



# IDEMEDS

BRAZILIAN INSTITUTE OF DEFENSE OF THE  
DOCTORS DENTISTS AND SOCIETY

**PUBLIC HEALTH CARE SYSTEM**

INDEPENDENT AND ASSOCIATED  
WITH FREE COMPETITION



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# PUBLIC HEALTH CARE SYSTEM

The preventive and medical-hospital Public Health Care integral system is insured by the indirect social pension plan and pre-paid by society through the consumption relationship (CF. Articles 193 to the 201 - Laws: 8.137/90 and 8.212/91 and Complementary Law n° 109/01).

The integral medical-hospital Health Care System, owed by the State, is executed, privatized, regulated and reimbursed by INSS (National Institute of Social Insurance) and SUS (United Health System), in independent and associated ways (CF. Articles 37, 175, 196, 197, 198, 199, 200 and Law 8.080/90).

The protocol independent Public Health System is impersonal, efficient, free of charge and executed or privatized in one unique standard: the SUS Standard (CF. Articles 37, 196, 198, 200).

**Through SUS, the society has the right to customize services in free competition, in order to transform the privatized Public Health Care System into associated Health Care system** (CF. Articles 1<sup>st</sup> to 7<sup>th</sup>, 60, 170, 175 and Laws: 8.078/90, 8.080/90 and 8.884/94).

It is a collective social right that the State provide private hospitals which assume the state responsibility to provide beds and also to invest in technology and professionals, so that the self-employed liberal medical class can commit their private clientele through the Associated Public Health Care system.

It is also State duty to demand the Public Health care unique waiting line, in an associated execution modality, in which private patients summarize the insured procedures by INSS, customizing them along with supplemental private services (CF. Articles 1<sup>st</sup> to 7<sup>th</sup>, 60, 170, 174, 175, 193, 194, 195 and Laws: 8.078/90, 8.080/90, 8.212/91 and 8.884/94).

For 20% of working population, the State withdraws a percentage of their salaries or transfers the subsidies from INSS, through indirect salaries that pay the companies' health care plans; so that the private companies manage public and private resources that reimburse the associated Public Health Care to their members.

They use SUS medical-hospital infra-structure, in an evident act of injustice, prohibits 80% of people to be committed in the private sector by their private doctors' requests, through the associated Public Health Care, to co-operate by summing up the privatized Public Health Care and reimbursed by SUS, to their own.

# ASSOCIATED PUBLIC HEALTH CARE SYSTEM

In the Associated Public Health Care, there is co-participation from patients in the medical-hospital service insured by the federal government in one only standard – SUS Standard (CF. Articles 193 to the 202).

It is a private sector right to transform the official Public Health Care, protocol and privatized by SUS, into Associated Public Health Care; and the State has the duty to provide hospitals, where the medical class can personalize the SUS Standard in free competition (CF. Articles 1<sup>st</sup> to 7<sup>th</sup>, 60, 170, 175, 193, 194, 195, 196, 197, 198, 199, 200, 201, 202 and Laws: 8.078/90, 8.080/90, 8.212/90 and 8.884/94).

**The medical-hospital Associated Public Health Care must be executed over the integral Independent Public Health Care** which is protocol, privatized, regulated and reimbursed by SUS (CF. Articles 174, 175, 196, 197, 198, 199, 200, 201, 202).

If, by privatizing the integral, isolated and impersonal Public Health Care (CF. art. 37), reimbursed on the expense of indirect social pension, the Federal Government does not transfer to private medical-hospital service providers the duty to provide hospitals to the medical class to personalize supplemental private services, the public initiative starts having the duty to become direct responsible for execution of Associated Public Health Care, to attend the Professional autonomy prerogatives of more than 270 thousand doctors.

If there is refusal from private rights institutions to attend Associated Public Health Care in free professional competition, all hospitals must be public as Public Justice is; which works keeping the prerogatives to Professional autonomy from all self employed attorneys. These ones work in their private offices making use – to themselves and their private clients – of resources and services provided by the State.

In those cases, the physicians on duty from the clinical staff of Public Health Care in hospitals, who would be all public; should opt for exclusive dedication : being paid as judges and Interact with the self-employed liberal medical class, 24 hours a Day, in associated service to private clientele chosen, with freedom, co-operating, adding and personalizing through SUS.

In private commitments executed over official privatized Public Health Care, which is owed by the Federal Government and reimbursed by SUS, within the Law, in private sector, it can add supplemental or complementary services to be received as associated Public Health Care (to analyze cited constitutional articles in page 5).

# SECTORS OF A DEMOCRATIC GOVERNMENT

- PUBLIC
- PRIVATE
- PUBLIC – PRIVATE PARTNERSHIPS

# CONSTITUTIONAL RIGHTS AND OBLIGATIONS – PUBLIC, PRIVATE AND ASSOCIATED

The integral medical-hospital Public Health Care must be executed and privatized, regulated and reimbursed by the State to 100% of patients, in both independent or associated way.

The privatization of Public Health Care is the public investment that motivates :

1. The private medical-hospital sector to invest, to complete SUS by spreading it to 186 million people.
2. The collective social right from the State to provide private hospitals for the medical class and society to make use of, in free competition,

Federal Constitution Articles:

**1<sup>st</sup> to 5<sup>th</sup>** - basic principles of citizenship and basic human rights (Laws 7.716/89, 8.078/90);

**6<sup>th</sup>, 7<sup>th</sup>** - social rights; **18 to 70 § only** - of the administrative and political organization of the State;

**19, III** - not to create distinction among Brazilians or preferences among them;

**23, I, II** - to watch over for the constitution, to watch over for the health;

**24, XI, XIII** - to watch over concurrently on social welfare, health and justice; **37** - it will obey the principles of legality, impersonality, morality, publicity and efficiency;

**60 - § 4<sup>th</sup>, IV** - rights and individual guarantees are stony clauses;

**70 § only** - rendering of accounts of the use of public money;

**170 to 192 - ECONOMIC LAWS** (Law 8.884/94);

**170 to 174** - competition exempts, autarchies, the Public Power determine the norms and the o example;

**175** – permission for the execution of public services;

**193 to 202 - PREVIDENCE RIGHTS** (Law 8.080/90);

**193** – public order, welfare and social justice;

**194 and 195** - indirect social welfare (paid to INSS (National Institute of the Social Insurance), through COFINS (contribution with social purposes) and donations of percentages in the profits of lotteries – collective social security;

**196 to 200** - Unique System of independent and associated Public Health;

**196, 197, 198** - SUS - Unified Public Health Care System

**197 to the 199** - Private System of Supplemental Health;

**200** – the abilities and maintenance of knowledge in charge of;

**201 and 202** - tax-paying or direct public social welfare (paid to INSS - National Institute of the Social Insurance) and to complement private, of private law (private programs of pension, among which could have one special as complementary program to the associated Public Health).

# HOW PUBLIC AND PRIVATE SECTORS AND PARTNERSHIPS WORK

## **PUBLIC SECTOR**

1. Organs, foundations and public companies of public rights (CF. Art. 37)
2. Career public employees hired through tests and political citizens invited for trust positions, who might be dismissed through an administrative processor “ad nut”.

## **PRIVATE SECTOR**

1. Private sector companies aiming profit
2. Foundations and NGOs, of private right, not aiming profits.
3. It is free of any work, Office or self employed liberal professions, and the allowed social services, hired, partners to the government or executed on public infra-structure, which can be customized (CF. Art. 5° XIII).

**PUBLIC-PRIVATE PARTNERSHIPS – PPPS** - public incentive for business investments and private professionals to spread worldwide and keep the infra-structures : public, private and privatized. The privatized Public Health, as any other service, could be customized with extra private services :

**AUTARCHIES** and societies of mixed economy, of public right guided by judicial regulations of private economy for workers.

**SUBSIDY** to diminish extra private services costs and social procedures owed by the State and privatized by public rights contracts.

**DISINVESTING OF CHARGE** for administrative areas by the State or in temporary economical difficulties.

**DISCOUNT IN INCOME TAXES** against privatized social services' receipts, in order to encourage the private services sector and diminish costs to compensate the public duty to health.

## **CONTRACTS SIGNED BY LICITATIONS OR PUBLIC RIGHTS**

**PARTNERSHIPS** for state investments in building business infra-structure in communications, or in systems such as: roads, ports, airports, energy, water, sewer, gas, and others; and the privatizations of social procedures, insured and regulated by regulatory agencies. The private services are executed in the name of the State, by private companies and workers, which could be complemented when hired in private offices, through free competition.



# HOW HEALTH WORKS IN PUBLIC AND PRIVATE SECTORS AND PARTNERSHIPS

**PUBLIC** – offering privileges, imposing prejudice and eliminating professional and social prerogatives in areas such as: clinical and hospital – public or complementary private.

**PRIVATE** – with privilege and discrimination towards private appointments execution, liberal and self-employed, and prohibition from SUS for medical-hospital services supplemental private to Public Health insured by society, privatizing it through parallel partnership made by inverted and unconstitutional way.

**PRIVATE-PUBLIC PARTNERSHIPS** - In order to promote inversion of rights in partnerships, the State does not provide private hospitals where Public Health may be requested by private doctors to patients,, in order to transform into Associated Universal Public Health, being reimbursed by INSS or SUS, regulated by ANS, CADE and PROCON and by society, through free competition.

**AUTARCHIES** in the area of health must have the same rights to the ones of other economic areas.

**SUBSIDY** is offered in the considered indirect wages; it privileges 20% among the entrepreneurs and workers associated to cooperatives and medical/dental private insurances.

Social **DISINVESTING OF A CHARGE** of taxes and contributions for foundations, public and private sector hospitals that execute direct or indirect procedures in the Public Health substructure

**DISCOUNT** on **INCOME TAX** against receipts of paid private services for private appointments made through free competition or by indirect programming through cooperatives or health entrepreneur programs.

**CONTRACTS AND AGREEMENTS** paid with indirect social security resources which does:

1. **DIRECT REIMBURSEMENTS FROM SUS** to medical-hospital Public Health, independent and associated, this last one, IF executed in certain state and private hospitals, modality in which SUS discriminates most medical class, the hospitals and society. SUS denies equality of principles and constitutional rights by not reimbursing, with equality and fairness, to Public Health partner to private supplementary sector, which should be requested and executed as Associated Public Health, as well as by self-employed liberal professionals.

2. **INDIRECT REIMBURSEMENTS OF INSS** (National Institute of the Social Insurance) paid to associated Public Health through the entrepreneurs, medical cooperatives and the operators, for which the State allows and sponsors, in direct and indirect ways, the addition of the social resources to the Associated Public Health and the entrepreneurs participate of budgeting the resources of private financing for additional services to the Public Health, in a financial operation that privileges 20% of the workers, discriminating and impoverishing 80% of them.

# THE PUBLIC-PRIVATE PARTNERSHIPS

In democracies, the public-private partnerships are essential for the execution of conjunct services. In order to facilitate the understanding, they can be divided in five economic mega-systems:

1<sup>st</sup>. **COMMERCE, INDUSTRY and SERVICES SYSTEM**- public or private sector; this last one working over all the public investments and receiving tax incentives or disinvesting of a charge of taxes.

2<sup>nd</sup>. **FINANCIAL SYSTEM** - public or private one; this last one working and invoicing private resources on all the public investments and receiving financial and tax incentive.

3<sup>rd</sup>. **EDUCATION SYSTEM**- public or private; this one working and invoicing private resources on all the public investments and receiving monetary and tax incentive as discounts on income tax to be paid.

4<sup>th</sup>. **SYSTEM OF JUSTICE** - public or private; the private self-employed liberal sector working and invoicing private resources on all the investments of Public Justice:

- Legal Consultations: public or private sector

- Public Justice: dative or personalized.

5<sup>th</sup>. **SYSTEM OF HEALTH** - public or private; in which the medical self-employed liberal class does not have where to commit sick private patients, on the Public Health integral care insured by the indirect social welfare; this, because the State does not provide private sector hospitals where the doctors execute this right; but it privileges the education and health employees of the State, who attend to Public Health in the university and public hospitals of reference that belongs to the SUS (System of Public Health).

**1. Medical/Dental appointments:** public or private, with tax incentives (IT against receipts).

**2. Public Health Care:** independent or associated integral; this having to be paid over the collective social investment to the Public Health care impersonal integral and, that is daily pre-paid through the consumption relation. The associated Public Health is executed and reimbursed in some SUS state hospitals and available to 20% of the workers. These pay private health-insurance plans with indirect wages subsidized by INSS, the companies, administrators or operators of the resources and reimbursements due to the rendering of procedures of the associated Public Health.

If, the medical-hospital integral and privatized Public health executed in private sector, under SUS Standards were complemented in the free competition, would extinguish the privileges – and also the discriminations and the economic downturn in SUS (system of public health), that causes the impoverishment of SUS itself, of almost all the doctors, the hospital entrepreneurs, and all other society and health workers.

# 1st PARTNERSHIP – COMMERCE, INDUSTRY AND SERVICE SYSTEMS

## **THE PUBLIC POWER INVESTS IN THE COUNTRY'S INFRA-STRUCTURE BECAUSE IT NEEDS:**

- financial, entrepreneurial and Professional assets that the private sector has;
- generation of jobs and services that it produces;
- taxes and the direct and indirect social security plans that society pays for.

## **THE PUBLIC POWER FINANCES, SUBSIDIZES, INSURES, MANAGES AND REGULATES**

the net of social protection to support workers investing in communications, energy, habitation, public transport, basic sanitation, education, credit, savings, private pension plans, Public Justice and Health, to guarantee social growth and the integral Education, Public Security and Health.

## **HOWEVER, THE FACT THAT THE STATE MANAGES THE OFFICIAL HEALTH INSURANCE TO THE INTEGRAL PUBLIC HEALTH CARE DOES NOT AUTHORIZE IT TO:**

- discriminate the management and the execution of the Independent and Associated Public Health;
- execute private services inside university and public hospitals of reference, causing unconstitutional, disloyal and abusive competition to the private sector;
- to privilege or to discriminate any citizen.

# 2nd PARTNERSHIP – FINANCIAL SERVICES

The public sector manages the financial sector and privatizes it under universal rules and regulations so all public and private Banks work with isonomy.

The public banks become autarchies or anonymous societies with the majority of the stocks belonging to the State, and the private ones have monetary incentive in the services that they execute, with universality, on behalf of the State.

The services are offered equally in the financial system that includes the public and private banks, where there is a balanced competition in reaching for business and individual clientele.

The public and private bank doors are open to companies, to financial services managers and to the population, allowing no discrimination of any kind, in selling and managing financial products such as :

- Saving Accounts
- Companies and Individual accounts
- Loans and Papers managed by Banks with interest charge and tax payments
- Tax receiving and contributions
- Salary and Retirement funds payment
- Government programs trade (credits and loans for the BNH, FINAME, farming, importation and exportations, etc.
- Investments management, insurances and private pension plans, etc.

# 3rd PARTNERSHIP – EDUCATIONAL SYSTEM

The State executes public education and manages, invests and subsidize the private one. **The private education** is regulated and monitored, under State control and the State investment it is represented in the proportional discount of the income tax, in scholarships and educational credit.

The educators and students collaborate intellectually and financially for the increase of knowledge.

There is abuse of Power which results in official corruption, embezzlement, fraud and prevarication, when employees of State agencies receive private sector resources in its schedules and public workstations, in which, for the wages that they receive from the State they would have to execute impersonal and efficient services, without extra charges. The hospital-schools must execute free and complete Public Health that has been pre-paid by the population and should be determinant for the public sector and work as an example to the private sector (CF. Art. 174).

Nowadays, the educational area privileges the medicine professors allowing them to work in associated Public Health, insured by INSS and executed over complete and free Public Health directly by SUS in university hospitals and reference public ones, through private rights institutions not aiming profit, which associate in a parallel way, offering destructive competition to medical-hospital private sector.

The private medical-hospital sector is forbidden to offer associated Public Health through self-employed liberal medical class for private clients to personalize to complete and free Public Health, because by doing so, it won't receive payments from SUS. The procedures and public resources reimbursed by SUS would work to diminish private commitments costs, and compensate private medical-hospital investments.

In the private sector, in order to solve the serious sickening processes of their patients, private doctors should commit them through privatized Public Health and reimbursed by SUS; the clinic staff in public hospitals or public and private interacting with medical class, so there would be efficient medical-hospital monitoring, 24 hours a Day, for the benefit of society.

Not only Law professors, but all self employed lawyers open lawsuits through the Public Justice System, gathering resources from private clients which are paid by services executed on investments made by Public Power and offered to Police stations, forums, prosecutions and superior tribunals.

# 4th PARTNERSHIP – JUSTICE SYSTEM

The Public Justice must provide security and social order.

Lawyers work in dated and collective Public Justice; in this one, gathering services and public resources to the private ones that are paid in their offices, directly through their clients.

In collective Public Justice the State charges forum costs because Public Justice is not insured as the medical-hospital Public Health, which is paid to INSS to guarantee indirect social security.

The professionals and aides of Public Justice System Interact with the Law class on behalf of dated and private clientele from lawyers public prosecutors or liberal self-employed.

No employee from Public Justice can charge for lawsuits and public services that are provided in the name of the State. If they do, they will be dismissed on behalf of the public service.

Not even the public Justice services exist to gather public resources to private ones to serve and benefit only members of official magistracy or university Law professors and their company and individual clients.

In the case mentioned above, the Public Power would be discriminating almost all lawyers, as around forty years, with contentment from business people, the State privileges 20% of workers and also discriminates all medical class, even if 80% of the population among professionals and consumers impoverish and may have difficulties in the health area.

If the country's Public Justice organisms were useful only to be gathered with Professional private services requested by Law professors through universities and magistrate, this would be a nonsense; but that's what happens to almost all of medical class, and this fact claims for justice.

# 5th PARTNERSHIP – UNIFIED HEALTH SYSTEM (SUS)

**The independent and associated Public Health is due by the State, the entrepreneurs, the society** (CF. Articles: 19, 22, 23, 24, 196, 197, 198, 199, 200) **and each citizen** (CF. Articles: 1<sup>st</sup> to 5th, 170, 199, 201 and 202).

SUS infra-structure is made of public organisms that provide whole free Health

Public (independent) and hospitals and private Law foundations that provide privatized Health Public : independent and associated.

Official or Private Public Health employees **who provide impersonal services in the 24 hours a Day in the name of the State**, are not allowed to receive gratuity or payments through the whole Public Health that execute for SUS, because it is owed by social indirect pension, which is universal.

The associated Public Health must also be executed in unique line determined by SUS, which may be reimbursed by INSS or SUS, with social security resources.

Private services cannot be executed to patients committed through SUS Vacancies Management, and never in university hospitals and public reference ones or in beds partnered by SUS in private sector hospitals and foundations.

However, to the Law, self-employed doctors and society have the right to medical-hospital Public Health provided without any discrimination (Law 7.716/89); within all consumers rights (Law 8.078/90); gathering services and public and private payments over the private medical-hospital structure of whole Public Health, independent and associated partnered by SUS (Law 8.080/90), requested in free competition (Law 8.884/94). The whole insured medical-hospital procedures must be free of charge because, after provided, must be reimbursed by INSS or SUS, at the expense of indirect pension (security) – (CF. Articles 193 to 202).

Only the private supplemental services requested must be paid by patients, they are executed on whole medical-hospital Public Health, insured, privatized and reimbursed by SUS or by administrators and operators from medical cooperatives and private health insurance plans, to providers of procedures and services of independent and associated Public Health.

In vacancies designated to Public Health, hospitals and private rights foundations that receive resources from social security have **the duty and the right** to commit private patients from medical class, on integral Public Health private and reimbursed by SUS. However, IF they refuse this duty, must work as clinics, receiving just the benefit of tax discount – and never the resources from collective social security.

# PUBLIC HEALTH INFRA- STRUCTURE: OFFICIAL, PRIVATE AND ASSOCIATED

**They are interdependent and sum up to each other** in executing clinical and medical-hospital procedures from Public Health, impersonal and personalized for more than 186 million people.

The night-shifters in hospitals and private rights foundations work indirectly for the medical-hospital Public Health, whole and private. **They form the clinical body of privatized Public Health.**

The federal government must manage the Public Health resources that must subsidize nation-wide the medical-hospital infra-structure from SUS to independent and associated Public Health.

SUS must execute, privatize, regulate and reimburse, at the expense of INSS or Federal Tax – which charges COFINS, the family health services, the vaccination and protocol procedures to whole medical-hospital Public Health, performed in Federal District, Estates and Cities.

The medical-hospital official Public Health, when partnered to the private sector, is private but still of public rights usage.

The associated Public Health, in which there is spontaneous co-operation from private hospitals is of private right. The middle class patients would not overload public hospitals If they were committed by their private doctors in private hospitals, over private Public Health by SUS and IF they could pay, upfront, only the medical-hospital personalized services they requested.

Society uses, with freedom, in the private sector, the gathering of all public infra-structures in the areas of communication, engineering, education, energy, banking, Law, etc... But, although society pre-pays for Public Health in the form of a specific collective social insurance, the citizens have been forbidden to co-participate and/or add their own resources with freedom, about the public investment made through SUS, at the expense of pre-paid society resources. Therefore, in medical-hospital associated Public Health, the private medical-hospital expenses would decrease to all, and not only 20% of them.



# SUS DUTIES TO PRIVATE SECTOR

**Private rights foundations and hospitals must be open to medical class for self-employed**, liberal professional request, for personalizing of associated Public Health.

The insurance resources belong to society and must reimburse the medical-hospital Public Health procedures, which when personalized, turn private Public Health by the Public Power into Associated Public Health.

If the Public Health is privatized and reimbursed with resources of the collective social security, the private companies, **of private law must assume, exclusively, the duty of the State to provide hospitals to doctors, in protocol line**, for attendance to the associated Public Health that includes the public and private social resources.

If companies and private rights medical-hospital foundations refuse to assume the State duty to provide hospitals to the physicians and all private clientele, which has the right to be reimbursed by indirect social security, all public hospitals could and would be open to medical class, in one unified protocol line, including university and reference public hospitals, that already execute associated Public Health with Double market reserves.

In this case, the State – besides managing public hospitals, indirect pension and regulating medical-hospital Public Health – must also manage Associated Public Health, naming competent administrators, who could be dismissed “ad nut”, by the Public Power.

Nowadays, the public hospitals with a private management have manipulated a move through the private rights social Organizations, so that SUS attends directly to associated Public Health, which is personalized and pays bonus to Education servers and Public Health ones.

But those ones provide disloyal competition from the State to the private sector once, also in that case, the Health System should obey the rule of associated Public Health being requested by middle class in free competition, in one unified protocol line, **as Public Justice attends and protocols the opening of lawsuits from all self employed lawyers**, offering complete state coverage to them and their clients.

# RIGHTS OF PRIVATE SECTOR PARTNERED WITH SUS

**Personalized services are private right ones.** The private sector may offer additional services to privatized public procedures which must be efficient, impersonal and free of charge(CF. 37).

**In democracies, the private sector is essential,** and receiving the tax benefit and thorough medical-hospital reimbursements in SUS Standard is inalienable right of all patients attended in private offices and/or private and public hospitals of the country, which are registered to SUS by obligation.

Due to low payments from medical-hospital Public Health reimbursed by security the associated private payments allow private capital to return to investments and technological/Professional updates.

In general, the medical-hospital procedures are emergency ones, and SUS should provide hospitals in private sector, supported by reimbursements from indirect social security to independent whole Public Health; so the middle class would have a place to commit their private patients through associated Public Health, when both choose to personalize and co-participate in medical-hospital attendance.

All entrepreneurs work on all infra-structures and state investments. The navy and airlines on airport and port structures, the truck drivers and taxi drivers work on public streets in the country, the schools and Banks work on private services over services, public investments and tax discounts; and lawyers perform their profession working on national Public Justice infra-structure.

**The medical class, the foundations and private rights hospitals deserve to be reimbursed;** they work on private sector, with sparing public investment and take responsibility for all expenses. By abuse of Power, they are prevented from providing additional private services on the whole medical-hospital Public Health insured by the Federal Government, privatized and reimbursed by SUS which in law, can be requested by private clients whom choose to personalize Public Health through freedom of choice.

# STATE CAREERS, SOCIAL DISCRIMINATION AND MEDICAL RIGHTS FOR REIMBURSEMENT

In all areas, the free professional and entrepreneurial activity allows citizens to enhance public services.

There are careers which are exclusive to the State, as the ones in Public Justice, requesting exclusive dedication schedules; **but not even these ones eliminate the self employed liberal private sector for the judiciary class** and other professionals whom complete it.

Lawyers provide additional judiciary services, making entire use of Public Justice infrastructure.

In social areas of communication, economy, education, energy, engineering, medicine, deontology, transportation, etc. the State builds, maintains, regulates and inspects the entrepreneurial infra-structure to assure good use of public sector, private sector and the necessary partnerships agreed between State and society.

If the State performs both Independent and Associated Public Health on its own, the liberal medical class Will have all hospitals in the country to commit their clientele over whole and independent Public Health, which Public Power and society schedule and SUS executes directly or indirectly. In this case, privatizing directly the insured Public Health, that INSS should reimburse to around 186 million Brazilian citizens, in both independent and associated ways.

From the sponsored discrimination by the State and accepted by businessmen since the 60's, society's private financing resources were deviated to companies that were operators of health insurance plans and, later, to medical associations.

Managing the resources, withdrawing the citizen's rights of doing so directly, hurts the rights of liberal self-employed private medical-hospital sector, that is the performer of health procedures. So, almost all doctors and private hospitals foundations – which do not associate to public hospitals through OSs, **have the right to INSS reimbursements and SUS for moral, Professional and financial damage.**

**Lawyers must study how much a reimbursement is worth for 1 (one) more of 40(forty) years of submission** from almost all doctors, foundations and private hospitals in the country to unconstitutional demands of the Public Power. The few doctors who work in university hospitals and reference audiences have absolutely no rights to any reimbursement. They don't have to be enrolled in medical cooperatives or private health insurance plans to commit their private patients in associated Public Health performed directly over SUS official procedures, gathering private resources by receiving payments made of private resources in university hospitals and public ones, that perform disloyal competition to almost all medical class and the country's private hospitals.

# CONSUMER RIGHTS GATHER ALL CITIZEN RIGHTS - I

Social security is paid through the consumption relationship; therefore Public Health is a right to all consumers.

When committed through SUS Vacancies Management the patient is not allowed to pay for anything else, but can never lose the right to gather and personalize private additional services when performs free choice in the private sector.

Associated Public Health cannot be a privilege to 20% of workers:

- public servers, on duty or retired, do not have the right to make use of associated Public Health, performed as a privilege through IAMSPE and other similar organisms, in public hospitals as well as private ones partnered to SUS, when it is denied by Public Power to society, that pays those salaries.
- Union workers from industry and commerce, organized groups of liberal professionals or retired citizens have been making use of associated Public Health, but it is necessary to bring to the rights of equity the 100% of workers who pay for that in advance throughout all their lives, 24 hours a Day, 365 days a year.
- Medical-hospital Public Health, in its integral and independent way, must be granted free of charge and impersonally, through SUS, in its independent and associated ways. The associated Public Health received as a privilege or benefit by those is a collective social right inherent to official Public Health privatized by SUS, reimbursed at the expense of indirect social security and requested at the private medical-hospital sector by the liberal self-employed medical class.

The Federal Constitution determines that all are equal to the Law **and that consumers can not be discriminated** (CF.Art. 1 to 5); the workers deserve social rights (CF. Articles 6 and 7), and it is due to the Sate to legislate about health and justice (CF. 24), public services are impersonal, efficient and free of charge (CF.

Art. 37); free competition is the right to any companies, private professionals and society (CF. Art. 170); private services may have concession or permission from public sector through competition processes (CF.Art. 175).

# CONSUMER RIGHTS GATHER ALL CITIZEN RIGHTS - 2

**In Title VII the Constitution confirms the right to social welfare justice** (CF. Art. 193); that the health services and social assistance are secured by indirect social pension, the collective social security (CF Art. 194, 195); the independent or associated Public Health, which gathers public and private resources is a duty of the State, the entrepreneurs, the society (CF. Art. 193) and each citizen.

It also confirms that the health services are of public meaningfulness and allowed to individuals and companies of private right (CF. Art. 197); that SUS is responsible for performing official Public Health, in which entrepreneurs and communities must cooperate in order to make Public Health fair, dignified and provided widely (CF. Art. 198).

The integral Public Health medical-hospital procedures performed in public organisms, foundations and private hospitals to patients directed to Estate Vacancies Management must be paid exclusively by the State; that is, they cannot be complemented with private services and resources.

The State must invest resources from collective social security in the medical-hospital sector and foundational of private right so that, when being privatized by public right contract, the integral medical-hospital Public Health is requested by the liberal self-employed medical class, through a unique protocol line, to their sick patients. Being regulated and reimbursed by SUS, the privatized Public Health must also help decrease costs of personalized services, which are gathered to associated Public Health, by freedom of choice (CF. Art. 199).

**The State must keep Professional and technological knowledge updated (CF. Art. 200).**

The entrepreneurs, society and each citizen must be able to participate with freedom, demanding that the integral and universal medical-hospital Public Health privatized by SUS be offered without discrimination through the liberal self-employed medical class to their private patients (CF. Art. 170, 198, 199, 200, 201 and 202).

It has been already proven that all public investments provide the basis and the sustain all economic systems : industry, commerce, financial, educational and public justice. It is undeniable that the integral universal medical-hospital Public Health is equally the essential basis to private supplemental health.

# THE REASONS FOR THE PUBLIC HEALTH CHAOS

The chaos occurs because the employers (State and private entrepreneurs) sponsor associated Public Health to only 20% of citizens and discriminate 80% of society, achieving the following:

The State Power does not provide private hospitals, from the philanthropic ones that belong to society, so the liberal self-employed medical class may commit their patients in integral associated Public Health and withdraws from the private medical-hospital sector the right and the duty to complement, exclusively, personalized services on integral privatized Public Health.

The private medical-hospital companies could only receive the incentives of reimbursements to privatized Public Health by SUS or INSS if they were open to associated liberal self-employed Public Health.

University hospital and reference public ones charge, when they should work for free and without having losses, because the protocols and values from SUS reimbursements are programmed from those hospitals. The public administrators must determine reimbursements in values that could cover the real expenses of performed procedures, 24 hours a Day, by night shifters of Public Health.

The administrators of foundations set inside public organs but managed by social organizations – Oss – of private right and parallel Power, privilege those hospitals and university professors, but destroy the prerogatives of almost all medical class, kept away from the right to attend equally the associated Public Health, even after being privatized by SUS and performed in the private sector. However, all private services provided in the country are performed over public investments.

**If the State obeys the Constitution**, patients Will be treated equally, the public health services Will be impersonal and the supplemental private ones Will be chosen in free competition. The private medical-hospital services prices Will be regulated by ANS and inspected by PROCON, being also paid by private health insurance plans; the doctors Will not have to work under a servitude regime, within 60 to 100 hours a week, while workers usually work 44 hours.

CFM, CRM, CFO, CRO, CADE, PROCON, OAB and all Associations of Health Service Providers should protocol, collectively or individually, Unconstitutional Acts – ADIN against federal laws nr. 9.637/98 and 9.961/00. These laws created the OSs which annul the State, allowing the existence of a parallel public Power; and ANS regulates associated Public Health as if it were a privilege to 20% of workers who afford to pay for private health insurance plans. This Law de-regulates Professional prerogatives of medical-dental appointments and private medical-hospital commitments.

# WHAT INSTITUTIONS ARE INVOLVED?

**INSS** - If INSS is paid by the population and does not reimburse the insurance equally to all committed patients in official or privatized Public Health, the security discriminates some citizens and INSS does not practice isonomy. This happens, because the State accepts the determination of the Supervision of Private Insurances - **SUSEP** that discriminate the society in the area of the health.

**SUS** – depreciates physicians diplomas when it eliminates the prerogatives to autonomy and isonomy that the medical class may commit their private clients in associated Public Health performed in private sector; but allows some doctors to commit their patients from offices or emergency patients who look for emergency rooms in university hospitals and reference public ones, in independent Public Health, paying for private supplemental services in order to make it associated Public Health, which is a private right duty. This must be performed exclusively in the private sector, which receives wide incentive, in order to help SUS perform social Public Health.

**PROCON** – Does not demand the observing and obeying to Consumers Rights and Duties Code in Health area, allowing citizens to be discriminated and impoverished, once the ones who cannot afford a private health insurance plan have to pay a much higher price once in this case SUS denies the integral reimbursement from Public Health, which has to pay for all commitments.

**CADE** – Does not demand Professional free competition in the private health area and still allows the State to destroy the private sector, when applies disloyal, illegal and abusive institutional competition in university hospitals and public reference ones to professionals and selected clients.

**ANS** – Does not regulate associated Public Health to society, doing so only to 20% of citizens and takes part discriminating 80% of them, because it does not demand SUS to offer (in the private sector) privatized independent or associated universal Public Health.

**COUNSELS : MEDICINE FEDERAL AND REGIONAL, ODONTOLOGY AND DENTAL-MEDICAL UNIONS** – they have the right to guarantee the medical and dental classes prerogatives to these professions, not allowing the State to destroy the liberal self-employed sector from opening a second door in public reference and university hospitals. That way, in a parallel way, a very restricted number of doctors and patients can make use of a private right to associated Public Health reimbursed by SUS and complemented by private resources paid direct and indirectly by privileged patients also attended in public hospitals.

**PRIVATE HOSPITALS UNION** – Hospitals that receive incentives from collective resources of social security managed by SUS and INSS must have to be open for the medical class prerogative to commit their patients through privatized associated liberal self-employed Public health. If they are not open to doctors and their patients, they must work as private clinics receiving exclusively the tax incentive.

# HISTORY

- Until 1888 there was the African race slavery, under the complacency of Portuguese and Brazilian courts, the support from great farmers and the tactical acceptance of society.
- From the decade of 1960 on, Brazil's government started sponsoring a new social difference, extinguishing the autonomy prerogatives of the medical class and, as a natural consequence, of all other self-employed health professionals.
- The initial difference was in military hospital, after IAMSPE and other federal, state and city institutions created after 1960 to privilege public servers; in the end of the decade the businessmen joined the government and new companies' health plans came along, as well as the medical cooperatives that sell and reserve associated Public Health to union workers from the commerce, industry and services or joined in Class Associations or NGOs.
- Reserving this collective social right and turning it to a privilege, 20% of society started being part of this discrimination, that also has the undeniable right to make use, through SUS, directly of Public Health.
- In 1976 the Zerbini Foundation created the 2<sup>nd</sup> door at INCOR and, since then, another innumerable Private Right Foundations started working over Education and Public Health performed inside organisms and state hospitals, **and to compete with the private supplemental sector in an unconstitutional and illegal way, because the basis of this parallel activity are the corruption, peculation and prevarication.**
- The health care institutions from public services, the companies private health plans and medical cooperatives commit their associates in special accommodations in university hospitals and reference public ones, out of the unique line; alleging rights they do not have about the Public Health being performed inside public hospitals. They represent triple expense to social security funds, while impoverishing and making difficult the attendance of poorer ones in a great number of SUS public hospital.



# HOW TO SOLVE THIS PROBLEM?

1. The State, complying with the Constitution and extinguishing the parallel public-private power in Education and Health National Systems. The Health and Education professionals should provide the best and not the worst example.
2. The government, investing in public and privatized infra-structure from SUS to guarantee the essential medical-hospital procedures, providing private hospitals with security resources reimbursed to independent Public Health by all committed patients; SUS making partnership to universal Public Health, to guarantee with equity, to society, associated Public Health in free competition.
3. The lawyers, working for the medical class and the rights of private patients to associated Public Health performed in the private sector, through SUS; they should pay only the difference, in prices regulated by ANS and inspected by PROCON. These compatible to a private installment paid by sector operators, discounting the value of associated Public Health that INSS subsidies through indirect salaries; when performed by freedom of choice the secured installment must be reimbursed by SUS.
4. For social justice, SUS must reimburse the infra-structure of privatized integral Public Health and provide hospitals to the medical class and perform associated Public Health to their clients, so there could be Health Care Plans that finance families so they could pay for private services chosen by own will.
5. ANS should register Sector Financing Operators, organized by companies associated to Insurance and Pension Federation and managed by public and private Banks associated to FEBRABAN, to support families with private financings of society. They will continue representing the same expense to the federal government, as IF they occupied only SUS, but having conditions to save to improve supplementary services with saved resources with this specific goal.
6. People in general, becoming aware of the need to organize themselves through insurances, medical-dental cooperatives, health plans as the new ones that manage private and public resources, to lost fund, keeping to pay for private services indirectly to third parties, as they have been paying for 40 years **or they can save through Health Plans with Private Funds of Complementary Security to Support Families**, in order to request privatized associated Public Health through SUS, paying directly, upfront, with resources from this Private Complementary Security to Health.

# ASSOCIATED PUBLIC HEALTH PERFORMED IN FREE COMPETITION THROUGH SUS

1. By hiring the privatization of independent Public Health, SUS should demand free competition from foundations and private hospitals that perform medical-hospital associated Public Health.
2. In order to avoid the nowadays mess, only SUS or INSS should be hold responsible for the reimbursements of integral privatized medical-hospital Public Health.
3. The State providing the beds and apartments destined to associated Public Health, that can be requested by the self-employed medical class to patients of their private offices, in order to decrease the costs of private services so that everyone can personalize the insured Public Health.
4. Professional and social justice including payment guarantee by SUS to the medical-hospital sector and supplementary prices regulation which must be encouraged by reimbursements from social security to Public Health and be managed by ANS to 100% of population.
5. The regulation of medical-hospital prices made by ANS to supplementary Public Health must respect laws 8.078/90, 8.080/90, 8.212/91, 8.884/94 and be regularly inspected by CADE, PROCON and society.
6. When a company that manages associated Public Health resources buys a hospital, this is another company; this is a procedures provider to Public Health, which has its own regulation. If it receives resources from the Federal Government at the expense of INSS or SUS, as any private hospitals must be open to self-employed medial class and to all society in the execution of associated Public Health with freedom of choice.
7. In case of maintenance of 2<sup>nd</sup> door in school-hospitals and reference public hospitals or refusal from SUS to reimburses procedures provided to private patients and/or private hospitals do not assume the estate duty to guarantee the prerogative of Professional autonomy to medical class, the hospitals must be all public with competent public management. The OSs are unconstitutional, for private right organizations must work in the private sector. They may provide services to the Estate, but being responsible for their management expenses and survival.
8. **The insurance that values and guarantees integral medical-hospital Public Health is the indirect social security;** collective insurance paid 24 hours a day for 365 days a year, to guarantee integral medical-hospital commitments reimbursed in unique standard by SUS to all citizens who get sick during the year.

# THE MEDICAL ACT OF REQUESTING COMMITMENT FOR SICK PATIENTS

The discriminations mentioned in page 20 destroy the prerogatives and extinguish the right of almost all medical class; this happens from the loss of the right to **MEDICAL ACT** to request medical-hospital commitment to their sick private patients, both using the medical-hospital Public Health infra-structure privatized by SUS, besides the individual and collective social rights of almost all workers.

By abuse of power, the Estate inverts public and private rights and duties and offers disloyal competition to the point of ignoring the Federal Constitution in what refers to medical-hospital service providing.

Nowadays SUS has all necessary to be good, but the discrimination it imposes direct and indirectly to doctors and society extinguishes its function, because it privatizes Public Health backwards.

The State must have all hospitals it can manage with dignity and assertiveness, offering independent Public Health. It may even attend associated Public Health, but with competent public management to administrate associated Public Health which has to be universal, as Public Justice is.

.The private sector complements and helps SUS in performing independent Public Health, because actually the Public Power would be overworked if it would perform independent Public Health to all population.

That´s why SUS must invest in the private sector, privatizing integral medical-hospital Public Health, once the private management is adequate and competent to manage the associated Public Health, while the SUS management must be public to inspect and reimburse independent Public Health in the right way, once it must necessarily support universal associated Public Health, which is of absolute private right.

If the Medical Act to require commitment in associated Public Health for its private client depend on a Public Justice lawsuit, both having medical-hospital procedures reimbursed by SUS, the doctors and family heads must fight individually and collectively for this right, they must obtain PREVENTIVE SECURITY ORDER so that INSS or SUS pay to privatized integral Public Health that must be performed and reimbursed in all private commitments occurred in the country.

**Once this ESSENTIAL MEDICAL ACT right is solved**, the health problems in Brazil will be solved and, once the universal reimbursements of Public Health are solved, SUS can be considered a great organization; otherwise it is a state attempt to discriminate health professionals from eliminating the prerogative of medical class Professional autonomy.

# CONCLUSIONS

1°. The public prosecutors could prevent the approval of the law pre-project that intends to create the Public Foundations of Private Rights taken to the Deputies Chamber by Health Minister Dr. Jose Gomes Temporão; those are a judicial economic contradiction; once, if they are of private right they are companies that should work in the private sector, opening private hospitals for self-employed medical class and for society, so that Public Health can be supported in free competition, through SUS.

2°. The public hospitals 2<sup>nd</sup> door must be closed to eliminate the parallel power in private foundations, located inside them, because they invert private and public rights and duties performed through SUS.

3°. Private right foundations inside public hospitals are unconstitutional, for promoting fraud, official corruption, embezzlement and prevarication.

4°. The Public Power should renovate SUS, eliminating the privileges that it allows and the discriminations it imposes, once only free Professional competition will save Brazil's Health System.

5°. Companies or private rights foundations that direct university or public reference hospitals let them available to public-private parallel power that privileges some education workers and health estate ones and eliminates professional prerogatives of almost entire medical class, causing great losses to society, which uses the independent and associated Public Health.

6°. It is a financial and social crime to withdraw services from private sector and resources from salaries to pay directly and indirectly the public servers in a parallel practice, in order to privilege state organisms and a group of government servers, once these resources are not considered as tax load.

7°. INSS, SUS, PROCON, CADE, ANS, Federal and regional Medicine Counsels, as well as Medical and Hospital Unions cannot be absent, because supplementary medical-hospital services cannot exist to privilege only 20% of people with the sum of private resources over public resources, that belong to 100% of society. While the Medical Act of committing private clients on Public Health discriminates almost all medical class and society, SUS will be unconstitutional.

**8°. The government needs the private medical-hospital investment to perform high complex Public Health to 186 million Brazilian citizens.**

**9°. It also needs that society takes part complementing the SUS Standard buying insurance**, health care plans or saving in Health Plans with Private Complementary Security Funds with Family Financing, so that the Public Health can be personalized, within each citizen's responsibility.

# PROSECUTORS, ADIN, OAB, LAWYERS, DOCTORS, HOSPITALS AND SOCIETY

The Union General Office of Attorneys plays a fundamental role, having to petition an Unconstitutional Direct Act (ADIN), against the parsimonious action of public organisms involved with Professional and social discrimination, for not applying article 37 of the Federal Constitution in the medical-hospital area.

It could also propose a Unconstitutional Direct Act (ADIN) against the Anti Law Project presented by the Minister of Health Dr. Jose Gomes Temporão, which proposes the creation of public foundations of private rights. Those are a judicial-economic contradiction programmed by the State; nowadays, against the medical class, the medical-hospital private companies and society.

If hospitals from the private sector, including the philanthropic ones, refused to attend the medical class through privatized public Health, which is of public right, the State will have the right to perform on its own Associated and independent Public Health to 186 millions of people; however, in associated, giving the self-employed doctors the same Professional prerogatives that are given to lawyers; that is: performing the self-employed profession interacting with career professionals, responsible for essential justice or Public Health.

The doctors on duty from the Public Health, being of the responsible clinical staff through integral Public Health from hospitals should have exclusive dedication, as described in pages 3 and 17.

If not his way, the State must only follow the Constitution, closing the open second door through private rights foundations, which work in parallel inside university hospitals and reference public ones and open it definitely in all private hospitals, where it invests by making partners and reimbursing the integral Public Health and in this case can impose the free protocol Professional competition, to the associated Public Health.

Otherwise, almost all doctors deserve government reimbursement, as described in page 17.

The private hospitals, almost all 270 thousand doctors and 40 million family heads could file for lawsuits **demanding a Preventive Security Order** to guarantee that SUS, which already reimburses the privatized independent Public Health to almost t all 14 million people committed this year, reimburses also when these people choose to personalize directly the commitments requiring and having to pay only the difference of supplementary services private required upon those; read again page 25.

# INSURANCE AND PENSION FEDERATION, FEBRABAN, PROCON, OAB AND SOCIETY - I

The Insurance and Pension Federation and **FEBRABAN**, with unlimited support by **PROCON, OAB and society**, programming constitutional means and presenting them to the Federal Government can request the right of the private supplementary services to be added to privatized medical-hospital Public Health and reimbursed by SUS.

Article 202 of Federal Constitution from 1988 authorizes complementary pension funds to improve public social pension; these have been done by pension and insurance companies and by Banks to complement retirements guaranteed by direct contributive social pension.

However, in the health case, it would be to complement indirect social welfare, and the families would be financed so all patients could supplement, in free competition, services from integral medical-hospital Public Health owed by collective indirect public pension, the social security managed by the Federal Government.

The associated Public Health does not eliminate the right to independent Public Health, it adds services and social resources; the State reimbursing Public Health and the values of supplementing managed by ANS are paid by patients.

Society has the right to reimbursements from SUS at the expense of official security and the private resources that complement associated Public Health can be managed by families along with the Financial System, through **Health Plans with Private Funds of Complementary Pension for Family Financing**.

The Financial System will be able to register at ANS, Health Plans with Family Financing that program monthly payments to members through which the Public Power guarantees the same rights to associated Public Health, that through law 9.656/98, ANS regulates to members of medical cooperatives and companies' private health plans through law 9.656/98 and whose clients are attended in SUS medical-hospital infra-structure.

Those manage the resources of 20% of Brazilians who pay monthly, to lost funds, that are added to the subsidy offered by INSS by Public Health procedures, that will or will not be done.

Through Health Plans with Private Funds of Complementary Pension for Family Financing the families will complement in free competition, directly over integral private medical-hospital Public Health and reimbursed by SUS, according to the personalizing they can choose and request at the moment of sickness.

# INSURANCE AND PENSION FEDERATION, FEBRABAN, PROCON, OAB AND SOCIETY - 2

**The public investment for the private medical-hospital sector is represented by the reimbursement of collective social insurance**, that guarantees universal and integral medical-hospital Public Health, reimbursing the value of SUS Standard to all citizens.

Patients even with few savings in this Health Plan with Family Financing will be able to stay in simpler hospitals, in apartments with four, three or two beds, who pay for small complementation's and proportional to the number of beds and rooms, and when financed will be able to stay in private apartments, which values will be managed by ANS, AMB and society. Luxury apartments values could be available.

# COMPLEMENTARY PRIVATE SECURITY FUNDS - I

It is not Constitutional that the self-employed Professional free competition be eliminated for the medical-dental class, prohibiting the sum of public resources to the private ones for private supplementary medical-hospital services, when this sum is done in a parallel way to privilege just 20% of society; however 100% of people have the freedom to sum public and private resources to perform and complement all activities, for example in industry and commerce, finances, education and justice.

The right to the Professional autonomy prerogative is owed by the State to health professionals, however the freedom of choice has been granted by the State to operators that manage the sum of private and public resources, and not to providers of complex and difficult medical-hospital and medical-dental services.

**THE COMPLEMENTARY PRIVATE SECURITY FUNDS FOR HEALTH** is a third option for private health insurances, through which the workers can opt to make use with freedom of the right to associated medical-hospital Public health be requested but the self-employed medical class through SUS, with private supplementary prices regulated by the government and society. The medical-dental appointments will also be chosen freely by the patients.

The resources from society private financing, guaranteed by direct or indirect salaries and income will be saved in a fund from which will be withdrawn exclusively for health services payment, in pre-printed checks in Black that will be compensated as receipts, in nominal accounts of these funds, by signed liberation to hospitals or reimbursement requests due to presenting and delivering the Professional receipts in possession; that because what is saved in these funds, does not pay Income Tax in withdrawing resources because it compensates it with private services receipts.

The partners will have checks for private appointments reserved from a percentage of deposits and color cards correspondent to their degrees of economy to guide the private hospitals in accepting commitments, including the patient's name and which accommodation He/she can occupy in associated Public Health, without future debts or causing losses to the private medical-hospital sector.

Society pays in advance for indirect social pension (collective social security) a mutual fund that takes part of state guarantee to offer universal and integral Public Health within SUS standards.



# COMPLEMENTARY PRIVATE SECURITY FUNDS - 2

**THE HEALTH INSURANCES WITH COMPLEMENTARY PRIVATE SECURITY FUNDS FOR HEALTH AND FAMILY ADMINISTRATION** will offer healthy competition to existing health insurances and medical cooperatives, once the reimbursement from Public Health will be made through SUS and the associated private payment will be made or authorized by the titles' owners, in commitment acts, for rooms that are within each family's real possibilities, when needed.

**THE COMPLEMENTARY PRIVATE SECURITY FUND FOR HEALTH** is a health insurance with financing for families, also subsidized by Income Tax, which complements the Public Health System in free competition, through:

1. Pre-printed checks, programmed as Professional receipts, compensated through the bank accounts of self-employed private professionals, who receive them.
2. Authorizations. of charge made by the owner to pay, with resources from the financing funds for families, for medical-hospital expenses that are supplementary of associated Public Health; this is performed on private integral Public Health in partner hospitals and inspected by SUS, that are reimbursed at the expense of social security (re-insurance).
3. Against the delivery of receipts of health private services, that are in possession of owners, as they have Income Tax subsidies, this tax is not discounted from the withdrawal of resources. Those receipts stay in Banks, because once reimbursed they cannot be submitted again in the annual adjustments of Income Tax.
4. The balance in bank accounts of HEALTH INSURANCES with **COMPLEMENTARY PRIVATE SECURITY FUNDS FOR HEALTH will be inherited according to the Civil Code**, under the relation regulations and the maintenance of the right to supplementary health of freedom of choice and their owner's entire responsibility.  
In the midterm, this is the **ONLY FINANCIAL PRODUCT** that will be able to support families and take the Health System off its present Professional, economic and social chaos.

When complementary private services are performed in free competition, **the State** extinguishes social and Professional discrimination, along with recession; **the society** regulates the prices of appointments and private complementary services **and both** avoid the impoverishment of SUS, of medical –hospital private companies that invest to privatize the Public Health through partnerships with SUS, of health professionals and patients whose collaboration is needed by the Government so that the Health System is dignified and good.

## Thank you for your message

De: **The White House - Presidential Correspondence** ([noreply-WHPC@whitehouse.gov](mailto:noreply-WHPC@whitehouse.gov))

Enviada: quarta-feira, 21 de outubro de 2009 16:07:05

Para: [tbeatriz15@hotmail.com](mailto:tbeatriz15@hotmail.com)

Dear Friend:

Thank you for sharing your thoughts with me. I have heard from countless Americans struggling to afford health insurance and health professionals striving to provide care. I appreciate your perspective.

There is broad consensus among the American people on the need for affordable, high-quality health care. The rising cost of health care is the most pressing financial challenge for families and for our Nation, and controlling this cost is essential to bringing down the Federal deficits we inherited. We must end unfair insurance practices that leave millions of Americans without coverage, denying them access to care, and exposing them to extraordinary burdens. And we should ensure that all small business employees have access to affordable, high-quality health plans so that we can make our economy--and our small businesses--more competitive. Now is the time to move forward, and I am working to get health insurance reform done this year.

Since I took office, we have done more to improve health care than we have in the previous decade. In February, I signed H.R. 2 to provide coverage for millions of children through the Children's Health Insurance Program, and I signed the American Recovery and Reinvestment Act to make key investments in computerized medical records and preventive services.

Still, more must be done to lower costs, expand coverage, and improve the quality of health care. My 2010 Budget makes a major down payment on health insurance reform by implementing efficiencies in government health care spending while improving the quality of care. To help fulfill the debt we owe to our service men and women, it includes the largest proposed single-year increase in veterans funding in 30 years. It expands health care coverage to an additional 500,000 veterans by 2013, implements technology that eases the transition from military care to veterans' care, and enhances screening and treatment services for those suffering from Post-Traumatic Stress Disorder and Traumatic Brain Injury.

Looking forward, there are tough choices to be made, and I will seek to bring employers and workers, health care providers and patients, and Democrats and Republicans together to create a system that delivers better care and puts the Nation on a sustainable, long-term fiscal path. To learn more about my agenda or to share a personal story, please join me online at: [www.healthreform.gov](http://www.healthreform.gov). For further information on health care and assistance that may be available to you, you may call 1-800-FEDINFO or visit: [www.usa.gov](http://www.usa.gov).

I share the sense of urgency that millions of Americans have voiced. I watched as my ailing mother struggled with stacks of insurance forms in the last moments of her life. This is not who we are as a Nation; together, we will fix it.

Sincerely,

Barack Obama

To be a part of our agenda for change, join us at [www.WhiteHouse.gov](http://www.WhiteHouse.gov)

## TRADUÇÃO

De: **The White House - Presidential Correspondence** ([noreply-WHPC@whitehouse.gov](mailto:noreply-WHPC@whitehouse.gov))

(!) Você pode não conhecer este remetente. [Marcar como confiável](#)|[Marcar como lixo](#)

Enviada: quarta-feira, 21 de outubro de 2009 16:07:05

Para: [tbeatriz15@hotmail.com](mailto:tbeatriz15@hotmail.com)

Cara amiga:

Obrigado por estar compartilhando os seus pensamentos comigo. Eu ouvi dos americanos os esforços incontáveis para ter recursos para o seguro de saúde e os profissionais de saúde que se esforçam para fornecer o cuidado. Eu aprecio sua perspectiva.

Há um consenso largo entre os povos americanos da necessidade para cuidados médicos disponíveis, de alta qualidade. O aumento do custo dos cuidados médicos é uma pressão do desafio financeiro para famílias e para nossa nação e controlar este custo é essencial para trazer abaixo os deficits federais que nós herdamos. Nós devemos terminar as práticas injustas do seguro que deixam os milhões dos americanos sem a cobertura, negando lhes o acesso ao cuidado, e os expõem às cargas extraordinárias. E nós devemos assegurar-nos de que todos os empregados da empresa de pequeno porte tenham o acesso à saúde disponível, de alta qualidade planejamos de modo que nós possamos fazer nossa economia - e nossas empresas de pequeno porte, mais competitivas. Agora é o momento de mover-se para frente, e eu estou trabalhando para começar a reforma do seguro de saúde este ano.

Desde que eu tomei posse, nós fizemos mais para melhorar cuidados médicos do que nós previmos na década precedente. Em fevereiro, eu assinei H.R. 2 para fornecer a cobertura para milhões das crianças com o Children' o programa de seguro de saúde, e eu assinei o ato americano da recuperação e do reinvestimento para fazer os investimentos chaves em informes médicos e em serviços preventivos computadorizados.

Ainda mais deve ser feito a baixos custos, expandir a cobertura, e melhorar a qualidade dos cuidados médicos. Meu orçamento 2010 faz um sinal principal na reforma do seguro de saúde executando eficiência nas despesas dos cuidados médicos do governo ao melhorar a qualidade do cuidado. Para ajudar a cumprir o débito que nós devemos a nossos homens do serviço e mulheres, inclui o aumento propondo o maior de único-ano nos veteranos que financiam em 30 anos. Expandi a cobertura de cuidados médicos ao 500.000 veteranos adicionais em 2013, executando a tecnologia que facilita a transição do cuidado militar a veteranos importe-se, e realce-se serviços da seleção e do tratamento para aqueles que sofrem da desordem Borne-Traumático do esforço e de ferimento de cérebro traumático.

Olhando para frente, há umas escolhas difíceis de serem feitas e eu procurarei trazer juntos empregadores e trabalhadores, fornecedores de serviços de saúde e pacientes, e Democratas e Republicanos juntos para criar o sistema que entrega o melhor cuidado e põe a nação sobre um trajeto fiscal sustentável, a longo prazo. Para aprender mais sobre minha agenda ou compartilhar de uma história pessoal, junte-se por favor a mim, em minha linha em: [www.healthreform.gov](http://www.healthreform.gov). Para mais informações nos cuidados médicos e no auxílio que podem estar disponíveis a você, você pode chamar 1-800-FEDINFO ou visitá-lo: [www.usa.gov](http://www.usa.gov).

Eu compartilho da sensação de urgência que os milhões dos americanos exprimiram. Eu prestei atenção enquanto minha mãe enferma se esforçou com as pilhas de formulários do seguro nos últimos momentos de sua vida. Isto não é quem nós somos como uma nação; junto, nós repará-lo-emos.

Sinceramente,

Barack Obama

Para ser uma parte de nossa agenda para a mudança, junte-se a nós em [www.WhiteHouse.gov](http://www.WhiteHouse.gov)