

The Latin American Social Medicine Movement : *Buen Vivir and Collective Health*

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Miller (as per "final" programme dated 22 July)*

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What is “Social Medicine” ?

- Social Medicine has emerged as an interdisciplinary **academic field** at the intersection of medicine, biology, ecology, etc., on the one hand, and the social and political sciences, on the other.
- Social Medicine also manifests itself as an ethical imperative and/or commitment to promote health through social and political action.
- Social Medicine is a product of the realization that – although many health problems lend themselves to the individual treatment of individual patients – health is above all a collective matter and the major contributing factors to health and disease are social and political.
- Many proponents of Social Medicine were initially trained as epidemiologists – or pediatricians.
- Latin American proponents of Social Medicine have a particular fondness for the term ***‘Collective Health’***.

Founders and Originators

- The founder of public health and social medicine as approaches to the etiology of disease is often stated to be **Rudolf Virchow** (1821-1902). Dorothy Porter (2006) also mentions **Jules Guérin** (1801-1886) and other “French and German health reformers”.
- Virchow is known – among many other accomplishments – for his 1848 *Report on the Typhus Epidemic in Upper Silesia*, focussing on poverty and living conditions. Guérin was the founder and editor of the *Gazette médicale de Paris*.
- Both Virchow and Guérin are mentioned by Juan César García (one of the major Latin American proponents of Social Medicine).

Founders and Originators in Latin America

- **Juan César García** (1932-1984) is often identified as the iconic founder-figure for Social Medicine in Latin America (Parker 2006; Galeano, Trotta & Spinelli 2011).
- **Salvador Allende** (1908-1973) and **Ernesto “Che” Guevara** (1928-1967) are also considered to be major founding figures of Latin American Social Medicine. *These two figures are not dealt with in this presentation.*
- **Héctor Abad Gómez** (born 1921, assassinated Aug. 25, 1987) – an important but neglected figure – was the founder of the National Faculty of Public Health of the University of Antioquia (Colombia) and a defender of human rights, including universal access to health care.

Precursors of Social Medicine in Latin America

- A number of precursors can be identified, as evidenced more by their work and contributions to public health than by their explicit doctrines. These include the following:
 - **Oswaldo Cruz** (1872-1917) – Brazil.
 - **Carlos Chagas** (1879-1934) – Brazil.
 - **Clodomiro Picado Twilight** (1887-1944) – Costa Rica.
 - **Jacinto Convit García** (1913-2014) – Venezuela.

Current Proponents of Social Medicine

The following is an incomplete, unordered and somewhat arbitrary list of medical professionals and academics currently or recently active in Social Medicine:

- Jaime Breilh (Ecuador)
- Cristina Laurell (Mexico)
- Sonia Fleury (Brazil)
- Armando de Negri (Brazil)
- Alicia Stokiner (Argentina)
- Carolina Teltelboin (Mexico)
- Giglio Prado (Argentina)
- Jorge Kohen (Argentina)
- Giovanni Berlinguer (Italy, 1924-2015)
- Damián Verzeñassi (Argentina)
- Medardo Ávila Vázquez (Argentina)

“El Buen Vivir” and Social Medicine

- Many recent proponents of Social Medicine in Latin America have sought to integrate the conception of *‘buen vivir’* or ‘way of living well’ into their reflections on the finalities of medicine.
- This is perhaps the distinctive mark of the Latin American flavour of Social Medicine.
- The words ‘buen vivir’ and their Quechua equivalent ‘sumak kawsay’ figure prominently in the Ecuadorean Constitution.
- The words ‘vivir bien’ also figure prominently in the Bolivian Constitution, defining the purpose of the State. Their equivalent ‘suma qamaña’ in the Aymara language occurs only once.

What is “El Buen Vivir” ?

- A philosopher raised in the Anglo-American and European traditions cannot help being reminded of the Aristotelian conception of the overarching finality of statesmanship – as exposed in Book I of the *Nichomachean Ethics* – namely *eudaimonia* or happiness of the community, with ‘eudaimonia’ being later somewhat circularly defined as ‘acting in conformity with *arete* (i.e. virtue)’! The Ecuadorian *buen vivir* is thus reminiscent of Aristotelian *virtue* and *savoir vivre*.
- Marcelo Villamarín Carrascal (2016) is one of the few authors to note this parallel (*Socialismo y revolución ciudadana. Preguntas y respuestas*. Quito: 2016).
- Many authors see in *el buen vivir* an alternative to “Eurocentric” concepts like ‘development’, ‘growth’ or even ‘health’ – and as having *nada que ver* (nothing to do) with the ‘happiness’ of utilitarians.

What is “El Buen Vivir” ?



Alberto Acosta.

El Buen Vivir:

Sumak Kawsay, una oportunidad para imaginar otro mundo (2013)

[Sumak Kawsay, An Opportunity to Imagine Another World]

Paperback edition selling for CAD\$256 (!!)
on the Amazon.ca website and for
US\$74.68 on Amazon.com; the French
translation by Marion Barailles (2014) sells
for 12€ on FNAC.com and is available as a
moderately priced eBook or via Kindle.

What is “El Buen Vivir” ?

Fernando Huanacuni Mamani,

Vivir Bien / Buen Vivir:

Filosofía, Políticas, Estrategias y Experiencias de los Pueblos Ancestrales.

1st edition, Lima, February, 2010

2nd edition, La Paz, April, 2010

3rd edition, Lima, June, 2010

4th edition, La Paz, October, 2010

5th edition, Buenos Aires, 2013

6th edition, La Paz, 2015

Published by the Coordinadora Andina de Organizaciones Indígenas – CAOI

Cover photo Giovanni Simbaqueba



“El Buen Vivir” and the Right to Health

- The constitutions of a number of Latin American countries identify access to health care – and the promotion by the State of healthy living and working conditions – as a “right”.
- Examples include the constitutions of Colombia, Brazil, Guatemala, Venezuela, etc., in addition to Ecuador and Bolivia.

Constitution of the Republic of Ecuador (2008) *(translated extract)*

- Art. 32. – Health is a right guaranteed by the State and whose fulfillment is linked to the exercise of other rights, among which are included the right to water, food, education, sports, work, social security, healthy environments and others that support the good way of living [*el buen vivir*]. The State shall guarantee this right by means of [...] permanent, timely and non-exclusive access to programs, actions and services promoting and providing integral health-care, sexual health, and reproductive health. [...]

Constitution of the Republic of Ecuador (2008) (translated extract)

- Art. 14 - The population has the right to live in an environment which is healthy and in ecological equilibrium, guaranteeing the *buen vivir* [or] *sumak kawsay*.
- Art. 387 - It shall be the responsibility of the State [...] to promote the generation and production of knowledge, to encourage scientific and technological research and to develop the potential of ancestral knowledge, contributing in this way to the realization of *buen vivir* [or] *sumak kawsay*.

What is “El Buen Vivir” ?

- According to Enrique Dussel, speaking in Puebla in 2012, “*buen vivir* supposes, among other things, a political system which is fully representative and characterized by self-management [*autogestión*]”



Social Medicine: Founders and Originators in Latin America

- **Juan César García** (1932-1984) is often identified as the iconic founder-figure for Social Medicine in Latin America (Parker 2006; Galeano, Trotta & Spinelli 2011).



Juan César García interviews Juan César García (1984)

Juan César García (1932-1984)

- Juan César García was born in Necochea, Argentina, which García describes as a “pequeño pueblo de provincia”, approximately 500 km from Buenos Aires.
- At the age of 18 or 19 he began his study of medicine in the city of La Plata, specializing in pediatrics.
- García became involved in student politics and also “a group of doctors who traveled throughout the Province of Buenos Aires” (Galeano et al., 2011).

Juan César García (1932-1984)



Source: Galeano et al., 2011

Juan César García (1932-1984)

- After his medical degree, García studied the social sciences in the FLACSO in Santiago de Chile.
- García then joined a research team at Harvard University, finding employment in the Pan American Health Organization (PAHO).
- During this time García also began to constitute networks of doctors throughout Latin America – and to become critical of the conventional approach to what he termed the “processes of health-disease-care” or PSEA (for *procesos de salud-enfermedad-atención*).
- García also became critical of the “hegemonic insistence” of medical research on the individual and also of the authoritarian nature of the doctor-patient relationship.

Juan César García (1932-1984)

- The Association for Latin American Social Medicine (ALAMES) was founded in 1984, the year of César García's death.
- The founding document of this association mentions him by name.
- Each Congress of ALAMES begins with a Juan César García Memorial Lecture.

Founding Myths

- “1848 is the year in which the concept of social medicine was born. It is also the year of the great revolutionary movements in Europe. Like the revolutions, the concept of social medicine comes to the fore simultaneously in several European countries. [...] The concept, in spite of its being used in an ambiguous way, attempted to show that disease is related to "social problems" and that the State should intervene actively in the solution of problems relating to health.”

* “Juan César García Interviews Juan César García”, 1984

Founding Myths

- “One hundred [and] sixty years ago the term Social Medicine gave voice to demands for social reform and became the standard calling on health professionals and the general population to confront a mode of production that had created massive population displacement, chaotic urbanization, inequality, violence, child labor, and preventable disease and death at levels never before seen.”

* New governing council of ALAMES in 2012,
quoted by Miguel Torres 2014

Jaime Breilh

- “The medicalized understanding of the health crisis interprets health rights as individuals’ private access to a form of commodity or the availability of public medical health care. We must contrast this reductionist approach with an integral notion of the right to health as the forthright enjoyment and multiplication of healthy settings for living, which are only possible under a new civilization.” (2012)

* Jaime Breilh (born 1947) is an Ecuadorian, trained in epidemiology, doctor of medicine, with postgraduate studies in Social Medicine. He is currently (2018) coordinator of the doctoral program in Collective Health associated with the Ecuador Campus of the Universidad Andina Simón Bolívar.

Organisational and Institutional Support

- The main organization subtending the Latin American Social Medicine and Collective Health movement is **ALAMES** (of which more in the following slides). See www.alames.org.
- ALAMES has a number of partner organizations, including the Argentinian **REDUAS** – Red Universitaria de Ambiente y Salud – (“University Environmental and Health Network”) – and the group *Doctors of Crop-Sprayed Villages and Towns*. See reduas.com.ar.
- *Social Medicine / Medicina Social* is a bilingual, open-access journal published since 2006 by the Montefiore Medical Center/Albert Einstein College of Medicine and ALAMES. See <http://socialmedicine.info>.
- *Salud colectiva* is a bilingual open-access journal published since 2005 by the Collective Health Institute of the Universidad Nacional de Lanús, Argentina. See <http://revistas.unla.edu.ar/saludcolectiva>.

University Environment and Health Network (REDUAS)

- One of the partners of ALAMES is the University Environment and Health Network – in Spanish the *Red Universitaria de Ambiente y Salud (REDUAS)* – of the National University of Córdoba in Argentina.





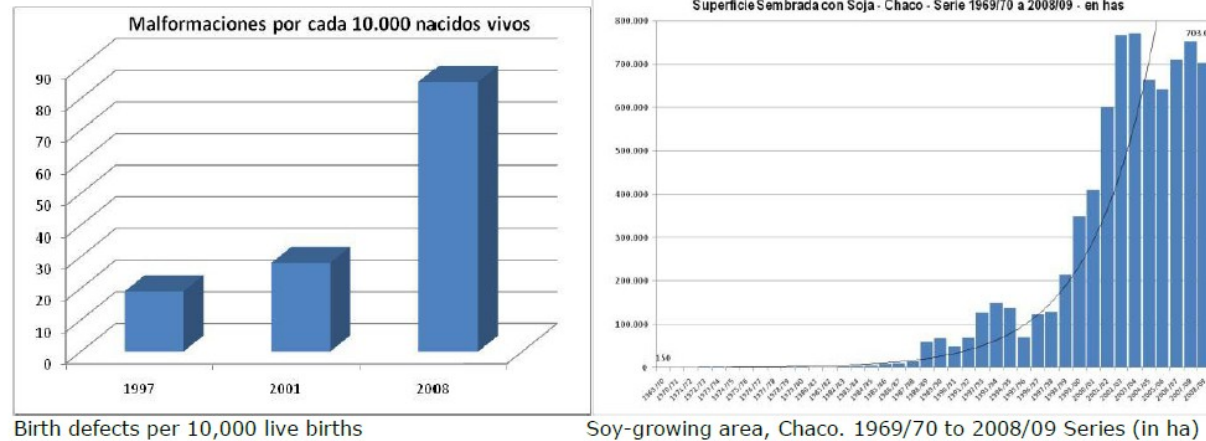
Spraying a School

Source: La Revista El Federal

<http://www.elfederal.com.ar/entre-rios-denuncian-a-un-productor-por-fumigar-una-escuela-y-viviendas-rurales/>

Pueblos Fumigados

The rate of birth defects in 10,000 live births showed a significant increase in recent years, as shown in Graph No. 1.



Graph No. 1: Number of congenital birth defects per 10,000 live births, Neonatal Unit, Hospital Perrando, Resistencia; and evolution of Soy-growing areas in the Province of Chaco

1st National Meeting Of Physicians In The Crop-Sprayed Towns
Faculty of Medical Sciences, National University of Cordoba.
August 27 - 28, 2010

- Associated with the environment and health network REDUAS are the activities of the **Physicians from the Crop-Sprayed Towns and Villages – *Médicxs de Pueblos Fumigados*** whose first national meeting (Argentina) took place in August 2010 in the Faculty of Medicine in Córdoba, coordinated by Dr. Medardo Ávila Vázquez and Prof. Dr. Carlos Nota.

Occupational Health

Curso de Medicina Social
ALAMES 2016

Enfermedades del trabajo Diferentes definiciones, diferentes objetivos

- **Ley 24.557 de Riesgos de Trabajo Argentina**
 - 2. Se consideran enfermedades profesionales aquellas que se encuentran incluidas en el listado de enfermedades profesionales que elaborará y revisará el Poder Ejecutivo anualmente, conforme al procedimiento del artículo 40 apartado 3 de esta ley. El listado identificará agente de riesgo, cuadros clínicos y actividades, en capacidad de determinar por sí la enfermedad profesional.
 - **OBJETIVO: RESTRINGIR LOS RECLAMOS**
- **Ley Orgánica de Prevención, Condiciones y Medio Ambiente de Trabajo Venezuela**
 - **Julio 2005**
 - **Definición de enfermedad ocupacional**
 - **Artículo 70.** Se entiende por enfermedad ocupacional, los estados patológicos contraindicados, o agravados con ocasión del trabajo o exposición al medio en el que el trabajador o la trabajadora se encuentra obligado a trabajar
 - Tales como los imputables a la acción de agentes físicos y mecánicos, condiciones disergonómicas, meteorológicas, agentes químicos, biológicos, factores psicosociales y emocionales, que se manifiesten por una lesión orgánica, trastornos enzimáticos o bioquímicos, trastornos funcionales o desequilibrio mental, temporales o permanentes.
 - **OBJETIVO PROTEGER AL TRABAJADOR**

Curso de Medicina Social
ALAMES 2016

Example of a slide from a course given by Jorge Kohen in 2016 – available on Youtube as “Curso **ALAMES 2016 clase 2 Salud y Trabajo en el Desarrollo de la Medicina Social Latinoamericana**” (1h20min) at <https://www.youtube.com/watch?v=Z-oVm2UQt0U>

<http://personnel.usainteanne.ca/jcrombie/>

Occupational Health

Curso ALAMES 2016 clase 2 Salud y Trabajo en el Desarrollo de la Medicina Social Latinoamericana



Example of a slide from a course given by Jorge Kohen in 2016 – available on Youtube as “Curso **ALAMES 2016 clase 2 Salud y Trabajo en el Desarrollo de la Medicina Social Latinoamericana**” (1h20min) at <https://www.youtube.com/watch?v=Z-oVm2UQt0U>

<http://personnel.usainteanne.ca/jcrombie/>

ALAMES

Latin American Social Medicine Association

- Social Medicine – particularly in Latin America – is, *among other things*, a transnational social and political movement.

- The core of this movement is currently the

Asociación Latinoamericana de Medicina Social (ALAMES).

- ALAMES was founded in 1984.
- Note the use of McArthur's Corrective Map with the South on top



ALAMES

Latin American Social Medicine Association

- ALAMES, in its constitution, indicates that it considers itself to be a branch (*‘filial’*) of the following organizations:
 - **Asociación Internacional de Economía de la Salud (AIES)**
 - **International Association of Health Policy (IAHP) – Caribbean and Latin American Branch**
 - **Movimiento por la Salud de los Pueblos (MSP) or People’s Health Movement (PHM).**

ALAMES

Latin American Social Medicine Association

- According to the 2012 version of its constitution, ALAMES includes local, national chapters in fifteen countries:
 - Argentina, Bolivia, Brasil, Chile, Colombia, Costa Rica, Cuba, Ecuador, El Salvador, Honduras, México, Perú, República Dominicana, Uruguay, Venezuela.
- The ALAMES website (alames.org) features space for five or so additional countries, including Haiti, Nicaragua and the USA, but not Canada.

ALAMES

Latin American Social Medicine Association

One of the *raisons d'être* of ALAMES is to organize periodic conferences (*Congresos Latinoamericanos de Medicina Social y Salud Colectiva*) of which the most recent (the 14th) was held in Asunción, Paraguay, in October 2016:



ALAMES

Latin American Social Medicine Association

- The 14th Congress was structured around three main themes:
 - the effect of neoliberal and extractivist paradigms on movements of population, everyday life and health;
 - the need for universal healthcare; and
 - the construction of a democratic, egalitarian and just society.
- The 15th ALAMES congress is scheduled for La Paz, Bolivia, in October 2018. Among the subjects addressed by presenters are issues relating to the privatization of health care, access to treatment and the dramatic increase in rates of cancer and other health problems in areas newly converted to the cultivation of soya (and thus subject to the large-scale application of pesticides).

Social Medicine:

A Somewhat Neglected Founder-Figure

Héctor Abad Gómez (1921-1987)

- A defender of the principle of equal access to health care.
- A defender of public health measures (e.g. quality of water).
- A proponent of the importance of the prevalence of violence as a “risk factor” to be included among the social determinants of health.
- Occupied key positions in the Colombian Ministry of Public Health, the World Health Organization (WHO), the Pan American Health Organization (PAHO)
- Author of a book on the Theory and Practice of Public Health.

Héctor Abad Gómez (1921-1987)

- Héctor Abad Gómez was born in Jérigo, Antioquia, Colombia.
- He studied Medicine in the Faculty of Medicine of the Universidad de Antioquia – and was a student representative on the university's Consejo Directivo – graduating as a surgeon in 1946 with a thesis on public health.
- He was also an assistant [*preparador*] in the Bacteriology and Parasitology Division of the San Vicente de Paul University Hospital laboratory.
- As a student, Héctor Abad Gómez was one of the founders of the student periodical *U-235*. This publication was often critical of the Faculty of Medicine and launched controversies concerning matters like the presence of typhoid bacteria in the water supplies of Medellín and Antioquia.
- From 1947 to 1948, he completed a Masters degree in Public Health (MPH) at the University of Minnesota.

Héctor Abad Gómez (1921-1987)



Portada del U-235 por la que Héctor Abad Gómez es llamado al Concejo de Medellín para sustentar sus palabras. Medellín 1 de junio de 1946.

Source: Luz Adrian Ruiz Marín 2015: p. 92.

Héctor Abad Gómez (1921-1987)

- Héctor Abad Gómez was Head of the Communicable Diseases Division of the Colombian Ministry of Health in Bogotá)1948-49, Head of Biostatistics in the same Ministry in 1950.
- 1952: in Washington in the Public Health Division of the Pan American Sanitary Bureau.
- 1952-54: In El Callao, Peru, with the WHO.
- 1954-55: In Mexico City, sub-director of the WHO-PAHO Zone 2, including Cuba, Haiti, the Dominican Republic and Mexico.
- 1956-1968: professor in the Universidad de Antioquia; head of the Department of Preventative Medicine and Public Health.
- 1958: organized polio vaccinations throughout Colombia.
- 1964-1965: Director of the National School of Public Health.
- 1968-1987: Numerous other duties and functions, including as an elected deputy.

Héctor Abad Gómez (1921-1987)



Source: <https://laorejaroja.com> Gómez Londoño (2017).

Héctor Abad Gómez (1921-1987)

- 1987: Héctor Abad Gómez was assassinated with six bullets to the head on August 25.
- This event occurred in front of the headquarters of the Antioquia Teachers's Union. A student who accompanied Abad Gómez was also killed.
- On the same day, the governing body of the Universidad de Antioquia officially decreed that the National School of Public Health would henceforward be known as the **Facultad Nacional de Salud Pública Héctor Abad Gómez**.
- The posthumous work, *Manual de Tolerancia*, was compiled by his son, Hector Abad Faciolince.

Héctor Abad Gómez (1921-1987)

- The following passage, from *Teoría et Práctica de la Salud Pública*, allows us to situate Héctor Abad Gómez in the current of Social Medicine:

“The time has come for doctors and those interested in public health to ask whether in devoting themselves exclusively to the prevention and treatment of diseases and to recovery through rehabilitation from their sequels, they have not forgotten the observation of human communities and human life and those other problems: poverty, joblessness, injustice, violence, insecurity and deficiencies in social organization.” (336; quoted by Ruiz Marín 2015: 52-53)

Thank you for
your attention !

Questions or comments?