Any manager knows that there are only four ways to reduce costs:

- In the raw material / inputs;
- In the technological implementation;
- In production / manufacturing / assembly / packaging;
- In the tax burden;

Any reduction in the market value that does not correspond to some economy in one or more of these four ways will mean a loss on the profit margin. Or there are cheaper inputs and raw materials purchased, or they generate more products; or changes technologies, understood as much as human resources, electronic resources and information systems, and telecommunication or telematic resources, as well as the mechanical parts of a production line; or changes the processes of production, fabrication, assembly or packaging, within a specific technological platform; or finally, the tax burden is altered, in the case of companies, searching for places subject to exemptions or lower taxes, or seeking subsidies for the possibilities of legislation in each urban context.

From the moment the Government sees Health as its responsibility, it assumes these expenses for itself in some sphere of activity. Many countries will only build public hospitals and emergency care centers, and hire doctors, or pay doctors in other hospitals with a differentiated pay table, as the Brazilian SUS. Perhaps, as some governments in Brazil have done, have National Agencies to fight against epidemics, or as currently, leave responsibility to municipalities.

Here I propose a management innovation that allows a much broader state control, a huge reduction in costs with diseases and their treatments, and a faster response to epidemics, generating savings to the government, speeding disease treatment, and allowing the government greater control operational health of its population and the country's security, a **Double Administrative Bond between Health and Safety**.

**Assumptions:**

- That the Armed Forces will bring to the relationship between food and medication, a vision of cost reduction, reduction of size, and increase of efficiency, already existing in different military superfoods, throughout the History of the War;
- That the Armed Forces and the Scientific Departments of Universities are able to interact with each other in an efficient and cooperative manner;
- That food is preventive against diseases;
- That the government should assume the responsibility of reducing costs and having full control over patents, even for greater Public Transparency;
- That the philosophy of continuous improvement, called *Kaizen*, of Japanese origin, must also be applied to the government. and this proposal is predominantly *Kaizen*.

**1st Administrative Bond:**

**Centers of Agro-Pharmaceutical Innovation for National Security**

The Brazilian Federal Law 9,787 / 99 the Generic Medicines Act (URL in brazilian portuguese),
adopted under a National Security vision, in which, either by the Armed Forces or by Federal Universities, or, ideally, by the association and integration of both, the medicines considered essential to a Basic Set of Public Health, as well as the Vaccines, and the Foods for Emergency Kits, as well as the Foods of the Basic Package of the Brazilian Consumer, become not only a result of research and investment by the government, but also produced directly by industrial farms, laboratories and governmental factories, in order to answer the following questions:

- Eliminate all the tax burden on medications and vaccines, considered essential: medications and vaccines made by the government will be used within the SUS, or directly in public hospitals and emergency care centers, or during public campaigns (military or otherwise) against epidemic diseases;
- Eliminate all tax burdens on food that will be composed of emergency kits for tragedies, linking the concepts of nutrition and support to Food Security in the case of superfoods as well as the foodstuffs of the Basic Food Package that can be provided to poor families, through some register, such as the Brazilian Family Allowance, for example;
- Allow essential foods to be refurbished to contain more vitamins, proteins, and nutrients, and eventually make it easier to take some prophylactic medication, for example against anemia, or as it is already done by adding iodine to cooking salt. Food becomes a way of National Security against epidemics, against endemics, and against health problems that can be avoided with good nutrition;
- Increase government control over contexts in which diseases become a matter of National Security, whether at times of epidemics and pandemics, or during environmental tragedies;
- Reduce public spending on treatment of diseases that can be avoided, or reduced, already in good nutrition, or in prophylactic treatments that can use foods as vehicles of preventive medicines;
- Reduce costs of public hospitals and emergency care centers with the purchase of medicines and vaccines;
- Stimulate changes through technological innovations that generate more efficient and cheaper treatments;
- Allow the Armed Forces and Health Agents faster social responses to situations of public calamity.

2nd Administrative Bond:

**National Strategy of Medical Care Units**

This is the National Security Plan, to be prepared by the Armed Forces together with the Federal Universities, aiming to improve the places of the public hospitals and emergency care centers that belong to the SUS, and are therefore completely free, and have medical teams under public competitions eliminating salaries in systems of covenants, at least in these hospitals. This plan aims at a better implementation of management innovation in case of Logistics to combat epidemics, or Logistics of attendance to tragedies, and aims to monitor and predict the possibilities of public calamities, reducing the impact of the unpredictable, and increasing the response time social to contexts of social risk.

**Amendment**

- The pharmaceutical industry would have to be further sophisticated so that its medicines and vaccines could be more competitive on the market than government-issued medicines and vaccines;
- Medical equipment companies would have to invest more in innovations to be competitive against the technologies of reduced costs developed by the government;
- Particular medical covenants would tend to reduce monthly fees, since it would be expected in the medium to long term that middle social class and rich people would also seek care in public infrastructure, although it is ideal that at least in the implantation stage, care should be restricted to benefited by SUS. But even for reasons of democracy, the ideal is for the system to serve all the citizens of the country.
Translated from my original article in brazilian portuguese: