

Juan César García: social medicine as project and endeavor



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Abstract *This paper analyses some aspects of the trajectory of the Argentinian physician and sociologist Juan César García (1932-1984) in the field of Latin American Social Medicine. Three dimensions constituting his basic orientations are highlighted: the elaboration of systematic and reflective social thought; a critical attitude in questioning teaching and professional practices; a commitment to the institutionalization and dissemination of health knowledge.*

Key words *Juan César García, Social medicine, Social sciences and health, Latin American social thought*

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Introduction

In focusing our analysis on the social medicine project realized by Juan César García, we would like to point out that it contains three dimensions which constitute the basic orientations of his trajectory in the field of health: the elaboration of systematic and reflective social thought; a critical attitude in questioning teaching and professional practices and a commitment to the institutionalization and dissemination of health knowledge. The three dimensions reveal themselves respectively in the sociological and historical perspectives of his works from the 1960s onwards, extending until 1984, primarily in the movement surrounding medical education and then towards social medicine during the 1970s, associated with his permanent activity of enlisting individuals and groups and working on the dissemination of the social sciences and social medicine, after he joined the Pan-American Health Organization (PAHO), in 1966.

To a large extent, his facility in establishing a dialogue between health sciences and the social sciences was certainly due to his double educational background, in medicine and sociology, which was completed with his permanent updating in various fields of knowledge. In retrospect, we can state that the bases of his project lay on two axes: the critical-progressive vision which he had carried with him since his days as a university student and the extended perspective of Latin American know-how in the field of health.

Biographical data

Juan César was born in Necochea, Argentina, on 7 May 1932. It is now possible to reconstruct aspects of his family and student life by virtue of the documentation collected by Galeano et al.¹ A native of this city, located on the Atlantic coast, 528 km from Buenos Aires, he remained there with his family until he moved to La Plata, in 1950, in order to attend university. His family remained in La Plata until 1959. After completing his studies in medicine, he served a residency in pediatrics (*Hospital de Niños de la Plata “Sor María Ludovica”*) and carried out activities at the *Centro de Salud de Berisso*, taking part in a study on health conditions in “pueblos” [villages] and cities of the interior. He began a journalism course at the *Escuela de Periodismo* [School of Journalism] but did not complete it. According to Galeano et al.¹ this was the “*primera ruta*” [first path], followed

by the “*secunda ruta*” [second path], marked by his course in sociology at FLACSO (*Facultad Latinoamericana de Ciencias Sociales*) in Santiago, Chile, taken in 1960-1961, where he remained until 1964, when he completed his Master’s degree in sociology and was recruited by Harvard University, where he worked for the whole of 1965. In 1966 he joined the PAHO, in Washington, DC, where he remained until his death on June 8, 1984.

Historical and sociological perspectives in health

During the 1960s, while he was still studying sociology at FLACSO, Juan César initiated his scientific output, which was aimed at questions of doctor-patient relations, published in the *Cuadernos Médico Sociales* of Santiago^{2,3}. Taking these two works as starting points, we find that the theoretical concern which would accompany all of his subsequent scientific output was already present in these first essays. Juan César not only articulated the emergence of a field of studies, but initiated a conceptual reflection which is important for medical sociology. In his view:

*Today, the sociologist not only incorporates the concerns specific to this area, which provide the knowledge accumulated by sociological theory, but through the use of the scientific method, he also approaches explanations for such problematic sectors. Due to the nature of the theoretical body of sociology, a more objective explanation may be provided, giving the professional an effective weapon for understanding human behavior within a medical context*².

He adopted concepts from the initial phase of American medical sociology: the definition of the disease by the patient, the search for treatment and the role of patient, present in Parsons, Mechanic, Suchman, Blackwell, Wilson, but expanded these perspectives by locating and inserting them into a society of classes. This would be his principal theoretical line of investigation in analyzing knowledge and practices of medicine and health within the framework of structural relationships, ultimately, in economic structure. Before this, however, he organized a collection for translation into Spanish of functionalist studies (unpublished, dated 1971)⁴ and adapted Leavell and Clarke’s model of the natural history of disease for teaching sciences of behavior in medical schools⁵, which you would subsequently re-evaluate. According to García, the model had

been used indiscriminately, confusing the notion of theoretical model and application model⁶.

The criticism of the positivist and functionalist formulations in health would be the hallmarks of the Seminar on Teaching of the Social Sciences Applied to Medicine, held in Cuenca, Ecuador in 1972⁷. On this occasion, he argued that:

The theoretical consequences of this integration are that medical sociology, understood as the application of the functionalist analysis to health problems, contributes to a static conception of these problems and a formalist description of such problems and other spheres of productive processes in general. Under these conditions, health appears as a value, as a function and as a service with a life of its own within any society, preventing an understanding of the dynamic relationships between health and other spheres of the social process.

During this same year, in November, at the 22nd International Sociology Congress, in Caracas, Juan César took up this citation again to propose what I have termed *an itinerary through the field of social sciences in health* aiming at: the linkage of medicine to social structure, the influence of social structure on the production and distribution of disease, the training relationship of health staff with the field of medicine⁸.

Without doubt, the works of the 1970 will be fundamental for understanding the author's choice of historical and dialectical materialism, which would become so strongly associated with structuralist orientations (Althusser, Balibar), like political perspectives, especially the concept of "historical block" (Gramsci), as well as the concepts of state, social formation, hegemony, power block (Poulantzas) and the relationship between objective history and subjective history present in Lukács. During this decade, the use of this reference was aimed at the various themes, such as medical education in Latin America⁶, notably studied in 100 medical schools with the aim of understanding it as a historical process, subordinated to the economically predominant structure in society, where it developed, two years later, into the study on nursing in Latin America⁹ (58 schools and 2,804 students were surveyed). Other themes dealt with, such as the role of intellectuals in the European origins of social medicine, in 1848¹⁰ and in "the sickness of laziness"¹¹ would be referenced in Gramscian and Lukacsian formulations respectively.

In addition to working on sociological concepts, Juan César produced essays with a historical perspective, recognized by renowned historians of health¹². Within this line of research,

we may highlight the study on community medicine¹³, which demonstrated its limits and possibilities, relating it to the social structure, during the period 1946-1977, which was divided into two subperiods, in which two categories emerged: from 1945-1968, "containment" and from 1968-1976, "vigilance". The analysis of what he named "the sickness of laziness"¹¹ also dates from this period and among the many aspects which he considered, we may cite: the medicine-structure-social-productivity association, the designation of laziness as a reduction in the capacity for work and the identification of some diseases as debilitating, the analysis of ankylostomiasis and the role of the Rockefeller Foundation in health programs. The analogy between action in the field of health and strategies and methods with military origins is an interesting one: campaign, arms, combat, battle, etc. In a pioneering way, Juan César carried out a historical study of research institutions in Latin America from 1880-1930¹⁴, in which he highlighted three formative aspects: emphasis on bacteriology and parasitology, state character and the Institut Pasteur as a model. In order to understand this trajectory, the author analyzed both internalist and externalist formulations in the construction of the scientific investigation process. Another remarkable work on historical studies is on state medicine in Latin America, dealing with: the forms of linkage of medicine to capitalism and its conceptual and technical transformation, the factors which led to the creation of state health bodies and the form of development of state medicine^{15,16}.

Human resources training in health

We shall start our account by tracing the principal theoretical milestones of García's works, but it is necessary to highlight that his concerns were not restricted to careful research, whether empirical, bibliographical, theoretical or historical. For Juan César these studies aimed to expand knowledge, debate ideas and innovations, especially in the field of education and training of human resources for health, without limiting himself to a contemplative vision of situations and problems. His starting point was his medical training which, as we have seen, started from an analysis of Latin American reality, at the end of the 1960s⁶, turning towards a criticism of community medicine¹³, in the 1970s and taking shape in the realization of a social medicine project, also during the 1970s.

A rapid look at the past shows that it was from the second half of the 1950s onwards that a strong Latin American movement emerged around medical education and its reformulation, almost 50 years after the Flexner Report (1910). A key moment was the holding in 1955 of the Seminar on Preventive Medicine, in Viña del Mar (Chile), the formulations of which were completed in 1956 at the Seminar of Tehuacán (Mexico). Essentially, an alternative model was proposed to the scientificist, quantitativist and mathematizing model, modelled exclusively on biology and on the compartmentalization of medical knowledge, so dear to the Flexnerian movement. María Isabel Rodríguez, cited by Borrell¹⁷, highlighted the positive aspects of Flexner's influence on program for training doctors, while highlighting an important criticism of the model, considering that:

The changes which occurred, above all, from 1950 onwards, in the relations with the fields of basic and clinical biology, repeat the postulates and content of the model resulting from the recommendations derived from the Flexner Report in the United States. For a large number of Latin American schools, the introduction of this model represented the opportunity to incorporate and modernize basic pre-clinical sciences, contributed to the training of specialist lecturers and promoted the development of a biomedical infrastructure and the creation and strengthening of support units for the entire teaching process, like the creation of medical libraries, although this model in no way contributed to promoting a holistic vision of the human being.

As is known, initially, the project to be supported by the PAHO was the study of teaching of preventive medicine, around ten years after the first seminars, but this idea was changed to a more ambitious project of researching medical education in Latin America, materialized by the publication of this study, in 1972. In this study, García brought a Marxist approach to the field of medical education distinct from previous ones, in particular, the functionalist one and that termed "human relations".

However, the preventivist ideas, which spread through medical schools during the 1970s, began to be challenged within departments of preventive medicine themselves, which had sheltered them due to their innovative character. At this point, two lines of investigation were resumed (although these were present during the preventivist phase, they were often obscured) and for their discussion, Juan César made his contribution, historicizing them and conceptualizing

them as "community medicine" and "social medicine". With them, another teaching and human resources training dimension emerged, the creation of postgraduate courses in social medicine. We should remember that in shifting to a higher level of training, these ideas were not excluded from graduation. As mentioned, the holding in 1972 of Cuenca I, a seminar which analyzed the teaching of social sciences in health, would be a milestone in discussions on the issue, with several seminars already having been held prior to it, such as that of Campinas (1970), at which, among other issues, the model of the natural history of disease was criticized on account of its naturalizing and ahistorical character, with the participation of the social as the factor linked to the guest and to the environment. The seminar to commemorate ten years of Cuenca I was held in 1983, i.e. eleven years later, when issues from the field of social sciences in health, its disciplines, different relationships with health themes were extended, with these preceded by an extensive panorama of the state-of-the-art of this field in Latin America¹⁸.

Undoubtedly, the realization and possibilities of these activities came in the wake not only of developing scientific output but principally through the institutionalization of postgraduate teaching, with the creation of the first social medicine courses in Latin America, in 1973, at the Social Medicine Institute of the State University of Rio de Janeiro (UERJ) and in 1974, at the *Universidad Autónoma Metropolitana* (UAM/Mexico), Xochimilco unit (the course began in September 1975). In 1987, UERJ's master's degree in Social Medicine, was expanded and took on the name Master's Degree in Collective Health; the doctorate at this institution dates from 1991; within Mexico, the doctorate in Collective Health dates from 2003.

All scholars who have thermalized the training of health resources in Latin America unanimously highlight the importance of the PAHO in this process and the protagonism of Juan César García^{19,20}. We certainly cannot forget figures such as Miguel Márquez (1934-2014), Ramón Villarreal Pérez (1919-1987), María Isabel Rodríguez, José Roberto Ferreira, José Romero Teruel, Hésio Cordeiro, Carlos Vidal, Carlyle Guerra de Macedo and others as participants in this project.

It was within extremely challenging social, economic and political contexts that social thinking on health developed. We shall initially cite the counterculture and student movements of the 1960s and the university reforms at the end of

this decade and at the start of the 1970s. We may add to this the profound political instability, with the occurrence of sixteen military coups (which took place at different moments, until the end of the 1970s), to socialist revolutions: Cuba (1959) and Nicaragua (1979), and the taking power of a socialist government in Chile (1970-1973). We highlight the presence of repressive dictatorial policies, which spread throughout Latin America until the mid-1980s, often characterized by economic growth, but within a society in which profound social inequalities persisted (and still persist).

Final considerations

We have analyzed the protagonism of Juan César in the field of social medicine, with a view to marking his activities, not only in the construction of social thinking on health²¹, but as a militant engaged in the dissemination of this knowledge and the training of staff for social medicine. We would add to this intention careful bibliographical review work, undertaken in various studies^{22,23}. It would be incorrect not to highlight that in this process, as Juan César himself always made clear, his role of articulator depended on

individuals, groups and national institutions which continued with the innovative and anti-hegemonic project of social medicine.

Undoubtedly, travelling around Central and Latin America on numerous occasions, at the meetings that he realized and the lectures that he gave, Juan César left impressions which became references for healthcare in this part of the world. On creation in 1984, ALAMES (*Associação Latino Americana de Saúde - Latin American Health Association*), at a historic meeting held in the city of Ouro Preto (Minas Gerais), he was the reference figure. The creation of the “Juan César García” Institute - *Fundación Internacional de Ciencias Sociales y Salud* [International Foundation of Social Sciences and Health], in Quito, Ecuador in 1984, and the *Ateneo “Juan César García”*, in Havana, Cuba, as well as numerous chairs which bear his name in various Latin American countries, bear witness to the fact that his legacy in social medicine/collective health remains alive.

As Granda²⁴ recalls, García impressed questions on social thinking in health which we still consider to be current and necessary: political commitment to change, health and sickness as a social factor, the importance of science and the creation of the field and the responsibility of the state in the field of health.

Thanks

Conselho Nacional de Desenvolvimento Científico e Tecnológico (CNPq) [National Council for Scientific and Technological Development], Bolsa Produtividade [Productivity Grant] - Pesquisador IA [Researcher IA].

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Article submitted 29/10/2014

Approved 30/10/2014

Final version submitted 31/10/2014