



Juan César García and the Latin American social medicine movement: notes on a life trajectory

Juan César García y el movimiento latinoamericano de medicina social: notas sobre una trayectoria de vida

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ABSTRACT This article analyzes the trajectory of Juan César García, one of the referential figures of the Latin American social medicine movement. The question that inspired this work sought to uncover in what moment and in what circumstances García incorporated a Marxist framework into his way of thinking about health problems. Following the methodological guidelines proposed by Pierre Bourdieu, we used the concept of “life trajectories” to reconstruct a life path that divides in various directions: from his birthplace in Necochea to the city of La Plata, from there to Santiago de Chile and, finally, his numerous trips from Washington DC to a large part of Latin America. In order to trace these paths, we carried out semi-structured interviews with key informants: family members, friends, and colleagues from Argentina, Brazil, Ecuador and Cuba. We also analyzed the books included in his personal library, donated after his death to the international foundation that carries his name, and documents from different personal archives.

KEY WORDS History; Social Medicine; Public Health; Social Sciences; Pan American Health Organization.

RESUMEN Este artículo analiza la trayectoria de Juan César García, uno de los referentes del movimiento latinoamericano de medicina social. La pregunta que desencadenó este trabajo buscó indagar el momento y las circunstancias en que García incorporó para sí la matriz del marxismo para pensar los problemas de salud. De esta manera, siguiendo los lineamientos metodológicos propuestos por Pierre Bourdieu, utilizamos la noción de “trayectoria de vida” para reconstruir un recorrido vital que se bifurca en varias rutas: de su Necochea natal a la ciudad de La Plata, desde allí hasta Santiago de Chile y, finalmente, sus innumerables viajes desde Washington hacia gran parte de América Latina. Para ello, realizamos entrevistas semiestructuradas con informantes clave: familiares, amigos y colegas de Argentina, Brasil, Ecuador y Cuba. Asimismo, analizamos los títulos de su biblioteca personal, donada a la fundación internacional que lleva su nombre, y documentos de distintos archivos particulares.

PALABRAS CLAVES Historia; Medicina Social; Salud Pública; Ciencias Sociales; Organización Panamericana de la Salud.

INTRODUCTION

Juan César García (1932-1984) is known in many parts of Latin America as one of the leaders of “social medicine,” a school of thought that in the second half of the twentieth century began to change the way health-disease-care processes (HDCP) were studied. In fact, social medicine was something more than a school of thought, as it had many elements of a real political movement. There was a certain consensus about what the concept of “social medicine” meant, although it coexisted with the ideas of “public health,” “sanitarism” [*sanitarismo*], “preventive medicine” and “community medicine.” Each of these notions has a specific and relatively autonomous genealogy. The public health paradigm emerged in the modern European States, particularly in France and Germany during the eighteenth century, through historical processes that – as countless scholars have studied (1,2) – were closely related to social moral reform projects and hygienist codes for population control.

However, the Latin American thinkers identified with the social medicine movement acknowledged this lineage quite late; during the 1960s and 1970s they tended to regard “social medicine” as a counter-hegemonic movement, opposed to the medicine provided by the individualistic, liberalist and capitalist market. In the last text García wrote before his death, a sort of self-interview he was able to outline – although not finish – when he was seriously ill, he acknowledged that long history. He asked himself: “What is the history and the meaning of the term *social medicine*?” and answered:

Eighteen forty-eight (1848) is the year the concept of social medicine was born. It is also the year of great European revolutionary movements. Like the revolutions, the concept of social medicine emerged in various European countries at the same time. [...] The concept, although ambiguously used, attempted to highlight that diseases were related to “social problems” and that the State should actively intervene to solve health problems. Similarly, the term “social medicine” was interrelated with the new quantitative conceptions

of health and disease, disregarding the qualitative difference between these states. Therefore, social medicine emerged as a “modern” conception, adapted to the new modes of production that were developing in Europe. (3 p.22) [Own translation]

Latin American hygienism, developed as a political rationality starting in the mid-nineteenth century, implied an institutionalization of social medicine and its more ambitious intervention projects, often limited by liberalist resistance. By contrast, during the postwar period of the following century, the “preventive medicine” paradigm promoted by the United States provided a new idea of health care that articulated private medicine with public health through specific mechanisms such as “community medicine” or “family medicine” (1).

The Latin American social medicine movement emerged from a critical view of this inherited knowledge, emphasizing the necessity of paying attention to the “social determinants” of the HDCP as well as to inequalities in the distribution of health care services. This change was closely related to a growing dialogue between the medical and social sciences, particularly sociology and history. This path from the medical sciences to the social sciences was precisely the intellectual trajectory of Juan César García, who studied medicine at the Universidad de La Plata (UNLP) (Province of Buenos Aires, Argentina) and later decided to continue his academic education at the Santiago de Chile branch of the Latin American School of Social Sciences (FLACSO, from the Spanish *Facultad Latinoamericana de Ciencias Sociales*).

Both the choice to study sociology and the scholarship provided for graduate education abroad were paths marked by particular university policies related to developmentalism [*desarrollismo*]. Nevertheless, García’s decision was also influenced by his individual trajectory shaped by his social and political activism. This is the least known aspect of García’s biography, which may be connected to the little attention he has received in his own country (Argentina), as compared to the influence he has had and still has in others such as Brazil, Ecuador, Mexico and many parts of Central America and the Caribbean.

SOME METHODOLOGICAL CONSIDERATIONS

In order to reconstruct the life and professional trajectory of Juan César García, we utilized different types of sources. First, we reviewed his own writings and the existing literature about him, as well as literature regarding the social medicine and collective health movement. Secondly, thanks to the generosity of his family, friends and colleagues, throughout the research process we had access to different documentary sources: photographs and letters from his youth; copies of a newspaper in which he participated while he was studying in La Plata; writings, newspaper clippings and correspondence from his years in the Pan American Health Organization (PAHO). During this documentary search we also had access to material about García's years as a student activist, kept in the Intelligence Office of the Buenos Aires Police Force (DIPBA, from the Spanish *Dirección de Inteligencia de la Policía de la Provincia de Buenos Aires*) and now under the custody of the Provincial Commission for Memory (*Comisión Provincial por la Memoria*).

We also conducted interviews with family members, friends, fellow students from UNLP, and peers from FLACSO and from García's first experiences organizing Latin American social medicine networks. The link with the Brazilian "*saúde coletiva*" movement was fundamental, for which reason we interviewed representatives of this movement, in addition to analyzing interviews from the oral archive at the Osvaldo Cruz Foundation and from the project on Sergio Arouca's trajectory carried out by Universidade Federal do Estado do Rio de Janeiro. Finally, we interviewed colleagues from other countries who were closely connected to the leftist thought being developed surreptitiously within the PAHO, in particular the Ecuadorian Miguel Márquez.

Many of these interviews became part of archive of the Thinking about Health Documentation Center (CEDOPS, from the Spanish *Centro de Documentación "Pensar en Salud"*) at the Institute of Collective Health (ISCo, from the Spanish *Instituto de Salud Colectiva*) of the Universidad Nacional de Lanús, with the aim of enriching the oral memory of Latin American social medicine

and making the material produced during the research process available to the general public.

The task of reconstructing a life trajectory enters into some amount of tension with the legacy of Juan César García and the social medicine movement. Any historiographical reconstruction of the life of a physician has as a backdrop the model of the traditional history of medicine, made up of a collection of biographies of illustrious doctors. This paradigm was highly criticized by the school of thought called the "new history of medicine," which, using various theoretical approaches, prioritized the study of healthcare systems and large processes and structures. Consequently, life stories were left aside in order to give way to the analysis of healthcare institutions and to the criticism of knowledge-power mechanisms. To what extent, then, would a research study of this nature imply a return to the traditional history of medicine, even when this study is based on the life of a physician who was paradoxically against traditional approaches?

This question leads to an utterly current debate; some Latin American historians of HDPC are discussing the necessity and importance of "a return to life stories" as a new and fresh impetus in an increasingly saturated field of study. This impetus has already proved fruitful, as shown in the publication of works that have achieved a more or less successful synthesis of the critical corpus produced by the new history of medicine and the use of biographical analysis as a methodological tool (4).

In this work, the concept of "life story" was replaced by the notion of "trajectory," following Pierre Bourdieu's suggestions about the risks of using life history methodology, very much in vogue within the social sciences (5). This French sociologist made a suggestive criticism of what he calls "biographical illusion," that is to say, the tendency to regard a whole life as if it were a coherent story. Instead, Bourdieu proposes analyzing life as a trajectory, the way in which an actor takes positions in a social field, using resources and means that are always limited, negotiating and competing against others for the control of economic and symbolic capital.

This trajectory, like any other, not only consists in a movement through time, but also a series of displacements through space. The first path is

traced by García's arrival in the city of La Plata in 1950 from his hometown (Necochea, Province of Buenos Aires, Argentina) to his departure for Santiago de Chile halfway through the next decade. His most well-known facet in Latin America draws a second path that goes from Chile to the United States, where he first joined a research team at Harvard University and then started work at the PAHO. And, based in this organization, García coordinated the creation of various social medicine networks in Latin America, an activity he conducted quite anonymously, since its political content was incompatible with the hegemonic ideas within the PAHO.

This article is therefore structured in two parts. The first part comprises García's education at UNLP and his participation in university politics; his specialization in pediatrics at the same institution; his first medical work at the Medical Student Association (*Sociedad de Estudiantes de Medicina*); and his role in the creation of a Necochea Student Union (*Centro de Estudiantes Necocheenses*) and of a team of physicians that traveled through the Province of Buenos Aires. The experience of this physician traveling to Santiago de Chile in order to study at FLACSO, the context of that decision and its implications are also explored in this part. In summary, this section looks into a decade and a half of academic and political experience to detect many of the problems García would attempt to analyze with new intellectual tools during the following years.

The second part is focused on García's experience in the PAHO's Human Resources and Research areas, that is, the almost two decades of his life he spent in Washington. During this period, the first research study carried out by García under the sponsorship of the PAHO proved to be key; it was carried out from the time he joined the organization in 1967 until 1972, when the results were published in the book *La Educación Médica en América Latina* (6). This research was significant because it made it possible for him to discover in depth the teaching of social medicine in various Latin American countries and to start to build a network of contacts, accumulating an important social and political capital that helped him maintain certain lines of work inside the PAHO, even under the suspicious eye of many directors who were not sympathetic to these activities.

UNIVERSITY, STUDENT ACTIVISM AND SOCIAL SCIENCES

Juan César García was born on June 7, 1932, in Necochea, an Argentine town located in the coastal area of the Province of Buenos Aires, where he spent his childhood and adolescence. There, in his seaside hometown, many of García's schoolmates who we interviewed remember him to this day as a lively student, a sensitive person who was always ready to listen to others (7,8). García came from a humble household; his father was a farmworker and his mother did the housework, so the possibilities of intergenerational upward social mobility depended on what his academic education was able to provide him.

In secondary school, García experienced a very particular climate of the time in which politics began to permeate the educational sphere: in fact, the Head of Necochea National School (*Colegio Nacional de Necochea*), where he studied, was a socialist leader of the area and a promoter of novel pedagogical methods and tools (a). According to some of the interviewees (9,10), the political influence from García's uncle Julio Laborde, his mother's brother, was also important for him. The Laborde family came from Basque immigrants who arrived in Argentina in the nineteenth century and settled in the area of Quequén as agricultural land tenants. García's uncle came to be a leader in the Mar del Plata Communist Party and later Secretary of the Central Committee of the party in Avellaneda as well as the director of the newspaper *Nuestra Palabra* and the journal *Nueva Era*. During the interview, Miguel Márquez recalls conversations in which Juan César told him that it was this uncle who introduced him to readings related to socialism, such as the works of José Ingenieros (11).

Once García had finished secondary school, his family decided to sell the house in Necochea and move to the city of La Plata so that Juan César could continue his studies and attend the university. He settled there with his mother, sister and brother. His decision to study medicine – according to a schoolmate from Necochea – was framed by the climate of the time, when opting for a traditional and professional course of study in the university meant attempting to achieve upward social mobility (7).

This possibility of accessing higher education arose within a historical context in which a university degree would be the key to the labor market and a better social position. Having studied in the town's National School would enable many students, who like García came from humble backgrounds, to get a good education and think about the possibility of continuing their studies. The value that a professional degree had in Argentina led people to attend educational institutions, and in particular universities, which for the middle class was the avenue for social mobility *par excellence*. In this type of societies, where the production (and educational) structure is little diversified and the professional fields are only slightly specialized, obtaining a university degree becomes of utmost importance to the composition of the social classes (12,13).

During the nine years he lived in La Plata (1950-1959), García passed through not only university classrooms, but also several collective spaces where he built social networks that were undoubtedly central to his trajectory, and in which he left his own mark. During his first years in La Plata, he worked as a medical assistant in the periphery of the city, a position provided by the Medical Student Association that helped him alleviate the economic difficulties his family was experiencing at that time.

At the same time, García was an advocate of the Necochea Student Union, which brought together the university students from Necochea that were studying in La Plata, the capital city of the province. Their lives as university students and the concerns they shared as students coming from a small outlying city brought together these young people with different courses of study and different ideological backgrounds. Among them were two well-differentiated groups: one consisting of García, his sister and other students, all of more humble origins; and the other consisting of students from the Faculty of Agronomy – future agronomical engineers – connected to nationalist Peronism, who came from a higher socioeconomic status (9).

After his graduation, García would once again become involved in the types of tasks that had steered him toward the study medicine. His decision to specialize in pediatrics led him to complete his residency in the third ward of Sor

María Ludovica Children's Hospital in La Plata and then to a health clinic in Berisso, a locality contiguous to La Plata, where he would take his first steps in professional and community medical practice. As a result of these experiences and the close contact with the social problems that they provided him, at the end of 1958 García and other colleagues decided to travel around the Province of Buenos Aires in order to collect information about health conditions in the towns and cities within the province. They thus traveled to Tandil, Balcarce and their own hometown, Necochea, among other places (Figure 1).

Another important moment at the beginning of his trajectory was his relationship with the School of Journalism. Once his studies at the Medical Sciences School were advanced, he looked for other areas in the university where he could channel interests and questions outside the reach of medical knowledge. According to the interview with one of his fellow students at that time, García formally enrolled in the School of Journalism, although he did not finish this course of study (14). However, while studying in this recently created school, he was one of the advocates of the Student Union statute and of the library, and had considerable influence in the proposals which would result in the transfer of this school to the jurisdiction of the UNLP. García's enterprising nature, as well as his interest in cultural debates, was also reflected in the creation of the newspaper *Edición* (Figure 2), which was produced with other fellow students from the School of Journalism and in 1955 published two issues. Far from focusing on one specific area of culture, the newspaper included articles about science and art as well as various essays and interviews. This social network also facilitated book exchanges among students; authors as diverse as Borges, Sabato, Estrada, Macedonio Fernández, Sartre and the French existentialists provided Juan César with readings that fascinated him and which he would often recommend to those around him.

Juan César García started his studies at the UNLP at a particular moment in the history of higher education in Argentina. The university reform of 1918 had created a series of tensions that would persist throughout time, with core debates regarding different "university models": the primary dilemma at stake was the creation of an institution

Figure 1. Juan César García (on the left) and the group of physicians from La Plata touring the Province of Buenos Aires (Tandil, December 8, 1958).



Source: Photograph provided by García's family.

more concerned with scientific production versus an institution concerned with issuing degrees for professional practice. What was so particular about the configuration of the Argentine university after the reform was how it maintained a highly professional structure, in relation to the relative weight of the studies of liberal professions, while at the same time containing modernizing and democratic elements such as student participation in university government (15-17). Undoubtedly, the reform made it possible to conceptualize a university with open doors, thereby democratizing access to higher studies; but also, by removing the conservative elites from the university government, the reform allowed for a strong connection with professional organizations (18 p.137-143).

Perón's first administration (1946-1955), which coincided with García's years as a student, was a time of changes in the classrooms, and universities began to be increasingly politicized. Party politics burst onto the academic scene with regressions to

the period prior to the university reform (including suspension of institutional autonomy; derogation of the tripartite government [among faculty, students, and graduates]; absence of academic freedom and of a public, competitive faculty selection process), by means of political overhauls, purges and an increasing regulation of the political activity at the university. This regulation became tighter over time and, during the first years of the 1950s, students became the most fervent opponents of State intervention, forming one of the main fronts of resistance against the national government. In this respect, it should be clarified that the dynamic of this student opposition did not represent a rupture with the past, but rather a deepening of the defense of university autonomy and of reformist principles that had been carried out since the 1930s. It also brought together an amalgam of different sectors within the student federations, joined not only by their defense of the university reforms but also their anti-Peronist stance (19 p.79, 20 p.150).

On the other hand, these years were marked by a world context of a growing tendency toward the massification of higher education studies and increased student enrollment. In Argentina, this process had particular characteristics, not only because it was a country with one of the highest rates of secondary school attendance in all Latin America (that is to say, it had larger potential enrollment pool for higher education), but also because the Peronist government introduced policies that favored access to the university for students from working class sectors. Although the real scope of these policies is controversial, what stands out is the amplification of access implied in the system of scholarships in effect during the late 1940s, the elimination of student fees in the 1950s as well as the abolition of the entrance examination in 1953. At the same time, a model centered on professional development was strengthened, as was reflected in the composition of the enrollment: at the beginning of the 1950s, 30% of the university student enrollment of the entire country was concentrated in medical studies (18 p.160).

The amplification of university access within the Faculty of Medical Sciences in La Plata serves as a case study of these national and international transformations. Unlike the rest of the medical schools in the country, not only did the Faculty have an entrance examination, but also an enrollment quota policy. The abolition of these requirements together with the establishment of free university education had a bearing on the substantial increase in the number of students enrolled: in 1945, there were 128 students enrolled in the Faculty; this number had more than doubled by 1952 (288 students), and in 1953 it jumped exponentially with 630 new enrolled students (21).

García spent his years as a medical student in La Plata immersed in this context of university access amplification and politicization. Moreover, he actively experienced these tensions in the education field, positioned within the pro-reform forces, where he was an activist against the national government. For that reason, security forces burst into his house on two different occasions to arrest him. On the first occasion García remained in custody for several days, while on the second his family prevented the arrest by chance they had in the house (9).

The Medical Student Union (CEM, from the Spanish *Centro de Estudiantes de Medicina*), of which García was an activist, had a strong presence among the student federations organized against the Peronist government. The tension which permeated the university sphere during the first Peronist administrations took on particular characteristics within each academic department. One example was the implementation of Act 13.031 in 1947, which established student representation in the Governing Council through a student elected by the university authorities from among those students with the highest grade point averages; this representative had the right to voice an opinion but not the right to vote.

At the UNLP the student representatives attempted on one occasion to voice reformist positions of the student assembly before the governing

Figure 2. First page of the newspaper *Edición*. 1955.



Source: Original provided by María Luisa Gainza.

council; in response, the General University Confederation (CGU, from the Spanish *Confederación General Universitaria*) sought to generate parallel channels of dialogue with the authorities. The members of this confederation, aligned with the Peronist government, developed a regulation to allow all students the possibility to petition the authorities and, thus, also submit their own demands. During the first years of the 1950s, the confrontations between students in favor of Perón's government and students of the reformist wing were increasingly intense. All the positions in the Faculty tended to become more polarized; the authorities were sympathetic toward the national government, while the student federations were opposed to it.

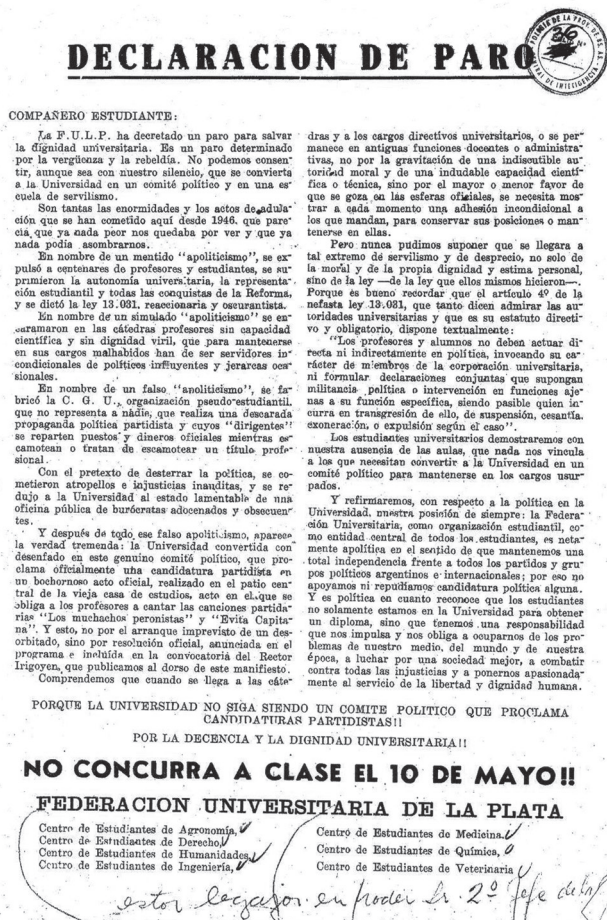
Thus, the atmosphere of the time among the student representation was tinged with anti-

Peronism. The student unions called for a restoration of democratic values and the principles of the reform, positioning themselves against what they called the "totalitarian advance," the "dictatorship" that "tried to control them with hired thugs and political overhauls in the universities" (22) (b). This confrontation increased with certain measures taken by the university authorities in favor of the national government. Such was the case of the commotion caused by a formal speech by the UNLP rector and professor of the Faculty of Medical Sciences that urged the university community to vote for Perón's presidential reelection, or by those proposals of the CGU to rename the faculty after Perón and to give the main lecture hall the name of "Evita Perón" (21 p.73).

Several fights were therefore carried out by the La Plata University Federation (FULP, from the Spanish *Federación Universitaria de La Plata*) (Figure 3). These included fights in favor of a student cafeteria; against the Act of Residence [that allowed the government to deport immigrants without previous trial] and against the illegal pressure exerted upon students who carried out political activities; against the political overhauls, the presence of the CGU inside the university, arbitrary professional appointments, budget cuts, the image of the university as an "unidad básica" [a name given to basic electoral district organizations of the Peronist Party, in charge of disseminating its ideas, qualifying its members and promoting affiliation to the party, among other tasks], the promotion of courses related to the "National Justicialist [Peronist] Doctrine" and, in the Faculty of Medical Sciences, a specific struggle to eliminate the premedical entrance course (22).

In 1954, García participated in the Pro-Reform Student Organization (ADER, from the Spanish *Agrupación de Estudiantes Reformistas*) (23,24). This organization created a candidate list in order to contest the leadership of the Medical Student Union, in which García is listed as candidate for substitute representative of the FULP for the period 1954-1955 (Figure 4). The ADER list competed against the list of the Unitary Organization of Medicine ("*Agrupación Unitaria Medicina*") and another presented by Freedom and Reform ("*Libertad y Reforma*") according to a DIPBA report (c).

Figure 3. Pamphlet of the University Federation of La Plata (FULP). 1952.



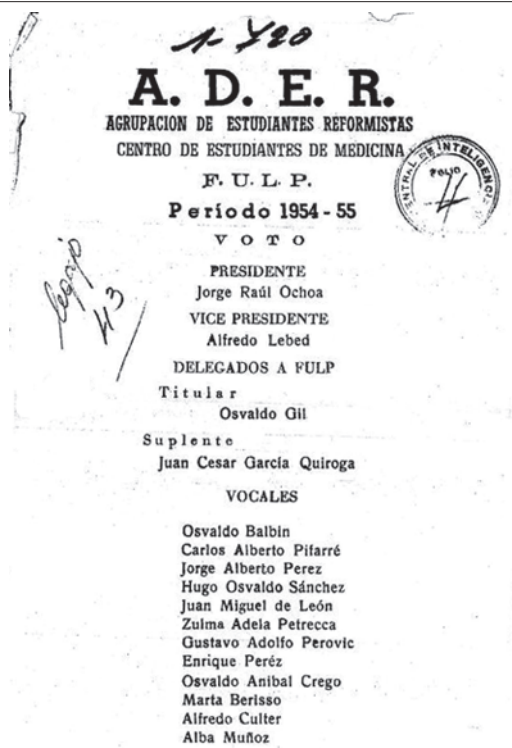
Source: DIPBA archives. Table A, student factor, File No. 1 (FULP).

ADER had a deep pro-reform bent; it was associated with the Radical Party, and its members were working class students, while *“Libertad y Reforma”* shared the reformist ideals from a more libertarian perspective, but most of its members came from the middle and upper classes. This suggests that, like many university students of that time, García’s insertion into student politics was not only influenced by his political ideas, but also by the people who were close to him and the social capital he had accumulated, which reflected some distance from the local elite families that historically produced the most distinguished medical professionals.

During the beginning of the following decade (1955-1966), known as the “golden age” of the Argentinean university, García actively took part in the debates going on behind the scenes in the university. From the start, the Argentine University Federation played an essential role in recovering autonomy and also in appointing rectors and deans within the political overhaul (in La Plata, the overhaul dean of the Faculty of Medical Sciences was proposed by the reformist students). The Executive Order No. 6403/55 of the administration of the so called “Liberating Revolution” (*Revolución Libertadora*) determined the direction of the university reorganization, by reestablishing not only the principle of autonomy, but also the policy of a competitive and public faculty selection process in order to reinstate those who had been dismissed throughout the previous decade and to discriminate against those who had connections with the overthrown government. This executive order also established – in Article 28 – the authorization to create *“universidades libres”* [private universities free from State control], one of the sources of tension that would later undermine the harmony that prevailed during this university renaissance.

In 1956, an Advisory Board was created at the UNLP Faculty of Medical Sciences made up of professors, graduates and student representatives, of which García was one. There were two central debates during the existence of this board: the competitive faculty selection process and the entrance examination. With regards to the selection process, despite the rebuttals presented by graduates and students, the dean approved a rather limited quantity of faculty members. The debate over entry requirements to the medical school continued for years, and is still to this date

Figure 4. Ballot paper of the Reformist Student Organization (ADER), of the Medical Student Union of Universidad Nacional de La Plata. 1954.



Source: DIPBA archives. Table A, student factor, File No. 39 (CEM).

a contentious and unresolved issue in the history of the school. At that time, the dean, a number of professors and the graduates of the Advisory Board fought for the creation of some kind of mechanism that would partially limit admission to the school, on the grounds that the scarcity of material and human resources was further complicated by the massive influx of new students.

In representation of the students, García demanded issues more central to the Argentine educational system be addressed, related to the quality of secondary school education and the budget deficit, as well as proposing a non-eliminary entrance examination. This debate clearly placed into evidence a new antinomy between the old reformists and the younger ones, who had become reformists in the heat of the fight against the Peronist government, but had also mostly been able to gain access to the university thanks to its policies.

Restrictions on the access to higher education were no longer imaginable to them, generating a mixture of reformist ideas with advances achieved during Perón's administration (25 p. 17-18).

Major historical processes therefore allow us to understand the political positions taken by García during his years as a student activist. The cultural and social changes experienced in the postwar world serve as the framework within which these events took place, and, in Argentina, these changes took on singular characteristics of a clearly political nature, starting with the overthrow of the Peronist government (26 p.54). In a context in which Peronism was synonymous with an archaic past to be left behind, the diagnosis made was one critical of a university that had been emptied. Breaking with the immediate past went hand in hand with the restoration of the reforms and the uplifting of democratic values (27).

This *de-Peronization* of the university occurred in a context in which the prevailing developmentalist ideas were promoted in most of Latin America. Science and technology were the two privileged areas upon which all economic and social development programs were based, and the State was considered the privileged agent for making those changes viable. Within this framework, several innovative practices of cultural modernization were adopted and the university became a legitimate space for knowledge production and creation. This was accompanied by an accelerated academic institutionalization and the strengthening of disciplinary fields that, as was the case with the scientific sociology promoted by Gino Germani, would contribute new theoretical elements such as American structural functionalism as well as a local view of the development processes of peripheral societies.

It was within this panorama that García, encouraged by a friend from the School of Journalism, decided to dedicate himself to social studies, and applied to study at the FLACSO branch in Chile. By means of a scholarship, he was able to enroll in the Latin American School of Sociology (ELAS, from the Spanish *Escuela Latinoamericana de Sociología*), which was dependent on FLACSO. Thus, in 1960, García travelled to Santiago de Chile with the intention of deepening his search for answers to his questions and finding a more integrated approach to the study of the HDPC. His

stay at FLACSO-Chile proved to be fundamental to his career. The prevailing climate in the institution during that time was one of great effervescence, creativity, and commitment to knowledge and to the development of local human resources. This, at least, is how García explained his experience:

It should be kept in mind that the Latin American School of Social Sciences, sponsored by UNESCO to raise the standard of social sciences education, was created at the end of the 1950s. At the same time, scholarships were awarded to foreigners with the aim of generating, through this and other mechanisms, a "critical mass" of social scientists. Of course, for how could it have been otherwise, the education provided was under the hegemony of sociological positivism, which does not mean that other schools of thought did not flourish and that students did not react against the prevailing education. (3 p.XX) [Own translation]

García studied at FLACSO between 1960 and 1962. Later, at the suggestion of Peter Heintz, dean of the ELAS during those years, García became a member of the teaching staff as professor of Social Theory until the end of 1963. Heintz himself then recommended García to work with Alex Inkeles, sociologist of the institution, although this job did not work out and was one of the incentives for him to accept the scholarship that would take him to Harvard the following year (28). García came into contact with this US university as a result of an international research study carried out in seven countries regarding "The influence of the working environment on the behaviors of individuals," in which García participated along with other colleagues. This research, based at FLACSO, required a group of students to systematize information collected by means of 1,500 surveys conducted in Chile, which gave them important methodological experience and led to the consequent invitation from Harvard University.

The possibility of participating in fieldwork was part of a pedagogical strategy promoted by Heintz within the institution, where education was based on teaching content related to sociological theory, methodology, research methods and empirical aspects of economic and social development. Such a course of studies implied the participation of

students in concrete research studies seeking to combine theory, methodology and empirical research in a single process. According to several interviews and the work of García during those years, the education had an eminently structural-functional approach combined with some elements of Germani's sociological approach that came from Argentina. A student from the third cohort describes it as follows:

I found that FLACSO had an extremely conservative climate. The dean at that time was Peter Heintz, a Swiss man heavy influenced by US trends – Parsons, Merton – and also by the powerful influence of Gino Germani from Argentina. There were no courses in Marxism, everything was structural functionalism, with a slight anthropological orientation (29 p.73) [Own translation]

As the archives at FLACSO-Chile's library show, García graduated with a thesis entitled "Variación en el grado de anomia en la relación médico-paciente en un hospital" (Variation in the level of anomie in the doctor-patient relationship at a hospital) (30). This was the first of a series of studies with topics centering on the medical elite, the doctor-patient relationship and authoritarianism, considered by García to be a defining element in the doctor-patient relationship. These first works showed an incipient dialog between the social sciences and medicine, a horizon he would never abandon. Also written by García during this period (1961-1964) were the articles "Sociología y medicina: bases sociológicas de la relación médico-paciente" (Sociology and medicine: sociological bases of the doctor-patient relationship) and "Comportamiento de las elites médicas en una situación de subdesarrollo" (Behavior of the medical elite in a context of underdevelopment) (31,32).

In these works from the early 1960s, García used categories from American medical sociology, but also a critical analysis of the practical "problem solving" approach in medicine. As a result of his investigation and his critical interpretation of this literature, he organized a collection in 1971 with the aim of informally circulating a series of works by Talcott Parsons, John Simmons, Edward Suchman and Joan Hoff Wilson. This interest led him to gradually focus on the medical education processes and

on the role of social sciences in the medical curricula: this main object of study in his 1965-1972 writings will be analyzed in the following section.

Hence, the training of health professionals at higher education institutions would be decisive in the construction of a new paradigm. For García, universities were historically determined and integrated the production, transmission, and socialization of knowledge according to the concrete social formation in which they operated. In this way, the role of medical education became central to the reproduction of healthcare services. At the same time, García ascribed these institutions certain autonomy and ability to create spaces for change and innovation (33,34).

García's first experiences as a university actor in that context of student politicization and in the disputes over the definition of the university model may have been the elements that, in the following years, served as the foundation from which to ask questions about the relationship between social structure and the prevailing mode of production of health professionals.

SOCIAL MEDICINE AND LATIN AMERICAN COOPERATION NETWORKS

In March 1966, Juan César García joined the Human Resources Department of the PAHO, with headquarters in Washington DC, where he worked until his death. It was a time of great political upheaval; the backdrop was marked by the Vietnam War, the escalation of anti-imperialism, the May of 1968 in France and the revolutionary movements in Latin America, with the Cuban Revolution as their symbol. When García joined the PAHO, he was 33 years old; he had a degree in Sociology from FLACSO-Chile and experience as research assistant at Harvard University.

In the 1960s, a sector of the PAHO led projects to reformulate public health courses from a perspective critical of the biologicist paradigm of the natural history of disease. It was fundamental in this process to incorporate knowledge from the social sciences which permitted awareness of the multi-causality of health problems, knowledge originating from both the US preventive model as well as from the historical-structural perspectives

that were emerging in Latin America as a new approach (35,36). From Harvard, García was incorporated into the PAHO through an ambitious research project sponsored by the Milbank Foundation, whose aim was to map the advances made by the preventive and social medicine disciplines in the education of health professionals in Latin America; this project would then extend to a curricular analysis of medical education in general.

The fieldwork for this research study gave García the opportunity to visit a large number of countries, to see first-hand hundreds of schools of medicine, to engage in dialogues with numerous colleagues and to begin to weave social networks that would later give way to the first meetings on "social sciences applied to health," according to the name that was in use in the 1970s. Once more, as had happened during his years of activism at the UNLP Medical Sciences School, the question of curriculum design became an area of dispute and the site of an array of possibilities for change. García explained that this interest in drawing a map of the medical education processes in Latin America had some precedents at the PAHO, which had previously organized two seminars: one held in Chile in 1955 and the other in Mexico in 1956, "both attended by representatives of almost every school of medicine in the continent" (6 p.2). Meeting participants recommended that the PAHO take on the task of assessing the actual reach of social sciences knowledge within the curriculum design of these schools.

Following this suggestion, the PAHO decided to gather a team of experts in Washington, who discussed (between 1964 and 1967) the possibility of developing a research study that would serve as "frame of reference" for the recommendation of policies whose aim was to homogenize criteria for medical education. García was hired as one of the coordinators of the fieldwork, carried out between the end of 1967 and the beginning of 1968. Altogether, the work took more than four years and local professionals from 18 countries collaborated in the data collection; they were in charge of administering questionnaires previously designed by PAHO's Human Resources Development Department. Among them were several colleagues with whom García would later strengthen his connections in the organization of the movement of sanitarians related to social medicine (d).

One such colleague, the Ecuadorian physician Miguel Márquez, summarizes what many highlight regarding García's work style, displayed all over Latin America with medical colleagues and other health professionals: "*he had a great ability to bring people together*" (11). García put Márquez in charge of the data collection in Ecuador and six Central American countries. Márquez explains that he met García in Cuenca before the fieldwork began, when García took a trip through the countries to be included in the study. According to this interviewee, great effort was required on García's part to convince many colleagues to take part in the study; those who belonged to university federations aligned with communist ideals were at first suspicious of a research study based out of Washington and financed by a US foundation.

When García arrived in Ecuador to visit schools of medicine, Márquez was advisor to the Medical Student Federation in Cuenca. García's first step was to talk to the students and explain to them the objectives of the project. The students (some Maoists, others more pro-soviet) then went to their advisor to express their suspicions: they thought García was a CIA secret agent. Márquez asked them to allow him to speak with García personally. They had an extremely long conversation, one that lasted the whole day. "I encountered a man of few words, and I learned where he came from," said Márquez in regard to García's socialist origins and sociological education (35). That day a long-standing friendship began, one full of collaborations.

In 1972, the same year that García published *La educación médica en América Latina* (Medical education in Latin America), he managed to bring together a number of these colleagues in the city of Cuenca, Ecuador, where for the first time the incipient group took an explicitly critical position regarding the functionalist theoretical framework that prevailed in the sociological analyses of health at that time. Just before his death, García assessed the results of this meeting whose aim was, at that moment, "to define more clearly the field" of social sciences in health; that is, he acknowledged that it implied a search for the theoretical and methodological foundations that could support this field of study in the making. The group was growing but, in García's own words, "it was lacking the ideo-

logical cement needed to go beyond these friendly relationships, differentiating social medicine from public health and separating it from preventive medicine" (3 p.XX).

In order to understand the context in which the Cuenca discussions took place, it is necessary to recall what "social sciences applied to health" meant in Latin America at the beginning of the 1970s. Firstly, the institutional insertion of this knowledge did not extend beyond a handful of courses on preventive and social medicine. Within the bibliography the most abundant references were to the "behavioral sciences" approach, which was developed in the US after the Second World War. García, critical of this approach, questioned its positivist methodology and the use of a term (*behavior*) which made invisible the historical root of human actions. In that sense, the group gathered in Cuenca jointly expressed that the "application of the functionalist analysis to health issues," as well as the reductionist view of works based on the natural history of disease paradigm and on the studies of the determinants of individual behavior, all contributed to a "static conception" and to a "formalist description" of health processes (37 p.XIX).

According to the opinion of several of our interviewees (11,38,50,71), García was the main advocate of that first seminar and of the internal consolidation of this group that remained in close contact during the following years. They planned to hold another meeting similar to the one held in 1972, which was finally held in 1983 once again in Cuenca. Everardo Nunes, one of the attendees at both meetings, stated during his interview that García, who was already quite ill, commissioned him to compile the works submitted to that second seminar (38). That request was fulfilled and resulted in the release of the book entitled *Las ciencias sociales en salud en América Latina: tendencias y perspectivas* (Social Sciences and Health in Latin America: Trends and Perspectives), published both in Spanish and Portuguese (37).

Not long after the second meeting in Cuenca, García died. Several of the attendees – Saúl Franco Agudelo, Asa Cristina Laurell, Hesio Corderio, Jaime Breilh, Sergio Arouca and Everardo Nunes, among others – met again at the end of that year in the Brazilian city of Ouro Preto. At that meeting, attended also by Mario Testa and Susana

Berlmarino, the Latin American Social Medicine Association (ALAMES, from the Spanish *Asociación Latinoamericana de Medicina Social*) was established. In the endnotes of its founding document, the signatories decided to make "a special mention" of Juan César García, in recognition of "his pioneering work in social medical thought in Latin America, his substantial theoretical contribution to this thought and his leadership in our Association" (39). Paradoxically, what was probably García's greatest aspiration came to pass the same year as his death.

Although functionalism had contributed to the incorporation of social sciences in the analysis such problems as the doctor-patient relationship and the link between social structure and health, the crisis of the developmentalist project and the emergence of other approaches, such as dependency theory, strengthened resistance to the prevailing functionalist paradigm. The "ideological cement" García referred to was Marxism and, as Hugo Mercer well described, the transition from functionalism to historical materialism was a process of "substitution of one structuralism for another," since the Marxism that took hold in Latin America was in line with Althusserian thought (40).

Consequently, García's work (not only his written and published works but also the more silent work of organizing the Latin American social medicine movement), showed, at the beginning of the 1970s, what might be called a "Marxist turn." Glimpses of this shift can be observed in previous years, when García traveled to Harvard with his colleague Carlota Ríos, an attorney who had also studied at FLACSO and was trained in Chilean socialist thought. Their scholarships at Harvard were to work with George Rosen and Milton Roemer, both of whom had studied under Henry Sigerist (11).

Sigerist (1891-1957), known as one of the most important historians of medicine, was head of the Institute of the History of Medicine at John Hopkins University in Baltimore from 1932 until the mid-1940s, and was one of the pioneers in using a historical and sociological analysis to think about medicine. He was able to understand the limitations that the social structure imposed on health phenomena, incorporating into his scientific processes a Marxist perspective which would lead him to consider socialism a superior way of

life for the human being (41). The presence of this author in García's work can be observed in the bibliography he used within a number of writings after this period, such as in the work entitled "Las ciencias sociales en medicina" (Social sciences in medicine), which was presented in the 23rd World Congress of Sociology held in Caracas, Venezuela, in November 20-25, 1972 (42). Undoubtedly, this change of direction was related to a particular environment of readings and theoretical discussions, but there was also a leaning toward the Cuban and Nicaraguan experiences, where Marxism went beyond a reality drawn by books. Miguel Márquez, a colleague of García's very close to the Cuban Revolution, remembered that during the 1960s, before García's turn towards Marxism, they had met along the path of social medicine, to which they had arrived with very different ideological backgrounds: García with socialism and Márquez with Liberation Theology. The 1970s, however, only consolidated this structuralist Marxist point of view, incorporating different texts.

An inside look at his personal library, donated after his death to the International Social Sciences and Health Foundation of Ecuador (e), allows at least an approximate reconstruction of these readings. Several sources indicate that García was not only an avid reader but also a regular buyer of books. His library consists of approximately 3,700 volumes; half of these are periodical scientific journals, conference proceedings and institutional reports, while the other half consists of books of individual and collective authorship. Among the scientific journals, a series of US journals on sociology stand out (*American Sociological Review*, *Theory and Society*, *The American Journal of Sociology*, etc.); journals of sociology of science and education (*Sociology of Education*, *Science in Society*, *Harvard Education Review*); and several publications on the social sciences and health fields, some in English (*Social Science and Medicine*, *Journal of Health & Human Behavior*), but most of them in Spanish and in Portuguese: *Revista Panamericana de Salud Pública*, *Gaceta Médica de México*, *Revista Cubana de Salud Pública*, *Revista Ecuatoriana de Higiene y Medicina Tropical*, the Chilean *Cuadernos Médico-Sociales*, and the Brazilian *Cadernos de Saúde Pública*. PAHO bulletins and various publications of the World Health Organization (WHO) constituted a great number of the publications he received.

García's library makes it possible to map not only his readings, but also his contacts, since many of the volumes stemmed from trips and networks with other colleagues. In this sense, although García was living in Washington, there are numerous books in Spanish and Portuguese: half of his books (approximately 1,170) are written in Spanish, one-third are in English and the rest are in other languages, especially in Portuguese. During his successive trips to Brazil, he collected close to a hundred titles from a great variety of fields, which suggests that his library was not only made up by gifts from his Brazilian colleagues of the sanitarian movement. In fact, there are very few books on health topics, as compared to the number of publications by sociologists such as Caio Prado Junior, Octavio Ianni or Gilberto Freyre; economists and political scientists of dependency theory such as Celso Furtado; as well as numerous works on Brazilian history and a considerable amount of books on the labor movement, anarchism and Marxism.

Although in his library a trace of Anglo-Saxon functionalist literature (of which he amassed many books) remains, the number and diversity of books on Marxist theory, anti-imperialism and Latin American history is noteworthy. Shortly after the first meeting in Cuenca, García presented his programmatic work "Las ciencias sociales en medicina" (Social sciences in medicine), in which Marxist thinking already fully permeated his reflections. In this work, García proposed the study of the social structure to understand the production of diseases and of healthcare services; he also stated that the "position taken by a physician" as a social actor was "determined by the mode of production," be it slavery, feudalism or capitalism (42 p.21).

However, this search for "ideological cement" and for a new "frame of reference" different from that of US functionalism was far from an abstract and meta-theoretical task. Based in the PAHO, García supported two complementary processes developed during the 1970s: a remarkable impetus toward empirical research and the institutional design of graduate courses in social medicine. An anecdote told by Miguel Márquez clearly illustrates this interest in quickly turning theoretical discussions into tangible results. At a meeting held in 1978, it occurred to García to address his colleagues with a parable he called "the beast

and the context." It was the story of a quiet jungle where a strange beast appeared, causing a stir and much debate among all the animals. The owl, the philosopher of the jungle, wanted to organize the discussions, arguing that before debating it was necessary "to have a frame of reference or a context to discuss the course of action." One of the animals then proposed discussing the matter under the elephant, who could serve as a context and at the same time provide shelter for them all. Every time the animals seemed to reach an agreement, the owl expressed a doubt and the debate started anew. At one point the elephant, tired and having forgotten what was going on due to his rather poor memory, lay down and crushed all the conference participants. From this parable, as trivial as it was effective, García drew the following moral: it is better to stop debating and do something before the context overwhelms us all (43).

In fact, the context had already overwhelmed them: the military dictatorship established in Brazil in 1964 was spreading, along with the National Security Doctrine, over a large part of Latin America. The coup d'états in Chile (1973), Uruguay and Argentina (1976) were seriously threatening the political aspirations of the sanitarians and physicians who had links with working-class, leftist or Marxist movements. Since García had begun working at the PAHO, his strategy for influencing countries governed by military forces consisted in a capillary resistance, nourishing those more surreptitious channels opposed to the military regime. This was the case in Brazil, where close bonds were established with the university groups posing the strongest resistance to the dictatorship.

In the state of São Paulo, García connected with the Preventive Medicine Department of the Universidade Estadual de Campinas (UNICAMP), created in 1965 under the preventive model promoted, among other international organizations, by the PAHO itself. At the beginning of the 1970s, the model began to be questioned by professors of that department such as Sergio Arouca and Anamaria Tambellini, who had been deeply influenced by the first texts García wrote about medical education. They created the Medical Education and Community Medicine Laboratory (LEMC, from the Portuguese *Laboratório de Educação Médica e Medicina Comunitária*),

incorporating theoretical debates about the social determinants of health and disease processes in order to move beyond the biologicist paradigm, as well as discussions about the structural foundations of the organization of healthcare services. The laboratory also coordinated works that took these ideas beyond the university walls, particularly to the municipalities near Campinas (38).

The experience at the LEMC and the Preventive Medicine Department was one of the cornerstones of the Brazilian sanitarian movement, which, in turn, served as foundation for the constitutional reforms that, after the restoration of democracy, established the Unified Health System (SUS, from the Portuguese *Sistema Único de Saúde*) in Brazil. One of the physicians who participated in this experience, Alberto Pellegrini, explains that the relation with the PAHO through Juan César García played a decisive role. In particular, García enabled access to bibliography that did not circulate easily due to economic and the censorship restrictions. According to Pellegrini:

Juan César García made a list of selected bibliography, which he later sent to his friends. He had a network, he'd send texts that at that time we would read avidly: photocopies of articles by Foucault, Polack [...]. We all received the texts directly and organized roundtable discussions. It was a way of giving us academic training that was almost heroic in nature. (44) [Own translation]

Several of these missives, neatly typed on paper with a letterhead, remain in the personal collections of colleagues that were part of this network. Miguel Márquez, for example, has a copy of a letter dated October 31, 1973, which we reprint in its entirety in this article, as it provides some keys for understanding the reach this task of distributing bibliography had (Figure 5).

Apart from the most noticeable element in this letter, which is how up-to-date the bibliography was – the texts on urbanism had all been recently published – there are other important elements to take into consideration. Most importantly, García makes mention of two books by Friedrich Engels about the urban question ("The Conditions of Working Class in England" and "The Housing Question"). Strangely enough, unlike the

other authors whose names are written in full, Engels is reference by the initials "F.E." and the two books are cited in English, as if García were avoiding trouble with a potential censor.

García established a strong relationship with Latin American physicians who had solid Marxist backgrounds. Along with his close ties to the Cuban sanitarists, his friendship with Sergio Arouca was also significant in this sense. Arouca was not only one of the most prominent figures of the Preventive Medicine Department of UNICAMP, he was also an important member of the Brazilian Communist Party. In 1975, when the military regime had strengthened its repression of political dissidence, the LEMC experience could no longer be sustained and many members of this group directly left the university. Arouca had finished his doctoral thesis *O dilema preventivista* (45) but was only able to defend it in 1976, after he had a secured position in the Escola Nacional de Saúde Pública in Rio de Janeiro. In his thesis, Arouca mentioned his colleagues at the PAHO, Miguel Márquez and Juan César García, among the professors who had contributed to his intellectual formation (45). Later, in the 1980s, and after having been in Rio de Janeiro, Arouca went to Nicaragua as advisor to the Sandinist government, invited by García himself in his capacity as PAHO advisor to the Ministry of Health of the country, where Miguel Márquez was also working (f).

Sarah Escorel remembers that "most of the founders of Centro Brasileiro de Estudos da Saúde (CEBES) were members of the Brazilian Communist Party, which operated underground." After leaving Campinas and before going to Nicaragua, Arouca was the head of this center, which brought together all the people who were thinking about health issues from a Marxist perspective. According to Escorel:

The source of inspiration was truly Marxist, more related to Marx's ideas than Lenin's. They all read various thinkers, particularly those mentioned in the bibliography sent by Juan César García. [...] García was an officer of an international organization, but what he really did, outside his bureaucratic job at the PAHO, was stimulate those Latin American groups by sending them bibliography that was not published and did not exist here. (47) [Own translation]

In the 1970s, there was a fluid relationship between these Marxists intellectuals – who were beginning to discuss healthcare policies in Latin America – and the sectors within PAHO that were more receptive to leftist ideas, such as the Human Resources and Research Departments, which supported the publication of the journal *Educación Médica y Salud*. One of these Brazilians intellectuals, Carlyle Guerra de Macedo, who had worked in these areas of the PAHO and eventually became director of the organization from 1985 through 1991, emphasized the clandestine nature of many of the debates that were held at the time from a Marxist perspective: "We discussed all these things at night, in secret, at friends' houses, then we published them, and that's how we created what we called the Andromeda Project." Macedo, Arouca, Hésio Cordeiro and other members of what would be known as the sanitarist movement were also involved in this project. During a time when the dictatorship had further reinforced the vigilance mechanisms against communist activities, these figures – according to Macedo – "were debating in the shadows" and "conspiring" against the dictatorship, taking advantage of their trips abroad as a way to organize networks of dissidence (48). At that moment, access to the PAHO and its resources for trips, meetings and the organization of seminars seemed to be guaranteed. As Nelson Rodríguez, another member of the Andromeda Project, adds:

We met in the waiting areas of airports [...]. There were no more than 15 or 20 of us, but we were able to move around effectively [...] we took part in conferences, roundtable discussions, research projects that financed our trips. On those occasions, we held several clandestine meetings [...], we coordinated our travel schedules to meet at airports or houses in capital cities like Rio de Janeiro, Belo Horizonte, São Paulo. [...] We were being financed for official work trips with specific institutional objectives that we accomplished, but we managed to assure some time during those trips to exchange ideas. (49) [Own translation]

If we return once more to the letter García wrote in 1973 (Figure 5), we can see that it holds another element key to understanding the tasks

Figure 5. Letter from Juan César García. October 31, 1973.

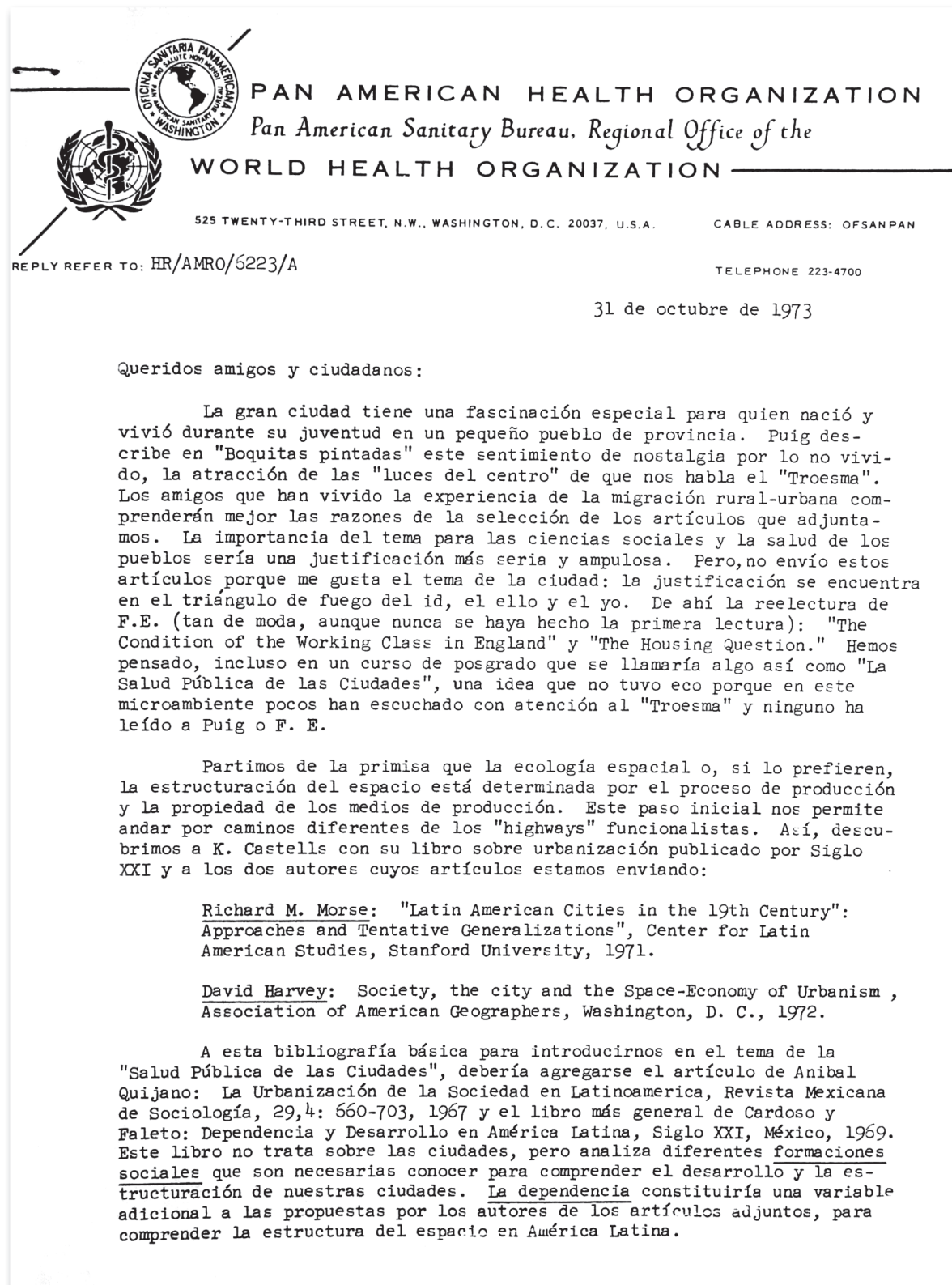


Figure 5. Continued

-2-

Estas reflexiones nos llevan a proponer lo siguiente:

- a. Incorporar a geógrafos humanos del tipo David Harvey, a nuestros equipos de trabajo. Incidentalmente, David Harvey acaba de publicar un libro pionero en este campo: *Social Justice and the City*, The Johns Hopkins, University Press, Baltimore, 1973.
- b. Llevar a cabo una investigación-hobby que consistiría en:
- i. Obtener un mapa "enorme" de la ciudad donde vivan
 - ii. Señalar en el mapa zonas según estratos sociales
 - iii. Indicar en el mapa las zonas industriales (lugar donde se genera el excedente) y las zonas comerciales (intercambio)
 - iv. Indicar el valor de los terrenos (aproximado en el mapa)
 - v. Ubicar los consultorios particulares de los médicos (una guía de teléfonos o una lista de representantes de laboratorio pueden ayudar a esta identificación en el espacio urbano).
 - vi. Ubicar en el mapa los servicios de salud existentes y su capacidad en camas (diferenciar los particulares de los públicos).
 - vii. Ubicar en el mapa las farmacias
 - viii. Indicar las zonas según grado de contaminación atmosférica
 - ix. Poner en el mapa otros indicadores relevantes para el estudio
 - x. Anotar cambios que han sufrido las diferentes zonas o barrios (historia de los barrios) como por ejemplo depreciación o valorización de los terrenos.

Una vez recogida y anotada esta información se iniciaría un análisis del siguiente tipo: correlacionar las desigualdades en la distribución de servicios con factores estructurales. Es posible que en muchas ciudades latinoamericanas algunas zonas de altos ingresos no cuenten con servicios de salud accesibles, pero reciban atención médica domiciliaria o reciban atención médica en el extranjero (dependencia).

Esta investigación puede servir para estudios posteriores de utilización de servicios. Los que hasta ahora se han realizado en América Latina sufren del sesgo peculiar de la metodología social hegemónica que centra la unidad de análisis y de muestreo en el individuo. Los estudios de recursos humanos de Colombia y Argentina son ejemplos de este tipo de sesgo.

Adjuntamos un tercer artículo sobre un estudio de hospitales en Chicago (*Variación in The Character and Use of Chicago Area Hospitals*, by Richar L. Morrill y Robert Earickson) cuya metodología puede ser de ayuda para la investigación-hobby mencionada anteriormente.

Rogamos que los que estén interesados en este tipo de tema nos escriban para enviarles material adicional.

Afectuosamente,

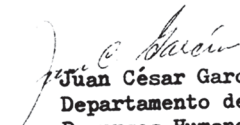

Juan César García
 Departamento de Desarrollo de
 Recursos Humanos

Figure 5. (Translation)

October 31, 1973

Dear friends and citizens,

The big city holds a special fascination for those of us who were born and spent our adolescence in little towns in the periphery. Puig describes in "Heartbreak Tango" this feeling of nostalgia for moments never lived, the attraction of the "city lights" of which "Troesma" speaks. Those friends who have migrated from rural to urban areas will understand better the reasons for the selection of the attached articles. The importance of the topic for the social sciences and the health of the people would be a more serious and pompous justification. Nonetheless, I am not sending these articles just because I like the topic of the city: the justification lies in the unbreakable triangular relationship of the id, ego and super-ego. This is why I have reread F.E. (so in vogue, even when a first reading has never been done): "The condition of the Working Class in England" and "The Housing Question." We have even considered the idea of organizing a graduate course that would be called something like "Public Health in the Cities," an idea that was not so enthusiastically welcomed because in this microenvironment there are very few people who have listened carefully to "Troesma" and no one has read Puig or F.E.

We started from the premise that spatial ecology or, if you prefer, spatial structuring is determined by the production processes and the ownership of the means of production. This initial step enables us to go down roads different from the functionalist "highways." This is how we came to know K. Castells and his book about urbanization published by Siglo XXI, as well as the two authors of the articles we are sending:

Richard M. Morse: "Latin American Cities in the 19th Century: Approaches and Tentative Generalizations", Center for Latin American Studies, Stanford University, 1971.

David Harvey: Society, the city and the Space-Economy of Urbanism, Association of American Geographers, Washington, D.C., 1972.

To this basic bibliography introducing us to the topic of "Public Health in Cities," we should add the article by Anibal Quijano: "La Urbanización de la Sociedad en Latinoamérica" (The Urbanization of Society in Latin America), published in *Revista Mexicana de Sociología*, 29, 4: 660-703, 1967; and the more general book by Cardoso and Faletto: *Dependencia y Desarrollo en América Latina* (Dependency and Development in Latin America), Siglo XXI, Mexico, 1969. This book is not about cities but analyzes different social formations that we need to know in order to understand the development and structuralization of our cities. Dependency is an additional variable within the proposals of the authors of the attached articles, in order to understand the spatial structure of Latin America.

These reflections lead us to propose the following:

- a. Incorporate human geographers, such as David Harvey, to our research teams. Incidentally, David Harvey has just published a pioneering book on this field: *Social Justice and the City*, The Johns Hopkins University Press, Baltimore, 1973.
- b. Conduct a hobby-research study that would consist of:
 - i. Obtaining an "enormous" map of the city where you live.
 - ii. Marking different areas in the map according to social strata.
 - iii. Indicating on the map the industrial areas (places where surplus is generated) and commercial areas (trade).
 - iv. Indicating the (estimated) price of the plots of land in the map.
 - v. Locating physicians' offices (a telephone book or a list of laboratory representatives may be useful to locate them in the urban area).
 - vi. Locating on the map the existent healthcare services and the number of beds they hold (differentiate between public and private healthcare services).
 - vii. Locating pharmacies on the map.
 - viii. Marking areas according to their level of atmospheric pollution.
 - ix. Including in the map any other indicators relevant to the research.
 - x. Writing down changes that the different areas and neighborhoods have undergone (neighborhood history), such as depreciation or appreciation in the value of the lots.

Once the information has been gathered and recorded, the following analysis should be carried out: correlating the inequalities in the distribution of healthcare services with structural factors. It is possible that in many Latin American cities some wealthy areas do not have access to healthcare services, but might receive personal health care in the home or abroad (dependency).

This research might be useful for future studies on the use of healthcare services. Unfortunately, the studies carried out so far in Latin America are biased towards the peculiar hegemonic social methodology that takes the individual as the unit of analysis and as the unit of sampling. The human resource studies carried out in Colombia and Argentina are examples of this type of bias.

We are attaching a third article regarding a study of hospitals in Chicago ("Variation in the Character and Use of Chicago Area Hospitals" by Richard L. Morrill and Robert Earickson), with methodology that might be useful for the hobby-research study mentioned above.

Please write to us if you are interested in this topic, so that we can send you additional information.

Regards,
Juan César García
Human Resources Development Department

Source: Own translation of letter from the personal collection of Miguel Márquez.

García carried out from Washington. In addition to introducing new bibliography and subtly inserting Marxist texts, it is important to stress the importance García gave to empirical research. In short, what García proposed in this letter, apart from theoretical and methodological discussions, was a “hobby-research study” that could be replicated in different Latin American cities. It consisted of correlating the inequalities in urban areas with the unequal distribution of healthcare services, introducing the idea of human geography as a way of debating what he called the “hegemonic methodology,” which was based on samplings that took the individual as the unit of analysis.

This spirit of empirical research was what García tried to convey at the numerous courses and seminars he gave in various Latin American countries. According to some of his colleagues, he took the opportunity he had to travel as a PAHO “expert” to teach different courses on social research methodology applied to health. The Cuban physician Francisco Rojas Ochoa attended a series of these courses, offered in Cuba at the beginning of the 1970s. At that time, Ochoa was head of statistics at the Cuban Ministry of Health; this is how he remembers the impact García had on the students of the course, most of them psychologists and only two of them physicians:

At that time, my approach was quantitative. The research had a lot to do with statistics, with health indicators. We wanted to measure everything: the mortality rate, the morbidity rate, the size of children, the female mortality rate. We had even conducted a national research study on growth and development, based on anthropometric measurements, a strictly quantitative exercise that included no social aspects whatsoever. It was just measuring and weighing the children. We considered ourselves to be dialectical materialists, but, in that sense, we were more positivists. Juan César García opened a new horizon up to us. (50)
[Own translation]

This new horizon was that of qualitative research. García came to Cuba with a different language: he brought to the course a selection of scientific articles about research in the health field, most of them written by US authors, and what he

proposed was not exactly reading theoretical texts or methodology manuals, but rather discussing these articles, focusing on the method and on what lay behind the production of each work.

Finally, it is necessary to mention one last set of activities that García helped carry out from the PAHO: the creation of the first graduate courses in social medicine and support for bringing to Latin America, within these new graduate courses, many distinguished European intellectuals. The first course in social medicine was organized in 1973 at the Universidade do Estado da Guanabara – now Universidade do Estado do Rio de Janeiro (UERJ) – sponsored by the PAHO and the Kellogg Foundation; and, the following year, they were able to organize another graduate course in social medicine at the Universidad Autónoma de México, Xochimilco (51).

Roberto Passos Nogueira, one of the first students of the Master’s Program in Social Medicine at UERJ, explains that several of his classmates were foreigners (from Honduras, Costa Rica, Peru, etc.) who had been granted scholarships by Juan César García from Washington. Nogueira recalls that this PAHO policy, which consisted in granting scholarships to train human resources in social medicine, depended to a great extent on García, who was also the one who promoted the visits of foreign professors such as Ivan Ilich and Michel Foucault (52).

Foucault’s arrival in Rio de Janeiro clearly illustrates the how these networks functioned and, in a way, their shortcomings. Foucault had already been to Brazil; his first trip had been in 1965, when he had been invited by Gérard Lebrun, who was at that time visiting professor to the School of Philosophy and Letters of the Universidade de São Paulo (USP). At the time, Foucault had published only *Maladie mentale et psychologie* (the first of his works that was translated into Portuguese), *Histoire de la folie* and *Naissance de la clinique*. These works did not have a great impact on Brazilian philosophy students, who were immersed in the Marxist paradigm. On the other hand, they had considerable influence on psychology students, especially among heterodox psychoanalysts such as Jurandir Freire Maia, Roberto Machado, Renato Mezan and Suely Rolnik (53).

Foucault returned to Brazil eight years later, paying visits in four consecutive years: 1973, 1974, 1975 and finally 1976. Although Foucault’s

visit to São Paulo during the first years of the dictatorship had been largely discreet, his visit in 1973 had much more impact: in Belo Horizonte, he offered informal lectures to students in psychiatric hospitals and in Rio de Janeiro he gave a famous cycle of five lectures at the Pontificia Universidade Católica (PUC), which were to a great extent precursors to the thesis of *Discipline and Punish*, and which were published in Brazil (54). In October 1974, Foucault returned to Rio de Janeiro, this time visiting the Social Medicine Institute, which had begun a Master's Program. According to Márquez (11), they were responsible for contacting Foucault, along with Juan César García from the PAHO and Sergio Arouca from Brazil.

In fact, the lectures he gave in 1974 were first published in Spanish before they were published in Portuguese: "La crisis de la medicina o la antimedicina" (The crisis of medicine or the crisis of antimedicine?), "Incorporación del hospital a la tecnología moderna" (The incorporation of the hospital into modern technology) and "Historia de la medicalización" (The history of medicalization). These transcripts were published by the PAHO journal *Educación Médica y Salud* between 1976 and 1978, and were then compiled in a single book published in Portuguese (55); while the first two lectures were also published, together with "El nacimiento de la medicina social" (The birth of social medicine), in *Revista Centroamericana de Ciencias de la Salud* within the same period (56).

What is interesting to note about these lectures, particularly the lecture on the birth of social medicine, is that Foucault brought with him ideas that shook parts of the discourse upheld by this leftist sanitariat group. That day, Foucault questioned the opposition between market-based, individualizing, professionalist, liberal medicine and social medicine, contrary to capitalist logic and consequently, potentially revolutionary. He proposed the following hypothesis:

...with capitalism, we did not go from a collective medicine to a private medicine. Exactly the opposite occurred: capitalism, which developed from the end of the eighteenth century to the nineteenth century, started by socializing a first object, the body, as a factor of productive force, of labor power. Society's control over the individual was accomplished

not only through consciousness or ideology but also in the body and with the body. For capitalist society, it was biopolitics, the biological, the somatic, the corporal, that mattered more than anything else. (2 p. 365-366)

This single paragraph contained several challenges to the Marxist thought of this group of Latin American physicians: a critique of the notion of ideology, an insistence on the biological body as the main object to be governed and a review of the concept of "social medicine" that inscribed its genealogy within modern capitalist societies. For Foucault, modern medicine was inevitably social and interest in caring for the health of workers, of the poor, of beggars, was an invention of European capitalist states. Reinaldo Guimarães explains in a collective interview held with other colleagues of the Social Medicine Institute at UERJ, that Foucault's visit was "a matter that was not totally resolved" within the group. Not all of his ideas were rejected, in fact, they were almost unanimously considered "attractive," although it was difficult to reconcile them with the discourse the group supported. "We had a tradition," explains Guimarães, "it was based in the State, it was socialism, it was Robert Carr, and Foucault threw all that overboard [...] It was a theoretical and political issue that the Brazilian sanitariat movement was never able to adequately resolve" (46).

It was probably Sergio Arouca who, in his thesis, took the greatest leap towards incorporating Foucault's ideas; he analyzed the preventivist paradigm as a "discursive formation" (concept taken from Foucault's *Archéologie du savoir*), whose genealogy he traced back to the nineteenth century. Miguel Márquez tells us that Juan César García always claimed Arouca to be the strongest critic of the ideas that García at that time had adopted to think about health problems, and that this criticism changed García's way of thinking. During the second half of the 1970s, García gradually incorporated an analysis of the historical roots of the concept of social medicine and began to show interest in other Marxist researchers, especially from Italy (such as Giovanni Berlinger and Franco Basaglia), who had a more historical materialist perspective.

During his last years, García's new ideological leaning was reflected in a text entitled

“Medicina y sociedad: las corrientes de pensamiento en el campo de la salud” (Medicine and society: the schools of thought in the health field), in which he stated that there was a “current theoretical battle in the health field,” started in the 1970s, and that Marxism was one of the rivals in combat. He acknowledged Foucault’s contributions but he did not agree with the methodological proposal that other colleagues – such as Arouca – had much more enthusiastically accepted, because he considered that “archaeology does not have a class perspective and disregards answers provided by historical materialism” (57 p.45). His Marxist leanings remained intact, although he highlighted the importance of continuing with these theoretical debates in order to think about health in Latin America, a position he would never abandon.

PAN AMERICAN HEALTH ORGANIZATION: TENSIONS AND CONFLICTS

Throughout this article we have scrutinized the constant, sustained and meticulous task of promoting the development of Latin American social medicine which García carried out based in the PAHO. It remains only to analyze, albeit briefly, García’s experience within this organization. García joined the organization when it had already been operating for more than half a century and had a set of clearly defined lines of work. Since its creation in 1902 and throughout the first half of the twentieth century, the PAHO was marked by a particular definition of Pan-Americanism, subordinated to the health policies of the U.S. government and biased by the presence of private foundations that financed certain healthcare policies, mostly vertical programs to control infectious diseases (58).

García would maintain a critical attitude toward the PAHO’s historical legacy; this criticism was evidenced in a text published in 1981 entitled *The laziness disease*. In this text, García studied the emergence of this concept in the first decades of the twentieth century, as well as the central importance of the Rockefeller Foundation International Health Commission. From a qualitative approach (based on the ideas of Lukács regarding social categories and of Canguilhem on the historical nature of diseases),

García suggested that the “discovery” of a parasitosis frequent among rural workers and children in Latin American tropical areas was not the result of the foundations’ philanthropic humanitarianism but rather the result of interests in the productivity of the people who worked in coffee, cacao, rubber and sugar cane plantations in Brazil, Colombia, Ecuador and a large part of Central America (59).

After the Second World War, and fundamentally after the WHO was established in 1948, the economy of international relations changed and substantially altered the way the PAHO operated. Slowly but steadily, there came a period during which more Latin American countries became involved in the management of the PAHO, reaching an apex in the appointment of the Chilean Abraham Horwitz as PAHO general director (1958-1975). It was during Horwitz’s term as director that García entered into the PAHO. They both had something in common: like García, Horwitz was also a descendant of immigrants without university education and had studied medicine thanks to the scholarships he received. In this sense, it is worth noting how individual trajectories and particularities can permeate institutions; we are referring to the considerable growth of the scholarship awarding policy during Horwitz’s term, scholarships most of which were allocated to studies of public health and, later, of social medicine. Horwitz undertook, as a sort of personal commitment, the strengthening of the human resources area and the scholarship policy, which in turn made possible many of the projects García carried out in Latin America (58 p.150).

However, adopting a depersonalized viewpoint, it should be acknowledged that all these changes also resulted from the existence of new areas of work within the PAHO and new fields of possibilities that had emerged. The same year Horwitz assumed the leadership of PAHO was also the year the Cuban Revolution broke out, an event that would spread a climate of international rivalry throughout Latin America akin to that being experienced farther north due to the Cold War. The Cuban government’s challenges to US hegemony in Latin America had a great impact on the field of health policy (g). The ambitious reform program agreed upon by the so-called “Alliance for Progress” in the Charter of Punta del Este (1961), and the meetings held by the Ministers of Health of the Americas and

promoted by the PAHO that followed, have been interpreted as strategic responses to the advance of Cuban policies within the public health field (62).

In this context, two different perspectives co-existed at the PAHO. Horwitz' line of health policies focused on the promotion of programs for the economic development of "peripheral" countries, including the expansion of healthcare services to rural and marginal urban areas, all under the strict supervision of PAHO-appointed experts. García represented another line of work that aimed at producing changes from the ground up, so that the Latin American countries themselves could improve their human resources and discuss more horizontal health policies. As Marcos Cueto explains in his history of the PAHO, "the tension between these two viewpoints persisted throughout the 1970s" (58 p.147). According to Mario Testa, Horwitz was rather conservative politically, but he was in a way progressive in a technical sense – so much so that under his watch the PAHO was the only organization of the United Nations to maintain relations with Cuba, because he considered that in health matters the revolutionary government was doing a good job (63).

The Brazilian Alberto Pellegrini, who during that decade worked as an advisor to PAHO and later took over García's role, discusses these tensions within the institution. He explains that the line of research on medical education was initiated in the Human Resources Department, but gained greater autonomy in the research area: "strictly speaking, it was not an area for carrying out research, but rather an area of science policy, of science and technology" (44). Pellegrini started to travel frequently to Washington to work on these programs that promoted academic production, whose creation he attributes to García: "inside the PAHO he created a science policy" (44). He would stay in the United States for a few months and then return to Brazil to carry out the empirical research.

García's coordination of the research and scholarship policies was not formalized. Only at the beginning of the 1980s was he officially appointed as the head of this area; immediately following, he fell ill and died. The PAHO then opened a public selection process to fill the vacancy and the position was obtained by Pellegrini, who then moved permanently to Washington. At that time, the term of the PAHO director Héctor

Acuña (1975-1983), from Mexico, was coming to an end. According to Pellegrini, Acuña was able to surround himself with rather conservative functionaries: "In fact, certain people who had different ideas were suppressed. The PAHO was a very conservative organization. There was a sort of island, made up of the human resource programs, with Juan César García, Miguel Márquez and a number of people who were very closed to them," he explains, referring to the group of Brazilian sanitariat physicians, and adds: "it was not a coincidence that we had a very strong bond with other groups, which they had identified in Latin America, creating a survival network" (44).

Another Brazilian sanitariat, José Alberto Ferreira, who was head of the Human Resources Department in Washington, shared Pellegrini's impression. According to Ferreira, Horwitz gave the area great impetus, while Acuña "was terribly afraid of it." He constantly questioned the relation they established from the PAHO with Latin American university groups: "Acuña was very conservative and was of the opinion that universities, in general, were systematically confrontational, that they rose up against the government, that they were an arena of leftist political diletantism, et cetera" (64). Ferreira considers that these conservative tendencies, wary of the contact with social medicine groups and the Brazilian sanitariats, were interrupted by Carlyle de Macedo's administration. They were then reestablished by George Alleyne's administration, which began in 1995; Alleyne closed the areas of medical education and human resources along with the journal *Educación Médica y Salud*, which had been published for more than two decades. Ferreira admits that it was he who introduced Alleyne into the Human Resources Area, where he immediately clashed with García, because he was "a leftist leader" while Alleyne ended up being "exaggeratedly conservative" (64).

Shortly after Acuña's administration began, a conflict broke out within the PAHO between the management and a unionized group of employees that was, not coincidentally, led by García. He and Miguel Márquez were fully involved in the activities of the Staff Association that had openly resisted Acuña's administration. Márquez remembers this administration as one of "the most disastrous periods" in PAHO's history, characterized by "administrative autocracy, recalcitrant

Figure 6. Photograph of the facade of the Pan American Health Organization, Washington (circa 1978).



Source: Personal collection of Miguel Márquez.

empiricism, trivial populism and the corruption of the political-administrative apparatus" (43). To what does he refer? The PAHO/ WHO Staff Association led by García between 1977 and 1978 had been submitting a series of complaints about their working conditions in the Washington headquarters as well as to several of its local offices.

We had access to a series of typewritten files provided by Márquez during the interview through which those labor complaints can be reconstructed. The demands were centered on wages, the terms and conditions of employment contracts, petitions for increasing the size of the staff and reviews of officer appointments not made via a selection process. These demands extended to several PAHO subsidiaries such as the Institute of Nutrition of Central America and Panama (INCAP, from the Spanish *Instituto de Nutrición de Centroamérica y Panamá*) or the Pan American Zoonoses Center

(CEPANZO, from the Spanish *Centro Panamericano de Zoonosis*). During García's presidency, the Staff Association attained the intervention of the International Labor Organization, which ruled in favor of the employees (65,66).

Acuña reacted vehemently against these advances and referred to the Association as a "seed of evil" that needed to be "extirpated" to avoid "institutional anarchy." He accused the Staff Committee of representing a troublemaking minority, while the majority of the employees remained indifferent and silent. Consequently, after a massive demonstration, the Staff Association distributed a document entitled "The quiet majority has spoken" which defended the right to unionize and expressed, in one of its points, the existence of "the clear dissatisfaction of the majority of the staff with the working conditions and the repercussions this dissatisfaction has on the organization's activities" (67) (Figure 6).

The Association also aimed at creating a framework for solidarity among the “general service” workers and the university educated professionals, between whom the management established differences that, according to the Association, were not supported by the employee statute. This issue intensified their conflicts with the PAHO director, conflicts triggered by one situation in particular. In December 1976, the Staff Committee received a phone call from CEPANZO’s office in Argentina to inform them that Viviana Micucci, head of the library of that local PAHO office, had been kidnapped by eight soldiers in her house located in Martinez, Buenos Aires, on November 11, and that they had had no news of her since then. At the time of the kidnapping, Micucci was 26 years old and was still studying Library Sciences at the university. García requested an urgent meeting with the general director to discuss what the PAHO should do to protect International Civil Service officers. Acuña refused to collaborate, accusing García of using the Staff Committee Bulletin to stir up trouble and mobilize the employees and of acting with “malicious intent” (68).

This conflict went quite far. García did everything he could to prevent the director from blocking actions intended to intercede in the Argentina’s de facto government and to safeguard Mirucci’s physical integrity. Letters were sent to several entities demanding their intervention in the case, from the highest offices of the WHO to the Permanent Assembly for Human Rights. Acuña responded to these actions with a series of private and public attacks on García and the Staff Association, which were only overshadowed by a notorious corruption scandal involving the director himself at the end of 1978 (69). The union’s demand to acknowledge the general service staff as “international officers” implied, apart from improving their working conditions, providing them with the protection of the International Civil Service statutes, which was a very useful tool for safeguarding colleagues working in countries governed by military dictatorships.

Alberto Pelligrini refers to these types of strategies when he speaks of the “survival network.” In the same interview, he mentions the surreptitious work carried out by García and Márquez from the PAHO:

The word survival was sometimes used in a literal sense. There were people being persecuted by the dictatorships, who survived thanks to their connection to Juan César García; they could travel to another country, where they were welcomed and hired by another group while in exile. There were many cases of this type, people who managed to establish that network, in which Juan César played a major role. (44) [Own translation]

Unfortunately, in the case of the CEPANZO employee, the lack of interest and the deliberate inaction of the most conservative circles governing the PAHO at the time did not allow the Staff Association sufficient tools to achieve its aims. Today, Viviana Micucci’s name appears on the long list of persons disappeared during the last Argentine dictatorship.

The scandal of 1978 involving the general director was constantly denounced by the Staff Association, which by that time had declared war on Acuña, and came to be published by several press media, including *The Washington Post*. He was accused of collecting extra wages from the Mexican government, spending millions without any receipts or documentation that justified those expenditures, secretly granting scholarships to family members, and so on. García had even received documents sent anonymously by “an officer worried about the future of our organization”; these missives, signed in Washington at the end of that year, spoke of the existence of a pamphlet called “Acuña, PAHO’s Watergate” (h). Miguel Márquez explains that, as they were subjected to persecutions by the general director, García used a pseudonym (*Aureliano Mierr*) to sign documents related to these cases.

BY WAY OF CONCLUSION

Despite these episodes, Juan César García’s trajectory demonstrates the porosity of an institution like the PAHO that housed Marxist intellectuals even in the most difficult periods of the Cold War and the US government’s battle against the Cuban Revolution. García knew how to move within those pores, using various strategies and creating a network of leftist

sanitarists while living and working in Washington, the city at the center of the fight against communism. At the same time, García read a wide variety of material, a fact acknowledged by all his colleagues. He did not have an early education in Marxism, but rather received it gradually while at FLACSO and Harvard, and never became an orthodox Marxist. At a meeting of the International Association of Health Policy, held in Italy and attended by Franco Basaglia and Giovanni Berlinguer, the Brazilian Jairnilson Silva Paim was able to personally meet García. Jairnilson explained to us that these talks were an attempt to bring together all the researchers with a Marxist training in health and that García frequently acted as a mediator between the stricter Marxists and those who took a less radical position (70).

Many of the PAHO's hegemonic guidelines during the 1960s and 1970s were based on the premise that there was a close relation between health and the economy. Horwitz, for example, argued that the policies to improve population health were necessary to increase productivity and, thus, the level of economic development of a country. The message to governments was that health expenditure was a medium and long-term investment. Although in many of his writings García maintained an economic view based in historical materialism, he had a different interpretation of this relationship. Looking back into the nineteenth century, he noted that the purpose of health policies based in the most top-down hygienism and sanitarism was social control and, consequently, the maintenance of the *status quo*. It is through this interpretation that Foucault's texts can be reconciled with Marxism, since both analyze these mechanisms as machines of

production of docile and useful bodies. This interpretation was the result of a historical analysis that extended to the roots of modern societies: in this sense, as Foucault ironically observed, there was no great difference between being a historian and being a Marxist (71 p.89).

It should be now mentioned that the origin of this article was a telephone conversation between Lígia Vieira da Silva and one of the authors. During this informal conversation, Silva was interested in knowing if Juan César García had Marxist teachings before entering to work at the PAHO. One of her own projects about the organizing of the collective health movement in Brazil had raised this question and she was eager to see a research project undertaken that could provide an answer. When we asked about this matter specifically during the interview with Márquez, he admitted that once he had asked García how he was introduced to Marxism and his friend responded: "through interest and method" (11). This work has reconstructed those successive moments of interest and the way in which he tried to convey his convictions while working at the PAHO, although he did not agree with many of the ideas imposed by the leadership. Latin American social medicine, according to Juan César García, was not a mere tool for economic development; it also offered a range of possibilities for the transformation of societies, changes that could only be made through hard work: generating local resources, encouraging discussions, improving professional education channels and building all types of networks. Juan César García devoted his life and the greater part of his efforts to this conviction.

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ENDNOTES

a. We are referring to Carlos Di María, who was the head of the school between 1940 and 1950 (7).

b. Archive of the Intelligence Office of the Buenos Aires Police Force (DIPBA, from the Spanish *Dirección de Inteligencia de la Policía de la Provincia de Buenos Aires*) under the custody of the Provincial Commission for Memory (*Comisión Provincial por la Memoria*). The archive is an extensive and detailed political-ideological record of the espionage of men and women that covers half a century. The DIPBA was created in August 1956 and operated until, within a context of reforms in the Buenos Aires Provincial Police in 1998, it was dissolved and its archive closed. In December 2000, the provincial government transferred the archive to the Provincial Commission for Memory in order to turn it into a "center of information of public access for all those directly affected and all those interested in carrying out research or sharing information" (Act 12.642). The documents used in this article belonged to Table A, student factor, a section of the archival office where the tasks of intelligence and persecution of La Plata's student movement were recorded. For more information see: http://www.comisionporlamemoria.org/archivo/?page_id=3

c. The report is dated September 17, 1954. It shows that ADER won with 297 votes, followed by "Libertad y Reforma," with 224 votes, and "Agrupación Unitaria Medicina" in last place with 51 votes (23).

d. According to *La educación médica en América Latina* (6), they were: Drs. Mabel Munist and José María Paganini (Argentina); Dr. Orlando Montero Vaca (Bolivia); Drs. Guilherme Abath, Celia Lúcia Monteiro de Castro, Hesio Cordeiro, Augusto Leopoldo Ayrosa Galvão and Guilherme Rodri-

guez da Silva (Brazil); Dr. Tito Chang Peña (Central America and Panama); Drs. Alfredo Hidalgo and Celia Lúcia Monteiro de Castro (Chile); Dr. Raúl Paredes Manrique (Colombia); Dr. Miguel Márquez (Ecuador and Dominican Republic); Drs. Victor Laroche and Raoul Pierre-Louis (Haiti); Dr. Miguel Gueri (Jamaica); Dr. José Alvarez Manilla (Mexico); Dr. Raúl P. Avila (Paraguay); Drs. Mario León and Luis Ángel Ugarte (Peru); Dr. Obdulia Ebole (Uruguay); Drs. Edgar Muñoz and Carlos Luis González (Venezuela).

e. The Fundación Internacional de Ciencias Sociales y Salud "Juan César García" was created in Quito shortly after García's death. The personal library García had at his residence in Washington was donated to this institution, although, later, it was declared a "historical fund" and at present it is part of the special section "Juan César García" at the library of the Universidad Andina Simón Bolívar.

f. In a collective interview, conducted at the house of Anamaria Tambellini, one of the participants explained that Arouca's decision to go from Campinas to Rio de Janeiro had a lot to do with Juan César García, who "decided that Rio de Janeiro would be the center" to which all the debates about social medicine would be transferred (46).

g. Along with Sergio Arouca and Sonia Fleury, Juan César García helped publish a book that communicated the advances of the Cuban health system. This book was published almost simultaneously in Portuguese (60) and in Spanish (61).

h. Letters belonging to the personal collection of Miguel Márquez.

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