



ALAMES at 25: General Report: 11th Latin American Congress of Social Medicine & Collective Health

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Introduction

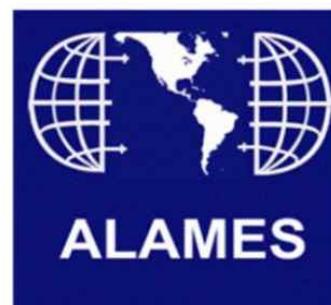
The 11th Latin American Congress of Social Medicine and Public Health was a special opportunity for public and collective creation. This General Report will try to capture some of that experience.

On November 14th and 15th the pre-congress took place. This was composed of ten workshops devoted to topics of interest to existing ALAMES networks and newly formed working groups. Three hundred forty-five people attended these workshops. The workshops examined specific themes and areas for investigation. Their conclusions concerning the role of health in the Latin American political and social agenda were presented to the full Congress.

The Congress itself took place from the afternoon of November 15th through November 18th as had been planned. It was

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attended by 601 people from 18 Latin American countries. Activities included the inaugural plenary, panels, 48 sessions with posters or audio-visual formats, discussion tables, about 160 of the 205 registered oral presentations, the presentation of 7 books and 2 journals, and summative plenary sessions at the end of each day. An overall synthesis of the Congress' conclusions was made from summaries prepared by a group of 37 previously selected reporters and moderators, from the presentations made at the inaugural session, and from the "Juan César García" lecture given by Catalina Eibenschutz, outgoing General Coordinator of ALAMES. This summary document was presented on the 19th of November at the General Assembly of ALAMES. It captured the major themes of the Congress, presented a roadmap for future activities, and summarized the positions of Latin American Social Medicine and Collective Health in Latin America regarding health and social security policy in the Latin American political and social agenda; this



25th Anniversary

was the central objective of the Congress.

1. ALAMES as an Organization

The lectures delivered during the opening plenary, including those by Saúl Franco (see page 199 of this journal) and Catalina Eibenschutz, provided an initial assessment of ALAMES's first 25 years. It is clear that Latin American Social Medicine and Collective Health involves much more than just ALAMES as an organization. The roots of Latin American Social Medicine antedate the founding of ALAMES

and can be traced to the work of Juan César García in the late 1960's and even further to the European Sanitary movement of the 19th century. Nevertheless, during its 25 year existence, the Association has served to coordinate efforts to develop social medicine in the spheres of academia, politics, and social mobilization. It has also helped to mobilize solidarity at those critical times in the lives of our countries when persecution closed down the political and academic forums for debate. Despite these successes, ALAMES' organizational structure leaves much to be desired; addressing this problem represents our most important challenge for the next few years. This challenge must be met within a complex social and political environment. In particular, it will be necessary to overcome internal divisions at the national level and unite our efforts around a common political orientation and common agenda in the areas of health and social security.

Our world is one of accelerated capital accumulation, ruled by neoliberal thinking. We live amidst the global financial crisis of contemporary capitalism with a resulting increase in inequality and social exclusion. It is this context which makes it necessary to define clearly what ALAMES stands for. Catalina Eibenschutz suggested we consider the Association as a tool or a resource for furthering the social struggle for health in the Americas. As such, the organization must continue its transformative theoretical and political praxis. This implies, at very least, the use of critical thought in the elaboration of new ways of understanding the Latin

American reality. In this regard, it will be necessary to revive Marxist categories for the analysis of capitalism, and supplement them with newer theoretical approaches and more contemporary strategies, always with a critical eye. This effort should be connected with the social and political mobilization for health and take place in the context of strategic alliances with organizations of similar nature and purpose such as the Brazilian Association of Collective Health (ABRASCO), the Center for Brazilian Studies in Health (CEBES), and the Center for Latin American Social Sciences (CLACSO) in Argentina. Within a framework of South-South cooperation, these organizations include ALBA and UNASUR.

2. The social and political complexities of Latin America

In his inaugural lecture Professor Medófilo Medina offered a panoramic overview of the region and highlighted some of the crucial issues that must be considered when analyzing the struggle for health in the Continent. In the coming years, several Latin American countries will celebrate the bicentennial of their independence. The celebrations remind us that these were not isolated, national phenomena but rather were part of continental movement carried out with great energy and involving the entire region. Unfortunately, the subsequent fragmentation of the continent into territories and nations has hindered the development of a regional identity even in a world geopolitically driven by processes of integration. We celebrate as individual countries,

turning our backs on our neighbors. Professor Medina posed the question: "What is the geopolitical and geo-social entity which constitutes Latin America?" This is undoubtedly a key question that must be answered in depth if we are to make changes that go beyond the merely local.

In the short run, our reality is that of two decades of capitalist globalization and neoliberalism. Despite rates of economic growth that have not been unimpressive, Latin America, already the most socially unequal region of the world, now finds itself in the alarming situation that inequalities continue to grow and wealth is increasingly concentrated. These social disparities are expressed in the living conditions and health of our populations, a theme highlighted in the workshops on health issues and the right to health which were held on the first day of the Congress. Systematic exclusions from access to health care persist and are related to social class, gender, ethnicity, generational factors, and geography.

At the same time, several regional governments are now controlled by leftist parties. Nonetheless, Professor Mitchell pointed out that there are at least five political tendencies present in Latin American governments. First, there are the clearly conservative governments with a pro-US stance; this is the case in Colombia, Peru, and Mexico. Secondly, there are governments exploring a new socialism, such as Venezuela, Nicaragua, and Ecuador. Third is Cuban real socialism. Fourth is the unique case of Bolivia where inter-culturalism is playing a key role. Finally, there

are the countries governed by social democrat reformists: Brazil, Argentina, and Chile. Within this rather broad spectrum there is evidence that the reactionary political right, particularly its most radical elements, is regrouping in all countries. Nonetheless, respect for constitutional norms has advanced along with the recognition of human rights and the broad acceptance of multi or pluri-culturalism. However, words and declarations have yet to be translated into the actions that are needed for a massive and systematic inclusion of all citizens.

During the 1990's "flexible" labor policies were implemented throughout the region. The result has been to make work increasingly insecure for employees with a huge increase in the informal labor market. Survival becomes an individual's own business. Under these circumstances, Professor Medina questions the nature of the "demos" (people) within the sought-after Latin American democracy. What form of democracy should be adopted? Are political changes being led by democratic processes? Or are we just seeing mass movements whose participants never manage to achieve a level of internal organization permitting them to become true actors in a sustained political change? The Venezuelan image of a "revolution without a script" is suggestive in this context.

In the midst of this difficult sociopolitical reconstruction, we see vast macroeconomic projects to promote the capitalist integration of the region; these include IIRSA and Plan Puebla Panama. New forms of international or-

ganization such as UNASUR are also being developed. The prominent role played by the OAS and the U.S. government in the failed attempt to resolve the Honduran conflict represented a reassertion of their political leadership. The apparent conflict between Colombia and Venezuela should be understood in the same light. It is a reassertion of US military power in the region, spearheaded by Colombia and the US military bases there. This is a situation in which UNASUR should play a leading role.

3. Political orientation in the field of health policy

During both the panel and round table discussions held at the Congress, the following question—essentially political—came up often: "Is it possible to advance health in this mono-polar capitalist world of the early twenty-first century?"

The analysis and conclusions adopted at the Congress focused on the effects and adverse impact on quality of life and health from the processes of accelerated capitalist accumulation during economic globalization. As Jaime Breilh demonstrated, various forms of "plundering" and "shock strategy" have been employed to concentrate the wealth and well-being of a minority, while living conditions for the majority of people deteriorate. The financial crisis now appears not to be as severe or to have had the impact initially thought. What seems to be happening, then, is a process of reorganization among the capitalist powers and a reassertion of the global hegemony of capitalism.



Under these circumstances we need to consider very seriously how to build counter-hegemony and develop a new historical bloc. What form would this take? This remains to be seen. If this is to be a new socialism, what would the resulting social order look like? What form of social justice? What should be the relationship between the state and society? What would be the nature of the political "subjects"? This questioning of the political role of health policy has implications for the direction of health policy at this juncture, for our analysis, our use of language, for the formation of "organic intellectuals" involved in social movements and, ultimately, for the forms of social organization, beginning with how we structure ALAMES. The following points deal with these implications.

4. Theoretical, ethical and political implications

As we examined the ways in which the present hegemony is being restructured, it was acknowledged throughout the Congress that we are faced with a confusion of concepts, approaches, and terms. Behind this confusion lie different theories about society each of which have their own, at times contradictory, ethical and political implications.

These implications are often not clearly stated. The situation demands a sustained effort to explicate and differentiate meanings. A theoretical analysis is necessary to clearly discuss and debate these ethical and political questions in the field of health. Among the most important issues are:

- The differentiation between the static and mechanistic "social determinants" approach and the concept of social determination of health, disease, and inequity. This latter concept, used by Latin American Social Medicine, incorporates history, hierarchy, and process.

- The concepts of health and disease need to be de-medicalized. This is implied by concepts such as *sumak kausai* or "living well", of life pathways, of diversity and autonomy – principles which support ideas like "productive aging" – and the structural relationship between health and peace.

- The idea of justice and its expression in the concept of equity.

- The concepts of law, or "interdependent rights," open possibilities for social struggle, but also involve certain paradoxes and limitations.

- The various models for health systems: We need to distinguish between 1) individual insurance based on more or less regulated markets, 2) publicly-run social security systems with a universal character, and 3) universal public systems which are financed through taxes. In considering the creation of systems which cover the entire population, health financing becomes a critical element.

- The concept of "inter-culturalism" may provide a pathway for democratic transformation. But it often serves as a cover for power relations of exclusion and subjugation. Nonetheless, inter-culturalism demands that when considering appropriate responses to health problems we recognize the diversity within the Latin American continent.

- The idea of "evidence" implies objectivity and incontestable truth. Yet we know that there are many ways to construct what is "evident."

- The classical conceptions of Primary Health Care-PHC and Health Promotion seem to be unambiguous. Yet, in reality, these concepts describe varied – and often contradictory – meanings and experiences.

- Intersectorality, in contemporary use, is a concept that is as omnipresent and as it is impossible to pin down.

- The concept of "service" in the field of health, analyzed from the perspectives of both its individual and collective expressions.

- The idea of a political subject encompasses the tensions between the liberal conception of the individual pursuing his/her own self-interest, the autonomous Kantian moral subject, and the Marxist political subject seeking emancipation.

A debate over meanings must generate new categories and new interpretations, particularly regarding mediations and processes. These categories and interpretations would include, for example, social territory, labor, social class, world vision, institutions, subjectivity, formation of political subjects, system of accumulation, and regime of represen-

tation. These categories should lead to further research, action and transformative praxis. The major impulse for this work will come from the demonstration of health impacts, the documentation of injustice, and the rejection of any form of social exclusion.

5. Implications for training

The goal of training "organic intellectuals," who would not just be academics or professionals, challenged Latin American Social Medicine and ALAMES to profoundly change the formal training of health personnel.

Such changes had to impact public higher education at the undergraduate and graduate levels incorporating new teaching methods and resources. A priority strategy is the development of schools or itinerant workshops using current information and communication technologies. There is considerable experience with this model in the region. In any case, formal education cannot avoid the question of the political subject within academia.

Various experiences with informal education were presented at the Congress. The recuperation of "horizontal" popular education was proposed as a collective project using the "ecology of knowledge" model presented by Boaventura de Souza Santos.

6. Implications for social mobilization

The appearance of new political subjects – diverse, autonomous, and emancipated – complicates the difficult process of building unity. Is it possible to achieve unity in the midst of so much diversity? Where do we come together? Where do we

separate? What categories will allow for unity? Working class? Village? Masses? Exploited? Excluded? Oppressed?

Given the complexity of identities and subjectivities, how can inter-culturalism be built? What institutional form will it require? How shall state and society relate? The round table discussions brought up many local experiences which should be considered in light of a glocal (global-local) perspective, taking into account all the complexities of this term. Note was also made of the dangers of idealizing social movements, which currently exist in all types and tendencies.

7. Implications for the organization

Reviewing ALAMES' past experience highlighted two major organizational problems which require special attention. First, there is the difficulty in harmonizing local, national, regional, and global levels. How can the organization coordinate diverse activities while not being overassertive? The second major concern is how to handle ideological differences within the organization. How can we manage and overcome opposing positions? How can we recognize conflicts that are personal in nature and not based on real ideological divergences? In several countries there

are persistent disagreements between friends that seem insurmountable.

The expansion of a counter-hegemonic project requires either new forms of organization or a renewal and revitalization of the old forms. The pre-congress served to reactivate several existing ALAMES networks such as those devoted to gender and collective health, and to work and health. New network initiatives appeared; these included "interculturalism," "social determination of health," "promotion of equity, quality of life, and health," "medications," and "health systems, policies, and institutions." Proposals were made for new ways in which ALAMES might interact with various social movements. But it was emphasized that ALAMES needs to address certain strategic issues. On the agenda are the following:

- The ongoing work with health workers in their struggle for higher quality jobs, better quality of life, and guarantees of interdependent rights.

- Support for the creation of diverse public policies that respond to social needs and bring to public attention the problems associated with private health institutions.

- The development – in the short term – of strategic alliances

that will allow ALAMES to become a regional organization.

The most important challenge arising from ALAMES' 11th Congress is how the organization can contribute to building political unity in the midst of the diversity, fragmentation, and atomization of political actors, even among incipient revolutionary processes. The current political context is one where repression is reappearing and political opposition and social protest have been criminalized; this is evident in Colombia, Peru, and Honduras. This challenge requires that ALAMES make a leap – both qualitative and quantitative – in its character as a regional organization. It will require the collective construction of a flexible plan of action that addresses several fronts simultaneously. At the next Congress we should be in position to measure the progress made and draw up a detailed, hopefully positive, balance sheet. One short term goal would be our carefully prepared participation at the World Conference on Universal Social Security Systems organized by the Brazilian government for March 2010. ALAMES shall be represented there not just as an organization, but also through the collective efforts that we have supported in the countries and governments of Latin America.

During the ALAMES General Assembly held on November 19th the following persons were elected to governing bodies:

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