

# ALAMES: Organizational Expression of Social Medicine in Latin America

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## **The creation of ALAMES**

During the 1960's and 1970's in Latin America the principles of social medicine gained wide acceptance and the discipline matured. In a number of countries there was a critique of the over-medicalized training of human resources in health as well as of health practices which focused on biological parameters without adequately considering the impact of social, political, economic and cultural factors on the health-illness continuum of populations.

There were many voices which joined this critique of the biomedical model and proposed a new social medicine model. Among those voices, that of the Argentinean sociologist and physician, Juan Cesar García stands out. Juan Cesar García drew upon the postulates that had been developed in France and England in the mid nineteenth century by such notable figures as Rudolph Virchow, recognized as the father of social medicine, and developed them with the theoretical tools of historical materialism.<sup>1</sup>

During the 1970s, in his role at PAHO's Human Resources Department, Juan Cesar García continued his work on the training of health personnel on the continent. At the same time he helped coordinate the diverse social and academic players who agreed

on the need to transform the then-current model human resources development in order that the health needs of the continent could be better met, with a clear political commitment to social transformation at the service of marginalized sectors of society.

Garcia promoted two key gatherings in the development of a blueprint for a political proposal in this field; these were both held in the city of Cuenca (Ecuador) and are known as Cuenca I (1972) and Cuenca II (1974). During these gatherings the lack of training in medical sociology in the formation of health professional was criticized as promoting a static conception of health problems and a rigid description of the relationship between health problems and other spheres of productive processes in general. These meetings stated the necessity of developing new models for organizing knowledge, models that would center analysis on change and include theoretical training of research that would start from the internal contradictions of a given phenomenon and be able to incorporate not only the elements specific to that phenomenon, but also the structural factors, as well as the relationship between the two.<sup>2</sup>

From these principles the gatherings at Cuenca proposed the development of post-graduate academic programs in social medicine. These were seen as the context for changing both the training and the praxis of public health. This initiative resulted in the appearance of post-graduate programs in various countries. The first among these were the Masters in Social Medicine at the Metropolitan Autonomous University in Xochimilco, Mexico (1975), and the Social Medicine program of the Rio de Janeiro State University (1976).<sup>3</sup>

*ALAMES: Asociación Latinoamericana de Medicina Social* ([www.geocities.com/alamesgeneral](http://www.geocities.com/alamesgeneral))

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After these developments the need arose for some way to coordinate the people and initiatives that were working from a social medicine perspective. This led in 1984 to the formation of the Latin American Association of Social Medicine (ALAMES) during the third conference on the development of human resources in health in Ouro Preto, Brasil.

### **ALAMES' accomplishments**

During its 23 years of existence, ALAMES has managed to coordinate the activities of diverse social actors. Initially, these were the academic institutions, who made possible the theoretical and methodological development of social medicine. Later, health care providers joined these efforts by putting into practice the wealth of technical and methodological knowledge on social medicine. Since the 90s organizations and social movements that advocate for the right to health in the region have joined these efforts.

Over the two decades, ALAMES has contributed to the transformation of the training of health care professionals, to the development of practices in health designed to affect the social determinants of health and to overcome the biomedical model. ALAMES' members hold positions in governmental health programs from which they have been involved in the design and implementation of public policy geared towards overcoming health inequality. ALAMES has supported social movements that seek the guarantee of the right to health on the continent<sup>4</sup>.

### **What are the guiding principles of ALAMES?**

A founding principle of ALAMES has been political action. Since the mid 90s ALAMES has defined itself as a social, political and academic movement involved in concrete activities at the regional level to fight for health as a civil right and a public good.<sup>5</sup>

With this perspective ALAMES has proposed and defended these fundamental principles:

- Health is a prized asset of human beings; for health to be a reality requires a radical defense of life and wellbeing;
- Health is a human and social right and a public good; this places a duty on the State to

guarantee it and on society the responsibility to demand it;

- Health, as a public good and human right, must be detached from the logic of the marketplace;
- Addressing health inequities is an ethical imperative; it involves changes in the social, economic, political, environmental and cultural determinants of health as well as the recognition that the diversity of health needs must be considered in the design of social and institutional responses.

ALAMES seeks to collaborate with a broad spectrum of social actors and movements throughout the continent in a joint effort to promote the right to health and life. Among the key components of that political agenda are to:

- Demand social policies that affect the structural determinants of health;
- Demand the consolidation and construction of universal and free health systems;
- Advance the right to health for everyone without regard to gender, sexual and ethnic origin;
- Protect the right to health in the context of environmental degradation;
- Insure the health of workers, defending and building upon the rights they have already acquired;
- Defend the right to health in the face of war, militarization and violence;
- Fight for the development of primary health services and for health systems of high quality, efficiency and sustainability;
- Demand the revision of intellectual property legislation *imposed by developing countries*, so that they do not affect the guarantee of the right to health;
- Promote the integration of traditional and academic health knowledge within a framework of respect and cooperation, for the purpose of rescuing traditional health practices;
- Demand that health inequality be eliminated with urgent and diverse public programs which would include prevention, protection, education, curative and rehabilitative assistance, as well as the organization and management of health services in such a way as to expand organized

social participation and the effective control of the State by society.

- Promote alliances for a radical defense of life among movements working for the rights to health, to water, food security and land, the environment, gender rights, and the rights of indigenous and Afro-American populations, among others.<sup>6</sup>

### Organizational structure

ALAMES has a structure which combines that of a membership association (with affiliated members) with that of a social organization that seeks to strengthen itself through developing both regionally and thematically. Throughout its history, ALAMES has had several organizational structures; the one under which it functions now is defined legally by the Association's statutes and is the following:

- **Associate members:** To date we have an electronic network consisting of 600 members.
- **National chapters:** We have sought to make national chapters the organizational basis of ALAMES, since each country has a unique environment and it is at the local and national level that it is easiest to organize people. There are national groups in a significant number of countries in the region, but regions such as Central America and the Caribbean need further attention. It is worth noting that in some cases, such as Paraguay, Colombia and Peru, the organization around health has taken the shape of a social movement.
- **Regional:** The continent is subdivided into 7 regions (Southern Cone, Brazil, Andean Zone, Central America, the Caribbean, Mexico, and North America) and in each one there is a coordinating body. With this regional organization ALAMES seeks to address and account for the geographical, social, and cultural diversity in the continent.
- **Thematic networks:** Another component of the organizational and executive structure of ALAMES are thematic networks, which seek to connect people with a common interests and professional activity. Currently active are the Gender and Health Network, the Health and Work Network, and the Decentralization and

Health Network, all part of a larger network named the America Network (Red America).

- **Executive Secretary:** This provides support to the institutional development of ALAMES. It is currently based in Bogotá, Colombia.
- **Advisory Council:** This is composed of 6 individuals with a strong history of service to ALAMES. It functions to provide guidance in key matters pertaining to the Association.
- **General Coordinator:** This role is filled by a single person chosen on the basis of gender alternation every 3 years. The office's role is to represent the organization legally and politically, to coordinate the various bodies of the organization, and to promote the activities that the Association supports.
- **Coordination Committee:** This committee is composed of the 7 regional coordinating bodies and the General Coordination and serves as the directing body of the Association.
- **General Assembly:** The assembly is the highest decision making body in ALAMES. It gathers at every Congress of the Association and establishes a 3 year work plan and leadership structure.
- **Congresses:** During its existence, ALAMES has held nine Congresses; the tenth will be held in July of 2007 in Salvador de Bahia, Brazil. These congresses have allowed for a coming together of the research and social action activities in the fields of social medicine and public health, which makes them an essential forum for the development, recognition and promotion of social medicine on the continent.<sup>7</sup>

### Current projects

It is important to point out that there are thousands of projects being carried out on the continent that subscribe to social medical and public health perspectives, and of course these activities extend beyond the direct activities of ALAMES. As an Association we are a part of the social medicine sector but not all of social medicine. As such ALAMES is one of many organized expressions of social medicine on the continent.

Currently, ALAMES's national groups and thematic networks, focus on four areas:

- *Social mobilization for the right to health:* ALAMES supports local, national and regional efforts by citizens to guarantee the right to health. Toward this end ALAMES has promoted the emergence of social movements for health in countries throughout the continent and contributed to the development of sub regional, continental and global movements. ALAMES has participated in the organization of the National Health Movements of Paraguay and Colombia, of HealthForum (ForoSalud) in Peru, the Social Health Forums (Foros Sociales en Salud) in Argentina and Uruguay, and the World Social Forum on Health, to cite a few examples. Most recently we have collaborated with the People's Health Movement on the "Health for All Now" initiative, aimed at reviving the proposals made in Alma Ata in 1978 on primary health care.
- *Social determinants of health:* The concept of social determinants of health is the essence of social medicine and has recently been given new attention with the creation of the WHO's Commission on Social Determinants of Health, a process in which ALAMES has participated as a representative of Latin American civil society. The work with the Commission led to a regional collaboration between social actors who expressed their joint position in the Brasilia Letter. The Letter demands decisive action on the part of governments and international cooperation agencies to alter the determinants of health. This is a necessary step in overcoming the profound health inequalities of the continent. The Letter also set forth a proposal for cooperation between diverse sectors of the continent in order to strengthen a program of political action in the field of health determinants.<sup>8</sup>
- *Gender and Health:* ALAMES's Gender and Health Network has been a pioneer in promoting the analysis of health issues from a perspective that incorporates gender into social medicine. The Network promotes the dissemination of research, programs and projects as a way of enriching public discussion

in the field of health by including a gender perspective.<sup>9</sup>

- *Work and health:* The study of how working conditions impact on health was central to the early development of social medicine on the continent. Through the Network on Work and Health, ALAMES promotes research, education, organization and political action in order to advance the fight for the right to health in the workplace. This involves bringing together professionals and academics in the field, as well as workers themselves and their unions. The Network is currently working on an alternative report on workers' right to health; the creation of a continental school dedicated to health, workplace health and the environment; and a continent-wide gathering on the health of workers for the second semester of 2007.
- *Decentralization and health:* ALAMES is very interested in influencing health management on the continent. We have attempted to influence health managers and policy makers both locally and nationally. In partnership with other organizations from the continent, the Americas Network was developed. The Network was created to support the decentralization of health services and the strengthening of public policy that furthers the guarantee of the right to health. Currently the Network is creating an "Observatory" on questions of decentralization and health on the continent.<sup>10</sup>

### **The main challenges that ALAMES currently faces<sup>11</sup>**

Within the current context of globalization, ALAMES faces a set of complex challenges involving not only its development as an organization but also in its institutional and political activities.

ALAMES faces the challenge of making a qualitative leap in its organizational structure. This should allow for an administrative and operational structure adequate to support the activities of the Association.

We need to strengthen the network's horizontal network structure, so that our members feel their daily efforts form part of a global project that

effectively contributes to the process of social transformation and to the guarantee of the right to health.

ALAMES must solidify itself as an organization that serves to bring together the many actors that create, disseminate, and strengthen critical health analysis and contribute to the political action of social movements and organizations that fight for the right to health and emancipatory processes on the continent. This implies that the structures created by the Association must contribute to the processes of coordination and the creation of a common agenda for the production and dissemination of knowledge and action. This should lead to the use of counter-hegemonic formats in order to democratically and equitably disseminate the knowledge, also counter-hegemonic, that social medicine and collective health produce.

The rich experience on the continent in the production of critical health knowledge, the accumulated experience in health service management and the experiences of local and national governments on the subject of health must all be used in the service of the current social and political mobilization. This implies establishing strategies and alliances so that ALAMES can become a *think tank* for the continent's social and health movement, with the understanding that the generation of knowledge is a dialectical process involving theory and practice.

This also implies that we must be open to using our Congresses and other public forms in order to develop and publicize issues not usually considered as priorities in the academic discussion of public health but which are of importance to peoples' everyday experience. Examples include the relationship between work, suffering and the search for care within the social order of globalized capitalism; power dynamics between health professionals and service users and between professionals and health institutions in the everyday delivery of services; the training of health professionals in the context of the reality of health/illness of our cities, our regions and our countries today.<sup>12</sup> Of equal importance is taking part in key emerging issues such as the impact of migration on health, the impact of climate change on

life and health, free trade agreements and their impact on the guarantee of the right to health, as well as the new continental geopolitical system and its impact on health.<sup>13</sup>

Given this set of circumstances, ALAMES must decide on an agenda and structure that will allow for innovation and qualitative improvement. We must create a political agenda that will allow for cooperation with other sectors, not exclusively the health sector. Thus, the emerging concept of the radical defense of life, promoted by collective health movements, is key to the forging of a common agenda that promotes dialogue and understanding between academics, workers, and members of social and political organizations, in order to move forward in the fight for the right to health and the defense of life.

Our agenda and structure must allow us to "think globally and act locally"<sup>14</sup>, meaning that ALAMES must contribute to the full exercise of our citizenship in our everyday life and work, but with a continental and global perspective that demands collective action to build a society with a distinctive health component that manages to address the needs and tremendous health inequities in this region of the world.

The challenges are immense, but so are the opportunities.<sup>15</sup>

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