Guest Editors’ Introduction / l’introduction des rédacteurs invités

Communication, Control, and Co-operation: (Latin) American Interchanges in the History of International Health

ANNE-EMANUELLE BIRN
GILBERTO HOCHMAN

Abstract. This article discusses the development of historical studies of international health since the 1980s, showing that the field has gained considerable density and complexity. The authors touch on various current research trends in the history of international health, including reconsideration of so-called centre-periphery and imperial-colonial relations. They emphasize the important, if often forgotten, role of Latin America in the history of international health and bring attention to the relevance of Canada to the international health field, especially in the last 30 years. The article concludes by introducing the articles that make up this special issue of CBMH, pointing out their most significant findings and cross-cutting themes.

Resumen. O artigo discute o desenvolvimento dos estudos históricos sobre saúde internacional desde a década de 1980 indicando que o campo tem ganhado densidade e complexidade. Os autores indicam as tendências atuais das pesquisas sobre história da saúde internacional, em particular na reconsideração sobre as chamadas relações centro-periferia ou impérios-colônias. Ressaltam o
papel importante, mas muitas vezes esquecido, da América Latina na história da saúde internacional assim como chama a atenção para a relevância do Canadá na saúde internacional, particularmente nos últimos 30 anos. Por último apresenta os artigos que compõem esse issue de CBMH chamando a atenção para os seus aspectos mais relevantes e para o entrecruzamento de seus temas.

Résumé. Cet article discute du développement des études historiques sur la santé internationale depuis les années 1980, indiquant que ce champ a gagné considérablement en densité et en complexité. Les auteurs touchent sur les diverses tendances de recherche actuelles dans l’histoire de la santé internationale, y compris la reconsideration des prétendues centres et périphéries et des relations impériales-coloniales. Ils soulignent le rôle important, mais si souvent oublié, de l’Amérique Latine dans l’histoire de la santé internationale et portent attention sur la pertinence du Canada dans le champ de la santé internationale, particulièrement dans les 30 dernières années. L’article se conclut par une introduction des articles qui composent ce numéro spécial du BCHM, en soullevant leurs résultats les plus significatifs et les thèmes qui s’entrecroisent.

Starting in the mid-1980s the field of the history of medicine and public health underwent a full-scale internationalization, both in the nationalities of researchers—and their increasingly diverse areas of inquiry—and in terms of health and medicine as a form of interchange among different countries and cultural settings. Not surprisingly, the first generation of works on these questions challenged the prevailing notions of health and medicine as purely humanitarian fields and demonstrated their close ties to the imperial enterprise. In so doing, many of these studies sidestepped questions of local agency, contributions, and interplay with colonial entities, leaving the next generation to explore the complexities of medical and health developments between metropole and colony. Still, even in this subsequent generation of accounts, the role of formal international health organization as a multi-country arena of reciprocity and tension remained secondary.

Indeed, until recently, the history of international health was an area overlooked by all but institutional historians aimed at documenting a parade of progress in the name of justifying particular programs and organizations. As attested to by the varied and vibrant contributions to this special issue of CBMH, this situation is starting to change. The study of international health, its institutions, interlocutors, motivations, principles, priorities, paradigms, and effects has begun to generate lively debates and, at times, harsh critiques, elevating the relevance of this field of inquiry for current and past international relations, local, national, and global health conditions, and public policy.

Scholarship in the history of international health in Latin America forms part of the animated field of the history of health in Latin America and the Caribbean that has developed since the 1990s, bringing together both Latin Americans and Latin Americanists. Many of these scholars
also participate in a larger academic movement that seeks to challenge
the use of traditional, simplified dichotomies including: international
vs. national, centre vs. periphery, national vs. local, and individual vs.
collective. This movement has promoted a more sophisticated and less
rigid view of the encounters of Latin American and foreign (largely
American and European) ideas, institutions, and personalities. Hierar-
chies among government offices, health agencies, communities of
experts, and key figures are still recognized, but these hierarchies are
understood to shape the interaction among players, institutions, and
policies rather than following a fixed or a priori logic of power. As various
historians have pointed out, the asymmetry of relations contextualizes
and conditions the nature of international health politics and activities,
both over time and at particular moments, but it does not determine
them. Moreover, these interchanges have led local actors—scientific
associations, unions, traditional healers, health professionals, and citi-
zens—national authorities, researchers, public policy analysts, transna-
tional experts, and international agencies to interact dynamically, con-
tinuously molding and remolding one another. In the end, the
conceptual categories of empire, international, center, and so on, become
muddied and far more open than in their previous Cold War era guises.

As well, this emerging perspective unveils a more complex under-
standing of the role of local specificities and larger commonalities, the
insertion of each country into regional and international scientific and
medico-sanitary contexts, the contested meanings of (communicable)
disease control, and the part played by health, medicine, and sickness in
particular societies and in the construction of national, ethnic, racial,
generational, local, and gendered identities. Such questions are gener-
ating a broad re-evaluation not only of the social history of health and
medicine in the region but also in terms of what constitutes modernity in
the Latin American and Caribbean context and of the very idea of
“periphery.”

Undoubtedly, the mounting policy interest in international health in
recent years has also shaped this historiographic attention, whether in
terms of renewed attention to global health as an issue of strategic
alliances, social rights, biosecurity, humanitarianism, economic self-inter-
est, or human development. Over the last few decades, the field’s tra-
ditional institutional actors—most notably the World Health Organiza-
tion (WHO)—have also undergone moments of vitality, defensiveness,
crisis, and rebirth, through such seminal events as the Health for All
strategy, launched in 1977, the 1986 Ottawa Charter for Health Promo-
tion, and the WHO’s eclipsing by the World Bank in the 1990s.

Latin America offers a particularly fruitful vantage point from which
to investigate the ideologies, institutions, and practices of international
health, given the region’s public health concerns rooted in 19th-century
state-building projects, its political movements and social activism, cultural and educational institutions, long engagement with the international arena—whether instigated from within or without—and relentless history of hope amid ongoing economic and political problems. Far from being passively derivative of foreign influences, many countries in the region not only creatively adapted international programs to suit local institutional, political, and popular needs but also provided innovations to the international health system.

These influential public health exports include: Uruguay’s International Institute for the Protection of Childhood founded in the late 1920s; Mexico’s rural health approach, involving mandatory rural residencies for health workers and co-operative farm-based health care services, begun in the 1930s; Brazil’s “collective health” movement, which since the 1970s has sought to re-orient public health to incorporate the social and political determinants of health; and Nicaragua’s primary health care and educational efforts under the Sandinistas in the 1980s. Yet we know little about the internationalization of these innovations, of the national-international dialogues they generated, or about how international health has shaped and been shaped by such local efforts.

Likewise, Canada’s role in international health and development—while punctuated by such luminary figures as Norman Bethune, who devised the first viable means of blood transport during the Spanish Civil War; Brock Chisholm, first director-general of the WHO; Donald A. Henderson, head of the WHO’s Smallpox Eradication Program; and James Orbinski, Past President of Médecins sans Frontières and a leading health and human rights advocate—remains little studied. Notwithstanding former Canadian Prime Minister Lester Pearson’s much hailed but little heeded 1969 call for developed countries to commit .7% of GDP to official development assistance, Canada’s foreign health policymaking has not been systematically examined.9

The Latin American perspectives on international health presented here—including an account of Canada’s first official involvement in the Americas—are also aimed at stimulating further research on how Canada’s international health priorities and activities have evolved and the ways in which foreign policy and local needs have been challenged and addressed. Canada’s international health engagement in Latin America has been minuscule and late-in-coming compared to that of the US and Europe, but it has occasionally played a pivotal role, for example, in supporting health and human rights approaches during and since Central America’s 1980s civil wars and, more recently, in the funding of researchers across the region through the International Development Research Centre’s sponsorship of programs as varied as reducing pesticide exposures of Ecuadorian farmers and improving eco-sanitary conditions in Chile.10
Certain domestic developments in Canada have also filtered southward. Health Minister Marc Lalonde’s 1974 report “A New Perspective on the Health of Canadians” had enormous resonance in Latin America, much of it critical of the excessively behaviouralist approach to health it espoused. One of the little-known collaborations between Canada and Latin America took place via the Connaught laboratories, at the time based at the University of Toronto, in the certification and quality control of Brazil’s smallpox vaccine production during the Global Smallpox Campaign in the late 1960s. Ironically, Canada’s final, laboratory-confirmed case of smallpox, in 1962, involved the 15-year-old son of a Canadian missionary who had flown back to Toronto from Brazil.11

Latin America has had a long and eventful engagement with international health agencies and programs, marked early on by the Pan American Sanitary Bureau (founded in 1902), the world’s first international health agency12; the strong presence of the Rockefeller Foundation; and the wide dissemination of US and Canadian missionaries. The region’s experiences with international health have been diverse, ranging from the long-time dependence of Central America on US aid, intervention, and public health models to Southern South America’s closer ties to socially oriented French approaches, to the larger settings of Mexico and Brazil playing various international and domestic influences against one another. Latin American public health also interacted with Soviet medicine and health, beginning with the streams of Latin American medical visitors to Moscow in the 1930s, who turned to Soviet, as well as European, experiences as they were developing social security systems at home. Latin American and Soviet approaches to public health development also intersected in Cuba following its Revolution and in the WHO’s primary health care approach, declared in Alma Ata, USSR and popularized (if at times cynically) throughout Latin America in the 1980s.

This issue of the Canadian Bulletin of Medical History brings together a set of papers by a group of historians of health and medicine based in Latin America and Canada, whose research was originally presented at a workshop entitled “Latin American Perspectives on International Health,” held at the University of Toronto from 5-7 May 2005 and organized by Anne-Emanuella Birn. Other papers presented at the workshop appeared in special issues on “History of International Health: Latin American Perspectives” published in História, Ciências, Saúde –Manguinhos, 13, 3 (2006), and edited by Birn and Gilberto Hochman, available online at www.scielo.br/hcms; and on “Canada, Latin America, and International Health,” published in the Canadian Journal of Public Health 97, 6 (special insert) (2006), edited by Birn.

We are most grateful to the Social Sciences and Humanities Research Council of Canada, Associated Medical Services, Inc., the Canada Research Chairs Program, the Connaught Fund for International Sym-
posia, the Lupina Foundation and the Comparative Program on Health and Society, as well as to various units of the University of Toronto both for their generous sponsorship of the workshop, and for directly and indirectly making this special issue possible, including support for translation of the articles into French or English. In addition we would like to extend thanks to Cheryl Warsh, editor-in-chief of CBMH for her unwavering support throughout the publication process.

The articles in this collection cover a range of health concerns from the 19th century to the Cold War, including campaigns against malaria, yellow fever, and hookworm; efforts to control the conditions of childbirth and stop the cross-border communication of disease; and the emergence of new research models and of scientific public health. They also resonate with the larger social, political, and economic movements and issues of the day: international co-operation; health philanthropy; imperialist rivalry; state-building and health citizenship; development ideology, anti-Communism; and the intertwining of business and political interests. The pieces included here are far more than appendices to the existing accounts of international health or a relocation of old stories to new locales. Instead, as we shall see, they present a complex reshaping of ideas, agendas, and action on the part of multiple players in the international health arena.

We begin with Marcos Cueto’s article, which, though focused on the early Cold War period, provides an overview of early and mid-20th-century international health efforts in Latin America. The author analyzes the role of a range of official, professional, and philanthropic institutions and actors who propelled US interests but were also subject to local and regional exigencies. As of World War II, bilateral agencies—either US government entities or organizations strongly influenced by Americans—dominated international health co-operation in Latin America. In the late 1940s, the US’s wartime priorities became economic ones, reflecting emerging Cold War ideologies and giving new meaning to the notion of international health politics.

Ligia Peña Torres and Steven Palmer explore the intended and unintended consequences of the Rockefeller Foundation’s hookworm control program in early 20th-century Nicaragua. They transcend superficial analysis of the hookworm campaign as an instrument of US imperialism during its military occupation of Nicaragua to identify the intertwined nation-building, community, and international health imperatives that shaped this endeavor. If the Rockefeller Foundation’s operation at times served as an ersatz government rural health initiative which temporarily mended local-national tensions, it never managed to shake its association, in the minds of popular classes and local elites, with US occupation forces.

Emilio Quevedo and colleagues venture into the question of the asymmetry of power and ideas among actors and agencies in the inter-
Communication, Control, and Co-operation

national health field through the story of how the concept of “jungle yellow fever” developed, who obtained credit for this discovery, and what its implications were in both scientific and international health milieus. In tracing the local, national, and international research responses to a series of disease outbreaks in early 20th-century Colombia in the midst of the Rockefeller Foundation’s campaigns against yellow fever in Latin America, the authors show how Rockefeller senior officer Fred Soper was able to—and why he wanted to—stake the primary claim for identifying jungle yellow fever.

André Campos analyzes the trajectory of the US State Department-Brazilian government-sponsored Special Public Health Service (SESP) and its health policies in Brazil during the 1940s and 1950s. The author argues that, although SESP was originally planned by its American founders in 1942 as a temporary organization with strategic and military objectives, the interactions between Brazilians and Americans, together with the interests of Brazilian politicians and sanitarians, turned SESP into an instrument of expansion of state authority into the hinterland. This history of SESP shows how the mix of local medico-sanitary traditions and outside endeavors allowed for a reconfiguration and nationalization of health programs and institutions that were intended to serve international interests.

Adriana Alvarez examines the emergence of rural health as a national priority for Argentina, as expressed through the problem of, and solutions to, malaria in northern agricultural regions. As malaria went from local to national concern, scientific understanding and research, conceptions of the disease, and practical measures were engaged in ongoing exchanges and influences with France and Italy, within South America, and the US (via the Rockefeller Foundation and business interests). These international dimensions of malaria control had profound effects on Argentina’s public health agenda and on its local implementation, serving as a conduit between the pampa and Buenos Aires.

Gilberto Hochman’s study turns to the relationship between Brazil’s national malaria program—organized in 1941 and aimed at the control, and relatively rapid elimination, of malaria based on domestic strategies and methods—and the policies and recommendations of the WHO in the mid-1950s, calling for the adoption of malaria programs exclusively focused on eradication. The author analyzes the changes in the national malaria program in the context of the reconfiguration of Brazil’s relations with the United States during Juscelino Kubitscheck’s Presidential term (1956-61), when Brazil went from a home-grown approach to an international one. The Brazilian case shows the opportunities, conditions, and limits of autonomous development of national health policies in Latin America during the Cold War period.
Soledad Zárate’s article takes us to the history of childbirth assistance in Santiago, Chile from the late 19th to mid-20th centuries, a period during which public health was becoming institutionalized, obstetricians professionalized, and an incipient welfare state realized. These varied players and institutions underwent a transformation of influences, going from long-time French models and practices of clinical obstetrics to an emerging US role in public health specialization via Rockefeller Foundation programs. Even so, it was Santiago’s social security doctors who served at the fulcrum of childbirth’s transition from an exclusively surgical domain to a preventive and social one that sought to medicalize poor pregnant women.

Finally, we turn to Canada’s place in this tableau. While Canada’s official health role in the Americas is usually traced to the era of Prime Minister Pierre Trudeau, Ana María Carrillo and Anne-Emmanuelle Birn uncover a far earlier incarnation of involvement, mediated by the American Public Health Association (APHA). Starting in the 1880s, APHA invited the membership first of Canada, then Mexico and Cuba—seeking “imperial” control of quarantine and border health concerns. The APHA was not a US government entity, but its officers served on par with health officials from the other countries. For over four decades, Canadian, Mexican, and Cuban authorities served as formidable counterparts, countering the APHA’s official protectionism and accusations with calls for fair play and co-operative agenda setting.

Together these pieces demonstrate both a theoretical renaissance and a historiographic richness which, we hope, will nourish the field for some years to come. In particular, this collection offers a new perspective on international health in the Americas, in which research, policies, and practices circulated from place to place, emanating from multiple locales and spreading in many directions, ultimately changing international health itself. Perhaps, as well, this special issue of the CBMH focused on the history of international health will deepen understanding of the impediments to, and the possibilities of, autonomy and non-hierarchical health co-operation in today’s (re-) globalized world.

NOTES

1 The references in this article are meant as examples rather than as an exhaustive survey of the field: Saúl Franco, Agudelo, El Paludismo en América Latina (Guadalajara, México: Editorial Universidad de Guadalajara, 1990); Roy MacLeod and Milton Lewis, eds., Disease, Medicine, and Empire: Perspectives on Western Medicine and the Experience of European Expansion (London: Routledge, 1988); David Arnold, Imperial Medicine and Indigenous Societies (Manchester: Manchester University Press, 1988); and Vicente Navarro, ed., Imperialism, Health and Medicine (Farmingdale, NY: Baywood Publishing, 1980).

2 Marcos Cueto, ed., Missionaries of Science: The Rockefeller Foundation and Latin America (Bloomington: Indiana University Press, 1994); David Arnold, ed., Warm Climates and Western Medicine: The Emergence of Tropical Medicine, 1500-1900 (Amsterdam: Rodopi,
Communication, Control, and Co-operation


