

Crit Revolucionária 2022;02:e002

ENSAIOS

doi: 10.14295/2764-4979-RC\_CR.v2-e002

# Social determination of the health-disease process in the latin american context: the importance of critical thought in health

Determinação social do processo saúde-doença no contexto latino-americano: a importância do pensamento crítico em saúde

Determinación social del proceso salud-enfermedad en el contexto latinoamericano: la importancia del pensamiento crítico en salud

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Received May 15, 2022

Accepted August 02, 2022

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## Abstract

This article aims to discuss the importance of the historical-dialectical materialist method for understanding the social totality that engenders the health-disease process, considering the particularity of the capitalist mode of production in the Latin American context. Therefore, the article is organized in two parts: the first presents the disagreement between the approaches that analyze the health-disease process, covering the reductionism of the positivist functionalist perspective of "health determinants" and the one that analyzes beyond the indicators and the immediate phenomena of appearance,

considering social determination as historical and dialectical materiality; the second part discusses the relevance of critical thinking in health in Latin American production for the analytical understanding of the health-disease process in the context of dependent capitalism.

**Descriptors:** Social Determination of Health; Capitalism; Latin America.

### **Resumo**

Este artigo tem por objetivo discorrer sobre a importância do método materialista histórico-dialético para a compreensão da totalidade social que engendra o processo saúde-doença, considerando a particularidade do modo de produção capitalista no contexto latino-americano. Para tanto, o artigo organiza-se em duas partes: a primeira apresenta o dissenso entre as abordagens que analisam o processo saúde-doença, percorrendo sobre o reducionismo da perspectiva funcionalista positivista de "determinantes da saúde" e a que analisa para além dos indicadores e dos fenômenos imediatos da aparência, considerando a determinação social como materialidade histórica e dialética. A segunda parte discorre sobre a relevância do pensamento crítico em saúde da produção latino-americana, com foco nas contribuições de Oliva Lopez-Arellano e Jaime Osório, para compreensão analítica do processo saúde-doença no contexto de capitalismo dependente.

**Descritores:** Determinação Social da Saúde; Capitalismo; América Latina.

### **Resumen**

Este artículo tiene como objetivo discutir la importancia del método materialista histórico-dialéctico para la comprensión de la totalidad social que engendra el proceso salud-enfermedad, considerando la particularidad del modo de producción capitalista en el contexto latinoamericano. Por ello, el artículo se organiza en dos partes: la primera presenta el desencuentro entre los enfoques que analizan el proceso salud-enfermedad, amparando el reduccionismo de la perspectiva funcionalista positivista de los "determinantes de la salud" y el que analiza más allá de los indicadores y los fenómenos inmediatos de aparición, considerando la determinación social como materialidad histórica y dialéctica; la segunda parte discute la relevancia del pensamiento crítico en salud en la producción latinoamericana para la comprensión analítica del proceso salud-enfermedad en el contexto del capitalismo dependiente.

**Descriptores:** Determinación Social de la Salud; Capitalismo; América Latina.

### **Introduction**

In the socio-historical particularities of Latin America in the 1970s, in a political and economic scenario of military dictatorships in several countries on the continent, critical and socially-based thinking in health developed. In order to break with the hegemonic models of thinking in health at

the time, the theoretical and methodological tools of the critical social sciences were imported, in particular historical and dialectical materialism and the analytical categories of Gramscian theory.

This reconfiguration, initially proposed by Social Medicine, called for a scientific production committed to interpreting the living and working conditions of populations, in order to elucidate health as a phenomenon that affects social determination. Counter-hegemonic health thinking had already been effervescing among thinkers in the field of health in its various conjunctures and particularities, many of them in the political-democratic resistance in their countries of origin, who found in the institutional space the necessary breath to gain strength and consistency and thus acquire the elements for the political struggle to confront it. There was a belief that economic growth would lead to better living and health conditions, but what happened in the course of history, especially in Brazil,<sup>1</sup> was precisely the opposite. While macroeconomic indicators showed positive results, social indicators declined significantly and an intense contradiction emerged, showing that while health spending increased and new technologies were developed, access remained restricted and general health conditions worsened.<sup>2</sup>

In this scenario, there was an explicit correlation between health conditions and social classes, in which the processes of illness and poverty could no longer be dissociated, to the extent that social inequality was directly linked to inequalities in access to services.<sup>3</sup> In this way, various Latin American authors, with different theoretical and methodological approaches,<sup>4</sup> began to produce knowledge in the field of Social Medicine or Collective Health, as it is known in Brazil. Breilh<sup>5</sup> reveals that:

[...] social medicine defines problems and develops its research through social and individual units of analysis, but with a collective theoretical-methodological framework. In other words, individual and group specificities are analyzed in the social context that determines them. In this sense, the main analytical categories are social reproduction, social class, economic production, culture, ethnicity and gender, among others.<sup>5(4)</sup>

Strictly speaking, the field of knowledge of Social Medicine/Collective Health transcended the original project of Preventive Medicine by shifting the emphasis from health and disease to the social determination of these health processes and practices. Furthermore, instead of merely reflecting on reality, it sought to transform it through social praxis. In other words, theoretical production associated with political activism was the inaugural mark of this field of knowledge.

The social determination of the health-disease process, together with categories such as "social reproduction" and "society-nature metabolism", make up the three axes from which the thinking of Social Medicine/Collective Health and its discussion are structured, as in the case of critical epidemiology, which emerged in the second half of the 20th century.<sup>6</sup> Thus, in the 1970s, the causes and conditions were created for certain nuclei of Social Medicine/Collective Health in Latin America to dedicate themselves to understanding the relationship between the capitalist mode of production and health, a scenario that made it possible to propose in a direct and detailed way the use of the notion of social determination of the health-disease process. Breilh<sup>6</sup> points out the importance of this category:

[...] either by conditioning the general development of society, with its public or private institutionality, or by conditioning the particular ways of living or also the actions of socially determined individuals. There is also the conditioning of the health reality of both the population and its groups. And finally, there is the social determination of thought and its paradigms.<sup>6(123)</sup>

According to López-Arellano *et al*,<sup>7</sup> this current of Latin American thought recognized two major objects in the study of Social Medicine/Collective Health: 1) the determinants of the health-disease process and 2) the interpretations, knowledge and specialized practices surrounding health; which developed with a critical stance towards conventional biomedical and epidemiological views that disconnect from social processes, naturalize the social and individualize phenomena, whose methodological approach is typical of the natural sciences. First of all, it is important to note that the use of the term **determinants** in the work of these authors is not the same approach that became hegemonic, as we will discuss below, from the positivist functionalist perspective.

In the same critical sense, Laurell<sup>8</sup> points out that the task of Social Medicine is to understand health and illness as differentiated moments in the human vital process, in constant transformation and an expression of the specific way in which nature is appropriated, under a certain form of social relationship and organization, broadening the discussion around causality and determination.

It therefore requires analytical approaches capable of addressing different levels of interpretation and articulating the relationships, specificities and forms of socially determined material and objective conditions. Thus, recognizing that health-disease processes are socially determined implies a political position on the configuration of society and a theoretical choice to explain its dynamics. This exposes the relevance of the choice of which theoretical perspective will reconstruct and interpret the social totality, making essential social processes visible and developing approaches that allow concrete reality to be deciphered.<sup>7</sup>

In this way, we recognize that the configuration of how social groups live, get sick and die is directly linked to the material conditions of social reproduction that are expressed in contradictions and historical particularities, with Latin America occupying a dependent position, that is, a subordinate and dispossessed position within the world order constituted by the capitalist mode of production, in which private property and the unequal appropriation of socially constructed wealth are based on the super-exploitation of the workforce.<sup>9</sup>

Social inequalities are expressed and have an impact on health in a more or less exacerbated way depending on the moment in the development of capitalism which, in the current phase, is deteriorating the living conditions of the population in articulated processes, in which the increase in poverty and socio-economic inequalities, mass unemployment and an increase in informality with extremely vulnerable jobs are increasingly present.<sup>10</sup>

Under the aegis of the contemporary phase of capitalism, the supremacy of interest-bearing capital - commonly known as financial capital - is pushing us towards intense economic, political and social transformations.<sup>11</sup> We are witnessing the growing dismantling of social policies, in which

the Brazilian Unified Health System (SUS) is constantly and increasingly threatened with (under)existence.<sup>12</sup>

Given this context, it is essential to discuss the production of contributions that support the understanding of the capitalist mode of production and the critical thinking and paths of the field of Collective Health, which have been sifted by the political-economic thinking that has imprinted this field since the 1970s, whose strength at the time prevented the regression of social and political rights won after redemocratization - even though Brazil has an inconclusive Social Security.

In this way, radical critical thinking is essential to strengthen opposition to the counter-reforms underway in recent years that have threatened these rights, which were built with a lot of struggle<sup>11</sup> and currently resemble fascist social experiments in violence and the curtailment of civil liberties.<sup>13</sup> We believe that fulfilling such an important task requires rigorous consistency of thought that will bring a transgressive perspective to the confrontations in the health sector.

We recognize that Latin American critical thinking must be revisited in the sense of a theoretical repositioning in the face of the current turbulent times of capitalism and its deleterious effects on health,<sup>14,15</sup> in order to elucidate the elements of advancement and overcoming the conditions of life and health in the situations described.

In this context, this article aims to discuss the importance of the historical-dialectical materialist method for understanding the social totality that engenders the health-disease process, based on the contributions of two Latin American thinkers, Oliva López-Arellano and Jaime Osório, considering the particularity of the capitalist mode of production in the context of Latin America. To this end, the article is organized into two parts: the first presents the disagreement between the approaches that analyze the health-disease process, looking at the reductionism of the positivist functionalist perspective of **health determinants** and the one that looks beyond the indicators and immediate phenomena of appearance, considering social determination as a historical and dialectical materiality. The second part discusses the relevance of critical thinking on health in Latin American production, focusing on the contributions of Oliva Lopez-Arellano and Jaime Osorio, for an analytical understanding of the health-disease process in the context of dependent capitalism.

### **From the dissent between the approaches that analyze the health-disease process**

Latin American authors have dedicated themselves to dissenting approaches to the health-disease process based on the content of the terms "social determination of the health-disease process" and "social determinants of health". The aim of this discussion is to discuss the implications of the choice of approach in terms of the influences of scientific and epistemological paradigms and theoretical frameworks that come to endorse different political projects in dispute.

In support of the dissent, Breilh<sup>16</sup> argues:

[...] on the so-called 'social determinants of health' becomes a terrain of opposition, in a conflict to define the field of collective health; its content and its practice. In order to contrast the divergent perspectives on the social determination of health, to understand why the thinking of collective health groups has been ahead of the World Health Organization (WHO)

for three decades; to understand the current debate on this category and the reasons why Anglo-Saxon thinking made it impossible for Latin American production to launch its model into the world, it is necessary to insert these reflections into the movement of social relations that struggle to constitute the practice of health.<sup>16(29)</sup>

In this way, the concept of social determination of the health-disease process, developed from the 1970s onwards, is of paramount importance in the formation of Latin American social epidemiology and in the history of the Brazilian health movement, as it transposes the biomedical approach to disease. It was an important movement in scientific production that gave rise to what is known as collective health in Brazil and social medicine in other Latin American countries.

This approach strove to develop a social approach to health, in critical opposition to the positivist approach of the natural history of disease. This theoretical model of the health-disease process, demarcated as a historical-social model, is substantially marked by references from productions linked to Marx's historical-dialectical materialism. Work is considered a central category in the capitalist mode of production, in which production and social reproduction confer characteristics on the way the working class lives, gets sick and dies.

There is therefore an epidemiological perspective that looks beyond indicators and the immediate phenomena of appearance. It allows epidemiological profiles of social groups to be distinguished, linking the health-disease process to the material and objective conditions in which they are exposed.

Therefore, the health-disease process has both a social and biological character and should be analyzed under this premise in a dialectically interwoven process. The empirical study to understand the social determination of the health-disease process makes it possible to describe the health conditions of a group in relation to its social conditions, highlighting the problem in a more comprehensive way than a mere biological description of health conditions, a fact that directly influences health practice.<sup>8</sup>

It is important to note that since the beginning of the 21<sup>st</sup> century, the relationship between health and society has been on the global political agenda from a different theoretical-methodological perspective from that produced by the social epidemiology of the 1970s. Discussions around this relationship have gained prominence in an approach known as social determinants of health (SDH), in order to foster an intense debate whose main focus of analysis is on the issue of **inequalities**, through the realization of significant disparities in living and working conditions, the unequal distribution of health resources and access to care services and their repercussions on morbidity and mortality among different social groups.<sup>17</sup>

The predominance of the SDH marker is largely due to the creation of the Commission on Social Determinants of Health (CDSS) in 2005, promoted by the World Health Organization (WHO). This Commission calls on country authorities to adopt collective practices aimed at combating the significant inequalities in health. According to Breilh<sup>18</sup> the perspective of social determinants of health represents a reductionist approach, as it hides analytical categories from the social sciences (such as social reproduction, modes of production, relations of production, etc.) and makes it difficult to provide direct critical thinking on the essence of the social organization of market

society and the capitalist accumulation regime, through the processes of generation and reproduction of human and natural exploitation and their marked consequences on health.

According to Breilh<sup>18</sup>, the **structural causes** of social inequalities in health, despite assuming a position of greater relevance, still appear as abstractions devoid of critical content and movement. They also make it impossible to analyze the radical process of economic accumulation-social exclusion as the axis of an expanded reproduction of social inequalities that reverberate in health.

Although the two approaches (social determination and social determinants) take on ideas from the matrix of Latin American critical production in the 1970s, such as the dimensions of the **general**, the **particular** and the **singular**, the SDH approach limits overcoming social inequalities in health to **improving living conditions** and the idea of **sharing resources**, limiting health to a good of distributive justice for which the state is responsible.<sup>7,17</sup> In this way, it is an approach that does not characterize the compatibility between the regime of capitalist accumulation and healthy lifestyles.

The two approaches appear to us as a theoretical convergence, practically similar, although they have a practical opposition. The starting point for the formation of Marxian materialism, in Marx's doctoral thesis, entitled, "Difference between Democritus' philosophy of nature and that of Epicurus",<sup>19</sup> already discussed the evidence of oppositions between determinism and determination. Marx enlightens us when he says that, while in Democritus, necessity manifests itself as determinism, and here we can relate it to the SDH approach; in Epicurus, chance is a reality whose only value is possibility. And possibility manifests itself sometimes as abstract possibility, sometimes as real possibility, a perspective which endorses the understanding of the social determination of health.<sup>19</sup>

In this way, social reality is not strictly deterministic. Just as Epicurus presents the world as possibility and contingency, that is, from a determination in which facts are not preferred to representations, but which also seeks to safeguard them, the free will and freedom of the subject are thought of correlatively.<sup>20</sup>

Therefore, based on social determination, "Men make their own history, but they don't make it as they want; they don't make it under circumstances of their own choosing, but under those directly confronting them, bequeathed and transmitted by the past".<sup>21(7)</sup> It is not a question of "determination of content, but of form"<sup>19(50)</sup> with the possibility of transformation, to free the proletarians from ties to the superstitions of the capitalist economy.<sup>19</sup>

Much criticism has been directed at the limitations of the SDH approach. These criticisms have been articulated through debates within collective health and Latin American social medicine, circulating around the differentiation between the social determinants of health and the social determination of the health-disease process. The Latin American Association of Social Medicine (ALAMES) and the Brazilian Centre for Health Studies (CEBES) have taken this critical stance, emphasizing the positivist perspective predominant in traditional epidemiology, in which social determinants are considered externally connected factors, expanding the vision to the so-called causes of causes, in the logic of causalism. Although this approach recognizes structural and intermediate determinants, it does so in such a way that it is impossible to establish the historical link between the dimensions of life.<sup>22</sup>

This perspective lacks the defining categories of the social fabric as a whole and its logic (accumulation, property, social relations), as well as the emphasis on policies and governance. Another point is the linear version of the components of social classes (education, work) and its tendency to value the economic dimension in defining social strata, as can be seen in analyses of the emergence of a new middle class in Brazil, based solely on consumption indicators.

The conception of the Marxist-based historical-social model imposes a questioning of the theoretical, methodological and epistemological bases, in order to overcome the positivist notion expressed in the approach to the social determinants of health. The theory of the social production of health encompasses the historical-social nature of the health-disease process, making it possible to explain the relationship between the biological and the social, and between the individual and the collective. It seeks to understand issues relating to the health-disease process beyond the phenomena through which they are expressed, establishing mediations between fragmented reality and the social totality.<sup>22</sup>

It is necessary to broaden the theoretical-conceptual discussion for the appropriation of academia and health workers, who are directly involved in health production, in order to break with the hegemony of a technicist vision and focused actions that disregard the historical and social dimension. In this sense, CEBES<sup>23</sup> considers that the dispute over the narrative of the social determinant approach to health is linked to a neoliberal hegemonic power that is expressed in intellectual property that benefits the medical industry, as well as in different strategies for manipulating collective thought, which have the media and the means of communication as central vehicles in this process.<sup>23</sup>

Also, in order to highlight the topicality of this debate, Minayo<sup>24</sup> recently criticized the concept of the social determination of health, which he considers to be outdated and whose concept (determination) is outdated. This criticism, which is specifically directed at the work of Jaime Breilh,<sup>25</sup> but which undoubtedly affects all social thinkers in Latin American critical collective health, shows how necessary it is to bring the debate back up to date<sup>a</sup>.

However, it's worth pointing out in which direction these updates should be made. The author,<sup>24</sup> according to the context described above, uses supposedly **fashionable** perspectives that try to re-establish their hegemony in the debate on the living conditions and health of **populations**, part of the post-modern matrix of social thought.<sup>26</sup> We, the authors of this article, defend another direction in the debate. In line with the radicalism of Latin American critical thinking, we understand that the horizon of theoretical production on the subject should be human emancipation and the construction of a life in which the means to produce life collectively are socialized. For this reason, in order to defend this goal, we share the perspective of Breilh<sup>25</sup> and his peers in their unquestioning defense of the category of **social determination**, but we do not shy away from the need to revisit this category by adding elements that have been omitted/forgotten/ignored in this debate. In our view, one of these elements is the issue of the overexploitation of the workforce within Latin American dependency, which will be discussed below.

Therefore, we stress the relevance of revisiting Latin American academic production on the concept of health, endorsing a political position from the historical-social perspective of social determination, as opposed to reductionist approaches, in the field of the dispute for hegemony by different societal projects.



## **The relevance of Latin American critical thinking on health for an analytical understanding of the health-disease process in the context of dependent capitalism**

We emphasize the relevance of revisiting Latin American academic production on the concept of health and the health-disease process, endorsing a political position from the historical-social perspective of social determination as opposed to reductionist approaches, in the field of the dispute for hegemony by different societal projects.

Given this context, it is essential to discuss the production of critical thinking and the paths taken by the field of Collective Health, which has been sieved by the political-economic thinking that has shaped this field since the 1970s, whose strength at the time prevented the rollback of social and political rights won after redemocratization.

We are betting on the theoretical contributions of Latin American authors who have been building thought, theory and practice in the field of Social Medicine/Collective Health since the 1970s and 1980s, considering them seminal in the counter-hegemonic understanding of health based on historical materialism, while, in their local contexts, they articulated theory and social practice as inseparable, in order to lay the foundations for the construction of the problem of public health. This bet is justified by the need to review the contributions described in order to oxygenate the analysis based on current challenges.

From this perspective, the history of political-economic thought on health in the works of some Latin American authors is one of the important aspects of critical thinking,<sup>27,28</sup> based on fostering a way of thinking that can conceive of health as a multidimensional complex that encompasses the general processes of capitalist sociability.<sup>29-31</sup>

As Carnut and Ianni<sup>15(145-146)</sup> state, "in moments of crisis, a return to the classics is always a fruitful investment". Undoubtedly, this practical-theoretical-practical production, considered in the contemporary context of profound economic, political and social transformations, can make a major analytical contribution to tackling the dilemmas and challenges facing public health today.

To this end, we carried out a brief systematic reflection on the theoretical foundations of Latin American critical thinking, based on the contribution of the works of intellectuals Oliva López-Arellano and Jaime Sebastian Osorio Urbina, in order to understand how they problematize the challenges of health in the context of dependent capitalism. The choice of López-Arellano's contributions is based on his vast scientific production on the problem of the social determination of the health-disease process in the capitalist mode of production in Latin America. The choice of addressing Jaime Osorio's contribution is justified by his extensive scientific production on understanding the specificity of dependent capitalism in Latin America, giving contemporary continuity to the perspective of the Marxist Theory of Dependence<sup>b</sup>, initiated mainly by Rui Mauro Marini. In this way, we understand that this author's reflection problematizes the particular context of the social determination of Latin American realities.

### **Oliva Lopez-Arellano**

Oliva Lopez-Arellano is a doctor with a master's degree in Social Medicine from the *Universidad Autónoma Metropolitana* - UAM Xochimilco, a doctorate in public health sciences from the National Institute of Public Health, and is a recognized academic in the field of social

medicine/collective health in Latin America, working as a professor and researcher at the UAM Xochimilco. Alongside her academic career, she has a relevant professional practice in Mexico's health services, working as a community doctor in coverage extension programs in Huasteca Potosina and Chiapas, as well as an epidemiologist for the Health Services of Mexico City and the state of Michoacán. Since 2018 she has been Secretary of Health for Mexico City.

As a researcher, she approaches the concept of social determination of health, although she uses the terminology **determinants** throughout her career and intellectual production of health thinking, which does not detract from her understanding of a critical perspective of health analysis. At the heart of the social determination of the health-disease process, López-Arellano characterizes work as a category and his publications deal with living conditions and health needs. His work on health issues in the context of a country with a dependent-peripheral economy contributes to Latin American health thinking from the perspective of critical political economy in health, in the construction of a project for society that goes against the logic of the capitalist mode of production. The results of his research have been presented at more than 250 specialized events in the field of Social Medicine/Collective Health, including the Congresses of the Latin American Association of Social Medicine - ALAMES, a space of outstanding political and theoretical resistance to dismantling in the field of health.

Lopez-Arellano's work considers the relationship between the work process and the process of becoming ill, highlighting the social implications in terms of the physical and psychological effects of work. Lopez-Arellano's critique of the occupational medicine approach, an approach that only considers the work process and its organization as a factor in illness, without taking into account the totality of social life, does not reach the complexity of the analysis of the relationship between work processes and health.<sup>32</sup> This means that the analytical model usually used in occupational medicine, which seeks to associate specific risks with specific illnesses, due to its methodological procedure is not capable of dealing with the complexity of the relationship between the work process and health.

The author<sup>33</sup> discusses her arguments regarding the social determination of the health-disease process in a critique of biomedical and epidemiological visions that are factually disconnected from social processes, by individualizing phenomena, whose methodological action is typical of the natural sciences, so that the contribution of the social sciences is still scarce. Thus:

the debate around the social dimension continues to be a prolific space for advancing proposals that, without ignoring existing contributions, investigate the conceptual, methodological and empirical aspects, in order to improve our understanding of the problem and especially to generate proposals for action to influence the health problems of human groups.<sup>33(146)</sup>

Thus, it considers that the socio-economic conditions of populations are expressed as a social indicator of the processes of illness and death and focuses on the effects of what is called the "reforms" developed in Mexico, emphasizing the unequal socio-sanitary context of Latin America as an indicator of health inequities.<sup>33,34</sup>

López-Arellano's scientific production makes a unique contribution to health thinking in Latin America by linking living conditions and health to the capitalist mode of production. López-Arellano's understanding that the health of populations originates from forms of social organization, embodied in working conditions and social protection, portrays the processes of illness linked to the reality of Mexico, a country that the author points out as subordinate, that is, dependent and peripheral in the constituted world order.

### **Jaime Osorio Sebastián Urbina**

Osorio is one of the main continuing theorists of the Marxist Theory of Dependency. A Chilean living in Mexico, he is a professor and researcher in the Department of Social Relations at the UAM-Xochimilco. Degree in Sociology from the University of Chile. PhD in Sociology from the College of Mexico. He is the author of several books, including: "*Fundamentos del Análisis Social: La Realidad Social y Su Conocimiento*"<sup>(2001)</sup><sup>35</sup>, "*El Estado en el centro de la mundialización: La sociedad civil y el asunto del poder*"<sup>(2004)</sup><sup>36</sup>, "*Teoría Marxista de la Dependencia*"<sup>(2016)</sup><sup>37</sup> etc. Its line of research analyses the effects of fiscal adjustment policies on the conditions of governability and democratization processes in Latin America, as well as the transformations produced in the field of social classes and groupings. His research projects, according to the Xochimilco academic information website, are: a) society, politics and economy in Latin America in times of globalization; b) political sociology of contemporary state transformations; c) politics, power and the state: the dilemmas of political power in Latin America; d) Latin America in the capitalist world system in the 21<sup>st</sup> century: economic and political derivations.

According to his work, the capitalist world system is made up of various interdependent forms of capitalism, so that the fate of some determines the fate of others. It is within these frameworks that authors of the Marxist Theory of Dependency formulated the need to account for the laws and tendencies that govern the form of dependent capitalism.<sup>36,37</sup>

Osorio<sup>37,38</sup> stresses the importance of the overexploitation of the workforce in dependent capitalism, in which there are objective conditions for overexploitation to become a fundamental mechanism of exploitation by capital. According to the author, the first factor that favors it is the split in the capital cycle present in the patterns of capital reproduction that emerged from the processes of independence. Osorio is clear in his characterization of the pattern of capital reproduction in Latin American countries:

The export vocation present in all these patterns, only attenuated in the short life of the industrial pattern, creates the favorable scenario for capital to generate productive structures far removed from the needs of the majority of the working population. In this way, while workers do not play a relevant role in the realization of the goods produced by the companies at the forefront of accumulation, capital can operate with greater leeway to implement the various forms of superexploitation, in particular the direct payment of labor power below its value and the extension of working hours.<sup>38(492)</sup>

As a second factor favoring super-exploitation, Osorio highlights the losses in value suffered by dependent capitalism on the world market, through unequal exchange and other types of transfers.

These losses are replaced to some degree through capital's appropriation of part of the workers' consumption fund and its conversion into an accumulation fund, or through the present appropriation of part of the future years of work and life, through the extension of working hours and the intensification of work.<sup>37,38</sup>

None of this would be possible if dependent capitalism didn't generate an abundant labor force, which, according to Osorio, allows for the third factor: the presence of an extensive relative overpopulation that not only solves the immediate replacement of prematurely exhausted arms, but also constitutes a force that capital uses to put pressure on the wage and working conditions of active workers.

It is in this sense that the dependent economy of Latin American countries, and consequently the overexploitation of the workforce, appears as a necessary condition of world capitalism. As a result, there are particularities in the pattern of capital reproduction in the dependent Latin American context, which have a direct impact on people's living conditions and health.

From this perspective, it is really essential to investigate in depth the scientific production of these Latin American authors, with productions that analyze the conditions of health and society in dependent-peripheral countries, in order to verify their contribution to the problem of the social determination of the health-disease process in the capitalist mode of production in these particularities.

### **Final considerations**

The essential lesson that historical and dialectical materialism brings us is that the life produced and reproduced at a given time changes, sometimes profoundly, in relation to other times, much more in its forms of manifestation than in its substance. In other words, more in its expressions than in the nerve and essence of its realization.

To this end, revisiting works that raise the material conditions of life in the Latin American context, in the way that theoretical productions have been constructed in the historical journey up to the present day, shaping a critical political economy of health that interprets the unfavorable conjuncture and points out ways of overcoming it, seems to us to be a salutary task. In this way, by approaching the contributions of the authors Oliva López-Arellano and Jaime Sebastian Osorio Urbina as fundamental to providing greater knowledge about the extent and depth of the vision of the social determination of health, we understand that this intellectual path must be strengthened, especially in contemporary times when thinking, mostly post-modern in the field of public health, emerges in a fragmented way and without rigorous reading of the vast contribution of Marx's work.

The production trajectory of the authors supports their repertoires in the conceptual, theoretical-practical and ethical-political dimensions, which will help us to face the contemporary challenges of the social production of health and its complexity. Recognizing the dilemmas and crises currently facing the social protection system in health in Brazil and around the world makes the need to revisit and renew the ideas and lines of critical political and economic thinking in health more explicit. Retracing the path taken by Latin American authors means not only contributing to the understanding of their analysis of the object of health, but above all, recovering theoretical bases, not adjuncts, for ways of confronting the challenges that lie ahead.

In addition, recognizing and characterizing the fundamental authors of Latin American Social Medicine/Collective Health and the critique of political economy, who have not had such penetration in health thinking in Brazil, can help to identify aspects such as: the persistence of this production over historical time the capacity to produce critical thinking in health, within the scope of institutional practice and beyond it, in the movement of the class struggle.

<sup>a</sup>We are referring to the debate that took place in volume 37 of 2021 of the scientific journal *Cadernos de Saúde Pública* - CSP, which is highly regarded in the field of Brazilian public health. We are very struck by the fact that this debate has **re-emerged** in a context of democratic restrictions where social democracy has clearly lost political space, falling into disrepute as a viable alternative and urgently needs to be updated. We believe that the resumption of the debate on **determination** at this time is something that, even if unintentionally, could be linked to the resurgence of the social democratic alternative on **other theoretical bases** in an attempt to re-signify its political legitimacy as a producer of a socially valid alternative theory (and way out) in the chaos experienced in this era of contemporary capitalism.

<sup>b</sup>The set of ideas of the Marxist Theory of Dependency had as its main original theoreticians: Rui Mauro Marini, Vânia Bambirra and Theotonio dos Santos.

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