



ALAMES-México's New Governing Board

Miguel Ángel Karam Calderón

"Our deepest fear is not that we are inadequate. Our deepest fear is that we are powerful beyond measure."
Nelson Mandela

The Latin American Social Medicine Association (ALAMES) was founded in Brazil in 1984 (see page 218 of this journal). ALAMES' past history and oft-reiterated goals were recently reviewed during the election of a new General Coordinator at the 11th Latin-American Conference of Social Medicine and Collective Health held in Bogota, Colombia in November 2009. The platforms presented by Fernando Borgia, Nila Heredia and Mario Rovere reviewed this history and addressed challenges faced by the organization.

The Mexican chapter of ALAMES was organized 1987. Eighteen years later, in June of 2005, the General Assembly of ALAMES-México evaluated the organization's work, concluding that it had two main weaknesses. First, it was composed primarily of academics. Second, nearly all members were from Mexico City.

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Given this assessment, the General Assembly agreed to make the organization more inclusive, promoting it throughout Mexico to unions, civil society groups, non-governmental organizations, and health workers. It was hoped that ALAMES would develop mutually beneficial collaborations with these diverse social groups. This expansion was not seen as detracting from the work of the academic centers, but rather as creating an ALAMES-México in which there would be opportunity to share experiences, learn and act together, and to develop organizationally. We wanted to include all those fighting for a universal, free Mexican health care system, where health care was seen as a right guaranteed by the government.

Consequently, ALAMES-México decided not to nominate a Mexican representative to the ALAMES General Assembly as it had done previously. Instead, a Working Group was created to carry out the tasks described above.

The Working Group (2005-2007) organized the First Na-



Ramón Rocha, Silvia Lerma and Miguel Ángel Karam

tional (Mexican) Conference of Social Medicine and Collective Health in November of 2006, created a virtual group to facilitate information exchange at a national level (<http://es.groups.yahoo.com/group/alamesmx/>), and conducted the first formal census of ALAMES-México members. The working group also prepared the Association's first regulations. Based on these regulations, the first ALAMES-México board was elected in June 2007. The Mexican board was officially recognized at the ALAMES 10th General Assembly held in Salvador Bahía, Brazil in July of 2007. Finally, the new board organized the 2nd National Conference in November 2008, registered ALAMES-México formally as a Civil Association, kept track of

ALAMES-México membership, and took responsibility for the virtual group, now with 700 members. Under the Board's supervision five books were published based on the 2nd National Conference; these were ALAMES' first publications in Mexico.

On November 12, 2009, ALAMES-México's second board was elected. As per the official rules, the election took place based on an open and public call to the membership. The new board was recognized officially at ALAMES' General Assembly in November. The new board registered under the name of "Che Guevara."

The make-up of the new board illustrates the progress made by ALAMES-México and social medicine. ALAMES-México now collaborates with groups that share its social medicine perspective throughout Mexico.

The members of the 2009-2010 board are:

•Miguel Ángel Karam Calderón *General Coordinator* (State of México)

•Silvia Lerma Partida, *General Coordinator of Regions* (Guadalajara, Jalisco)

•Ramón Carlos Rocha Manilla *General Coordinator of Thematic Networks* (Orizaba,

Veracruz)

•Andrea Isunza Vera , *Promotion and Collaboration Coordinator* (Jalapa, Veracruz)

•María Guadalupe Violeta Guzmán Medina, *Political Action Coordinator* (Mérida, Yucatán)

•Patricia Ravelo Blancas, *Treasurer* (Mexico City)

The 2009-2010 board wishes to emphasize that all members of the organization play an important social role; this includes political activists, theoreticians, professors, researchers, health workers, allopathic physicians, alternative medicine practitioners, union leaders, civil society organizations, social movements, retired persons, citizens with an interest in social medicine, etc.

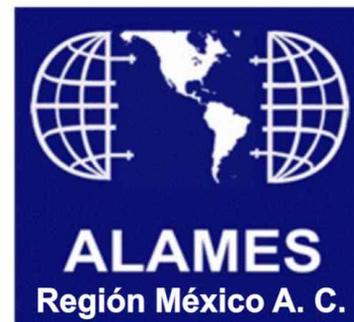
The board feels that the idea that one group does more important work than another constitutes a barrier to the construction of a solid ALAMES. Collective learning relies on a recognition that there are a variety of experiences all of which are valuable. We should profit from these experiences both as an organization and as individuals.

The new board takes as its motto: "A single hand does not clap, even when big and strong. At least two hands are required."

The board also agrees with Che Guevara that:

... the Revolution is authentic when it is capable of creating a New Man, who can work all the hours of his life, who can feel this revolution so that those hours of work are no sacrifice since his time has been spent in the struggle for social well-being; if this activity is what truly gives him pleasure, then we cannot call it a "sacrifice."*

... the hardest part of being a revolutionary is to precisely define one's feelings. Every revolutionary should be moved by great feelings of love combined with a passionate spirit. From this should flow concrete actions and accomplishments, all directed to the sole purpose of improving social well-being.



* Che's literal words, of course, do not exclude women.

