

Sixty Years of Commitment to Border Health

**United States-Mexico Border Field Office
of the Pan American Health Organization**



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Celebrating
Sixty Years of
Commitment to Border Health



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Pan American Health Organization
U.S. - México Border Field Office



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PICTORIAL HISTORY 1942-2002



Introduction

The history of humankind is marked by various memorable events which bring both positive and negative outcomes for the development of its peoples. By reliving that history we can learn and profit from successes as well as failures. The history of public health along the U.S.-Mexico border is made up of a myriad of events and mechanisms for binational collaboration, one of which is the Field Office of the Pan American Health Organization. The purpose of this pictorial account is to chronicle the evolution of public health on this vast border by focusing on some milestones in its development and highlighting the contributions made by the Pan American Health Organization (PAHO) along with its sister institution, the United States-Mexico Border Health Association (USMBHA), toward the betterment of health and the environment in this region.

The design and implementation of public policies leading to the improvement of public health is the reason PAHO exists. The organization is *international and intergovernmental*, created as a result of the great globalization of the late nineteenth and early twentieth centuries. PAHO remains a product of a conscious decision on the part of the nations of the Americas. The forging republics needed to devise a way to work together,

in synergistic consensus, finding answers to challenges that transcended national borders. In this way, PAHO is the concrete manifestation of pioneering policy in international and border health in what was then known as the Panamerican Union.

The creation of PAHO, in 1902, represents a milestone in the formalization of a policy of joint effort and solidarity among nations, as does the establishment of the U.S.-Mexico Border Field Office in 1942, at the request of both countries. The Organization links the need for internal security and cohesion with the defense of national interests in scenarios where *increasingly complex international relations have developed, most notably within the border region*. Globalization and interdependence are ever more pervasive and palpable in border cities, since these are the nerve centers where two or more countries interface. Like a living organism, border societies generate new space, ripe for exchange, for coexistence and for thought a space which is at once different, unique, and inimitable. This process of change depends as much on national as on local policies and is a function of specific socioeconomic conditions as well as the historical and even emotional evolution of its population.

As these processes are played public health also undergoes a transformation and change, as can be seen in this magnificent digest of the times, wherein salient moments in the history of these border peoples, spanning more than a century, are brought to light. The volume also highlights contributions by PAHO which brought about a change in the behavior of diseases and of society itself. The Pan American Health Organization throughout its 60 years in existence on this border, has spearheaded collaborative efforts of the two nations and proposed initiatives for contributing to the solution to border problems by connecting local and state public health sectors and *linking individuals and institutions on both sides of the border*. PAHO's creation of the U.S.-Mexico Border Health Association (USMBHA) represents a definitive step in the progress of public

health and in promoting understanding *among health promoters in both countries*. The bonds that exist between the Association, PAHO and academic and research institutions also form networks which strengthen public health on the border.

This volume, for which it is my pleasure to contribute these introductory remarks, *brings to light the glorious past and presence of our PAHO Border Field Office* and serves to reaffirm our commitment to *continue in the service of border health through technical expertise and skill in mobilizing institutions and promoting exchange and coordination among those who have long served this noble cause as well as those who have only recently taken up the challenge*.

MIRTA ROSES PERIAGO, MD.MPH
Director PAHO/WHO





Prologue

People, nations and regions undergo evolution and transformation gradually in ways that pass unnoticed, so that frequently generations do not observe the changes or external influences to which they are subject to and which drive evolutionary change. In this graphic history we have endeavored to recapture those events and moments in time which have defined the course of public health along the United States-Mexico border. Thus illustrating how living conditions have changed through the influence of various binational mechanisms, initiatives for the prevention and control of disease, the improvement of the environment, enhancing the dissemination of information and public education based on technological advances through research and progress in the field of public health.

The Pan American Health Organization (PAHO), in celebrating its centennial (1902-2002), has called attention to multiple contributions made to public health throughout the Americas. One of these has been the creation of a Field Office for the U.S.-Mexico border, which was PAHO's first branch away from its home office in Washington, D.C.

In these pages we wish not only to document the invaluable contribution of the PAHO Field Office and its sister institution, the U.S.-Mexico Border

Health Association (USMBHA) to the cause of health on this international border, but also to highlight the names of many men and women who through their efforts, dedication and hard work, have turned this border region into a model of accomplishment in the field of public health. The newspaper clippings, photographs and faces assembled here bear witness to the efforts of two neighboring countries to achieve solidarity in building healthy border settings for the growing population that inhabits this, the world's most complex and dynamic border.

This historic work displays chronologically various events in the story of border health, and in particular the efforts of the Organization dedicated toward supporting and developing binational initiatives to protect the health and environment of the region.

First, an introductory section discusses the occurrence of plagues in the world and their propagation to the American continents and subsequently to the U.S.-Mexico border. The first attempts at containing these epidemics and controlling disease are explained, along with the ways in which border health has been molded through the creation of initiatives and mechanisms of diverse sorts, culminating in the establishment of the PAHO Field Office,

which has since 1942, become the catalyst for concerted action among health promotion entities in both countries, strengthened by the formation of the USMBHA.

Stressing the accomplishments of PAHO and its Border Field Office in no way eclipses the important contributions made by the U.S.-Mexico Border Health Association, which was born of PAHO and has been nurtured throughout the years by PAHO to its present state. Thus, this pictorial history frequently documents the Annual Meetings of the USMBHA and shows the joint contributions made by both institutions, as a token of unity, *institutional coordination and mobilization of thought and effort* complementing strengths and channeling resources toward the attainment of common objectives in the struggle against disease and the elimination of disparities and inequities in border health.

Special recognition is given to the sustained efforts made by public health and health services teams on both sides of the border throughout these 60 years and to all health workers, anonymous heroes who by their perseverance and productivity have made possible countless advances and allow us to glimpse the answers to future challenges.

We hope that many readers of this volume will see a part of their lives reflected in the pages of this work and will take pride in having been a part of this bit of history and in knowing that their contributions to the cause of public health have been well worth the effort.

ALFONSO RUIZ DVM, MS, PHD
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The Struggle Against Disease

“They had such a disease in their bones that anyone who would merely talk with them would be attacked by a mortal illness and could not escape death by any means”.

Michelle da Piazza, October 1347

The struggle to control infectious diseases is one of the oldest wars recorded in the history of humanity.

Since before the dawn of history, plagues have threatened mankind and probably all of them have been linked to social activity, the formation of communities and human development. However, our earliest ancestors would have had a hard time understanding the process of disease. Therefore, different ideas arose about the origin of diseases: magic and witchcraft, the breaking of taboos, invasion of the body by objects, possession of the body by spirits and loss of the soul. For many centuries the ancient civilizations, and particularly the Mesopotamian, Egyptian, Chinese and Hindu civilizations, were concerned about identifying and studying the causes of illnesses and knowing how to treat them, with the result that they have given us the first records of this struggle against human diseases and maladies.

The oldest records on medical practices are to be found in the cuneiform writing of the Sumerians, the former inhabitants of Mesopotamia, in the very famous “Treatise on Medical Diagnosis and Prognosis” from about 3,500 B.C. that is in the library of Assurbanipal, the great king of Assyria.

For the people of Mesopotamia, diseases were caused by spirits, gods and ghosts. It was not until later in 1,700 B.C. that Semitic tribes developed a health care system that was incorporated by King Hammurabi of Babylon in his renowned code of Hammurabi. This code defined the population that was eligible for coverage by the health care service, established service procedures and records and even rights for patients who made claims.

Later on the Egyptians left a wealth of mathematical and scientific treatises, including treatises on diseases in their papyruses between 2000 and 1090 B.C. The papyruses of Ebers contain 877 prescriptions for the treatment of diseases and symptoms, including surgical treatments. On the other hand, the Smith papyrus describes complete cases from head to toe with descriptions of symptoms, diagnoses, prognoses and treatment. It appears that part of this historical document was lost, because the description below the shoulders is all that remains.

Chinese history is also rich in its descriptions of treatments for diseases and symptoms, especially during the Sung dynasty (960 a 1279 A.D.). Some of their writings record different methods for the production of



Clinical scene of the work of Galen (130-201 A.D.). Printed in Venice, 1550. Collection of Achille Bertarelli, Milan.

pharmaceuticals such as toasting, baking and boiling, and these methods have been useful for modern technology. They also developed legal medicine there, thus furthering knowledge of death processes.

The Ayurveda, developed in India, is considered to be the science of life, prevention and longevity in the oldest medical care system available. It provides knowledge in the use of herbs, foods, aromas, colors, yoga and lifestyles for prolonging life. It also lists the external causes of health,

including the seasons, time, diet and lifestyle. The Ayurveda provides a new dimension to the knowledge and practice of health.

With the Greeks there was significant progress made in the prevention of diseases and particularly with the *Corpus Hippocraticum* that they left to us, which consists of 60 medical treatises developed during the last five decades of the fifth century B.C. These include Epidemic I and II that were written by Hippocrates himself, the “father of medicine”. The Hippocratic Corpus relentlessly sought the cause of diseases and the physiological human response for administering proper cure remedies, but it also shows his interest in epidemic diseases and plagues and attempts to rationalize medicine by asking such questions as: What makes a person ill? Do women get ill in the same way that men do?

The systematic observation of the basic determinants of the health of populations is attributed to Hippocrates (400 B.C.). Words such as “epidemic” and “endemic” are used for the first time in his treatise on “Air, Waters and Places”.

Until this period the struggle had been more oriented toward finding out how and why people got ill and how their symptoms could be treated, but there was still no understanding of how epidemics were propagated.

The Great Epidemics

The so-called Plague of Justinian that occurred during the era of the Byzantine Empire (541-767 A.D.) was the first pandemic plague that has been documented and it has been cited as the main cause of the Empire's decline toward the end of the Sixth Century.

During the Middle Ages, from the Fifth to the Fifteenth Century, the expansion of trade and the discovery of "new lands", with wars that resulted from attempts to maintain dominance, favored the transmission of diseases. Plague, smallpox, influenza, yellow fever and cholera wiped out entire populations, and isolation (quarantine) came into widespread use as a means of control.

Toward the mid-Fourteenth Century the bubonic plague appeared once again in the worst epidemic humanity has ever suffered, which caused the death of over 60 million people. It arrived in Europe around 1348 after having devastated Asia and Africa.

Preventive and therapeutic methods such as the use of fire, smoke, bleeding or diets were ineffective. For Christians, the plague was a divine punishment. For such reason they prayed to God for mercy and collected donations



Illustration depicting victims of the bubonic or black plague en in 14th century. *Drawing in the Toggenburg Bible.*



Engraving of Hospital Workers of the Order of Saint John, in 1676. Drawing from the Museum of the Order of Saint John in London.

for churches and convents. There were prayers to patron saints for help against the plague, such as Saint Sebastian and Saint Roque. In Venice, which was faced with the plague epidemic, the first quarantine was ordered on March 20, 1348 in which the port remained closed for 40 days due to their belief that incubation of this disease lasted that period of time.

The suffering was horrible. It would begin with the appearance of large painful swellings called buboes in the lymph nodes of the victim's armpit, neck or groin. Three days later a state of infection would appear with fever, delirium and subcutaneous ecchymosis as a result of bleeding. The buboes would then burst with copious draining of pus and people would die in horrible agony.

In addition to the plague there were also outbreaks of influenza, smallpox, yellow fever and cholera morbus that were propagated from India, reached Russia in the Eighteenth Century and continued on their way to Europe where they arrived in 1817.

One of the results of the processes of transition toward democracy in the Eighteenth Century and the industrialization of societies was the migration of rural populations to the cities. Poverty, overpopulation, overcrowding and lack of public infrastructure favored the outbreak of epidemics that threatened the survival of humanity.

These diseases that had been attacking Europe mercilessly for over 400 years were also a stimulus to increased scientific research and progress in medicine, ever since the discovery of the existence of microscopic organisms was made for the first time by Leeuwenhoek with his hand-ground lenses, up to the development of the first vaccines.

The new order in society, politics, philosophy and religion was shaped by epidemics. Epidemics influenced the building of houses and cities and partially defined laws, culture and art. Also, no social class remained immune from these diseases, which made it necessary to give the interests of the total group an absolute priority over individual interests and even the interests of the state itself.

Until the arrival of the Eighteenth Century, the way epidemics were explained and how they could be dealt with caused European society to establish a largely theological response and to take measures against certain population groups, but without achieving any positive results. The experience with the plague sparked discussions on the spread of diseases. The prevailing theory up to that time was that disease was transmitted by the decomposition of certain substances or miasmas in air or matter, but as time went by more and more people began to accept the thesis on transmission of disease by special pathogenic agents.

The French Revolution (1789-1799) and the resulting rise of the “Republic” became a milestone for public health when measures were established for maintaining and protecting not only the health of courtesans, but of the common people as well.

Both the ideas of the French Revolution and the contemporary works of Johan Peter Frank and later Newman from the English Ministry of Health, built the foundations of Preventive Medicine and Public Health.

As a preamble to what would be happening in the sciences in the following Century, the systematic observation of some diseases enabled their means of transmission to become known, even though the agents causing them remained unknown. The description of Scurvy by James Lind (1753), of

the “Illness of the Rose” or Pellagra by Gaspar Casal (1762), of the Endemic Colic of Devonshire by George Baker (1777) and of natural immunization against Smallpox by Edgar Jenner (1798), are fine examples of their devotion and effort to provide an explanation of these diseases that had been impacting the health of different populations.

The Nineteenth Century was characterized by increasing development in the sciences, including microbiology and epidemiology. One of the results of the contributions made to public health by these two sciences was the concept of basic sanitation in cities. The installation of drinking water and sewer systems, trash collection and vector control became some of the best measures for maintaining and protecting the health of urban societies. The first health care systems designed to provide medical care to large groups of population were also implemented toward the end of the Nineteenth Century. The work of Louis Pasteur (1822-1895) and Robert Koch (1843-1910) on microbiology in Rabies, Fermentation, Anthrax, Cholera and Tuberculosis heralded the beginning of the microbiological focus in public health. At this same time, John Snow with his classic epidemiological study on Cholera, Carlos J. Finlay on the transmission of Yellow Fever and William Farr on diseases that were common among miners in England contributed to the development of epidemiology.

The Invasion of the Border by Infectious Diseases

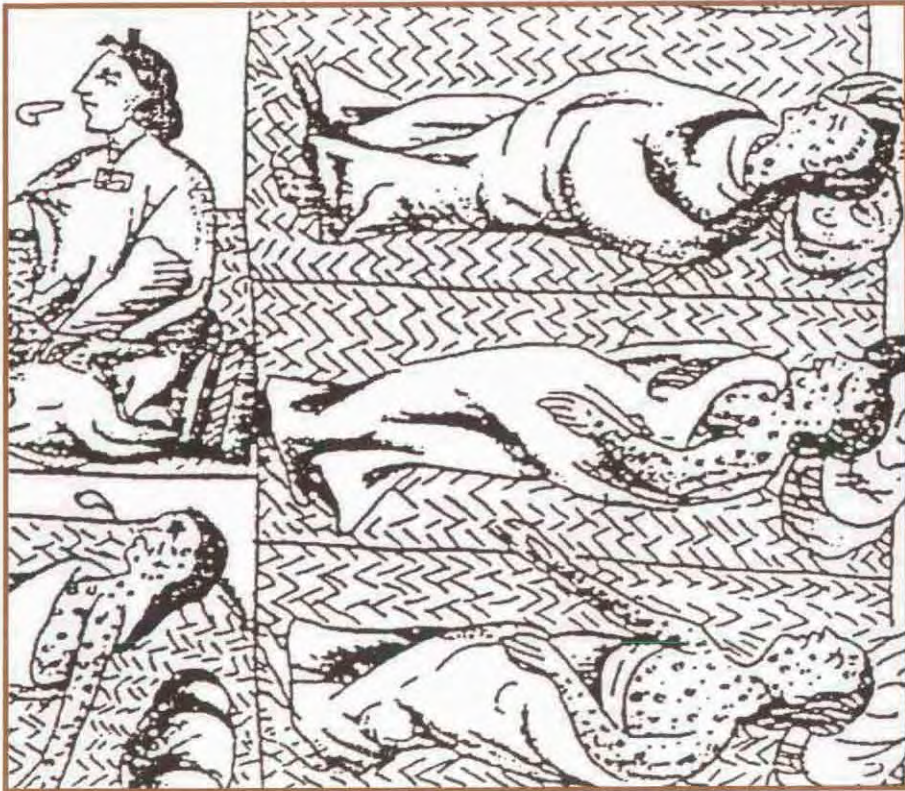
The great epidemics arrived on the American Continent in the early Sixteenth Century with the European conquest and the forced arrival of African slaves to work on the cane plantations. Millions of Native Americans succumbed to epidemics. Yellow fever, smallpox, measles, plague, influenza, cholera and typhoid fever came mainly from Europe, while malaria, yellow fever and dysentery came from Africa.

Aztec medicine was highly developed. They had sanatoriums for caring for the ill, knowledge of over 3,000 plants and they used minerals as drugs and narcotics for easing pain. They had midwives for prenatal and postnatal instruction and to attend childbirths. However, there was little or nothing they could do against these new diseases.

Bernal Díaz del Castillo in his book “The True History of the Conquest of Mexico”, points out that for each Indian who was murdered, a thousand died as smallpox victims. “The streets, corners, homes and Tlatelolco square were littered with human bodies; we could not pass by without stepping on them, and the stench was unbearable”, as this historian describes it.



Portrayal of the visit by Juan de Oñate in 1598. Photograph by UTEP. www.cs.utep.edu/elpaso/onate1.gif



Representation of Aztec Indians decimated by smallpox during the Conquest. Plate 114 of Book 12, Volume 4, of Las Casas' *History of New Spain*.

The first sanitary precautions on the American Continent were taken in 1519 when the first quarantine was decreed on Hispaniola (currently Haiti and the Dominican Republic) for ships arriving at the island, to protect its inhabitants from the bubonic plague.

(*El Continental Newspaper*, May 27, 1942. El Paso, TX. ; p. 1)

Epidemics wasted the population throughout the Eighteenth Century, mainly affecting Indians, mestizos and half-castes on the American

Continent. In northern Mexico during the years 1742, 1744 and 1748 the indigenous population of Baja California was annihilated almost to extinction by epidemics, in which five out of six of them died. These epidemics were caused by venereal diseases, which wiped out the Pericú tribe, in addition to smallpox and measles.

From 1780 to 1782 the northern region of Baja California was hit by another smallpox epidemic. In a report by Spaniard Pedro Fages dated October 20, 1786, he describes the following concerning the health of the Indians: "This French disease (venereal disease) is prevalent in both sexes and to such a degree that mothers can no longer conceive and if they do, the fetus has little hope of living. There are missions where no baby has been baptized there for over a year and several months, and those with the most baptisms have not even had five, and what is remarkable is that last year, the deaths among those age 14 and under were more than the births. With all this, the death rate among adults is triple the birth rate".



The first mission founded by Spaniards in San Diego, CA. was that of San Diego de Alcalá, in 1769. Taken from a post card of the California Military History Center.



Child being vaccinated against smallpox in 1796. *Painting from the Edward Jenner Museum.*

In 1785 the first literature on the prevention of smallpox arrived from Spain to Mexico and California. The following year, the first person in the State of California was vaccinated at the city of Monterey. This disease would often reappear, and therefore the first quarantine in the state was established in 1797, and another quarantine was declared the following year at Santa Barbara when the ship *Concepción* arrived with five infected persons aboard.

Smallpox epidemics reappeared in California in 1828, 1838, 1840 and 1844. In 1862 another epidemic outbreak in the southern part of the state caused hundreds of deaths among Mexicans and Indians.

(Martínez P. 1991. *Historia de Baja California*. Publ. by the Consejo Editorial del Estado de Baja California Sur; p. 236, 296, 298. Harris H. 1932. *California's Medical History*. Ed. J. W. Stacy Inc. San Francisco, Cal.; p. 42 and 43)

In 1802 the Philanthropic Vaccination Expedition Against Smallpox was developed in New Spain under the sponsorship of King Carlos IV. It had first been planned by a Mexican, Dr. José Felipe Flores, who had been the King's Chamber Physician. This project was later entrusted to Spanish physician Francisco Xavier de Balmis, who sailed from La Coruña in Spain on November 30, 1803 accompanied by 22 children who had the vaccine in their own bodies to be transferred from arm to arm. He arrived in Puerto Rico on February 9, 1804 and from there he went to Venezuela and Cuba. On April 24 he was received at Sisal, Yucatán and at Veracruz on July 25. When Balmis arrived in Mexico, vaccination had already been started by using the same technique with a little black girl and two mulatto servant women.

(Salinas H. 1975. *Sombras en la ciudad, historia de las grandes epidemias de viruela, cólera, fiebre amarilla e influenza española que ha sufrido Monterrey*. (Shadows in the City, a History of the Great Smallpox, Cholera, Yellow Fever and Spanish Influenza Epidemics that Have Been Suffered by Monterrey) Ed. Alfonso Reyes. Monterrey, N. L.; p. 12, 102, 103, 138 and 139).

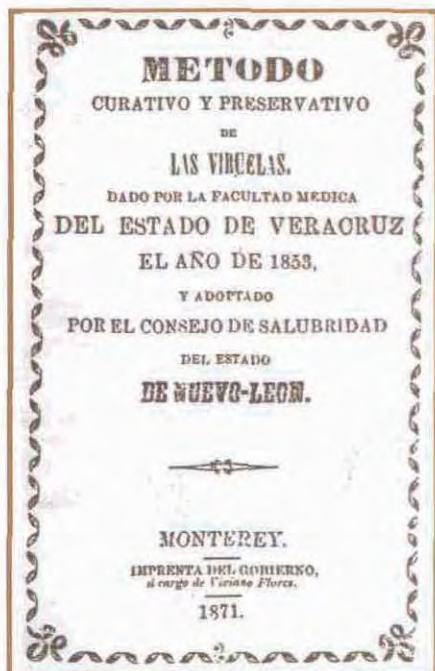
Between 1829 and 1830 an influenza epidemic killed thousands of natives in California, and between 1832 and 1833 a malaria epidemic made it necessary to close several Spanish missions in the state.

(Harris H. 1932. *California's Medical History*. Ed. J. W. Stacy Inc. San Francisco, Cal.; p. 42 and 43)

In October 1832 cholera caused a scene worthy of Dante's *Inferno* in New Orleans right after the community had been decimated by yellow fever. When cholera appeared, 20,000 of New Orleans' 55,000 inhabitants left the city, and of those that remained, 6,000 succumbed during a period of 20 days.

(*The El Paso Daily Times*, August 19, 1884; p. 1)

In 1833 cholera appeared in Tamaulipas, Nuevo León and Coahuila. In 1878 yellow fever coming in from New Orleans arrived in Mexico for the first time through the port of Tampico on a ship loaded with



Instructions for curing and preserving smallpox, implemented in Monterrey. Obtained from the State of Veracruz Medical School in 1853.

Rat hunting brigades in San Francisco sought to eliminate potential outbreaks of bubonic plague, 1909. California Department of Public Health.

seeds. A few years later Spanish influenza appeared in northern Mexico, also coming from the United States. In the late Nineteenth Century smallpox outbreaks appeared in northern Nuevo León and Tamaulipas. (Salinas H. 1975. p. 12, 102, 103, 138 and 139).

On October 20, 1850 a cholera epidemic appeared in Central California that attacked thousands of persons who had come to the state attracted by the Gold Rush. At the city of Sacramento, where the disease was unusually aggressive, it killed seventeen physicians in the month of November, representing one third of the doctors that the city had. During that same

month they were collecting and cremating as many as 150 bodies each day.

(Harris, 1932; p. 325)

Between 1875 and 1877 diphtheria was particularly devastating San Francisco, causing 794 deaths from a population of 225,000 (1877). In 1900 one of the epidemics that had most affected California appeared, which was the bubonic plague.

(Harris, 1932; p. 326)



Care of tuberculosis patients at an El Paso hospital in 1920. Photograph courtesy of the Museum of Medicine of El Paso.

After 1881, with the arrival of the Southern Pacific Railroad line in El Paso, Texas, thousands of persons arrived seeking a cure for tuberculosis. Due to the altitude and sunny climate of the region, it was recommended for treating this disease and other lung diseases. It is estimated that some 25,000 persons came to El Paso to receive medical care between 1890 and 1920.

(Funkhouser B. 1999. *The Caregivers, El Paso's Medical History 1898-1998*. Ed. El Paso Medical Heritage Foundation. El Paso, TX.; p. 61)

The expansion of the railroad to different points on the United States-Mexico Border in the late Nineteenth Century introduced another variable for public health in the region. Back then the railroad was the quickest mode of transportation for outbreaks of epidemics such as smallpox and yellow fever. For example, in the year 1883 there was an order stating that all railroad employees at train stations in New Mexico must be vaccinated against smallpox, because many cases of this epidemic were

being reported along the entire route. Railroad employees in Arizona refused to cover the route from Tucson to Hermosillo and Guaymas, Sonora due to fear of contracting yellow fever farther south, where constant epidemic outbreaks were being reported.

(El Paso Herald Post August 2 and Nov. 29, 1882. El Paso Daily Times, Sept. 19, 1883; p. 1)

By March 1887, the State of Texas was maintaining a strict quarantine for persons or merchandise coming in from places where cholera cases had been reported. Dr. Chas. T. Rice and his assistants were stationed at El Paso for inspecting travelers, luggage and freight coming into the city. The instructions for the State Quarantine for the Rio Grande (Río Bravo) were very specific: “All trains coming in from Mexico to the Texas border must completely stop, and all passengers, their luggage or merchandise coming from South America and locations infected with cholera shall be denied entry into the state. Mail shall be completely disinfected before entering Texas”.

But ten years later, the magnitude of epidemic outbreaks reflected the poor results from the quarantine. These measures, in this case against yellow fever, became even harsher and quarantines were established not only for aliens but also between East, Central and Southwestern Texas, and by isolating large counties and cities such as Houston. Dallas and Galveston also restricted the entry of persons or merchandise coming from this latter city. Train service was continually being paralyzed.

(The Daily Times, March 31, 1887; p. 1)

In early 1892 the flu was causing serious damage in central and southern Mexico, and was spreading rapidly toward the north. During the first three weeks of the year, 300 persons died from flu in Mexico City, and mortality rates were very high among the Chinese who were working on building the railroad and in plantations in the State of Oaxaca.

On August 1, 1882, the United States Senate approved the budget for building the first bridge over the Rio Grande or Río Bravo for uniting the cities of El Paso, Texas and what was then called Paso del Norte, now Ciudad Juárez, to support growing trade activity between these two communities that back then already had a population of 11,500, of whom 8,000 lived in Paso del Norte and 3,500 in El Paso.

In that same year the first collaborative agreements on border health between the United States and Mexico were made when the American Public Health Association held its Annual Meeting at Mexico City. These agreements were mainly focused on matters involving quarantines and other measures for avoiding the propagation of some contagious diseases that were common back then, such as plague, smallpox, cholera and yellow fever.

(Pan American Health Organization. 1992. History of the Pan American Health Organization. 1992, Washington.)

By the dawn of the Twentieth Century, the situation for health workers was not very favorable to say the least. Back in 1900 the life expectancy in Mexico was only 26 years of age, while the increasing flow of people toward the north continued to encourage the spread of disease-causing germs.

Bustamante, M. E., Biseca T. C., Villaseñor C. F., Vargas F. A., Castañón R. and Martínez B. X. 1982. Secretaría de Salubridad y Asistencia. La salud pública en México (Public Health in Mexico). México D.F.; p. 8.

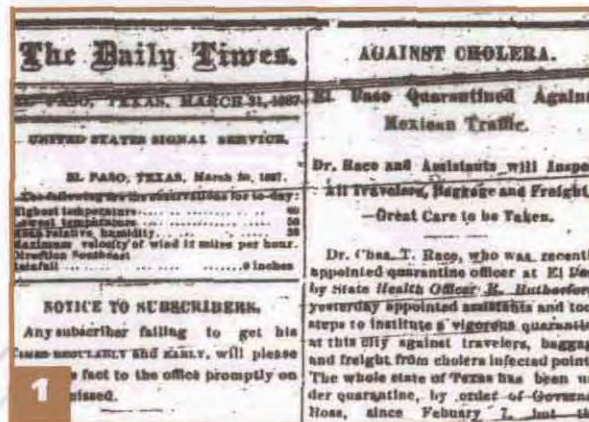


Inhabitants of the banks of the Rio Grande in Ciudad Juárez around 1900. *El Paso County Historical Society.*

During the Second International Conference of American States (the first one was at Washington, D.C. in 1890) held at Mexico City in October 1901 which was prolonged until January 1902, a recommendation was made to the International Office of the American Republics (today the Organization of American States) to convene a “general convention of health representatives from the American Republics” for the purpose of providing continuity to the efforts in taking action on health problems. In response to this recommendation, representatives of 11 nations met between December 2 and December 15, 1902 at Washington, D. C. at an event they called the “First International Health Convention of the American Republics” to discuss public health problems and find a way to insure effective cooperation among the countries of the Americas. One of these agreements was to formally set up the International Sanitary Office, now the Pan American Health Organization. Other outcomes from this meeting included the adoption of an international health policy, a plan for calling health conventions on a regular basis, and the establishment of a governing council at Washington, D.C.

In 1924 the International Sanitary Office would become the Pan American Sanitary Bureau, and in 1958 it would adopt its current name, the Pan American Health Organization.

PAHO, 1992. Humberto Romero Alvarez. Salud sin fronteras (Health Without Borders). United States-Mexico Border Health Association, 1975; p.19 and 20.



1. Front page of *The Daily Times* newspaper, March 1887.

2. The first tourist excursions from El Paso to Ciudad Juárez in 1900. Photograph by El Paso Public Library.





1. Nurses and soldiers at El Paso in the early 20th Century. *Medical Society Photograph.*



2. Performance of an operation at Hotel Dieu in El Paso in 1893. *Photograph by the El Paso Medical Society.*



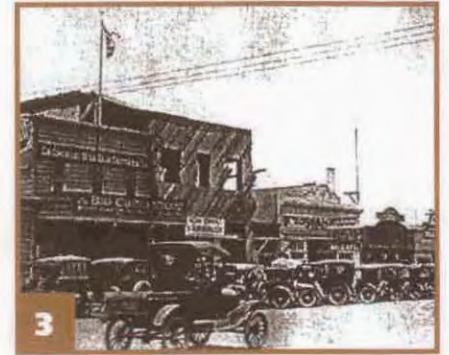
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1. Coverage of a quarantine in Texas to combat yellow fever, in the *El Paso Times*.
 2. A bar in Bisbee, Arizona in 1900. *Bisbee Mining and Historical Museum*.
 3. The city of Tijuana in the early 1900's.
 4. Main Street in Brownsville in 1900. Photograph by www.brownsvilleoregon.org/
 5. Panoramic view of Nogales, AZ. and Nogales, Son. in 1899.

The Impact of the Mexican Revolution on the United States-Mexico Border: Migration, Misery and Outbreaks of Epidemics

By the time the armed movement that had begun in northern Mexico against the Porfirio Díaz regime had become widespread by late 1910, misery, diseases and social instability had caused a decline in the country's population on the average during the previous fifteen years due to the fact that death rates had exceeded birth rates, even despite the fact that birth rates were high. The infant mortality rate was almost 300 per one thousand live births.

During the 11 years that the Mexican Revolution lasted, communities in northern Mexico suffered from lack of safety, armed invasions, social upheaval, scarcity of food, lack of health care services and migration by families that were fleeing armed conflicts in the southern part of the country. In fact, the people who had been displaced by the war were the ones who started the first mass migrations of Mexicans to the United States. According to an article published in the "El Clarín del Norte" newspaper in Juárez, for the year to date (February 9, 1906) more than 22 thousand persons between the ages of 19 and 45 years had left the country with support by so-called "enganchadores" or labor contractors. These migrants had made labor contracts at El Paso and were then taken to the states of California,



Vaccinating refugees back in the days of the Revolution. Photograph courtesy of the Medical Society.



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1. Refugees arrive at Fort Bliss in 1911 fleeing the war in Mexico. *Photograph by El Paso Public Library.*

2. Transferring a casualty in Ciudad Juárez during the stormy days of the Revolution. *Photograph by El Paso Public Library.*

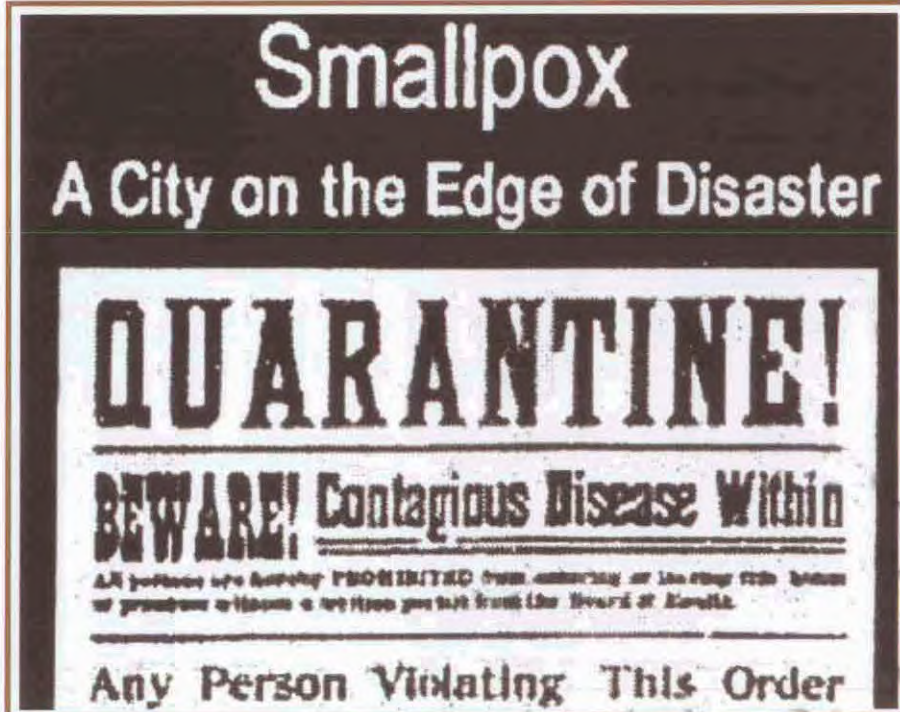
3. At the international bridge between El Paso, TX and Ciudad Juárez in 1914. General Álvaro Obregón, Francisco Villa and General John J. Pershing. *Photograph by El Paso Public Library.*

4. U.S. Soldiers enlisting under the command of General Pershing at the international bridge between El Paso, TX. and Ciudad Juárez in 1916 to go into Mexico in search of Pancho Villa. *Photograph by El Paso County Historic Society.*

The Food and Drug Act was passed in the United States in 1906, which restricted the production and sale of food, beverages and medicines. Back then, thousands of dubious medicines were being sold with no indications of their contents or any warnings on how they should be used. One of the worst medicines being sold in the United States, which was not prohibited until 1914 were the popular «Soothing Syrups» recommended to keep babies from crying. This substance was addictive, and was composed of differing amounts of morphine, heroin and opium or laudanum (a mixture of alcohol and opium).



Photograph by www.nlm.gov/



Quarantine warning due to outbreaks of smallpox in Texas, 1887.

Colorado, New Mexico and Arizona to work in the mines and fields and on the railroads.

On January 9, 1909, almost two years before the war started in Mexico in late 1910, the electric trolley from the El Paso Electric Railway company started its operations on the border as a sign of the modernizing trends of that time, by making its first international trip between downtown El Paso, TX and Ciudad Juárez.

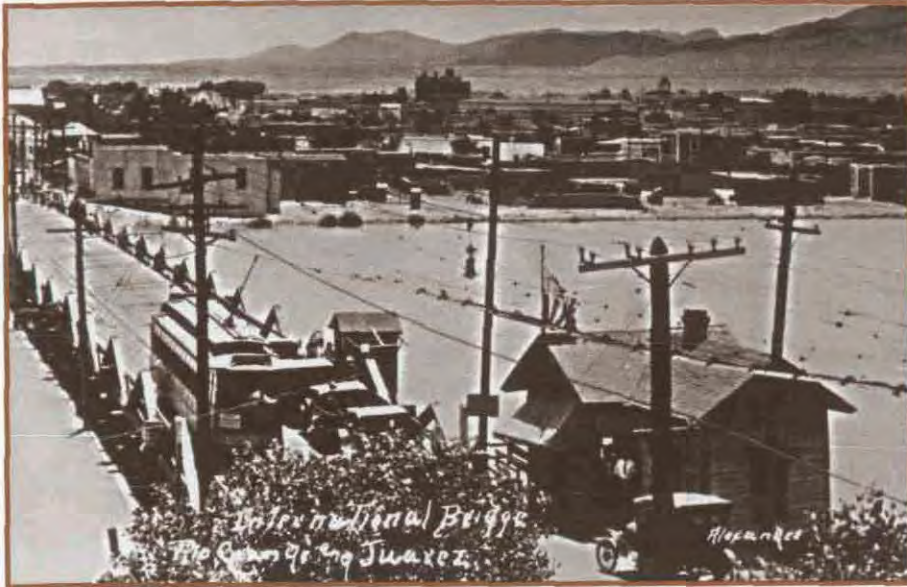
(Report on City Management in 1909 by Félix Bárcenas, Imprenta del Gobierno, Chihuahua, 1909)

In August 1911 the Health Department of the State of Chihuahua asked governor Abraham González to set up a sanatorium or quarantine facility for the treatment of persons infected with smallpox due to the fact that one new case per day was being reported in the city back at that time.

(*El Paso Morning Times*, August 21, 1911; p. 1)

The International Health Delegation was founded at Piedras Negras, Coahuila after the outbreak of the Revolution in 1910, as a branch of the Department of Public Health or Health Council at Mexico City.

Its functions included international health surveillance,



Wood bridge between El Paso and Juarez, 1917. *El Paso County Historic Society.*

In 1919, U.S. authorities established a mandatory requirement for carrying a passport for persons traveling from Ciudad Juárez to El Paso.

In 1916 some 10,000 U.S. soldiers under the command of General John J. Pershing entered the state of Chihuahua with the failed intention of capturing Pancho Villa and his revolutionaries. After almost two years of searching different parts of the state they finally returned to Fort Bliss at El Paso, TX.

For Mexico, 1916 was a year of hunger, smallpox and typhus. During a visit to Ciudad Juárez, L. C. James Schenectady, recently arrived from Europe as a U.S. observer of the conditions existing in Belgium after the war, was impressed by the situation of the Mexicans: “In my opinion, I will say that for us, the Mexicans should come before the Belgians. I have also done some research on Juárez residents and I do not recall ever having seen more miserable conditions in any part of the world than those existing in the population on the other side of the Rio Grande”.

inspecting travelers, fumigating clothing, eliminating parasites and smallpox vaccination, and it continued on in this role until 1920 when sanitary engineering functions were implemented in the city, and it became responsible for food and beverage surveillance and control and for inspecting prostitutes.

(Cuéllar P.1981. *Geografía del Estado de Coahuila (Geography of the State of Coahuila)*. Ed. Universidad Autónoma de Coahuila Vol. 7. Saltillo, Coah.; p. 165)

By 1915 the U.S. border with Mexico was occupied by more than 65,000 U.S. soldiers, and arrangements were being made for bringing in a total of some 150,000 soldiers. Border city residents from both countries suffered from food shortages and constant attacks from groups of bandits who would rob villages and sporadically attack Mexican and U.S. troops.

Passengers on the train coming in from the south who arrived at Ciudad Juárez on August 4 of the same year described conditions of misery existing in Chihuahua City to the press. These travelers asserted that hunger was becoming rampant at the state capital, where merchants preferred to remain in prison rather than open their businesses. Beans were starting to become scarce and meat was only sold twice a week at high prices. Poor people could not find anything to eat and there had been cases of women fainting from hunger in the streets. At Ciudad Juárez all the trains came in full of passengers fleeing conditions in the interior of the country, while



1. Front page of the *El Paso Morning Times* newspaper, January 25, 1917.
2. A provisional hospital in Camp Funston, Kansas, to take care of victims of an influenza epidemic, summer 1918. (Reeve Collection, National Museum of Science and Medicine).
3. Disinfection of immigrants' clothing at the San Francisco, California Immigration Station in 1931. Taken from: http://www.nlm.nih.gov/exhibition/iphs_history/images.dir/i23.gif
4. Poor children in South El Paso, Texas in 1923. Francisca García (fifth from left to right, second row), relates that back then most children had their heads shaved to get rid of lice and prevent the spread of typhus. Photograph courtesy of Francisca García.



trains leaving for Torreón were practically empty.

In the early days of 1917 an epidemic of typhoid fever in Ciudad Juárez took the life of the City Physician from El Paso, Texas, Dr. William Clarence Kluttz, two weeks after he caught the disease while caring for a Mexican family in South El Paso. The death of Dr. Kluttz shocked residents of both communities and caused U.S. authorities to tighten the quarantine against typhus that included a prohibition on people entering the city of El Paso from seven in the evening until seven in the morning starting on January 27, plus strict inspection and disinfection of all persons coming in during the day when Health officials felt it was necessary. A new disinfection facility was built for this purpose under the direction of Drs. Pierce and J. H. Tappan.

In what was felt to be a reprisal with a total lack of binational understanding, on February 22 of the same year Mexican authorities put an order into effect for disinfecting all persons entering or leaving Ciudad Juárez. Because of this order, some 200 U.S. citizens were detained on the first day by Mexican troops on the international bridge and were required to present health and disinfection certificates from the Mexican health service. None of these detainees had such certificates, and assistance was required from influential persons from both communities to get them released. However, the order for disinfecting all persons entering or leaving the city was maintained for some time.

With pressure and criticism from the El Paso community due to the measures taken in Ciudad Juárez, Dr. A. de Luca, the health representative from this Mexican city, argued on February 24, 1917 that the measures taken were the same ones used by all civilized peoples, and he described how the disinfection of persons and their belongings was done: "Groups of

80 persons are gotten together in the bathrooms, they take off all their clothes and turn them in at a window to an employee who puts the clothes in a stove and keeps them at a very high temperature for 15 minutes. The people get their hair soaped, and then go into the showers where they bathe with hot water. After this they get their clothing back and go to an office where they get their certificates".

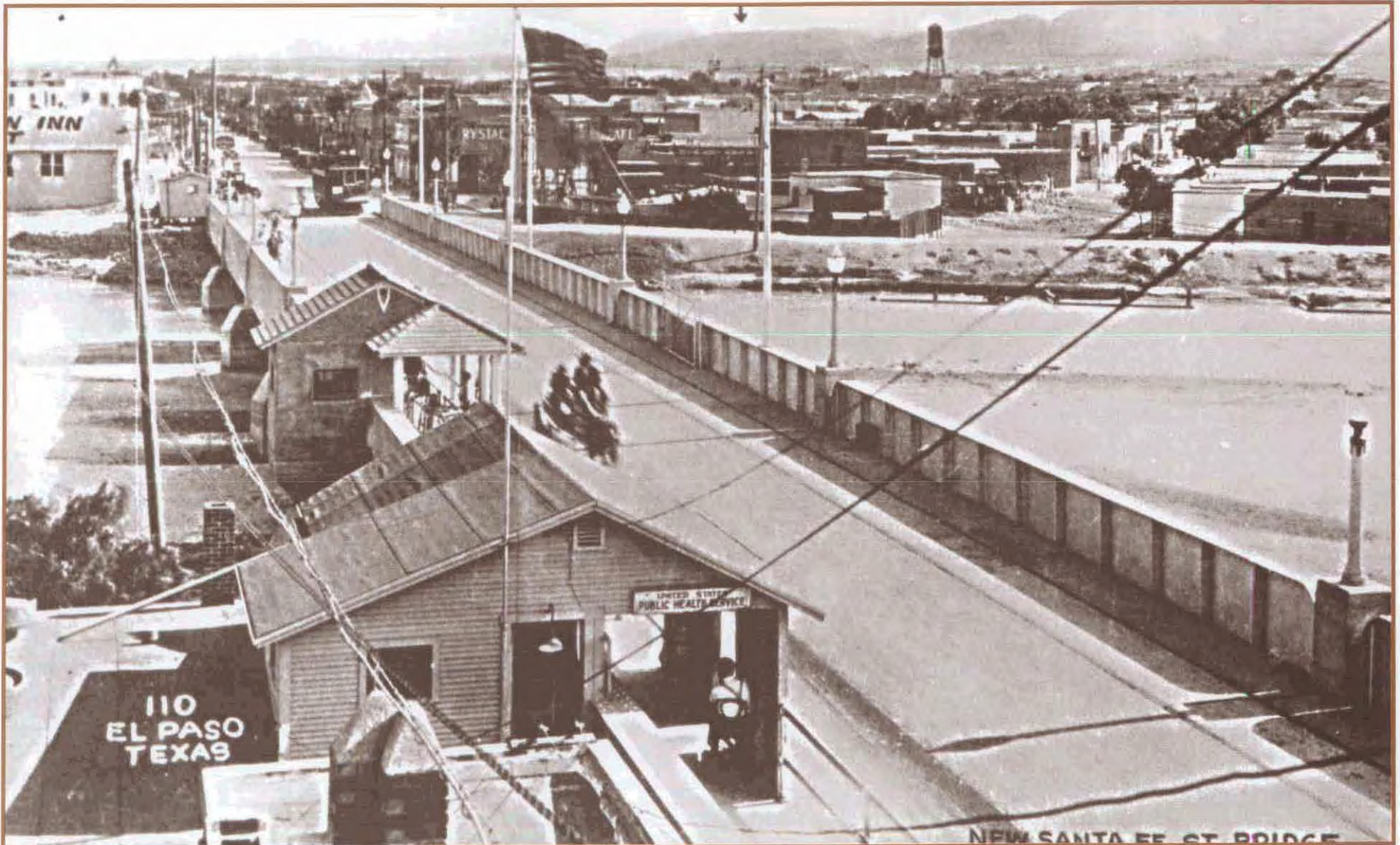
In early 1917, an epidemic of black smallpox on the northern border of Sonora was causing many deaths in the communities of Ures and Carbó, and health authorities established an order requiring "all immigrants entering through the port of Nogales to either be vaccinated or have a certificate showing that they had recently been vaccinated". Railroad ticket agents would refuse to sell tickets to any persons who failed to present a vaccination certificate.

(El Paso Morning Times, January 7, 1917; p. 1)

Conditions of misery became so bad on the Mexican side that in 1918, begging in Ciudad Juárez was a very common practice, and the city government made rules on days when begging for alms on the street was permitted.

In October of the same year, an epidemic of Spanish influenza and pneumonia in the United States had rendered over 17,000 soldiers inactive, and by October 6 there had been 653 deaths among military personnel. At Fort Bliss, 188 military service personnel members contracted the disease within a period of 24 hours and seven of them died the same day in addition to four civilians. On October 15 the military base went under a quarantine that prohibited soldiers and officers from leaving their barracks without a permit issued by general headquarters.

(El Paso Morning Times, October 6, 7 and 15, 1918; p. 1)



The Santa Fe bridge. In the foreground, the office of the inspector of the U.S. Public Health Service, 1912. (Aultman Collection of the El Paso Public Library).



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Quarantine for Army Camps in Vicinity of El Paso Goes Into Effect This Evening

Order Issued by Brig. Gen. Hornbrook, District Commander, Because of Increase of Sickness in Mexican Quarters; Epidemic Under Control Elsewhere.

A rigid quarantine of all army camps in the vicinity of El Paso, effective this evening at "retreat," was ordered yesterday afternoon by Brigadier General James J. Hornbrook, district commander. The order was decided upon because of the spread of influenza in the section of the city south of the railroad tracks at a time when the army situation is practically under control.

The quarantine will be rigidly enforced. No soldier, officer or private, will be allowed outside of his own army camp without a pass issued from district military headquarters, or one of the various regimental headquarters.

Passes to be valid must also be countersigned at the post's guard quarters.

to remain stationary, about 150 in number, according to a statement made yesterday by Mayor Francisco D. Gonzalez. Six deaths were reported Monday. Figures on deaths yesterday were not available at a late hour. Mayor Gonzalez attributes the apparent checking of the epidemic to the energetic work of the 20 district committees.

STERLING BLACKSHEAR

The funeral of Sterling Blackshear, son-in-law of Alderman J. P. O'Connor, who died in Washington, was held at 4:30 yesterday afternoon at Evergreen cemetery. A short service was conducted at the grave side by Rev. F. J. Knechtbocker.

His brother, Archibald Blackshear,

LAS REPRESALIAS DE LA CUARENTENA

Ayer se puso en vigor en Ciudad Juárez una disposición enviada de México, por la que todos los que entren al pueblo, deben ser desinfectados.

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1. Soldiers at Fort Bliss in 1919. Photograph by El Paso Public Library.
2. Members of the Border Patrol in Laredo, Texas, 1926, two years after have been created to stop the mexican indocumented from crossing the border.
3. Front page of the *El Paso Morning Times* newspaper, January 7, 1917.
4. Juarez response to the quarantine dictated by El Paso. *El Paso Morning Times*, February 17, 1917.
5. The "La Ballena" bar in Tijuana in the 20s. It was famous for its bar that was touted as the longest bar in the world.



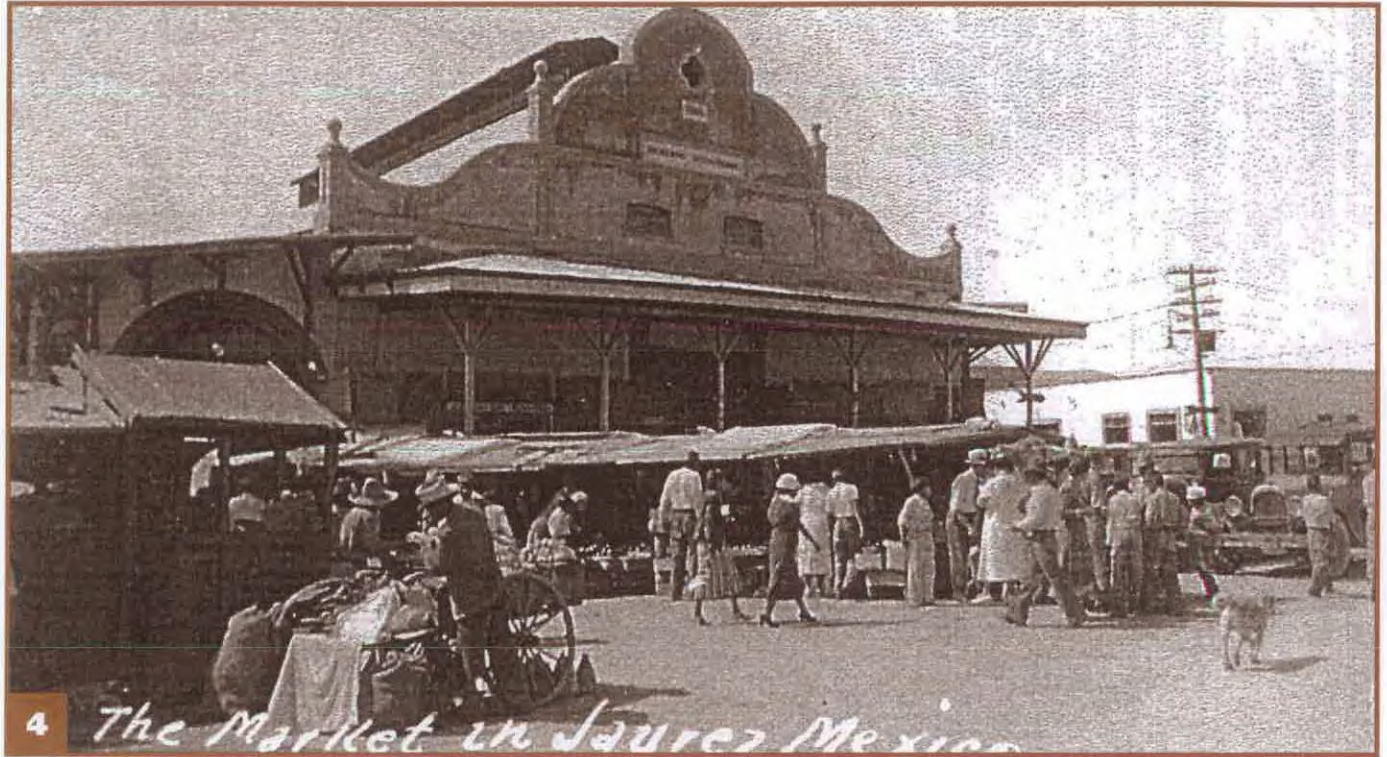
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1. Transportation from El Paso to Ciudad Juárez, 1910. (*El Paso County Historical Society*).
2. Inspection of the health status of a creamery by FDA agents in 1910. *Photograph by www.nlm.gov/*
3. Campaign against smallpox. *Photograph by www.idph.state.il.us/images/smallpox.jpg*
4. Sale at the Cuauhtemoc Market at Ciudad Juárez in 1923. *Photograph by El Paso County Historic Society.*



The Border During the Period Between the Post-Revolution and the Great Depression

During the entire decade of the 1920s and the early 1930s, influenza and pneumonia would continue attacking the population in the U.S., and even more so in northern Mexico. However, there would also be some important changes in health, the economy and population growth on the border. In January 1920 the Prohibition law proposed by Senator Andrew J. Volstead became effective in the United States, thus prohibiting the production and sale of liquor in the entire country. This brought an immediate surge in the number of establishments devoted to “entertainment” in all border cities. The economies of the main border cities such as Tijuana, Mexicali and Ciudad Juárez started to revolve around entertainment activities, clandestine liquor sales, smuggling, beer joints, gambling halls and hotels.

As part of the medical progress of the times, Leonard Thompson would be the first patient to be treated with insulin on January 11, 1922. In March 1923 the last case of urban yellow fever was reported in Mexico.

(El Paso Times, June 6, 1927; p. 1)



Confiscated liquor in Brownsville, Texas in 1925. U.S. Agricultural Department.

In 1926 the international bridges linking El Paso and Stanton Streets in El Paso, Texas to Juárez and Lerdo Avenues in Ciudad Juárez were inaugurated, and on August 1, 1929 the wooden bridge between Stanton Street and Lerdo Avenue was replaced by a concrete bridge.

On January 10, 1929 the chiefs of the United States Federal Department of Health and physicians from all over the country met at Washington, D.C. to look for a way to stop the propagation of the influenza epidemic that had already caused 26,000 deaths, and was threatening to come back with renewed strength. The opening session was held in the absence of the chief himself, Dr. Hugh S. Cumming, who later became the Director of the Pan American Sanitary Bureau, because he had fallen ill from this same disease.

The border between the United States and Mexico was also suffering from the consequences of Influenza. As an example, 60 persons died from the flu in El Paso, Texas in January 1929 alone, while an average of 100 deaths per month were being recorded in Ciudad Juárez from this same cause. (*El Continental*, January 11, 1929; p. 1)

In September of this same year, an outbreak of black or hemorrhaging smallpox, the most virulent form of this disease, revealed the total lack of understanding and communication existing between health departments in El Paso and Ciudad Juárez. Thousands of people went to health authorities to become vaccinated due to their fear of this terrible disease, but the El Paso health department did not recognize Mexican vaccination certificates and people had to be revaccinated despite their protests.

Due to the economic crisis that affected the entire world and especially the United States during the 1930s, immigration of Mexicans admitted to that country decreased dramatically, while the number of apprehensions of undocumented Mexicans doubled. During those ten years the United States authorized entry by 27,937 Mexicans, in contrast to more than 400,000 admissions during the previous decade. There were also 104,896 persons returned to Mexico, many of whom settled in communities on the U.S.-Mexico border.

During the first year alone, from January 1 through December 31, 1931, 38,688 Mexicans were repatriated across the border at Ciudad Juárez, including both people who were returning voluntarily and people being deported. Of these, 22,610 were males and 14,669 were females.

(Mónica Vereá. Entre México y Estados Unidos: los indocumentados (Between Mexico and the United States: The Undocumented). Mexico City, 1982, p. 164. *El Continental*, January 3, 1932, p. 1)

The Chambers of Commerce of both cities formed a commission for seeking an understanding between health authorities, and this objective was achieved satisfactorily when Dr. Hurley of El Paso and Dr. Farías of Ciudad Juárez agreed to grant mutual recognition of the certificates being issued by each of these health authorities.

(*El Continental*, September 19, 1929; p. 1)

i No Quiere Transar

PNR DEJA SER GRUPO GOBIERNISTA

El Heredero Indio Encabeza Su Sufrida en un Retiro de la Riqueza

El PNR DEJA SER GRUPO GOBIERNISTA

El Heredero Indio Encabeza Su Sufrida en un Retiro de la Riqueza

Jirard a los Empleados Públicos de una Carga Pesada

El PNR DEJA SER GRUPO GOBIERNISTA

El Heredero Indio Encabeza Su Sufrida en un Retiro de la Riqueza

OTRO TRIUNFO DE ROOSEVELT

El PNR DEJA SER GRUPO GOBIERNISTA

El Heredero Indio Encabeza Su Sufrida en un Retiro de la Riqueza

Fes Aprobada la Ley de Impuestos

El PNR DEJA SER GRUPO GOBIERNISTA

El Heredero Indio Encabeza Su Sufrida en un Retiro de la Riqueza

ROCKEFELLER REGALA 76 MILLONES PARA NO PAGAR IMPUESTOS

El PNR DEJA SER GRUPO GOBIERNISTA

El Heredero Indio Encabeza Su Sufrida en un Retiro de la Riqueza

Campaña Contra Moscas y Cucarachas en Ciudad Juárez

El PNR DEJA SER GRUPO GOBIERNISTA

El Heredero Indio Encabeza Su Sufrida en un Retiro de la Riqueza

Post y Rogers Han Muerto

El PNR DEJA SER GRUPO GOBIERNISTA

El Heredero Indio Encabeza Su Sufrida en un Retiro de la Riqueza

Se Estrella Su Aeroplano Estepas de

La Muerte de Ambos Consternación en el Mundo

El PNR DEJA SER GRUPO GOBIERNISTA

El Heredero Indio Encabeza Su Sufrida en un Retiro de la Riqueza

PELIGRA LA SALUD EN LA VECINA POBLACION

Filtraciones en las Cañerías, Que Causan Infecciones y Muertes

El PNR DEJA SER GRUPO GOBIERNISTA

El Heredero Indio Encabeza Su Sufrida en un Retiro de la Riqueza

REORGANIZACION DE ZONAS MILITARES EN TODA LA REPUBLICA

El PNR DEJA SER GRUPO GOBIERNISTA

El Heredero Indio Encabeza Su Sufrida en un Retiro de la Riqueza

Los Presuntos Reos de Porvenir Consignados

El PNR DEJA SER GRUPO GOBIERNISTA

El Heredero Indio Encabeza Su Sufrida en un Retiro de la Riqueza

El PNR DEJA SER GRUPO GOBIERNISTA

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El PNR DEJA SER GRUPO GOBIERNISTA

El Heredero Indio Encabeza Su Sufrida en un Retiro de la Riqueza



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1. Front page of *El Continental*, August 16, 1935.
2. Inspections at the Santa Fe bridge, 1938. (U.S. Department of Agriculture).
3. Front page of the *El Continental* newspaper in El Paso, TX, Sep. 19, 1929.

VACUNA EN LA FRONTERA

Llegó a un Entero Respecto a Que es 'Deben ser Inmunizados

comenzaron a registrar



Front page of El Continental. June 23, 1935.

Mexican health authorities established Health and Welfare Units throughout the country during the 1930s and gave them legal authority to reinforce the struggle against disease and to implement health measures.

One of the first health measures in Ciudad Juárez was decreed by the Health Department in July 1931, when it sent out a circular to all businesses selling food products that prohibited wrapping their products by using printed paper because this was deemed to be an easy way of communicating skin diseases.

(El Continental, July 8, 1931, p 2)

During the second half of the 1930s, health authorities devoted special care to vaccinations, health and hygiene in communities, with restrictive measures for food handling, plus educational campaigns on practices for health and hygiene, the elimination of common unhealthy practices and regular fumigation of public places. Coordinated Health Services were set up in Ciudad Juárez through an agreement between the federal and state governments, and the State Supervisory Health Council was absorbed into the federal government health organization, and legal authority was delegated to this new organization in the area of health and the subsequent establishment of health and welfare units in the main cities of the state. In the public health area, it would start reinforcing the work that was being done back then by the Municipal Health Board. In El Paso, Texas, 75% of the disease rate was concentrated in South El Paso tenements as well as in the area of the city of Juarez. In Ciudad Juárez, 75% of the disease rate was concentrated in South El Paso tenements as well as in the area of the city of Juarez. In Ciudad Juárez, 75% of the disease rate was concentrated in South El Paso tenements as well as in the area of the city of Juarez.

(El Continental, June 23, 1935; p 1. Bustamante et al. 1982; p. 600).

One serious problem that Ciudad Juárez had was the scarce availability of drinking water and water pollution. City engineer Federico Esqueda warned of the serious danger that existed from wastewater filtering into

drinking water pipelines. “Polluted underground water leaking from permeable clay pipelines can very easily get into the drinking water pipelines that are also permeable, and this pollution is quick and sure, which explains the numerous cases of typhoid and paratyphoid infections and tremendous increase in infant mortality.”

In August 1935 a clinic for poor Mexican children was opened on Florence Street in El Paso. Mortality among babies in July of the same year was 180 per thousand live births, and the highest number had been recorded for this same month in the year 1933, which amounted to 269 deaths per thousand births.

As a part of the health campaign in Ciudad Juárez, butcher shops, drug stores, restaurants and other establishments were closed for having unhealthy conditions such as: spoiled food, accumulation of insects, and adulterated medicines and beverages. Sawdust for covering the floors of commercial establishments was prohibited, hundreds of adulterated bottles were seized, chipped tile in restaurants was destroyed and boiling water was ordered to be used for washing dishes and cooking utensils. A federal commission fumigated storage areas, warehouses, railroad cars, septic tank facilities, unhealthy public places and also did bacteriological testing on drinking water.

In a visit to Ciudad Juárez to obtain information on the cleanliness campaign that was being carried out by the Federal Health Department, the governor of Chihuahua, Gustavo E. Talamantes, who was the first Chihuahua governor to ever visit a health department, emphasized his strong support of this campaign that had affected many merchants.

“Health is priceless, and therefore health authorities must use virtual dictatorship to enforce measures that are necessary for public health and to

impose severe penalties on anyone who violates these provisions”, said the governor after announcing an increase in the health budget from 20,000 pesos to 190,000 pesos.

(*El Continental*, August 16, 1935; p. 1. April 20 and March 31, 1940; p. 1)

The Ciudad Juárez Health Council reported that there had been 64 deaths from tuberculosis during the last ten months of 1931. It was believed that the victims drank milk from infected cows. Furthermore, to the detriment of public health, some stable owners refused to allow their cattle to be inspected, alleging that the prices charged by veterinarians were too high. This information was provided by Manuel Fabregat, a veterinarian from the State Supervisory Health Council.

(*El Continental*, November 13, 1931; p 12)

In September 1933 a hurricane devastated the port of Tampico, Tamaulipas and a group of public health workers was called in by the Mexican Health Secretariat for controlling the epidemiological situation that was threatening the border coast. The Texas Health Department sent a group of health professionals to work with their Mexican colleagues in a gesture of solidarity. Dr. John W. Brown together with five doctors, five nurses and twenty practitioners arrived in Tampico on October 5, 1933 to provide support to the Mexican health group and deliver an aid shipment consisting of 21,110 units of typhus vaccine, 40,000 miscellaneous vaccines, 2,000 tents, 5,000 cots, 5,000 blankets and 6 water filters, each one with enough capacity to provide drinking water for 5,000 persons daily; in addition to a large amount of medicine and treatment supplies. Ten years later, this event and the way it was handled without any regard at all to political or cultural borders, would be the source of inspiration for the establishment of a permanent linkage for communications and cooperation between U.S. and Mexican border communities in the area of public health, which culminated in the formation of the United States-Mexico Border Health Association in June 1943.

(*El Excelsior*, September 26, 1933; p 1. October 4 and 5, 1933; p 1. Romero, 1975; p 19.)

The Border During World War II

The involvement of the United States in World War II brought the second big population growth and economic boom to the Mexican side of the border. The first big boom had been in the 20's, after the production and sale of alcoholic beverages had been banned in the United States.

The installation of large military bases on the southern border of the United States and the start of the Bracero program in 1942 reactivated trade activity in the region and substantially increased the flow of persons between both countries. However, these sudden changes of events would bring even bigger problems with them in the area of public health, such as an increase in communicable diseases, which would force health authorities from both countries to take action against them with the use of a binational strategy for the first time.

By late 1940, U.S. health authorities were concerned about the increase of venereal infections among Army service personnel. Penicillin and other antibiotics that are currently being used for treating those diseases had not yet been developed, and syphilis and gonorrhea required a very prolonged and complicated treatment.



Use of penicillin for treating syphilis and gonorrhea was introduced in a limited fashion in 1943 but it was not used massively until 1944. Photograph by www.nlm.nih.gov/

Tens of thousands of soldiers were stationed at large military bases and training camps along the border for training.

General Frederick D. Griffith reported that they would be stationing 35,000 servicemen at Fort Bliss alone in 1942. But in addition to receiving training, these soldiers were also living among civilians, would cross the border into Mexico for shopping trips, and to have a good time. They were always moving around.

The number of cases of venereal disease increased in border communities, and isolated efforts by health authorities in both countries to control syphilis and gonorrhea were unsuccessful. In order for this control to become effective, the campaign for controlling venereal disease had to be carried out in both countries at the same time.

(Pan American Sanitary Bureau. 1985. "Una Breve Historia" (A Brief History) of the Field Office of the Pan American Health Organization, El Paso, Texas, United States-Mexico Border Health Association; p. 5.)

THE ARRIVAL OF THE PAN AMERICAN SANITARY BUREAU ON THE U.S.-MEXICO BORDER

In 1938 the United States Congress had passed a law for expanding the struggle against venereal diseases and ordering a national campaign that included providing free diagnosis, treatment and medicine to all persons so requesting. Under recruitment laws, it also included the performance of blood tests to screen all recruits for syphilis infections. As a part of this effort, and due to concern by Mexican health authorities about the situation on the northern border, both governments agreed to take measures in this area.

The Pan American Health Office was known back then as the Pan American Sanitary Bureau, which was the oldest international organization. It received a request from the United States Public Health Service to coordinate a campaign against venereal diseases in the border area.

(*El Continental*, July 5, 1942; p. 2. Romero, 1975; p. 108. Aída Santillán, interview, 2002)



Family of immigrants living beside a work camp with no sanitary facilities or drinking water at Chandler, AZ in 1940. Photograph by www.usda.gov/



Showing an educational film on eliminating ticks in 1941 at a camp. Photograph by www.usda.gov/

In February 1942, in its response to this request, PAHO activated this binational project under the administrative acronym AMRO-3108. Its specific purpose would be to work together in joint review and planning for health activities on the border. One year later PAHO would also be assuming its role as Secretariat of the United States-Mexico Border Health Association.

During the first week of February, Dr. Joseph S. Spoto, the man who was to be the first Chief of the United States-Mexico Border Field Office

(USMBFO), set up his office on the first floor of the U.S. Court House building, No. 314 (511 E. San Antonio) in downtown El Paso, Texas, with the position of Director of the El Paso Office of the Pan American Sanitary Bureau, supported by an epidemiologist, a veterinarian, a sanitary engineer, a consulting nurse and two secretaries.

(*El Continental*, July 5, 1942; p. 2. Romero, 1975; p. 108. Afda Santillán, interview, 2002)



El Continental. February 19, 1942.

FIRST CAMPAIGN AGAINST VENEREAL DISEASES AND THE INSTALLATION OF A LABORATORY

On February 21 of the same year, Dr. Spoto traveled to Mexico City with the federal health representative stationed at Ciudad Juárez, Dr. Porfirio Lozano, to meet with Dr. Víctor Fernández Manero, Chief of the Mexican Health Department, for making the first collaborative agreements that included training for a first group of eight Mexican doctors at the United States Public Health Medical Center at Hot Springs, Arkansas on new

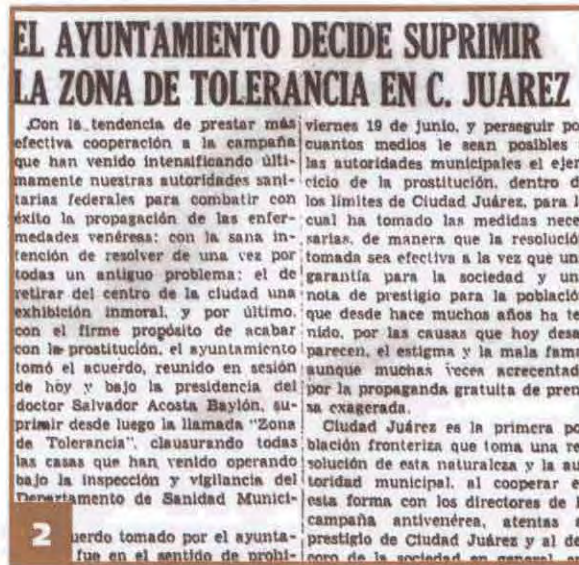
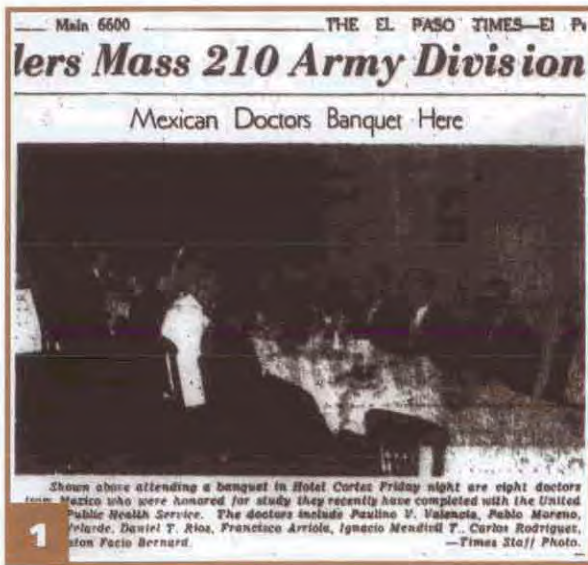


U.S. Court House Building No. 314 (511 E. San Antonio). *El Paso Public Library*, Southwest Collection.

techniques in antivenereal campaigns, and the installation of two laboratories at Juárez and Nuevo Laredo, equipped for performing blood tests for syphilis (and later including tuberculosis and leprosy), and to provide free treatment to persons from all communities in the border area between the United States and Mexico.

The doctors trained were sent out to the Mexican border cities with the largest populations including Matamoros, Nuevo Laredo, Piedras Negras, Ciudad Juárez, Agua Prieta, Nogales and Tijuana.

Four laboratory technicians, three assistants and two secretaries were operating the Ciudad Juárez laboratory. Blood samples from other cities were received at the El Paso Field Office and tested in Ciudad Juárez.



1. Arrival of the first eight doctors trained on new techniques in anti-venereal campaigns. *The El Paso Times*. May 18, 1942.
2. *El Continental*, June 20, 1942.
3. Printed informational material from the U.S. Public Health Service for locating people with venereal disease and giving them treatment, from the early 40's. *Photograph by www.nlm.nih.gov*

This laboratory remained as a binational collaborative until 1950, when the equipment was turned over to the Mexican Health Department and two more laboratories were opened, one at Nuevo Laredo and the other at Mexicali.

One of the main concerns the U.S. Government had in supporting the PAHO border project was infection of its soldiers with venereal disease. Blood testing for military personnel at Fort Bliss was excluded from the project and would be performed at the military base hospital. As a reference on the incidence of venereal disease among soldiers stationed at Fort Bliss,

the local press reported that during the month of November 1941 there were 87 infections per thousand soldiers examined, according to a report by Dr. L. T. Cox, Director of the El Paso County Health Unit.

(*El Continental*, February 19, March 6 and July 5, 1942. PAHO, "Breve Historia" (Brief History), 1985; p. 5. Romero, 1975; p. 108. Aída Santillán, ex-PAHO employee, interview, 2002.)

In response to the concern that existed in the city of El Paso over the venereal disease rate caused by prostitution and its effect on Fort Bliss soldiers, a special committee was formed in June 1942 composed of all the health agencies in the city, in addition to the Army and federal agencies



Farm field in Brownsville in 1942. Photograph by www.americastory.gov/

for rehabilitating women who were working as prostitutes and finding a way to create an employment center for them.

In Ciudad Juárez the city government cracked down on the so called “Red Light District” as of June 20, 1942, and closed down all the houses of prostitution that had been operating with supervision and inspection by the Municipal Health Department as a measure for strengthening the campaign against venereal disease. Ciudad Juárez would be the first border city to make such a decision.

(El Continental, June 11 and 20, 1942; p. 16 and 2)

August 7, 1942 marked the approval of the Bracero program between the United States and Mexico, which would be maintained for the following 25 years. By the 23rd of this same month, over a thousand potential braceros coming in from southern Mexico remained in the city without getting any response. It was not until September 27 that the first group of braceros, 460 workers coming from the central part of Mexico, left El Paso, Texas and arrived in six railroad cars on the 29th of this same month at Stockton, California to save the harvest in the San Joaquin and Salinas valleys. *(El Continental, August 8 and September 29, 1942; p. 1)*

LLEGA A LA FRONTERA EL PRIMER GRUPO DE BRACEROS MEXICANOS



Algunos de los coches especiales arribaron a Ciudad Juárez los primeros días de octubre, procedentes de los estados del centro de la República Mexicana para trabajar en las campos agrícolas del estado de California. En el grabado a la izquierda, aparece el grupo arribado de un coche ya en la estación. El grupo de la ciudad. En la extrema izquierda está Ramón Bernál, el primer arribado en México y entusiasta animador del movimiento que trabaja con sus compañeros para cumplir sus labores. El coche que delante es como empuja y seguridad de que son mexicanos dondequiera. A su lado está un joven bachiller metro-

politano que gusta de la aventura demeridita. El de la botella es otro estudiante que quiso aprender la "gramática" directa. En el grabado a la derecha se ve el contingente cuando salía del campo mexicano para abordar su respectivo vagón. A este la mirada se refiere de los señores estadunidenses de inspección, los coches que los llevaban directamente "al trabajo" hasta su destino en Sacramento, California, para parte de ahí a sus labores ya apartados en los campos agrícolas de San Joaquín y Kalmia, donde la cosecha espera sus brazos salvadores.

—FOTOS: "EL CONTINENTAL" y "FELIX"

Hoy Llegarán a California las Braceros Mexicanos

Crean Que se Pueda Lanzar una Ofensiva Desde Bases en China

Alrededor de diez coches especiales que fueron adhiridos al tren nocturno a la costa del Pacífico, salieron ayer de El Paso cerca de 400 braceros mexicanos, primer contingente de trabajadores que aporta el país vecino para ayudar a salvar las cosechas en los valles agrícolas de San Joaquín y Salinas, en el estado de California.

El Primer Grupo lo Forman Cuatrocientos Sesenticinco Hombrs

Estadunidenses en general, los trabajadores procedentes de diez estados del centro de México llegaron a las tres horas de la tarde del domingo a Ciudad Juárez en seis coches extra en el tren del sur. En los lados de los coches había escritas numerosas frases "demeriditas", con vietas a las ejecutivas de los países vecinos, sin faltar, y en cada pie cuadrado, la ya celebre "V" de la victoria.

Programa de Acción Democrática para el Domingo Venidero

Ayer por la noche, bajo la presidencia del señor Ignacio Santiana, administrador de la aduana de Ciudad Juárez, se celebró una reunión de la comisión encargada de la organización del próximo acto de Acción Democrática Internacional.

Un comunicado de MacArthur Habla de Varios Exitos

En la reunión se tomó el acuerdo de nombrar diversas comisiones para recepción de invitados, para efectuar las invitaciones a las autoridades y para el desarrollo del acto.

COLABORACION DIRECTA
Votos con malos ojos por los cocheros locales, debido a que a Ciudad Juárez habían llegado braceros sureños que han quedado retencidos por falta de arreglos

THE FIRST BINATIONAL HEALTH CONVENTION AND THE CREATION OF THE USMBHA

The Field Office, with cooperation from Mexican and state health authorities, brought together 96 health representatives from Mexico and the United States at Ciudad Juárez and El Paso on June 15-16, 1943 to discuss health problems on the border. During the so-called Pan American Border Health Conference, this was attended by the highest level of health authorities from both countries. The establishment of the United States-Mexico Border Public Health Association, now the USMBHA, was approved by a unanimous vote and it was provided that the Field Office would act as Association Secretariat. The USMBHA was formally created at El Paso on June 16, 1943.

At the opening session, Dr. Hugh S. Cumming, Director of the Pan American Sanitary Bureau, said that "the purpose of the Pan American Health Conference is to present the most significant health problems along the border and make definitive plans for correcting and eradicating those conditions".

The health problems discussed in Conference work sessions were venereal diseases, tuberculosis, diseases caused by wastewater, quarantine on the border and immigration problems.

Dr. Jaime Velarde Thome, supervisor of the border Venereal Disease Program for Mexico, and one of the eight physicians who had received training in the United States as a part of the first agreements coordinated by the Field Office, presented a study on "Disease Control Problems Along the U.S.-Mexico Border".

El Continental, September 29, 1942.

VITAL SIGNIFICADO DE LA GRAN CONVENCION SANITARIA INICIADA BRILLANTEMENTE EN C. JUAREZ

Se Establecerá Como Actividad Anual La Conferencia Higiénica que Traerá Grandes Beneficios a los Dos Países

Temario de vital significación y ponencias de trascendental importancia fueron las presentadas ayer en la inauguración de la gran Conferencia Panamericana de Sanidad, en el Casino de Ciudad Juárez.

Actuó como presidente el señor Antonio J. Bermúdez. Conspicuas personalidades y autoridades sanitarias de los Estados Unidos y de la República Mexicana, estuvieron presentes: doctor Victor Fernández-

Manero, jefe del departamento de Saluridad Pública de la Ciudad de México; doctor Hugh S. Cummings, jefe del departamento sanitario panamericano; V. M. Ehlers, ingeniero sanitario de Texas; señores Alfredo Chávez, gobernador del Estado de Chihuahua; William P. Blocker, cónsul general de los Estados Unidos en Ciudad Juárez.

Se presentaron varios trabajos de alto valor social y científico: el

de control de las enfermedades venéreas en la costa del golfo, sometió a la consideración de la convención, un ensayo sobre "el control de las enfermedades venéreas en el ejército Norteamericano."

El control de la tuberculosis en la frontera, fué el tema tratado por el doctor L. H. Howard, director del departamento de salud pública en Tucson.

El señor John G. Barry, presidente de la sociedad antituberculosa

(SIGUE EN LA PLANA DOS)

PERSONALIDADES DE LA CONVENCION SANITARIA



De izquierda a derecha: Dr. George C. Dunham, Dr. Edward E. Ernst, Gob. Alfredo Chávez, Dr. Victor Fernández Manero, Dr. Hugh S. Cummings, Antonio J. Bermúdez, Dr. S. de la Rosa.

CRECIENTE POTENCIA DE LA MARINA

WASHINGTON, junio 15. (UP)—El secretario de la Marina Frank Knox declaró hoy que la creciente potencia submarina de los Estados Unidos, victimaria hasta la fecha de 257 barcos nipones, hundidos o averiados, atacará al enemigo con mayor furia en el futuro.

También dió a entender que acontecimientos de importancia, están por desarrollarse en el Pacífico, al contestar a una pregunta sobre la spa-

LOS AVIADORES INGLESES ASESTAN NUEVOS GOLPES AL VALLE DEL RUHR

LONDRES, junio 15. (UP)—Los mayores bombarderos de la Gran Bretaña asgataron nuevo golpe al Ruhr anoche, martilleando el centro de armamentos en Oberhausen, en tanto que otros aviones aliados continuaron la gigantesca ofensiva aérea con nuevos asaltos sobre objetivos del Continente.

Escuadrones de cazas que acompañaron a los bombarderos cruzaron la costa a gran altura poco después del alba, y poco después el Ministerio del Aire anunció que el

kilómetros al occidente de Essen, aparatos de patrulla ingleses pegaron con vigor contra el sistema de transporte en el norte de Francia y en los Países Bajos.

El ministerio anunció que 18 bombarderos no habían regresado a sus bases.

Los pilotos participantes en el raid sobre Oberhausen, informaron que el bombardeo tuvo éxito, logrando hacer blanco en fábricas de acero, minas de carbón, subterráneas y casas rodeadas.

Front page of El Continental, June 16, 1943.

Other subjects discussed at this meeting included the presentation by Dr. L. H. Howard, Public Health Director from Tucson, on “Control of Tuberculosis on the Border”. Andrés Lasaga, Ciudad Juárez sanitary engineer, spoke on the serious health problem brought about by irrigating vegetables with wastewater in communities along the Rio Grande. Dr. Javier Villalobos, a representative of the Chihuahua Health Department, gave a presentation on the growing problem with fever that was being found in livestock.

(*El Continental*, June 15 and 16, 1943; p. 1. *El Paso Herald Post*, June 16, 1943; p. 1. *The El Paso Times*, June 15 and 16, 1943; p. 1 and 2. PAHO, “Breve Historia” (Brief History), 1985; p. 5. Romero, 1975; p. 108.

By late 1943 an epidemic outbreak of influenza had appeared in Ciudad Juárez and El Paso. On December 16 of that year the El Paso Health Council reported 586 cases of this disease, but it warned that this figure would increase considerably if cases that were being treated without consulting a doctor were included.

(*El Continental*, December 16, 1943; p. 1)

In late January, 1944 the Fort Bliss command put Ciudad Juárez off limits for its soldiers due to the constant fighting and disorderly conduct that was taking place at different recreation centers in the city. This off limits provision against visiting the city remained in force until August 28 of this same year.

One of the reasons that was alleged for justifying this order in preventing U.S. soldiers from crossing the border into Ciudad Juárez was the increase in the number of patients suffering from “secret diseases”. It was therefore necessary to take “drastic, restrictive measures against this terrible plague”.

(*El Fronterizo*, February 1 and June 6, 1944; p. 1)

On February 3, 1944, the United States and Mexico signed a new treaty for future allocation of the waters of the Rio Grande, Tijuana and Colorado Rivers. This treaty put an end to one of the oldest disputes in relations between the two countries.

(*El Continental*, February 4, 1944; p. 1)

THE FIRST BINATIONAL CAMPAIGN AGAINST TUBERCULOSIS

After a meeting with Mexican health authorities, Dr. Spoto announced the start of a binational campaign against tuberculosis along the United States-Mexico Border on April 18, 1944, due to the fact that this disease was considered to be the region’s number one health problem.

A total of \$90,000 dollars was spent during the first year, of which half would be contributed by the United States and the other half by Mexico. The program to be followed would be similar to the one put in practice two years before against venereal disease. One of the basic foundations of this work as explained by Spoto, was a recognition of the fact that disease germs do not respect borders and it would be stupid to fight them on one side while letting them live on the other. Several Mexican doctors and technicians would go to the United States for specialized six-month courses. The

institutions that would be cooperating in this campaign included the Mexican Health Department, the United States Health Corps and the Inter-American Affairs Coordination Committee.

The close cooperation existing between the United States and Mexico in this task of combating tuberculosis on the border was further reinforced when a resolution was made on May 9, 1944 at the Fifth Annual Assembly of the officers of the Pan American Sanitary Bureau and Health Directors of the American Republics, to allocate five million dollars for performing work in the fight against tuberculosis on the border during the next five years.

(*El Continental*, April 19 and May 10, 1944; p. 1 and 2)



Registration table at the Pan American Border Health Conference at the Cortez Hotel in El Paso, Texas. Photo courtesy of the Aída Santillán collection.



During the Second USMBHA Annual Meeting held on May 29-31, 1944, the results of special studies that had been made on Mexican immigrants were presented, showing that the incidence of tuberculosis among them was much higher than the rate recorded among U.S. residents. Ciudad Juárez was identified as a location having a large number of tuberculosis patients, most of whom were poor rural people who had come in from different regions of the country with the hope of crossing the border and seeking employment, and when they were examined by U.S. authorities had been rejected when they were found to have evidence of

tuberculosis lesions. Since they had no means of subsistence, they remained in the city dependent on assistance from the government or the community (Romero, 1975)

In April 1946 Dr. L. T. Cox, Director of the El Paso County Health Unit, revealed the existence of an epidemic of measles for which 100 persons were being held under quarantine to stem the spread of this disease. (El Continental, April 11, 1946; p. 1)



Efforts against infectious diseases such as tuberculosis were not the exclusive province of public institutions. The El Paso Association Against Tuberculosis, an organization supported by private contributions, provided care for dozens of people on a daily basis by giving free medical care and exams to anyone they suspected of being a carrier of this disease. In a period of eight months they completed 16,000 X-ray exams, including groups of public and private school students.

(El Continental, April 18, 1946; p. 1)

THE PAHO FIELD OFFICE ADDRESSES OTHER HEALTH PROBLEMS

During the Fourth USMBHA Annual Meeting held from April 29 through May 1, 1946 at El Paso and Ciudad Juárez, Dr. Gustavo Viniegra Osorio, General Director of Health for the States and Territories of Mexico, proposed a project for organizing international contagious disease monitoring. The border states of the United States and Mexico would be a kind of experimental area where any declared plague or epidemic would be immediately reported to the governments of both countries. In this way, local authorities would be prevented from keeping any secrets concerning infectious diseases.

A committee made up of physicians from both countries would be authorized to conduct an immediate investigation whenever any cases of a contagious illness might appear.

In his activities report during this meeting, Dr. V. M. Ehlers, outgoing president, said that during the past five years, more than 300 health workers from Mexico had received training in the United States and X-ray equipment had been obtained for the cities of Juárez, Mexicali and Nuevo Laredo, in addition to the establishment of several health centers on the border.

(El Continental, April 30, 1946; p. 1. El Paso Times, April 30, 1946; p. 1)

One of the most serious episodes has involved hoof and mouth disease that appeared in central Mexico in 1946 and quickly spread throughout the entire country and was threatening to cross the northern border. The eradication of this disease that affected all livestock took five years, in an intense, costly campaign in which the United States and Mexico showed an extraordinary example of binational cooperation efficiently performed on a large scale.

In November 1947, Texas ranchers, alarmed by Mexican use of a vaccine against this disease that had been developed in Mexico, and the suspension of livestock slaughtering, appealed to U.S. President Truman to keep any changes from being made in the program for destruction and burial of infected livestock to stop the spread of hoof and mouth disease from Mexico to the United States.

(El Continental, November 26, 1947; p. 1)

The program from the Mexican Secretariat of Health and Welfare was revealed and accepted as the basis of a coordinated plan for health on the border during the Fifth USMBHA Annual Meeting at Laredo, Texas on June 30 and July 1, 1947. There was also a resolution to intensify education for health activities, maternal and infant care activities and in some places, control of malaria and rickettsiosis.

(Romero, 1975)

BINATIONAL COOPERATION ON THE BORDER AND THE CREATION OF TASK FORCES

One of the objectives the Field Office had was to unite efforts for dealing with health problems in border communities in a comprehensive manner. One mechanism that could help in work of this kind was the creation of health committees with representation by both health authorities and members from the lay population, to provide greater coverage

for projects and programs of a national and binational nature.

An important committee was created at Ciudad Juárez on November 27, 1947, called the “Auxiliary Local Health and Welfare Committee”, which from then on would be responsible for supporting and working in the different health campaigns that had been started by federal and binational border organizations.

This committee would have representation from federal, state and municipal health authorities, as well as different representatives from the general population. The committee’s work would be performed under the guidelines of the three basic campaigns contained in the Mex-Med-3 Binational Project started in 1943 that included campaigns against venereal disease and tuberculosis and for maternal and infant care. Dr. Pilar Hernández Lira, General Manager of the Mex-Med-3 Project, emphasized that improvement of services to mothers and children would be given higher priority, but without abandoning the other campaigns.

(Santillán, 2002. *El Continental*, November 27, 1947; p. 6)

Field Office staff was involved in the organization of an educational campaign on hygiene in Ciudad Juárez, which was very far reaching back then due to the innovative nature of events of this kind. “Hygiene Week” was held April 8-15, 1948 and included cultural events, conferences, exhibits at the “Hygiene Museum”, showing films on health, and publicity on health campaigns through the Mex-Med-3 Project.

(Santillán, 2002. *El Continental*, April 6, 1948; p. 2)

During the Sixth Annual USMBHA Meeting in 1948 there was a lot of discussion of hospital care for tuberculosis patients involving both isolation areas and medical care. Lack of beds for patients was considered to be a serious problem, and a decision was made to recommend an increase in such services to authorities. Mexican authorities did not hold back on any efforts to fulfill the recommendations of Association agreements. New tuberculosis dispensaries were built and those already existing were modernized, and there was an increase in service personnel and laboratories at hospitals.

By September 1948, some 3,000 Fort Bliss soldiers per day were crossing the border into Ciudad Juárez on weekdays, and about 10,000 on Saturdays and Sundays. This flow of persons required agreements between authorities from both countries in coordination visits. Members of the Fort Bliss Military Police would also go into Ciudad Juárez to watch over military personnel.

(*El Continental*, September 9, 1948; p. 1)

Active, ongoing supervision along the entire length of the border enabled it to be proven that the most modern care techniques were being used and that there was no lack of required material resources.

(Romero, 1975)

As a part of an aggressive campaign all along the border started by the Mexican Federal

Government against prostitution, on the evening of November 25, 1948, Dr. M. Flint Haralson, Chief of the PASB Field Office; Dr. Jaime Velarde Thome, Chief of the Campaign Against Venereal Disease and Dr. Jorge Burguete Rovira, Chief of Coordinated Services of the state of Tamaulipas together with inspectors and federal troops, went through the Reynosa red light district and closed down all the bars, night clubs and brothels where owners failed to show a license to operate or were operating improperly.



Meeting of the Committee Against Tuberculosis created in El Paso, TX-Ciudad Juárez and headed by Dr. M. Flint Haralson (fifth from left to right, first row), Field Office Chief in 1948. *Photograph courtesy of the Aída Santillán collection.*

After a week of waiting to be legally hired as temporary workers in the United States through the Bracero program, some 6,000 Mexican applicants who had remained in Cd. Juárez along the border on the banks of the Rio Grande decided to cross illegally and board trucks, cars and trains in response to an invitation to work in the fields of U.S. farmers who were waiting on the other side of the border. U.S. authorities did not take any action to stop these illegal immigrants.

(*El Continental*, October 15 and 17, 1948; p. 1)

QUE HOY, EL COMITÉ INTERNACIONAL DE SALUBRIDAD, QUEDARÁ INTEGRADO

Dando principio a las nueve de la noche de hoy miércoles, se efectuará en los salones del Casino Juárez de la vecina población, una importante asamblea durante la cual quedará constituido el primer Comité Internacional de Salubridad.

Estarán presentes en esta junta de suma trascendencia para los dos pueblos vecinos, los componentes de los Comités de Salubridad de El Paso y Ciudad Juárez, así como sus Asesores Técnicos.

Han sido invitados para que concurren a la reunión de referencia, los señores Dr. F. H. Haralson y Dr. L. Cox, de la Oficina Sanitaria Panamericana; el Alcalde, señor Dan Duke; el Coronel Raúl Michel, Cónsul General de México en El Paso y otras altas personalidades de esta población.

De Ciudad Juárez han sido invitados el Presidente Municipal, el señor General Enrique Díaz González, Comandante de la Guarnición de la Plaza; profesor Arnulfo Pérez H., Administrador de la Aduana; Stephen E. Aguirre, Cónsul General de los Estados Unidos en Ciudad Juárez y otras autoridades.

que es la encargada de organizar el Comité de Salubridad en El Paso y la señorita Guillermina Rodríguez, encargada de organizar el Comité de Salubridad de la vecina población.

Esta asamblea será presidida por el Dr. F. H. Haralson, Jefe de la Oficina Sanitaria Panamericana en El Paso, pues por medio de esta dependencia es como se integrará el Comité Internacional de Salubridad.

Al formarse este organismo, se dará el debido cumplimiento a una de las resoluciones tomadas por la Asociación Fronteriza de Salubridad México-Estadunidense, durante su pasada convención.

El Comité Internacional de Salubridad estudiará los problemas tanto sanitarios como asistenciales existentes en ambas ciudades, propondrá sus soluciones y dictará las medidas correspondientes a fin de obtener el éxito que se desea.

Los Comités de Salubridad de El Paso y Ciudad Juárez, con cuyos integrantes se formará el nuevo organismo, trabajarán de común acuerdo, ayudándose unos a otros

anexión, y los propietarios de tierras al sur del Paisano Drive, también la favorecen. Estas áreas, serán tomadas en cuenta en caso de que sea derrotado el Regimiento Municipal, pero ninguna otra será aceptada.

Gran Movimiento en la Cruz Roja

Un intenso movimiento y enorme trabajo se ha registrado en el hospital de la Cruz Roja, desde que fue puesto en servicio, a juzgar por el informe rendido por la delegación, correspondiente a las labores del mes de octubre.

Por lo que se refiere al movimiento habido en dicho hospital de emergencia, del primero al siete de noviembre, las cifras son características.

En ese tiempo se hicieron 18 traslados de lesionados, 18 movimientos en que se recogieron lesionados, 22 traslados a domicilio, hospitales etc. y se concurrió a cuatro incendios.

En cuanto a personas atendidas allí en ese mismo lapso de tiempo fueron 39 hombres, como sigue: menores de un año, 3; de un año a seis años, 8; de siete a catorce, 1 y de más de 14 años, 18. Se atendió asimismo a 41 mujeres, como

This action had far reaching importance and it got attention all along the border because in addition to this aggressive measure of closing down establishments, the red light district in Reynosa was destroyed by a tremendous fire that started just moments after this group of doctors, inspectors and police authorities had left the scene.

(*El Continental*, November 27, 1948; p. 1)

In the first week of December 1948, the Field Office and the Secretariat of Health and Welfare organized "Pan American Health Week" in Ciudad Juárez with involvement by civic organizations, schools, libraries, radio stations, newspapers, merchants, theaters, athletic groups and the general public. There were also conferences, concerts, dance groups and other similar presentations during this event.

High level health authorities from the United States and Mexico were also in attendance such as Dr. Ignacio Morones, Deputy Secretary of Health and Welfare of Mexico, who reported that required studies were being performed for a health project for the entire northern border in Mexico and the southern border area of the United States as a measure for protecting the public health of the northern border population.

(*El Continental*, January 21, 1949; p. 1)

Front page of *El Continental*, November 9, 1949.

a su administración Pública, los cuales, según las noticias recibidas, los ha arreglado convenientemente.

SE CELEBRARA EN CIUDAD JUAREZ LA 'SEMANA PANAMERICANA DE LA SALUD'

Nos informa el Dr. Emilio Meza Lorente, Jefe de la Unidad Sanitaria y Asistencial de Ciudad Juárez, que por acuerdo superior el día de diciembre próximo estará considerado como Día Panamericano de la Salud.

En tal virtud, nos informa asimismo, se está preparando lo necesario a efecto de celebrar la "Semana Panamericana de la Salud," cuyo desarrollo tendrá lugar durante los días del primero al cuatro de dicho mes.

Se ha dado ya los primeros pasos en la organización de un grandioso festival que se efectuará en el amplio Salón de Actos del Centro Escolar Revolución, al que serán invitadas todas las autoridades y el personal de la Oficina Sanitaria

ceras partes. Negaron el triunfo al señor García, haciendo perdedizas las boletas, que las guardó el señor

Llorente, que durante los días de la Semana Panamericana de la Salud, se presentarán importantes conferencias sobre diversos temas, que seguramente dejarán magníficas orientaciones y útiles consejos a la Población de Ciudad Juárez, adquiriendo con ello la cultura médica que es necesaria para prevenir y en dado caso, contrarrestar las enfermedades contra las que lucha la Secretaría de Salubridad y Asistencia.

Esas conferencias estarán a cargo de varios profesionistas y entre otros, de los señores Doctores Antonio Galves Martínez, José Estrada Vázquez y Filiberto Cruz López. Jefes de Sección de la Unidad Sanitaria y Asistencial.

En relación con la celebración de la Semana Panamericana de la Salud, se ha dado ya los primeros pasos en la organización de un grandioso festival que se efectuará en el amplio Salón de Actos del Centro Escolar Revolución, al que serán invitadas todas las autoridades y el personal de la Oficina Sanitaria

una declaración juramentada ante el Notario Público y que es la base en la que se funda la demanda.

Representan al señor García, los señores Licenciados Darrel R. Parker, E. T. Ousick y Rafael Estrada y al señor Cedillo, el Licenciado Fred W. Fikett.

En el curso del juicio, que se ha prolongado más de la cuenta, se presentaron recientemente, para declarar, once Delegados y Siete Directores. Todos ellos manifestaron al Juez Faíres que habían votado por el señor García, explicando a la vez la confusión que hubo con el extravío de las boletas.

Falta que se presenten siete Delegados, ya que uno ha fallecido y dos Directores.

El juicio entró en receso, citándose para continuarlo hasta ser fallado, el día catorce de diciembre entrante. Mientras tanto, las Loterías están en constante actividad.

ULTIMA HORA

Ya para cerrar esta edición supimos que el Club Recreativo Central ha invitado a la candidato a Reina de las Fiestas Guadalupeñas, Srta. María Luisa Guevara, para que asista al baile que ofrece dicho

ENERGICA ACCION EN CONTRA DE LA PROSTITUCION AL NORTE DE MEXICO

El gobierno federal ha iniciado una enérgica campaña en contra de la prostitución en toda la frontera norte de México, se nos informó el día de ayer.

La campaña ha sido iniciada en Ciudad Reynosa, Tamaulipas, en donde las autoridades sanitarias federales se encargaron de cerrar cuanto prostíbulo existía en la zona de tolerancia, la que posteriormente, tal vez por manos criminales, fué incendiada, sufriendose pérdidas que se calculan en dos millones de pesos.

Según las noticias recibidas en Ciudad Juárez, los Doctores Jorge Burguete Rovira, Jefe de los Servicios Sanitarios Coordinados de aquella Entidad; J. Velarde Thoms, Jefe de la Campaña Antivenérea y el Dr. Haralson, Jefe de la Oficina Panamericana de Cooperación sanitaria de la Secretaría de Salubridad y Asistencia, acompañados de varios Inspectores, así como de fuer-

ante los propietarios de dichos centros de vicio e inquirieron sobre la licencia que los autorizara para tales actividades, como de la Secretaría de Salubridad y Asistencia nada tenían, se procedió a cerrar las puertas, poniéndoles los sellos, etc.

Sin embargo, apenas se había terminado la labor de clausurar todos los centros de vicio, se origino una gran conflagración. Después nubes de humo e inmensas lenguas de fuego consumían y convertían en escombros a los establecimientos, existencias de licores, etc., borrándose en esa forma la Zona Roja de Ciudad Reynosa.

Fueron los bomberos de McAllen, Mission, San Juan y Pharr, del Estado de Texas, quienes ocurrieron a prestar el auxilio que tan urgente era necesario, pero el voraz elemento, continuó hasta arrasar todo, consumiendo cuanto a su paso encontraba.

Front page of *El Continental*, November 27, 1948.

On November 9, 1949 the **International Health Committee** was formed by the initiative of the PASB Field Office, composed of members of the El Paso and Ciudad Juárez health committees.

The functions of this new committee would be to study health and welfare problems existing in both cities, propose solutions and issue proper measures.

The opening session was presided over by Dr. Haralson, Chief of the Field Office, who stated that the formation of this organization would fulfill one of the resolutions made by the United States-Mexico Border Health Association at its last convention.

(*El Continental*, November 9, 1949; p. 1)

In 1949 the PAHO Field Office was participating on the Ciudad Juárez Committee for the Struggle Against Infantile Paralysis. As a response to the epidemic outbreak of polio that had started in 1948, Field Office Chief Dr. M. Flint Haralson made the necessary arrangements for sending a doctor and two nurses from Ciudad Juárez to a Texas hospital to get an update on polio treatment and diagnosis.

On February 6, 1949 the first United States Consulate was established in Ciudad Juárez. Since then, the Pan American Health Office has maintained a close relationship with all border consulates.

Calendar from Club Rotario Juárez Frontera, A. C. (Juárez Border Rotary Club)

UNA BRIGADA VENDRA A TEXAS PARA ESTUDIAR LO REFERENTE A LA POLIO

Un médico y dos enfermeras de Ciudad Juárez, serán enviados a uno de los dos lugares en donde hay grandes hospitales para atender los casos de poliomielitis, en el Estado de Texas, con el fin de que estudien el tratamiento y diagnóstico del terrible mal.

Este es uno de los acuerdos de mayor importancia tomados durante la reciente asamblea celebrada por el Comité de lucha contra la parálisis infantil de Ciudad Juárez.

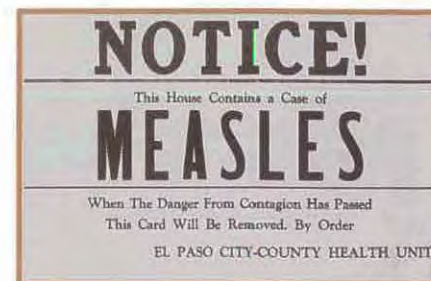
Desde luego fue designado el médico, que lo es el Dr. Emilio Meza Lorente. Las enfermeras serán designadas después. Por ahora se está solicitando la autorización respectiva de la Secretaría de Salubri-

toridades y público en general.

Para el traslado de ese médico y enfermeras a realizar los estudios que se mencionan, está cooperando la Oficina Sanitaria Panamericana de El Paso y especialmente el jefe de la misma, Dr. F. H. Haralson. Colabora asimismo el Dr. Gustavo A. Roviroso, representante de la Secretaría de Salubridad ante dicha dependencia.

Otro de los acuerdos el citado comité, consiste en luchar por obtener los fondos que sean necesarios para la adquisición de un pulmón mecánico, cuyo costo es de mil cuatrocientos dólares.

El Dr. Haralson ha ofrecido asimismo todas las facilidades necesarias y la ayuda que necesite Ciu-



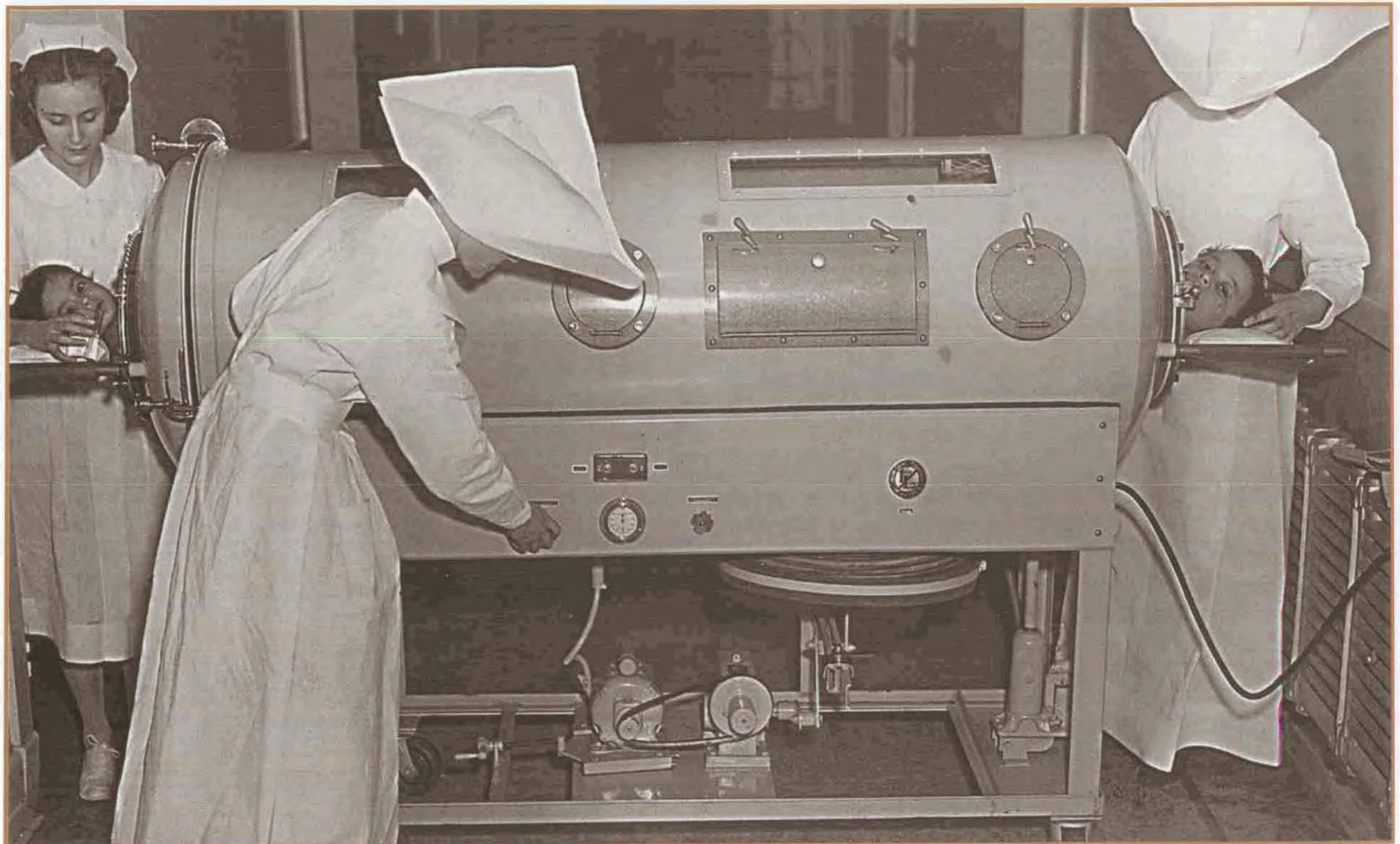
Campaign to eradicate measles in El Paso, 1948. When a person became infected, the individual's property was isolated to avoid contagion. *El Paso Museum of Medicine.*

The Pan American Sanitary Bureau also offered the temporary loan of an iron lung while the committee was raising the \$1,400 dollars for buying one, because it was needed for caring for polio cases.

(El Continental, July 14, 1949; p. 1)

The World Health Organization is the United Nations Agency specializing in health. It was established on April 7, 1948 for the purpose of attaining the best possible level of health for all people. The WHO is governed by its 191 Member States through the World Health Assembly.

El Continental, July 14, 1949.



Iron lung used at a private hospital in El Paso in 1949 to treat children with polio. *Photograph by the El Paso Medical Society.*

Field Office Involvement in the 50s

As a result of international economic changes in the immediate post-war period, the economies of both countries had shown notable improvements. However, tension caused over the desire for world domination and the resulting “cold war” had extended the presence of the military in American border cities.

In the 1950s, the attractions of border cities would become even more spectacular and health problems would increase to unprecedented heights. The population of the border communities in the United States increased by 69% during that decade, much higher than the 27% national increase. Mexican border cities had even higher growth, with a growth rate of 83% in comparison to a 34% growth rate for the country as a whole.

Basic sanitation and health problems caused by a lack of sanitation occupied a prominent role in the health cooperation agenda on the border. In the same fashion, issues having to do with environmental degradation also entered into the agenda.

Technical cooperation provided by the Pan American Sanitary Bureau (PASB) was expanded during this decade to cover the demand by both

governments including not only communicable disease issues, but also other issues related to environmental health, which culminated with the inclusion of an expert on this subject on PASB staff.

By early 1950, the Rio Grande was receiving wastewater discharges from 34 sewer systems in U.S. communities, sixteen of which were considered hazardous. This information was publicized at a Conference on Water Pollution that was held at El Paso and attended by 69 public health experts from twelve U.S. states. The main point in this meeting had to do with possible negative effects on public health caused by irrigating fruits and vegetables with water polluted by sewage discharges.

(El Continental, January 28, 1950; p. 1)

Due to high infant mortality rates from diarrhea and enteritis that were being recorded in Ciudad Juárez (646 deaths among children under one year of age during 1949), in July 1950 the International Health Committee started an intense campaign for protecting children that included a counseling program for the population through radio and the press, and thousands of home visits with support from members of civic clubs.

(El Continental, July 13, 1950; p. 1)

MAURIZAN LA LUCHA CONTRA LA TERRIBLE MORTALIDAD INFANTIL

Primer Comité Internacional de Salubridad, formado con elementos de El Paso y Ciudad Juárez, está preparando el programa de lucha contra la temible mortalidad infantil que se registra en la vecindad y que se debe, según informes de personas autorizadas, a las diarreas y enteritis que hacen víctimas a los pequeños muy especialmente en estos meses del año.

La campaña de protección a la infancia que por acuerdo del Consejo Internacional citado organismo se desarrolla en toda su intensidad en Ciudad Juárez, con la cooperación del personal de la Unidad Sanitaria y Hospital, de médicos, enfermeras, asistentes sociales y público en general, será orientada de manera que obtengan positivos resultados y no resulte mera propaganda.

Se han dado a conocer las causas y debido a ello se lu-

Front page of *El Continental*, July 13, 1950.

TEMPERATURA DE HOY

No está sujeta de variaciones en la Probable variación de 70 a 80 grados.

Señal: Por la gran humedad con brisa regular, la noche templada agradable.

Atención: Por la gran humedad, con brisa regular y al viento en el verano.



EL PASO, TEXAS - Miércoles 18 de Junio de 1952.

UNIFORMES
PANTALONES Y CAMISAS
completos, con botones de las
siguientes compañías:
• TELLADO • HUNGLER
• CHEVON • HOKI
• GUL • HOBELAN
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MADE TO MEASURE SHOP
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PRECIO: DE EL PASO - P. L. M.
DE C. JUÁREZ - H. M. M.

Epidemia de Poliomielitis en Texas Resume Caracteres de Verdadera Alarma

**Chó al
una
Naval
lescaro la
Habla de
Victima**

El día 17, (U. S. A.) una víctima de la que vivió en Vindar, según Radio Moscú.

El día 18, (U. S. A.) una víctima de la que vivió en Vindar, según Radio Moscú.

**Se inició la
Beatificación
Del Padre Pro**

Ciudad del Vaticano, 17 de Junio. - La beatificación del sacerdote italiano, Padre Agustín Pro, con el nombre de Padre Pro, con el nombre de Padre Pro, con el nombre de Padre Pro.

**Una Vacación
Rezamos
Por Taft**

La muerte de una vacante en el gobierno de el extranjero en el gobierno de el extranjero.

**En Dos Meses Hubo
En El Paso 9 Casos**

El Estado Se Anota el 28 Por Ciento del Total en los E. U.



**Más Medidas
Contra Rusia**

Front page of *El Continental*, June 18, 1952.

During the Eighth USMBHA Annual Meeting in Chihuahua City in 1950, participants from both countries reported favorable conclusions on the use of penicillin procaine with aluminum monostearate for syphilis cases, which was considered to be harmless, effective and very useful as a treatment. In oral administration it was also effective in preventing gonorrhoea. However, it was not until 1952, at the Annual Meeting at Monterrey, that the Association decided to recommend the use of this antibiotic as a treatment for these diseases.

(Romero, 1975)

FIRST CAMPAIGN AGAINST RABIES

In conjunction with the Mexican Secretariat of Health and Welfare, the Pan American Sanitary Bureau started a rabies control campaign along the entire border on September 18, 1950. Ciudad Juárez was the first locality in which a mass vaccination campaign was started.

A border study on rates of persons bitten by stray dogs and positive rabies case determinations, and including an approximate census of the canine population, were the preliminary tasks in what would become the first



Annual Banquet
U.S. Mexico Border Public Health Ass'n
Biltmore Hotel, Los Angeles, California

Banquet at the Biltmore Hotel in Los Angeles, CA, for persons attending the Ninth Annual Meeting of the United States-Mexico Border Health Association. *Photograph courtesy of the Aida Santillán collection.*

border campaign against rabies as the result of an agreement between United States and Mexico made at Nogales, Sonora in 1949.

Dr. Aurelio Málaga Alva, who was assigned by the Field Office of the Pan American Sanitary Bureau to coordinate this project on a border-wide basis, said that the rabies control program would be used in all the border states, and that the vaccination campaign in Ciudad Juárez was the first step of the great campaign for controlling rabies in northern Mexico and the southwestern United States.

In the month of December, 1950 this campaign was extended to the unpopulated areas of northern Sonora and Chihuahua in combating coyotes and wolves that were considered to be a source of contagion for dogs that wandered around the outskirts of communities.

Also working together with Dr. Málaga's team were Clifford Pranall, assistant to the Chief of the Mammal Control Branch of United States, Dr. Carlos Molina, Mexican government representative, and a group of twenty Mexican rural hunters.

(El Continental, September 14 and December 26, 1950; p. 1)

LA VACUNA EN LA FRONTERA

Se Llegó a un Entendimiento Respecto a Quiénes Deben ser Inmunizados

Desde que comenzaron a registrarse en esta ciudad diversos casos de viruela negra que despertaron una justificada alarma entre los habitantes y las autoridades sanitarias éstas procedieron a tomar enérgicas disposiciones tendientes a combatir

El Continental, September 9, 1950.

El Lunes se Inicia una Intensa Campaña Anti-Rábica

(VIENE DE LA PRIMERA)

da en cuatro por las líneas perpendiculares que forman de sur a norte la Avenida Ferrocarril y al oeste la Avenida 16 de septiembre.

Se establecerán tres centros de vacunación, dirigidos por un médico veterinario y en los cuales el municipio hará la inscripción y registro de todos los perros.

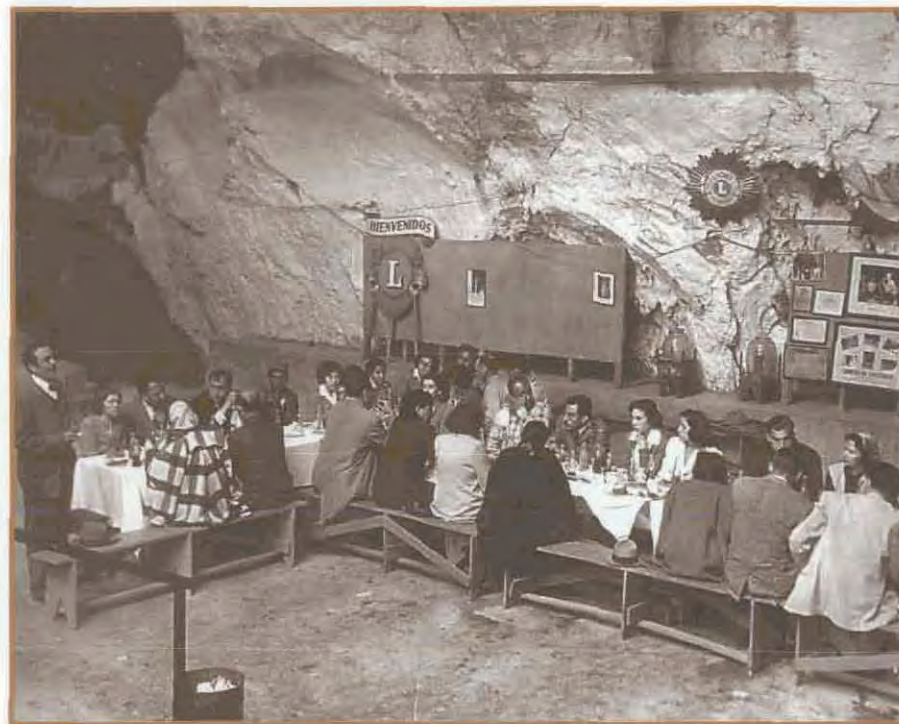
El Continental, September 14, 1950.

THE STRUGGLE AGAINST EPIDEMICS

The attractions of border cities in both countries in the decade from 1950 to 1960 would become especially spectacular and health problems would increase to unprecedented heights. The population of border communities in the United States increased by 69% during that decade, much higher than the 27% national increase. Mexican border cities had even higher growth, with a growth rate of 83% in comparison to a 34% growth rate for the country as a whole.

(Stevenson, 1968)

The polio epidemic continued its increase on the border. In June 1952 the State of Texas recorded 28% of the total of cases found in United States. In the months of May and June, nine cases of children with polio were recorded in El Paso compared to only one for the same months of the



Participants at the Tenth Annual Meeting held in Monterrey, Nuevo León. Photograph courtesy of the Aída Santillán collection.

previous year. Houston reported ten cases in one day, and there were six at Fort Worth, which already had 36 victims.

(*El Continental*, June 18, 1952; p. 1)

In 1952, during the closing session of the Tenth Annual Meeting of the United States-Mexico Border Health Association held at Monterrey, Nuevo León, keynote speaker Dr. Arnold B. Kurlander, Director of the Division of Chronic Diseases and Tuberculosis from the U.S. Public Health Service warned that despite the numbers, tuberculosis was increasing.

Dr. Kurlander said that “although the number of tuberculosis victims has decreased from 34,000 to 30,000 in the past year, the amount of new patients in hospitals has increased during this same period”.

“There should currently be 1,200,000 cases of tuberculosis in the United States, of which only 500,000 are known. The other 700,000 are unknown cases. Of the known cases some 250,000 can be classified as active, and of the unknown cases, there are probably 150,000 active cases”, the doctor added.

(*El Continental*, April 11, 1953; p. 1)

The Eleventh USMBHA Annual Meeting held at El Paso, Texas, on April 9-11, 1953 had attendance by over 300 participants. A recommendation was made during the meeting for the Association to concentrate its efforts on cooperative education programs in public health and hygiene in the community, proper trash disposal, control of water quality and control of rodents, flies, mosquitoes, lice, fleas and roaches.

(*The El Paso Times*, April 9, 1953; p. 1)

In 1955 construction of a specialized hospital was begun at La Rumorosa, Baja California for care and rehabilitation of tuberculosis patients to provide services to groups of families affected by this disease. During this same year, the Baja California Norte Welfare Law and its regulations went into effect, with the purpose of creating a public welfare board for setting up and maintaining hospitals, public meal facilities, shelters, maternity homes, workhouses, sanatoriums, nursing homes, insane asylums, orphanages and public welfare centers or units in general.

That same year an intense campaign for the eradication of malaria was started in Sonora, and vaccines were administered against polio and smallpox in addition to trivalent vaccines, and almost one million immunizations were administered.



ATTEND HEALTH CONFERENCE — A group of doctors attending the United States-Mexico Border Public Health Association conference in El Paso are (left to right) Dr. Kari Meyer, director of the George Williams Hooper Foundation, University of California Medical Center, San Francisco, Calif.; Dr. Maurice Roe, regional director, U. S. Public Health Service, Dallas; Dr. W. P. Gardiner, director of Public Health, New Orleans, La.; Dr. Donald G. Davy, California State Department of Public Health, and Dr. Harold D. Lyman, supervisor of Foreign Quarantine for Mexico, U. S. Border, U. S. Public Health Service.—(*Times Staff Photo*)

Front page of *El Paso Times*, April 9, 1953.



Members of the Pan American Sanitary Bureau and the Mexican Secretariat of Health and Welfare in attendance at the Eighth Assembly of the World Health Organization in Mexico City. Second from left to right in the front row is Dr. Jorge Jiménez Gandica, Chief of the El Paso Field Office from 1965 to 1976. Photograph courtesy of the Aida Santillán collection.

Infant mortality showed a substantial decrease, because although in 1955 the number of deaths in children under one amounted to 1,410, the following year it went down to 718.

(Bustamante et al, 1982)

During the Fifteenth Annual Meeting of the United States-Mexico Border Health Association held at San Antonio, Texas on April 9-12, 1957, a resolution was made to urge the respective local, state and federal health departments to make international reports on tuberculosis cases and cases where there was suspicion of contagion, as had already been done with venereal diseases. It was also decided to encourage meetings between

In 1951 smallpox became eradicated in Mexico, and the last reported case was of Victoria Torres, age 16, a resident of Tierra Nueva, San Luis Potosí. After one year of strict epidemiological surveillance during which no cases of smallpox were observed, a solemn declaration was made on June 16, 1952 that Mexico had finally been freed from this plague that had caused millions of deaths and tremendous financial losses for over 400 years.

(Bustamante et al, 1982)

health personnel from both sides of the border to deal with problems such as environmental health, venereal disease and tuberculosis.

Another resolution was made for encouraging the formation of a joint commission with the task of promoting a coordinated plan for the study of brucellosis in the border states as a way of determining the best procedures for controlling and eradicating this disease.

(Resolutions by the Fifteenth USMBHA Annual Meeting, 1957. Field Office/United States-Mexico Border).

In late 1957 an influenza epidemic hit the State of Sonora affecting 40% of the population but with hardly any mortality. Coordinated Health and Welfare Services were able to control this epidemic, mainly at Empalme, where some 6,000 workers were signing up to go to the United States. Two years later the polio epidemic caused the death of two persons and 73 others became ill. This same year, Sonora Coordinated Public Health Services created the General Services, Medical Services, Preventive Medicine,

In May 1955 during the Eighth Assembly of the World Health Organization held in Mexico City, Dr. Ignacio Morones Prieto, Mexican Secretary of Health and Welfare, announced an allocation of 250 million pesos to carry out a four-year malaria campaign. The United Nations Organization would contribute 100 million pesos of this amount.

(El Continental, May 22, 1955; p. 1)

On 1956 the Mexican Social Security Institute began its operations in Ciudad Juárez and other municipalities of the state of Chihuahua.

(El Fronterizo, November 1, 1956)



Mobile unit for vaccination against polio in 1955. Photograph by www.nlm.nih.gov/

Health Promotion and Environmental Sanitation Departments. With assistance from the United Nations International Fund for the Protection of Children, an Environmental Sanitation Program was created in the Mayo region and three auxiliary Maternal and Children's Centers and ten Rural Centers were established with the same functions that the previous ones had. *(Bustamante et al, 1982)*

THE STRUGGLE AGAINST DIARRHEA ILLNESSES

Due to the fact that diarrhea illnesses were one of the main causes of death for people of all ages throughout the world, during the Fourteenth USMBHA Annual Meeting held at El Paso, Texas and Ciudad Juárez on April 8-10, 1958, there was emphasis on this problem and for the first time a seminar on enteritis was included, with special reference to its effects on infants. Other subjects discussed at this meeting, which also emphasized the tuberculosis problem, involved problems having to do with municipal drinking water plants. The results of research projects carried out by the U.S. Center for Contagious Diseases were also presented on subjects including insecticides, use of anticoagulants in rodent control, trash disposal

Faced with a high number of dog bite victims, health authorities in El Paso, Texas assigned \$80,000 dollars for starting an ongoing campaign against rabies in January 1958. These resources were invested in medicines, staff, in setting up rabies dispensaries in several parts of the city and in the purchase of a truck for picking up stray dogs. In the previous month alone, 155 persons were bitten by dogs, of whom eight percent were victims of rabid animals. Upon announcing this program, El Paso Mayor Raymond Telles said that there were some 100,000 dogs in El Paso, but only about 20,000 were vaccinated, and the rest were susceptible to hydrophobia.

(El Continental, January 18, 1958; p. 1)

THE LANGUAGE BARRIER BECOMES ELIMINATED

At the Sixteenth USMBHA Annual Meeting held at El Paso and Ciudad Juárez on April 1958, participating delegates were able to hear presentations in their native languages for the first time thanks to the installation of state of the art simultaneous interpretation equipment. This interpretation service represented a great effort in behalf of PAHO due to the fact that this equipment contained in two truckloads of supplies had arrived one week earlier from the U.S. capital along with technical personnel for installation and operation.

(The El Paso Times, April 9, 1958)

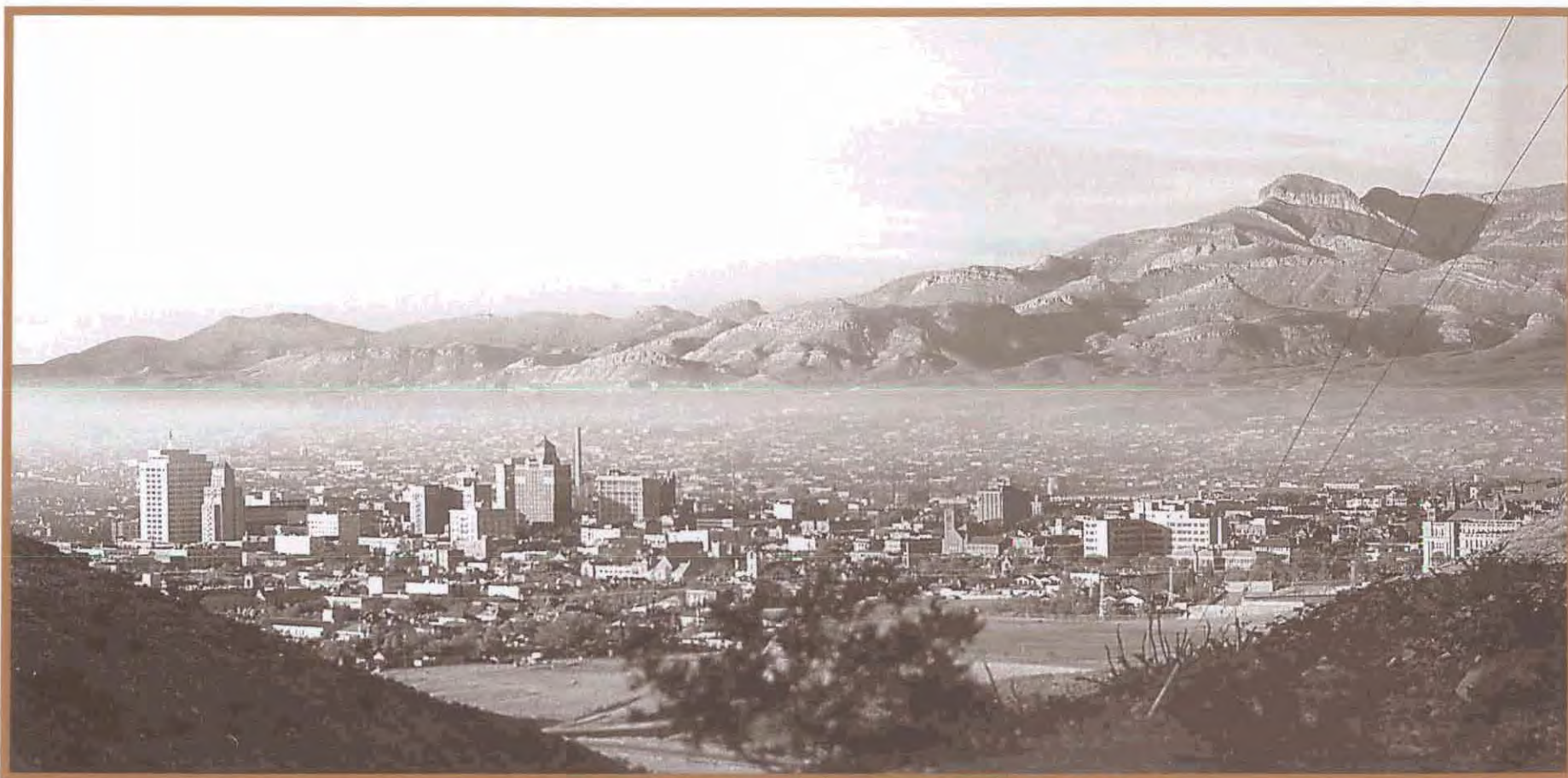
practices in California, the results of bacteriological research at oyster farms along the U.S. coast on the Gulf of Mexico, disposal of excrement and trash by grinding and digestion, and the encephalitis outbreak in the Lower Rio Grande Valley of Texas.

One of the resolutions made during this meeting was a recommendation to the Pan American Sanitary Bureau to consider a staff increase at the El Paso Field Office to a level that would be compatible with its needs; and especially the addition of a sanitary engineer. This recommendation was considered, and during the Eighteenth Annual Meeting held in April 1960,

the USMBHA thanked the Pan American Health Office for reinforcing the Field Office through the hiring of new personnel.

(The El Paso Times, April 9, 1958; p. 2. El Continental, April 8, 1958; pp. 1 and 6. El Paso Herald-Post, April 9, 1958; p. 1. Resolutions, 1958)

During the Seventeenth Annual Meeting of the USMBHA held at Brownsville, Texas and Matamoros, Tamaulipas from March 30 through April 3, 1959, there was much discussion on the need to intensify special training for health personnel on the United States-Mexico Border on control of venereal diseases and all areas of public health in general; and the



Aerial view of El Paso and Ciudad Juárez in 1955, in which air pollution can already be seen. *El Paso County Historical Society.*

PAHO El Paso Field Office was asked to assume greater responsibility in developing, encouraging and coordinating these efforts.

(Resolutions at the Seventeenth USMBHA Annual Meeting, 1959. Field Office/United States-Mexico Border).

In 1958 the Pan American Sanitary Organization adopted its current name, the Pan American Health Organization.

The Field Office in the 60s

The 1960s marked the beginning of the maquiladora or twin plant era in the main Mexican border cities. Companies from the United States, Germany, Japan and other countries of the world installed manufacturing centers in these cities attracted by the supply of low cost labor, proximity to the United States and special customs provisions offered by Mexico to encourage the establishment of sources of employment in the country. Population growth was continuing during this decade, which added to industrialization on the border was bringing about increased environmental health problems, the installation of sanitary landfills, an increase in contagious respiratory illnesses that brought about more intense vaccination campaigns, and the appearance of binational initiatives for tuberculosis control and for the establishment of a binational border plan for reporting contagious disease cases with special emphasis on the rabies problem. The Field Office was heavily involved in environmental health training, and it encouraged the creation of the Binational Border Committee for Tuberculosis Control. It also established the first program for reporting contagious disease cases on the border, and it set up a successful rabies control program.

ADDRESSING ENVIRONMENTAL PROBLEMS

In February 1962 the Field Office performed a health survey that was carried out by visiting towns along the border between both countries with support from national, state and local authorities from the United States and Mexico.

(Resolutions at the Twenty-Second USMBHA Annual Meeting, 1964. Field Office/United States-Mexico Border).

During the Twentieth USMBHA Annual Meeting held at Nuevo Laredo, Tamaulipas on April 9-12, 1962, the Association asked the El Paso Field Office to prepare and distribute informational bulletins on methods of trash collection, pickup and disposal applicable to the border area, as well as for encouraging greater interest in this phase of environmental health between adjoining states and municipalities along the U.S.-Mexico border through meetings, demonstration programs and other activities for such purpose. The Field Office would later implement seminars demonstrating the sanitary landfill system for waste disposal in border cities.

(Resolutions at the Twentieth USMBHA Annual Meeting, 1962. Field Office/United States-Mexico Border).



Registration table at the 25th USMBHA Annual Meeting held at Houston, Texas, June 5-9, 1967. Photograph courtesy of the Aída Santillán collection.

INTENSIFICATION OF VACCINATION CAMPAIGNS

In 1962 the first intensified vaccination against polio in the State of Chihuahua was carried out in the state's main urban and rural localities using the injected Salk vaccine, and three years later a broad network of health centers was opened in the northwestern part of the state and the Tarahumara Mountains.

(Bustamante et al. 1982)

In March 1963, an influenza epidemic in Sonora affected 60% of the population. Priority was given to the Campaign Against Tuberculosis at the cities of Agua Prieta, Nogales, Cananea, Ciudad Obregón, Navojoa, Hermosillo and San Luis Río Colorado during that year. In 1964, 476 new cases were detected throughout the State and 14,376 children were vaccinated against this disease.

(Bustamante et al. 1982)

In 1965 the first mass vaccination campaign against polio using the Sabin vaccine was carried out in Nuevo León.

(Bustamante et al. 1982)

The first statewide mass vaccination with BCG was carried out in the State of Chihuahua in 1966 with a universe of 700,000 doses. In 1968 more than one million doses of smallpox vaccine were given as part of the first mass booster program against that disease. This same year saw the first mass vaccination campaign against polio using the Sabin oral vaccine. In 1969 the first tuberculosis X-ray screening campaign was carried out, and 50,000 X-rays were taken with the support of mobile units for registration and going all the way into the Tarahumara Mountains.

(Bustamante et al. 1982)

During 1967, 11,322 children under age 14 in all border communities of northern Sonora were immunized through the border program against tuberculosis. A campaign against rabies was also carried out that included vaccinating 80% of the canine population (5,509 vaccinations) in the border area and 7,213 in other localities in Sonora.

(OPS. "Una Historia Breve" (A Brief History), 1985. Bustamante et al, 1982).

With solid support from the USMBHA, arrangements were made with the governments of both countries for getting rid of the requirement of showing a smallpox vaccination certificate for people crossing the border in either direction. At a meeting held at Houston, the Secretary of Health and Welfare from Mexico, the United States Surgeon General and the Director of the Pan American Health Office decided to abolish this requirement by common agreement. At El Paso, Texas, Dr. K. C. Schneider, Local Office Chief of the United States Public Health Service, announced the decision to eliminate this vaccination requirement as of June 7, 1967, adding that 145,000 persons coming in from Mexico had been vaccinated during its last year.

(Romero, 1975. *The El Paso Times*, June 9, 1967; p. 1)



Participants in the 24th Annual Meeting of the USMBHA, held June 6-10, 1966 in Saltillo, Coahuila. Photograph by OCIFMEU.

By 1963, El Paso Field Office staff included the Office Chief, a medical officer, a sanitary engineer, a veterinarian, a nurse and support personnel. During the 21st USMBHA Annual Meeting held at Nogales, Arizona, from April 29 to May 2, 1963, a request was made to the Pan American Health Office to bring a sanitation technician into the Field Office to reinforce actions for environmental sanitation problems on the border.

The formation of Binational Health Councils between border cities of both countries was begun that same year, first for jointly addressing venereal disease and tuberculosis problems and later on for addressing other common public health problems between border cities.

(Resolutions at the 21st USMBHA Annual Meeting, 1963. Field Office/United States-Mexico Border).



Long lines in San Jacinto Plaza in El Paso to receive the Sabin vaccine, 1968. *El Paso Museum of Medicine.*

At the 22nd USMBHA Annual Meeting held at Monterrey, Nuevo León on March 2-5, 1964, a decision was made to ask PAHO to promote specialized environmental health seminars in towns along the U.S.-Mexico border, and this was started the following year. There was also a resolution to ask the Mexican Secretariat of Health and Welfare and the United States Public Health Service to develop a program for establishing a routine contagious disease reporting procedure between cities located on or close to the border, in coordination with the ten border states of both countries and the PAHO El Paso Field Office.

(Resolutions at the 22nd USMBHA Annual Meeting, 1964. Field Office/United States-Mexico Border).

As a result of the first International United States-Mexico Conference on Environmental Health held at Mexico City in August 1963, and recommendations made during the Twentieth USMBHA Annual Meeting held at Nuevo Laredo, Tamaulipas, the PAHO Field Office at El Paso held special binational meetings on environmental health at several border cities in April and June 1965.

(Resolutions at the 23rd USMBHA Annual Meeting, 1965. Field Office/United States-Mexico Border).

ENVIRONMENTAL HEALTH AND LANDFILLS

In the area of environmental health, there were demonstration seminars on the sanitary landfill system for waste disposal at Douglas and Yuma, Arizona in September 1966 and April 1967. Since then, numerous binational courses and meetings have been held for dealing with waste problems and the best techniques and ways for solving them.

For encouraging the issue of environmental health and how it helps in controlling contagious diseases in a border locality, a color film called "Community Action" was made in late 1967 at Agua Prieta, Sonora, at the initiative of the Agua Prieta Health Center, with cooperation from the United States Center for Disease Control and the El Paso Field Office of PAHO.

THE BINATIONAL TUBERCULOSIS COMMISSION

One of the resolutions made during the Twentieth Annual Meeting held in 1962 was to lobby U.S. and Mexican authorities for creating a Binational Border Committee for Control of Tuberculosis, with the powers required to perform study, planning, execution and evaluation of a binational tuberculosis program.

At the Los Angeles conference in June 1965 a need was felt to hold a seminar on tuberculosis for public health officers from the border states of both countries with cooperation from the El Paso Field Office, as support in the struggle against tuberculosis on the border. This seminar was held in November of the same year at Tucson, Arizona, and important issues related to epidemiology and control of tuberculosis were discussed at this conference.

Later the tuberculosis issue came up once again during the 1967 meeting held at Houston, and a resolution was made to give broad support to the Binational Tuberculosis Commission. A demonstration area was set up in El Paso and Ciudad Juárez, and routine examinations of potential border crossers on a daily basis were set up for the purpose of discovering cases in their earliest stages if possible. These work procedures were later expanded to include other border localities. An immediate result of this was intensified mutual cooperation between services for the control of tuberculosis (the number nine cause of death in Mexico) from both countries for clinical and epidemiological evaluation of cases and the subsequent granting of border crossing permits.

The first maquiladoras (twin plants) on Mexico's northern border were established in 1966.

During the 26th USMBHA Annual Meeting held at Tampico, Tamaulipas on April 15-19, 1968, a report from the Special Binational Tuberculosis Commission was presented, which was the source of the recommendation to start a Pilot Program for Tuberculosis Control for the El Paso, TX-Ciudad Juárez area.

(Resolutions at the 26th USMBHA Annual Meeting, 1968. Field Office/United States-Mexico Border).



Dr. Jorge Jiménez Gandica (second to the left), Chief of the PAHO Field Office at El Paso from 1965 to 1976, with Office support staff. *Photograph courtesy of the Aida Santillán Collection.*

Ongoing evaluations of the results achieved in the struggle against tuberculosis served for presenting the recommendation to put an end to the chest X-ray requirement.

In 1972 the Binational Commission met to propose the discontinuance of the X-ray exam required by U.S. authorities for all Mexicans requesting a passport to come to the United States, after recognizing

the evident improvement of the epidemiological situation and successful performance of the tuberculosis control program in Mexico. U.S. authorities accepted this recommendation in late 1972.

(Romero, 1975; p. 134 and 137. Resolutions at the 20th USMBHA Annual Meeting, 1962. Field Office/United States-Mexico Border)

CONSOLIDATION OF RABIES CONTROL

In Los Angeles, California, during a conference held in June 1965 by high level U.S. and Mexican authorities with participation by PAHO, support was obtained for the recommendations by the Field Office and the USMBHA for performing an epidemiological study as support for the planning and execution of a rabies control program on the northern border of Mexico. This program was started in the border communities of the Californias and was later expanded to include other border cities.

With a budget of a half million pesos, PAHO started what would become the second big campaign against rabies on Mexico's northern border in November 1967, carried out by the health office in cooperation with Coordinated Public Health Services in Chihuahua.

On July 16, 1967, Dr. Jorge Jiménez Gandica, Chief of the PAHO El Paso Field Office and Richard Parker of PAHO in Washington met with representatives of Coordinated Public Health Services in Ciudad Juárez to define the terms of what would become the United States-Mexico Northern Border Rabies Program.



Personnel trained by PAHO in Cd. Juárez for carrying out the rabies campaign in the city in November 1967. Photograph courtesy of Jesús Reynoso González.

The Ciudad Municipal Animal Control Center had started a vaccination campaign one year earlier with excellent results and they had set up several vaccination stations, but a lack of financial resources did not allow them to cover all the demand in the city.

For operating this campaign, the El Paso, TX Field Office assigned Dr. Donald F. Damude as coordinator and provided three days of training to a group of 60 persons, of whom 22 were hired through the PAHO budget. A



20BUS llevó hoy a la ciudad de Chihuahua, a 60 estudiantes de la Facultad Superior de Agronomía, en la ciudad de la terminación de una etapa de la autonomía. Escuela Superior de Agronomía de la Facultad de Ingeniería Agronómica, que comenzó sus actividades el día de hoy.

Presupuesto de Medio Millón para Combatir la Hidrofobia

CD. JUÁREZ, Julio 17.—El próximo mes será puesta en marcha la campaña de hidrofobia. Tendrá una duración de seis meses y un presupuesto de más de medio millón de pesos para combatir el terrible mal que cada año ocasiona a millares de personas.

Próximamente llegarán hoy los comisionados de México y de Estados Unidos que se reunirán desde las 9 horas en las oficinas del sanitario Número Dos. A la Oficina Sanitaria Panamericana, representante de la misma en El Paso, se le acompañará el doctor Ricardo de la Jofre de la Jefatura de los Servicios Coordinados de Salud Pública en el Estado, estuvo el doctor en Mercedes Cerda, Estímulo González

LORETA y los médicos Raúl Humberto Lemna Gil, Armando Romero García y Roberto Luciano Elizalde de los servicios sanitarios locales. El personal que se encargará de combatir la rabia, será debidamente adiestrado, informó el doctor Adán Mercedés Cerda.

SUPERVISION DE ACTIVIDADES
La segunda fase de supervisión a las actividades del Distrito Sanitario Número Dos, comenzó hoy en la mañana, por parte del doctor Antonio Arriba. A este funcionario, lo acompañaron y asistieron los señores funcionarios, José F. Bernaldez, Estímulo González, Jesús Izarrat y el enfermero Anas Marín Santos.

Hoy por mañana, el jefe de esta supervisión, doctor Arriba, estuvo en la inspección parcial de las actividades de este distrito.



Funcionarios de la Oficina Sanitaria Panamericana y de la Jefatura de los Servicios Coordinados de Salud Pública en el Estado, planeando hoy la implementación de una etapa de hidrofobia mediante la cual serán eliminados los perros de este callejón. En la foto están los doctores Jorge Jimenez de la Jofre, Estímulo González, jefe en el área de El Paso, de la Oficina Sanitaria Panamericana, y el doctor Adán Mercedés Cerda, jefe de los Servicios Coordinados de Salud Pública en el Estado.



Front page of El Continental, July 17, 1967.



Line of vehicles waiting to enter the United States from Tijuana in 1969. Photograph by www.history.acusd.edu/

laboratory with microscopes and refrigerators was set up; four pickups were purchased, three of which had four-wheel drive and were set up with loudspeaker equipment as sound trucks; and all vaccines, metal vaccination tags and Program stationery were provided.

“We Blue Men, as people started calling us a few days after we started our tours knocking on doors to vaccinate dogs, wore sky blue coats provided by PAHO”, recalled Jesús Reynoso González, who was part of the group hired by the Health Office. He was still working at the Ciudad Juárez Animal Control Center 35 years later. “They paid us with PAHO funds during eight years of the campaign. Just about everything was provided

By 1969 Mexico had 5.4 physicians per ten thousand population and the United States had almost three times as many, or 14.9 physicians per ten thousand population.

by the El Paso Office and quite often I had to go to pick up the rabies vaccines at a warehouse that the PASB had set up at Fort Bliss facilities”, Reynoso added.

In his 1971 Activities Report, the Director of the Pan American Sanitary Bureau emphasized the work accomplished by the rabies program on the border when he mentioned that there had been a dramatic decrease in rabies on the border, despite the fact that the United States and Mexico had shown an increase in the number of rabies cases up to 1970.

The greatest progress in the struggle against rabies was recorded along the United States-Mexico border, says this report. In 1971 there were only four canine cases on the Mexican side, compared to 21 in 1970 and 115 in 1969); and on the U.S. side only one case was reported (there had been 13 in 1970 and 55 in 1969).

(Jesús Reynoso González, interview, 2002. *El Continental*, July 17, 1967; p. 1. *El Fronterizo*, May 30, 1966 and January 2, 1968. *Romero*, 1975; p. 143)

The Field Office in the 70s

By the decade of the 1970s population on the border was continuing to grow, and in the Mexican border states (Baja California, Sonora, Chihuahua, Coahuila, Nuevo León and Tamaulipas) the population had risen to 7.8 million, while the population of the U.S. border states (California, Arizona, New Mexico and Texas) was more than 32 million.

Ciudad Juárez became the largest community on the Mexican side with a population of 424,000 inhabitants and San Diego on the U.S. side with 1,357,000. At the beginning of this decade, the main causes of death in northern Mexico were influenza, pneumonia and enteritis, followed by accidents and violence, while on the United States side of the border heart disease, malignant tumors and cardiovascular diseases were the most significant maladies.

During this decade there were some contagious disease outbreaks that led to the making of some changes in the organizational structure of the PAHO Field Office, and particularly to emphasize its collaboration in epidemiological surveillance. This decade was also characterized by greater concern for protecting the environment.

EPIDEMIOLOGICAL SURVEILLANCE

After 1970 the Binational Epidemiological Surveillance Group was created from recommendations and resolutions issued at Annual Meetings of the USMBHA starting in 1967. It would hold regular meetings on both sides of the border for the purpose of identifying problems, establishing working guidelines and evaluating work results. In 1971 the Binational Group decided to include tuberculosis, polio and rabies in its first stage of activity, in addition to immediate reporting of any epidemic outbreaks that might be detected in the area under surveillance.

In the case of rabies, there had already been an information system in the process of being perfected starting in 1962 until it became a surveillance procedure that was maintained for many years.

(Romero, 1975: p. 132. La Voz de la Frontera Newspaper, March 17-19, 1970)

In 1970 the population of the Mexican border states (Baja California, Sonora, Chihuahua, Coahuila, Nuevo León and Tamaulipas) had risen to 7.8 million, while the population of the U.S. border states (California, Arizona, New Mexico and Texas) was more than 32 million.

Ciudad Juárez became the largest community on the Mexican side with a population of 424,000 inhabitants and San Diego on the U.S. side with 1,357,000, followed by El Paso with 359,000.

The estimated figure for crossings between both countries was 296 million persons per year. 88.3 million crossed into the U.S. and 59.5 went into Mexico. The El Paso-Ciudad Juárez area showed the highest traffic with 78.4 million crossings.

By 1971 the main causes of death in northern Mexico were Influenza and pneumonia, enteritis and other diarrhea diseases, followed by accidents, poisonings and violence, while in the United States they were heart disease, malignant tumors and cardiovascular diseases, followed by accidents, influenza and pneumonia. Among children ages 1 to 4, the main causes of death in northern Mexico were enteritis and other diarrhea diseases, while in the United States they were accidents and congenital malformations. (Romero, 1975).

An outbreak of Venezuelan equine encephalitis of large proportions hit Mexico in 1971, with a tendency to spread toward the northern part of the country. During the one year this epidemic lasted, 17,500 horses died and 16,805 cases of contagion in humans were reported, of whom 42 died. Mexican animal health authorities, assisted by public health authorities utilizing hundreds of brigades, immunized close to 4.6 million animals and fought vector mosquitoes with insecticides.

In United States they mobilized numerous resources for immunizing more than 2.3 million horses and spraying a large area of vector incubation sites with insecticides to stop this disease that had spread to Texas. Despite these measures, there were 1,957 cases in animals, of which 1,411 died according to reports from the Pan American Health Office. (FO/PAHO, Activities Report, 1989)

14 Trabajos Presentaron en la Reunión de la AFME

Permanente Lucha Contra la T.B.

MEXICALI.- La tuberculosis y las otras enfermedades respiratorias, en la frontera, predominaron en las 14 sesiones de trabajo que a mediados y tarde verificaron ayer los profesionistas concurrentes a la XVII Reunión Anual de la Asociación Promeritas Mexicano-Estadounidenses de Salud Pública que hoy concluye aquí, para que sus conclusiones se tomen en cuenta en la programación ejecutiva de la institución, en su siguiente ciclo de actividades.

Independientemente de esas sesiones, se presentaron y debatieron en su ambiente, a cargo del Arco, temas de gran interés, como el tema "La Influencia del Ambiente en la Salud", con el Ing. Richard L. Reavley, "El Tratamiento de la Tuberculosis", por el Dr. Esteban de la Cruz, y otros.



MEXICALI. Retornó de México el Sr. Francisco Guerrero.

Convención Anual de Bomberos en Caléxico

MEXICALI.- El Cuerpo de Bomberos de Caléxico, entre los días 9 y 12 del mes en curso, celebrará su convención anual para celebrar diversos actos profesionales y sociales, así como en su programa de conferencias especiales, teniendo como un propósito de honor el día 11 a sus colegas de Mexicali.

Con la colaboración también del comercio organizado de la vecina población, los bomberos Caléxicos, desarrollarán un programa de conferencias especiales, también con la concurrencia de elementos mexicanos, para incrementar sus conocimientos en sus actividades de protección a la población, según se les informó también ayer autoritariamente en la mencionada vecina población.

Con la Ayuda del Gobierno Estatal

Plantarán Arboles en la Progreso
Reforestación del Parque Público

Exhorto Para que se Empadronen
Lo han hecho más de 431 mil Ciudadanos

Rentaron 50 Hectáreas Para que Siembran más los del "Oviedo Nota"

MEXICALI.- Con la asistencia del Gobierno del Estado, la delegación del Departamento de Asuntos Agrarios y Colonización rentó 50 hectáreas de terreno fértil para cultivarse en el cultivo de algodón.

preparados para siembras de algodón y que el Gobierno del Estado aportará 25 mil pesos para pagar el importe de la renta.

El PAN, viene iniciando la...

Coverage from the *La Voz de la Frontera* newspaper (8 pages) of the 28th USMBHA Annual Meeting held in Mexicali on March 16-20, 1970.

In 1972 PAHO in Washington selected an epidemiologist to work full time at the El Paso Field Office for the first time. Peruvian Mario Galdós, who had been working as a "Traveling Salesman" for PAHO in Central and South America during the previous nine years, assumed responsibility for coordinating binational activities in his area of expertise for making detailed analyses of information received. This same year saw the start of the publication of epidemiological reports that were being distributed to all border health services on a regular basis.

Seven polio bulletins had been published up to April 1973 plus many more on the subject of tuberculosis, but since the beginning of that year a monthly report was being published on cases belonging to a select group of contagious diseases that were being reported by health services on the border.

In December of that same year, the Field Office brought more than 60 medical professionals from both countries into El Paso for a Binational Training Seminar on Epidemiological Surveillance, in fulfillment of one of the resolutions made at the 29th USMBHA Annual Meeting.

During this meeting the fundamentals for epidemiological surveillance systems were discussed and there was an exchange of experiences between border health services workers.

(Mario Galdós, interview, 2002. Romero, 1975; p. 133)

THE EFFORTS OF THE USMBHA BINATIONAL HEALTH COUNCILS BECOME MORE INTENSIVE

In 1972 the Ciudad Juárez-El Paso-Las Cruces Binational Environmental Health Committee was formed, which was linked to the Binational Health Council on the border with the involvement of authorities from both cities. By 1973 they were actively involved on the air pollution, drinking water and sewers, waste disposal and food sanitation subcommittees.

In early 1972, local authorities from El Paso and Ciudad Juárez began the first continuous monitoring program for atmospheric contaminants in the metropolitan area of both cities with participation by the PAHO Field Office.

In September 1973 the first Binational Symposium on Atmospheric Pollution along the United States-Mexico Border was held at the University of Texas at El Paso with sponsorship by authorities in this field from both countries, PAHO and the USMBHA. Participants discussed the establishment of supplementary coordination procedures for handling environmental problems on the border.

(Romero, 1975; pp. 130, 150, 151 and 153)

Sparked by an initiative from the San Diego-Tijuana Binational Council, Pilot Studies on Venereal Diseases started being performed in 1974 through close cooperation between health workers from both sides of the border.

(Resolutions at the 34th USMBHA Annual Meeting in 1976. Field Office/United States-Mexico Border).

A Binational Health Council was created in northern Tamaulipas in 1975 for the purpose of establishing the National Border Rabies Control Program.

(Bustamante et al, 1982)

During the 33rd USMBHA Annual Meeting held at Los Angeles, California, on April 7-10, 1975, an announcement was made that an information exchange program between health authorities in San Diego and Tijuana was going to be started on venereal disease cases.

One of the resolutions made at this Meeting was to start publishing and distributing an informational bulletin with articles and activities that had been performed, which could be sent out to Association members on a regular basis. The News/Noticias Bulletin started to circulate in 1976, and it has been published without any interruptions to date (2002).

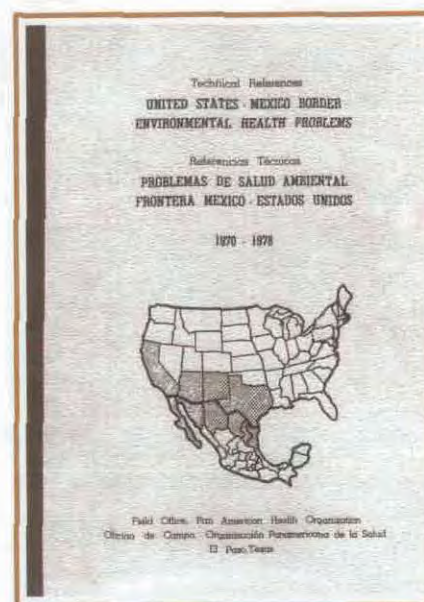
(Los Angeles Times newspaper, April 10, 1975; p. 8. (Resolutions. 1975).

On January 11, 1977, a meeting of the El Paso/Ciudad Juárez Binational Venereal Disease Committee was held at the J. Harold Tillman Health Center in El Paso, Texas, where an analysis was made of the epidemiological situation for venereal diseases in the area being handled by the Committee in 1975. Results of research completed in recent months on infections caused by N. Gonorrhea and penicillin and items issued by a special scientific group meeting at Geneva in November 1975 under the sponsorship of WHO were also presented. (News/Noticias Bulletin, 1977)

On July 13, 1977 the Meeting of the El Paso/Ciudad Juárez/Las Cruces/White Sands/Ft. Bliss Binational Venereal Disease Committee was held at El Paso, Texas. (News/Noticias Bulletin, 1977)

Dr. Boris Velimirovic, Chief of the PAHO Field Office, published the functions of the Office and its relationship with the Association in the News/Noticias Bulletin for September 1976, to clarify any possible confusion among USMBHA members. The Field Office's role was described as follows: In general, to work with governments and official agencies based on PAHO's official policy. Field Office staff is responsible to PAHO in developing this policy. Concerning the Association, its role is to work with private agencies and/or institutions in agreement with USMBHA policies, but Field Office staff will not have any role in decision-making for the Association. (News/Noticias, 1976)

In October 1978 the Field Office developed a list of Reference Techniques on Environmental Health Problems on the United States-Mexico Border 1970-1978, which provided information on research



Cover of 1970's reference manual dealing with border environmental health problems.

projects on border pollution problems involving Air, Water, Pesticides, Heavy Metals and Solid Wastes.

(FO/PAHO, 1978. *Reference Techniques on Environmental Health Problems on the United States-Mexico Border*. El Paso, Texas; p. 4-6)

The Field Office in the 80s

This decade recorded almost double the population compared to the previous one, and by the middle of the decade, population estimates showed a population of about 15 million in border counties and municipalities.

The practice of hiring female labor became more widespread (four females for each male) in border maquiladora plants, thus bringing about an increase in health care programs for women, children and teenagers. The Human Immune Deficiency Virus was identified as the cause of Acquired Immune Deficiency Syndrome, and the first programs for preventing transmission of this virus and caring for infected persons were set up.

There was also a considerable increase in the problem of addictions, which became one of the main health problems on the border. The Field Office became actively involved in human resource training along the border, and it contributed to the strengthening of laboratories in the Mexican border states and provided continuity to the rabies control program.

THE FIRST COMPUTER SYSTEM

In 1983 the El Paso Field Office of the Pan American Health Organization



Dr. Richard L. Coppedge, Chief of the United States-Mexico Border Field Office from 1979 to 1981, and his assistant Aida Santillán. *Photograph courtesy of the Aida Santillán Collection.*

January 24, 1983 would go into history as the day in which a United States Federal Judge (Lucius Bunton) decided to exonerate the ASARCO Mining Company from liability in the death of a little Juárez girl named Ontiveros. This little girl died four years prior due to lead poisoning absorbed into her body from breathing polluted air from a smokestack located in El Paso. Almost two years later the ASARCO smelter had to close the plant for the first time in a decade because carbon monoxide discharges had reached unhealthful levels. Almost two years later the ASARCO smelter had to close the plant for the first time in a decade because carbon monoxide discharges had reached unhealthful levels.

(Diario de Juárez, January 27, 1983 and November 14, 1984)

By early 1980, the volume of migratory flow on the border had become very high. Cd. Juárez had a population of 741,132 and a 5.7% annual growth rate, of which 57% were migrants who for the most part were coming in from other states in the country. During that year, United States immigration authorities deported 200,000 Mexicans into Cd. Juárez according to a report from the Mexican consul at El Paso, Texas.

(Diario de Juárez, March 20, 1981. El Fronterizo, January 13, 1981)

installed its first computer system that was mainly used for handling the USMBHA data bank.

(Josefina Martínez, ex-PAHO employee, interview, 2002)

A FOCUS ON ENVIRONMENTAL HEALTH

A dramatic example of binational collaboration on the border came about in 1983 when an officer assigned at Los Alamos, New Mexico, found a vehicle showing high levels of radioactivity. The load on this vehicle consisted of steel construction rebar that had come from a steel mill in Chihuahua City, Chihuahua.

The steel came from a Cobalt 60 reactor that had been junked in Ciudad Juárez and sold to a scrap metal company as junk metal. The result was that this rebar and table bases that had been made with this metal were giving off high levels of radiation.

Technical personnel from the PAHO Field Office became involved in coordinating the efforts of health authorities in the United States and Mexico for organizing a search for the radioactive steel pellets that had been released and a study of the effects that this radiation could cause among the population.

A helicopter from the United States Air Force equipped with highly

sophisticated, sensitive technology tracked the area, and within hours it was able to detect these radioactive pellets. The equipment for performing the task was on the ground and received its instructions from the helicopter and the equipment would go to the areas that were pointed out for picking up the pellets.

This tracking and cleanup process that could have taken two years to complete with the use of Geiger counters was done within an exceptionally short time, thus avoiding further contamination to the environment.

On January 9, 1985, the Field Office brought together experts in the areas of epidemiology, genetics, nuclear medicine, radiation and environmental health in El Paso to analyze the number of and treatment for persons in Ciudad Juárez who had been exposed to Cobalt 60 after the incident.

(OPS, "Una Historia Breve" (A Brief History), 1985. News/Noticias Bulletin, 1985)

To increase knowledge of the situation on the border in the area of environmental health, the Field Office developed an Environmental Health Program in 1987 that served as support to the governments of the United States and Mexico by providing binational solutions and technical training to persons responsible for supervising environmental programs.

An Advisory Committee was created with the task of formulating policies and scheduling Field Office activities in the Environmental Health area. This Committee was led by the Field Office Chief and was made up of eighteen members. During a meeting held in 1989, committee members decided to establish a binational commission for handling environmental health problems on the border and strengthening locally existing mechanisms. A decision was also made to work on organizing the Fourth Environmental Health Symposium that was held on October 7-10, 1990 at El Paso, Texas. The keynote theme of this Symposium was "Environment and Development: the Maquiladora Industry".

(FO/PAHO, Annual Report, 1989)

INSTITUTIONALIZATION OF THE USMBHA

By 1984, population living on the border was estimated to be 15 million, with sixteen pairs of cities as the main points of contact between the two countries.

The El Paso Field Office had only five employees in 1984. The Office Chief back then, Herbert H. Ortega, brought about a series of significant changes in the way the organization had been working. That same year, arrangements were made with the IRS to obtain tax-exempt status for the USMBHA under section 501 (c) 3. It was also recognized as an "Asociación Civil" (Non-Profit Corporation) for a period of 99 years by the Mexican government. The State of Texas also granted it an exemption from the Limited Sales, Use and Franchise Tax for taxable items purchased on behalf of the Association.

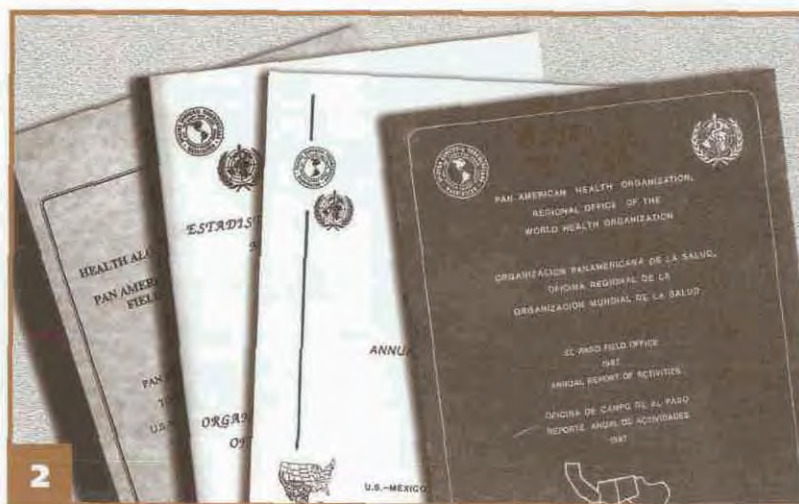
The Field Office has operated as the USMBHA Secretariat since 1943. However, a formal agreement was established between both organizations in 1986 that defined the Field Office's role as USMBHA Secretariat.

By the end of 1991 the Office already had more than 40 people working, including highly qualified consultants and support personnel who were involved in projects and programs developed by the Field Office and the USMBHA.

(News/Noticias, Oct.-Dec.-90. Annual Report, 1984)

THE USMBHA BINATIONAL HEALTH COUNCILS

The USMBHA prepared procedural rules for its Permanent Committees, Binational Health Councils and Technical Sections in 1986 with assistance from PAHO legal counsel. Since that year, the first five Binational Councils have become activated including Amistad, Lower Rio Grande Valley, El



1. The magazine Border Health has been published twice yearly by the USMBHA since 1985.
2. Covers of some Border Field Office publications from the 1980's.

Paso/Ciudad Juárez/Las Cruces, Nogales/Nogales and California/Baja California. There are currently thirteen Binational Councils known as BHCs in operation in an equal number of sister city pairs in both countries.

The BHCs are organizational units of the USMBHA composed of health officials and professionals who are exchanging information on common health problems existing on the border and encouraging joint binational efforts for solving them. Councils submit their recommendations to the USMBHA Governing Council, which decides what actions should be taken.

In its capacity as Secretariat, the Field Office has participated at BHC meetings and it supports the BHCs by providing funds, interpreting equipment, speakers, meeting programs, correspondence and printing, etc. (FO/PAHO, Annual Report, 1989)

In January 1985 the USMBHA published the Border Health magazine for

the first time. These bilingual editions are published quarterly, and they represent a means of communication and exchange of knowledge enabling health personnel from both sides of the border to share and exchange expertise.

INCREASE IN FIELD OFFICE TECHNICAL COOPERATION

The presence of the Pan American Health Organization continues to have a higher and higher profile on the border in addition to its alliance with the United States-Mexico Border Health Association (USMBHA). They have been carrying out initiatives and activities jointly, thus broadening binational collaboration. During the decade of the 80s, new issues would be included among the traditional ones at the Field Office, particularly *maternal and children's health and the building of laboratory networks*. Emphasis was put on contact with universities for sharing information and knowledge on health and the environment.



Laboratories visited at several border cities in northern Mexico.



In 1987, the Field Office again took up the campaign against rabies on the border, with support from the Rotary Club International. *Photos by OCIFMEU.*



In 1985 the Field Office started to work on developing and implementing a United States-Mexico Border Laboratory Network System. The objective of this project was to encourage and develop laboratories in the six states of northern Mexico to enhance their capabilities for performing testing, by making an inventory of the kinds and condition of their existing equipment and quantifying their personnel and the kinds of training their personnel had.

An Advisory Committee for the Laboratory Network was formed that was made up of international health representatives from the United States and Mexico, the United States Department of Health and Human Resources, personnel from the Centers for Disease Control laboratory in Atlanta, personnel from laboratories in Arizona and New Mexico, and the PAHO regional laboratory expert.

The Field Office made a second survey through the Advisory Committee in 1987 for identifying the kinds of tests that were being done in border laboratories. Service providers on the Mexican side received equipment valued at over \$120,000 dollars.

(News/Noticias Bulletin, 1985 and 1987)

In November 1985 the Universidad Autónoma de Ciudad Juárez (Autonomous University of Ciudad Juárez - UACJ) was declared to be the headquarters for an environmental control program started by universities in the northern part of Mexico with involvement by the Field Office. The UACJ presented the environmental problem situation at a plenary session, consisting of the lowering of the water table and the use of sewage on farm crops.

(Diario de Juárez, November 23, 1985)

Since 1986 the Field Office has developed and continued on with the implementation of a network of Universities, Health Science Centers, Schools of Public Health and Schools of Medicine for securing cooperation, collaboration and dissemination of information between educational institutions and public health professionals on the border.

The emphasis that has been given to this network includes the establishment of the bases for communication between educational institutions with the aim of encouraging collaborative efforts with and between universities and public health services in the community.

The network also helps in addressing needs for assistance at educational institutions for the development of low cost health and technology education in the border region.

(El Paso Field Office, Annual Activities Report, 1987)

The network also helps in addressing needs for assistance at educational institutions for the development of low cost health and technology education in the border region.

(El Paso Field Office, Annual Activities Report, 1987)

The Maternal-Infant Risk and Patient Referral Project known as Project MIRAR was carried out with federal funding from the United States, and lasted from October 1986 until March 1989.

The objective of this program was to improve the health status of women and children on the border between Mexico and Texas by:

- 1.- Maximizing the use of health resources and improved coordination of services in a binational setting;
- 2.- The improvement of binational efforts in staff development and
- 3.- Better coordination in maternal and children's health care services between the USMBHA and the Texas Department of Health.

This Project had an Advisory Committee made up of volunteers who were experts in public health and/or maternal and children's health care from the states of Chihuahua and Texas.

Among the results from this project, mention should be made of the preparation of the Maternal and Children's Health Directory that contains a list of health care providers in the El Paso-Ciudad Juárez area who provide pregnancy testing and high-risk pregnancy screening.

Project MIRAR also did a follow up study on children born of "high risk" or "low risk" mothers, and children who were residing in low socioeconomic status areas in Ciudad Juárez. This study showed that most of these mothers did not breast feed their children, that these children and some of their



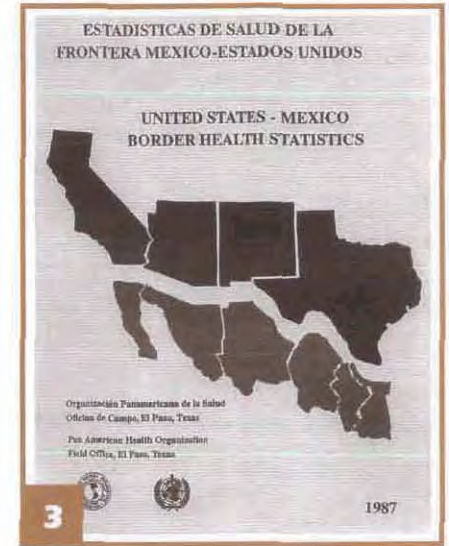
Cover of the Maternal and Children's Bulletin.

siblings were not up to date on their immunizations, and that over 50% of babies had suffered one or more episodes of diarrhea.

(FO/PAHO, Annual Report, 1989)

On December 15, 1986 the Annual Meeting of the State Health Chiefs from the Mexican border states was held at Ciudad Juárez. Their objective was to review the activities and programs that the PAHO Field Office and Mexican health authorities had been performing jointly on the border. There was attendance by service chiefs and state health secretaries, officials from the Secretariat of Health, the U.S. Department of Health and Human Services, PAHO representatives in Mexico and regional representatives from the ISSSTE.

(News/Noticias Bulletin, 1986)

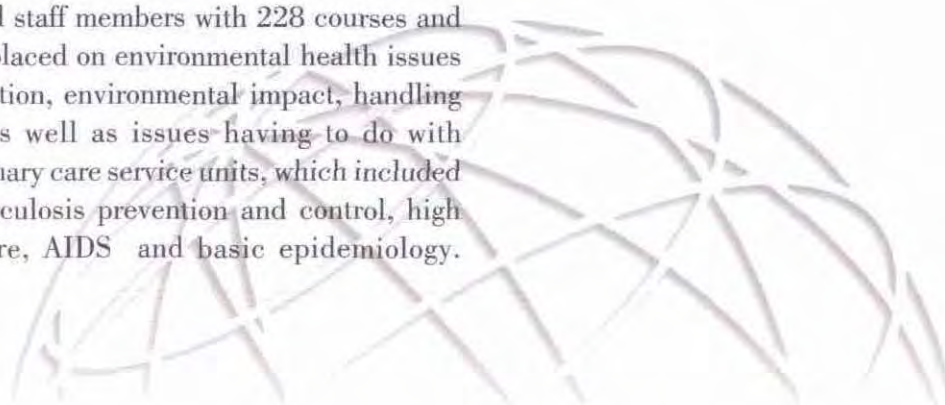


1 y 2. Participation of the Field Office in the 3rd Regional Meeting Against Addictions, in Hermosillo, Sonora, September 1987. *Photograph by OCIFMEU.*
3. Cover of volume giving health statistics, published by the Field Office to meet the demand for information and knowledge about the border.

DEVELOPMENT OF HUMAN RESOURCES ON THE BORDER

By the late 1980s, the PAHO Field Office had carried out a broad range of programs dealing with human resource training on the border, especially during the years from 1987 to 1989. They were able to train 4,349 service provision, health and environmental staff members with 228 courses and seminars. Special emphasis being placed on environmental health issues such as; food hygiene, basic sanitation, environmental impact, handling of solid and hazardous wastes, as well as issues having to do with strengthening epidemiology and primary care service units, which included control of diarrhea illnesses, tuberculosis prevention and control, high risk pregnancy care, newborn care, AIDS and basic epidemiology.

Attention was also given to strengthening veterinary public health with a special focus on rabies prevention, brucellosis and bovine tuberculosis.



Work by the Field Office in the 90s

NEW STRATEGIES FOR TECHNICAL COOPERATION

The growing development of local technical capacity in the border region, added to involvement by the academic and social sectors, influenced the PAHO Field Office to re-orient technical cooperation in the decade of the 90's.

This decade started off with a consultation process involving all three levels of government in defining bilateral cooperation priorities called Project CONSENSUS. The creation of formal agencies at the state level for bilateral cooperation in health was broadening the network of participant institutions. Efforts by border public health professionals to create a "binational health authority" led to the creation of the American Section of the Border Health Commission. In addition, implementation of the North American Free Trade Treaty encouraged the creation of governmental and non-governmental organizations for bilateral cooperation in the environmental area.

The governments of the United States and Mexico, in consultation with PAHO, decided to give the Field Office a new role. In the so-called "New

Strategy for the Field Office" the functions of facilitating, coordinating, catalyzing and formalizing epidemiological and health information were made more explicit and were reinforced, with a simultaneous decrease in direct contributions through technical cooperation.

PROJECT CONSENSUS

In August 1990, Region IX of the United States Public Health Service awarded the contract for Project CONSENSUS to the USMBHA for providing a series of state-based conferences to enable the identification and evaluation of state and local priorities that were relevant to the health of border communities.

This project was designed to enable local people and agencies to identify health priorities as they themselves perceived them. Identification was made of border health issues between the United States and Mexico that could lend themselves to binational cooperation. The project plan also included an evaluation of existing health programs and resources along the border.



1. Participation of Field Office personnel in a training session in Saltillo, Coahuila. *Photo by OCIFMEU.*



2. Project CONSENSUS working meeting. *Photo by OCIFMEU.*

3. Cover of the Project CONSENSUS report.



Four state-based conferences were held in January, February and March 1991 in San Diego, El Paso, Harlingen and Tucson. Each conference had participation by 40 to 60 representatives of health agencies, public and private organizations and health components from each country, who deliberated and reached a consensus on the most significant priorities for the border.

The Fifth General Conference of Project CONSENSUS was held at El Paso in March 1991. This Conference brought in the main spokespersons from each of the four state-based meetings, representatives of public and private agencies, local, state and federal agencies from the United States and Mexico, representatives from foundations, the maquiladora industry and other stakeholder entities. Six priority areas were selected at these meetings: Primary Health Care, Drug Dependency, Encouragement of Health and Disease Prevention, Environmental Health, Maternal and Children's Health and Occupational Health.

(United States-Mexico Border Health Association. 1991. Project CONSENSUS Final Report. El Paso, Texas; p. 2-4)

THE SISTER CITIES PROJECTS

Similar to the Sister Cities projects, Project CONSENSUS was implemented in response to a recommendation made by the Special Border Health Work Group in March 1991. The intention of these projects was to reinforce and strengthen the capacity of local health departments in the development of binational programs, and to find ways to institutionalize local efforts. For phase I of the projects, the International Office of Health (IOH) assumed responsibility for coordinating the performance of these projects.

Of the twelve proposals presented, nine were approved. However, only seven were carried out which were Tijuana-San Diego, "Increasing Immunization Coverage Through Community Health Counselors in the Sister Cities of Tijuana and San Diego"; Mexicali-Imperial, "Border Epidemiological Center for Control of HIV and AIDS"; San Luis Río Colorado-Yuma, "Control of Tuberculosis between the Sister Cities of San Luis Río Colorado and Yuma"; Nogales-Nogales, "Campaign for the Health of Ambos Nogales"; El Paso-Ciudad Juárez-Las Cruces, "Nuestros

Niños” (Our Children); Laredo-Nuevo Laredo, “Los Dos Laredos” (The Two Laredos Health Outreach Project), and Matamoros-Brownsville, “Outreach and Education for Health and Disease Prevention”.

Phase I ended in July 1994 with a budget of \$233,823.07 dollars, and the two projects that were approved but not carried out went into Phase II that included eight projects that were extended up to October 1997 with \$203,300 dollars in funding.

The eight projects approved in the second phase were: San Diego-Tijuana, “STD/HIV/AIDS Prevention and Education Project”; El Paso-Ciudad Juárez-Las Cruces, Phase II of “Nuestros Niños” (Our Children); Palomas-Luna County, “Project Espejo” (Project Mirror); Reynosa-McAllen, “Environmental Health Education Program”; Baja California-California, “California/Baja California Epidemiological Council and Center”; Mexicali-Imperial County, “Awareness, Case Identification and Continuity of Treatment for Tuberculosis”; San Luis Río Colorado-Yuma County, Phase II of the “Binational Project for Control of Tuberculosis”, and the Addiction Surveillance and Planning Program on the Arizona-Sonora Border.

(Mendoza L., Guillermo. 1998. Informe de la Fase II de los Proyectos de Ciudades Hermanas (Report on Phase II of the Sister Cities Projects). United States-Mexico Border Health Association. El Paso, Texas)

On July 30-31 at El Paso, Texas, the requirements of the Texas Water Commission were presented to the Maquiladora Industry as a part of the Environmental Program during the Seminar on Hazardous Waste on the Border that was attended by over 300 people.

(FO/PAHO. Annual Activities Report, 1991)

THE RESPONSE TO CHOLERA

Due to new cholera outbreaks that were being recorded on the border, the

U.S.-Mexico Border Cholera Prevention Conference and Workshop was held on August 1-2, 1991 at El Paso, Texas, and on August 27-29, 1991 the “Review of Cholera: Epidemiological and Laboratory Diagnosis” workshop was implemented at Edinburg, Texas in cooperation with the Laboratories Office of the Texas Department of Health. The Epidemiology and Cholera Diagnosis Refresher Workshop was also sponsored on March 12-13, 1992.

(News/Noticias. 1991 and 1992)

THE FIGHT AGAINST POLIO

Polio had been a plague in the Americas causing a large number of deaths and disabilities among children, and it required immediate attention. Around 54,000 polio cases had been reported during the period between 1969 and 1984.

PAHO was always present at deliberations for encouraging and launching an initiative in the hemisphere for the eradication of wild polio, and the Expanded Immunization Program (EIP). This initiative which was developed in the Americas that helped to decrease the number of cases to 500 in 1984, similar to what had happened in 1977.

During the 31st Meeting of the PAHO Governing Council in 1985, Dr. Carlyle Guera de Macedo, PAHO Director, announced the goal of eradicating polio in the Americas. With him at that time were Dr. Jonas Salk and Dr. Albert Sabin who had developed the inactivated vaccines, UNICEF Director Dr. James Grant, and representatives of the Interamerican Development Bank, AID and Rotary International. The strategies selected consisted of establishing epidemiological surveillance systems, quick case detection, research on and control of outbreaks, and intensifying vaccination programs for increasing immunity in the population.



1



2

1. Dr. James Sarn, Deputy Assistant Secretary of International Health at the U.S. Public Health Service; Dr. Federico Chávez Peón, Director of the Office of International Affairs of the Mexican Department of Health; and Dr. Ramón Alvarez Gutiérrez, Head of the PAHO Field Office. *Photo by OC/FMEU.*

2. Activities at the 50th USMBHA Annual Meeting held at Tampico, Tamaulipas on June 7-10, 1992, that was attended by more than 900 people. *Photograph by the USMBFO.*

In 1988 the number of cases had decreased to under 200, distributed among only 1*2,000 [?] districts in ten countries of the Americas. However, PAHO's decision on carrying out mop-up operations in the remaining focuses for the transmission of wild polio during 1989-1991 was crucial to finishing this job of eradication. The polio transmission chain was finally interrupted in 1991, and the last case of polio was reported in Peru. By 1992 the process of certifying the eradication of polio had been started and an International Commission was appointed for certifying that poliomyelitis had been eradicated.

In 1994, after an exhaustive review of epidemiological information, laboratory results and polio indicators, the Commission declared that the transmission of polio in the Americas had been stopped.

On November 17-21, 1991, representatives of 20 countries met at Saltillo, Coahuila with technical assistance from PAHO to establish an Action Plan for the Eradication of Bovine Tuberculosis from the American Continent.

(News/Noticias. 1991)

In 1992 Dr. Ramón Alvarez Gutiérrez was named as Chief of the United States-Mexico Border Field Office of PAHO.

As a result of an initiative by the Field Office, a Masters in Public Health program was implemented at the Universidad Autónoma de Ciudad Juárez (Autonomous University of Ciudad Juárez) with an enrollment of twelve students under the direction of Dr. Carlos Trimmer.

(News/Noticias.1992)

On February 14, 1992 the Local Health Chiefs Conference Group from border cities in both countries met at the Field Office to focus on the problems and needs of the border in the public health field such as immunization campaigns, environmental health problems and diseases such as cholera and tuberculosis.

(News/Noticias. 1992)

On March 10-11, 1992, the Trilateral Review Group, composed of Dr. James Sarn, Assistant Deputy Secretary of International Health of the United States Public Health Service (USPHS); Dr. Federico Chávez Peón,

of the Mexican Secretariat of Health; Dr. George Alleyne, Assistant Director of PAHO; and Dr. Ramón Alvarez Gutiérrez, Chief of the PAHO Field Office, met at the Field Office to review ten project proposals that had been submitted by United States-Mexico Border sister cities (News/Noticias, 1992)

The Workshop on the Epidemiological Profiles of the Sister Cities and Health Statistics on the Border was given at the Field Office on August 6-7, 1992. A recommendation was made during this workshop to secure information on epidemiological profiles and do pilot testing and surveys at several border cities. (News/Noticias, 1992)

The Field Office organized the Annual Epidemiology Meeting at El Paso, Texas on September 28-29, 1992 where a review was made of the situation of Diabetes Mellitus on the border and a proposal was made to develop a binational agenda for implementing diabetes control programs along the border. (News/Noticias, 1992)

THE "JUNTOS" PROGRAM

In August 1991 the United States-Mexico Border Health Association, the El Paso County Health Department, and Health Jurisdiction Two of the Secretariat of Health in Ciudad Juárez jointly implemented the Binational Program for Control of Tuberculosis sponsored by the CDC and known as the "JUNTOS" (TOGETHER) Program.

The objective was to reduce tuberculosis on the border by working with residents of six large neighborhoods in Ciudad Juárez. The USMBHA



Educational material from the Juntos program and press coverage of the campaign to fight tuberculosis.

developed a brochure, a poster and a flip chart with 17 illustrations for encouraging the identification of patients and urging the community to go to Health Center "A" in Ciudad Juárez.

Program activities concentrated on the identification of new cases, treatment of active tuberculosis cases, investigation of and search for contacts, encouraging health, training and technical assistance and laboratory development.

The “Binational AIDS Vigil” in 1992.

In 1992 the “International AIDS Vigil” was held for the first time in the sister cities of Juárez-El Paso, in an effort by non-governmental organizations and governmental institutions to bring together the communities of both cities for a single purpose: to actively encourage the prevention of HIV infection. The “Vigil” consisted of holding simultaneous public information events at the main plazas of both cities and then marching to the mid-point of the border between the two countries to reach out in a fraternal embrace without borders.

On October 30-31, 1992, the first Binational Tuberculosis Symposium was held at Ciudad Juárez in cooperation with the “JUNTOS” Program, the El Paso City-County Health and Environmental Center (PCC) and Health Jurisdiction Number Two belonging to the Secretariat of Health in Ciudad Juárez.

By the end of 1993, 167 cases had been identified through the program, of which 83 were diagnosed as pulmonary cases.

That same year, the poster designed by the “JUNTOS” Program was reprinted and sent out to Health Departments who had requested it in New York, Illinois and Texas. The flip chart was updated and reprinted, and has been an important instrument for health education on tuberculosis with the general public for cases and contacts. The states of New Mexico, Texas, Chihuahua, Tamaulipas and Baja California have been making wide use of these materials.

(Noticias/News, 1992. FO/PAHO 1993, Activities Report.)

In September 1993 the Joint Field Office Evaluation Meeting was held with the involvement of representatives from the Central Office of the Pan American Health Organization at Washington and government representatives from both countries.

Technical cooperation that had been provided by the Field Office during the previous four years was evaluated. New directions and priorities were established for the coming years. Priorities established were as follows: Health Profiles, United States-Mexico Border Health Association, Sister Cities and Publications.

(FO/PAHO. Activities Report, 1993)

In response to a request from the mayor of Ciudad Juárez to the PAHO Field Office concerning planning and construction of the new city landfill, a technical cooperation phase was begun through the Environmental Health Program in 1993, which brought about a Joint Meeting with regional PAHO technical center officers from ECO, CEPIS and FEP.

(FO/PAHO. Activities Report, 1993)

In the area of addictions, during 1993 the PAHO Field Office cooperated with the Center for Substance Abuse Prevention (CSAP) and the National Substance Abuse Institute, both from the United States, in coordinating a workshop on drug dependency prevention in the Latin American region of the International Conference on Drug Dependency that had been held in the month of February at Washington, D.C.

OPERATION BLOCKADE

In an attempt to stop the flow of undocumented aliens into the United States across the border at El Paso, U.S. authorities implemented the most impressive surveillance operation in history on the boundary with Mexico called Operation Blockade, by permanently stationing 400 Border Patrol officers along 18 miles of border starting on September 19, 1993 with support from helicopters, vehicles, horses and National Guard monitors.

(Diario de Juárez, April 19, 1993; p. 12-A)

The Field Office was also involved in the formation of a Task Force for organizing the “VISION Symposium: for an Addiction-Free Workplace” that was held at Ciudad Juárez on November 17, 1993 with attendance by 123 persons who mostly belonged to health care systems within the maquiladora industry.

(FO/PAHO. Activities Report, 1993)

The 51st USMBHA Annual Meeting was held at Albuquerque, New Mexico on June 6-9, 1993, with 302 registered participants. The keynote theme of the Meeting was the “Impact of the Free Trade Treaty on Health and the Environment”. During this meeting fifteen Business Sessions, five Plenary Sessions, eight Technical Sessions, nine Workshops, seven Open Sessions, four Special Presentations and Meetings, four Social Events plus Opening, Awards, General Assembly and Closing activities were organized and coordinated.

(FO/PAHO. Activities Report, 1993)

WHO reported more than 3 million deaths in the world during 1993 caused by Tuberculosis.



Vision, Binational Symposium in Substance Abuse, November 17, 1993. Photograph by the FO/PAHO.



Recognition to Dr. Laurance Nickey, USMBHA expresident (1994) by Dr. José Ignacio Gossett, Chief of the U.S.-Mexico Border Field Office, PAHO. Photo by FO/PAHO.

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Fase enfrentan problemas de tuberculosis y otras enfermedades llamadas del tercer mundo, debido a problemas sociales y sanitarios, que retrasa la población des-privilegiada.

Le anterior, forma parte del diagnóstico de salud fronteriza, dado a conocer por el doctor Michael O'Carroll, director de la oficina de campo de la Organización Panamericana de la Salud —donde es el mundo— que tiene su sede en El Paso, Texas.

Michael O'Carroll se tambalea

director ejecutivo de la oficina de Asociación Fronteriza México-Estadounidense de la Salud.

Entrevistado en el marco de la reunión binacional, que servirá para coordinar la Semana Nacional de Vacunación, que será apoyada por las ciudades fronterizas de los Estados Unidos, Michael O'Carroll dijo que muchas colonias de frontera, donde se concentran los inmigrantes mexicanos enfrentan problemas de salud que "entorpecen, más no un problema, que reconocemos y estamos atacando".

Dijo que durante 1996, la Organización Panamericana de la Salud incidirá especialmente al atacar a la tuberculosis, considerado como "uno de los desafíos más grandes del año".

Mencionó que se pretende mantener las defensas contra las enfermedades emergentes como virus, así como las zoonosis por comidas animales a ser el reto.



News interview with Dr. O'Carroll published in the Diario de Juárez on January 29, 1996).

In 1995, Dr. Michael O'Carroll, who had earned a bachelor's degree in Philosophy and Psychology from the National University of Ireland in 1963 and a doctorate in Public Health from the University of California at Berkeley in 1976, became Chief of the Field Office.

THE FIELD OFFICE'S "NEW STRATEGY"

During the 53rd Annual Meeting of the USMBHA at San Diego, California on June 4, 1995, the federal governments of the United States and Mexico together with PAHO presented the document "The El Paso Field Office: A New Strategy", that defined a broader and more active leadership function for the Field Office in the area of management of information along the border, while at the same time subtracting some needs:

- To serve as a health information distribution center for the border between the United States and Mexico.
- To encourage and support relationships between sister cities, including coordination, joint planning and execution of programs/projects within this context.

On February 1, 1995, Dr. George A.O. Alleyne was appointed Director of the Pan American Health Organization headquartered in Washington, D.C. In his introductory speech he stated ... "health relations should be taken up to a setting for encouraging multi-sector actions for health" ...

- To encourage partnerships, including efforts for the mobilization of resources between the public and private sectors.
- To perform its function as Secretariat for the USMBHA and its subcomponents, which included strengthening the Binational Health Councils.
- To facilitate a continuous process for the development of priorities for border health.
- To encourage regional focuses that are appropriate to border problems and border affairs.

(FO/PAHO. *Activities Report*, 1995)

On June 28-30, 1995 the first U.S.-Mexico Border Binational Congress of Industrial Food Service Facilities Managers was organized to provide greater publicity on food handling requirements along the border and establish cooperative agreements. This event was proposed and promoted by the PAHO Field Office and encouraged by the Secretariat of Health on all three of its levels.

(News/Noticias, 1995)

In 1996, Dr. Ramón Álvarez Gutiérrez, who had already served as interim chief in 1992, was named Chief of the Field Office. Dr. Álvarez had a

long history of work with PAHO, where he had occupied several positions and consulting jobs in various countries since 1971.
(News/Noticias. 1996)

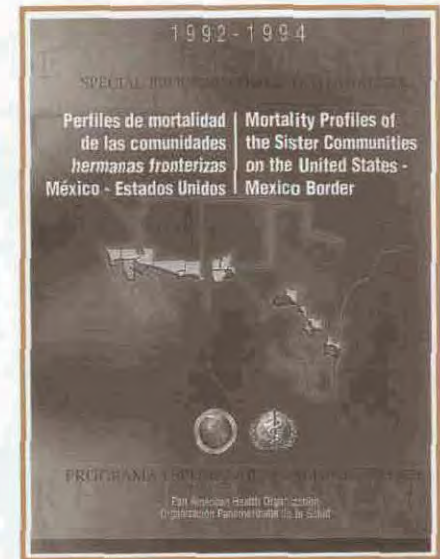
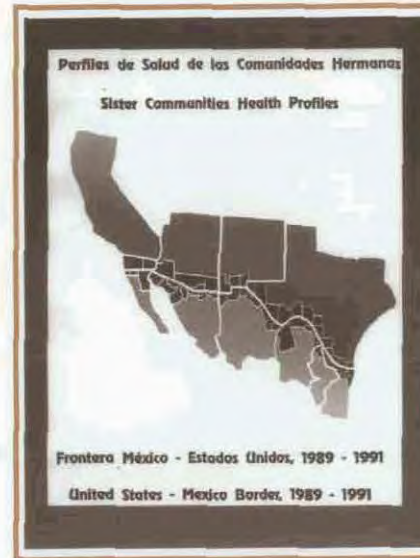
In March 1996 the Field Office inaugurated its Web Page in both languages. The Web Page has detailed information on Field Office structure, functions, officers and border activities and also includes the USMBHA Web Page.
(News/Noticias. 1996)

On May 13-17, 1996 the Health Profiles Workshop was held at Ciudad Juárez, coordinated by the Field Office Epidemiology Officer, Dr. Joaquín Salcedo, with state epidemiologists and specialists from the ten border states of the United States and Mexico.

At this workshop the components of the Health Situation Analysis and its application in formulating policies and programs programs were discussed, including methodologies for determining the health needs of vulnerable

During the 1995-97 period the gross mortality rate for the border was 5.8 per 1,000 inhabitants (4.7 on the Mexican side and 6.7 on the American side). Age standardized mortality rates were 6.0 per 1,000 inhabitants on the Mexican side and 4.4 on the American side. Cerebral and vascular diseases and diabetes were the main causes of death during this same period of time.

(United States-Mexico Border Field Office (USMBFO). 1999-2000 Activities Report)



One of the most useful aids in tracking border health has been the publication of the health profiles of the Sister Cities, later known as Mortality Profiles of U.S.-Mexico Border Communities.



Dr. Xavier Leus, Dr. Elba Cornejo, Dr. Cipriano Aguilar and Eva Moya, MSW during the 56th USMBHA Annual Meeting held at Monterrey, N. L. on June 3-5, 1998.

Apoyará EU Semana de Vacunación

Subsidiarán parte de la campaña para inmunizar la frontera

RABAL NAVARRO
Diario de Juárez

Don Estancia norteño-americanos de Salud, con sede en El Paso, Texas subsidiarán localmente parte de la Semana Nacional de Vacunación, que se realizará en el mes de febrero, anunció ayer el jefe de la Jurisdicción Sanitaria número Dos, Jaime Basteria Uribe.

El funcionario informó que los organismos de Salud de Estados Unidos han ofrecido apoyo económico, en "caso de ser necesario".

Basteria Uribe dijo a conocer que la Organización Panamericana de la Salud financió la construcción de un nuevo edificio, especial para almacenar el biológico que permanentemente debe de concentrarse en Juárez.

informó Basteria Uribe.

El funcionario dijo a conocer que los actuales refrigeradores serán enviados a los centros comunitarios que operan en algunas colonias de Ciudad Juárez, con la finalidad de mejorar su refrigeración algunos productos de uso diario, entre ellos, los biológicos que se utilizan para vacunar a la población que recibe atención de la Secretaría de Salud.

Dijo que luego de la reunión sostenida con los organismos de Salud de ambos lados de la frontera, se acordaron medidas de coordinación que se instrumentarán durante la próxima Semana Nacional de Vacunación.

Una de las medidas es instrumentar el programa de vacunación de ambos lados de la frontera norte, durante los días en que México celebre la Semana Nacional de Vacunación.

En Estados Unidos se atenderá con especial atención a las comunidades hispanas.

Basteria Uribe dijo a conocer que otro apoyo de las instancias



Participation of the Field Office in vaccination campaigns in Juárez. *Diario de Juárez*, January 30, 1996.

Dará capacitación para atención de contingencias

Ofrece UACJ taller sobre manejo de tóxicos

ARALY CASTAÑÓN
Diario de Juárez
Con la finalidad de ofrecer capacitación a los médicos de la UACJ, que lo propuso como parte de la Semana de Capacitación en el mes de febrero.

De acuerdo al comunicado el taller fue dirigido por Victoriano Garza y se realizó en el aula magna de la UACJ.

gracias a la iniciativa del Centro de Estudios del Medio Ambiente (CEMA) de la UACJ, que lo propuso como parte de la Semana de Capacitación en el mes de febrero.

El estado, libre de rabia

Tanto como en seres humanos, se ha reducido la tasa considerablemente, según la Secretaría de Salud

REARTE HERRERA
Diario de Chihuahua
Chihuahua Desde 1980 en el estado de Chihuahua no se presenta ningún caso de rabia humana e incluso, se muestra una tendencia ascendente, pues en 1990 la tasa fue de 0.06 y para 1996 se redujo a 0.02 por cada 100 mil habitantes.

Imparten curso sobre alcoholismo, tabaco y drogas

La Asociación Fronteriza México-Estados Unidos de Salud y la Organización Panamericana de la Salud en coordinación con el programa Vertebración del Desarrollo Integral de la Familia, iniciaron ayer la impartición de un curso de capacitación para brindar atención primaria a personas con casos sobre alcoholismo, tabaco y problemas relacionados con las drogas.

The Field Office takes part in public health programs in Cd. Juárez.

groups and mapping those needs. There was also discussion of methodology for Sentinel Surveillance of the AIDS virus.

A Meeting of the Technical Group for the Analysis and Preparation of Technical Documents on "Predominant Diseases in Infancy" was also held at El Paso, Texas, where a technical advisory group from Latin America discussed, reviewed and planned the preparation of a document.

(News/Noticias. 1996)

The 54th USMBHA Annual Meeting was held at Tijuana on June 5-7, 1996.

On August 26, 1996, Dr. Xavier Leus assumed his position as Field Office Chief. He had been working with PAHO/WHO since 1979. He is a General Physician with Masters degrees in Public Health and Management and a Postgraduate Course in Tropical Medicine and Hygiene, and he is the current Chief of the Disasters Office for WHO, headquartered at Geneva, Switzerland.

(News/Noticias. 1996)

On July 1, 1999, Dr. Alfonso Ruiz, a Veterinarian, assumed his position as Chief of the PAHO Field Office. Dr. Ruiz had been the regional consultant for zoonosis and emerging diseases. He had also been Chairman of the Advisory Committee for Health Research for PAHO since 1997. During the 1999-2000 period, the Field Office expanded the capacity of its electronic networks and evaluated electronic communications infrastructure on the border. Internally it installed a new high capacity server that enabled a powerful specific use Web server to be installed. This equipment makes it possible to provide excellent service to visitors to the Web Page as well as the websites that other institutions or programs have put on the Field Office server.

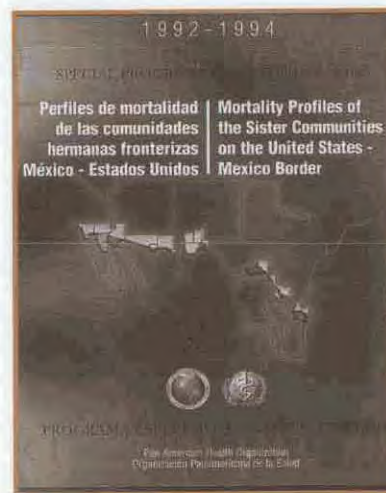
(USMBFO. Activities Report for 1999-2000)

The new Millenium

The New Millennium started off with changes in the government of both countries that brought hope for closer policy relation in the United States-Mexico border, based on a similarity of political and economic interests and the close friendship between the two presidents, George Bush and Vicente Fox.

In recent years the border has seen significant changes in the direction of health policies due to changes in Border State Health Departments plus the formation of the United States-Mexico Border Health Commission that has given rise to a new mechanism for binational cooperation since the agreement creating the Commission was signed in November 2000.

Another issue that caused an impact on PAHO technical cooperation on the border was the process of autonomy and especially the separation of the United States-Mexico Border Health Association (USMBHA) from PAHO. This process has begun physical separation of their offices and management systems as of the late 90s and the first part of the



year 2000, with a big responsibility for the Secretariat in conducting this autonomy process, in addition to strengthening the Association for achieving its self-sustainability.

This involves substantial changes in the operation of the Field Office in an attempt to strengthen its image as the leader international organization in health and binational collaboration on the United States-Mexico Border.

STRENGTHENING HEALTH AND ENVIRONMENTAL INFORMATION

In fulfilling its commitment to disseminate epidemiological information, during the year 2000 the Field Office has made extensive distribution of the document called “Mortality Profiles in U.S.-Mexico Border Sister Communities”, 2000 edition, published by the PAHO Special Health Analysis Program. (USMBFO. Activities Report for 1999-2000)



1. Opening ceremony of the 58th Annual Meeting of the USMBHA, held in Hermosillo, Sonora, May 2000. *Photo by OCIFMEU.*

2. Health officers participating in the 58th Annual Meeting: (from left) Mr. Russell Bennett, first Manager of the Border Health Commission, U.S. Section; Drs. Roberto Tapia Conyer and Manuel Urbina, Assistant Secretaries of Health, Mexico; Dr. David Satcher, Surgeon General of the United States; Lic. Piedad Huerta, PAHO Communications Officer and Annual Meeting Coordinator; Dr. George Alleyne, Director of PAHO; Dr. Manuel Robles Linares, Secretary of Health for Sonora, Mexico; and Dr. Henry Jouval, PAHO representative in Mexico. *Photo by OCIFMEU.*

3. Parallel session of the U.S.-Mexico Border Health Commission, held in conjunction with the 59th Annual Meeting. *Photo by OCIFMEU.*



Panorama of the USMBHA 60th Annual Meeting held in Chihuahua, City, June, 2002.

In coordination with PAHO's Special Health Analysis Program, border state epidemiologists from both countries discussed the structure of basic health data and defined 61 indicators grouped into four different categories: demographic issues, socioeconomic issues, access to services and service quality, and mortality and morbidity. The results of this activity included the publication of the brochure on basic indicators by sister communities in the states of Arizona and Sonora. Brochures for other sister city pairs are in various stages of preparation.

INVENTORY OF HEALTH CARE INSTITUTIONS

In an effort to systematize information on all institutions and agencies that in one way or another are involved in health activities having to do with the border, the Catalog of Border Health Institutions was made available in early 2000.

This document includes information on governmental institutions on the federal, state and local level, academic and research institutions, funding agencies and non-governmental institutions. 1,500 copies have been distributed, and this information was made available in electronic format for users on the border.

(USMBFO, Activities Report for 1999-2000)

ENVIRONMENTAL HEALTH SURVEY

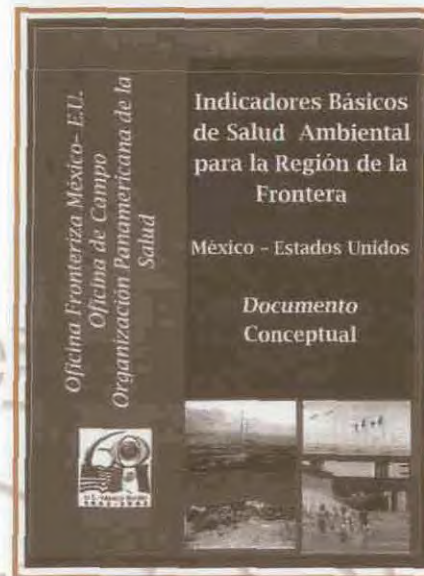
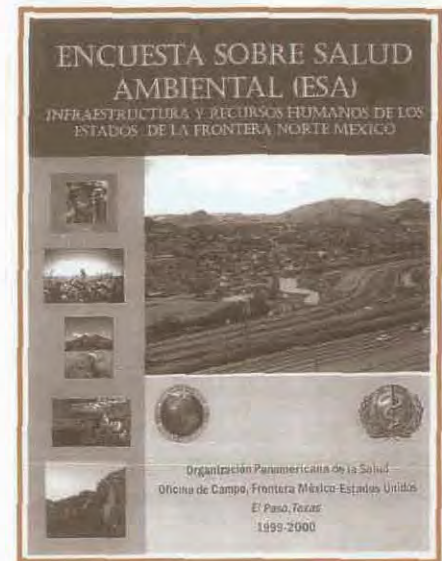
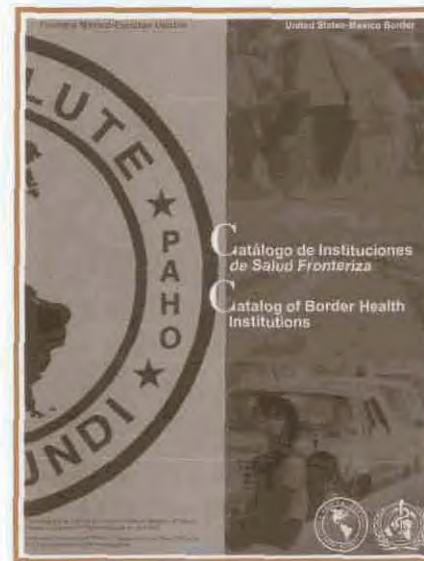
The Survey on the Environmental Health Situation (EHS) on Mexico's northern border was completed for strengthening working linkages in research and development. The EHS provides basic information on existing material and human resources in the border states, as well as programs and projects that are either in progress or scheduled for the future in the area of environmental health. One of the contributions from this survey has been the identification of the main laboratories in the region and their capabilities for making the determinations required for the environmental health program.

(USMBFO, Activities Report for 1999-2000)

ENVIRONMENTAL HEALTH INDICATORS

Because of the need to understand and measure the impact of environmental pollution on the health of the population, health and environmental authorities from the two countries assigned to the U.S.-Mexico Border Field Office of PAHO have the responsibility for leading the process for unifying criteria and concepts and implementing local programs on environmental health indicators. This task includes preparing concept documents, workshops for selecting indicators for sister cities, training, strengthening infrastructure and above all, multi-sector coordination.

During the year 2000, support was provided to the Sonora Secretariat of Health in carrying out active surveillance of SO₂ and Molybdenum at the





Border Health Research Agenda, prepared by the Field Office.

town of Cumpas, Sonora, and it also collaborated in the implementation of a field study on exposure to SO₂ and PM10 and their effects on health. (USMBFO. Activities Report for 1999-2000)

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BHIRP PROJECT

In an attempt to make optimum use of existing academic resources on the border, the Field Office called on academic institutions to unite their efforts and share resources through the Border Health Information and Research Project (BHIRP) initiative.

The Border Health Information and Research Project (BHIRP) includes four components: 1) the creation of a specialized virtual library on border health, 2) the development of a border research agenda, 3) technology transfer and the development of border researchers, 4) mass communications used for converting scientific information into information that can be useful to policymakers and the community. This project is in a negotiation phase with several universities, and the Field Office Documentation Center has been reorganized to support the creation of a virtual library.

(USMBFO. Activities Report for 1999-2000)

THE U.S.-MEXICO BORDER DIABETES PROJECT

During the 56th USMBHA Annual Meeting held at Monterrey, N.L. on June 3-5, 1998, a decision was made to support the development of a binational plan for systematic surveillance and prevention of diabetes. The U.S.-Mexico Border Diabetes Project was begun in early 2002.

This project is a binational initiative for decreasing the impact of diabetes in the border population through the performance of a prevalence study and identification of risk factors in persons over age 18, with a second phase for the implementation of models for disease prevention and care of diabetic patients.

The Field Office has played an irreplaceable role in the development of the conceptual and methodological framework of this project. Its roles in project management and administration and in coordinating the project's numerous participating members have also been critically important.

This project made its greatest achievement during the 2000-2001 period, including conceptual and methodological development, the formation of



The Safe and Healthy Sister Cities Initiative, started by the Field Office. Photos by FO/PAHO.

technical and scientific committees, approval of the project by the ethics committees from both countries, the development of manuals for interviewers, and the collection and shipping of blood samples and laboratory testing.

(USMBFO. Activities Report for 1999-2000)

THE EMPOWERMENT OF LOCAL COMMUNITIES AND MULTI-SECTOR ACTIONS

In late 1999 the Field Office launched the Safe and Healthy Sister Cities (SHSC) initiative to improve inter-institutional coordination, enhance community involvement and increase multi-sector efforts for solving health problems in border communities that require bilateral cooperation to become solved. SHSC makes use of participative local planning methodologies and the five strategies for encouraging health in identifying, prioritizing, planning, executing and evaluating actions designed for preventing health problems in border communities.

SHSC puts together the efforts of different organizations that share a common objective for enhancing the health of the population of the United

States-Mexico Border. SHSC includes the Binational Health Councils of the United States-Mexico Border Health Association, the Healthy Border Strategy of the United States-Mexico Border Health Commission, the Border Linkages mechanism of the United States and Mexican Consulates located along the border, plus involvement by numerous non-governmental organizations and academic institutions involved in interventions designed to enhance the health of these communities. The role being played by the Pan American Health Organization in this initiative is in the area of promotion and technical support. In its promotional role, PAHO has created the initiative, brought about a positive awareness among municipal, state and federal authorities for participating and/or supporting the initiative and has made an appeal to different sectors in border communities on a stakeholder basis. In its technical role, PAHO has adapted, developed and implemented the methodologies utilized in different phases, while at the same time it has been training leaders in border communities, including people in charge of the health sector, on local participative planning methodologies.

By early 2002 there were thirteen border cities participating in the Sister Cities initiative (Brownsville/Matamoros; McAllen/Reynosa; Presidio/



1. Dr. Gerardo de Cosío, Dr. Guillermo Mendoza, Lic. Piedad Huerta and Dr. Alfonso Ruiz in discussions over the Safe and Healthy Sister Cities initiative, in Ciudad Juárez, Chih. *Photo by FO/PAHO.*

2. The PAHO and USMBHA offices were physically separated beginning in January 2002. *Photo by FO/PAHO.*

3. Inauguration of the new offices of PAHO and USMBHA by Dr. George Alleyne (center), flanked by then USMBHA president Eva Moya and PAHO Field Office Director Dr. Alfonso Ruiz. *Photo by FO/PAHO.*

Ojinaga; El Paso/Juárez/Las Cruces; Nogales Sonora/Nogales Arizona and San Luis Rio Colorado/Yuma). Action plans have been prepared for three pairs of cities for addressing tuberculosis problems (Brownsville/Matamoros), traffic accidents (Reynosa/McAllen and El Paso/Juárez/Las Cruces) and addictions (El Paso/Juárez/Las Cruces).

THE USMBHA AUTONOMY AND SELF-SUSTAINABILITY PROCESS

During the 1999-2000 period, the Field Office made contributions to USMBHA involving two basic issues: the projection of its image and development of its identity, and institutional strengthening to make it self-funding. The USMBHA has been given its physical independence and independent means of communication. Work is slowly progressing on designing and producing a corporate image; for example, significant

improvement was made in USMBHA's publicity materials. Enhancements were also made in the quality and appearance of USMBHA informational publications including News/Noticias, the Border Health Magazine, the Web Page, information brochures and the Annual Activities Report. Amendments were made to the Association's bylaws in June 1999 to institutionalize the changes being made in the Association, through a process of consultation with the involvement of members and officers. Between 1999 and 2000 the Field Office provided greater organization and support to the work of the Binational Health Councils by encouraging them to do timelier planning and scheduling. There was also increased involvement by the Secretariat and Executive Committee members at BHC meetings for doing follow up on required support actions, reports and results.

(USMBFO. Activities Report for 1999-2000)

The terrorist attack on the twin towers in New York on September 11, 2001 and threats of bioterrorism had an unprecedented impact on the economy, trade and daily life on the border that made binational collaboration more difficult. Some health issues took a back seat when the United States government set a priority for providing response capability to possible bioterrorism attacks.

In its process for autonomy and self-sustainability a ten-year financial analysis was developed by the Field Office in 2001. The development of an internal policy for project management and administration was established along with improvements in the accounting and financial records systems. A capital reserve fund was also created. The income from memberships was increased; and, internal personnel management policies were reinforced. By mid-2002, separation of the administrative and accounting areas of the USMBHA had been completed, and the process was begun for appointing the USMBHA's own Executive Director.

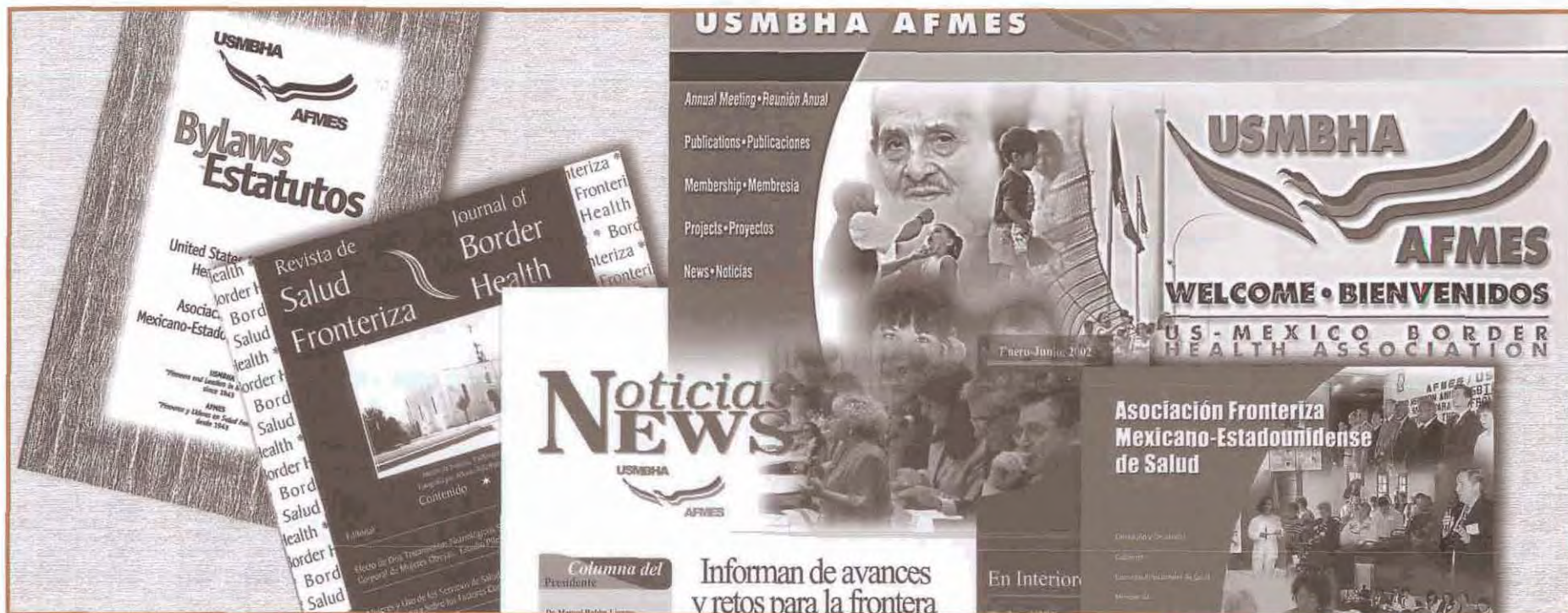
ORIENTATING TECHNICAL COOPERATION TOWARD AN EQUITY FOCUS

In an effort to provide a response to demands by work groups on the border, and realizing the direction in which PAHO technical cooperation was moving, a process oriented toward equity issues in border health was begun.

Since the second edition of Mortality Profiles in Border Communities came out, epidemiological analyses are now being done by breaking down the situation for males and females in an attempt to emphasize unnecessary differences between the genders. The issue of equity



became a part of the agenda at annual meetings of the USMBHA from 1999 to 2002, including presentations on the health situation of Indian Nations in the border region.



USMBHA publications.

During the year 2002 an analysis was made of health care services to show differences in health care service infrastructure and access between different groups on the border and to provide a comparison of the distribution of resources between border states and border localities, urban communities compared to rural communities, population covered by social security versus non-covered population, and funding directions according to service type.

In 2001 the 59th Annual Meeting was held at Las Cruces, New Mexico,

which was jointly organized with the New Mexico Department of Health, the New Mexico Office of Border Health and the Border Center for Epidemiology and Environmental Health. This meeting had a record attendance with over 700 participants.

THE INTERNATIONALIZATION OF BORDER HEALTH

As a result of the efforts made by prominent public health professionals with experience in border health and with support by the Field Office,

organizations and governments from other countries are once again discussing the issue of Border Health.

The border health issue was reviewed by the Health Research Advisory Committee of the World Health Organization at its 99th meeting in January 1997 (EBB99/26) that recommended that the Director General of WHO should include the border health research initiative as a part of its strategic global program. One year later the USMBHA adopted the Global Safe and Healthy Borders in the 21st Century Declaration of Phoenix as a resolution.

In July 1999 the Rural Health Office at the University of Arizona, which is the PAHO/WHO Collaborating Center for Rural and Border Health, organized a meeting of Universities and Disadvantaged Communities that helped to put the issue of border health on the research agenda of academic institutions in several parts of the world.

In this way the Field Office has been providing its cooperation to the governments of Brazil, Argentina and Paraguay for implementing the “Three Borders Project” as a strategy for solving health problems in the border region between those three countries.

Technical cooperation provided to the governments of the Dominican Republic and Haiti involved assistance in strengthening programs for eliminating urban rabies transmitted by dogs in the border area.

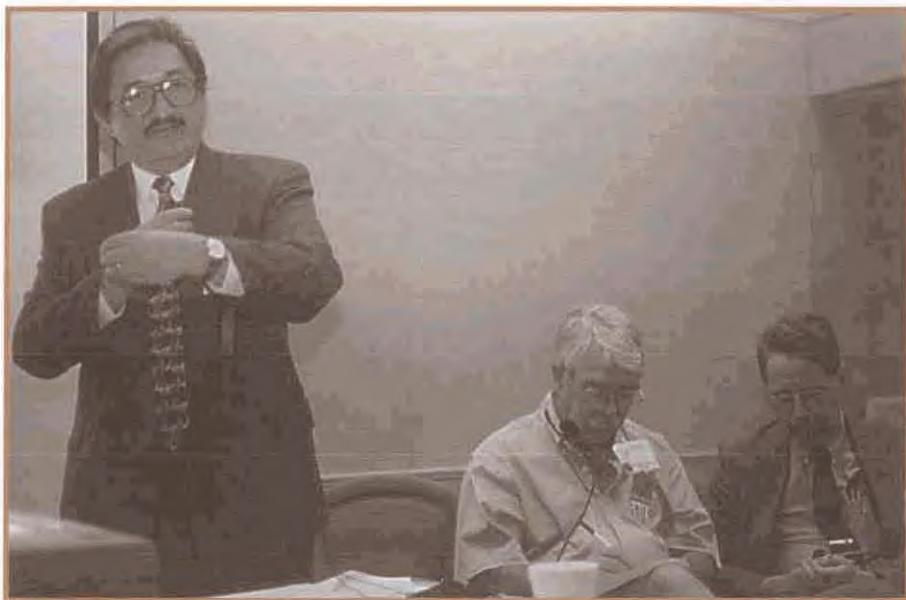
The 60th USMBHA Annual Meeting held at Chihuahua City, Mexico facilitated an exchange of experiences on work performed on the border between Lebanon and Israel.



Friendship International Border Crossing between Brazil and Paraguay. Field Office personnel shared their experience with the governments of Brazil, Argentina and Paraguay in “Project Three Borders,” in October 2001.

STRENGTHENING POLICIES FOR BORDER HEALTH

The presence of and participation by the Field Office at numerous meetings has enabled interest in border health issues to be maintained during the year 2001. Meetings that have been jointly organized with other institutions include the meetings of state health chiefs and local health chiefs, the Border Health Issues meeting at the Hispanic Caucus of the United States Senate called by PAHO at Washington, D.C., and the Border Affairs meeting with the Mexican Senate. The subject of Border Health was taken to the international level with the presentation of a poster at the Meeting of Managers’ Representatives of the World Health Organization, which



Former USMBHA Presidents Drs. Leopoldo Chow-Chong, George Walker and Andrew Nichols, recognized by PAHO as Heroes of Health. Photo by FOIPAHO.



Dr. Alfonso Ruiz speaking to the United States Congress. Photo by FOIPAHO.



The 59th Annual Meeting of the USMBHA, held in Las Cruces, N.M. in June 2001.

served to promote the WHO Healthy Borders initiative at Geneva. One result of identifying limitations for creating or strengthening border health alliances was the addition of a health and environmental legislation component to this priority area. To date there is a draft analysis on holes in legislation that are limiting or preventing health cooperation between the United States and Mexico. A list of laws and regulations and other sources of information on this issue will also be distributed along with a basic dictionary of legal terms applicable to border health.

48 Sábado 23 de marzo del 2002 EL DIARIO Cd. Juárez, Chih.

Firma UACJ convenio de salud

Guadalupe Félix
EL DIARIO

La Organización Panamericana de la Salud y la Universidad Autónoma de Ciudad Juárez firmaron ayer un convenio de colaboración para la capacitación de recursos humanos, realización de estudios, elaboración de documentos y manuales sobre salud pública y ambiental

Mirta Roses Periago, subdirectora de la organización y Felipe Fornelli Lafón, rector de la universidad, firmaron ayer el acuerdo que tiene como objetivo trabajar de manera conjunta como lo han hecho desde hace varios años en diversos proyectos.

De esta forma, la UACJ tendrá apoyo de consultores de la Organización Panamericana de la Salud para la realización de estos tra-

bajo.

Fornelli Lafón mencionó que los estudiantes de posgrado encargados de salud pública se verán beneficiados con el convenio, ya que podrán estudiar en la Universidad Autónoma de Ciudad Juárez.

Es un beneficio mutuo, es un convenio de colaboración en el que se tiene la oportunidad de continuar trabajando juntos desde

que inició la universidad han trabajado en algunos proyectos, mencionó.

Los planes de la organización y de la universidad ayudan a la comunidad en general, señaló el rector universitario.

En la biblioteca virtual se podrá acceder a temas a favor el ambiente y relacionados con la salud, indicó.



Mirta Roses Periago y Felipe Fornelli Lafón signan el acuerdo

Signing of the collaborative training agreement by the PAHO Field Office and the University.

As part of this strategy, the participation of universities in identifying and seeking solutions to health and environmental problems has been included. The U.S.-Mexico Border Field Office of the Pan American Health organization has sought to enhance the quality of its work by enlisting the technical expertise of universities in addressing specific border health issues



Tribute to Border Health Heroes

On December 2, 2002, the U.S.-Mexico Border Field Office celebrated, with a gala dinner, the double anniversary of 100 years of the Pan American Health Organization and 60 years of the Field Office in El Paso, Texas. The culminating moment of the celebration was the recognition afforded to 13 distinguished individuals who, because of their many contributions, PAHO considers to be Heroes of Border Health. The individuals worthy of this honor are: Dr. Mirta Roses I. Periago, Dr. Laurance Nickey, Dr. Carlos Trimmer Hernández, Mrs. Amanda Aguirre, Dr. George Walker, Mr. Roger Dixon, Dr. James Steele, Ms. Rebeca Ramos, Dr. Carlos Castillo Salgado, Mrs. Rita Díaz-Kenney, Dr. Leopoldo Chow Chong, Congressman Silvestre Reyes, Dr. José Antonio Solís, Dr. Miguel Escobedo, and Ofelia Martínez, R.N.



Dr. Carlos Trimmer Hernández.



Dr. Laurance Nickey.



Dr. George Walker.



Sr. Roger Dixon.



Dr. James Steele.



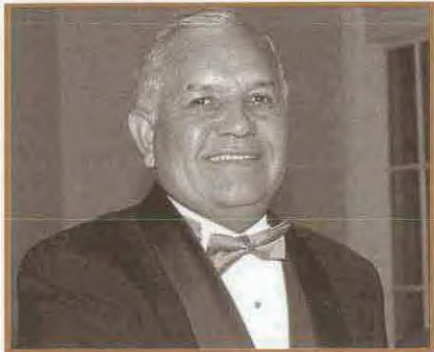
Ms. Rebeca Ramos.



Ms. Rita Diaz-Kenney.



Dr. Leopoldo Chow Chong.



Congressman Silvestre Reyes.



Dr. José Antonio Solís.



Dr. Miguel Escobedo.



Ofelia Martínez with Dr. Alfonso Ruiz.



60 YEARS OF COMMITMENT TO BORDER HEALTH
printed ended June, 2003 at the Wilmot Printing
in El Paso, TX, with the edition of 500 copies.



