through the unconscious dimension of groups (**to reveal the most repressed** in groups: the instituted) towards the affirmation of a subject-group.	**Paideia Health** Management as the engine of organizational change; to make it through repositioning in power struggles towards **co-management**; a project for one's own happiness and the happiness of others. The production of health and subjectivities as inseparable processes.
Proposal / Investment	It is possible to decipher the relations that groups/individuals keep with institutions and promote **instituting movements**.	It is possible to change health organizations, expanding their **use value**. Strengthen organizational democracy.
Place / Position of the Intervention Agent	It composes the work process (external third-party) and it has tools that favor the emergence of analyzers. **Intruder**, **foreigner**, institutional **inciter**.	Someone from the **client-team** or an **external third-party**; contributes to collectives in the practice of analysis with the aim of improving intervention projects.
Method / Main Tools	**Releasing the social discourse**, composing a collective statement with the not-knowing of groups, revealing concealments where a certain number of institutions operate, whose horizon is a **Socioanalytic General Assembly** (AGS). Analysis of implications; analysis of the order; analysis of demand, Production of analyzers: “Seeing in prominence what the demand would draw in hollow” (17).	Organizing work collectives for the **production of health in a shared management system** that expands **democracy** in services. Building **Conversation Circles** to share knowledge, powers, and affections; Expanding the analytical capacity of the collective.

Source: Comparative table between Institutional Analyst and Institutional Analyst. Developed by the authors.

Considering such approximations between these devices, it is possible to assert these practices as a relevant space for the establishment of experiences that resist the dismantling of the SUS. The creation of collective spaces that allow the development of contact zones and exchanges that make it easy the perform the analysis, and confrontation of ideas, positions, and affections, whose outline and composition in the difference bring forth commitments and agreements towards the affirmation of the SUS as a device for the production and promotion of life.

The wheel, or the act of making the wheel, therefore, continues to be highly revolutionary in our time. In a context of increasing individualization, joining the wheel and allowing oneself the experience of building collective processes emerge as a mode of resistance.

FROM CONSTITUENT POWER TO DESTITUTION

There is an evident effort to weaken the SUS in favor of market-oriented healthcare. The intention to promote the logic of a bad-State and good-State in the field of health becomes apparent when, for example, the World Bank produces a document analyzing the situation of the SUS, suggesting that for better management efficiency, it should be taken over by public-private partnerships [22]. Certainly, the study probably did not take into account the two billion *Reais* (BRL) in debts of the country's health insurance companies forgiven by the National Congress related to fines to be paid due to ineffective or not provided services to their clients [23]. Neither does the fact of not having scientific evidence on the fact that privatization, in the form of transferring services to private entities [24], results in greater equity of access and cost reduction.

On one hand, the SUS as a policy is weakened through underfunding and a permanent campaign to delegitimize it as a health model. On the other hand, people's lives are weakened throughout all health determinants: labor rights are weakened, access to education is precarious, the right to housing is denied, etc. According to Peters [9], this precariousness of life, along with its financialization—even if, for a large part of the population, a life operated through consumption is not accessible—creates a time that the author calls post-democracy. The discourse of guaranteeing rights in the welfare State gives way to the discourse of debt, authorizing governments to work undemocratically to ensure the property rights and financial power of credit institutions at the expense of the public.

To the extent that the SUS is reduced or replaced by a "more efficient" private model, the percentage of the Brazilian population that relies solely on the public system for their health care increases. The approval of labor reform and the outsourcing law is based on the consideration that informal work is the ideal model, in this way, from the perspective of those who advocate for this discourse, "the state does not interfere with the relations between employee and employer", without taking into the account that the perspective overlooks the fact that the rates of illness and workplace accidents in this contract model are predominantly higher than those for employees with formal work contracts [25].

The suspension of democracy promoted by the advance of neoliberalism in Brazil and worldwide heralds brutally harmful effects on the health of the population. However, the work "*Motim e Destituição*" (26), signed by editors who identify themselves as the "Invisible Committee" (*Comitê Invisível*) points out that this notion of health aimed at establishing itself in our country functions exactly for its intended purposes: "It is not through the failure of health institutions that we will end up living in a toxic world from end to end and that makes everyone sick. On the contrary, it is through their triumph. The apparent defeat of institutions is often their real function" [26].

The discourse of crisis finishes the cycle of accelerating strategies of expropriation by financial capitalism. The crisis is the keyword for the financial system to establish the logic of extortion towards states, forcing them to adopt austerity policies, cut social spending, and precarize labor, among other well-known strategies, in favor of paying off a public debt that only grows. The more crises, the more drastic the austerity measures, the higher the profit margins for the financial system, and the more the population becomes afflicted with illness.

But what does health have to do with it? What can be done from the perspective of health to face this condition? What can the support role offer in relation to this confrontation? Here, we borrow the answer given by Negri and Hardt [27] regarding how we should react to the neoliberal logic. According to them, it is necessary to produce a process of singularization that is capable of reacting to this condition imposed on us.

> The process of subjectivation begins with a refusal. I don't want it. We refuse to pay your debt. We refuse to be expelled from our homes. We will not submit to austerity measures. Instead, we want to be in possession of their – or, in reality, our – wealth [27].

The SUS represents not only the possibility of ensuring universal, comprehensive, and equitable access to healthcare but also in investing in a collectively built health. Investing in a public healthcare system, as emphasized by Sérgio Arouca at the opening of the VIII National Health Conference, is an investment in democracy, in the courage to fight for a more just project of society.

To illustrate the value that SUS has in itself concerning this commitment to a project of society, it is worth recalling a memory. It involves a user of a Therapeutic Residential Service who, in the context of research on caregiving methods, noticed that the research team was feeling very upset due to a political defeat (related to the government that had created the residential service in the state). In an attempt to comfort them, she expressed gratitude by saying: “May God continue to give you the courage to keep doing this work that gives us courage”.

According to Negri and Hardt [27], the way to produce the common, beyond this policy that not only makes it harder our living conditions but also our desire to live and fight for our lives, is through the subversion of the neoliberal way of existence. For the authors, we must invest in singularity, in the capacity for cooperation, in productive interdependence. These are the keys to producing the common.

Just as Arouca, in another time, invested, Negri and Hardt claim the need to establish a constituent power capable of intimately associating people around the common, participating directly in decision-making, making the multitude the ruler of common institutions, reinventing and making democracy something concrete [27].

Our devices of support of health must offer possibilities to open paths to the production of the common. No type of support is more crucial at this moment than proposing courageous work that gives courage to the *people*. To mutiny against the virtual neoliberal future that insists on presenting itself as a trend. But mutiny is only formative in what it is capable of making visible [26]**.** Mutiny to depose, which is the opposite of instituting. To depose is not to attack a particular institution but rather the feeling of need for it that we carry within ourselves.

The notion of destitution offers another approach to confronting the acceleration of neoliberalism. While constituent power aims for the reinvention of institutions, destitution asserts the need to relinquish them. It is necessary to detach ourselves from institutions because they always seek a fixed legibility of reality. Institutions comfort us by sparing us from asserting anything, from putting ourselves in the position of taking the risk of a “singular reading of life and things” [26]. However, renouncing singularity is renouncing existence, resigning from life.

> *Destituere* in Latin means: to set aside, to erect separately; to abandon; to set aside, let fall, suppress; to disappoint, deceive. While the constituent logic clashes against the power apparatus over which it thinks it has control, a destituent power is much more concerned with escaping from it, with removing any control over itself from this apparatus, as it grasps the world that forms on the margins. Its own gesture is the *exit*, whereas the constituent gesture is the takeover. In a destituent logic, the struggle against the State and capital is valuable primarily for an exit from capitalist normality [...] It does not renounce the struggle; it is *linked to its positivity*. It is not regulated by the movements of the adversary but by what requires an increase in its own power [26].

To invest in life, on the capacity to increase our own power to produce democracy, the common. To depose health as a commodity and the financialization of access to care. To support processes that are capable of making health a device that favors the establishment of constituent power. To revolutionize relations and society through care, because it is precisely in the 'explosion' of a revolution that the mirages of the impossible fade away [26].

This subjectivity of exhaustion, the lack of energy to react, and the absence of a perspective of a possible future that is not an expansion of inequalities, which seem to establish deep roots in our hearts, in the face of revolution, reveal themselves as simple fables told to deceive fools. In the words of those who sign as the Invisible Committee: “The palaces are emptied, and we find out, in the disorderly papers that the sovereign left behind, that he himself no longer believed in the institution, if he ever did” [26].

FINAL CONSIDERATIONS

It is necessary, hence, to dispute in every health practice promoted by the SUS this project of health as a collective experience, determined by how we are able to ensure just, democratic, inclusive social relations, marked by diversity and the heterogeneity of ways of existing. We must be alert to health-promoting practices so that they can translate into action the desire to promote this society that Arouca envisioned when opening the VIII National Health Conference, and that continues nowadays as an open-field dispute.

May we be able to support health practices that are highly revolutionary precisely because of their ability to provide a foundation for the common. May public health be a trench of resistance to the efforts to the suspension of democracy, and may we have the courage to inspire courage.

REFERÊNCIAS

1. Conferência Nacional de Saúde (BR). Anais 8ª Conferência Nacional de Saúde. Brasília: Centro de Documentação do Ministério da Saúde, 1987. Available in: http://www.ccs.saude.gov.br/cns/pdfs/8conferencia/8conf_nac_anais.pdf

2. Pasche DF, Righi LB, Thomé HI, Stolz ED. Paradoxos das políticas de descentralização de saúde no Brasil. Rev Panam Salud Pública. 2006; 20(6):416–22. Available in: https://scielosp.org/article/rpsp/2006.v20n6/416-422/

3. Menegat M. A crítica do capitalismo em tempos de catástrofe: O giro dos ponteiros do relógio no pulso de um morto. Rio de Janeiro: Consequência; 2019.

4. Santos, NR dos. O SUS na prática: qual a política pública de saúde? [Internet]. 08/01/2016 05h 01. 2016. Available in: http://cebes.org.br/2016/01/o-sus-na-pratica-qual-a-politica-publica-de-saude/ access in: 31 de maio de 2019.

5. Campos GW de S. SUS: o que e como fazer? Cien Saude Colet [Internet]. 2018;23(6):1707–14. Available in: http://www.scielo.br/scielo.php?script=sci_arttext&pid=S1413-81232018000601707&lng=pt&tlng=pt

6. Menicucci T, Gomes S. Políticas Sociais: Conceitos, trajetórias e a experiência brasileira. Rio de Janeiro: Editora Fiocruz, 2018.

7. Teixeira M, Martins M, Silva V. Novos Desenhos Institucionais e Relações de Trabalho no Setor Público de Saúde no Brasil: as Organizações Sociais e as Fundações Estatais de Direito Privado. Trab em Saúde, Desigual Sociais e Políticas Públicas. 2014;89–99. Available in: http://www.lasics.uminho.pt/ojs/index.php/cics_ebooks/article/view/1900

8. Campos GW de S. Saúde Paideia. 4a. São Paulo: Hucitec; 2013.

9. Peters MA. Economias Biopolíticas da Dívida. 2016;14.

10. Safatle V. O circuito dos afetos: Corpos políticos, desamparo e o fim do indivíduo. São Paulo: Autêntica; 2016.

11. Negri A. Exílio seguido de valor e afeto. Coleção Po. São Paulo: Iluminuras; 2001.

12. Negri A, Hardt M. Bem estar comum. Rio de Janeiro: Record; 2016.

13. Pelbart P. A comunidade dos sem comunidade. In: Pacheco, A.; Cocco, G.; Vaz PO, editor. O trabalho da multidão: império e resistências. Rio de Janeiro: Gryfus; 2002.

14. Rodrigues HBC. À beira da brecha: uma história da Análise Institucional francesa nos anos 60. In: Amarante P, editor. Ensaios: subjetividade, saúde mental, sociedade. Rio de Janeiro: Hucitec; 2000.

15. Paulon SM. Instituição e intervenção institucional: percurso conceitual e percalços metodológicos. 2009;5:189–226. Available in: https://www.e-publicacoes.uerj.br/index.php/mnemosine/article/view/41440

16.Guattari F. O dossier: Michel Foucault, últimas entrevistas. In: Escobar CH, editor. As instituições e os discursos. Rio de Janeiro: Taurus; 1974.

17. Guattari F. Revolução Molecular: Pulsações políticas do desejo. São Paulo: Brasiliense; 1987.

18. Lapassade G. Grupos, organizações e instituições. Rio de Janeiro: Francisco Alves; 1977.

19. Lourau R. A análise institucional. Petrópolis: Vozes; 1995.

20. Campos GW de S. Um método para análise e co-gestão de coletivos. 2a. São Paulo: Hucitec; 2005.

21. Lourau R. Análise Institucional e Práticas de Pesquisa. Mnemosine. 2007;3(2):7–117.

22. Banco Mundial. Propostas de reformas do Sistema Único de Saúde Brasileiro. Banco Mundial; 2019.

23. UOL. Senado aprova perdão de R$ 2 bilhões a planos de saúde. Available in: https://noticias.uol.com.br/politica/ultimas-noticias/2014/04/15/senado-aprova-perdao-de-r-2-bilhoes-a-planos-de-saude.htm access in: 30 de maio de 2019

24. Miranda A. Institucionalidades Jurídicas e Administrativas de estabelecimentos de saúde nas regiões de saúde. Novos Caminhos: Pesquisa Política, Planejamento e Gestão das Regiões e Redes de Atenção à Saúde no Brasil. Regiões e Redes: Caminhos da universalização da saúde no Brasil; 2017. Available in: http://www.resbr.net.br/wp-content/uploads/2017/04/Novos_Caminhos_16.pdf

25. Antunes, R. O privilégio da servidão: O novo proletário de serviços na era digital. São Paulo: Boitempo; 2018.

26. Comitê Invisível. Motim e destituição agora. 2a. Comitê Invisível, editor. São Paulo: n-1; 2018.

27. Negri A, Hardt M. Declaração: isto não é um manifesto. 2a. São Paulo: n-1; 2016. 143 p.