Networks

Latin American Association of Social Medicine – ALAMES[1] www.alames.org

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.

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

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http://www.socialmedicine.info/index.php/socialmedicine/article/view/142/252

the elements specific to that phenomenon, but also the structural factors, as well as the relationship between the two.

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).

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 years of existence, ALAMES has managed to coordinate the activities of diverse social actors. Initially, these were the academic institutions, which 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 almost three 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.

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. 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.