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11-10-2009

Patterns of Sectoral Accumulation: Economy and Services in Contemporary Transformations of Health

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Recommended Citation

Andreazzi, M F. and G D. Kornis. "Patterns of Sectoral Accumulation: Economy and Services in Contemporary Transformations of Health." (2009). https://digitalrepository.unm.edu/lasm_cucs_en/38

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Documento CUCS # 1C

C&SC13(5) 2008Andreazzi (B)

Andreazzi MF, Kornis GD. Padrões de acumulação setorial: finanças e serviços nas transformações contemporâneas de saúde. [Patterns of Sectoral Accumulation: Economy and Services in Contemporary Transformations of Health]. *Ciencia & Saúde Coletiva (Rio de Janeiro, Brasil) 2008 Septiembre-October; 13(5): 1409-1420.*

Objectives: To take elements of analysis from the economic reproduction of capitalist societies' frame and to discuss the changes in the process of accumulation of capital in the Brazilian health sector.

Methodology: Descriptive and analytical.

Results: To the authors both the "hypertrophy" of finances linked to the globalization of capital and the creation of the **industrial medical complex** generate changes in the process of accumulation of capital in the public health care sector and in the related process of production of goods and services. The authors describe four transformations in the American health care system: 1) increased costs and expenditures on health; 2) private funding; 3) the growth of the medical business, coupled with economic inflation; and 4) the creation of "Managed Care Organizations." In contrast, the authors note two changes in **Brazil**: 1) the reduction of costs through the interaction of industrial, services and training sectors; and 2) a series of **technological innovations** (including vaccines, more effective medicines, smaller and less expensive biomedical equipment, diagnostic techniques and less invasive therapies, health promotion, fusion of **international pharmaceutical companies**, creation of individual accounts, the increase of multinational health agencies, and more investment of international capital).

There are four propositions of the Marxist conceptual approach on which the authors say these transformations are based. First, globalization concentrates capital in industrialized countries, which favors companies' control of the production of goods, services and sales. Second, capitalism introduces changes in the tertiary sector (franchises and insurance activities, many developed as small and medium enterprises) in order to provide services under the market dynamics and to subordinate to transnational corporations. Third, with influences from theories of French thought, the authors propose that both large enterprises and tertiary sectors generate high production but low provision of services, and that the industrial medical complex controls consumption, production and sales. Fourth, with the contribution of neo-Marxism, the authors show that information technology is highly useful for coordinating global networks of production and exerting control over them.

In this way, the authors identify six outcomes within the specific process of reproduction of capitalism in Brazil. 1) the increase in commercial capital as measure for lowering interest rates; 2) the reduction of interest rates on the production and circulation of goods thanks to the investment of new capital; 3) the elimination of producers of intermediate services; 4) the establishment of contracts between industry and insurance companies; 5) the increase of commercial capital through the use of both investment and pension funds; 6) the recognition of a health production complex as a way for increasing research and technological innovations.

Conclusions: For the authors, the financing and growth of industrial medical complexes are central elements in the accumulation of capital in the health sector. They conclude that the current transformations of accumulation in the **health sector** generate simultaneous, conflictive and complementary relationships within the medical-industrial-financial partnership.