

## THE PIONEER INTERNATIONAL HEALTH ORGANIZATION\*

By FRED L. SOPER, M.D.

*Director, Pan American Sanitary Bureau*

The Pan American Sanitary Bureau, the first international health organization was formed in 1902. Operating on a limited budget with a small staff from the United States Public Health Service, its principal function during its first 20 years of existence was the collection and dissemination of information regarding the distribution of dangerous communicable diseases in the ports of the Americas. A monthly bulletin was published and correspondence was carried on between the Central Office in Washington and the member countries. During this period, the Bureau formed the link between the Pan American Sanitary Conferences which met on an average of every four years.

In 1924 the Bureau was strengthened and its permanent position as an international body formally stabilized by the Pan American Sanitary Code. The Code is the only inter-American treaty which has been ratified by all of the American Republics. It provides that the Bureau, as the central coordinating sanitary agency of the member States, may collaborate in the field of public health directly with the technical authorities of the member countries without recourse to diplomatic channels. The Code also standardizes measures for preventing the importation of communicable diseases, aiming at the maximum of protection with a minimum of hindrance to international commerce.

In the period between 1920 and the entry of the United States into World War II there was considerable expansion of the Bureau's field activities. Two district offices, one in Lima and the other in Guatemala City, were established. Assistance was given Latin American countries in preparing health codes. Bureau representatives acted as consultants on plague, malaria, maternal and child health, nutrition and the improvement of water supplies and environmental sanitation.

For many years the Bureau has given special attention to the problem of bubonic plague in the port cities of the Americas with outstanding results. Although plague still exists at certain interior points, the port cities are free of it.

### EXPANSION DURING WORLD WAR II

After the entry of the United States in World War II in 1941, the Bureau expanded its activities to prevent the spread of disease from one country to another. Many special problems arose during the war years. For example, the Pan American Highway, projected as an

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overland route between the United States and Panama, was recognized as a potential means of spreading disease unless provision could be made for sanitation of populations along its course. Cooperative surveys were made by the representatives of the Bureau and of the countries through which the highway passed. The Bureau undertook the direction of sanitation in certain towns and villages.

One of the serious problems encountered and on which studies started during the war are continuing, is the existence in southern Mexico and parts of Guatemala (on) onchocerciasis, a filarial disease. This disease, which is a cause of blindness, was imported from Africa. It is still limited to certain areas in Mexico and Guatemala, and efforts are being made to find a practical means of eradicating it before it spreads to other areas in the Americas where the insect vector abounds.

Bureau headquarters were established during the war at El Paso, Texas, to aid in the control of venereal disease, tuberculosis and other communicable diseases along the United States-Mexico border. As a byproduct of this effort there is in existence today a very active United States-Mexico Border Public Health Association. The association has held six successful meetings with good attendance from health workers on both sides of the border.

In Guatemala, during and since the war period, field studies have been organized with the cooperation of scientific workers of official agencies of the United States and local scientists on such problems as onchocerciasis, venereal disease, malaria and the control of typhus.

The basic annual income of the Bureau has remained at the low level of \$115,000, based on a quota contribution from the American Republics of 40 cents per thousand inhabitants, although the sums spent yearly on programs under the auspices of the Bureau reached some \$600,000 in 1946. The activities of the Bureau were possible only because its technical staff was drawn very largely from the United States Public Health Service, and the other professional workers were paid from non-quota funds from various sources, including U. S. Government agencies and private foundations.

#### EPIDEMIC DISEASE CONTROL

In spite of the present relative freedom of the United States from the great epidemic diseases of history, they constitute a permanent potential threat to this hemisphere under certain conditions, so long as they remain unchecked in other countries. Of the five quarantinable diseases, plague, smallpox, cholera, typhus, and yellow fever, only cholera does not continue to be a serious problem somewhere in the Americas. The recent presence of cholera in Egypt was a matter of serious concern to certain American countries where conditions similar to those which permitted recurring epidemics during the 19th century still exist. The

sharp outbreak of smallpox in New York City in 1947, following the importation of a case from Mexico, revealed the inadequate attention given this problem both in the United States and Mexico.

#### PLAGUE

Although plague is not at present a maritime problem in the Americas, it continues to be a serious menace at certain interior points. Epidemiological studies of this important disease are being continued.

#### TYPHUS FEVER

Louse-borne typhus fever can be readily controlled by intensive use of the new insecticide DDT. Promising results with mass vaccination have been recently achieved in Guatemala where the Bureau has been collaborating on a large-scale study covering several years.

#### SPECIAL STUDIES

In addition to field studies on onchocerciasis and plague, the treatment of malaria and the transmission and control of venereal disease are the subjects of special studies in Guatemala in collaboration with the National Institute of Health.

#### SANITARY ENGINEERING

The Pan American Sanitary Bureau, through its staff of Sanitary Engineers, has acted in an advisory capacity on problems of water supply, waste disposal and housing. Through its efforts, the Inter-American Association of Sanitary Engineering was organized in 1946. In July, 1947, the Association published the first issue of its Journal for the dissemination of information about sanitary engineering.

#### NURSING

A consultant service on special nursing problems has been maintained by the Bureau from time to time as funds permitted. The service has also served as a center of information on nursing education and practice in the member countries.

#### THE COORDINATION OF BORDER HEALTH ACTIVITIES

Many health problems exist along international land frontiers. Their solution requires collaboration of authorities on both sides of the boundaries. The Pan American Sanitary Bureau has aided in the negotiation of a number of local agreements and treaties for coordinated action on border health problems among the American Republics. These have included agreements for cooperative action between Colombia and Ecuador, Ecuador and Peru, and Peru, Bolivia and Chile. Recently agreements were negotiated between Brazil, Uruguay, Paraguay, and Argentina and between Bolivia, Paraguay, and Argentina.

In 1947 a border health conference with representatives of the State and Federal health services of the United States and Mexico was held at Laredo, Texas, to work out plans for coordination of health activities along the border. This resulted in the organization of a border unit under the auspices of the Pan American Sanitary Bureau, which is now in operation.

#### REORGANIZATION IN 1947

Discussions among health authorities drafting the Constitution of the World Health Organization in New York City in July 1946, focused attention as never before on the work of the Pan American Sanitary Bureau. This resulted in many becoming staunch supporters of the Bureau and of the type of international health collaboration developed in the Americas during the past 45 years.

At the XII Pan American Sanitary Conference in Caracas in January 1947, there was a demand that the Bureau's program be expanded and that it be reorganized as a truly international organization, responsible to a Directing Council in which all Member States had a voice. The initial plans made at Caracas resulted in a complete reorganization of the Bureau in Buenos Aires, in September 1947.

The Pan American Sanitary Organization faces the future with:

- (1) Direct representation of all American Republics on its Directing Council, which meets annually to consider programs and vote budgets;
- (2) an expanded program, covering not only the field of public health, but also the fields of medical care and the medico-sanitary aspects of social security;
- (3) the policy of developing its own international technical staff;
- (4) an increased budget financed by regular quotas from all member states and supplementary annual contributions; and
- (5) special responsibility for the solution of the problem of urban yellow fever.

The creation of a Directing Council with representation of all the 21 American Republics gives to each country a part in determining the program of the Bureau and a responsibility for seeing that the Bureau has the necessary funds with which to carry it out.

The expansion of the program of the Bureau to include the entire health field is in keeping with the needs of Latin America and with the modern trends in the United States. It has been found that health is not divisible into separate fields of action.

#### PROGRAM TO ERADICATE AEGYPTI MOSQUITOES

The Directing Council at its first meeting in Buenos Aires in 1947, acting on a motion made by the Brazilian Councilor, adopted a resolution calling upon the Pan American Sanitary Bureau to undertake the coordination of measures throughout the Americas looking towards the complete solution of the problem of urban yellow fever through the

eradication of the *Aedes aegypti* mosquito. The distribution of this mosquito ranges roughly from Buenos Aires in Argentina to the central part of the United States. During the past 12 years, all the South American Republics, with the exception of Chile and Uruguay, have been infected. In the United States, yellow fever has not presented a problem since 1905. Through rapid air travel, United States ports and inland cities are once more within striking distance of this disease, whose incubation period may be as long as 6 days.

Prior to 1948, a great deal of work was done in the eradication of *Aedes aegypti* in South America. Brazil, only a few years ago widely infested, is now known to have *aegypti* only in a small corner of the northeast. Bolivia has been free of this species for several years, and Chile, Peru and British Guiana have made considerable progress in freeing their territories. Plans have been made for coordinated, simultaneous campaigns in two groups of countries in 1948, namely Paraguay, Argentina and Uruguay, in the southern group, and Ecuador, Colombia, Venezuela and the Guianas, in the northern group. As experience is gained and trained personnel becomes available, gradual northern expansion of this program is anticipated.

#### DEVELOPMENT OF REGIONAL PATTERN FOR WORLD HEALTH ORGANIZATION

Those who have studied the possibilities of regional collaboration in public health recognize that the Americas offer a unique experience in such collaboration. The historical background of successful international cooperation and the tradition of cooperation so essential to future success in regional health work which exists among the American Republics is of great value to the rest of the world. With continued support from all of the American Republics, the Pan American Sanitary Bureau is in a unique position to contribute to the development of regional health programs for the World Health Organization.

The United States and the other republics of the Western Hemisphere are cooperatively utilizing their combined technical experience in agriculture to advance the common health interests of the peoples of the Americas. This experience is increasing with use. Technical collaboration provides a frictionless tool in developing good relations between nations and produces results of international significance because they are applicable in many countries.