

On the 25th Anniversary of ALAMES¹

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Introduction

Twenty five years ago, in a peaceful rural corner of Ouro Preto, Brazil, twenty people decided to establish the Latin American Social Medicine Association (ALAMES). We were searching for both new theoretical horizons and better health conditions for the people of our region. Twenty of us signed the declaration but there were hundreds at the Ouro Preto meeting and thousands more who were committed to and interested in the new organization. We were cognizant of what had preceded this event. We knew that 140 years before us a group of German revolutionaries had undertaken a radical reform of thinking and practice in health services and education. Their ideas had not disappeared; they remained alive in several countries and were embodied in the work of thinkers like Giovanni Berlinguer.² We knew that in our continent, recently hit by the systemic crisis of capitalism in the 1970's and burdened by a massive external debt, the countries of the southern cone were struggling to emerge from dark and bloody military dictatorships. Revolutionary winds were sweeping across Central America and the Caribbean. We were also conscious that a social science component – intentionally functional and instrumental in character – had recently been introduced into the curriculum for training health care professionals. Nonetheless the training and practice of health care professionals remained dominated by a disease-centered theoretical perspective and a bio-centric logic. Teaching was more concerned with the interests of the established powers than those of the impoverished majorities.

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Not only did our efforts not start out from scratch, but we benefited from the work of many pioneers. ALAMES was able to draw on the energy of academic programs and work or study groups which – under different names and conditions – had nurtured these ideas and built up their own networks in Mexico and Brazil, Ecuador and Cuba, Chile and Colombia, Bolivia and Uruguay, and Venezuela and the Dominican Republic.

We were also clear about what we wanted. We wanted a place to discuss and theorize about the nature and social dynamics of health and illness, about the levels at which health and illness were determined, about the role of the state in health care and health preservation, and about the health care systems in our countries. We wanted to foster counter-hegemonic political action and mobilization around health issues. We set out from the principle that health care is a fundamental human right; it is not an act of charity, a gift from the government, or commodity available only to those who can buy it and denied to those who can't. We wanted to find ways of working together and coordinating our activities at a regional level so that we could have a consistent collective voice with a greater impact on events. We were not unaware of that there were historical and conceptual differences both within individual countries and between countries. The task of creating a united regional voice remains unfinished. Despite a clear understanding of both context and objectives, it would only be fair to admit we were not – and are not – entirely clear on the “how” as I will explain later.

We are now 25 years down the road and in the next four days we will be preparing to take ALAMES into a new era. It's a good time for us to identify and ponder our successes and setbacks, what has been accomplished and what remains to be done. This assessment should be carried out without

blaming, without signaling heroes and villains, and without being either hypercritical or uncritically self-satisfied. Conscious that this is a collective task, and therefore not the work of a sole individual, I will only venture a few observations that might serve to provide a panoramic view without losing sight of the rear-view mirror.

I point out that we have rich human and bibliographical resources as we begin our assessment. In fact, ALAMES is alive; in each and every one of us, ALAMES thinks, feels, talks, fights, creates, and remembers. There is also a diverse and quite substantial body of work that has been produced by individuals, the thematic networks, the national groups, and in the 10 Congresses we have celebrated so far. Of the bibliographical arsenal at our disposal I would like to single out three works that bring together serious intellectual materials for our consideration.

First, I would like to underline the importance of the book *Debates in Social Medicine*, published in 1991 with the solid support (at the time) of the Pan American Health Organization.³ This book was the product of four years of thoughtful selection by a collective of editors. As Everardo Duarte and I expressed jointly in the introduction, debates at the time centered around two central questions which in my opinion are still relevant: the identity of social medicine as a field and the creation of a valid and viable social medicine project for Latin America. Secondly, there is the analytical evaluation of ALAMES prepared by Edmundo Granda. This was initially presented at the Lima Congress in August 2004⁴ and an updated version was published in *Social Medicine* in May, 2008, shortly after Edmundo's premature death.⁵ Edmundo, searching to identify what he himself called our "distinguishing characteristics" first pointed to the deeply Marxist roots of our theoretical perspective. Following the lead of Juan César García in studying the proposals of 19th century European social medicine, he identified four "genetic" characteristics that should guide social medicine in Latin America:

- a) commitment to political change;
- b) acknowledgement of the social character of the health-illness dynamic, along with all

that this implies conceptually and politically;

- c) the role of science in the construction of the discipline; and
- d) the absolute responsibility of the state for health.

The third document I single out among those that can help us understand and improve ourselves is the compilation made by professors and friends Francisco Rojas Ochoa and Miguel Márquez entitled: *ALAMES en la Memoria: Selección de Lecturas*⁶ which was published on the occasion of this 25th anniversary. Based on their editorial expertise and notwithstanding the limitations of space, they have assembled speeches from the inaugural sessions of our congresses supplemented by some additional presentations made by ALAMES members at similar events, and suggestions for future development offered by the current ALAMES General Coordinators, Catalina Eibenschutz and Leticia Artiles.

If you pardon a bit of oversimplification and evaluative boldness, I would risk making the following assessment: after 25 years of promoting social medicine in Latin America, ALAMES gets an "A" for its academic work, a "B" for its political work, a "C" for organization, and an "A+" for solidarity. Allow me to briefly expand on this assessment.

Academic work: A

In the past four decades of work on an alternative health model for the region, we have accumulated a solid body of theoretical work, an accepted methodological approach, and a vast amount of research. It is only fair to acknowledge that social medicine antedates the founding of ALAMES, that the Association cannot speak for everyone, nor does it pretend to unify all those intellectual currents that – to one degree or another – share its perspective. The two Cuenca meetings (1972 and 1983), organized by Juan César García and supported by PAHO, represent without a doubt the cornerstone of this movement. At the Cuenca meetings the role of the social sciences in health was explored, analyzed, prefigured, and developed using the foundations of historical materialism. At these meetings we find

many of the names that have given continuity and coherence to social medicine in Latin America: Cristina Laurel, Mario Testa, Carlos Bloch, Hesio Cordeiro, Everardo Duarte, Sonia Fleury, Jaime Breilh, Edmundo Granda, and Pedro Luis Castellanos. The mid-seventies gave evidence of intellectual creativity and force in the pioneering work by Alberto Vasco in 1973 on health, medicine, and social classes and Jaime Breilh's thesis in 1976 confronting the dominant epidemiology and establishing the basis for what he himself called critical epidemiology.

Along with this theoretical development, and responding to both social needs and sociopolitical events in the region, the thematic content of social medicine broadened. Labor processes and conditions, the state, social policy, health care systems and their reforms, health conditions across different social sectors, economic crises and their impact on health, ethics and equity in health, violence in the region, the role of gender and its significance to health, globalization – these are only some of the topics of intellectual work and debate in the congresses, forums, courses, workshops, and regional and national seminars organized by ALAMES and its members. Not only has our thematic scope broadened, but we have also made progress in epistemological consistency, methodological rigor, and the analysis of the orders and levels of health determinants. This latter study was well developed within our Association long before the social health determinants approach became fashionable in Europe.⁷

For all the above cited reasons and for our growing presence in undergraduate and graduate training programs in collective health, social medicine, and public health I feel bold enough to grade our academic performance as “very good”, without wishing to overlook the difficulties, mistakes, or multiple unfinished tasks.

Political Work: B

I grade us as doing “well” politically because so many of our members – in diverse countries and sectors – are committed to social organizing and mobilizing for health, for the right to health, and for universal, equitable health care systems. A

persistent concern in our Congresses has been the discussion of how health can be used as a way of exercising and building citizenship. There have been multiple initiatives, proposals and projects – including some at this 11th Congress – for making health a fundamental part of the social and political agenda in Latin America. We are doing well because of the active participation of so many members in the struggle against the antidemocratic imposition of market-based reforms. Other members are working within progressive, democratic – sometimes even revolutionary – contexts; their participation has extended to work in local or national governments in countries like Cuba, Nicaragua, El Salvador, Mexico, Brazil, Chile, Uruguay, Argentina, Venezuela, Bolivia, Ecuador, and Colombia.

Finally, I would note that this work has remained true to our original political postulates. We should take care to continue this. It should be clear this positive evaluation of our political successes should not detract from a clear understanding of the enormous breach between our proposals and the raw health realities of the region.

Organization: C

We have yet to find a way to work through certain difficulties and resolve immediate crises as well as to soothe egos and harmonize the projects of different groups and sectors within the organization. We need to coordinate the work of the thematic or national groups and networks into a regional organization and strategy. We must figure out how to combine effective face-to-face work and communications using the latest telecommunication technologies. We need to democratically use emerging centers of “micropower,” connecting centers with similar – or related – interests. Finally, we must adequately fund the organization without creating barriers based on economic means or negotiating away our principles.

We have tried several formulas; none has been completely successful. Hopefully this Congress will allow us to take decisive steps in the right direction. This involves embracing diversity within our union, remaining loyal to principles but flexible in our approach, and providing the Association with

democratic organizational structures that are both prompt and efficient. No less is required for ALAMES to fulfill its essential academic, ideological, and political missions in a continuously better fashion.

Solidarity: A plus

In my opinion, the outstanding aspect of ALAMES is its solidarity work. I don't say this only because I felt it first hand when paramilitary terror went after the intellectuals, public universities, and human right activists in Colombia, and I was forced to leave my country. I was generously and immediately supported by various groups and individuals associated with ALAMES, particularly in Brazil. However, I have also seen the deep commitment to supporting the struggles and social activists of various countries of Central America and the Southern Cone. I say this because, having had the good luck to attend all eleven ALAMES Congresses including the current one, I have followed the Declarations made at each Congress; they express the Organization's equal concern and explicit support towards Australian aboriginals, political prisoners in Chile, Sandinistas in Nicaragua, members of the Farabundo Marti National Liberation Front, health care workers throughout Latin America organized in the fight for the defense of public health and their own rights, Haitian activists fighting for justice and human rights, the struggles in the defense of public hospitals and universities, and even support for the founding and expansion of ALBA. I say this finally because I shared with so many of you the explosion of pained love and concern that traveled through the wireless veins of the whole region upon the deaths of Juan Samaja and Edmundo Granda, as well as our great hope and joy when María Isabel Rodríguez, a giant of vitality and commitment, assumed the position – at age 87 – of Minister of Health in El Salvador.

Final Remarks

I would like to finish with three nostalgic messages full of love and hope:

The first one is a sincere and everlasting homage to those pioneers, individuals, and militants who

have contributed with their ideas, struggles, words, and time over the past quarter century. They include both men and women; many are anonymous. Some are present and some are not. Together they have made it possible that today social medicine is beginning to send up sprouts, make its presence felt, and develop the ability to transform reality. Their work has allowed ALAMES to enjoy the vitality and appeal of a 25 year old.

Secondly I want to mention the living memory and active presence both today and in the future of those who initiated and carried out the mission of social medicine in Latin America and have now passed away. I would like to mention a few names: Juan Cesar Garcia, leader, inspiration and pioneer who died in 1984, months before ALAMES was created; Alberto Vasco, original thinker with a good sense of humor and better sense of friendship who passed away in 2001; Sergio Arauca, charismatic, ideologist and militant who died in 2004; Juan Samaja, a wonderful teacher, rigorous epistemologist and fierce fighter, even against the cancer that defeated him in early 2007; Edmundo Granda, a great man, a researcher, a brother who left us just seven months ago, six months before Clarita, his partner, who died of something we might call love.

My last message for ALAMES' silver anniversary: dear compañeros, we can not do less than those whose accomplishments I have just referred to. Neither can we do less for the many current struggles in which we are engaged. And we cannot do less for the future of our peoples – the excluded in particular – which gives meaning to what we think, do, and dream. We must maintain ideological, theoretical, and political coherence without flirting with neoliberal banality. We must show organizational creativity, develop synergy with social organizations and popular movements, and maintain a vision directed at the relevant issues of today and tomorrow, amongst them: environmental deterioration, increasing violence, urban life and death, true gender equity, and the uses and abuses of the great technological innovations. These may be some of the keys to assuring that the next 25 years for ALAMES will be even more

productive, more creative, more transformative, and richer in solidarity.

References

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