

# Introduction

A story was going around the southern United States in the late nineteenth century. Yellow fever had just broken out in Savannah, Georgia. One man knew what he had to do: he sent his wife and three daughters to the countryside, far from the epidemic. He remained in the city because he could not leave his business. A few days later, he fell victim to the disease. The person who cared for him in his suffering wrote a heartfelt letter of condolence to the widow and, before closing the envelope, tucked in a lock of his hair. The mother and her daughters wept when they read the letter. One of the daughters kissed her father's hair. Her mother immediately scolded her, telling her she could catch the fever. As if in indisputable confirmation of the poisonous power attributed to the mysterious fomites—a deceased person's belongings, such as clothing and personal effects, and hair—the girl came down with yellow fever the next night. The other two girls survived. A tragedy and a mystery.<sup>1</sup>

This story of vulnerability and impotence serves as an example of the convictions, fears, and practices that had to be confronted and changed by the founders of the health institution for the Americas: the Pan American Health Organization, the oldest entity of its kind still in operation, and the subject of this book. (Although its name changed during the twentieth century, we will, by and large, use the name by which it has been known since 1958: Pan American Health Organization, and its acronym, PAHO). The Organization's creation was a product of the expansion of international commerce, medical advances, and a new political and diplomatic relationship among the countries of the Americas. From this confluence, a new concept of health, not just as an individual aspiration, but also as a right and a duty—a right of the people and a duty and responsibility of the State—was forged.

To ensure that the institution's concept of health would endure despite vicissitudes of all kinds, its leaders had to recast ideas, practices, and perceptions of health to demonstrate its value, by responding not only to physical pain but the emotions it awakened, as well, and by tooling a response that would transcend all borders: in essence, a response capable of rendering extinct the fear and myths that pervaded stories such as that of the Savannah episode.

As is often true of history's best stories, that of the Pan American Health Organization includes critical moments when adversity had to be vanquished before progress was feasible. It is a story

in which the tools of negotiation had to be mastered by the most powerful and the weakest countries of the Americas. In fact, this negotiation expanded over time and was more intense than it might seem at first blush. It is not a linear story of uninterrupted progress, but rather it reflects the difficult balance between the extremes to which all international organizations born in the twentieth century are subject: the inclination to limit itself to an advisory role or attempt to intervene more actively in the problems of a given region. There were times when a certain scientific reductionism was apparent; moments of a search for “magic bullets” considered to be quick technological fixes for the major communicable diseases. At other times, however, attempts were made to promote a comprehensive development incorporating science, solidarity, and the right to health. It was not just a question of promoting international responsibility with respect to the epidemics that sprang up anywhere in the Americas. There also existed the conviction that across-the-board social cohesion (that is, leaving no social group or country behind) was essential for development.

One objective of this work is to respond to the need of all persons, professions, institutions, and countries to have a picture of their own past. A picture which, for its most accurate depiction and best understanding, does not require the triumphant trumpets of military parades nor the pompous unveiling of monuments, but compilation, reflection, and analysis, which are the historian’s tools.<sup>2</sup> As we know, there is a resonance between the past and the present. The problems, options, and solutions of the past and present are often similar, or they might inspire us to do something different. Moreover, any historical work entails a perception of contemporary problems. But it is important to make it clear that the advantages of historical analysis do not lie in the search for simplistic and nonexistent “lessons of history” or in prophetic predictions.

The richness of history must be sought through the attainment of a long-term perspective that helps us better understand the substance of basic

problems, support worthy initiatives, ensure the longevity of hard-earned achievements, and be proud of our genuine heroes. A historical perspective can also help us reject the recurring shortcomings of health policy in many countries of the Americas, such as the temporary and inadequate responses to health emergencies, the blaming of socially excluded groups, and the artificiality of the separation between preventive and curative work, and provide us with tools to overcome the difficult meshing between international and grassroots organizations and the uncoordinated participation by patients, family members, and the community in health care issues.

A good historical work has additional qualities important to any health professional: a chronological narrative; the search for interactions between processes and life stories; the contrast between discourse and practice; the selection of facts that are most relevant over the long term; and the judicious use of various sources of information. Finally, the history is enjoyable, perhaps the most enjoyable of all the social and human sciences—a characteristic which is appreciated by any reader. Hence, that history can be a rich source of inspiration for the members of an institution, a means of justifiably claiming an identity, and a method of socializing the new members of a group. A historical work can coexist with the most intimate fibers of the memory, in that same place where there resides a poem, a song, or an important figure who at some point made us say to ourselves: “that is I.” And in the same way that former PAHO Director Dr. George A.O. Alleyne was fond of noting that history is prologue, Dr. Mirta Roses reminds us that the history we are about to make is always the most important.

Using unpublished and published sources—incidentally, insufficient for an undertaking of this nature—this book aims to present a general overview which, although covering almost a century, highlights the events of the first half of that period. Thus, the chapters of this book are in chronological order. They concentrate on the political and economic context in which PAHO developed, and also on the health policies, actors,

and activities tied to the institution and to that context. They examine the most noteworthy events and undertakings, as well as PAHO's legacy in later periods. Some subjects span more than one period.

This work, written during the course of 2003, is based on a review of a series of publications, historic archives, and interviews. Other studies in connection with the recent celebration of the Organization's 100th anniversary have given us very valuable information on PAHO's specific role in certain countries.<sup>3</sup> The histories of international health efforts in the twentieth century and the social histories of Latin American and Caribbean medicine have also been perused in order to adequately highlight the issues that were pivotal to understanding economic and political motives, the level of development of health interventions and technologies, and the processes that led to general acceptance of these policies and interventions.<sup>4</sup> The chapters of this book also emphasize the activities of the Organization and of the Pan American Sanitary Bureau's first Directors: Walter Wyman, Rupert Blue, Hugh S. Cumming, and Fred L. Soper of the United States of America, and Abraham Horwitz of Chile. Not only are there clear and ordered—albeit sometimes incomplete—historical sources and testimony, but there has emerged, over time, a sharper perspective on the personalities of these men and the challenges they faced. While details of the libraries and archives consulted are found at the beginning of this book's bibliography, the principal archives consulted are discussed below to give the reader an idea of the richness and diversity of this work, as well as its possible limitations.

For example, in the United States, the New York Public Library, the Library of Congress in Washington, D.C., and the National Archives in Maryland hold the correspondence and many of the official publications developed when Wyman and Blue were the Directors of the Bureau. A valuable collection of Cumming's documents—including the manuscript of an unpublished autobiography—is held by the University of Virginia Library. Also, documents belonging to the U.S. Am-

bassador to Venezuela, Francis P. Corrigan, held at the Franklin D. Roosevelt Presidential Library in Hyde Park, New York, were vital to an understanding of the Organization's life during the 1940s. The National Library of Medicine in Maryland holds material on Cumming as well as an impressive collection of works by Soper. With respect to Horwitz, I relied mainly on material from libraries in Santiago, Chile, and interviews with his relatives, friends, and students carried out in that city. There is valuable information on Soper and Horwitz, and on the relationship between PAHO and the Organization of American States, in the OAS Columbus Memorial Library in Washington, D.C.

All this was supplemented by literary searches in specific archives that were fundamental to following the trail of international health efforts, such as those at the Rockefeller Center in Sleepy Hollow, New York, which holds correspondence and reports sent by Cumming and Soper to Rockefeller Foundation officials; the libraries of the New York Academy of Medicine and Columbia University, which contain books, pamphlets, and journals which are often difficult to find elsewhere; and the University of Pittsburgh archives, which hold a fascinating and little-explored collection of works by Thomas Parran, who directed U.S. health efforts between the mid-1930s and the late 1940s and had a close relationship with Cumming and Soper. Of special importance to telling the story of PAHO with respect to European health organizations were the World Health Organization archives and library in Geneva, Switzerland. A special perspective on health from the countries' standpoint was provided by archives and libraries in Bogotá, Caracas, Havana, Kingston, Lima, Mexico City, Rio de Janeiro, and São Paulo. Also significant were the materials held by the library and archives of the Oswaldo Cruz House (FIOCRUZ), in Rio de Janeiro, and by the Historical Archives of the Ministry of Health in Mexico City. Finally, the support of the PAHO Headquarters library and the libraries and Documentation Centers of the various countries, especially in Lima, was fundamental. Essential electronic documents,

recently prepared by PAHO, included the complete collection of the *Boletín de la Oficina Sanitaria Panamericana* (PAHO's flagship publication dating back to 1922, whose function in recent years has been assumed by the *Revista Panamericana de Salud Pública/Pan American Journal of Public Health*) and the Summary Records of official Governing Body meetings.

The first chapter, entitled “The Origins of International Public Health in the Americas,” tells the history, from a global perspective, of the quarantine system, the exchange of epidemiological information, and the rise of the United States as a power, particularly in the late nineteenth and early twentieth centuries. Two of the concerns at that time were controlling yellow fever, which was found in many ports of the Americas, and preventing the arrival of cholera from Europe and bubonic plague from Asia. The search for a uniform, efficient maritime public health policy, based on scientific and humanitarian principles, yet able to complement international trade activities, was one of the motivations behind the creation of PAHO.

The second chapter, “The Birth of a New Organization,” covers the period from the early twentieth century to the end of the First World War. It analyzes the coming together of maritime public health, the rise of export economies, and the advances in science and medicine made possible by the establishment of the International Sanitary Bureau (which would later become the Pan American Sanitary Bureau, the Secretariat of the Pan American Health Organization) in 1902. Similar cultural and political traditions; a unique, pole-to-pole geographic location; and a distinctive framework of diversity sustained an idea which seemed far-fetched at the outset but would withstand the test of time: an inter-American health organization. During this period, the Pan American institution placed great importance on improving hygiene in the ports, the point of departure for valuable merchandise intended for international commerce.

The third chapter, “The Consolidation of an Identity,” describes the difficult years between the

two World Wars, the period of World War II, and the start of the post-war era (approximately 1919–1948), when the International Sanitary Bureau was renamed the Pan American Sanitary Bureau. This was a chaotic period, marked by the Great Depression and subsequent recovery, by the emergence of a greater international social consciousness—born mainly of the devastation that accompanied the armed conflict—and by increased concerns about health. One of these was that hygiene could not exist in the ports of shipment unless sanitation in the cities was addressed and unless permanent, autonomous, public institutions were established for that purpose. One noteworthy event during this stage was the development and approval of the Pan American Sanitary Code, signed in Havana in 1924, a treaty which held that health was a right of citizens and nations. During this time, an important tradition was consolidated by Latin American thinkers and practitioners in the health field, some of whom identified with what became known as “social medicine.”<sup>5</sup>

Social medicine was a trend that originally developed in Europe, its first international proponent being René Sand of Belgium, who criticized the existence of a reductionist medical perspective and pointed to educational and environmental solutions. Between the wars, in several Latin American countries, social medicine was adapted and relaunched as part of the social changes necessary to improve the population's standard of living.<sup>6</sup> In the years after World War II, during the Cold War period, PAHO saw the need to discuss and define its role on the world health scene.

The next chapter, “For a Continent Free of Disease,” traces the interaction between international public health and the Cold War during its most intense period; i.e., a time spanning from the late 1940s until the early 1960s. It was a period of profound social and political change in Latin America that fueled the hope of achieving significant development through modernization of traditional structures. This modernization was inspired by an industrial and capitalist paradigm which was an alternative to the totalitarian regimes.

The illusion that the principal communicable diseases would be wiped out was part of that paradigm. “Vertical” health programs were created to fight some of those diseases; these programs were characterized by their focus on objectives, time periods, and specialized techniques and personnel, and by their disinterest in community participation; i.e., the participation of the different groups that comprise society.

The penultimate chapter, “Health, Development, and Community Participation,” looks at how ties were established between progress in public health and socioeconomic development during the 1960s, as well as the origins of the concept and practice of health as a public space; i.e., as a sphere marked by the indispensable participation of the community in health programs. This movement reached its peak intensity worldwide in the 1970s, a time of Cold War crisis. The crisis manifested itself in the emergence of popular, progressive, and nationalist movements that questioned the domination and international dependence to which the developing countries were subject. Part of this process was the emergence of community medicine and primary health care as holistic perspectives, in contrast to the vertical campaigns that

prevailed during the previous period. Some interpretations of the “health sector reform” that permeated international health efforts during the 1980s and 1990s seemed to be pointing public health in another direction. But for many health officials of the Region, the content and the slogans inspired by the original primary health care movement are still valid. The Organization was then under the direction of Dr. Abraham Horwitz, who was succeeded by another Latin American, Dr. Héctor Acuña of Mexico.

The final chapter, “Validity and Renewal,” deals briefly with the changes and continuities at PAHO in the late twentieth century. It highlights the new challenges faced beginning in the 1980s and lasting through the early twenty-first century by the Sanitary Bureau Directors who succeeded Dr. Acuña: Drs. Carlyle Guerra de Macedo of Brazil and George A.O. Alleyne of Barbados. Both men, as well as the officials who supported them in Washington, D.C., the field personnel of the Country Offices and centers of excellence, and the current Director, Dr. Mirta Roses Periago of Argentina, have maintained a valuable tradition of international solidarity, the story of which will told on the following pages.