The Birth of a New Organization

The coming together of science, public health, and international commerce, along with decreased tolerance of the suffering caused by disease, precipitated the abandonment of the fatalistic attitude toward epidemics held by politicians, some health professionals, and even the residents of the large cities of the Americas. This convergence paved the way for increased national and international intervention in inter-American and urban health matters. These changes in thinking and acting led to the First International Sanitary Convention of the American Republics, held in late 1902.

The First Sanitary Meetings

In his 1901 annual report of the U.S. Marine Hospital Service, Walter Wyman enthusiastically announced that, two years after the idea was first proposed, there was now a Plan that could become an agreement with the American nations to “clean up certain coastal cities to eliminate yellow fever.”¹⁰² In this Plan, published in his office’s journal, Public Health Reports, Wyman explained with conviction the importance of conquering this disease which, “more than any other, ties up commerce, stops trade, and throws cities into commercial isolation and social desolation.” This document argued cogently that, as far as public health goals were concerned, the Americas needed to work together to achieve common ideals.

Wyman stressed that, if the Plan he proposed were implemented, it also could show its effectiveness against other diseases, such as malaria and typhoid fever. To prove the point, he also sought to demonstrate the relationship among international public health, progress, and civilization, and to correct the erroneous impression that American climates were unhealthy: “Tropical and semitropical countries are not necessarily unhealthy. Their apparent unhealthiness is not due to climate, but to faulty sanitation, or lack of it.”¹⁰³

The notion that American climates were unhealthy dated back to the work of several eighteenth century European naturalists who believed that nature in the Americas was inferior and unhealthy
and that it differed from the ideal, perfect model represented by Europe. In contrast, U.S. and Latin American physicians and scientists, such as Wyman, defended the Americas’ healthiness.

Wyman’s Plan was put forth by the U.S. delegation to the Second International Conference of American States, held in Mexico City from 22 October 1901 to 22 January 1902. This meeting, which could well be considered the point of departure for the institutionalization of public health in the Americas, was attended by 15 countries of the Americas: Bolivia, Colombia, Costa Rica, Chile, the Dominican Republic, Ecuador, El Salvador, Guatemala, Haiti, Honduras, Mexico, Nicaragua, Peru, the United States, and Uruguay. The U.S. delegation included the noted scientist Milton J. Rosenau, director of the Marine Hospital Service’s public health laboratory, who served under Wyman’s direction. Rosenau was responsible for distributing copies of the Plan in English and Spanish. In his report on the meeting, Rosenau described the proposal for the original Plan—to improve quarantine regulations and concentrate on one disease—which, in the course of discussion, was taken further, to include other health issues; this led to the recommendation to plan a meeting or “assembling of a convention of representatives from the health authorities of the various republics, as well as an international sanitary bureau, with permanent headquarters at Washington.”

The resolutions approved at the International Conference of American States were grouped under the title of “Police Rules Relating to Health.” The term was not foreign to public health. In eighteenth century Germany, Johann Peter Frank had championed the use of “police rules relating to health” as a legitimate state intervention in the daily lives of families and patients for the protection of the healthy as well as the sick. The resolutions adopted in Mexico City dealt with reform of the quarantine system, public health in the ports, and prompt notification of outbreaks of cholera, yellow fever, bubonic plague, and “any other serious epidemic.” Thus the need to redefine international public health with scientific and utilitarian reasoning was reinforced. It was better for commerce to invest in public health than to withstand the protracted, and sometimes unwarranted, quarantines to which its products were subject. The same was true for travelers.

In addition to Rosenau, Eduardo Licéaga played a prominent role in the Mexico City Conference. Licéaga began his career while still a medical student and, upon graduation, received a gold medal from Maximilian of Austria, who was briefly Emperor of Mexico—an honor which, regardless of the Emperor’s tragic end, must have been emblazoned in Licéaga’s memory. He visited the major European capitals to study the construction of public drinking water and waste disposal works, and eventually came to chair Mexico’s prestigious National Academy of Medicine. In addition, he was President of the American Public Health Association (a position which had also been held by Carlos Finlay) and organized two meetings of this professional institution in Mexico City (1892 and 1906). One indication of his influence is the fact that, for 30 years (1884–1914), as the head of the Superior Council of Health, Licéaga was his country’s highest public health authority. For most of that time he was a trusted aide to Porfirio Díaz, the Mexican President who spearheaded an authoritarian modernization process that preceded, and was partly responsible for, the Revolution of 1910.

As President of the Superior Council of Health, Licéaga ensured, in a process similar to that followed
by Wyman, that Mexican participation in international events such as the International Conferences of American States and the consolidation of the Federal health organizations supported one another’s goals. For this, he relied on a law that had been in existence since 1891, the Sanitary Code of the United Mexican States, which authorized the Council to appoint delegates in the state capitals, ports, and border towns; post public health agents throughout the Republic; maintain a committee on maritime public health in all the states; and impose fines on those who violated its provisions. In this way, he tried to resolve jurisdictional problems between the Federal Government and the states in favor of the central government.

One of the most noteworthy resolutions of the Second International Conference of American States held in Mexico City was the design of the structure and operation of an International Sanitary Bureau to draw up agreements and regulations for the benefit of all countries. Thereafter, votes cast at the “Convention” would be “counted by republics, with each having one vote.” Moreover, it was agreed that “other sanitary conventions” would be held and that a five-member Executive Board would be appointed with “a President chosen via secret ballot by the selfsame Convention.”

Consequently, the meeting in Mexico City can be considered the call for the First International Sanitary Convention of the American Republics, the event that saw the establishment of what we now know as the Pan American Health Organization. This Convention was held at the New Willard Hotel in Washington, D.C., in early December 1902. The Willard was a famous establishment where U.S. presidents spent the night prior to their inauguration; it was a modern building with more than 10 stories. The meeting was attended by 27 representatives from 12 countries: Chile, Costa Rica, Cuba, Ecuador, El Salvador, Guatemala, Honduras, Mexico, Nicaragua, Paraguay, the United States, and Uruguay. Three of the delegates held the rank of minister, and noteworthy among the physicians and medical researchers were Milton J. Rosenau, Juan B. Guiteras, and, especially, Carlos Finlay.

A clear indication of the relationship between the Mexico City and Washington meetings was the long title of the program: “International Sanitary Convention of the American Republics held in Washington, D.C., in response to the invitation . . . of the International Union of American Republics, issued by order of the Second International Conference held in Mexico City from 1901 to 1902.”

The first session was opened at 10:00 a.m. on 2 December with a welcoming speech by Wyman to all the delegates seated in the hotel’s vast ballroom. An interesting detail about this first session is that time was provided for questions from the delegates. At 11:30 discussions were suspended in order for the participants to visit the Capitol and attend the opening session of the U.S. Congress. Two hours later, the delegates returned to the hotel to enjoy lunch together. The afternoon session began at 3:00 p.m. with the election of a provisional chairperson and the establishment of a committee in charge of organizing the discussions. President Roosevelt made time in his schedule to receive the delegates. Over the next three days national reports were presented. It had been suggested to the delegates responsible for presenting these that they address the topics listed in the official announcement and that they answer—surely with a desire to gauge consensus—certain vital questions such as: “Is the mosquito the only agent through which yellow fever is transmitted?” It was Finlay himself who answered this question in the affirmative, attempting to dispel baseless fears—such as the one narrated in this book’s Introduction—by stating that neither the victims’ clothing nor their belongings played any role in spreading the disease.

The Latin American governments that sent delegates to this meeting were asked for copies of their public health laws, lists of all quarantine stations then in operation, and a report on the major diseases (especially those that were epidemic) and the cleanup projects they had undertaken. It is
important to point out that several countries, such as Mexico, made praiseworthy efforts to collect this information in their provinces. The meeting’s program indicated that two of the most important decisions would be the establishment of an “executive body, which would be called the ‘International Sanitary Bureau,’” and the selection of the place and date of the next Convention.

The resolutions adopted at this meeting reaffirmed the relationship between maritime public health and trade: “the time of detention and disinfection at maritime quarantine stations shall be the least practicable time consistent with public safety, and in accord with scientific precepts.”

Other resolutions involved the decision to adapt quarantine measures to the new knowledge about the role of mosquitoes in spreading disease. The importance of waste disposal and of the extermination of rats in preventing bubonic plague, and of controlling the purity of water in preventing typhoid fever, was also stressed. No less important was the decision to recommend translation into Spanish of the United States Pharmacopeia. The words of one delegate are an indication of the debate generated at this meeting: “the discussions... were very broad.”

Other important results of this meeting were the creation of a fund—which might seem small now, but was significant then—of US$ 5,000, collected by the International Union of American Republics (today the Organization of American States), and the election of the first members of the International Sanitary Bureau. The most important responsibility, that of Chairman (the title was changed to “Director” in 1920), fell to Wyman. At his side were prominent Latin American health officials such as Mexico’s Eduardo Liceaga and Eduardo Moore of Chile. Moore wrote a book on combat surgery, developed a list of physicians from his country since the colonial period, and taught urology for the first time in Santiago.

With them on this first Executive Board were Juan B. Guiteras of Cuba and Juan J. Ulloa of Costa Rica, who was appointed Secretary of the Bureau. Ulloa, who had studied medicine at the University of Santo Tomás in Costa Rica and New York University, had organized his country’s first medical services for poor people and eventually rose to the position of Minister of the Interior.

Also serving on the Board was Rhett Goode, a U.S. Public Health and Marine Hospital Service official in the port of Mobile, Alabama, who had taken measures to eradicate mosquito breeding grounds, and Alvah H. Doty, the Director of the Quarantine Office of the Port of New York. Doty had conducted experiments with the mosquitoes that transmitted yellow fever and directed an autonomous establishment that reported to city authorities; i.e., it was not part of the U.S. Federal Government. The members of the new Executive Board and their career paths reflected the transition from a local, fragmented concept of international health to one that was more centralized.

The actions Licéaga undertook on his return to Mexico suggest that the decisions taken at the New Willard Hotel were made known to national and local authorities at home: he drew up and distributed 50 copies of the report of the Mexican delegates to the First Sanitary Convention. Similarly, Guiteras published the Convention’s resolutions in the prestigious Cuban journal—the first of its kind in Spanish—Medicina Tropical.

Interestingly, the date of the First Convention, held in Washington, D.C., was deliberately set to be close to the date of the American Public Health Association meeting in New Orleans, making it possible for some of the delegates to attend both gatherings. One anecdote that shows the close relationships among the health officials of different countries, as well as the relationships among their institutions, revolves around an incident that took place at this Convention. During one of the coffee breaks between sessions, Licéaga told Wyman that he had just learned that the dreaded bubonic plague had broken out simultaneously in Mazatlán, Sinaloa, and the small port of Ensenada de Todos los Santos in Baja California. This was the first time in its history that the disease had reached Mexico. The plague battered Mazatlán
The Birth of a New Organization

(a port involved in heavy traffic with San Francisco), with a population of 25,000, of whom 8,000 fled the epidemic. Wyman called a physician who worked in his Service’s laboratory, Samuel B. Grubbs, and asked him to leave immediately for the affected areas in Mexico to help fight the plague. The campaign was also instrumental in consolidating the power of the country’s Federal Government with respect to health matters, which was one of Licéaga’s goals. Two years later, U.S. and Mexican citizens joined forces to control yellow fever in Veracruz.

The Second International Sanitary Convention was initially planned for Santiago in 1904, but was actually held in October 1905 in Washington, D.C., the same place as the previous Convention. At that time, yellow fever programs were working successfully in Cuba, Mexico, Panama, and New Orleans (which had survived the most recent major yellow fever epidemic in the summer of 1904). In his opening speech, Wyman described the 1904 U.S.-Mexican collaboration to control yellow fever as an example of what could and should be done in the rest of the Americas.

As was the case for the previous meeting, the official announcement asked that each country present reports on the prevalence of diseases, with special reference to yellow fever and malaria; provide an overview of public health laws and the quarantines ordered since the First Convention; and describe special public health activities currently being carried out. In other words, there was a broadening of the initial intent, which had been to establish an organization limited to compiling epidemiological information and providing advisory assistance on quarantine-related matters. At this event, which seemed more formal in nature than the previous Convention, 12 republics were represented. Some, such as Peru and Venezuela, were participating for the first time.

At the opening ceremony, Elihu Root, U.S. Secretary of State under President Theodore Roosevelt, gave a speech which recognized the importance of inter-American public health in Pan American policy. At this meeting, what became known at the Washington Sanitary Convention of 1905 was drawn up. It partly adapted the 46 articles of the 1903 Paris Convention, but added subjects not found in that text, such as measures for the control of yellow fever. In its codification of international health procedures, the document became the forerunner of the Pan American Sanitary Code, adopted in Havana nearly two decades later at the Seventh Pan American Sanitary Conference.

The first article of this Convention revealed the close connection between maritime public health and the fear of epidemics: “Each government shall immediately notify the others of the first appearance in its territory of confirmed cases of plague, cholera, or yellow fever.” Another article allowed for the disinfection of certain merchandise under special conditions, but warned those who still believed in fomites that there was no merchandise that could, in and of itself, transmit plague, cholera, or yellow fever. And it added that “Letters . . . printed material, books, newspapers, business papers, etc. . . . will not be subject to any restriction or disinfection.” Finally, it was agreed that a request would be made to the effect that the detention of merchandise, travelers, and crews in quarantine stations always be brief and compatible with scientific postulates.

According to Licéaga, he himself translated the Paris Convention in order to help put together the 1905 Washington Convention. Moreover, he printed it in Washington just days before the start of the event, and then convinced the other delegates to adopt it as a Convention. This is indicative of the initiative, in terms of formulating proposals, and of the capacity to negotiate that the Latin American representatives displayed from the earliest days of the Pan American Health Organization. It is interesting to quote part of a heartfelt speech given by Licéaga, in which he emphasized the characteristics—scientific, political, and professional—of these meetings:

We do not come just in our official capacities of technical advisors on matters of hygiene . . . we come now, on behalf of our government, armed with up-to-date health science information, supported by the experience that each of us has acquired in his respective country, and authorized to sign a sanitary convention among the Republics represented here.
Another decision made in Washington, D.C., was to confirm the authority of the national health organizations to order quarantines and measures to control epidemics. Also, this Second Convention decided that meetings would be held every two years, and the members of the Bureau’s Executive Board who had been appointed at the previous meeting should be reelected.

Some countries, such as Mexico, were anxious to point out the need to ratify the Washington Convention, especially because they feared that its validity as an inter-American treaty superseding the decisions of local and border health authorities would be questioned. Mexico’s Secretary of State wrote to Licéaga in 1906, advising him to try to persuade countries such as Argentina, Brazil, and Uruguay to adhere to the Convention. In fact, the country’s role in helping to organize and prepare the resolutions of the International Conference of American States of 1902 and the Washington Convention of 1905 was considered a major triumph of Mexican foreign policy. Licéaga himself saw in these decisions an indirect way of forcing the southern U.S. border states to sign a health treaty with Mexico. Up until the First World War, the governments of some South American countries (Argentina is an example) were ambivalent toward the concept of Pan American public health, choosing instead to maintain their own health treaties with neighboring countries and independent official medical ties with European allies.

Shortly after it was promulgated there was a struggle to keep the Washington Convention in effect. It was questioned early on by the U.S. Congress, which deemed that the style of the recommendations was not appropriate for a diplomatic document and suggested that it be rewritten. According to Licéaga, the critics were politicians from the southern United States who feared that their commercial interests would be affected and who sought to maintain their sovereignty in health matters over any national or international regulation. At a particularly tense point in the discussions, a worried Licéaga wrote to Wyman:

My most distinguished and esteemed colleague: They are saying that the [U.S.] Senate will not ratify the treaty [the Washington Convention] because it contains phraseology that is not used in international treaties. This objection is so trivial I cannot believe it, and I beg you to compare the English text of our Convention with the French text of the 1903 Paris Convention. ... The other thing I wanted to hear from you about is that the Washington Convention has been nullified and the matter will be discussed again in Rio de Janeiro [at the next International Conference of American States] as if for the first time, and perhaps there is an idea of accepting, in its place, the treaty entered into by Brazil, Argentina, and Uruguay.

If that is so, we will have strayed from the path we have been following since the Pan American Conference in Mexico City in 1901–1902 and the Washington Convention of December 1902, and we will have lost the total uniformity we established in the 1905 Convention.

I hope that, with the frankness you have always shown me, you will tell me how much truth there is to all this.

Although we have been unable to find Wyman’s response, he probably replied with the tact and clarity that characterized all of his correspondence and speeches. Fortunately, one of Licéaga’s worst fears—that a health movement of the Americas would be frustrated—was not realized. The Third International Conference of American States, held in Rio de Janeiro in August 1906 and attended by the ministers of foreign affairs, supported the inter-American public health efforts that had been undertaken up to that point. The resolutions adopted by that meeting include ratification of the Washington Convention and the issuance of a request that “all the countries of the Americas attend the next International Sanitary Convention,” to be held in Mexico City. Another resolution sought to promote hygiene and impose “a cleanup of the cities and, especially, the ports.” The Convention also hoped to lay the groundwork for a health information center somewhere in South America. (It was later agreed that this would be in Montevideo.) One additional
request was the establishment of more formal relations with the International Office of Public Hygiene in Paris. \textsuperscript{135} Political support for these decisions was secured at the inter-American meeting of ministers of foreign affairs held in Buenos Aires in 1910.

The Third International Sanitary Convention was held in Mexico City in December 1907. \textsuperscript{136} The official announcement was more detailed about the reports the delegates should bring: an account of the communicable diseases existing in their countries, especially cases of “bubonic plague, yellow fever, cholera, beriberi, and trachoma.” Also, the representatives were to draw up a report on the health conditions in the ports and on the provision of “adequate water and sewage disposal [systems].” Finally, they were asked to give an account of “the assistance provided by the governments to their respective states or municipalities for execution of sanitary works in the cities and ports,” and a report on “legislation on police rules relating to health.”\textsuperscript{137}

The opening ceremony was held in Mexico City’s National Palace. Discussions alternated with visits to the colonial Penitentiary building and Chapultepec Castle and a reception attended by Porfirio Díaz, President of the Republic, among other activities. The delegates had the opportunity to see firsthand the huge sanitary engineering works designed to provide Mexico City with water and waste disposal, another project headed by Licéaga. One indicator of the prestige Licéaga—who also presided over the Convention—enjoyed at that time was the fact that several delegates preceded his name with \textit{sabio} (“learned”).\textsuperscript{138}

The photos we have of this meeting show that all the participants were men. They were distinguished, self-assured, almost solemn in their personal appearance and in their posture. In an account of the social activities, which subtly suggests the prevalent stereotype at the time about the role of women at meetings of this nature, the delegate from Costa Rica observes: “After the visit to this magnificent building and a stroll through the picturesque park, we went to the Chapultepec Café, where we were guests at an exquisite tea, brilliantly embellished by a well-chosen cluster of living flowers from Mexico’s social garden.”\textsuperscript{139}

One noteworthy occurrence was Brazil’s participation. It was headed by none other than Oswaldo Cruz, arriving fresh from a meeting with President Roosevelt in Washington, D.C. Cruz had assured Roosevelt that the U.S. squadron that was to sail around Cape Horn to reach the Pacific could debark in Rio, at the height of summer, without fear of falling victim to yellow fever.\textsuperscript{140} Events unfolded as Cruz had predicted. According to one of his biographers, the example was quickly imitated by other European vessels, which preferred, during the summer, to avoid other South American ports out of fear of yellow fever.\textsuperscript{141}

In his report to the meeting, Cruz highlighted the activities of the local boards of health in the various Brazilian states and described the measures taken to combat bubonic plague, malaria, and other diseases, as well as the public works for supplying homes with water and sanitation. Much of his report dealt with yellow fever. Cruz explained how his country had conquered the disease in Rio de Janeiro, and declared that “every nation, if it so desires, can, by destroying the \textit{Stegomyia}, totally protect itself from the yellow fever epidemic.”\textsuperscript{142} One of the resolutions in which Cruz participated gave notice of Brazil’s adherence to the 1905 Washington Convention, as well as that of other countries that had not previously honored it, such as Uruguay and Colombia.\textsuperscript{143}

In a letter to his wife, Cruz shares news of the meeting and the Brazilian health official’s (temporarily frustrated) hopes of arranging a subsequent Convention in his own country:

\textit{Hotel Iturbide, Mexico City, 3 December 1907}

\textit{My dear Mikoquinha . . .}

I’m writing on the fly because I’m in the midst of the Convention. It opened yesterday. I had to give a short talk, which didn’t go badly. After telling about the public health results obtained in Rio, I was applauded
and congratulated enthusiastically by the other members of the Convention. . . . Now we have to see if I can arrange to hold the next Convention in Rio, which would be a great event for Brazil. . . .

Your most affectionate Oswaldo

The valuable participation of the noted Brazilian scientist at the International Sanitary Convention has been underplayed by historians, probably because his stay in Mexico was part of a famous trip to Berlin, where he attended the International Congress on Hygiene and Demography. Cruz brought anatomical specimens, entomological collections, examples of serums and vaccines prepared by his Institute, models of the facilities at Manguinhos, and photographs captioned in English, French, German, and Portuguese. All of his exhibits were displayed in beautiful wooden cases. Thanks partly to this presentation, he was awarded a gold medal—the event’s highest honor—an uncommon recognition for a Latin American. Upon returning to his country he received a hero’s welcome and a myth developed which, over time, synthesized that trip. According to one of his biographers, a lasting legend was born: Cruz was “the Pasteur of Brazil.”

The discussions held at the meeting in Mexico City were organized into committees according to the diseases listed in the official announcement. This allowed special importance to be accorded to such diseases as malaria and tuberculosis. Preferential attention was paid to the diseases subject to quarantine for which reporting was obligatory (yellow fever, bubonic plague, cholera, and smallpox), and mandatory smallpox vaccination was recommended. Also, a call was made to include in the Washington Convention those Latin American republics which had not yet agreed to adhere to it. Another important decision was the request that the Bureau work out an arrangement with the International Union of American Republics to be able to utilize its facilities when needed. A year later, the Union was to begin construction on an elegant building with a marble façade and bronze doors—officially opened in 1910—in Washington, D.C., where the Bureau’s Executive Board members were offered facilities for conducting official business during their visits to Washington.

The inter-American agreements notwithstanding, tension persisted over health matters. Health authorities in some countries continued to take certain restrictive and unilateral measures, some conflicting with others, because they distrusted the cleanliness of their neighbors’ ports and felt the need to retain control over the movement of passengers and trade merchandise. The Cuban health authorities, for example, could declare their ports closed to ships coming from Florida, Mexico, or Colombia. On another occasion, Costa Rica temporarily closed its ports to vessels coming from Cuba because of yellow fever and to those coming from San Francisco because of bubonic plague. These measures, which were not consistent with the Pan American sanitary agreements then in force, are highlighted in a report presented by Dr. Juan J. Ulloa, the delegate of Costa Rica, to the First Sanitary Convention in 1902. There were complaints about the arbitrariness of New Orleans’ sanitary regulations against Puerto Limón on his country’s eastern coast. Ulloa observed he had been in New Orleans several times and when he compared sanitary conditions there with those of Puerto Limón, he could “not understand why they are so exacting in their quarantine laws as applied against all vessels proceeding from our port, even at times when there is not a single case of any contagious disease. . . .” He concluded by criticizing the foregoing as an inequitable procedure that “interferes very much with our commerce.”

In some cases, national regulations in the Americas were stricter and thus considered more effective than in Europe. In Cuba, when it was suspected that an incoming ship bore cases of cholera, the passengers were detained for five days and subjected to a bacteriological examination using “the disagreeable procedure of rectal probing,” which was not done in the European ports. One interpretation of the difference between the quarantine regulations on the two continents is that it was thought that in America the climatic conditions were ripe for the rapid spread of epidemics,
while the commercially powerful European countries, such as England and Germany, had neither unhealthy climates nor sanitary conditions conducive to the proliferation of communicable diseases.\footnote{151}

Another example of the tensions among the countries of the Americas with respect to international public health dates back to 1904, and its protagonist was Carlos Finlay, then Cuba’s director of public health. That year, the U.S. newspapers created a scandal over the possible introduction of yellow fever from Cuba. The scientist reproached a *New York Times* correspondent:

“We challenge the United States [Public Health and] Marine Hospital Service to point out the several cases of yellow fever said to have appeared in various parts of Cuba.”

A short time later, the selfsame Finlay responded to a U.S. official who asked him why Cuba had declared the quarantine “against” Florida that, “not having Cuban stations in Florida, as you have in Cuba, suspects could not be notified quickly enough for quarantine purposes and especially during prevalence of dengue epidemic.”\footnote{152}

Another example is an editorial published in Havana in a 1909 issue of the journal of the Cuban Secretariat of Health. In response to an article in a U.S. medical journal entitled “The Cuban Threat,” the Havana editorial asserted that Cuba was not concealing cases of yellow fever “in the guise of malaria”—as the U.S. journal had said—because “we are in pursuit of health, not because of U.S. interests, but for our own country’s benefit.”\footnote{153}

It is important to stress the heightened official interest in sanitary matters beyond the quarantine and health regulations in effect in the port areas. These regulations started to place more importance on health in the surrounding environs as well, which meant extending collaboration to include local, municipal, and provincial authorities. In this same way, health concerns and interventions, which had initially concentrated on yellow fever, were extended to other diseases that had been around for many years, such as smallpox, or that were just making their appearance, such as bubonic plague.

The plague attacked San Francisco’s Chinatown with a vengeance between 1900 and 1907. Around the same time, the disease appeared in New Orleans. Some South American cities also suffered: Asunción (Paraguay), Rosario (Argentina), and Santos (Brazil) in 1899; Montevideo (Uruguay) in 1901; Iquique (Chile) in 1903; and Lima (Peru) in 1904. The epidemic outbreaks continued until 1912, when plague appeared in Cuba and Puerto Rico. These epidemics originated on ships coming from Asia, where the disease was endemic.\footnote{154} International cooperation was indispensable to the battle against this disease as well.

While it is true that the plague never had a significant impact on mortality in the majority of the countries of the Americas, with the exception of Ecuador and Peru, it was always feared as an extremely dangerous latent threat that required the attention of health officials. This is, in large part, the explanation for the indefatigable—and ultimately decisive—work against this disease in the early twentieth century: by early 1930, the plague was already controlled in the Americas, although it could not be eradicated because it had a natural reservoir in wild rodents. It was an achievement in which the Pan American Sanitary Bureau certainly played a part.\footnote{155}

The notion that the best way to protect the public’s health would come not from quarantines but from hygiene in the ports and cities, the departure points for merchandise and passengers, led to an expansion of activities by public health authorities to other parts of the cities and to their starting to take more consistent action with regard to other diseases that were not subject to quarantine. Another interesting dimension of this process is that public health began to assume intrinsic value; i.e., it did not have to be justified by its economic benefits. Some public health leaders realized that the relationship between health and economics had not always been an uncomplicated one. A quote from Cuba’s Juan B. Guiteras illustrates this point:
We should emphasize most strongly protecting commerce and industry from any unnecessary obstacle, but I do not believe we should declare that that is one of the objectives of sanitary science, because it would be like saying, in a definition of medicine, that the purpose of this science is to treat the patient at the least possible expense. . . . It is a good thing that we consider these aspects of the problem . . . but disease prevention should be our only objective. . . . How have commerce and industry . . . repaid our efforts to safeguard their interests? I have not received word that any writer on economic problems has [said] that the two objectives of commerce are to . . . make money and ensure that the interests of sanitary science are not unnecessarily compromised.156

Cuba, Mexico, and the Central American countries demonstrated a dynamic presence at the Fourth International Sanitary Conference of the American Republics, held in San José, Costa Rica, in 1910.157 Just three South American countries attended: Chile, Colombia, and Venezuela (one of Venezuela’s two delegates was the noted researcher, Luis Razetti). One important agreement was reflected in the fact that the meetings began to be called “Conferences” instead of “Conventions.”158 A distinction also began to be made between these meetings and others of a more strictly scientific or medical nature held in the Region, such as the First Latin American Scientific Congress, held in Buenos Aires in 1889 and which, beginning in 1908, would be called “Pan American” because of the inclusion of the United States, and the five Pan American Medical Congresses held in the late nineteenth and early twentieth centuries in various cities of the Americas. The difference between the two kinds of gatherings was that the Sanitary Conventions, or Conferences, were official in nature, had political and commercial components, and involved more definitive legal decisions.

Starting around 1915, the Region’s public health activities and meetings became more infrequent and experienced difficulties. Just one meeting was held during that entire decade: the Fifth International Sanitary Conference of Santiago, Chile, in November 1911. Especially noteworthy was the presence of delegates from Argentina, Bolivia, Colombia, Paraguay, Uruguay, and Venezuela, some of which had not participated in any of the previous Conventions or the San José Conference.159 It was requested that the delegates to this meeting “[should] be, whenever possible, delegates who are trained hygienists . . . and that at least one delegate should be a high sanitary officer or a person who had been a delegate to a former conference,” and that, among the national reports presented, there be included one on the means employed to enforce the resolutions approved at the prior Conference and another on health progress achieved in the major cities.160

In the letter confirming Mexico’s participation at the Santiago meeting, Licéaga validated the previous Conferences, saying that relations “with the chiefs of public health services in the Republics of the Americas” had been “cordial” and that they were the best way to prevent difficulties, “principally with our country’s neighbors, which could have serious consequences for trade and unrestricted communication among men.”161

In addition to the discussions, visits to hospitals, attendance at concerts, and a garden party at the aristocratic Quinta Villa María, the organizers of the Santiago meeting planned a magnificent Chilean public health exhibition for the general public. It proudly presented mineral waters, photographs, and plans for sanitation projects.162 Subsequent conferences included similar events involving increasingly large numbers of participants—a mechanism clearly intended to “validate” local public health undertakings. In time, they would include a medium which participants found particularly fascinating: moving pictures on health issues. A number of the resolutions adopted in Santiago addressed the fine-tuning of maritime health measures. But the discussions were no longer limited to this topic alone.

The diversity of the resolutions—drinking water supply, medical certification of deaths, standing committees on tuberculosis, leprosy statistics, control of prostitution, and sanitary control over food products, just to name a few—clearly confirms the convergence of turn-of-the-century urban health movements with the emerging interests of international public health.163 The concurrence
of these phenomena also provided momentum for the strategy of professionalization of physicians holding public offices.

Of singular importance at the Santiago meeting was the request that countries take the necessary steps to offer “practical and complete” training courses for those working in public hygiene and sanitation activities and to establish requirements for employment in this area; e.g., holding a diploma. Another of the Santiago resolutions contained a request to strengthen what might well be considered the Bureau’s first branch office, in Montevideo, to serve as the regional center for a series of Sanitary Information Committees of five South American countries (the center had been created at the 1907 Mexico City Convention, but was forced to close some years later due to insufficient funding). With respect to the 1905 Washington Convention, a flexible agreement was adopted: the countries that had been parties to it had to comply with its provisions. At the same time, the Bureau’s headquarters in Washington, D.C., would study the best way to incorporate the proposed amendments to this Convention. Thus, the countries that were parties to other treaties could honor them and, eventually, embrace a single Pan American agreement.164

Pan American health activities suffered the loss of a leader and founder, Walter Wyman, in 1911. He fell seriously ill shortly before the Santiago meeting and was thus unable to attend. He was succeeded by Dr. Rupert Blue (1868–1948), who also replaced Wyman as Surgeon General of the U.S. Public Health Service.

**THE SECOND DIRECTOR OF THE PAN AMERICAN SANITARY BUREAU: RUPERT BLUE**

Dr. Rupert Blue, a physician from the southern United States, was appointed Chairman (the title became “Director” in 1920) of the Bureau in 1912, at the age of 46. He graduated from the University of Maryland, held positions in U.S. maritime health in Hawaii, Panama, and Europe, and played a major role in the battle against yellow fever that battered New Orleans in 1905, but especially in the fight against bubonic plague in San Francisco a short time later.165 Those who knew him observed that he was reserved, strong, and unusually tall. A Presbyterian by faith, his political leanings were Democratic. Eventually he was elected to the prestigious position of President of the American Medical Association, a rare honor for a U.S. Surgeon General (he was also, like Wyman, President of the Association of Military Surgeons).

Blue directed the sanitary teams that defeated the plague in San Francisco in 1907. This experience enhanced his power to persuade municipal authorities, businessmen, and the general public alike. Thanks to his acute powers of observation, he pointed out the danger of the disease being transmitted by squirrels and published several pamphlets on the subject that became mandatory references for field experts.166 Upon completion of his work against the plague in California, he received a medal acknowledging his contribution. It was said that the city of San Francisco was so clean that “you could eat off the streets.”167

His contact with Latin America began in 1910, when he represented his country at an International Congress on Hygiene and Medicine held in Buenos Aires. In January 1912 the United States Senate confirmed his appointment by President William Howard Taft, and Blue officially became Wyman’s successor.168 During his term in office, techniques and administrative methods were standardized and systematized, as were the duties of health workers, especially those of the U.S. Public Health Service, who were deployed during epidemics. In accomplishing that, he received a great deal of assistance from a talented and dedicated subordinate, W. C. Rucker, who had been his right-hand man in San Francisco. A pamphlet published in 1914, promoted by Blue and authored by Rucker, summarized all existing knowledge about how to carry out a yellow fever campaign, including how to manage financial transactions, maintain isolation hospitals, set up fumigation systems, and educate the populace. In another pamphlet, Rucker discussed the advantages to young U.S. doctors of choosing a career in the country’s
Public Health Service. In a speech to the American Medical Association, Blue demonstrated the need for discipline and persistence as he presented his long-term vision for public health endeavors: “Real progress has followed the plan of building from a basic nucleus, of carefully erecting the superstructure on a foundation which has stood the stress and strain of time and service.”

Another of Blue’s major achievements was support for the studies of Charles Stiles, a U.S. Public Health Service researcher. They brought to light the ravages caused by hookworm disease, which was widespread in the United States’ rural south and would be the object of the Rockefeller Foundation’s first public health program in the Caribbean and Central and South America. No less important during Blue’s term of office was the establishment, in 1916 and 1917, of quarantine stations for exanthematic typhus in several locations along the United States-Mexican border.

In 1913, Blue wrote Eduardo Licéaga that, in view of the “unanimous opinion of the members,” he had accepted the “temporary chairmanship” of the International Sanitary Bureau until the next Conference named a permanent chairman. The 1911 Santiago Conference planned a Sixth International Sanitary Conference to be held within the next two or three years. Blue sent a letter to Ernesto Fernández of Uruguay, asking him to call the following conference, which was almost held in 1914. An official announcement for the Montevideo meeting, signed by Blue, was even printed, sent to the sanitary authorities and diplomatic representations, and published in the Bulletin of the Pan American Union. It called for the usual types of reports, but also included new topics, such as a discussion on the ways to fight cerebrospinal meningitis and poliomyelitis—suggesting an early interest in children’s health.

But the Montevideo Conference was postponed until 1920, in large part due to the outbreak of World War I in 1914. The War caused all the countries of the Americas, and particularly the United States, to focus their concern on the military and diplomatic conflicts underway in Europe and on protecting the health of combatants to the largest extent possible. For the same reasons, meetings of the International Office of Public Hygiene, headquartered in Paris, were also suspended during this period.

As a result of this situation, Pan American public health activities were temporarily weakened. In late October of the War’s first year, Blue informed the Director of the Pan American Union that “…on account of the unsettled conditions resulting everywhere from the European war, the Government of Uruguay has decided to postpone the Sixth International Sanitary Conference . . . which was to be held in the city of Montevideo, 13–24 December 1914.”

So Blue never had the opportunity to preside over an International Sanitary Conference. But, as we will see later, one of his proposals was approved at the next Conference (in Montevideo in 1920). For its part, the Pan American Union does not seem to have been very active during this time. It did not hold a single meeting with representatives from all of the Americas between 1910 and 1923.

Inter-American conflicts also help explain the interruption in sanitary meetings. Between 1912 and the early 1920s, the U.S. Marines intervened in or occupied Cuba, the Dominican Republic, Haiti, Mexico, and Nicaragua, in addition to Panama. These measures were justified by various arguments, but mainly by the United States’ stated need for an “area of influence” in much of the Americas.

With an eye toward repeating the triumph by the U.S. military and Cuban scientists over yellow fever in Havana a few years earlier, William C. Gorgas’s leadership achieved another heroic feat during these years: the control of yellow fever and malaria in the zone where the Panama Canal was being built. The great passageway between two oceans was the result of an intervention that carved out part of Colombia’s territory to support the creation of a new country: Panama. The long-term (1904–1914) U.S. effort to finish the Canal
The Birth of a New Organization

followed the failure of a French company, headed by Ferdinand de Lesseps, which had built the Suez Canal and then went bankrupt in 1889. Gorgas received recognition in 1915, a year after the Canal was opened, when he was promoted to the rank of general. The Canal’s effect in terms of increased trade and, complementarily, interest in international health, was almost immediate. When the Panama Canal was opened, there was fear that yellow fever originating in the Caribbean would follow that route to Asia, where the disease did not exist, and that spurred the organization of new yellow fever campaigns in the Americas.

Meanwhile, the Public Health Service directed by Blue was incorporated into the military in 1917, the year that the United States formally entered World War I, and many Service employees were posted to various branches and missions. The Service’s functions multiplied dramatically, but without an increase in its funding or staff. Operating out of Washington, D.C., the Service’s laboratory produced tetanus, diphtheria, typhoid fever, and smallpox vaccines. Between 1919 and 1922, the Service cared for almost a million U.S. World War combatants in more than 50 hospitals that were often new and had been built over the structures of hotels and other buildings.

Shortly after the end of the War, and for reasons that are unclear, President Woodrow Wilson decided not to extend Blue’s appointment. But he remained with the Public Health Service for several more years, working in Europe until 1936, when he retired to Charleston, South Carolina, where he died in 1948. Blue was succeeded as Surgeon General by Hugh Smith Cumming (1869–1948), a Service physician who had seen duty in various corners of the world.

Cumming was appointed as Director of the International Sanitary Bureau at the Sixth International Sanitary Conference of the American Republics, held in Montevideo on 12–20 December 1920. Montevideo was an excellent choice, since the Bureau’s only branch office was located here, and the meeting provided the opportunity to reinforce to delegates the importance of transmitting to Washington headquarters and the Montevideo field office full reports, including vital statistics, on the health conditions of their respective countries.

Mexico, a major player in the early days of inter-American public health, but just emerging from a period complicated by the Revolution, which began in 1910, was not able to participate in the meeting. But it did later adhere to the agreements reached at the Conference and, in subsequent years, played a prominent role in regional health. The Constitution of 1917 recognized that all citizens had the right to physical and mental health, and remodeled the former Superior Council of Health into a new body with greater authority and scope.

At the opening ceremony of the Montevideo meeting, Uruguay’s Minister of Industry gave a speech in which he talked about the lack of meetings since the one in Chile in 1911, summarizing the experiences and feelings of many of those who attended:

The interruption, while indeed unfortunate, since it delayed sharing the benefits of science with our peoples for almost a decade . . . does not mean that, within their respective national jurisdictions, scholars and administrative authorities have failed to make their first priority the essential problems that are the reason for these meetings.

The resolutions approved at the meeting recommended that the governments educate the general public and require the teaching of hygiene in schools. It also adopted a resolution proposed by Blue—despite the fact that he was no longer in charge of the U.S. Public Health Service—asking health authorities to standardize sanitary regulations on imports. The Uruguay meeting also decided to increase the total amount needed to operate the Bureau, to be collected from the countries on a scale ranging from US$ 5,000 to US$ 20,000, depending on the size of the population.

Following a decision taken at the Fifth International Conference of American States—held in
Santiago, Chile, three years later, in 1923—two new names came into regular use: that of the International Sanitary Conference was changed to “Pan American Sanitary Conference,” to denominate the meeting, held every four years, of delegations from each country; and the International Sanitary Bureau was renamed the Pan American Sanitary Bureau (PASB, or Oficina Sanitaria Panamericana—OPS—in Spanish), consisting of the group of officials who implemented the Organization’s policies from the headquarters office in Washington, D.C. Also, from the 1920s on, there was increased participation by noted Latin American scientists at the meetings organized by the Bureau. Many of these scientists had made their careers in the laboratory, but found in this international organization a sounding board for their ideas and a means for facilitating the legitimization of their activities. Hugh S. Cumming would be the Bureau’s Director for the next 27 years (1920–1947). The next chapter profiles his personality and work.