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# White Coats with Blue Collars: Doctors' Labor Protests and the Struggle for Democracy in Brazil, 1978–1982\*

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## Abstract

This article explores the labor struggles of doctors in late 1970s and early 1980s Brazil, the final years of the nation's dictatorship. Health workers' protests for better salaries and working conditions were extensive and reflected a dramatic change in the way medical practitioners in Brazil perceived their professional and political identities. Fusing together histories of medicine and labor, the article shows how physicians not only led strikes and unionized by their tens of thousands but also collaborated with blue-collar sectors in a larger struggle for working rights, access to healthcare, and structural reforms. Dictatorship officials, the article reveals, were significantly concerned by hospital strikes and particularly by the emerging cross-sector alliance. In this sense, the doctors' movement played a significant role in challenging Brazil's military rule and advancing the nation's transition to democracy.

## Introduction

Studies exploring health and medicine in military Brazil (1964–1985) frequently focus on the struggles of public health activists to advance substantial healthcare reforms during the country's gradual transition to democracy. In the 1960s, the Brazilian dictatorship installed a market-oriented system that outsourced healthcare to private providers, mostly servicing urban and employed benefactors. Without proper government oversight, the healthcare administration was overbilled and national public health indicators lagged. Scholars have highlighted the efforts of the Sanitary Reform Movement (Movimento da Reforma Sanitária) to dismantle the dictatorship's health system. Forming professional associations and assuming leadership positions in governmental agencies, *sanitaristas* promoted research and policies of collective health, laying the foundations for Brazil's universal healthcare system, established after the return to democracy.<sup>1</sup>

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\*The online version of this article has been updated since original publication. A notice detailing the change has also been published.

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This article, however, focuses on the labor struggles of the Brazilian doctors' movement. Health workers' protests for better salaries and working conditions in the late 1970s and early 1980s were extensive and reflected a dramatic change in the way medical practitioners perceived their professional and political identities. Historically, the Brazilian medical community was comprised of mostly upper-middle-class physicians who vigorously protected the liberal characterization and autonomy of their profession. Historians writing about the evolution of the Brazilian middle class, for example, have argued that medical professionals rejected union organizing specifically to distinguish themselves from the working class.<sup>2</sup> However, after a steady growth in numbers of state-employed physicians, and in the context of the economic downturn and social unrest of late 1970s Brazil, many physicians departed from the liberal tradition of their profession. As sociologist and public-health scholar Sarah Escorel has argued, doctors began considering themselves as workers subjected to unfair labor practices, adopting a "labor consciousness."<sup>3</sup> Relying on archival material from doctors' unions and medical associations, state and intelligence agencies records, as well as interviews with key doctor-activists, this article provides a historical analysis that strengthens and expands Escorel's claim. Doctors in the late 1970s and early 1980s employed tactics such as unionizing and striking, as well as partnered with other blue-collar sectors in a larger struggle for better working conditions and health-care in Brazil. In this sense, the doctors' movement played a significant role in challenging Brazil's dictatorship and advancing the nation's transition to democracy.

By exploring the blue-collar turn of doctors, the article fuses together histories of medicine and labor—often treated separately in the literature.<sup>4</sup> The scholarship examining the history of workers in military Brazil has mostly focused on the large-scale strikes organized by autoworkers in the São Paulo region in 1978–1979. Led by then-union leader Luiz Inácio Lula da Silva, autoworkers demanded salary increases, better working conditions, and direct bargaining rights. Their campaign quickly spread to other labor sectors, resulting in a broad protest movement that challenged military rule.<sup>5</sup> As scholars have noted, however, other labor struggles remain underexplored in the historiography on Brazil's dictatorship.<sup>6</sup>

This article follows the lead of recent works that have expanded the analytical and regional scope of the research on labor protests in military Brazil.<sup>7</sup> It reveals that physicians not only unionized by their tens of thousands but also collaborated with manual laborers. Doctors and autoworkers attended each other's assemblies, partnered in rallies, and urged structural and democratic reforms in Brazil. Government officials, the article shows, were significantly concerned by hospital strikes and particularly by this emerging alliance. Indeed, a new model of cross-sector labor and political activism served as a threat to a regime whose authoritarian rule was in many ways predicated on the nation's deep-rooted class divisions and social inequality.

### Brazil's Liberal Professionals

For most of Brazil's history, physicians played a central role in shaping the nation's social, political, and cultural landscapes. In the nineteenth century and particularly at the turn of the century, leading doctors linked public health and hygiene with the advents of progress and nationhood. The ascendancy of the sanitation movement

marked the rise of prominent political doctors who advanced major public health reforms and considerably influenced Brazil's regional and national policies.<sup>8</sup> That these *sanitaristas* had the authoritative know-how to distinguish between "sick" and "healthy" citizens—distinctions that were crucial in shaping the desired social and racial makeup of society—granted them significant political and social capital.<sup>9</sup> Alongside public health experts, a relatively small number of physicians offered primary healthcare to the population, mainly in urban centers.<sup>10</sup> Brazil's doctors thus held deep notions of their political privileges and professional autonomy in the quest to modernize and civilize the nation.<sup>11</sup>

Processes of urbanization, industrialization, and the growth of the state in the 1930s–1950s led to an expansion of Brazil's health sector as well as to changes in medical training and professional identity. Under Getúlio Vargas's corporatist regime, the state introduced the first-ever social and health protection plans, offered to employees in the formal labor sectors.<sup>12</sup> To accommodate the significant growth in services, Vargas's Ministry of Labor oversaw the establishment of various new hospitals and clinics, as well as the employment of many physicians to staff these facilities. The expansion was particularly evident in Rio de Janeiro, where doctor and mayor Pedro Ernesto spearheaded the construction of seven major hospitals in the 1930s.<sup>13</sup> The health sector continued to grow in the 1940s and especially in the 1950s. Campaigns to control tropical disease contributed to the expansion of scientific institutions and pharmaceutical industries.<sup>14</sup> The opening of fourteen new medical schools doubled their number in the country.<sup>15</sup> Within a decade, the number of physicians in Brazil rose from 22,000 (1950) to 34,000 (1960). The number of nurses nearly doubled (from 39,000 to 71,000).<sup>16</sup> Many of the new doctors were salaried medical professionals. But as scholars have noted, white-coat physicians mostly rejected a comparison to workers, shoring up their class identity by eschewing the "inappropriate" protest tactics of blue-collar laborers.<sup>17</sup> For example, the rare doctors' strike of 1953–1954—led by the Rio de Janeiro doctors' union in demand of wage increase—was constrained to only a few intermittent stoppages and sought to uphold the superior status of physicians in the federal wage index.<sup>18</sup>

### Reshaping the Medical Sector under Military Rule

The growth of Brazil's population and medical sector, coupled with the appearance of alternative views about healthcare and public health, ultimately prompted physicians to rethink the social, professional, and labor fabrics of their community. In the early 1960s, the approaches of preventive medicine, social medicine, and developmentalist public health gained increased attention in medical conferences and literature, especially by Brazil's socially-minded doctors.<sup>19</sup> After João Goulart assumed the presidency in August 1961, many of them expected major expansion in national health policies. A champion of extensive reforms, Goulart pledged to increase public spending, restructure the economy, and expand access to land, education, and healthcare. Within a year after taking office, his health minister Wilson Fadul articulated an overhaul of Brazil's health policies that included bolstering regulation of pharmaceutical firms, reforming healthcare services, and improving working conditions of health workers.<sup>20</sup> The government plans, however, had never come to fruition. Brazil was

facing a political crisis over Goulart's promise to implement a series of structural reforms (*reformas de base*) that favored the expansion of voting rights, wage increases, nationalization of industries, and redistribution of land.<sup>21</sup> Within the medical sector, many conservative physicians found the leftist turn toward the socialization of health troubling, bemoaning their perceived loss of professional autonomy and neutrality.<sup>22</sup>

The political and social tensions in Brazil reached a boiling point in early 1964. Fueled by Cold War anxieties, leading military generals who had long opposed Goulart's policies resolved to "restore" order and democracy in the country. Supported by the nation's business elite, political leadership, and the US government, the Brazilian armed forces overthrew President Goulart on March 31, 1964, installing an authoritarian regime that would rule Brazil for twenty-one years.<sup>23</sup> The civilian-military coup fractured Brazil's medical community. The military, which began purging physician-advocates of social medicine shortly after seizing power, received the backing of many of their professional critics. The conservative medical leadership both applauded the toppling of Goulart and welcomed—even encouraged—the expulsion of leftist doctors from medical schools and research institutions. In a professional sector imbued with Cold War and national security fears, medical practitioners and researchers holding progressive ideas about health and society were frequently labeled subversive communists.<sup>24</sup>

Workers and labor organizations served as another prime target of state suppression. In the weeks following the coup, the military rounded up key labor leaders, seized union offices, and purged thousands of unionized workers. This was facilitated by an Institutional Act (pronounced by a provisional junta on April 9, 1964) that allowed the new regime to suspend key constitutional guarantees of civil liberties and conduct summary investigations against tens of thousands of alleged "subversives."<sup>25</sup> The authorities proceeded to meddle in over five hundred labor organizations, appointing inspectors (*interventores*) to most major unions across the country.<sup>26</sup> In the following five years, the regime enacted antilabor laws that effectively outlawed strikes and bargaining, as well as manipulated inflation rates and controlled salary increases. As a result, regional labor courts frequently sided with employers in dispute cases. Real wages of workers dropped significantly, by over 35 percent.<sup>27</sup>

Activist doctors and workers suffered extensive political repression particularly after the regime issued the Fifth Institutional Act (Ato Institucional Número Cinco, AI-5) in December 1968, ushering in the most violent period in the dictatorship's history. In the name of national security, AI-5 allowed the president to close congress, suspend habeas corpus, intervene in state governments, and implement strict censorship over the press and cultural productions, as well as restrict the civil liberties of any citizen.<sup>28</sup> The act also enabled the purges of various state workers, union leaders, and academics, among them medical educators and researchers.<sup>29</sup> Particularly after General Emílio Médici assumed the presidency in October 1969, the regime expanded its security apparatus and significantly intensified state-sponsored repression, leading to the detention and torture of tens of thousands of political activists as well as to the forced disappearance of hundreds of "subversives."<sup>30</sup> Among the victims of repression were various medical students, physicians, and labor activists who were detained, tortured, and killed by the security forces.<sup>31</sup>

## Becoming Health Workers

Alongside soaring state-sponsored repression, Brazil witnessed substantial economic growth in the early 1970s, dubbed the “economic miracle” (*milagre econômico*). Under the direction of finance minister Antônio Delfim Netto, the government significantly increased credit programs, which stimulated the growth of local industries, attracted foreign investments, and prompted domestic consumerism. The regime’s pro-business approach, conjoined with its control of labor wages, significantly amplified socio-economic inequalities and intensified workers’ frustrations. By the mid-1970s, the “miracle” became unsustainable. Behind the apparent triumphant fiscal strategy, the government ran an unbalanced growth model.<sup>32</sup> Concomitantly, the global oil crisis of 1973 had a substantial impact on Brazil, which relied on imported petroleum for most of its energy needs. Before long, an increasing deficit in trade balance brought economic instability, and the country’s external debt had doubled.<sup>33</sup>

The economic contraction played a role in prompting President Ernesto Geisel—who took office in early 1974—to announce a controlled political liberalization process that would roll back some of the authoritarian measures placed by his predecessors and begin Brazil’s long transition out of military rule.<sup>34</sup> It also served as a backdrop for a wave of social protests that took over the country in the late 1970s and early 1980s, most associated with São Paulo’s autoworkers. In early 1978, the International Monetary Fund revealed that the Brazilian government concealed the real inflation rates in the early 1970s, during the so-called “economic miracle.” After their appeals for wage readjustments were disregarded by both state authorities and what they viewed as inept union leaderships, autoworkers mobilized in May 1978.<sup>35</sup> Within a month, sixty-nine companies in São Paulo’s industrial belt reported some form of stoppages, counting over forty-five thousand people on strike. Led by the charismatic union leader Luiz Inácio Lula da Silva, strikers formed networks within and between factories and reached decisions in collective assemblies. Given the protest’s favorable press coverage, public support, and the government’s wish to ensure economic stability in the context of political opening, managements ultimately conceded to several of the workers’ demands.<sup>36</sup> The autoworkers’ protest inspired various other workers and professionals disgruntled by their declining salaries. By the end of 1978, there were over half a million Brazilians on strike, demanding higher wages, better working rights, and democratic reforms.<sup>37</sup>

The protest within the health sector began as early as 1977, led by junior residents at the hospital of São Paulo State University (UNESP) in Botucatu, who were frustrated by their low stipends, long shifts, and lack of social benefits.<sup>38</sup> They were also disappointed by the passing of decree-law 80.281 (1977), which regulated medical residency programs for the first time in Brazil but did not codify residents’ working conditions and wages.<sup>39</sup> Within a year, the protest expanded to other parts of the country. In June–July 1978, residents in over twenty hospitals in São Paulo were carrying out stoppages and full strikes.<sup>40</sup> Slowdowns and strike actions were also organized by residents in Porto Alegre and Rio de Janeiro, defying local governors’ threats of dismissal.<sup>41</sup> In São Paulo, the threats of hospital managements to expel protestors were answered by a massive four thousand-resident strike organized in over

thirty health facilities across the state.<sup>42</sup> As strikers emphasized in various public statements, their working conditions were grossly inadequate: “we work up to 100 hours a week . . . frequently we are forced to work 36 hours nonstop . . . this with no working rights, sick days, social protection, etc.”<sup>43</sup> Residents soon partnered with permanent hospital physicians to expand the protest campaign. By the end of June, hundreds of doctors at São Paulo’s Hospital Servidor and Hospital das Clínicas joined their junior residents on strike, demanding to readjust their salaries to ten times the minimum federal wage.<sup>44</sup> By July, strike organizers formed alliances with hospital staff, who shut down essential maintenance, food, and laboratory services, forcing management to call back workers on vacation to avoid hospital collapse.<sup>45</sup>

These strikes responded to Brazil’s economic downturn of the mid-1970s, but also to the growing crisis in the country’s healthcare system. Soon after consolidating power in the mid-1960s, the dictatorship established a new social security agency that provided health protection to mostly urban, employed contributors. Coverage was later expanded to include some rural and self-employed populations. But the system was based on, and encouraged the growth of, the private health sector. While the state decreased its investment in public health programs, the number of private health businesses grew exponentially, with little regulation.<sup>46</sup> The result was a medical-industrial complex that not only led to budget misuse and a decline in salaries of employed physicians but also to lagging national health indicators.<sup>47</sup> Doctors on strike thus linked their poor working conditions with Brazil’s precarious state of health.<sup>48</sup> Indeed, a 1975 study by the Ministry of Social Security found that Brazil’s doctor per capita ratio was significantly low, counting one physician for every two thousand people. The disparity was even more pronounced in the poor Northeast, where one doctor served approximately thirty-four hundred people.<sup>49</sup>

The inequities of the healthcare system and the struggle for better working conditions in the health sector gave rise to a new generation of doctor-activists and union leaders. In similar ways to the autoworker sector, many hospital residents and employed physicians were dissatisfied with their unions’ leaderships. The “old-guard,” they believed, had submitted to the interests of major healthcare businesses and the regime’s labor policies.<sup>50</sup> Thus, concomitant with carrying out protests in hospitals, junior doctors launched a campaign to win control over the medical sector’s unions. The first attempt occurred in December 1977, when a local group of physicians under the slate “Medical Renewal” (*Renovação Médica*) won the elections for the Rio de Janeiro doctors’ union. The group’s platform included fighting for better working conditions for residents and employed physicians, as well as campaigning against abusive medical businesses.<sup>51</sup> Following the group’s success in the Rio de Janeiro doctors’ union, in 1978 a similar slate by the name of the Movement for Medical Renewal (*Movimento Renovação Médica*, or REME) struck a major victory at the São Paulo doctors’ union.<sup>52</sup> At the inauguration ceremony of the new union board—attended by not only hundreds of health workers but also leaders of other labor unions—the entering union president Agrimeron Cavalcanti condemned doctors’ loss of basic working conditions. Lamenting the decline in the Brazilian population’s health, he forcefully attacked the private healthcare industry for undervaluing physicians and for making “profit an end, and health a

means.”<sup>53</sup> *Renovação Médica*’s victories in Rio de Janeiro and São Paulo led to a series of successful bids in doctors’ unions around the country. Between 1978 and 1980, groups affiliated with REME won elections in the doctors’ unions of Minas Gerais, Bahia, Espírito Santo, and Brasília, as well as in various medical associations and regulatory boards.<sup>54</sup>

Under the leadership of REME, doctors’ unions became major actors in the struggle for improved working conditions in the health sector.<sup>55</sup> Between 1978 and 1982, for example, São Paulo’s doctors’ union filed 858 complaints with the state’s regional labor court concerning violations of workers’ rights.<sup>56</sup> Alongside legal assistance, unions provided extensive support for doctors’ protests, which picked up again in early 1979—particularly after Geisel’s government repealed AI-5 and lifted censorship.<sup>57</sup> By midyear, all resident doctors in São Paulo state were on strike.<sup>58</sup> On May Day, they joined other striking sectors—from state teachers, through autoworkers, to journalists, and to public servants—in large-scale rallies across the state’s capital calling for better pay, freedom to strike, and protected labor rights.<sup>59</sup>

That doctors participated in direct strike actions and May Day rallies in record numbers reflected the transformative shift in the professional and labor identity of many health practitioners. As noted earlier, in the decades preceding the dictatorship, Brazilian physicians avoided participating in direct protest actions and rarely went on strike.<sup>60</sup> But the tens of thousands of doctor-activists leading stoppages, strikes, and collective action in the late 1970s challenged that tradition, redefining themselves as health workers. For them, going on strike—a tactic associated with blue-collar labor sectors—was a legitimate tool in the campaign to improve their working conditions.<sup>61</sup> The surge in doctors’ union membership demonstrates the wide support for this professional and political shift. The São Paulo doctors’ union, for example, registered approximately two thousand members in 1977. Two years later, the number had increased to eight thousand. By the end of 1980, the union had a record high of twelve thousand members.<sup>62</sup> Rio de Janeiro’s union witnessed a sharp rise in membership as well, reaching a whopping sixteen thousand unionized doctors in 1979.<sup>63</sup>

The expansion and appeal of the doctors’ protest movement could be explained in part by its ability to encompass a diverse group of healthcare professionals. Some were recent medical graduates who were steeped in critical medical education about collective and social medicine. Others were physicians with distinguished careers who saw the quality of medical care in Brazil dropping consistently since the early 1970s.<sup>64</sup> It is true that many were located somewhere on the left side of the political map. Some were sympathizers of the Brazilian Communist Party—the moderate strand in the opposition movement—while others held more radical views based on their early student activism in the late 1960s.<sup>65</sup> Importantly, however, a sizeable group of doctors was not ideologically motivated but rather driven by frustration over declining wages and an inept healthcare system. Indeed, the common denominator was the understanding that low salaries and unfit working conditions have damaged the job security of healthcare professionals and the quality of medical services in Brazil.

Both the dictatorship’s officials and the medical sector’s conservative leadership sought to curtail the doctors’ movement. The regime’s National Intelligence Service (SNI) frequently labeled journal articles discussing doctors’ protests as “subversive”

material.<sup>66</sup> By the end of 1979, the agency had accumulated sizable files on “the rise of REME” and its ramifications for the medical sector and Brazilian society, including detailed profiles of union and strike leaders.<sup>67</sup> During major strikes, security agents made surprise visits to doctors’ union meetings and summoned key organizers—some of whom were previously arrested as student activists in the early 1970s—for “friendly” conversations at the regime’s political police offices, the DOPS.<sup>68</sup> Concomitantly, state officials retaliated against activist doctors and even terminated complete residency programs in an effort to quell protest.<sup>69</sup>

The medical sector’s conservative old guard likewise sought to restrain the protest movement. The Brazilian Medical Association denounced striking physicians, claiming they were unprofessional and unpatriotic doctors who abandoned their shift and violated medical ethics.<sup>70</sup> Certainly, for many conservative physicians, the protesters’ tactics went against the core tenets of the Hippocratic oath obliging to always treat the sick. Hospital workers and doctors’ unions refuted that accusation, emphasizing that patients with emergency cases were never turned down during strikes. What was violated, strike leaders contended, was doctors’ rights to dignified work. For them, poor wages and substandard working conditions clearly amounted to exploitation of labor, which in itself was proscribed by the Brazilian code of medical ethics.<sup>71</sup> But there was something larger at stake than medical ethics. This was a struggle between two contrasting views about the nature of the medical profession in Brazil. The position of the doctors’ movement, which considered physicians as health workers and promoted the expansion of a state healthcare system, threatened the traditional understanding of medical practitioners as liberal professionals who independently seek their patients and income. The conservative medical authorities thus sought to curb strike organizing. But their attempts—along with the dictatorship’s suppression—backlashed, coalescing a diverse body of professionals into a mobilized movement.

### Intensifying Doctors’ Protest in Rio de Janeiro

Following the 1978–1979 strikes, the government pledged to increase doctors’ wage levels and regulate hospital residencies. Furthermore, *Renovação Médica* won control over more labor and professional bodies around the country.<sup>72</sup> But doctors’ salaries remained largely below the rising inflation rate. Moreover, the economic and political reforms promised by President João Figueiredo—who expanded his predecessor’s plan of political opening after taking office in early 1979—were measured and controlled by the government.<sup>73</sup> With many of their discontents still unresolved, doctors relaunched a powerful protest in the early 1980s. The campaign now called not only for better wages and working conditions but also for national health reform and transition to democracy. As the National Federation of Doctors (*Federação Nacional dos Médicos*, FENAM) asserted in one of the first campaign statements, “only under democracy could doctors reestablish their usurped rights and their degraded dignity.”<sup>74</sup>

Beginning with periodic short stoppages and escalating into full-fledged hospital strikes, 1981 saw one of the biggest strike campaigns the medical sector had ever seen. Tens of thousands of doctors in São Paulo and Rio de Janeiro went on strike in March and April of that year.<sup>75</sup> Physicians in six more states declared strikes, marches, and demonstrations.<sup>76</sup> A national twenty-four-hour strike was organized



by FENAM in late April 1981, with hundreds of hospitals participating.<sup>77</sup> Major disruptions in hospitals and clinics across the country were a cause of concern for the dictatorship's officials. Multiple covert operatives who infiltrated strike assemblies to record speeches, conversations, petitions, and flyers asserted in confidential reports that the protest would continue to expand.<sup>78</sup> After FENAM declared that another national strike would take place in early June, the government conceded to some of the campaign's demands. It agreed to increase wages of early-career doctors by 22 percent and amend the law regulating residency programs. At the same time, state officials threatened that prolonging the strike would be met with "exceptional measures."<sup>79</sup>

The government's wage proposal and explicit threats of retaliation prompted many doctors' unions to suspend campaign.<sup>80</sup> However, conflict was far from over in Rio de Janeiro, which had a significantly high number of state-employed physicians. Rio's Sindicato dos Médicos (originally Sindicato Médico Brasileiro, established 1927) was the first doctors' union in Brazil and had a long history of leading labor, professional, and public health struggles in the country.<sup>81</sup> Soon after the 1964 coup, the union and its leaders—some of whom were affiliated with the outlawed Communist Party—became a target of dictatorship harassment and intervention.<sup>82</sup> With the rise of REME in the late 1970s, the union witnessed a resurgence that brought both junior and experienced, politically savvy physicians to lead the organization. The union's president, Roberto Chabo, was an influential doctor who belonged to an older generation of physicians affiliated with the moderate Communist Party. His vice president, Carlos Gentile de Mello, was a prominent hospital director and an advocate of social medicine. Both doctors had been on the regime's watch list.<sup>83</sup>

Pressure from the more activist faction of the union—affiliated with the Communist Party of Brazil (PCdoB) and the newly-established Workers' Party—drove Rio's Sindicato dos Médicos to reject the government's proposal and maintain its strike plans, in contrast to other unions.<sup>84</sup> In an open letter, the campaign organizers emphasized that hospitals are close to collapse, as "there is a shortage of medicine, the rooms are tight and hot, bathrooms are filthy, and equipment is broken." The situation was "unsustainable," they affirmed.<sup>85</sup> Indeed, a study by Brazil's National Research Council published in 1981 noted the shortage of hospital beds and highlighted the deficiency of protein-energy nutrition across the country, particularly in the Northeast.<sup>86</sup> In this context, on June 3, 1981, twenty thousand doctors in hospitals and clinics across Rio de Janeiro state opened strike again, unlimited in time.<sup>87</sup>

Seeking to quell the escalating protest, Rio's state authorities ordered the temporary suspension of all public-employed doctors involved in organizing the strike, including president of the doctors' union Roberto Chabo and various hospitals' department heads.<sup>88</sup> Despite the threat of layoffs, union leaders balked at the idea of compromise and pressed forward with the campaign. To mark the third week of strike, on June 19 the union organized a large rally at Rio de Janeiro's Cinelândia square that drew thousands of doctors, multiple political and labor activists, as well as various federal, state, and municipal representatives.<sup>89</sup> Among them was the auto-workers' union leader Luiz Inácio Lula da Silva, by then the founding president of the Workers' Party who sought to solidify a national alliance of labor sectors across Brazil. Addressing the marchers from a van's rooftop, Lula expressed his union's solidarity with the doctors' movement, but also exclaimed that he was "sick and tired of



Speeches at Cinelândia square. Thousands of doctors in attendance, June 19, 1981.



Leading the rally. Center: Lula da Silva and president of the Rio de Janeiro doctors' union Roberto Chabo.



Lula addressing the crowd from the van's roof. Seating next to Lula is Eraldo Bulhões, Secretary General of the doctors' union. All photos taken by security agents. Source: Arquivo Nacional, Centro de Informações de Segurança da Aeronáutica, VAZ 107 208

making solidarity visits” and that “something more concrete [was] necessary [to be done].”<sup>90</sup>

This was not the first meeting between Lula and health workers. Unionized doctors and autoworkers began interacting during the large-scale protests of the late 1970s, when hospital residents and physicians launched their first strikes in São Paulo. In April 1978, Lula attended the inauguration ceremony of the new REME board at the São Paulo doctor's union, and a few weeks later unionized doctors reciprocated with solidarity visits to assemblies of striking autoworkers.<sup>91</sup> The 1981 rally in Rio de Janeiro thus reflected an evolving alliance between auto- and health workers. Concerned by that developing relationship, the dictatorship authorities assigned undercover agents to monitor and document the rally.

Indeed, the Cinelândia demonstration riled both state and military officials. For three weeks, public hospitals in Rio de Janeiro were operating at minimal capacity, causing major disruptions in healthcare services. More significantly, security authorities were concerned by the involvement of other union leaders and specifically Lula, which indicated that the doctors' campaign enjoyed wide support in the labor movement. In classified reports, intelligence agencies warned that collaboration between white-coat professionals and blue-collar laborers could lead to greater protests, jeopardizing the stability of the political opening.<sup>92</sup> The regime thus sought to crush the protest swiftly. In press releases, authorities made efforts to delegitimize the strike by calling it illegal and unethical.<sup>93</sup> In a confidential intelligence memo, dictatorship officials discussed more direct steps to suppress the campaign. The union's strike, the memo emphasized, violated both the 1964 “anti-strike law” and the 1978 National

Security Law, which prohibited public servants from participating in “strikes,” “civil disobedience,” and “subversive propaganda.” Various other laws were cited to provide additional legal grounds for a possible state intervention in the union.<sup>94</sup> Six days after the memo’s circulation—and twenty days into the doctors’ strike—Labor Minister Murillo Macedo signed a decree that ordered the dismissal of the doctors’ union board. Later that day, two intervening inspectors (*interventores*) accompanied by armed agents appeared at the union’s offices and announced the organization was under ministry hands.<sup>95</sup> Citing national security concerns, supplementary ministerial decrees proscribed the continuation of the strike and allowed summary purges of physicians involved in the protest.<sup>96</sup>

By seizing control of the union and removing its leaders, officials hoped to curtail the strike movement. Yet they underestimated how wide the support was for the doctors’ union campaign within and outside the medical sector. A day prior to the intervention, the union’s leaders gathered over five thousand doctors and other workers at the Tabaco Workers Union offices to publicly commit to the continuation of the strike.<sup>97</sup> Promptly following the hostile takeover, a public statement signed by 111 labor unions, professional associations, and congressional representatives repudiated the government’s action, demanding to reinstate the union’s board and negotiate a solution for the physicians’ grievances.<sup>98</sup> A similar letter of support was signed by prominent academics, intellectuals, filmmakers, and theater directors.<sup>99</sup> In São Paulo, the doctors’ union convened an urgent assembly attended by representatives from more than sixty organizations (including Lula da Silva) that announced a regional strike in solidarity with the Rio-based union.<sup>100</sup>



President of the Rio de Janeiro doctors’ union, Roberto Chabo, taken by security agents. Source: *Jornal do Brasil*, June 26, 1981, 1.

Inspired by the wide support, doctor-strikers in Rio de Janeiro ignored the regime's intervention decrees and refused to end the protest.<sup>101</sup> Meanwhile, removed union president Roberto Chabo convened an "exiled" board meeting at the offices of Rio's Society of Medicine and Surgery (Sociedade de Medicina e Cirurgia do Rio de Janeiro). Baffled by doctors' defiance, the dictatorship authorities opted to significantly escalate the conflict. As the exiled board began its meeting, dozens of military police officers and unidentified security agents stormed the building in search of the dismissed union president. Chabo finally appeared, agreeing to leave freely with the security authorities to be booked at Rio's political police headquarters, the DOPS.<sup>102</sup>

Before long, doctors, union leaders, and local politicians were showing up outside the DOPS facility, expressing concern for Chabo's safety. While the days in which the dictatorship employed extreme repression against its political foes were over, national security laws were still used to target those deemed as threats. Moreover, 1981 saw violent attempts by hardline factions within the military to sabotage the government's political reforms and intensify social unrest.<sup>103</sup> Union activists were thus relieved when authorities officially acknowledged Chabo's detention and charged him with violating national security laws for organizing an "illegal strike."<sup>104</sup> Indeed, Chabo was a known public figure who frequently appeared in the press in the preceding weeks; security officials could not risk another scandal.<sup>105</sup>

The detention of a senior prominent physician at a time of a purportedly national liberalization process was met with strong public criticism and prompted further mobilization. The arrest headlined Brazil's major newspapers, appearing on the front page of the Rio de Janeiro-based *Jornal do Brasil*.<sup>106</sup> The National Federation of Doctors immediately declared June 30 as a national protest day.<sup>107</sup> Over twenty heads of hospital departments in Rio de Janeiro submitted their resignation.<sup>108</sup> Outside of the medical sector, various trade unions and political groups publicly denounced the intervention and arrest. In a public note, the newly-established Workers' Party called workers from all sectors to lend their support to the "*companheiros* health workers."<sup>109</sup> Most important, Rio de Janeiro's physicians announced their strike will continue.

In a confidential report, the dictatorship's intelligence agency admitted that the punitive measures had led to "radicalization in the movement's actions."<sup>110</sup> Looking for a way out, government officials agreed to form a "high commission" of Brazil's most prominent physicians to mediate a solution to the deepening crisis in the health sector.<sup>111</sup> A few hours after the commission's first meeting in Brasília on June 28, Chabo was released.<sup>112</sup> As a final show of force, two days later, thousands of physicians participated in rallies across Brazil to pressure the commission—and to celebrate Chabo's release.<sup>113</sup> After further discussions by the Brasília commission, government officials conceded to significant demands of the doctors' movement. They offered to bump physicians three levels up in the federal wage index and increase salaries for early-career doctors. They also agreed to recognize temporary-employed public doctors as permanent workers, recruit additional physicians to the public healthcare system, and ultimately approve a much-anticipated new medical residency law.<sup>114</sup> On July 10, 1981, the general assembly of the Rio doctor's union finally announced the end of strike.<sup>115</sup> Two weeks later, the Ministry of Labor reinstated the union's board, concluding a month-long intervention.<sup>116</sup>

## Conclusion

The doctors' strike in Rio de Janeiro ended in July 1981, but the campaign for better working conditions, access to healthcare, and re-democratization continued in the following year, building on an extensive labor protest movement.<sup>117</sup> As this article has shown, between 1978 and 1981, doctor-activists from various Brazilian states forged significant organizational ties under the umbrella of Movimento Renovação Médica. Winning control of doctors' unions allowed a new generation of physicians to spearhead a dramatic shift in political and labor identities within the Brazilian medical sector. Assuming the identity of wage workers and labor organizers, they negotiated demands through unionizing, striking, and rallying.<sup>118</sup> By 1981, REME-affiliated groups were presiding over most of the sector's labor and professional bodies. Moreover, various strike leaders were later elected to head Brazil's powerful medical boards, illustrating the success of this shift.<sup>119</sup>

The doctors' movement normalized not only blue-collar tactics but also collaboration with other labor sectors to advance political, economic, and professional reform. From a sector of practitioners who emphasized their class and professional distinctiveness, the medical community had moved to view manual workers as political and ideological allies. Doctors and autoworkers in particular exchanged solidarity visits in times of strikes and expressed their commitment to mutual political objectives. This alliance might have played a role in the decision of security officials to employ harsher measures to curb the doctors' movement. The regime's authoritarian grip on society was in many ways dependent on maintaining Brazil's historical divisions of social class. Indeed, a potential coalition of doctors, autoworkers, and other labor sectors posed enough of a threat to military rule that security agents were sent to capture one of Rio's senior physicians.

Of course, as a prominent physician, Roberto Chabo enjoyed social privileges and relative political protection.<sup>120</sup> The effective mobilization for his release—leading to his discharge after four days in detention—reveals the very real differences between doctors and manual laborers in military Brazil. The latter faced the policing of the factory floor by rigid managements, lost a significant value of their wages, and witnessed the security forces detain, torture, and even kill their politically active coworkers.<sup>121</sup> These differences notwithstanding, Chabo's arrest did have a significant mobilizing effect within the medical community. The authorities' punitive response to doctors' protests, coupled with the government's disregard of the continuous crises in the healthcare system, swayed many otherwise politically indifferent physicians to join the doctors' movement, unionize in large numbers, and seek out new allies. This article thus suggested that the doctors' struggles for labor rights and healthcare reform played a significant role in advancing Brazil's transition to democracy. In 1984, organized workers and doctors joined millions of Brazilians in massive rallies calling for direct presidential elections. The *Diretas Já* movement ultimately led to the end of military rule in 1985 and to the ratification of a new Brazilian Constitution in 1988.<sup>122</sup> Various demands of the doctors' movement were incorporated into the constitution, which defined health as a basic right guaranteed by the state and upheld doctors' right to strike over poor working conditions.<sup>123</sup>

Many of the foundational problems of the health sector were left unresolved in the following decades, as medical professionals continued to face declining wages and job

insecurity.<sup>124</sup> These shortcomings, however, should not detract from the significance of doctors' mobilizations during the nation's transition to democracy. The doctors' movement rallied together public health practitioners seeking substantial healthcare reform, leftist medical activists fighting to end military rule, and most importantly, thousands of doctors who did not belong to a political camp but grew discontented with their low wages and declining working conditions. In this sense, this article has illustrated not only how professional and labor identities have shifted under Brazilian authoritarianism but also how diverse political and ideological aspirations coalesced in the struggle for the nation's democracy.

**Acknowledgments.** This article began as a workshop paper presented during a postdoctoral fellowship at The Institute for Historical Studies at The University of Texas at Austin. I thank Marcelo Paixão as well as the other fellows and participants who offered thoughtful feedback during that workshop. Revised sections of this manuscript were later presented at the annual meetings of the American Historical Association/Conference on Latin American History. I thank Gabriela Soto Laveaga for her insightful comments on that presentation. Lastly, I am grateful for the two anonymous reviewers as well as the editorial board at ILWCH, whose close reading of the manuscript and helpful comments greatly improved this article.

## Notes

1. See Sarah Escorel, *Reviravolta na saúde: origem e articulação do movimento sanitário* (Rio de Janeiro: Editora Fiocruz, 1999). See also Nisia Trindade Lima, Silvia Gerschman, Flavio Coelho Edler, and Julio Manuel Suárez, eds., *Saúde e democracia: história e perspectivas do SUS* (Rio de Janeiro: Editora Fiocruz, 2005).
2. See Brian P. Owensby, *Intimate Ironies: Modernity and the Making of Middle-Class Lives in Brazil* (Stanford, CA: Stanford University, 1999).
3. Sarah Escorel, *Reviravolta na saúde*, 87–88.
4. Gabriela Soto Laveaga has written about physicians' strikes in 1960s Mexico, in "Shadowing the Professional Class: Reporting Fictions in Doctors' Strikes," *Journal of Iberian and Latin American Research* 19 (2013): 30–40. See also Daniel Rodriguez, "'To fight these powerful trusts and free the medical profession': Medicine, Class-Formation, and Revolution in Cuba, 1925–1935," *Hispanic American Historical Review* 95 (2015): 595–629.
5. See John Humphrey, *Capitalist Control and Workers' Struggle in the Brazilian Auto Industry* (Princeton, NJ: Princeton University Press, 1982).
6. Paulo Fontes and Larissa R. Corrêa, "Labor and Dictatorship in Brazil: A Historiographical Review," *International Labor and Working-Class History* 93 (2018): 27–51.
7. Recent works include the articles in the special issue of *Revista Mundos do Trabalho* on workers and the dictatorship, edited by Antonio Luigi Negro, Larissa Rosa Corrêa, and Paulo Fontes (Volume 6, Issue 11, published 2014); and Heliene Chaves Nagasava, *O sindicato que a ditadura queria: o Ministério do Trabalho no Governo Castelo Branco, 1964–1967* (Rio de Janeiro: Paco Editorial, 2018).
8. A selection of studies about the role sanitarians played in state policies: Sidney Chalhoub, "The Politics of Disease Control: Yellow Fever and Race in Nineteenth Century Rio de Janeiro," *Journal of Latin American Studies* 25 (1993): 441–63; Gilberto Hochman, *A era do saneamento: as bases da política de saúde pública no Brasil* (São Paulo: Hucitec Editora Ltda., 1998); Jaime Benchimol, "Reforma urbana e revolta da vacina na cidade do Rio de Janeiro," in *O Brasil Republicano, da proclamação da república à revolução de 1930*, ed. Jorge Luiz Ferreira and Lucília de Almeida Neves Delgado, vol. 1 (Rio de Janeiro: Civilização Brasileira, 2006), 231–86; Okezi T. Otovo, *Progressive Mothers, Better Babies: Race, Public Health, and the State in Brazil, 1850–1945* (Austin: University of Texas Press, 2016); and Luana Tiekko Omena Tamano, "O movimento sanitaria no Brasil: a visão da doença como mal nacional e a saúde como redentora," *Khronos, Revista de História da Ciência* 4 (2017): 102–115.
9. Nisia Trindade Lima, "Public Health and Social Ideas in Modern Brazil," *American Journal of Public Health* 97 (July 2007): 1168–77; and Gilberto Hochman and Nisia Trindade Lima, eds., *Médicos intérpretes do Brasil* (São Paulo: Hucitec Editora, 2015).

10. Edmundo Campos Coelho, *As profissões imperiais: medicina, engenharia e advocacia no Rio de Janeiro, 1822–1930* (Rio de Janeiro: Record, 1999). Until the beginning of the twentieth century, Brazil only had three medical schools.
11. On the role of doctors in shaping other societies in Latin America see: Gilberto Hochman and Diego Armus, eds., *Cuidar, controlar, curar ensaios históricos sobre saúde e doença na América Latina e Caribe* (Rio de Janeiro: Editora Fiocruz, 2004); and Marcos Cueto and Steven Paul Palmer, *Medicine and Public Health in Latin America: A History* (New York: Cambridge University Press, 2015).
12. Health care was provided through the retirement and pension institutes (IAPs). See Cristina M. Oliveira Fonseca, *Saúde no Governo Vargas (1930–1945): dualidade institucional de um bem público* (Rio de Janeiro: Editora Fiocruz, 2007). On other reforms carried out under Vargas see: Jens Hentschke, ed., *Vargas and Brazil: New Perspectives* (New York: Palgrave Macmillan, 2006).
13. Carlos Eduardo Sarmento, *O Rio de Janeiro na era Pedro Ernesto* (Rio de Janeiro: Editora FGV, 2001).
14. Cueto and Palmer, *Medicine and Public Health in Latin America*, 106. See also Marcos Cueto, ed. *Missionaries of Science: The Rockefeller Foundation and Latin America* (Bloomington: Indiana University Press, 1994); and Marcos Cueto, *The Value of Health: A History of the Pan American Health Organization* (Washington, DC: Pan American Health Organization, 2007).
15. The number of medical schools grew from thirteen institutions in 1949 to twenty-seven in 1958. Numbers from Instituto Brasileiro de Geografia e Estatística (IBGE), available at: <http://www.escolasmedicas.com.br>. The government also formed the first Ministry of Health in Brazil, established in 1953.
16. Armin K. Ludwig, *Brazil: A Handbook of Historical Statistics* (Boston, MA: G.K. Hall, 1985), 91.
17. Owensby, *Intimate Ironies*, 7, 50, 170–71.
18. “A greve da letra O,” *Jornal SinMed*, December 2002, 3.
19. José Roberto Franco Reis, “Viver é influenciar: Mário Magalhães, sanitário desenvolvimentista e o campo intelectual da saúde pública (1940–1960),” *Tempo Social* 27 (2015): 279–304. See also Nancy Krieger, “Latin American Social Medicine: The Quest for Social Justice and Public Health,” *American Journal of Public Health* 93 (December 2003): 1989–91.
20. Many of the policies were articulated in the 1963 Third National Health Conference. See 3ª *Conferência Nacional de Saúde: Anais, 1963* (Niterói: Secretaria Municipal de Saúde, 1992).
21. Skidmore, *Politics in Brazil, 1930–1964: An Experiment in Democracy* (New York: Oxford University Press, 2007), 229–34, 276–93.
22. “Medicina social e saúde coletiva: entrevista com Hésio Cordeiro,” *Cadernos de História da Ciência* 8, Vol. 2 (2012): 311.
23. On the coup, see Carlos Fico, *O Golpe de 1964: momentos decisivos* (Rio de Janeiro: Editora FGV, 2014). For overviews of the dictatorship see Maria Helena Moreira Alves, *State and Opposition in Military Brazil* (Austin: University of Texas Press, 1985); Thomas E. Skidmore, *The Politics of Military Rule in Brazil, 1964–85* (New York: Oxford University Press, 1988); and Marcos Napolitano, *1964: História do regime militar brasileiro* (São Paulo: Editora Contexto, 2014).
24. See Daniel Guimarães Elian dos Santos, *Massacre de Manguinhos: a ciência brasileira e o regime militar (1964–1970)* (São Paulo: Hucitec, 2020).
25. This was the first of seventeen “Institutional Acts.” See: Alves, *State and Opposition in Military Brazil*, 32–38; and Skidmore, *The Politics of Military Rule in Brazil, 1964–85*, 23–24.
26. See Relatório da Comissão Nacional da Verdade (Brasília: 2014), Volume I, 101. See also Alves, *State and Opposition in Military Brazil*, 46.
27. Alves, *State and Opposition in Military Brazil*, 51–53, 55–56; Gay Seidman, *Manufacturing Militance: Workers’ Movements in Brazil and South Africa, 1970–1985* (Berkeley: University of California Press, 1994), 52–60.
28. On AI-5 see Rodrigo Patto Sá Motta, “Sobre as origens e motivações do Ato Institucional 5,” *Revista Brasileira de História* 38 (2018): 195–216. On censorship after AI-5, see: Kushnir, *Cães de guarda jornalistas e censores, do ai-5 à constituição de 1988* (São Paulo: Boitempo, 2004), 255–86.
29. See Alves, *State and Opposition in Military Brazil*, 95–100. On the various purges in the medical sector, see *O livro negro da USP: o controle ideológico na universidade*, ADUSP, 1979, 38–42; and dos Santos, *Massacre de Manguinhos*.
30. See Alves, *State and Opposition in Military Brazil*, 101–33. On the repressive apparatus, see: Skidmore, *The Politics of Military Rule in Brazil, 1964–85*, 23–24; Carlos Fico, *Como eles agiam: os subterrâneos da*



*ditadura militar: espionagem e polícia política* (Rio de Janeiro: Editora Record, 2001), especially 111–43; and Mariana Joffily, *No centro da engrenagem: os interrogatórios na operação bandeirante e no DOI de São Paulo (1969–1975)* (São Paulo: EDUSP, 2013).

31. On the persecution of medical students, see, for example, Luiza Giandalia e Julia Gumieri, “Reinaldo Morano Filho, entrevista sobre militância, resistência e repressão durante a ditadura civil-militar” (Memorial da Resistência de São Paulo, 2017). On repression of workers, see Marcos Napolitano, *1964: História do regime militar*, 251–54.
32. Jorge Chami Batista, *Debt and Adjustment Policies in Brazil* (Boulder, CO: Westview Press, 1992), 7–11.
33. Skidmore, *The Politics of Military Rule in Brazil, 1964–85*, 178–80, 206.
34. Importantly, torture and arbitrary killings by the security forces persisted, at least until 1976. See Skidmore, *The Politics of Military Rule*, 160–73.
35. See Skidmore, *The Politics of Military Rule*, 178–80, 204–06; Seidman, *Manufacturing Militance*, 157.
36. John Humphrey, *Capitalist Control and Workers’ Struggle in the Brazilian Auto Industry* (Princeton, NJ: Princeton University Press, 1982), 160–75; Seidman, *Manufacturing Militance*, 154–55. There were some attempts to declare the strike illegal under the anti-strike law of 1964 (Lei no. 4.330). See Almir Pazzianotto Pinto, *100 anos de sindicalismo* (São Paulo: Lex Editora, 2007), 111–18. The autoworkers’ campaigns marked the rise of Brazil’s so-called “new unionism.” See Jeffrey Sluyter-Beltrão, *Rise and Decline of Brazil’s New Unionism: The Politics of the Central Única dos Trabalhadores* (New York: Peter Lang, 2010), 1–35. For a more critical view, see Ricardo Antunes and Marco Aurélio Santana, “The Dilemmas of the New Unionism in Brazil: Breaks and Continuities,” *Latin American Perspectives* 41 5 (2014): 10–21.
37. Seidman, *Manufacturing Militance*, 153.
38. Médicos Residentes em Botucatu – “Operação Tartaruga,” March 1977, Arquivo Público do Estado de São Paulo (hereafter APESP), Acervo DEOPS, OP 955.
39. Decreto Presidencial 80.281, September 5, 1977.
40. “Médicos residentes da paulista marcam greve para amanhã,” *Folha de S. Paulo*, June 7, 1978, 17; “Residentes exigem uma definição” *Folha de S. Paulo*, June 15, 1978, 17.
41. “PM dispersa as manifestações no Rio de Janeiro,” *Folha de S. Paulo*, June 30, 1978, 14. Rio de Janeiro’s governor Floriano Peixoto Faria Lima took aggressive means in efforts to quell the protest, see “No Rio, demissão sumária para os 444 residentes” *Folha de S. Paulo*, July 25, 1978, 16; and “Faria Lima volta atrás e readmite residentes,” *Folha de S. Paulo*, July 28, 1978, 16.
42. See “Santa Casa afasta os residentes em greve,” *Folha de S. Paulo*, June 28 1978; “4 mil residentes em greve, por 24 horas,” *Folha de S. Paulo*, June 29, 1978; and “Residentes de 30 hospitais fazem concentração em SP,” *Folha de S. Paulo*, June 23, 1978, 12.
43. Carta aberta à população, n.d., and Observação na assembleia geral dos residentes da Escola Paulista de Medicina, June 20, 1978, APESP, Acervo DEOPS, OP 988.
44. “Primeira greve dos médicos começa no servidor público,” *Folha de S. Paulo*, June 30, 1978, 14. See also Comunicado aos médicos do SIMESP, June 1978, APESP, Acervo DEOPS, OP 988.
45. “Direção do HC chama o pessoal em férias,” *Folha de S. Paulo*, July 18, 1978, 14.
46. Instituto Nacional de Previdência Social (INPS) was formed in 1966. It was expanded to FUNRURAL and INAMPS in the 1970s. See James Malloy, *The Politics of Social Security in Brazil* (Pittsburgh, PA: University of Pittsburgh Press, 1979).
47. Jaime A. de Araújo Oliveira and Sonia M. Fleury Teixeira, *(Im)previdência social: 60 anos de história da previdência no Brasil* (Petrópolis: Vozes, 1986).
48. Carta aberta à população, n.d., and Observação na esidents geral dos residents da Escola Paulista de Medicina, June 20, 1978, APESP, Acervo DEOPS, OP 988.
49. “Sistema Nacional de Saude,” report by Ministerio da Previdência e Assistência Social, August 1975, Casa de Oswaldo Cruz (hereafter Fiocruz), Fundo Hesio Cordeiro, BR RJCOC HC-RI-LP-03. Tabela XI.
50. See Seidman, *Manufacturing Militance*, 49–50, 60–61.
51. *Saúde em Debate* 5 (Out-Nov-Dez 1977), 75–76; Gastão Wagner de Sousa Campos, *Os médicos e a política de saúde: entre a estatização e o empresariamento: a defesa da prática liberal da medicina* (São Paulo: Editora Hucitec, 1988), 104.
52. The union’s old-guard board sought to suppress REME’s campaign but ultimately failed. See Ivone Silva, Guilherme Salgado, and Joana Lopes Acuió, *Simesp, 75 anos de história* (São Paulo: Sindicato dos Médicos de São Paulo, 2005), 112–13.

53. "Aceitamos o desafio," *Jornal do Médico* 1, June 1978, 2, Sindicato dos Médicos de São Paulo (hereafter SIMESP).
54. On REME in Minas Gerais, see Eleição da nova diretoria do sindicato dos médicos de MG, March 20, 1980, Arquivo Nacional (hereafter AN), Serviço Nacional de Informações, AC ACE 6496 80. On the doctors' union of Bahia, see Eleições no sindicato dos médicos do estado da bahia, July 16 1980, AN, Serviço Nacional de Informações, ASV ACE 772/80. See also "Eleições para o corpo de conselheiros para o período 1983/1988," *Ética: Boletim do CREMERJ* 13, August/Septemeber 1983, 11–12; and "TFR determina possa à chapa vencedora na eleição de 1978," *Boletim do CREMERJ* 1, 1984, 7.
55. Escorel, *Reviravolta na saúde*.
56. Campos, *Os médicos e a política de saúde*, 128.
57. Constitutional Amendment No. 11 (October 13, 1978) repealed AI-5. João Figueiredo was elected president by a regime-controlled electoral college a day after the amendment's approval. Skidmore, *The Politics of Military Rule in Brazil, 1964–85*, 201–203.
58. See "Residentes param em todo o estado," *O Estado de S. Paulo*, May 3, 1979, 16; and "No HC, os residentes entram em greve geral," *Folha de S. Paulo*, May 18, 1979, 11.
59. See intelligence reports in doc. 3, n.d., APESP, Acervo DEOPS, OS 1103, pasta 184.
60. Owensby, *Intimate Ironies*.
61. Escorel makes this point in *Reviravolta na saúde*.
62. Campos, *Os médicos e a política de saúde*, 124; and Agrimeron Cavalcanti da Costa, interview by author, July 7, 2015.
63. Estimate based on number of votes for the 1979 union elections. See "Ética continua em recesso," *Jornal do SinMed*, May 1979, 10, Sindicato dos Médicos do Rio de Janeiro.
64. On the diverse backgrounds of strikers, see "Solução para impasse não deve ser isolada," *Folha de S. Paulo*, July 18, 1978.
65. Augusto Bordallo, *60 anos de luta médica* (Rio de Janeiro: Foco Noticias, 2012), 23–26; and Leoncio de Queiroz, "Invasão da medicina," in: 68, *A geração que queria mudar o mundo: relatos*, ed. Eliete Ferrer (Brasília: Ministério da Justiça, Comissão de Anistia, 2011), 154–55.
66. See, for example, the report on *Jornal do Médico*, December 28, 1978, AN, Serviço Nacional de Informações, AC ACE 8157/80.
67. See AN, Serviço Nacional de Informações, ASP ACE 237/79; and APESP, Acervo DEOPS, OS1194, Pasta 254. See also Conselho regional de medicina de são paulo – atividades contra a revolução de 31 Mar 64, December 10, 1979, AN, Serviço Nacional de Informações, AC ACE 5943/80.
68. "DOPS intima SinMed-SP para depor," *Jornal do SinMed*, Maio, 1979, 13, Sindicato dos Médicos do Rio de Janeiro; and Aytan Miranda Sipahi, interview by author, June 24, 2015.
69. "Servidor pune grevistas e suspende residência médica," *Folha de S. Paulo* June 5, 1979, 18; "Maluf mantém extinção da residência médica," *O Estado de S. Paulo*, June 7, 1979, 26.
70. See letters to the editor: "as favas com Hipócrates," *O Estado de S. Paulo*, July 23, 1978, 2; and "A causa da greve é a medicina moderna?," *Jornal da Tarde*, July 25, 1978, 4.
71. See Carta a funcionário público; hospital do servidor, June 30 1978; Carta aberta dos médicos do hospital do servidor público estadual, de associação médica do IAMPSE, July 1978; Carta aberta à população dos médicos do estado de São Paulo (9 órgãos), July 20, 1978, all in APESP, Acervo DEOPS, OP 988.
72. Augusto Bordallo, *60 anos de luta médica*, 61–62. REME won elections at the Brazilian Medical Association in 1981. See "Renovação médica é vitoriosa na AMB," *Folha de S. Paulo*, September 3, 1981, 12.
73. Skidmore, *The Politics of Military Rule in Brazil, 1964–85*, 201–02.
74. Statement for Dia do Médico, October 18, 1980, in Movimento sindical dos médicos de são paulo e baixada santista, January 12, 1981, AN VAZ 28.191.
75. "Greve para 20 mil médicos," *Jornal do Brasil*, April 8, 1981, 7.
76. Including Bahia, Paraná, Santa Catarina, Goiás, Paraíba, and Mato Grosso. See "Médicos fazem greve em sete estados," *O Estado de S. Paulo*, March 19, 1981, 21.
77. "Médicos param; governo ameaça punir," *O Estado de S. Paulo*, April 28, 1981, 46; "Médicos fizeram seu protesto," *Folha de S. Paulo*, April 29, 1981, 11.
78. Greve dos Médicos, April 30, 1981, AN, Serviço Nacional de Informações, AC ACE 15114/81.
79. "Governo ameaça médicos com uso da legislação," *Folha de S. Paulo*, April 28, 1981, 12; "Governo responderá a residentes até segunda," *O Estado de S. Paulo*, May 7, 1981.

80. “Médicos decidem adesão à greve em plebiscito, *Folha de S. Paulo*, May 13, 1981, 11; “O salário aumentou e os residentes voltam ao trabalho,” *Jornal da Tarde*, May 22, 1981, 2. See also Campos, *Os médicos e a política de saúde*, 99–101.
81. André de Faria Pereira Neto and Marcos Maio, “Origem e trajetória inicial do sindicato médico Brasileiro,” *Cadernos de História e Saúde* 2 (1992): 108–112.
82. Augusto Bordallo, *60 anos de luta médica*, 36–37.
83. Both Chabo and Mello were detained and questioned by DOPS soon after the 1964 coup. See “Roberto Domingos Gabriel Chabo,” Arquivo Público do Estado do Rio de Janeiro (hereafter APERJ), Polícias Políticas, Setor Pront GB, Notação 254; and Eleições de conselho, August 29, 1978, AN, VAZ 82 72.
84. The new faction (named REME-MAIS) advocated for intensifying protest and restructuring healthcare in Brazil. See “Boletim do REME MAIS,” July 1980, 2, Fiocruz, Fundo Paulo Gadelha, BR RJCOC GA-RI-01, 2–8.
85. “Greve para 20 mil médicos,” *Jornal do Brasil*, April 8, 1981; and “Carta à População” in Greve dos médicos, April 14, 1981, AN, Serviço Nacional de Informações, ARJ ACE 4554/81.
86. Instituto de Medicina Preventiva da Escola Paulista de Medicina, “Análise das condições de pesquisa e treinamento em nutrição humana no Brasil,” 1981, in Fiocruz, Fundo Hesio Cordeiro, BR RJCOC HC-RI-LP-03. See also “Sistema Nacional de Saude,” report by Ministerio da Previdência e Assistência Social, August 1975, in Fiocruz, Fundo Hesio Cordeiro, BR RJCOC HC-RI-LP-03. Tabela XI.
87. “Os médicos do Rio começam a greve hoje,” *Folha de S. Paulo*, June 3, 1981, 10.
88. Greve dos médicos no Rio de Janeiro, July 9, 1981, AN, Serviço Nacional de Informações, ARJ ACE 4869/81.
89. See Ato público promovido pelo sindicato dos médicos de RJ, June 30, 1981, AN VAZ 107 208.
90. All quotes from the intelligence report of the rally, see Ato público promovido pelo sindicato dos médicos de RJ, June 30, 1981, AN VAZ 107 208. See also Augusto Bordallo, *60 Anos de Luta Médica*, 71.
91. See “Aceitamos o desafio,” *Jornal do Médico* 1, June 1978, 2, SIMESP; and Agrimeron Cavalcanti da Costa, interview by author, July 7, 2015.
92. Greve dos Médicos, April 30, 1981, AN, Serviço Nacional de Informações, AC ACE 15114/81.
93. “Esclarecimentos à população,” June 16, 1981, APERJ, Acervo Polícias Políticas, Setor DGIE, Notação 280C, 115–14.
94. Atuação do sindicato dos médicos do estado do rio de janeiro na greve dos médicos do serviço público, June 17, 1981, AN, Serviço Nacional de Informações, AC ACE 17679/81. Law 4.330 (1964) prohibited public servants from striking except in cases of salary withholding. Decree-Law 1.632 (1978) particularly prohibited hospital strikes for national security reasons. The National Security Law 6.620 (1978) prohibited “interruptions” of public services for similar reasons.
95. “Governo intervém no sindicato dos médicos do rio,” *Folha de S. Paulo*, June 24, 1981, 12.
96. “Macedo declara médicos em greve e INAMPS demite,” *Jornal do Brasil*, June 18, 1981, 7.
97. APERJ, Acervo Polícias Políticas, Setor DGIE, Notação 279L, 355–356; 358–362.
98. “Ao povo brasileiro,” n.d. in APERJ, Acervo Polícias Políticas, Setor DGIE, Notação 279L, page unmarked.
99. Letter of support, no title, June 30, 1981, in APERJ, Acervo Polícias Políticas, Setor DGIE, Notação 279L, 418–419.
100. See telegram from São Paulo’s DOPS about the meeting, dispatched on June 24, 1981, in APESP, Acervo DEOPS, OP 986. See also “Governo intervém no sindicato dos médicos do Rio,” *Folha de S. Paulo*, June 24, 1981, 12.
101. “Intervenção no sindicato gera protesto no Rio,” *Folha de S. Paulo*, June 25, 1981, 15.
102. “Líder de médicos em greve é preso e depõe no DPPS,” *Jornal do Brasil*, June 26, 1981, 15; and Augusto Bordallo, *60 Anos de Luta Médica*, 72.
103. See, for example, the April 30, 1981, Riocentro bomb attack: “Atentado do riocentro foi “ação articulada do estado”, diz CNV,” April 29, 2014, *Agência Brasil (EBC)*; available at: <http://agenciabrasil.ebc.com.br/direitos-humanos/noticia/2014-04/atentado-do-riocentro-foi-a-%C3%A7%C3%A3o-articulada-do-estado-diz-cnv>
104. “Ex-dirigente médico enquadrado na LSN,” *O Estado de S. Paulo*, June 27 1981, 13.
105. Politicians and the union’s lawyer were allowed to visit Chabo. See “Pedida prisão à justiça militar,” *O Estado de S. Paulo*, June 27 1981, 13.
106. “Chabo é preso sem mandado e vai para DPPS,” *Jornal do Brasil*, June 26, 1981, 1; “Preso presidente do sindicato dos médicos do Rio,” *Folha de S. Paulo*, June 26, 12.
107. “Médicos de sp em greve amanhã,” *Folha de S. Paulo*, June 29, 1981, 12.
108. “Líder de médicos em greve é preso depõe no DPPS,” *Jornal do Brasil*, June 26, 1981, 15.

109. O PT e os médicos, June 28, 1981, in APESP, Acervo DEOPS, OP 986.
110. Greve dos médicos no rio de janeiro, July 9, 1981, AN, Serviço Nacional de Informações, ARJ ACE 4869/81.
111. “Comissão de alto nível negocia trégua em Brasília,” *Jornal do Brasil*, June 28, 1981, 22. See also Augusto Bordallo, *60 Anos de Luta Médica*, 74.
112. “Chabo é solto e aguarda negociações com otimismo,” *Jornal do Brasil*, June 29, 1981, 1, 4.
113. “Médicos de SP em greve amanhã,” *Folha de S. Paulo*, June 29, 1981, 12. Two thousand doctors gathered in Rio to welcome Chabo, see APERJ, Polícias Políticas, Setor DGIE, Notação 280-C, 128–120.
114. Wage increases ranged between ten and twenty percent. See “Comissão de médicos começa negociações com estado,” *Jornal do Brasil*, July 1, 1981, 4. See also Augusto Bordallo, *60 Anos de Luta Médica*, 77.
115. Greve dos médicos, July 22, 1981, AN, Serviço Nacional de Informações, AC ACE 18178/81; and Médicos do Rio de Janeiro, July 14, 1981, APERJ, Acervo Polícias Políticas, Setor DGIE, Notação 279L, 524–525. See also “Médicos decidem em assembléia continuar a luta sem nova greve,” *Jornal do Brasil*, July 11, 1981, 5.
116. “Chabo sem poderes reassume sindicato,” *Jornal do Brasil*, July 25, 1981, 7.
117. On the continued protest in following years see Greve dos médicos, July 22, 1981, AN, Serviço Nacional de Informações, AC ACE 18178/81; “Residentes paralisam as atividades em 14 estados,” *O Estado de S. Paulo*, September 23, 1981, 15; and Atividades realizadas pela classe dos médicos-residentes, September 15, 1982, AN, Serviço Nacional de Informações, ASP ACE 12732/82. São Paulo’s resident doctors were particularly active in these campaigns, see: “Os médicos do hospital do servidor ficam mesmo em greve até a saída do coronel,” *Jornal da Tarde*, August 6, 1981, 19.
118. Sarah Escorel, *Reviravolta na saúde*.
119. The winning slate in the 1983 election at Rio de Janeiro’s medical board included many of the key leaders of the 1981 strikes, among them union president Roberto Chabo. See Augusto Bordallo, 93; and “Diretorias do CREMERJ, 1958–2006,” located at CPEDOC do Conselho Regional de Medicina do Rio de Janeiro.
120. Congressional representatives as well as Rio de Janeiro’s Cardinal were allowed to visit Chabo during his detention. See “Pedida prisão à justiça militar,” *O Estado de S. Paulo*, June 27 1981, 13; and Bordallo, *60 Anos de Luta Médica*, 75–76.
121. See Alves, *State and Opposition in Military Brazil*, 158–59; and Carlos Alberto Luppi, *Manoel Fiel Filho, quem vai pagar por este crime?* (São Paulo: Escrita, 1980).
122. See Skidmore, *The Politics of Military Rule in Brazil, 1964–85*, 240–44, 250–54; Conselho Regional de Medicina do Estado de São Paulo, *CREMESP: uma trajetória* (São Paulo: CREMESP, 2004), 60; and Augusto Bordallo, *60 anos de luta médica*, 94–95.
123. See Constituição da República Federativa do Brasil (1988), Art. 196; and Código de Ética Médica (1988).
124. See Jairnilson Paim et al., “The Brazilian Health System: History, Advances, and Challenges,” *The Lancet* 377 (2011): 1778–97.