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When I arrived at the local Family Health Clinic in Rocinha, the largest favela in Rio de Janeiro, the preceptor told me "We try our best, but sometimes our best isn't good enough. We can only focus on what goes on in here." I grimaced; for all that I had learned over the past three and a half weeks, nothing was more frustrating than this. The Brazilian Government poured millions of dollars into revamping the Sistema Único de Saúde (SUS), their national universal healthcare strategy, in an effort to integrate thousands of Community Health Workers (CHWs) into favelas like Rocinha. In contrast with this audacious endeavor, systemic failures to address the social determinants of health outside the clinic bogged down their strategy.

Despite these flaws, the SUS amounts to a very impressive attempt to solve the problems of the inequality, social mobility, and healthcare in the favelas of Rio de Janeiro. The SUS utilizes an impressive mix of CHWs, Physicians, and UPAs (Unidades de Pronto Atendimento) to treat the health problems within the favelas. However, the majority of Rocinha residents cannot take advantage of one of the most comprehensive systems of universal healthcare in the world because of other factors affecting their health.

Many times, the external causes that affect the implementation and success of CHWs in the SUS cannot be controlled by a health clinic. For example, the CHWs are not allowed to make home visits to the Rua Dois area of Rocinha (one street known for being heavily involved with the drug trade), which inevitably restricts access to care for those individuals who live within its vicinity. Other times, there are problems like the

police patrolling the area just outside of the clinic (which discourages many people in need of care from going to the clinic) or other health problems such as unclean drinking water. Therefore, it seems to best make the evaluation of the CHWs on a case-by-case basis and that one family might, justifiably, have a completely different opinion of the SUS than another because of the social determinants of health, corruption, or gang violence. Especially in Rocinha, there are great disparities depending on where one lives on the morro, or hill, and people are stereotyped within the favela by the color of their skin, the slang they use, and the street on which they live. This affects access to jobs, opportunities, and social mobility.

Despite this, the SUS labors on. Rocinha, as a whole, is divided up into 11 “teams” comprised of 6 CHWs and 1 M.D., usually with a nurse or a resident student. The entire team, including the physicians, tackles tuberculosis cases (very prevalent in favelas and especially in Rocinha), disabilities, end-of-life care, and makes house visits. This system, the SUS, sounds great in theory (and is pretty good in reality), but there are some gaping flaws in addition to the previously discussed external factors: the CHWs aren’t trained and have very few qualifications, the “teams” experience high turnover in CHWs because of burnout, low salary, and inadequacies, and these “teams” are restricted from going to certain areas for their own safety.

Perhaps it was because I was an outsider or that they liked my 7-8:30PM English class, these community members took me in, showed me around, and, in all, were very welcoming to me. They always had a smile, and the favelados, the real cariocas, were never afraid to give me their opinião. Therefore, my interviews often took very interesting turns. Some were brave, insightful, and open, but many were cynical,

doubtful, and critical. From the very first day I arrived, a Rocinha moto-taxi driver told me, in Portuguese, “The police here are corrupt, that’s all.” I nodded in understanding only to have him stop me and turn around saying, “No. You have corruption in America, we have something different here.”

That first interview would set the tone for the next twenty in Rocinha. Nearly every conversation I had was re-routed into some form of corruption of the UPP (police pacification program), the UPA (local free health clinic), the Petrobras scandal, or failed leadership. “You just don’t get it. America has corruption; Brasil has scandals. It’s not the same,” an older man told me. Since many interviewees were quick to identify problems and slow to be forthcoming of solutions to these problems, I began to phrase my interviews differently. “What would you like to see change? How can the Government fix this?” Interestingly enough, despite the criticism, they would never be critical of their own people, of their cariocas. These scandals only seemed to further fuel the unified cry for governmental reform and oversight.

Despite the unity of their struggles, it was hard to find a consensus on the effectiveness of the CHW program when their opinions on healthcare were so intertwined with the intricacies of a disliked police force, a favela riddled by gang violence, and a Government characterized by inefficiency and corruption. One student told me the solution started, quite simply, with allowing local cariocas to join the police force and not just the army. Others talked about Bolsa Família, the robust and unfair university entrance exams, or the discrimination they faced once they left Rocinha. Whether it was the COO of an NGO telling me with misty eyes in broken English, “I just don’t know how some of these mothers survive. We are here to help them, but they are faced with

impossible situations,” or a local restaurant owner telling me, “I don’t know. Who knows? The CHWs do their job, but maybe that job isn’t what we need.”

If there was any consensus, it was that the system wasn’t perfect, at least not yet. When considering the social complexity of Rocinha, it seems that the SUS worked in spite of the obstacles facing it, and not the other way around.

Of the 20 interviews I completed, all 20 criticized or critiqued the Government in some capacity. Comparatively, about half, or 11, were negative or neutral toward the health system. Midway through my interviews, I was connected with a Brazilian NGO called Associação Saúde Criança (ASC). ASC dealt with the problems of continual re-hospitalization in the favelas of Rio de Janeiro through intensive case-based intervention that aimed to provide holistic care to the sick and not merely heal their biological disease. Their intensive case-based care represented a remarkable opportunity to see one such solution to the intricate health problems of the favelas, and one that has resulted in a 60% decrease in the re-hospitalizations of patients from the Hospital da Lagoa. Furthermore, ASC utilizes internal, volunteer CHWs to make house visits to determine if their housing situation is stable.

A successful post-hospitalization program like ASC tackles the social determinants of health like housing, citizenship, education, and income generation through the creation of individualized “Family Action Plans”. By tackling the same problems that held back the SUS and CHWs head on, the social determinants of health, ASC is an answer of social entrepreneurship that should be replicated elsewhere through the combination of public and social healthcare. Combined with the SUS, ASC and CHWs provide a comprehensive health strategy that neither could produce alone and one

that has the potential to lift individuals out of poverty in the favelas of Rio de Janeiro and all around the world.