

8 A “Counter-Hegemonic” Social Medicine Leftist Physicians during the Latin American Cold War

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If dependency theory, liberation theology, decolonial theory and participatory action research can be said to have been the most original contributions of Latin American critical thought in the twentieth century, the (Latin American social medicine) emerges as heir to this tradition and makes major contributions to the field, which can and should no longer be ignored or undervalued.

Borde and Hernandez, “Global South,” 857–8.¹

Social medicine is a field fundamentally devoted to unfolding the social basis of health and disease. It argues that health cannot be understood exclusively in biomedical terms but requires different concepts and methodologies to apprehend the relationship between health and society. For this reason, social medicine integrates work from various disciplines, particularly the social sciences in health and the medical humanities.²

The attempts to tackle social processes and conditions to better population health have an extensive history in Latin America. Scholars of the field characterize two different waves of regional social medicine during the twentieth century. On one side, the first wave of physician activists and politicians emerged in close relationship with early populist governments.³ Scattered and seemingly unconnected, these actors were affiliated with all sorts of ideologies

¹ Elis Borde and Mario Hernández. “Revisiting the Social Determinants of Health Agenda from the Global South,” *Global Public Health* 14, nos. 6–7 (2019): 847–62.

² Michelle Pentecost, Vincanne Adams, Rama Baru, Carlo Caduff, Jeremy Greene, Helena Hansen, David Jones, Junko Kitanaka, and Francisco Ortega. “Revitalising Global Social Medicine.” *The Lancet* 398, no. 10300 (2021): 573–4, Doi: 10.1016/S0140-6736(21)01003-5; Vincanne Adams, Dominique Behague, Carlo Caduff, Ilana Löwy, and Francisco Ortega. “Re-imagining Global Health through Social Medicine,” *Global Public Health* 14, no. 10 (2019): 1383–400.

³ Eric D. Carter. *In Pursuit of Health Equity: A History of Latin American Social Medicine* (Chapel Hill, NC: University of North Carolina Press, 2023); Maria Eliana Labra, “Política e medicina social no Chile: Narrativas sobre uma relação difícil,” *História, Ciências, Saúde: Manguinhos* 7, no. 1 (2000): 23–46; Christopher Hartmann, “Postneoliberal public health care reforms: Neoliberalism, social medicine, and persistent health inequalities in Latin America,” *American Journal of Public Health* 106, no. 12 (2016): 2145–51.

and political movements, from Catholic conservatism to hardcore communism. They commonly advocated for social reforms that broadly impacted health, including labor rights and better working conditions, land liberation and food security, and the establishment of social nets like public education and healthcare services. An example of the first wave is physician, Minister of Health, and former president of Chile, Salvador Allende.⁴

On another side, linked to the era of right-wing authoritarianism in Latin America, the second wave of social medicine emerged from the Cold War turmoil. Preceded by the so-called Latin American Social Medicine Network (ALAMES) in the late 1960s,⁵ the new wave was made up of social scientists of health and physicians seeking impact beyond the clinics and adhered to leftist, anti-colonial, and anti-US ideals.⁶ Members of the network were based at schools of medicine, most of which were integral parts of public universities and their intellectual environments. Their endeavors focused on a comprehensive critique of “scientific medicine” – an approach that radically reformed medical education since the mid 1950s, constituting a subsidiary element of the Developmentalist agenda in attempts to sway governments and local population away from the “communist threat.” By 1984, the social medicine network formalized its internationalism into the Latin American Social Medicine Association (ALAMES).

Existing histories about the second wave of Latin American social medicine differ in extent and scope. The ALAMES collective has produced the most prominent narrative, which attributes the origins of the wave to leftist physician Juan César García and his team at the Pan-American Health Organization’s (PAHO) Department of Human Resources.⁷ This version portrays García as a Marxist leader who recruited scattered groups of political dissenters across public universities in Latin America, unifying their ideas under the umbrella term of “social medicine.” Within the PAHO, García and

⁴ Tanya Harmer, *Allende’s Chile and the Inter-American Cold War* (Chapel Hill, NC: University of North Carolina Press, 2011); Howard Waitzkin, *Medicine and Public Health at the End of Empire* (London: Paradigm Publishers, 2011).

⁵ Sebastian Fonseca, “Latin American Social Medicine: The Making of a Thought Style,” PhD, King’s College London, GHSM/KCL, 2020.

⁶ Howard Waitzkin, C. Iriart, A. Estrada, and S. Lamadrid. “Social Medicine Then and Now: Lessons from Latin America,” *American Journal of Public Health* 91, no. 10 (2001): 1592; Oscar Feo, Carlos Feo, and Patricia Jimenez. “Pensamiento contrahegemónico en salud,” *Revista Cubana de Salud Pública* 38, no. 4 (2012): 602–14; Jaime Breilh. *Critical Epidemiology and the People’s Health* (New York, NY: Oxford University Press, 2021).

⁷ Saul Franco, Everardo Duarte-Nunes, Jaime Breilh, and Asa Cristina Laurell, *Debates en medicina social* (Quito: OPS, 1991); Miguel Marquez, “Formación del espíritu científico en salud pública,” in Miguel Marquez (ed.), *Escenarios epistémicos en la formación del espíritu científico en salud: Una antología* (La Habana: Impresión Palcograf, 2013), 3–18; Ana Lucia Casallas “La medicina social-salud colectiva Latinoamericana: Una visión integradora frente a la salud pública tradicional,” *Revista Ciencias De La Salud* 15, no. 3 (2017): 397–408.

the team are said to have acted as “leftist moles,” supporting developmentalist programs while surreptitiously strengthening “counterhegemonic” social science research in health.⁸

This chapter reimagines the history of social medicine beyond García and the team, shedding new light on the PAHO’s role as a place for pragmatic possibilities linked to medical education and technical assistance programs. I argue that the second wave emerged partly due to international health organizations and not despite them, problematizing the over-emphasis on García in ALAMES’s accounts. The PAHO’s role as a mere conveyor belt of US foreign policies is put into question, presenting the regional organization as an ideologically diverse space in need of nuanced interpretations.

I will start the chapter by introducing Juan César García, underscoring his intricate political background vis-à-vis the myth created in ALAMES literature. The second section discusses the PAHO’s research project on medical education (1966–72) and medical library Programa Ampliado de Libros de Texto y Materiales de Instrucción/Biblioteca Regional de Medicina PALTEX/BIREME (1967–), reassessing García and the team’s role in connecting leftist scholars at public universities. Finally, I offer concluding remarks on the role of the PAHO in paradoxically enabling the development of leftist networks amidst the anti-communist sentiment of US foreign policy during the Cold War.

Juan César García, the Opportunistic Scholar

The ALAMES idea of García is constructed in parallel to the rise of the North American medical education reforms in Latin America, beginning in the early 1950s “medical missions” in Colombia.⁹ Under the banner of modernization, multiple international health organizations like the PAHO, the Milbank Memorial Fund (MMF), the Kellogg, and the Rockefeller Foundation, and Truman’s Point IV program collaborated to tackle the “scientifically retrograde,” “disintegrated,” and “methodologically anachronistic” education

⁸ Everardo Duarte-Nunes, *Ciencias sociales y salud en america latina: Tendencias y perspectivas*, ed. Everardo Duarte-Nunes, 1st ed. (Montevideo: Organizacion Panamericana de la Salud/CIESU, 1986); Mario Rovere, “Mario Rovere y la tarea de Juan César García,” paper presented at the ALAMES course on Social Medicine and Collective Health, Universidad Nacional de Lanus, 2015, at: <https://youtu.be/V8jEyX036fo>; Howard. Waitzkin, Alina Perez, and Matthew Anderson, *Social Medicine and the Coming Transformation* (New York, NY: Routledge, 2021).

⁹ Carlos Gil Yopez, “Bases y doctrinas para una reforma de la educacion medica en Venezuela,” in Emilio Quevedo and Juliana Perez (eds.), *De la restauracion de los estudios de medicina en el colegio mayor de nuestra señora del rosario 1965–1969* (Bogota: Universidad del Rosario, 2009); Howard Waitzkin, “Social Medicine: Home and Abroad,” in Anne-Emanuelle Birn and Theodore Brown (eds.), *Comrades in Health: U.S. Health Internationalists, Abroad and at Home* (London: Rutgers University Press, 2013): 153–67.

in the region.¹⁰ The reforms are said to have met their highest point with the advent of the so-called preventive medicine approach via two PAHO international conferences: the Seminars in Viña del Mar, Chile (1955), and Tehuacán, Mexico (1956).¹¹

Despite the rhetoric of comprehensiveness encountered in the PAHO reports,¹² ALAMES members argue that the events did more to boost the expansion of a biology-centered education in the region than the actual goals it set out to complete. Mario Rovere, former ALAMES general coordinator and head of the Health Sciences Department at the Universidad de Lanus in Argentina, argued that the North American reforms aligned with US medical education in its foundational features: the predilection of disease-specific practices, the fragmentation of medical knowledge, and the preference for laboratory research, amongst others.¹³ According to Sérgio Arouca, leader of the Brazilian *Sanitarismo* movement and ALAMES founding member, “preventivism” morphed the original concern for the social basis of health into the management of individual risk factors, making medical education individualistic in method, mechanistic in explanation, and closely attached to emerging quantitative approaches like biostatistics and epidemiology. He explained: “To find its specificity, Preventive Medicine distinguished itself from Social Medicine and Public Health by affirming its identity attached to Clinical Medicine. Preventive Medicine became a new form of private medicine, whilst the other two represented state involvement.”¹⁴ As the reforms settled throughout the 1960s, Arouca concluded, biological reductionism took precedence in practice at the expense of comprehensiveness in health.¹⁵

Juan César García is situated at the crossroads between the preventivist reforms, Juan Domingo Peron’s populist government, and US McCarthyism.¹⁶ García was born in 1932 in Necochea, Argentina), completed clinical training in Community Paediatrics at rural La Plata, and became head of the Berisso

¹⁰ Juan César García, “Juan César García entrevista a Juan César García,” *Medicina Social* 2, no. 3 (2007): 151.

¹¹ Franco et al., *Debates*.

¹² PAHO, *Seminarios sobre la enseñanza de medicina preventiva*. Reporte final de Viña del Mar, Chile (10–15 de octubre, 1955); y Mexico Tehuacan, (23–28 de abril, 1956) (Washington, DC: PAHO/WHO, Publicaciones Científicas No. 28, 1957), 16.

¹³ Rovere, “Mario Rovere y la tarea.”

¹⁴ Sérgio Arouca, “O dilema preventivista: Contribuição para a compreensão e crítica da medicina preventiva,” PhD, Universidade Estadual de Campinas (State University of Campinas), 1975, 177–8.

¹⁵ Duarte-Nunes, *Ciencias Sociales*.

¹⁶ Mario Rovere, María Isabel Rodríguez, María Laura Passarelli, and Carlos Gallego, “Homenaje a Juan César García” (Conference Proceedings at the Semana de Salud Internacional, Escuela de Gobierno en Salud Floreal Ferrara, September 23, 2021), at: <https://youtu.be/4oZAJbFmat8>.

Health Centre in the province of Buenos Aires during the late 1950s.¹⁷ By 1960, developmentalist policies promoted by the first Cold War military Junta in the country granted García a scholarship to study sociology at the Latin American Faculty of Social Sciences (FLACSO) in Santiago de Chile – where he also became a lecturer in Social Theory shortly after.¹⁸ In 1965, García was awarded a fellowship at Harvard University to train in research methods, which also led to his appointment as a research assistant at the MMF-financed project to survey the quality and impact of medical schools in Latin America. García was also recruited for the PAHO's Department of Human Resources while leading the MMF project, where he remained until a premature death in 1984 (aged 52). The research, belonging to the US modernizing push across the region, facilitated García's seminal book *La Educación Médica en la América Latina (The Latin American Medical Education)*, published in 1972.¹⁹

Contrasting the ALAMES idea of García's life-long commitment to Marxism, his trajectory as “the main actor of the social sciences in the field of health,”²⁰ makes evident a changing political ethos that followed different stages. According to Galeano and colleagues, García first trained in the growing biological reductionism of the 1950s, attuned with his medical education.²¹ Only in the following decade did the scholar turn toward leftist

¹⁷ Everardo Duarte-Nunes, *Juan César García: Pensamento social em saúde na América Latina. Colecao pensamento social e saúde* (Sao Paulo: Cortez Editora/Abrasco, 1989); Everardo Duarte-Nunes, “O pensamento social em saúde na América Latina: Revisitando Juan César García,” *Cadernos de Saúde Pública* 29, no. 9 (2013): 1752–62.

¹⁸ FLACSO was a UNESCO-funded institution established in Santiago de Chile to support the social sciences in Latin America. Its creation followed the First Regional Conference on the Social Sciences at Rio de Janeiro (1957), founding the Latin American School of Sociology ELAS – the first of its kind in the region and home to García's sociological training. The FLACSO–ELAS complex enabled ideas from across the ideological spectrum, dominated by US functionalism and conservative politics (i.e., Talcott Parsons, Robert Merton, and Gino Germani), but pervasive to leftist social theory. The pluralism, in fact, prompted its forced closure following dictator Augusto Pinochet's political persecution of the left in the 1970s. For details on FLACSO, see A. Abarzua Cutroni, “The North–South Circulation of Experts and Knowledge in Latin America: The Asymmetric Impact of UNESCO Missions between 1945 and 1984,” in P. Duedhal (ed.), *A History of UNESCO: Global Actions and Impacts* (Basingstoke: Palgrave Macmillan, 2016), 181–98; Rolando Franco, *La FLACSO clásica (1957–1973): vicisitudes de las ciencias sociales Latinoamericanas* (Santiago de Chile: FLACSO, 2007); G. Sorá and A. Blanco, “Unity and Fragmentation in the Social Sciences in Latin America,” in J. Heilbron, G. Sorá and T. Boncourt (eds.), *The Social and Human Sciences in Global Power Relations: Socio-historical Studies of the Social and Human Sciences* (Basingstoke: Palgrave Macmillan, 2018), 127–52.

¹⁹ Juan César García, *La educación médica en la América Latina*. (Washington, DC: PAHO/WHO, 1972).

²⁰ PAHO, “In Memoriam – Juan César García,” *Educacion Medica y Salud* 18, no. 3 (1984): 236–38.

²¹ Diego Galeano, Lucia Trotta, and Hugo Spinelli, “Juan César García and the Latin American Social Medicine Movement: Notes on a Life Trajectory,” *Salud Colectiva* 7, no. 3 (2011): 300.

ideas, presumably connected to his encounters with sociological thinking.²² Dr. Hugo Spinelli, Professor of Sociology and Director of the Collective Health Institute at the Universidad Nacional de Lanus, Argentina, explained that the most significant problem in studying Garcia is apprehending “when and how he radicalised.”²³ He suggested that Garcia’s wife, Carlota Rios, introduced him to historical materialism while working at FLACSO in 1960–4. For Duarte-Nunes, the institution itself was the critical enabler of his radicalization, as Garcia met renowned scholars of Latin American leftism, including Anibal Quijano, Hugo Zemmelman, and Cecilia Muñoz.²⁴ Scholars also point at FLACSO’s ideological pervasiveness to Marxist student groups as the driving force of Garcia’s exposure to “radical politics.”²⁵ It may be that Garcia’s relationships and his immediate, yet surreptitious, academic context were instrumental in the turn he began from a positivist background to leftist ideology from the FLACSO period onward.

Garcia’s publications shed light on his journey navigating political views. His early work at FLACSO featured debates around the doctor–patient relationship and the elite status of physicians, in line with the dominant US functionalism of the institution. It was not until 1964 that Garcia invested in the critique of medical positivism and utilitarian healthcare to “increase the historic-dialectic perspective” in population studies. The critique revealed an initial inclination to Marxism to help clarify “the relationship between health and socio-cultural factors,”²⁶ albeit not fully embracing it.²⁷ Instead, his publications highlighted the relevance of objectivity in scientific research and emphasized the study of human behavior – two features that evoke the central tenets of preventivism.²⁸ Moreover, Garcia’s references in the texts include scholars like Talcott Parsons and David Mechanic – making no mention of Marxist literature or leftist theory. Even as late as 1971, Garcia still relied on Leavell and Clark’s natural history of disease as a central “paradigm in

²² Asa Cristina Laurell, “Social Analysis of Collective Health in Latin America,” *Social Science & Medicine* 28, no. 11 (1989): 1183–91; Adolfo Sanchez-Vasquez, *De Marx al marxismo de América Latina*. (México: Itaca, 2012); Nestor Kohan, “Sociología académica y marxismo Latinoamericano: Historia de una polémica,” *Utopía y Praxis Latinoamericana* 24, no. 85 (2019): 117–39.

²³ Hugo Spinelli, “Interview,” by Sebastian Fonseca, May 2022.

²⁴ Duarte-Nunes, “Revisitando,” 1754–5.

²⁵ Miguel Marquez, “Juan César García y la medicina social durante la década de 1960 y 1970: Entrevista,” by Hugo Spinelli, Centro Pensar en Salud, Universidad de Lanus, 2015, at: <https://youtu.be/Olr2doQsjiU>; Everardo Duarte-Nunes, “Juan César García: Social Medicine as Project and Endeavour,” *Ciência & Saúde Coletiva* 20, no. 1 (2015): 139–44.

²⁶ Juan César García, “Sociología y medicina: Bases sociológicas de las relaciones médico-pacientes,” *Cuadernos Médico Sociales* 4, nos. 1–2 (1963): 14–15.

²⁷ Duarte-Nunes, *Pensamiento social*, 14.

²⁸ Arouca, “O dilemma”; Naomar Almeida-Filho and Jairnilson Silva-Paim, “La crisis de salud pública y el movimiento de la salud colectiva en América Latina,” *Cuadernos Médicos Sociales* 75, no. 1 (1999): 5–30; Jairnilson Silva-Paim, *Desafíos para la salud colectiva en el siglo XXI* (Buenos Aires: Lugar Editorial, 2011).

the teaching of social science” in health,²⁹ despite the paradigm’s centrality for preventive medicine education. Though publications from the mid 1970s reveal the change in García toward Marxism, the researcher never actually discarded his functionalist background for approaching population health.

As best depicted by Galeano’s work,³⁰ García’s profile corresponds to a pragmatic and opportunistic researcher, activist, and international health representative who, rather than dogmatically adhering to an ideology, utilized different approaches to make sense of and act upon his immediate reality. For instance, García integrated community-based health research in peripheral regions of Argentina while training in pediatrics, making attempts to impact structural determinants of health while remaining bound to preventivist medical education. Even García’s “radicalization” at FLACSO is intimately attached to the context unfolding around him. The opportunity to study sociology abroad was the result of developmentalist policies during the Argentinian regimen of 1955, supported by US foreign aid. Beyond reflecting ideas about García’s politics, his studies show a level of shrewdness in taking advantage of extraordinary opportunities, regardless of the ideological underpinnings. García’s concern for the social basis of health ran parallel to a practical approach to life, finding more fruitful opportunities in keeping a flexible (and changing) affiliation to politics – rather than living by the strict Cold War dichotomy arising at the time.

By the time García joined the MMF-funded research, he had established his academic and political legacy around the development of human resources in health, focusing on the inclusion of critical social sciences in medical studies. In the next section, we turn to this work and the relationship with the PAHO Department of Human Resources.

Leftist Physicians in the PAHO during the Cold War

The PAHO was a central player in international health throughout the Cold War, creating regional professional networks via technical assistance programs. The networks were multiple – from centers for national health planning (the CENDES-PAHO method)³¹ to international biomedical research.³²

²⁹ Juan César García, “Innovations in Medical Education in Latin America,” paper presented at the III Annual Meeting of the Health Sciences Education Information Center, Washington, DC, 1971).

³⁰ Galeano, Trotta, and Spinelli, “Juan César García.”

³¹ L. Gutiérrez, “Health Planning in Latin America,” *American Journal of Public Health* 65, no. 10 (1975): 1047–9; Lígia Giovanella, “As origens e as correntes atuais do enfoque estratégico em planejamento de saúde na américa latina,” *Cadernos De Saúde Pública* 7, no. 1 (1991): 26–44; Mario Testa, “Historia de vida y la salud pública en américa latina: Interview,” by L. Trota, Federico L., Centro Pensar en Salud, Universidad de Lanus, 2015, at: <https://youtu.be/rLN3zZasVKI>.

³² Miguel Bustamante, Carlos Viasca Treviño, Federico Villaseñor, Alfredo Vargas, Roberto Vastañón, and Xochitl Martínez, *La salud pública en México 1959–1982*, (Mexico: Secretaría

Less known is the PAHO's contribution to *leftist* groups concerning the work of García and staff at the Department of Human Resources since the 1960s. The exploration of the PAHO programs involved in Latin American social medicine during the Cold War shifts the emphasis from exalting the role of Juan César García (as is found in ALAMES's narrative) toward analyzing the context underlying the social medicine network at the time. The context reveals that the origins of social medicine at the time, rather than the ALAMES story of the field "despite" US foreign policy, may be reinterpreted precisely due, parallel, or in relation to developmentalism. The 1960s Alliance for Progress agreement guides the argument in this section.

The Alliance for Progress was an agreement of cooperation signed at Punta del Este, Uruguay, in 1961 between the US Government and governments of Latin America, prompted by the call for social reforms at the international level (and reacting against the success of the Cuban Revolution).³³ The agreement constituted a unified effort to better the region's social welfare and economic growth, with a keen awareness that "health programs are part of – not separate from – general development planning."³⁴ According to the charter, the PAHO was summoned to function as a technical support organization, providing expertise on health-related concerns.³⁵ Derived from Resolution A-2, the organization convened ministers of health from signatory governments to form the "Task Force on Health," meeting for the first time in Washington, DC, in April 1963.³⁶ Resulting from the meeting, the PAHO's Advisory Committee devised a Ten-Year Public Health Program, placing human resources at the forefront,³⁷ and supporting two essential programs: the medical library for the region of the Americas PALTEX/BIREME (based in Sao Paulo, Brazil) and

de Salubridad y Asistencia, 1982); Roberto Bazzani, Eduardo Levkovitz, Soledad Urrutia, and Christina Zarowsky, "Building Bridges between Research and Policy to Extend Social Protection in Health in Latin America and the Caribbean: A Strategy for Cooperation," *Cadernos de Saúde Pública* 22 (2006): S109–12; Nevin Scrimshaw, "The Origin and Development of INCAP," *Food and Nutrition Bulletin: Food Nutr Bull* 31, no. 1 (2010): 4–8.

³³ Jeffrey Taffet, *Foreign Aid As Foreign Policy: The Alliance for Progress in Latin America* (New York, NY: Routledge, 2007); Thomas Allcock, *Thomas C. Mann: President Johnson, the Cold War, and the Restructuring of Latin American Foreign Policy* (Lexington, KY: University Press of Kentucky, 2018); David Johnson Lee, *The Ends of Modernization: Nicaragua and the United States in the Cold War Era* (Ithaca, NY: Cornell University Press, 2021).

³⁴ PAHO, *Task Force on Health at the Ministerial Level: Meeting of Health Ministries of the America*, 15–20 April, 1963 (Washington, DC: PAHO/WHO, 1964), 3–4.

³⁵ Organización de Estados Americanos, "Declaración a los pueblos de América: Carta de Punta del Este. Plan decenal de educación (anexo I) y Plan Decenal de salud pública de la alianza para el progreso (anexo II)," *Boletín De La Oficina Sanitaria PanAmericana* 5, no. 5 (1961): 134–62; PAHO, *Needs in research training and medical education in Latin America. First meeting of the advisory committee on medical education. Held in June 18–22, 1962.* (Washington DC: PAHO/WHO, RES1/4, 1962).

³⁶ PAHO, *Reunión de ministros de salud: Grupo de estudio* (Washington, DC: PAHO/WHO, CE48.R3 Es, 1963).

³⁷ PAHO, *Task Force*.

the survey of medical education in Latin America (led by Harvard associate, Juan César García).

Following the incoming investment, the PAHO established the first bureau's Advisory Committee on Medical Research (ACMR) in 1962,³⁸ which partnered with the MMF to evaluate the impact of medical education reforms in Latin America – approved by the council in September 1963.³⁹ By the end of the year, the two organizations arranged the Conference on Health Manpower and Medical Education, specifying the “research design, methodology, parameters and emphasis of the study” and approving the first survey of medical education in Colombia during 1964–7.⁴⁰ The report served as a pilot and methodological background for future work in the region,⁴¹ including a study to “evaluate the results of the seminars in the teaching of preventive medicine a decade ago” (referring to the seminars at Viña del Mar and Tehuacán) and designating Juan César García as the principal investigator of the research.⁴²

It is essential to consider that, at this stage of the Cold War, technical assistance programs were functional for multiple objectives in the global ideological struggle. To lure Latin American governments away from communism, the US agenda often defined the knowledge circulated, the content discussed, the technology utilized, and practices replicated in fields like agriculture, nuclear power, and communications.⁴³ At the core of the strategy laid a standard

³⁸ PAHO, *Final Report of the 46th Meeting of the Executive Committee of the Pan-American Health Organisation. Held from the 23–27 April 1962 in Washington, DC* (Washington, DC: PAHO/WHO, CE46/15, 1962): 18–31.

³⁹ PAHO, *Minutes of the XIV Meeting of the Directing Council of the Pan-American Health Organisation* (Washington, DC: PAHO/WHO, CD14/28, 1963b), 121–30.

⁴⁰ PAHO, *Research Activities of PAHO in Selected Fields (1963–1964): Document Presented for the Third Meeting of the Advisory Committee on Medical Research, Held 15–16 June 1964* (Washington, DC: PAHO/WHO, RES3/3, 1964); PAHO, *Minutes of the XV Meeting of the Directing Council, Pan-American Health Organisation, Held in August–September 1964, Mexico D.F.* (Washington, DC: PAHO/WHO, CD15/33, 1964), 106; Milbank Memorial Fund, “Health Manpower and Medical Education in Latin America: Report of a Round Table Conference,” *Milbank Memorial Fund Quarterly* 42, no. 1 (1964): 11 and 16–66. According to the records, Colombia was chosen as the site for the pilot mainly due to the advanced education infrastructure it had developed via the national association of medical faculties – Asociación Colombiana de Facultades de Medicina (founded in 1959 and the first of its kind in Latin America).

⁴¹ Robin F. Badgley, Carlos Agualimpia, Richard V. Kasius, Alfonso Mejia, and Marjorie Schulte, “Illness and Health Services in Colombia: Implications for Health Planning,” *Milbank Memorial Fund Quarterly* 46, no. 2 (1968): 146–64; D. K. Zschock, “Health Planning in Latin America: Review and Evaluation,” *Latin American Research Review* 5, no. 3 (1970): 35–56.

⁴² PAHO, *Minutes of the XVII Pan-American Sanitary Conference, Held in September–October 1966, Washington, DC* (Washington, DC: PAHO/WHO, CSP17/36, 1966), 821.

⁴³ Gabrielle Hecht, *Entangled Geographies: Empire and Technopolitics in the Global Cold War* (Cambridge, MA: MIT Press, 2011); Audra Wolfe, *Competing with the Soviets: Science, Technology, and the State in Cold War America* (Baltimore: Johns Hopkins University Press, 2013); Simone Turchetti and Peder Roberts, *The Surveillance Imperative:*

set of principles related to control and discipline, swaying regional politics toward Western capitalism. The fact that the PAHO considered Colombia's pilot survey to establish "a method that can be used in other Latin American countries to obtain data for a more rational planning of health personnel,"⁴⁴ should be read with surveillance goals in mind. Garcia's involvement in the research was likely enabled by his functionalist background from early studies. It remains to be established whether the joint venture was made with little consideration of Garcia's leftist inclinations – or precisely because of it (and why this was so).⁴⁵

Despite the overarching control that international health agencies intended through the programs, in practice, the survey of medical education became the means through which a growing international social science community, critical of the dominant medical education, developed in Latin America. The process of data collection during the survey of medical education provides crucial insights into the social medicine leftism running parallel to the PAHO's research.

The survey included over a hundred medical schools registered by the PAHO that Garcia traveled to between 1967–8, directly interviewing staff and students or hiring local researchers to complete questionnaires. Through the travels, Garcia met and empathized with many leftist physician dissenters at public universities that served as the basis for the Latin American social medicine network. Dr. Miguel Marquez, ALAMES co-founder and Professor of Public Health at the public *Universidad de Cuenca*, recounted that: "(Garcia) completed a journey very similar to 'Che' Guevara's ... not just appreciating the development of preventive medicine in Latin America, but understanding the context of public universities, and the ruptures that differentiated the social sciences in health in the region."⁴⁶ According to Marquez, when staff at Cuenca found out Garcia was supported by a US-based institution that the CIA financed (the MMF), they "decided to give him 24 hours to explain – and, in the meantime, he was declared *persona non-grata*." Garcia responded that he had "no business" with the finance of the research and that his only objective was to "bring down the empire." For Marquez, it became clear that he was

Geosciences during the Cold War and Beyond (London: Palgrave Macmillan, 2014); Naomi Oreskes and John Krigs, *Science and Technology in the Global Cold War* (Cambridge, MA: MIT Press, 2014).

⁴⁴ PAHO, *Biomedical Research Policy in Latin America: Report Prepared for the Fourth Meeting of the Advisory Committee on Medical Research, PAHO, Held in June 14–18, 1965* (Washington, DC: PAHO/WHO, RES4/6B, 1965), 34.

⁴⁵ During my time exploring Latin American social medicine in the US National Security Archives, I did not find mentions of Juan César García or his endeavors. This suggests that either the US national intelligence did not consider Garcia a threat to their model of democracy or that Garcia's leftist inclinations were never noted in the surveillance agencies.

⁴⁶ Marquez, Interview.

encountering an extraordinary moment of PAHO pervasiveness to Garcia's politics, which motivated him to join the research.

Marquez also highlighted Garcia's political changes whilst traveling Latin America. Although Garcia might have been inclined toward historical materialism by the start of the research, Marquez remarked that he adopted a firm commitment to leftist politics through multiple encounters with colleagues at public universities that persuaded the researcher to take different perspectives into account. Rather than the diffusion of Western ideology from Garcia to physicians on the ground, the growing critique of dominant medical education from social medicine groups in the region consolidated a definitive stance in Garcia's thinking.

Garcia's 1972 book bears the changes undergone by the author after his fieldwork. Announced in 1967, the survey's initial objective was a "detailed description of the teaching of preventive and social medicine in medical schools of Latin America,"⁴⁷ including the conditions that promote, delay, or impede changes and innovation. According to Garcia, two innovations were made to the original ideas of the project in the late 1960s: the use of an explanatory, rather than descriptive, research design; and the broad study of medical education that expanded the analysis beyond preventive and social medicine.⁴⁸ The changes enabled Garcia to face medical education beyond the institutional cloister of universities, coming to terms with the "subordination of clinical training to the economic structure" *à la* Marx.⁴⁹ The book's epilogue, written at the end of the research, worked a retrospective analysis linking medical education to the "structures of society" – making use of Althusserian ideas to argue against the "hegemonic socioeconomic system" (capitalism) permeating society.⁵⁰ In other words, Garcia did not conceive the project as a Marxist endeavor from his initial involvement in 1966 but only after fieldwork encounters – as suggested by Marquez.

However accurate, in recognizing the transformation process generated by regional social medicine dissenters, the ALAMES narrative tends to skew the field's history by lionizing Garcia and his contributions. ALAMES co-founder Professor Dr. Saul Franco explained that Garcia, following his entry to the PAHO, was able to "travel all of Latin America" to identify the people who were "open-minded" in the search for alternative views on population health and to support the work on social science in health.⁵¹ For Rovere, Garcia was conscious of the need for changes in medical education and invested in Marxist scholars to challenge the dominant positivist medical epistemology.⁵² Given

⁴⁷ PAHO, *XVII Conferencia*, 340. ⁴⁸ Garcia, *Educación Médica*, 2.

⁴⁹ Duarte-Nunes, *Pensamento social*, 17. ⁵⁰ Garcia, *Educación Médica*, 390.

⁵¹ Saul Franco, "Latin American Social Medicine Association: Interview," by Sebastian Fonseca, Bogota, DC, Colombia, 2018.

⁵² Rovere, "Mario Rovere y la tarea."

the leftist intellectualism at public universities during his research, Garcia found favorable conditions to link the groups together over aligning goals and theoretical focus. Nevertheless, the move to advance a network of anti-US scholars was enabled only through a US-funded program.⁵³ The need to incorporate *another* social science, one that was critical of the standing biological reductionism, sparked the beginning of the *Latin American social medicine network* on the shoulders of PAHO's research project.

The case of the University of El Salvador is exemplary of the contrast above. Professor Dr. Maria Isabel Rodriguez, former ALAMES general coordinator and renowned public health expert, commented that Garcia arrived in late 1967 at the university – when the Faculty of Medicine was undergoing “late” reforms to integrate the US medical education model.⁵⁴ The reforms happened late due to a combination of factors. First, the cycles of military dictatorships in the country since the 1940s delayed reforms in higher education until the late 1960s, when Rodriguez was appointed Dean of the Faculty of Medicine. And second, the reforms were late because of the mounting critiques against preventivism that grew parallel to their introduction. “So, we had an interesting overlap of reforms,” Rodriguez elaborated, “when the first reform (preventivism) was advancing, we already had a response.” Garcia entered the scene precisely during this ambivalence. According to Rodriguez, he “supported” the critique of biological reductionism by summoning the local group of social science scholars into international forums. In so doing, Rodriguez concluded, Garcia associated like-minded people across Latin America to engage in dialogues and weave transnational relations that gave way to many “social science applied on health” meetings in the subsequent year.⁵⁵ Indeed, this was an extraordinary achievement in the era of anti-communist repression, which used foreign aid as a stepping stone for leftist internationalism.⁵⁶

In May 1972, Garcia and social science colleagues organized the social medicine network's first international meeting, known as the Reunión Sobre la

⁵³ Hugo Mercer, “La incorporación de las ciencias sociales a la medicina social: Interview,” by L. Federico and J. Librandi, Centro Pensar en Salud, Universidad de Lanus, 2015, at: <https://youtu.be/at77qTv91Io>.

⁵⁴ Maria Isabel Rodriguez, “Entrevista PALTEX/BIREME, Juan César García, y reformas universidad de el salvador,” by Sebastian Fonseca, April 6, 2022; and Maria Isabel Rodriguez, “Reflexiones con la Dra. María Isabel Rodríguez, ministra de salud de el Salvador: Interview,” by PAHO, 2018, at: https://youtu.be/iO8tAjkzf_k.

⁵⁵ Galeano et al., “Juan César García,” 296. Rodriguez, *Entrevista*; Jose Roberto Ferreira, “Juan César García como precursor de innovaciones en la cooperacion tecnica internacional,” Paper presented at the Instituto Juan César García, Quito, Ecuador, 1986, 23–4.

⁵⁶ Anne-Emanuel Birn and Raúl Necochea López, *Peripheral Nerve: Health and Medicine in Cold War Latin America* (Durham, NC: Duke University Press, 2020); Birn and Brown (eds.), *Comrades in Health*.

Enseñanza de las Ciencias Sociales en las Facultades de Ciencia de la Salud.⁵⁷ The meeting, sponsored by the PAHO and funded by the MMF, took place in Cuenca, Ecuador, and was later renamed the “Cuenca I” meeting.⁵⁸ The survey on medical education and the Cuenca I meeting are considered the epistemological and organizational background that made possible the establishment of ALAMES in the 1980s.⁵⁹

The PALTEX/BIREME Program

Other institutional processes overlapping the PAHO and the *Latin American social medicine network* remain unexplored in ALAMES’ accounts of its origins. According to Rodriguez, though Garcia’s efforts enabled connections that otherwise would have been difficult, the network of social science scholars was already under development years before the survey on medical education. Crucially, the PALTEX/BIREME program “identified many people working on alternative approaches to medical education, generating a tremendous shock to many sectors that considered medical education exclusively constituted by the basic sciences like physiology or pharmacology.”⁶⁰ Rodriguez’s remarks are unique in that no other account in ALAMES flags the involvement of the PAHO’s regional library of medicine in the development of Latin American social medicine during the Cold War. Despite the newness, Rodriguez’s narrative does not feature prominently in the social medicine association.

The Expanded Textbook and Instructional Material program PALTEX/BIREME was a PAHO-centralizing regional library of medicine established in 1967 as part of the ACMR developmentalist agenda. The assistance program was charged with supplying medical literature to physicians, healthcare institutions and medical schools through loans or through their acquisition at rates lower than market value.⁶¹ Devised in the early 1960s, the proposition to establish the regional library was made by a panel of US representatives based at organizations like the National Library of Medicine (NLM), the Department of State, the Book Exchange, and Ivy League universities.⁶² The board argued that the chronic scarcity of funds and the faulty medical education in Latin America “operated to inhibit the development of comprehensive collections of

⁵⁷ PAHO, “Aspectos teóricos de las ciencias sociales aplicadas a la medicina,” *Educación Médica y Salud* 8, no. 4 (1974): 354–9.

⁵⁸ Duarte-Nunes, *Ciencias Sociales*. ⁵⁹ Franco et al., *Debates*. ⁶⁰ Rodriguez, *Reflexiones*.

⁶¹ PAHO, *Regional Library of Medicine: Pan-American Health Organization: Advisory Committee on Medical Research, Sixth Meeting on 12–16 June, Item 4.4 of the Agenda* (Washington, DC: PAHO/WHO, RES6/20, 1967).

⁶² Table II in PAHO, *Proposed Regional Medical Library Centre for Latin America: Pan-American Health Organization: Advisory Committee on Medical Research, Fourth Meeting on 14–18 June* (Washington, DC: PAHO/WHO, RES4/12, 1965), 19.

world journal literature,” making medical libraries in the region “small, insufficient, and under-supported.”⁶³ Similarly to the medical education problem, the library program aimed to enhance the provision of “necessary information” as a matter of medical training, fulfilling multiple objectives in the modernization of Latin America that underpinned the US policies during the Cold War.⁶⁴ “The high-quality, low-cost textbooks and library consultation service” devised for the PALTEX/BIREME constituted a “planned development of manpower” essential for the “socioeconomic progress” of the region.⁶⁵

During the fourth Conference of the Latin American Faculties of Medicine in 1964 at Poços de Caldas (Brazil), an agreement between the PAHO, the Brazilian military regime, and the Escola Paulista do Medicina was struck to establish the physical center of the library in Sao Paulo.⁶⁶ Funded by the Commonwealth Fund and the Inter-American Developmental Bank,⁶⁷ the PALTEX/BIREME was boosted by mounting requests that PAHO member states made for a “program of modern texts that could be offered to students in conditions adapted to their financial possibilities.”⁶⁸ The endeavor utilized the PAHO’s administrative tools, including their network of schools aggregated under the Pan-American Federation for Medical Faculties or Schools FEPAFEM, to begin operations in 1969 under the directorship of Chilean physician Amador Neghme.

When Garcia became part of the PAHO in 1966, the PALTEX/BIREME program had completed two preliminary journeys exploring Latin American medical resources. The first trip, involving Dr. David Kronick and Mortimer Tauber, approached medical faculties and their libraries in Uruguay, Colombia, Brazil, Argentina, and Venezuela.⁶⁹ Though the main objective was to verify the viability of installations for a regional library, the report summarized the research and teaching difficulties in the region. The second journey, completed by Hugo Trucco and Alejandro Jimenez, visited thirty-two faculties and interviewed over a hundred people across nine countries, including Mexico and

⁶³ PAHO, *Proposed Regional Medical Library*, 1.

⁶⁴ PAHO, *XVI Meeting*, 4. For details on the PALTEX/BIREME program, see F.A. Pires-Alves, “A biblioteca da saúde das américas: A BIREME e a informação em ciências da saúde 1967–1982,” PhD, História das Ciências e da Saúde, Fiocruz, 2005.

⁶⁵ PAHO, *Special Meeting of Ministries of Health of the Americas: Final Report and Speeches, Held in 14–18 October 1968, Buenos Aires, Argentina* (Washington, DC: PAHO/WHO, 1968): 46–7.

⁶⁶ Associação Brasileira de Escolas Médicas, *Abem. Anais da II Reunião Anual da associação brasileira de escolas médicas* (Rio de Janeiro: Abem, 1964).

⁶⁷ PAHO, Notícias; PAHO, *Report on Medical Education: Provisional Agenda Item 25, Completed by the Directing Council of the Pan-American Health Organization on the XIX Meeting 26th August 1969* (Washington, DC: PAHO/WHO, CD19/16, 1969).

⁶⁸ CSP17/55, 28 in PAHO, *XVII Pan-American Sanitary Conference*, 769.

⁶⁹ PAHO, *Regional Medical Library*.

various countries in Central America.⁷⁰ The trip sought to identify the bibliographic material lacking at medical schools and surveyed the best way to approach the problems for local staff.

The mobilization of science through a centralizing library was a fundamental element instrumental in the Cold War's ideological struggle. The program followed similar patterns of practice to other technical assistance programs, including the diagnosis of a country's knowledge infrastructure, a grand narrative of a struggling process, and the salvific alternatives in the form of cooperation.⁷¹ Though the programs' initial development was typically one-sided (US officials), the adaptation of the library on the ground uncovered the regional autonomy at play. For instance, during the mid 1960s planning, the NLM took charge of the library's bibliography, the operational infrastructure, and the training expertise in ways that displayed political and economic dependency.⁷² Local voices, knowledge, and practices were never included at this stage – if they were ever considered. However, in practice, the maintenance and expansion of the program heavily relied on the Latin American workforce. They surreptitiously utilized the resources and professional opportunities to accomplish parallel and sometimes conflicting political objectives, mainly strengthening a growing critique of dominant medical education.⁷³ The adaptation of foreign programs locally enabled interstices of resistance where minority groups, like the *Latin American social medicine network*, emerged as alternative players in the history of social medicine.

Though the ALAMES collective makes Garcia the fundamental father of the so-called second wave of social medicine, programs like the PALTEX/BIREME underscore other mechanisms through which the network was established and maintained independently of Garcia. As recounted by Maria Isabel

⁷⁰ PAHO, *Programa de libros de texto para estudiantes de medicina. Presented at the XVII conferencia sanitaria panamericana, XVIII reunión del comité regional. Septiembre–Octubre* (Washington, DC: PAHO/WHO, CSP17/27, 1966).

⁷¹ This pattern is found in various cases where science, technology and medicine were used to further US political objectives internationally. See, for instance, Erez Manela, "A Pox on Your Narrative: Writing Disease Control into Cold War History," *Diplomatic History* 34, no. 2 (2010): 299–323; John Agar, *Science in the Twentieth Century and Beyond* (Cambridge: Polity Press, 2012); Young-sun Hong, *Cold War Germany: The Third World and the Global Humanitarian Regime* (New York, NY: Cambridge University Press, 2015).

⁷² PAHO, *Proposed Regional Medical Library*; PAHO, *Regional Library of Medicine: Present Status, Pan-American Advisory Committee on Medical Research, Eighth Meeting, 9–13 June, 1969, Item 10.2 of the Agenda* (Washington, DC: PAHO/WHO, RD8/3, 1969); Wyndham Miles, *A History of the National Library of Medicine: The Nation's Treasury of Medical Knowledge* (Bethesda, MD: USDHHS, 1982).

⁷³ Márcia Regina Silva, Ferla Luis Barros, and Marcello Claramonte, "Uma 'biblioteca sem paredes': História da criação da bireme," *História, Ciências, Saúde: Manguinhos* 13, no. 1 (2006): 91–112; F. A. Pires-Alves and C. H. Assunção-Paiva, *Recursos críticos: História da cooperação técnica opas-brasil em recursos humanos para a saúde (1975–1988)* (Rio de Janeiro: Fiocruz, 2006).

Rodriguez, parallel to assisting Garcia in the survey during the late 1960s, she also participated in the PALTEX/BIREME Scientific Committees that reported to the PAHO the literary and infrastructural necessities of medical schools across the region.

As early as 1965, the PALTEX/BIREME program established a series of Scientific Committees composed of experts from Latin America, who met in Washington, DC, to determine the library's primary literature.⁷⁴ The reports of the meetings and agreed textbook titles, journal archives, and teaching material were published in the PAHO's medical education journal in 1968 on topics like anatomy, physiology, pharmacology, and preventive medicine.⁷⁵ In summoning local expertise, the program provided the PAHO with a map of scholars developing various types of health research in Latin America – including critical social science in health. As such, before Garcia's recruitment process, the library program had already developed an early database, a regional cartography even, of medical knowledge that included emerging social medicine groups. Central figures in the development of social medicine appeared in PALTEX/BIREME's reports, including Maria Isabel Rodriguez, Raul Paredes, and Gabriel Velazquez-Palau.⁷⁶ In fact, according to Rodriguez, Garcia utilized this preliminary matrix to visualize the scattered pool of social science scholars across public universities and connect groups via data collection during the survey of medical education.⁷⁷ Rather than Garcia's effort in creating the network, the researcher enhanced the pre-existing connections established by the PALTEX/BIREME program years before the PAHO-MMF research.

Moreover, the library program helped build the Latin American social medicine network by “enabling a space of constant exchange and interactions ... promoting permanent working groups that supported scholars in developing strong critiques of medical education.”⁷⁸ Though PALTEX/BIREME did not create a critical mass of scholars in the social sciences of health, the program prompted vital conversations during “committee discussions, report agreements, and even coffee breaks.”⁷⁹ Rodriguez explained that public universities across Latin America experienced the exponential rise of study groups critical of the dominant medical education in the faculties, which largely focused on

⁷⁴ CSP17/27 Annex III, 11 in PAHO, *Programa de libros*, 19 and 34; PAHO, *Provision of Books for Medical Students: Pan-American Health Organization: Advisory Committee on Medical Research, Sixth Meeting on 12–16th June, Item 7 on the Agenda* (Washington, DC: PAHO/WHO, RES6/10, 1967): 7.

⁷⁵ PAHO, *Report to the Director: Pan-American Health Organization, Advisory Committee on Medical Research, Seventh Meeting 24–28 June* (Washington, DC: PAHO/WHO, RES7/22, 1968).

⁷⁶ PAHO, *Programa de Libros*, 9–14.

⁷⁷ María Isabel Rodríguez, “96 años: Interview,” by Alberto Arene for FOCOS TV at El Salvador, 2018, at: <https://youtu.be/yRF0LtbI34E>.

⁷⁸ Rodriguez, “96 años.” ⁷⁹ Rodriguez, “96 años.”

biological science and its dependency on foreign technology. These groups used the PALTEX/BIREME committees as a platform to exchange ideas, share literature, and deepen the regional pedagogy. “We were like a family,” Rodríguez concluded.⁸⁰

PAHO’s reports and publications uncover the emergence of the social medicine network and internationalism in between the cracks of developmentalist programs, as members conducted key roles throughout both the library and the survey of medical education.⁸¹ For instance, Dr. Hesio Cordeiro was a leader of the Brazilian *Sanitarismo* movement, an attendee of the Cuenca I meeting, co-founder of ALAMES, was listed as a collaborator in García’s research, and was a permanent member of the Advisory Committee on preventive medicine for PALTEX/BIREME. Dr. Jose Manuel Alvarez Manilla was a PAHO delegate to Mexico during García’s research, integrated the executive secretary of the PALTEX/BIREME Morphology, Microbiology, Parasitology, and Internal Medicine for their corresponding first reports in 1969, joined the PAHO’s Department of Human Resources in the early 1970s, and became a member of the Advisory Committee for the second report on preventive medicine in 1975. He was also the Mexican representative at the Cuenca I meeting on social sciences in health. Finally, Dr. Gustavo Molina was chairman of the first reports on preventive and social medicine for the PALTEX/BIREME, a member of the Advisory Committee on Medical Education that supervised García’s research, and a strong supporter of the socialist president Salvador Allende in Chile before going into exile following the military coup.

Several figures already discussed in this chapter feature prominently in the PAHO’s reports as well. Rodríguez appears extensively in the PALTEX/BIREME, met and collaborated with García in medical education research, has been a prominent figure in ALAMES since its foundation, and, though she could not attend Cuenca I due to El Salvador’s military anticommunism, she was involved in the planning and organizing of multiple social medicine events throughout the 1970s. Marquez followed suit in ways already described and engaged in numerous reports on morphology and pathology for PALTEX/BIREME. Ramon Villareal was virtually in every account of PALTEX/BIREME. He heavily assisted García in his research while directing the PAHO’s Department of Human Resources and was co-founder of the Master’s in Social Medicine at UAM-X (Mexico).

In this way, though García’s efforts during the medical education survey were pivotal in connecting scholars, it was the aggregation of various circumstances that led to the establishment and growth of the social medicine

⁸⁰ Rodríguez, “96 años.”

⁸¹ PAHO, *Report on Medical Education*; PAHO, *Educación médica: Informes de los comités del programa de libro de texto de la OPS 1968–1977* (Washington, DC: PAHO/WHO, 1978).

network. The PAHO, as an institution representing developmentalism, experienced a period of openness whereby US-funded programs became means for Cold War critique and resistance. Likewise, leftist scholars across Latin American public universities, though critical of the medical science programs in education, gathered and grew together through projects embodying the very principles they scrutinized. Beyond the ideological divide typical of the Cold War, the advancement of alternatives in health throughout Latin America was a pragmatic endeavor that sought opportunities within the borders of rigid politics – within the grey areas of developmentalism and the interstices of partisan struggles.

Conclusion

Juan César García was certainly a figure that rose above the circumstances during the mid Cold War in Latin America to become a pivotal actor in the development of the Latin American social medicine network. As such, social medicine collectives like ALAMES point to García to narrate the movement's origins and establish a distinctive identity against the backdrop of developmentalism, preventive medicine, and medical reforms. Following his death in 1984, the Latin American social medicine network came together at Ouro Preto (Brazil) to realize the last wish of such an influential figure: the establishment of a regional association integrating practitioners, researchers, and activists around a culture of socialist health. This marks the birth of ALAMES,⁸² an association that furthered the pre-existing network of scholars commonly advocating for reforms in medical education and the comprehensive transformation of technocratic health epistemology.

García's networking influence even goes beyond the limits of ALAMES's origins. Beginning with Guatemala's coup against socialist president Jacobo Arbenz in the 1950s, the list of *Juntas Militares* embodying an anti-communist sentiment grew across Latin America, aided by the Condor Operation that reigned since the 1970s across the Southern Cone (Brazil, Chile, Argentina, Paraguay, Uruguay, and Bolivia). The Condor Operation, a CIA-directed program supporting right-wing authoritarianism to guarantee the success of Western capitalism (against the backdrop of emerging national liberation armies),⁸³ directly impacted regional social medicine – driving the circulation

⁸² Asociación Latinoamericana de Medicina Social, "Acta de Ouro Preto: Constitución de la Asociación Latinoamericana de Medicina Social (22 de noviembre, 1984)," *Medicina Social* 4, no. 4 (2009): 263–4.

⁸³ J. Dinges, *The Condor Years: How Pinochet and His Allies Brought Terrorism to Three Continents* (London: New Press, 2004); J. P. McSherry, *Predatory States: Operation Condor and Covert War in Latin America* (Oxford: Rowman and Littlefield, 2005); Francesca Lessa, *The Condor Trials: Transnational Repression and Human Rights in South America* (London: Yale University Press, 2022).

of texts, ideas, and personnel into hiding. For many, ALAMES members persecuted for their political affiliation in Argentina, Chile, and Colombia, for instance, their only means of survival emerged from the network of social science scholars that Garcia's recruitment process made possible.

Though a history worth telling, ALAMES's narratives tend to exalt Garcia into a myth that runs the risk of ignoring the multiple ways in which the PAHO, thought to be an auxiliary organization of US interests, also became a site for medical pluralism and the growth of leftist physician's internationalism. Without disregarding Garcia's contribution through networking, moving science, and organizing bureaucracy in the age of the Iron Curtain, this chapter provided a more comprehensive approach to the history of social medicine in Latin America by integrating elements that transpired during the 1960s and 1970s. Particularly, the chapter focused on the much more intricate political development in Garcia's thinking, the underlying processes involved in the PAHO–MMF survey of medical education (overlapping Garcia's work), and the PAHO's PALTEX/BIREME program (independent of Garcia). Subsequent phenomena in Latin American social medicine and health, such as the rise of community health programs, the impact of indigenous and feminist movements, and the crisis of the socialist camp globally are topics of research explored in different publications.⁸⁴

⁸⁴ Notably, the Latin American social medicine network criticized the rise of community health programs during the 1970s. Associated with the consolidation of developmentalism, central actors in the regional movement paradoxically considered these programs as a type of "medical police" or auxiliary to consumerism, despite community health's history connected to key social medicine figures such as Sydney and Emily Kark (South Africa's Pholela Community Health Centre, in what is today KwaZulu-Natal). For details on the ALAMES critique, see, Maria Cecilia Donnangelo, *Saúde e Sociedade* (Sao Paulo: Libreria Duas Cidades, 1976); Jaime Breilh, "La Medicina Comunitaria, una nueva policia medica?," *Rev Mex Ciencias Pol y Soc*, 84 (1976): 57–81; Jairnilson Silva-Paim, "Medicina comunitaria: introducción a un análisis critico," *Salud Colectiva* 5, no. 1 (2009): 121–6.