

THE ORGANIZATION AND AIMS OF THE PAN AMERICAN SANITARY BUREAU IN THE AMERICAS AND ALONG THE UNITED STATES-MEXICO BORDER*

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For historical purposes the Pan American Sanitary Bureau may be said to have come into being in 1902, when many people could remember the last epidemic of cholera; when yellow fever was still a periodic scourge in the Central and South American Countries, as well as in the United States; when plague had just been introduced into the western hemisphere; when hundreds of thousands of the population of the Americas had not been protected against smallpox by vaccination; and when the cause of typhus fever was a discovery to be made in the future.

The transmission of the above named dread and panic provoking diseases, the so called maritime quarantinable diseases, because they were transmitted principally by ships, led, all too frequently, only a few years ago, to enforced quarantine of vessels upon their arrival in ports of the Americas. Passengers so travelling in many instances, were held in detention on shipboard upon reaching their destination. Detention with all its attendant annoyances would last from 10 days to 2 weeks, and cargoes frequently remained on board for weeks on end.

It was primarily in an attempt to relieve the annoyances of quarantine restrictions which varied from country to country, or even from port to port, and to put an end to the trade-paralyzing and costly delay in shipping, that the agency now known as the Pan American Sanitary Bureau was organized. Its formation probably stemmed more from the economic angle than from any altruistic public health motive. Although the public health aspect of quarantine restriction posed questions of importance, the economic losses resulting from the detention of a vessel and its cargo probably assumed greater significance. That there was a relationship between the health of a people and the national economy was realized, but apparently then, as is true in the present day, business interests could not easily accept the costly delays in international commerce as a logical procedure, especially when disease was not actually present on board a vessel.

Could quarantine be standardized, could it be shortened, could it be made unnecessary? These and other questions relating to a less stringent and standardized quarantine procedure were being discussed more and more. They had been discussed on an international basis in the old world as well as in the new, as early as the 1870s. Particularly was this

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true when the International Sanitary and Maritime Council met at Alexandria, Egypt, in 1883. For a time at this Conference prospects were encouraging for international cooperation and some standardization of maritime quarantine procedure. There was too much of international jealousy, suspicion and bickering, however, and very little was accomplished except an exchange of ideas.

It was not until 1912 that a world-wide sanitary convention, consisting of practically the entire civilized world, was adopted and signed by the 61 participating nations. Minimum standards and methods were agreed upon and each signatory nation bound itself to notify the others and the International Office of Public Hygiene, established in Paris in 1907, of the existence, progress and other data concerning the quarantinable diseases, namely cholera, plague, yellow fever, smallpox and typhus fever. The governments also agreed to take effectual measures to prevent the departure of persons showing symptoms of the quarantinable diseases; to prevent rats in plague infected ports from getting on ships; to prevent infected food stuffs and polluted water from being taken on board at cholera ports; to keep mosquitoes off ships in yellow fever areas; to prevent typhus by delousing passengers; and to vaccinate against smallpox. Strange as it now may seem, the United States Senate did not ratify the International Sanitary Convention until 1926.

The nations of the western hemisphere, however, entered into cooperative agreement at a much earlier period. Perhaps they were not so suspicious of their hemispheric neighbors as many countries appeared to have been on a world-wide basis. Cooperation in public health matters in the Latin American Countries dates back to regional conferences between two or more nations as early as 1873. Others were held in succeeding years, but while quarantine appears to have been the principal topic of discussion until after the turn of the century, recommendations for reciprocal disease notification between countries had been made as early as 1888. Regional agreements between two or more countries were adopted at several of these meetings, but the first cooperative public health agreement on a hemispheric basis, the Washington Convention, was adopted in 1905, following the establishment of the Pan American Sanitary Bureau. The Pan American Sanitary Bureau was authorized, as an independent official public health organization by the Second International Conference of American Republics, held in Mexico City in December, 1901 and January, 1902 and was organized by the first Pan American Sanitary Conference in 1902. The primary purpose of this inter-American cooperation was quarantine standardization. A board of international experts in epidemic disease control "consisting of at least 5 people" was appointed to direct the activities of the International Sanitary Bureau, later to be known as the Pan American Sanitary Bureau, which was to be permanently located in Washington, D. C. This board in a great measure was responsible

for preparing the international public health agreement of 1905, known as the "Washington Convention," which spelled out rules of quarantine procedure and methods of international disease control specifying the responsibility and obligations assumed by its signers.

The Washington Convention, with revisions from time to time, served as a pattern of procedure until the adoption of the Pan American Sanitary Code in 1924. In point of time, therefore, the International Sanitary Bureau or the Pan American Sanitary Bureau, is the oldest of the great international health boards. Nearly a decade before the International Office of Public Hygiene and two decades before the Health Section of the League of Nations came into being, the American Republics established and operated on a *pro rata* contributing basis their own international health organization.

With the advance in medical knowledge and as the majority of quarantinable diseases were slowly brought under control, the activities of the Bureau gradually expanded from a helpful defense agency against epidemic diseases to one providing assistance in prevention and control work. With the growth and development of public health services throughout the Americas and the ever expanding knowledge concerning the cause, mode of transmission and methods of preventing diseases, increased demands were made upon the Bureau to furnish advice in many different public health fields. Awakened interest in various problems confronting individual American Republics resulted in a reorganization of the Bureau in 1920. Increased scope and resources were authorized by the Pan American Sanitary Conference of that year and by succeeding conferences, notably the Seventh (1924), the Tenth (1938), the Eleventh (1942) and most recently, the Twelfth in 1947.

Prior to 1920 the Bureau as it was then organized, carried out for the most part instructions issued every four years by the Pan American Sanitary Conference. There was no particular initiation of activities, but following the standardization of quarantine procedure and the disappearance of yellow fever, considerable emphasis appears to have been placed on the control of malaria, which was recognized and still is one of the most serious continuing public health problems in the Americas. The records indicate that the Bureau was instrumental in stimulating active control measures in many of the republics. The governments were encouraged to establish anti-malarial control measures, services and training courses in malariology, to distribute free quinine to the poor, and to encourage the cultivation of cinchona as an anti-malarial weapon.

With the reorganization of the Bureau in 1920, the functions were further expanded and its scope broadened. Perhaps of greatest significance in its ever increasing prestige and usefulness was the selection of its first Director, Dr. Hugh S. Cumming, then Surgeon General of the U. S. Public Health Service, who served in this capacity for 27 years. From 1920 to 1935, Dr. Cumming devoted only part of his time to the affairs

of the Bureau, but from 1935 to 1947, after his retirement as Surgeon General of the Public Health Service, his full time efforts as Director resulted in many valuable contributions being made by the Bureau toward a more healthful hemisphere and increasing Pan American cooperation.

Under the leadership of Dr. Cumming, a sanitary treaty was approved by the Pan American Sanitary Conference in 1924 and subsequently ratified as the Pan American Sanitary Code by the 21 American Republics. The functions of the Bureau as incorporated therein are defined as follows:

Art. 54. The organization, functions, and duties of the Pan American Sanitary Bureau shall include those heretofore determined for the International Sanitary Bureau by the various international sanitary and other conferences of American Republics, and such additional administrative functions and duties as may be hereafter determined by Pan American sanitary conferences.

Art. 55. The Pan American Sanitary Bureau shall be the central coordinating sanitary agency of the various member Republics of the Pan American Union and the general collection and distribution center of sanitary information to and from said Republics. For this purpose it shall, from time to time, designate representatives to visit and confer with the sanitary authorities of the various signatory Governments on public health matters, and such representatives shall be given all available sanitary information in the countries visited by them in the course of their official visits and conferences.

Art. 56. In addition, the Pan American Sanitary Bureau shall perform the following specific functions:

To supply to the sanitary authorities of the signatory Governments through its publications, or in other appropriate manner, all available information relative to the actual status of the communicable diseases of man, new invasions of such diseases, the sanitary measures undertaken, and the progress effected in the control or eradication of such diseases; new methods for combating disease; morbidity and mortality statistics; public health organization and administration; progress in any of the branches of preventive medicine; and other pertinent information relative to sanitation and public health in any of its phases, including a bibliography of books and periodicals on public hygiene.

In order more efficiently to discharge its functions it may undertake cooperative epidemiological and other studies; may employ at headquarters and elsewhere experts for this purpose; may stimulate and facilitate scientific researches and the practical application of the results therefrom; and may accept gifts, benefactions, and bequests, which shall be accounted for in the manner now provided for the maintenance funds of the Bureau.

Art. 57. The Pan American Sanitary Bureau shall advise and consult with the sanitary authorities of the various signatory Governments relative to public health problems and the manner of interpreting and applying the provisions of this code.

Art. 58. Officials of the national health services may be designated as representatives, *ex officio*, of the Pan American Sanitary Bureau, in addition to their regular duties, and when so designated they may be empowered to act as sanitary representatives of one or more of the signatory Governments when properly designated and accredited so to serve.

Art. 59. Upon request of the sanitary authorities of any of the signatory Governments, the Pan American Sanitary Bureau is authorized to take the neces-

sary preparatory steps to bring about an exchange of professors, medical and health officers, experts or advisers in public health of any of the sanitary sciences, for the purpose of mutual aid and advancement in the protection of the public health of the signatory Governments.

The following description summarizes the present organization of the Bureau (now in process of reorganization) and gives a brief review of some of its more important activities.

The Bureau is supported by annual contributions from the 21 American Republics in amounts proportionate to their population. The Directing Council in 1947, approved an increase in the quota from forty cents to one dollar per thousand population. Supplementary contributions may be made by any of the governments or other funds provided by governments or foundations for specific purposes or activities.

The overall activities of the Pan American Sanitary Bureau are those specified in the Pan American Sanitary Code or determined by the Pan American Sanitary Conference at its quadrennial sessions. They are administered by a Director, who is elected every four years by the Pan American Sanitary Conference, under the technical direction and supervision of a Directing Council, also elected by the Conference, or its Executive Committee. The detailed duties and responsibilities of the several component parts of the "Pan American Sanitary Organization" are to be found in the text of the Constitution approved by the Directing Council at Buenos Aires, October 1, 1947.

Prior to November 1, 1947, headquarters of the Bureau were located in the building of the Pan American Union in Washington, D. C. Having outgrown available space there, the Bureau then moved and now occupies adequate quarters at 2001 Connecticut Ave., N. W., in Washington where the Director and the various divisions, namely the Statistical, Editorial, Fiscal, Sanitary Engineering, Nursing, Fellowship and the Library, are located. Although the titles of the divisions indicate their particular activity, special mention is made of the following: the Statistical Section, in addition to collecting, compiling and distributing weekly and monthly morbidity reports from the 21 republics, also serves as the regional office for world statistical organizations. This activity and others will be further increased if and when the World Health Organization becomes a reality. It is proposed that the Pan American Sanitary Bureau will become a constituent part of that organization and serve as the Regional Office for the Western Hemisphere, but will continue to maintain its identity and perform its specific Pan American functions; the Editorial Division, aside from publishing public health reports, pamphlets and educational material relating to public health matters of interest to the Americas, also edits and publishes the monthly Bulletin of the Pan American Sanitary Bureau. Some 10,000 copies of each issue are distributed to official and non-official agencies throughout the hemisphere and to public health officials and other interested indi-

viduals. All cities in Central and South America with a population of 2,000 or above are included in the distribution. The clerical force at headquarters is recruited from all the Americas.

In carrying out the functions prescribed in the Pan American Sanitary Code, personnel and facilities are maintained in the central office which renders assistance in the more important public health fields, namely quarantine, typhus and other rickettsial diseases, malaria, tuberculosis and venereal disease control, sanitary engineering, leprosy, biological products, vital and epidemiological statistics, as well as in public health legislation.

Expert services for advice, assistance or even supervision in the various public health fields are made available upon request, and Bureau representatives have made valuable contributions to many of the Republics. Another important service has been rendered in promoting and encouraging public health training for employees and the development of training centers in a number of the countries. The Bureau has been instrumental in obtaining or providing scholarships in the United States for a large number of health officers and other scientific personnel of many countries.

Regional offices are maintained for South America in Lima, Peru and for Central America in Guatemala City, Guatemala. A field office is also maintained in El Paso, Texas. The staffs of the regional offices are composed of the Officer in Charge, Sanitary Engineers, Public Health Nurses, Epidemiologists and other experts. Scientific personnel to carry on the various types of activities have been made available to the Bureau by the U. S. Public Health Service, other Pan American Countries and various foundations. It has not been possible under pre-existing conditions for the Bureau to build up its own scientific staff, but it is hoped that with additional funds which now are authorized, such personnel soon will constitute a permanent staff.

A brief summary of the activities of the regional and field offices indicate the practical nature of the assistance which is being rendered by the Bureau.

For many years the personnel of the Lima Office has paid special attention to the study and control of plague. The office, in cooperation with the health departments, particularly of Ecuador and Peru, has assisted, supervised or directed plague control programs, has done laudable research work in the field of plague control and the epidemiology of plague, has developed new control methods, such as new poisons, the flame thrower for killing of rats and fleas and has encouraged the governments to supply adequate funds for anti-plague work and the training of personnel to carry it on. That these efforts have been fruitful is seen in the eradication of plague from all South American seaports and its limitations to inland areas where the work still is being prosecuted with vigor. The office has aided materially in general sanitary improvements

through promoting the enactment of legislation requiring rat proofing construction and other measures for the improvement of the public health. The office has also devoted considerable time to general sanitation programs in South American countries and the sanitary engineering consultants have assisted in improving water supplies, the disposal of used waters, anti-malarial work and mosquito control and the sanitation of international carriers, including ships and airplanes. One of the engineers attached to the office developed a contained unit which with a central control, enables the pilot to spray, simultaneously, the interior of an airplane for the destruction of mosquitoes and other insects. The office has assisted various countries in the preparation of a national sanitary code and has taken an active part in developing cooperative services between two or more adjacent countries in handling public health problems common to both.

The Central America Office in Guatemala, although only established a few years, has been engaged in activities which may be far reaching in their results. Several projects listed below are being undertaken which may be considered more as investigative or research in nature than as definite public health programs, but all include many practical measures.

(a) A typhus eradication program financed by the Guatemala Government, to be continued for a period of three years, is being carried out as a cooperative undertaking. An investigative phase of the program combines the mass vaccination against typhus fever and delousing by the use of DDT of the entire population of a selected area and for comparative purposes, the use of DDT alone, in a second area.

(b) In cooperation with the Guatemala Government, an intensive study of venereal disease control methods, factors in the transmission of the disease and prophylaxis, is being carried out with the technical assistance of the Syphilis Research Laboratory of the Public Health Service supported by the National Institute of Health.

(c) The development of a Central American Institute of Nutrition at Guatemala City has been undertaken where in addition to providing training for personnel from the several nearby Central American countries, an intensive study will be made of the nutritional values of local foods. A fact of prime significance already determined for one section of Mexico is that some of the grains produced in a local area are extremely limited in nutrient value. Other types of the same grains, growing more readily and with a much higher nutritional content have already been successfully substituted.

(d) The office, in cooperation with Mexico and Guatemala has been actively engaged in an investigative and control program for onchocerciasis, endemic in a previously semi-isolated area along the Mexico-Guatemala border. With the construction and future opening of the Pan American Highway, the potential spread of this very painful and disabling condition was considered of serious importance and well worthy of determining control methods to prevent its future spread.

(e) With the wartime impetus given to the construction of the Pan American Highway in 1941 and new possibilities of disease transmission, the services of the Bureau were called upon for assistance in the sanitation of the highway route. Through the cooperation of the U. S. Public Health Service, public health officers,

engineers and other experts were made available to aid in carrying out measures for the control of malaria, syphilis and other diseases and for improving the general environmental sanitation, water supplies and sewage disposal methods.

The El Paso Office was established as a war time activity, primarily to carry out a practical cooperative program between the United States and Mexico for the control of venereal diseases along the international border. This phase of the activity was discussed yesterday by Dr. Ziemba. Since the office appeared to serve as one of strategic value to both countries in other than venereal disease matters, the activities, with mutual approval, were expanded in 1943 to include other services. Consultant sanitary engineers and public health nurses were added to the staff and effort has since been made to stimulate and promote an improved and coordinated public health program in its various aspects throughout the length of the border. The expanded activity now referred to as the United States-Mexico Border Public Health Program was more definitely formalized by an agreement reached in conference between the Under Secretary of Health for Mexico, the four United States Health Officers along the border, representatives of the U. S. Public Health Service and the Director of the Pan American Sanitary Bureau, at Laredo, Texas, in July, 1947.

The program as drawn up specifies:

(a) That the Pan American Sanitary Bureau coordinate health activities along the border and promote increased contact between health officers of adjacent communities.

(b) That activities, particularly in venereal disease and tuberculosis control, maternal and child health, malaria, typhus, the rickettsial diseases and public health education, be immediately intensified.

(c) That community health councils of adjacent cities be organized and jointly compose international committees for the solution of problems of common interest.

(d) That direct reporting of communicable disease incidence and mortality and an exchange of information concerning water supplies be instituted between health officers of adjoining border communities.

(e) That appropriate educational material including venereal disease literature in Spanish be made available to border communities.

(f) That the Pan American Sanitary Bureau serve as a clearing house for information regarding needs for special training of health personnel and facilities for meeting them, and

(g) That the Pan American Sanitary Bureau continues to support the United States-Mexico Border Public Health Association.

The foregoing constitutes the basic program of the El Paso Office. The personnel at the present time consists of your speaker as Officer in Charge, a Venereal Disease Consultant, a Liaison Medical Officer from Mexico, a Sanitary Engineer (temporarily absent) and a Public Health Nurse Consultant, who are available to the local State Health Officers along both sides of the border for any assistance which can be rendered in promoting improved public health services and in helping solve public health problems.

Visits are made at intervals by members of the staff to cities and towns along the border. We are reasonably familiar with the several health department organizations, the qualifications of personnel, and the facilities and equipment with which they are provided, and have some knowledge of the more important public health problems of each. In addition to furthering official and friendly relationships between personnel of adjacent health officers, suggestions for improvement in methods or procedure are freely given upon request.

With reference to the final item (the Pan American Sanitary Bureau continuing to support the United States-Mexico Border Public Health Association) I am sure that most of you know this is being done. The development of the Border Public Health Association was a logical means whereby interested public health officials in the area could get together and discuss problems of mutual interest. That it serves this purpose to an admirable extent cannot be questioned by those of you who have been present at former meetings or who were present at the Laredo, Texas and Nuevo Laredo, Tamaulipas, Meeting just two months ago when your own Doctor James R. Scott officiated as President. For the information of those who were not at the Meeting or are not affiliated and did not receive a copy of the most recent newsletter, I believe it will be of interest to state that the recent conference was the 6th annual meeting which has been held. There were just under 300 registrants at the meeting, almost half of whom were from Mexico. The more prominent participants included the Under Secretary of Health for Mexico, the Director of the Pan American Sanitary Bureau, representatives of the Surgeon General of the U. S. Public Health Service, the Chief of the Health and Sanitation Division of the Office of Inter-American Affairs, as well as many other outstanding leaders in the field of public health from both Mexico and the United States. The keynote of the meeting was international cooperation, and considerable attention was focused on tuberculosis, malaria, typhus fever, and venereal disease control and maternal and child health activities. Doctor Victor Ocampo Alonzo, Health Officer of Sonora, was elected President for the ensuing year and Doctor George W. Cox, State Health Officer of Texas was named President Elect. The next meeting is scheduled for the Nogales, Sonora and Arizona, during the first week in May, 1949.

The United States-Mexico Border Public Health Association, prior to 1948, was supported *in toto* by the Pan American Sanitary Bureau. This year, however, as the result of instituting a nominal membership fee, the treasurer has some funds which are available to help defray expenses for the meeting next year. I extend to all of you a cordial invitation to affiliate with the organization and to attend the meeting. I am sure that with the growing interest and active support of all public health personnel of the border area, we may look forward with confidence to a better understanding with our neighbors to the south, closer cooperation in solving mutual problems and a continuing advance in providing better and better public health services to the benefit of both countries.