

Development of International Coöperation Among the Health Authorities of the American Republics

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INTERNATIONAL Sanitary relations leading to coöperative effort among the health authorities of the American Republics have followed a harmonious and evolutionary course over a period of half a century; that is, since the general health conference which met in Washington in 1881, at which both European and American countries were represented.

At the First and Second International Conferences of American States, held respectively in Washington in 1889, and in Mexico City in 1901-1902, international public health was a leading subject in the agenda. The latter of these conferences recommended that—

A general convention of representatives of the health organizations of the different American Republics shall be called by the governing board of the International Union of American Republics to meet at Washington, D. C., within one year from the date of the adoption of these resolutions . . . that said convention shall provide for the holding of subsequent sanitary conventions . . . that it shall designate a permanent executive board . . . to be known as the International Sanitary Bureau with permanent headquarters at Washington, D. C.

These brief quotations set forth the historical background involved in the

creation of the Pan American Sanitary Bureau and the Pan American Sanitary Conferences, 9 of which have been held to date, the 10th being scheduled to meet in Bogotá, Colombia, in September of this year. Previous conferences of this series have been held in Washington in 1902 and 1905; Mexico, 1907; San José, 1909-1910; Santiago, Chile, 1911; Montevideo, 1920; Habana, 1924; Lima, 1927, and Buenos Aires, 1934.

In addition, between the dates of the meetings of the sanitary conferences, the Directing Heads of the National Departments of Health of the American Republics have lately been called to meet in Washington to discuss administrative and other public health problems of mutual interest, at intervals of 5 years. Three of these latter meetings have been realized: in 1926, 1931, and 1936.

*Sanitary Conventions or Treaties—*The Second International Sanitary Conference, held in Washington in 1905, concluded *ad referendum* the Sanitary Convention of Washington, which was ratified by Costa Rica, Cuba, Chile, Ecuador, United States of America, Guatemala, Mexico, Nicaragua, Peru, and Venezuela; and adhered to by

Brazil, Colombia, El Salvador, and Honduras. This first treaty of international American public health became therefore applicable in 14 of the 21 American Republics.

At the Seventh Pan American Sanitary Conference held in Habana in 1924, the Sanitary Convention of Washington was amended, rewritten, and renamed the Pan American Sanitary Code, and has been ratified by all the American Republics. It bears the distinction of being the first Pan American treaty to be accorded this unanimous approval.

The Pan American Sanitary Bureau—Although the organization of the International Sanitary Bureau was effected by the First International Sanitary Convention in 1902, this body did not take actual form as an autonomous entity until the year 1922, following its reorganization by the Sixth Pan American Sanitary Conference of Montevideo, Uruguay, in 1920, and coincident with the beginning of the publication of the *Bulletin of the Pan American Sanitary Bureau*. Its further development and recognition were materially aided by the adoption of the Pan American Sanitary Code, which more clearly defined its functions and duties.

As at present constituted, the Pan American Sanitary Bureau consists of an honorary director, a director, a vice-director, a secretary, 4 members, and the provisional president of the forthcoming Pan American Sanitary Conference, all elected by the Ninth Pan American Sanitary Conference at Buenos Aires (1934) and constituting the Directing Council. All sections of the Americas are thereby represented. Under the terms of the Pan American Sanitary Code, a fund of not less than \$50,000 is contributed annually by the 21 American Republics to carry on its activities.

Traveling Representatives—As an

effective and practical means of attaining its aims of coordinating the health activities of the Republics of the Americas, the Sanitary Bureau has appointed from time to time traveling representatives. Their mission is to cooperate with the national health authorities of the various Republics. Since 1927, 12 such representatives have been named, 4 being on duty at the present time. In addition, 3 sanitary engineers, engaged in mosquito studies and surveys of public water supplies and sewage disposal systems are similarly employed.

Of signal interest in the international public health field has been the work of these representatives especially in the antiplague campaigns in the Republics of Ecuador and Peru, since 1929 and 1930, respectively. Active measures have been carried out for trapping and poisoning of rats, flea surveys, study of the epidemiology of active foci of disease, and especially aiding in the prompt reporting of human cases and deaths from plague, and of rodent infection, to the Pan American Sanitary Bureau and through this agency to the health authorities of the American Republics and to the International Office of Public Health with which the Sanitary Bureau cooperates.

Another disease of international import, viz., yellow fever, has received considerable attention. Traveling representatives have been detailed to cooperate in the studies of the Rockefeller Foundation, and special measures have been adopted to vaccinate against yellow fever the crews of airships in international traffic and to promote vaccination of flight personnel of national airways in each country. Under a cooperative plan devised by the Pan American Sanitary Bureau, certificates of origin are provided for air travelers in international traffic when deemed expedient, in an endeavor to have a record of their whereabouts dur-

ing the 6 days prior to departure from yellow fever endemic areas.

Reporting of disease—To be of any value, the reporting of dangerous communicable diseases must be prompt and complete. By cable, by airmail, and by ordinary correspondence, the Sanitary Bureau constantly receives reports of diseases from the American Republics. These data are compiled and immediately released in the form of a *weekly report* mailed to all the sanitary authorities of the Pan American countries and to interested international health organizations. Whenever urgent, the information is cabled or sent by air mail.

Publications—In line with the purposes for which it was created, the bureau has endeavored to broaden its scope by a far reaching program of education in preventive medicine and sanitary science, especially adapted to the needs of the health officer, the practising physician, the sanitary engineer, the visiting nurse, and other health workers. Consequently, it has been the policy of the bureau to have its monthly *Bulletin*, with a present issue of approximately 9,000 copies, distributed as widely as possible. The *Bulletin* is thus received by physicians and health authorities and others concerned, in almost every town of 2,000 inhabitants or over throughout the Latin American Republics. Although the material is mostly in Spanish, articles are also carried in French and Portuguese and occasionally in English. If there is no local physician in a small village, attempt is made to reach a pharmacist, nurse, teacher, midwife, or some other person in the locality who may be interested in the prevention of disease and in the conservation of the health and well-being of the people.

Coöperation with international health agencies—The bureau follows closely the work of the International Health Division of the Rockefeller Foundation in matters involving health prob-

lems in the Americas. Moreover, the Constitution and By-Laws provide that "The Pan American Sanitary Bureau shall coöperate with the International Office of Public Health of Paris, and also with other international bodies such as the Health Section of the League of Nations."

Through an exchange of correspondence, and under the provisions of Article 7 of the International Sanitary Convention (Paris, 1926), the Pan American Sanitary Bureau acts as the Regional Agency of the International Office of Public Health of Paris in the collection and transmission of information relating to health and sanitary conditions in the American Republics. By virtue of this arrangement, the Pan American Sanitary Bureau transmits to the Paris Office reports of communicable diseases occurring in the republics of the Western Hemisphere, and in turn relays to them the reports received from that Office relating to such diseases in other parts of the world. This arrangement avoids duplication of effort and provides a satisfactory basis of coöperation and understanding in international health relations between the Eastern and Western Hemispheres.

Miscellaneous activities—The Pan American Sanitary Bureau follows very closely all international medical relations in which the American Republics are concerned, usually being represented at important health congresses of whatever nature. No opportunity is overlooked to bring about better understanding among scientific health workers, especially those of the medical and engineering professions.

Following the recommendation of several conferences in the past, the bureau undertook the translation of the latest edition of the *Pharmacopoeia of the United States* into Spanish, in order that it may be made available in those countries where this language is spoken. This was undertaken in coöperation

with the Board of Trustees of the United States Pharmacopoeial Convention, its main purpose being to secure better and more nearly uniform standards of strength and purity for the drugs used in the treatment and prevention of disease, and also to serve as a ready reference to those countries in the preparation of their own national pharmacopoeias.

Another of the important activities of the bureau is its mission as a consulting agency. Inquiries are constantly received from health officers and others involving problems of public health administration, treatment, research, statistics, and many other features.

The bureau also compiles and publishes vital statistics of the American Republics.

CONCLUSION

This brief survey of the Pan American Sanitary Conferences and the Pan

American Sanitary Bureau sets forth their historical background and their development over a period of half a century, though most of the activities of the bureau have been developed within the last decade. In a harmonious and cooperative spirit, it has been possible to attain the elimination of drastic quarantines, to secure the prompt reporting of quarantinable diseases, to aid in obtaining increased appropriations for public health work, and to demonstrate the usefulness of the Pan American Sanitary Conferences and their executive organ, the Pan American Sanitary Bureau, in the ever increasing field of international cooperative measures in the interest of all the people of the various republics concerned.

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