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# Contributions of Collective Health in Brazil to the Reorientation of Speech-Language Therapy Training and Practice

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**ABSTRACT**

This is a theoretical essay whose objective is to present the field of collective health as a proposal that defies the hegemonic biomedical healthcare practices, establishing its historical development and its main theoretical foundations, as well as discussing possibilities and challenges that arise from this field for the critical reorientation of speech therapy practice and training within the Brazilian reality. This work offers a historical review of the emergence of collective health, which is related to the Latin American fight against social inequalities and the mobilizations for health reform in Brazil in the seventies and eighties, highlighting authors who have been referents since its origin. In addition, we discuss the possibilities and challenges of a critical reorientation of speech-language therapy practice and training, based on a brief analysis of the historical interaction between the profession and collective health. It is concluded that collective health could potentially provide theoretical and political foundations for redesigning the curricula in speech-language therapy training programs, as well as for expanding the work of the actors involved in the discipline, be it in academia, health services, or social movements. This would help decolonize and reinvent speech-language therapy, which in turn could assume its responsibility in the strengthening of democracy in health care, an essential and current need in Brazil and throughout Latin America.

**Keywords:**
Speech-Language Therapy; Collective health; Professional practice; Latin-American Speech-Language Therapy

## Contribuições da Saúde Coletiva Brasileira para a reorientação da educação e da prática da Fonoaudiologia

**RESUMO**

Trata-se de um ensaio teórico cujo objetivo é apresentar o campo da Saúde Coletiva enquanto uma proposta insurgente às práticas biomédicas hegemônicas de saúde, situando sua emergência histórica e seus principais fundamentos teóricos, bem como discutir, a partir deste campo, possibilidades e desafios para a reorientação crítica da prática e da educação em Fonoaudiologia a partir da realidade brasileira. O texto apresenta um resgate histórico do surgimento deste campo acadêmico, relacionado às lutas sociais latino-americanas frente às desigualdades sociais e às mobilizações pela Reforma Sanitária Brasileira nos anos 1970/1980, ressaltando-se autores expoentes em sua origem. Ademais, são discutidas as possibilidades e desafios para a reorientação crítica da prática e da educação em Fonoaudiologia a partir de uma breve análise histórica do encontro da área com a Saúde Coletiva. Conclui-se que este campo possui potencialidade para ofertar subsídios teóricos e políticos para a reorientação da arquitetura curricular dos cursos, bem como para a ampliação dos sujeitos envolvidos nas práticas, sejam da academia ou dos trabalhadores nos serviços de saúde e dos movimentos sociais, de modo a descolonizar a Fonoaudiologia e reinventá-la, passando a assumir sua responsabilidade no fortalecimento do campo democrático na área da saúde, necessidade extremamente atual no Brasil e em toda a América Latina.

**Palavras-chave:**
Fonoaudiologia; Saúde coletiva; Prática profissional; Fonoaudiologia Latino-americana

## Contribuciones de la salud colectiva brasileña a la reorientación de la formación y la práctica de la fonoaudiología

**RESUMEN**

Este es un ensayo teórico cuyo objetivo es presentar el campo de la salud colectiva como una propuesta insurgente a las prácticas biomédicas hegemónicas de la salud, situando su surgimiento histórico y sus principales fundamentos teóricos, así como discutir, desde ese campo, posibilidades y desafíos para la reorientación crítica de la práctica y la formación en fonoaudiología a partir de la realidad brasileña. El texto presenta una revisión histórica del surgimiento de este campo académico, relacionado con las luchas sociales latinoamericanas frente a las desigualdades sociales y las movilizaciones por la reforma sanitaria brasileña en los años setenta y ochenta, destacando autores exponentes en su origen. Además, se discuten las posibilidades y desafíos para la reorientación crítica de la práctica y la formación en fonoaudiología a partir de un breve análisis histórico del encuentro de esta área con la salud colectiva. Se concluye que este campo tiene el potencial de ofrecer contribuciones teóricas y políticas para la reorientación de la arquitectura curricular de los cursos, así como para la ampliación de los sujetos involucrados en las prácticas, ya sean de la academia o de los trabajadores de los servicios de salud y de los movimientos sociales, con el fin de descolonizar y reinventar la fonoaudiología asumiendo su responsabilidad en el fortalecimiento del campo democrático en el área de la salud, lo que es, hoy en día, una necesidad en Brasil y en toda Latinoamérica.

**Palabras clave:**
Fonoaudiología; Salud colectiva; Práctica profesional; Fonoaudiología latinoamericana

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## INTRODUCTION

Despite having a record of practice and training in Brazil since the 1920s, speech-language therapy opened its first undergraduate courses in São Paulo in the 1960s, strongly influenced by the departments of medical education (Vieira et al., 2008). Throughout the following decades, the process of structuring these programs was framed within the biomedical paradigm, centering the practices and training around individual pathologies and the diagnostic-therapeutic process (Ramos, 1991).

It is noteworthy that this approach gained further strength after the 1964 military coup in Brazil, where a private healthcare model was installed. This process was characterized by a noticeable expansion of medical companies, the purchase of private services by *Instituto Nacional do Seguro Social* (National Social Security Institute), and the centralization of the health sector, establishing a mercantile perspective of health that was increasingly alienated from the needs of the population (Paim, 2019). This perspective, together with the influence of positivism on healthcare education reflected in the proposals of the Flexner Report (Campos et al., 2008), was incorporated into academic spaces and shaped the curricula of speech therapy undergraduate programs, significantly limiting them and organizing them into basic and clinical cycles, with a focus on pathologies and communication disorders, guided by a liberal and privatized approach. With the growth of a preventive perspective of medicine and the search for actions that had an impact on public health, this logic was also incorporated into speech therapy practices in the decades of 1980 and 1990 (Mendes, 1999).

In contrast, the Brazilian Health Reform movement (RSB), which emerged at the end of the 1970s and was particularly critical of the commodification of health, debated the development of a health system strongly opposed to the traditional public health which is verticalized, fragmented, centered on professionals, biologistic and lacking popular participation (Escorel, 1999). This movement became a highly relevant political process that resulted in the creation of the Brazilian National Health System *(Sistema Único de Salud* or SUS) in 1990. It seems, however, that speech-language therapy did not have an active participation in this development, even in the 1980s when the profession had already been regularized, thus proving its detachment from the processes of implementation and strengthening of SUS that prevails to this day.

This alienation from the health needs of people, as well as the elitism present in the profession, contributed to the constitution of a model that produces and reproduces professional knowledge embedded in colonial epistemologies that are assumed to be

"neutral". Thus, the diverse and legitimate knowledge of subordinated peoples is unacknowledged in this context.

It is worth noting that collective health, as a possible theoretical framework for healthcare, was established in universities coinciding with the RSB movement, and it became a fundamental part of the theoretical and philosophical foundations of SUS, as well as an influential part of its implementation and development in the country (Escorel, 1999). Although it was already a part of the training for health professionals due to specific academic experiences, it was only in the 2000s, thanks to policies created by the Ministry of Health to induce curricular changes in undergraduate courses, that collective health was incorporated into the reforms carried out on speech therapy curricula in most of the Brazilian territory. However, its potential to change the political and pedagogical approach of courses is often neglected, being reduced to legal and institutional aspects within the organizational structure of SUS. This means that the institutionalized public health logic is still reproduced.

Therefore, in order to reflect on the potential of this theoretical field to build training processes that integrate the social and health needs of the population, we must return to the origins of collective health, its foundations, and its contributions to speech therapy. The objective of this essay is to present the field of collective health as a proposal that defies hegemonic biomedical healthcare practices, analyzing its history and main theoretical foundations, as well as discussing possibilities and challenges that arise from this field for the critical reorientation of speech therapy practices and training within the reality of Brazil.

## THE LATIN AMERICAN SOCIAL THOUGHT ON HEALTH AND COLLECTIVE HEALTH IN BRAZIL

Although in previous decades we saw the rise of political and ideological movements that influenced education and medical practice and, consequently, created the opportunity for debates in the area of healthcare, this article is based on the period of social thought promoted through postgraduate courses for healthcare staff in Latin American countries, organized by the Pan American Health Organization (PAHO), since this was the main factor for the establishment of collective health in Brazil.

The decade of 1970 was marked, in numerous Latin American countries, by authoritarian regimes led by the military, characterized by restrictions on democratic rights and a significant gap between economic expansion, income concentration, and flagrant social disparity, as was the case of Chile, Argentina, Uruguay, and Brazil. The latter was experiencing a migratory transition that resulted in a disorganized and accelerated process of urbanization, which in turn generated socio-environmental impacts, an increase in the demand for public services, work, and housing, an increase in urban poverty, and hindered the access to basic goods and services (Lima, 2002).

Similarly to what happened in other Latin American countries, in Brazil this period was characterized by popular discontent expressed through social movements, unions, and the presence of left-wing political organizations. These movements denounced injustices, precarious living conditions, and state violence, whilst also giving rise to strategic democratic projects in different sectors of society (Ianni, 1988).

It is in this context, and within social medicine, where the Latin American social thought on healthcare takes shape as a significant debate on the social determinants of the health-disease and care process (PSEA for its name in Spanish, *proceso salud-enfermedad y atención*), with strong criticism of a market medicine that is individualistic, liberal, and capitalist, and that is especially influenced by the preventionist model of the United States. This understanding of PSEA, especially linking medicine to sociology and history and following a Marxist perspective, found a space within the Pan American Health Organization thanks to intellectuals like Argentinean sociologist Juan César García (Galeano et al., 2011).

This institution was a central actor in the dissemination of this current of thought in several Latin American countries –e.g., Brazil– especially in medical schools that held intense debates on medical training, the crisis of the medical labor market, and how health services are organized (Lima, 2002). It is noteworthy that, at the international level and in several countries, the analysis of healthcare systems had revealed excessive spending on medical care and insufficient results regarding morbidity and mortality rates, as well as the persistence of inequalities. This crisis was mainly a consequence of the medical hegemony and the development of the industrial medical complex through state financing (Almeida, 2002).

In contrast, the first International Conference on Primary Health Care, held in Alma-Ata, Kazakhstan in 1978, addressed topics such as practical technologies, community participation, universal access, self-determination, and economic and social development, serving as a reference for the health system reforms that took place in numerous countries between the decades of 1980 and 1990 (Giovanella et al., 2019).

The confluence of these ideas with the social struggles in Brazil due to the end of the military dictatorship in the late 70s created an environment that favored the emergence of the health reform movement. This reform aimed to develop a democratic healthcare project that led to a democratic project of society, from the proposal to build and universalize a public health system based on a comprehensive concept of health and capable of responding to the social needs of the population (Paim, 2008).

In this sense, Paim and Almeida-Filho (1998) consider that collective health was the ideological arm of this phenomenon that was made up of academics, health professionals, popular movements, and the student movement. Therefore, collective health arose from a theoretical critique of the privatized medical-care model, integrating the social determinants of the health-disease and care process, based on the analysis of social structures and the role of political actions to change healthcare, and mediated by movements born from social struggles.

These issues are at the base of collective health, making it, to this day, a significant theoretical, scientific, and practical foundation for technological innovations. This refers to the formulation, implementation, and development of organizational changes and collective health practices through counter-hegemonic proposals aimed at the healthcare model (Teixeira & Vilasbôas, 2014).

## FOUNDATIONS OF COLLECTIVE HEALTH IN BRAZIL

From a theoretical and academic point of view, collective health arises from categories that allow the development of research and proposals. In line with what has been described, we briefly present three authors who are considered central in how the field of collective health has unfolded, with works that offer critiques, concepts, and proposals that aim at overcoming the mercantilist logic of the healthcare system, centered around diseases.

The first author is Cecília Donnângelo, a pioneer in the theoretical construction of social thought in health, who sought to understand medical practices as situated within labor, closely linked to social, economic, and political contexts. In *Medicina e Sociedade* ("Medicine and Society"), her doctoral dissertation defended in 1976, the author identified the increase in doctors' salaries in Brazil as a consequence of the actions of the state and the advance of capitalism in the country, with the consequent expansion of a business mentality in healthcare, especially in the 1960s and 1970s. In this context, she described medical care as an asset with an exchange value, or a product that maintains or raises the value of the workforce, in the context of social reproduction. Donnângelo's work highlights the loss of the physician's autonomy regarding their work, revealing how technical development through specialization results in organizational rearrangements. The author also focused on the issue of health in her book *Saúde e Sociedade* ("Health and Society"), based on her dissertation defended in 1976, linking it to capitalist social formations. This opened the door for the study of medicine as a social practice, and for the analysis of the medicalization of society (Nunes, 2008).

Donnângelo's contemporary, Sérgio Arouca, was also a relevant author who helped shape the field of collective health. His work offers a complete critique of the ideological movement of preventive medicine implemented in the curricula of medical training in Brazil at the time, based on the proposals by Leavell and Clark around the natural history of diseases. In his work *O dilema preventivista* ("The preventionism dilemma"), the product of his doctoral dissertation defended in 1975, the author analyses how medical care is articulated with the capitalist mode of production, discussing the shift in the objective of medicine, whose use value transformed into its exchange value. Additionally, he indicates the limits of preventive medicine, first introduced as a project to change curative medicine by implementing preventive measures in medical care, but that remained restricted to a liberal interpretation, becoming a conservative and functional space for capitalism and thus resulting in what the author called the "preventionism dilemma" (Costa et al., 2018).

Finally, another relevant author in the field of collective health in Brazil is Ricardo Bruno Mendes-Gonçalves, who defended his master's and doctoral dissertations in 1979 and 1986, respectively. Continuing with Donnângelo's reflections, the author argued that healthcare practices are social practices and, therefore, cannot be reduced to their technical aspects. He emphasized that these practices are historical and that their essential characteristic is they reproduce society, which is determined by social relations of production (Mendes-Gonçalves, 1992). In this way, the author helped to strip medicine of its aura of neutrality and its priest-like practices, understanding that this discipline is historically structured by the interests of specific subjects, built according to materially and ideologically delimited possibilities, and thus bringing to light its political biases and practical limitations (Ayres, 2017). Ricardo Bruno developed his theory of the Health Work Process, a very significant contribution to collective health, in which he stresses the need to understand its components as moments, indicating the mutual dependence and relationship between agents, objects, activity, and instruments, and how they define each other. Furthermore, he

incorporated the concepts of purpose, necessity, and sociability, which are based on the need for social reproduction (Mendes-Gonçalves, 1988; 1992), and opened the door to new inquiries that began to be challenged from collective health.

## COLLECTIVE HEALTH AND SPEECH-LANGUAGE THERAPY: POSSIBILITIES AND CHALLENGES FOR A CRITICAL REORIENTATION OF THE PRACTICE AND TRAINING

During the decades of 1980 and 1990, a preventionist approach prevailed in speech-language therapy programs regarding professional activity in public health (Andrade, 1996). This is reflected in the inclusion of courses that focused on education and health, biostatistics, and public health (Vieira et al., 2008), the theorization based on the natural history of diseases (Andrade, 1996), and practices influenced by the same perspective (Beffi, 1997).

It was not until the 2000s, during Lula's government –which created circumstances favorable to the agenda of democratic movements– that the possibility of an open institutional debate on the need for significant changes in the training and practice of speech therapists –and other health professions– emerged. This aimed at strengthening SUS as a counter-hegemonic proposal for the health system.

The creation of the National Curricular Guidelines (*Diretrizes Curriculares Nacionais*, or DCN) for all undergraduate healthcare courses, the implementation of training policies such as PRÓ-Saúde and PET-Saúde, and the insertion of speech therapists in Family Health Support Centers (*Núcleos de Apoio à Saúde da Família* or NASF) and Health Care Networks (*Redes de Atenção à Saúde* or RAS) in 2008 and 2010, respectively (as well as in other health policies), helped redesign the relationship between the discipline and SUS. This raised new theoretical and practical challenges for the work process of speech-language therapists (Costa et al, 2020; Lemos et al., 2014; Lima & Acioli, 2013; Moreira & Mota, 2009; Telles & Arce, 2015), and made collective health increasingly necessary to support the training and practice of these professionals.

DCN started a new chapter for speech therapy programs, as a guide for the development of undergraduate curricula that trained professionals to be generalists, critics, reflective, and humanists that are ethical and capable of addressing the health needs of the population in the context of SUS (Brazil, 2002). The purpose of implementing the DCN and other policies was to redesign speech therapy training to modify the practices that essentially reproduced the biomedical model, especially to promote the relationship between the discipline and primary health care (PHC). This was based on collective health, demonstrating the relevance of developing practices that consider the complexity of the social determinants of health.

In this context, collective health concepts and practices were gradually incorporated, allowing for new reflections to emerge on speech therapy and its insertion in SUS. There is an emphasis on proposals for alternative healthcare models, born from the motivation to overgrow the hegemonic medical paradigm, especially the ones offered by Health Surveillance (*Vigilância da Saúde* or VISAU), guided by the idea of a comprehensive approach to health problems (damage, risks, and determinants), and the Expanded Clinic. Here, the focus is on establishing welcoming relationships and on the articulation and dialogue of different knowledge to understand the processes of health and disease (Teixeira & Vilasbôas, 2014; Arce et al., 2014).

These changes have allowed the incorporation of new activities and tools into the day-to-day work of speech therapists, such as situational diagnosis, shared intervention plans within multidisciplinary teams, management in interaction with health councils and community leaders, the Singular Therapeutic Project (*projeto terapêutico singular* or PTS) and Health in the Territory Project (*Projeto Saúde no Território* or PST), especially in primary health care (Silva & Acioli, 2013). Consequently, the objective of speech and language therapy has expanded beyond the intervention of disorders, allowing the inclusion of actions in the area of health education or rehabilitation, with an interdisciplinary and intersectoral perspective.

Therefore, where we traditionally found practices deriving from a preventionist perspective of public health and that translated into campaigns that focused on categorizing and providing orientations for behavioral change, there has been a shift towards a participatory perspective that allows for interrogation and integrates popular knowledge into healthcare. Furthermore, the hegemonic practice of biomedical rehabilitation, characterized by individual care focused on techniques and disorders, has expanded to share knowledge and activities with other health professionals.

Similarly, an aspect that stands out is the development of practices for health promotion from the perspective of the social determinants of health, which allows the establishment of intersectoral actions to improve the living and working conditions

of the population, by demanding the articulation of the practices with diverse social movements (Garbois et al., 2017).

Approaching structural disciplines of collective health such as health policy studies, situational strategic planning, social epidemiology, and social and health sciences has been fundamental for this process since they allow not only a better understanding of health problems and the issues in health systems and services, but also to establish strategic and participatory actions to face these problems in different social, political, and health circumstances, providing tools for greater involvement of speech therapists in the real health needs of the population.

However, despite this approach of speech therapy to collective health in recent years, the training and professional practice of speech therapists has not yet undergone a complete reorientation. This is because, on the one hand, collective health, with its theoretical and methodological contributions, has supported counter-hegemonic reflections on health and disease, challenging the commodification of health (Paim, 2008; Vieira-da-Silva et al., 2014). On the other hand, the hegemonic biomedical model, reduced to the medicalization of social life and interventionism in the field of medicine and public health, continues to influence the practices and academic spaces of the discipline. This is expressed in the still fragmented curricula, lacking content integration, with insufficient or even non-existent spaces for interdisciplinarity and interprofessional work, and in the incipient insertion of students in SUS, frequently being attributed exclusively to the parts of the curricula that address collective health (Correia et al., 2018; Telles et al., 2021; Telles & Lima, 2021; Telles & Noro, 2021).

The dominant model reduces the object of work to pathologies and disorders, the work tools to protocols and techniques, and the context of work mainly to specialized clinics and hospitals, and even reproduces this reductionist practice in PHC. Regarding speech therapists who teach and work at this level, we can observe a weak theoretical and pedagogical foundation, hindering the implementation of changes in the pedagogical process. This is due to the inconsistency between professional actions and the essential attributes of PHC (Moura & Arce, 2016). Additionally, there is a growing number of subspecialties in the area, which fragments the profession and overestimates individual entrepreneurship, meritocracy, financial success, and capitalist aspirations, further reinforcing a colonialist perspective endorsed by neoliberal thinking.

In contrast to this colonial view, the Global South, a broad set of peoples, nations, social sectors, sociopolitical dynamics, and sociocultural heritage that have systematically been the object of practices and discourses of domination, colonization, and subordination, but that are also representative of historical processes of postcolonial resistance (Santos, 2011), has a perspective that may constitute a new alternative to approach the social processes that produce health and disease. In this sense, it is crucial to pay attention to the spaces where the knowledge from marginalized social groups permeates the concepts and practices of health care. Since opposing the dominant medical model and searching for a comprehensive health care model are at the base of collective health, and in turn, this brings forth proposals to reorient the training of speech-language therapists, it is necessary to consider which concepts, practices, worldviews, and political processes constitute legitimate knowledge to overcome marginalization (Nunes & Louvison, 2020).

Therefore, speech-language therapy must be placed as a social discipline that produces and reproduces political, cultural, and social values, especially related to the training of new professionals, thus addressing how complex its development and modernization are in the face of contemporary challenges. Considering that Latin America is a region historically marked, on the one hand, by colonization –a process based on racism, genocide, patriarchy, exploitation, and the denial of rights– and, on the other hand, by the resistance of the native (indigenous) and the diasporic (afro-descendant) peoples, speech-language therapy must necessarily reorient its focus towards practices based on liberation.

Furthermore, since the dominant conceptions of health, race, gender, disability, and the environment are shaped by the mercantile discourse of individual professional prosperity, collective health has become the main reference for those who oppose this logic. Nonetheless, there is a need in this academic field in Brazil to increase epistemic productions that address the Global South, in order to question the current reality in the country. In addition, it is important to point out that, although this articulation between theory and practice in the field of collective health in Brazil is in development, it is practically non-existent in speech therapy, and thus it is nearly impossible to find scientific and pedagogical material that refer to this field.

## FINAL CONSIDERATIONS

It is critical to center the relationship between speech therapy programs and the social and health needs of the population based on the reality of the Global South, delving into past challenges that are still present today, as well as into the challenges of the

21st century that affect the processes of production and reproduction of material and symbolic life.

The dialogue between collective health and the epistemologies of the South is not limited to confronting the biomedical, capitalist, and colonizing model, and it is necessary to seek a better understanding of the historical actors that produce health, as well as the paradigms that determine the legitimacy or exclusion of the production of knowledge in the field of health.

Consequently, decolonizing and reinventing speech therapy is essential for the transformation of this reality. This requires that academic and professional institutions take a political stance regarding the issues that impact marginalized peoples, abandoning institutional neutrality. Thus, processes that seek to broaden healthcare should establish a horizontal dialogue with service users and communities for the development of healthcare actions, focusing on the exchange and on legitimizing their knowledge. Moreover, said practices should be based on the constitutional right to health and a social justice approach.

Similarly, community actions should include political, cultural, and social organizations as part of the healthcare process, placing these collective agents as protagonists of democratic proposals and decisions –especially local ones– that positively impact their living conditions. These should be based on a cooperative analysis of needs and make the public powers responsible for guaranteeing the realization of these actions.

In this sense, academic spaces in the field of speech therapy should develop anti-racist, anti-sexist, feminist, environmentalist, and anti-ableist pedagogical and political projects, based on the notion of health as an element of insubordination to the impositions of a mercantile society. Hence, this learning path requires the active participation of students and teachers, black and indigenous people, people with disabilities, and members of the LGBTQIA+ community, who can imprint their historical needs as a seal for health policies, including policies for the practice and teaching of speech-language therapy.

Finally, in a historical moment characterized by setbacks, health crises, and losses regarding social policies in Brazil, this essential work has the power to strengthen democracy in healthcare and can be inspired by those who contributed to the creation of collective health in the country in the late 1970s.

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