Misión 'Barrio Adentro': Social Medicine, Social Movements of the Poor and New Coalitions in Venezuela

C Briggs
C Mantini-Briggs

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Objectives: To describe and document the "Misión Barrio Adentro" inserted in the so-called "revolution in health" which has been driven by Venezuelan President Hugo Chávez.

Methodology: ethnographic observation, literature review, documentary and media, as well as interviews with the actors involved.

Results: The authors begin with a brief recap of some cases in Latin America, such as Mexico City, Rosario (Argentina) and another one in Uruguay, where in recent years the precepts of social medicine were translated into government policy. In the case of Venezuela, it is noted that the basic statutes of social medicine are essential parts of the Bolivarian Constitution which gives the state the responsibility to ensure that public health care is "comprehensive". The authors present an account of the events that preceded the Mission Barrio Adentro, which emphasizes the movement by residents of the “23 de Enero” neighborhood, who, in 1997, tired of the mismanagement and poor services for the population, took over the clinic "Alí Primera" to manage it on their own. This and other similar movements in the country gave rise to a social mobilization which has sought to redefine health as a social right and improve the delivery of health services.

The participation of Cuban doctors in the Mission Barrio Adentro began with an invitation the mayor of the Libertador municipality sent out to the Cuban government to send Cuban doctors to work directly in local neighborhoods and live in the houses of the locals. These doctors travel the neighborhood house by house, accompanied by a member of the Health Committee, to meet the families and their medical needs. The response from residents was "quite positive" mainly because they found Cuban doctors treated them as equals. This first experience was called "Plan Barrio Adentro" and was the start of the national project currently known as "Mission Barrio Adentro," whose purpose is not limited to providing medical care, but also to locate and work with some of the social and economic factors that determine the health status with regard to the population.

Conclusions: The authors conclude that the state can effectively confront the inequities in health when they join theoretical perspectives of social medicine and critical epidemiology, with the popular knowledge of the communities affected.