VERTICAL FILE

THE PAN AMERICAN SANITARY BUREAU
ITS ORGANIZATION, FUNCTIONS AND ACTIVITIES

(1)
1946
The Pan American Sanitary Bureau is an independent international public health organization created and maintained by the twenty-one American Republics: Argentina, Bolivia, Brazil, Chile, Colombia, Costa Rica, Cuba, the Dominican Republic, Ecuador, El Salvador, Guatemala, Haiti, Honduras, Mexico, Nicaragua, Panama, Paraguay, Peru, the United States, Uruguay, and Venezuela. It is the oldest international health body in the world, antecedent both the International Office of Public Health and the Organization of Hygiene of the League of Nations. Its autonomous character has been invariably emphasized since its creation by the American Republics, thus expressing their wish to have an agency of their own to take care of problems of mutual interest to the countries in the Western Hemisphere.

Originally known as the International Sanitary Bureau, it was authorized by the Second International Conference of American States (December 1901-January 1902), organized by the First Pan American Sanitary Conference (1902), reorganized by the Sixth (1920), and given increased scope and resources by succeeding Sanitary Conferences, notably the 7th (1924), 10th (1938), and 11th (1942). Suggestions for action have also been referred or recommended to the Bureau by other inter-American meetings, including the International Conferences of American States, the Inter-American Conference for the Maintenance of Peace (1936), the III Meeting of Ministers of Foreign Affairs of the American Republics (1942), the Inter-American Caribbean Conferences, the Inter-American Conference on Problems of War and Peace (Chapultepec, 1945), the first Inter-American Conference on Social

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1 Name was changed in 1923 to avoid confusion with the International Office of Public Health at Paris, created in 1907, and also to conform to the new designation of the Pan American Union.
Security, the first Inter-American Demographic Congress, the first Inter-American Typhus Meeting, and the First Central American Congress on Venereology.

Functions.—The functions of the Bureau are defined by the Pan American Sanitary Code (1924), an international treaty ratified by all the twenty-one American Republics, the first and perhaps only one to enjoy this distinction. Article LV of this Code states that “The Pan American Sanitary Bureau shall be the central coordinating sanitary agency of the various member Republics of the Pan American Union and the general collection and distribution center of sanitary information to and from said Republics.” To this end the Bureau is authorized and directed to appoint representatives to visit and confer with the health authorities of the various signatory Governments, to receive, publish and distribute information on vital statistics, disease status and control, public health organization, progress in preventive medicine, and other pertinent information; to undertake cooperative epidemiological and other studies; to stimulate and facilitate scientific research; to designate officials of the various national health services as representatives ex officio of the Pan American Sanitary Bureau; and to bring about exchanges of professors, medical and health officers, experts, and advisers in public health.

Funds.—The Bureau is supported by annual contributions from the 21 Republics in amounts proportional to population. These have been increased from time to time as new duties have been imposed: 1920, 1924, 1938. The Chapultepec Conference (1944) recommended another increase. Other funds at the disposal of the Bureau, which in recent years have more than tripled the above amount, are contributed by Governments and Foundations for specific purposes and activities.

Direction.—The affairs of the Bureau are administered by a Directing Council composed of leading health experts of the American Republics who are elected at each Pan American Sanitary Conference and serve ad honorem. All of the Republics are represented on the Council in rotation.
Headquarters.—The central offices of the Pan American Sanitary Bureau are located in Washington, at the building of the Pan American Union, with which a close liaison has been maintained from the beginning. At this home office are located the various divisions of the Bureau, namely, Statistical, Editorial, Fiscal, the Library, and the Sanitary Engineering, Nursing and Fellowship sections.

The Statistical Division has representatives in the various Republics, who send data used (together with those from other sources) in compiling the weekly and monthly epidemiological reports sent out by the Bureau. The Editorial Division publishes the monthly Bulletin of the Pan American Sanitary Bureau, special pamphlets, the transactions of the Sanitary Conferences, annual reports of the Bureau and translation of important public health and related works, including the U. S. Pharmacopoeia, a Manual of Industrial Hygiene, and much other material.

Branches.—In addition to the home office in Washington, regional headquarters are maintained in South America (Lima, Peru) and Central America (Guatemala). The field staff includes Traveling

2 The personnel in Washington invariably includes representatives from various republics: Brazil, Costa Rica, Cuba, El Salvador, Guatemala, Mexico, Panama and Venezuela at present. Through its directing council, committees, field force and office staff, all the American Republics have always representation in the Bureau.

3 The Library receives nearly 1,000 public health and medical journals, as well as books and pamphlets, and furnishes much useful bibliographic information, including a microfilm service.

4 The Statistical Section also acts as the regional office for world statistical organizations. Urgent information is sent by telegraph.

5 An international public health journal in four languages, distributed gratis to physicians, nurses, hospitals, medical libraries, and others interested in public health, reaching every town of 2,000 or more population in Latin America, and many smaller places. Its contents include original articles and digests on public health, disease, epidemiology, etc.; reviews of current medical literature; queries and answers; editorials; sections on public health administration and legislation, vital statistics, hospitals, nursing, social service, journals, societies and congresses, prizes, appointments, obituary, and book reviews.

6 More than 200 so far and covering a vast field, the circulation of these publications varies considerably, from 500-1,000 to 20,000.
Representatives, Sanitary Engineers, Epidemiologists, Nurses, and other experts, many of them loaned by various countries to the Bureau.\textsuperscript{7}

Conferences.—The Bureau serves as the permanent organ of the Pan American Sanitary Conferences, held every four years, and of the Pan American Conferences of National Directors of Health, which are likewise held every four years, in the intervals between Sanitary Conferences,\textsuperscript{8} thus maintaining a two-year cycle of meetings. In addition, the Bureau either arranges itself for special technical or regional meetings such as those on hospital management, sanitary engineering, venereal disease control, and professional education in public health, or cooperates in such meetings as done recently in the case of typhus, tuberculosis, and venereal disease.

Committees.—In accordance with resolutions of the X and the XI Pan American Sanitary Conferences and the V Pan American Conference of National Directors of Health, Pan American Committees composed of experts from various American Republics have been created to assist the Bureau in dealing with certain important problems and submit timely reports at Sanitary Conferences: Nutrition, Typhus and other Rickettsial Diseases, Malaria, Quarantine, Sanitary Engineering, Leprosy, Biological Products, Vital and Epidemiological Statistics, and Public Health Law.

Health Day.—As a means of arousing general interest in public health matters, the Bureau, with the cooperation of the various national and local health departments and educational bodies, sponsors the celebration each year of Pan American Health Day (December 2) on a continental scale.

Pan American Cooperation.—Cooperation in public health on a hemispheric basis is the fruit of efforts dating back to regional health conferences in Latin America in 1873, 1884, 1888, and 1890.\textsuperscript{4}

\textsuperscript{1} Among them, Chile, Colombia, Mexico, and the United States, at present, and others as Argentina, Brazil, Cuba, Ecuador, Peru, at different times.

\textsuperscript{2} Delegates to the Sanitary Conferences are authorized to sign treaties \textit{ad referendum}; the Conferences of Directors of Health have advisory powers only.
and international conferences in the United States in 1881 and 1889-90. These early meetings dealt mainly with standardization of quarantine procedure, though by 1888 (Lima) recommendations for reciprocal disease notification had been included. Regional agreements between two or more countries were adopted at several of these meetings, and at the Second Pan American Sanitary Conference (1905), the Washington Convention, predecessor of the Pan American Sanitary Code, was adopted. The Seventh Pan American Sanitary Conference adopted the Pan American Sanitary Code (1924), which has been ratified by all the American Republics and is still in force. In addition to its provisions on quarantine and disease control, it embodied, as already mentioned, the definition of the powers and duties of the Pan American Sanitary Bureau.

Inter-American Agreements.—Besides these international treaties, there have been made from time to time, through the good offices of the Pan American Sanitary Bureau, agreements between two or more countries on problems common to each, such as the arrangements for reciprocal notification of venereal disease contacts; the convention between Colombia and Ecuador for the control of rabies, yaws, and typhus (1945), and an earlier one on plague; between Argentina and Uruguay regarding poliomyelitis, smallpox, and steamer fumigation; between the United States, Brazil, Uruguay, and Argentina on mutual reporting of the efficiency of steamer fumigation; between Ecuador and Peru, and Ecuador, Peru and Chile, on plague; and very recently between Bolivia, Chile and Peru, and more informally between Mexico and the United States, on border health problems.

International Cooperation.—Under the provisions of the International Sanitary Convention of 1926 and resolutions adopted at various Pan American Sanitary Conferences, the Bureau has acted as regional agency, especially in regard to the collection and exchange of epidemiological information, for the International Office

*While its definitions and text were very similar to those of the Paris Convention of 1903, it may be noted that the Washington Convention incorporated provisions on yellow fever—perhaps the chief public health problem of the Americas at that time—a disease which the Paris Convention had omitted despite the pleas of the Argentine and Brazilian delegates.
of Public Health, the Organization of Hygiene of the League of Nations and UNRRA.

The Bureau is represented on the directing councils of the International American Institute for the Protection of Childhood and the Permanent Inter-American Committee on Social Security. Information is also exchanged with a number of other international agencies, more or less interested in the health field, including the Inter-American Statistical Institute and the Inter-American Indian Institute.

Cordial relations have also been maintained with American countries not belonging to the Pan American Union. Canada has been represented at Pan American Sanitary Conferences since 1936, the British and Dutch Colonies since 1944, and also these countries exchange regularly epidemiological reports with the Bureau.

Expert Service.—The Bureau has an important part in the execution of the above mentioned treaties. Whether it be the sending of an expert, on a moment’s notice, to investigate, at the request of the country itself, some unusual or threatening outbreak, or undertaking at the request of outsiders the delicate task of determining the truth of a rumored unreported pestilential disease in a certain country, the Bureau, because of the confidence of all parties in its disinterested status as the official Pan American health agency, the servant equally of all the member Republics, and acquainted fully with their problems, has always been given full cooperation in making such investigations, and its verdicts are accepted by all. Its years of contact and experience have, in fact, given it the status of a trusted family physician.10

10 Examples: Appeals from national health authorities to verify diagnosis in suspected yellow fever in Guayaquil, 1932 and 1933 (which resulted in the Bureau arranging for blood surveys by the Rockefeller Foundation, showing no evidence of yellow fever in the city for more than a decade); yellow fever in Peru; in smallpox in Costa Rica and Ecuador; in a plague outbreak in the interior of Venezuela in 1939; assistance in combatting poliomyelitis outbreaks in several countries; and requests for information on newspaper reports of disease.

Other investigations have dealt with the sanitary condition of certain food products, including lard and shellfish, being exported from or into certain countries.
In addition to overseeing the fulfillment of treaty obligations, the Bureau is ever alert to forestall dangers arising from new conditions, and to adopt more effective methods of control. For instance, in view of increased hazards of yellow fever transmission, the Bureau brought about the use of certificates of origin for airplane passengers from possible yellow fever areas; arranged for the vaccination against that disease of the crews and landing field personnel of international and feeder airlines which made landings in suspected yellow fever territory; has advised on the sanitation of airports; has experimented with disinsectization of aircraft and with improved airfield sanitation methods, and has introduced international vaccination certificates, which have been used by the tens of thousands.

Inasmuch as the most certain means of preventing the spread of pestilential disease is its eradication from existing foci, the Bureau has from its very beginning worked with the various health authorities toward that goal.

**Plague.**—Since 1929 it has undertaken cooperative campaigns for the control of bubonic plague, which have included the advice and services of Traveling Representatives, sanitary engineers, and epidemiologists; epidemiological surveys, development of new control methods, such as the flame-thrower; the inducing of governments to supply adequate funds for anti-plague work, and encouraging the formation of national anti-plague services; and the training of personnel from various countries in the various phases of plague control. Fruit of these efforts is seen in the eradication of plague from all of the American seaports and its limitation to inland, rural areas where special conditions make complete eradication almost impossible, although the work is still being prosecuted with vigor. A by-product of this work has been a history of plague in the Americas.

**Typhus.**—The menace of typhus has also engaged the attention of the Bureau, and it has been able to arrange tests of vaccines in various endemic areas of Mexico, Central America, and Colombia, as well as experiments with DDT. A cooperative 3-year agreement has been signed recently with the Government of Guatemala to conduct a total eradication campaign against the disease in that
country. The Pan American Committee on Typhus and other Rickettsial Diseases, already mentioned, collects valuable data on epidemiology, vectors, and experimental work, which is published in the *Bulletin*. Classification and diagnostic facilities are also provided through the Bureau.

*Malaria.*—In the field of malaria control, Sanitary Bureau engineers and Traveling Representatives have assisted national and local health authorities in carrying out control programs, have conducted experiments to test larvicides, and were instrumental in the development of a plant to manufacture Paris green substitutes in South America. The Bureau, with the cooperation of its Committee on Malaria has published a Pan American Malaria Vocabulary as a basis for studies in standardizing of terminology, and has collected and published lists and descriptions of mosquitoes of the Americas. The Bureau has also encouraged and assisted in the organization of national malaria control services, and of training courses in malariology. In fact, a resolution adopted by the I Pan American Conference of National Directors of Health in 1926 recommended for the first time the establishment of such services in all national departments of health. It has stimulated the growing of cinchona, and aided various countries to obtain malaria drugs during periods of crisis.

*Pan American Highway.*—The construction of the Pan American Highway opens up new possibilities for disease transmission, and the services of the Bureau have been called upon for assistance in the sanitation of the highway route, including: cooperation in the control campaign against onchocerciasis being waged by the Mexican and Guatemalan governments; malaria, syphilis, and general sanitary surveys of communities along the route, emphasizing water supplies, sewage disposal and environmental sanitation; sanitation of camps of highway workers; and epidemiological studies.

*Veterinary Survey.*—In connection both with improving and increasing food supplies and preventing the transmission of disease a veterinary survey was made under the auspices of the Bureau from

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*In four languages; based on the English-French Vocabulary issued by the League of Nations, with modifications.*
Mexico to and including Colombia in order to determine what animal diseases were most prevalent and suggest preventive and control measures. Similar studies have been made in the Dominican Republic and Haiti.

**Onchocerciasis.**—Because of its spreading potentialities, the proximity of its area of distribution to the Pan American Highway and certain unique features, the Bureau has been devoting recently special attention to the study and control of onchocerciasis. Some valuable data have already been gathered and the investigations are still in progress.

**Venereal Disease.**—The cooperative venereal disease control campaign carried out along the Mexico-United States border by health authorities of the two countries under the sponsorship of the Pan American Sanitary Bureau has been regarded as a highly successful model for international projects, and it has been proposed to extend it to other areas, and to other diseases (for instance, tuberculosis). The campaign has included reciprocal case notification, training of personnel, installation of laboratory services, and suppression of foci of infection on either side of the border. Bureau personnel have assisted in the study and control of the venereal disease problem in other areas as well, and scholarships have been provided for training in this field. A special publication on the subject is being issued periodically in cooperation with the National Department of Health of Mexico.

**Nutrition.**—Conscious of its importance to the health of the hemisphere, the Pan American Sanitary Bureau and the Pan American Sanitary Conferences have long been interested in nutrition, and been pioneers in this field as far back as 1929. The efforts of the Bureau have ranged from the advice and services of its sanitary engineers and representatives in the improvement of water and milk supplies, slaughter-house and market sanitation, and food and drug control, to food analyses and dietary surveys carried out with its cooperation in several countries, and publication in Spanish of various handbooks including especially a Manual on Bromatology. Fellowships have been awarded in this field, and the Pan American Committee on Nutrition constantly studies new developments. Recent
developments are: a project in Mexico which has permitted the analysis of hundreds of local foodstuffs leading to important conclusions, and arrangements for the establishment at Guatemala City of a Central American Institute of Nutrition. The Milk Ordinance of the U. S. Public Health Service, translated by the Bureau, has served as a basis for legislation on this subject in practically every American country.

Vital Statistics.—The collection and distribution of vital statistics is, as has been stated, one of the primary obligations of the Bureau. In addition to collecting such data, with the assistance of its national representatives and the Pan American Committee on Vital and Epidemiological Statistics, and distributing them through its monthly, weekly (airmail) and telegraphic reports, the Bureau has encouraged and assisted the improvement of local statistical services, through the sending of experts for consultation and the awarding of fellowships in that field. It is working toward the standardization of vital and epidemiological statistics, terminology, and procedure, and various basic studies have been published in the Bulletin, and a larger work on the subject is now being completed.

Public Health Training.—Another important field is that of public health training. The Bureau and the Pan American Sanitary Conferences have long urged the granting of scholarships to students from other countries, and such scholarships are now granted, in public health, nutrition, malariology, and others, by at least seven countries.12

Hospitals.—Pan American Sanitary Conferences have on more than one occasion urged the Bureau to help in the development and improvement of hospital construction and administration. In accordance with the above recommendation effective assistance was rendered in the organization of the Inter-American Hospital Association, now having its headquarters in Mexico City. Under the auspices of the Bureau a series of hospital institutes have been

12 Argentina, Chile, Cuba, Mexico, Panama, the United States and Venezuela. The Pan American Sanitary Bureau has itself granted hundreds of fellowships using mainly for this purpose funds furnished by the U. S. Government and different Foundations.
held in different capital cities at which practically every phase of hospital organization and administration has been covered. Advice on specific problems has been furnished in the case of various institutions and is given on request by mail.

Nursing.—Because of the importance of well-trained nurses in public health as well as medical and hospital care, the Bureau has for a considerable period of time awarded fellowships to Latin American nurses and for a while assisted actively in various countries in the organization of professional nursing schools and public health nursing agencies. A consulting nurse forms part of the staff of the Bureau.

Sanitary Engineering.—Environmental sanitation is one of the cornerstones of public health. The Bureau has long been alive to this fact, and sanitary engineers have formed part of its field staff for more than a decade, their services being much in demand. A section on Sanitary Engineering has also been created more recently at its headquarters in Washington. A Pan American Committee on Sanitary Engineering has been organized since 1942. A series of institutes on sanitary engineering are about to be started in different aspects of this subject which receives regularly attention in the monthly Bulletin. As an emergency aid in solving the water purification problem the Bureau was able to promote the establishment of a chlorine manufacturing plant in South America.

Health Education.—The teaching of hygiene at the undergraduate and graduate levels and the spread of health knowledge among the masses are basic to health advance. The Bureau has devoted considerable study and attention to this subject especially in its Bulletin and various publications, has granted scholarships in this branch of public health and sponsored series of Conferences and meetings both of professors of hygiene and health educators.

Model Health Legislation.—The strengthening of national and local health services and their placement upon a firm legal foundation has been urged time after time by the Pan American Sanitary Conferences, and Bureau representatives have been called upon to assist in the drafting of the national sanitary codes or other health
legislation of nearly every Pan American country. A model health law has been prepared and will be included in the Draft of the New Pan American Sanitary Code.

Consultations.—The consultative facilities of the Bureau, including those of the main office and Bulletin, the Traveling Representatives, and special experts employed from time to time, have been constantly called upon by health officers throughout the hemisphere in connection with every conceivable aspect of public health. The Sanitary Conferences and Conferences of Directors of Health, consultations by the Bureau with its Directing Council, and the frequent visits of the Traveling Representatives and other Bureau personnel (personnel, it may be recalled, drawn from several American Republics) to all of the countries of the Union, have been the means of bringing about a more universal knowledge of the problems and progress in public health in each and all of the countries of the hemisphere. The instant availability of Bureau experts at moments of crisis has often prevented the development of serious epidemics and saved much suffering and life.

Including Chile, Ecuador, Panama, Uruguay and others.

These total hundreds every year and deal with practically every question which may arise in every day public health practice, medical and hospital practice and even bibliography.

To select a few: service of hospital experts in hospital planning; assistance in securing scarce materials for hospital construction; investigation of sources of diarrhea and infantile dysentery; of typhoid; extensive surveys of water supplies in Brazil, Chile, Ecuador, Peru, Mexico and other countries; study of sewage disposal problems in several countries; inspection and recommendations in regard to milk supplies and milk pasteurization; arrangements for studies in three other countries to test a diagnostic reaction for leprosy developed in one country; surveys and recommendations for leprosy colonies and tuberculosis sanatoria; provision of sample biologic strains and products for standardization; arrangements for identification of biologic strains and animal and insect specimens; information on diagnostic and treatment procedure; on production of vaccines; and innumerable others. (See Annual Reports).

It may be mentioned that observers from the non-Pan American countries in the hemisphere, from world health organizations, and from international health institutions, are customarily invited to attend these conferences.

Not only on the occasion of outbreaks of plague, poliomyelitis, smallpox, typhus, or typhoid, of which various instances could be cited, but also in the case of earthquakes or other disasters which have destroyed water supplies and other sanitary installations.


**Supplies and Standards.**—An important feature of the Bureau work consists in securing, especially for use in emergencies, supplies of drugs and vaccines, and regularly helping in placing orders, obtaining quotations, furnishing biological and pharmacological standards, sending cultures, classifying specimens, etc.

**Vast Field Covered.**—The growth of the Bureau from an executive organ of Pan American Sanitary treaties and a statistical information center, to its present position, in which there is scarcely an aspect of public health which does not receive its attention, is the outcome of the expression of the desires and interests of its member countries as revealed through the recommendations of the Pan American Sanitary Conferences and other inter-American meetings. It is regarded as the logical channel for consultation and action in health matters affecting more than one American Republic, because of its long experience, the familiarity of its personnel with American problems, resources, and methods, and its recognized concern for the welfare of the hemisphere. Without the support and confidence of the American Republics, the Bureau could not have endured; and the extent of its growth and prospects are the best indication of how well it has met their needs.18

The Bureau can achieve still more in its field and will undoubtedly proceed to do so as soon as the additional funds and personnel recommended by the Chapultepec Conference become available. Preference has invariably been given to concrete, promising and practical proposals, care being taken not to undertake tasks which could at least for the present yield only theoretical or doubtful results. The wishes of the participating countries have always been kept in mind and their willingness to bear the financial charges involved. Conditions varying widely in different regions, what is feasible in one section may be out of the question in another and a common denominator of mutual interest must be found for action. In other words, the Bureau adjusts carefully its efforts to actual possibilities, in the belief that the means placed at its disposal reflect the desires of the American Republics in this direction. The guiding principle is that the countries bearing the cost should decide how far they are prepared to go in developing and promoting various health activities and potentialities.