REPORT OF THE
DIRECTOR OF THE PAN AMERICAN
SANITARY BUREAU

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REPORT OF DR. HUGH S. CUMMING, DIRECTOR OF THE PAN AMERICAN SANITARY BUREAU, TO THE NINTH PAN AMERICAN SANITARY CONFERENCE

It is a pleasure for me to meet with you, my colleagues from other Republics, and render to you an account of my stewardship as director of your executive organ, the Pan American Sanitary Bureau.

I deeply regret to report to you the death of two of the most beloved members of our directing council, Dr. Mario G. Lebredo, of Habana, Cuba, vice director, and Dr. João Pedro de Albuquerque, of Rio de Janeiro, Brazil, a most distinguished member. It is not alone that I grieve for these men as personal friends; I have sadly missed the advice and counsel I was accustomed to receive from them in connection with our activities.

It is with profound satisfaction that I am able to report to you that the prospects for rendering effective service by the Bureau were never brighter; and it is most gratifying to observe that, in spite of a financial crisis that has affected the entire world, the nations of this continent have, with few exceptions, been able to continue their financial support of our activities. It is true, of course, that the quotas are relatively small in relation to our potentialities for service, but they are sufficient for our present needs.

You will recall that 14 years ago, when the Sixth Pan American Sanitary Conference, at Montevideo, honored me by electing me as director, the Pan American Sanitary Bureau existed in name only. Today, it is not too much to say, I think, that its influence is felt not only throughout the Americas, but in the Eastern Hemisphere as well. It should be remembered, however, that our resources are, for the time being, limited; and we should not, in my judgment, be tempted to dissipate our efforts by engaging in enterprises for which we do not have adequate funds, or, which are not germane to the purposes for which the Pan American Sanitary Conferences and the Pan American Sanitary Bureau were created. Better a slow, constant, healthy expansion than a sudden mushroom-like growth that might be followed by financial embarrassment and the curtailment of useful activities already well established.

Let us recall at this time, very briefly, the history of the development of Pan American cooperation in matters relating to the public
health. To such statesmen as San Martín and Simon Bolívar is due the credit of having initiated Pan Americanism. Argentina, Brazil and Uruguay inaugurated Pan American cooperation in public health by adopting the sanitary convention of Rio de Janeiro in 1887. This movement was followed a few months later by a similar agreement entered into by Bolivia, Chile, Ecuador, and Peru, in the sanitary convention signed in Lima, in 1888.

In 1889 there assembled in Washington the First International Conference of American States, which body effected permanent organization by providing for the calling of subsequent conferences and creating as its executive organ the Bureau of American Republics, now the Pan American Union, with which the Pan American Sanitary Bureau closely cooperates. At the time that this first conference met, quarantinable diseases, particularly yellow fever, formed, perhaps, its most vexing and difficult problem. A quarantine committee was appointed to study disease conditions and formulate sanitary regulations. Little was accomplished other than to recommend the adoption of the sanitary conventions of Rio de Janeiro and Lima.

In 1901 the Second International Conference of American States met in Mexico City, and its members were confronted by virtually the same public health problems as were presented to the first conference in 1889. This second conference, realizing that problems of health and sanitation might best be dealt with by physicians trained in public health work, adopted resolutions authorizing the creation of international sanitary conferences, and, as their executive organ, the International Sanitary Bureau, making these bodies autonomous. These names were subsequently changed to “Pan American.”

In accordance with these resolutions of the Second International Conference of American States, the First International (Pan American) Sanitary Conference, was called to meet in Washington in October 1902. It was here that such pioneers in public health work as Liceaga, of Mexico, Wyman of the United States, Finlay of Cuba, Moore of Chile, Ullao of Costa Rica, and their colleagues from these and other countries, brought into being this series of Pan American sanitary conferences whose influence has so profoundly affected the development of public health activities throughout the American republics.

It is not my intention to recount further the early history of the Pan American sanitary conferences, but to tell you something of our purposes and of the present activities of the Pan American Sanitary Bureau. In this connection may I remind you that our principal objectives may be enumerated as follows:

First, to prevent by cooperative measures the introduction of diseases from other countries and from one American republic into
another. This objective includes the prevention of the introduction of vectors of disease, whether infected or uninfected, particularly of such vectors as are not already widely disseminated, vectors of such diseases as African trypanosomiasis, or sleeping sickness; vectors of Rocky Mountain spotted fever and similar fevers; vectors of American trypanosomiasis, or Chagas' disease; vectors of onchocerciasis, which so often results in blindness; and of known and unknown vectors of yellow fever, particularly Aedes scapularis and others, if such there be, that breed in ground water and that convey yellow fever readily, at least under laboratory conditions.

A second objective is that of obviating the necessity of enforcing costly quarantines against infected ports by taking such local precautions as will prevent the infection of common carriers.

A third objective is that of stimulating health authorities in all the American republics to greater efforts for the control and eradication of disease, cooperating in such work upon request insofar as our resources will permit.

A fourth objective is that of securing the prompt reporting of quarantinable diseases in the territories of all the American republics and, through cooperation with other international bodies, particularly the International Office of Public Health of Paris, the receiving of similar reports from countries in the Eastern Hemisphere. The prompt transmission of such reports establishes confidence and enables non-infected countries to apply a minimum of restrictive measures, whereas, failure to report the presence of quarantinable disease destroys such confidence, causes non-infected countries to become unsympathetic, and leads them to impose drastic quarantine measures once the presence of such disease is revealed as it must be sooner or later.

Finally, a most praiseworthy objective of our institution is that of promoting cordial relations among the peoples of the American republics. I am happy to say that this has always been a relatively simple task. Fortunately, the subjects upon which controversy seemed likely to arise have usually been of minor importance and generally due to the persistence of some honest but misguided individual. So far, our general conferences have been practically 100 percent harmonious. May I express the hope that they shall always remain so.

Let us pause now and inquire what have been the results of individual and cooperative efforts in the control of communicable disease during the brief period of time that our organization has been in existence. I am not speaking of our own efforts solely but of the combined efforts of all who have contributed, both official and voluntary agencies; of the collective and individual efforts of the members of the medical profession, of philanthropists and of the average citizen in the discharge of his civic duties; of the efforts of all who have
aided in making this world a safer, a more comfortable place to live, not only for man but for his faithful servants, our domestic animals, as well.

It is difficult to realize today that during the last half of the nineteenth century widespread epidemics of such diseases as typhoid fever, diphtheria, smallpox, cholera, yellow fever, and, in the Orient, bubonic plague were still common occurrences, and that as late as the close of the century, with few exceptions, drastic and costly quarantines were about the only methods by which health authorities attempted to control the spread of disease, particularly of such diseases as plague, cholera, and yellow fever, in both international and domestic commerce. In striking contrast, a resort to actual quarantine at the present time, such as the detention of vessels, passengers, and crews for a week or 10 days as was formerly not unusual, would be to confess that cooperative and, particularly, local efforts had somewhere broken down; that some nation or community had failed to discharge its obligation by allowing disease to get beyond control, thus becoming a menace to other nations or communities. I can remember when it was not unusual to hold a ship and its entire personnel in quarantine anywhere from 10 to 14 days. While always retaining the right to detain common carriers if this should become necessary, to be obliged to exercise this right today is to confess that some country has been, in a measure, derelict in its duty in not preventing such carrier from becoming infected.

You are, of course, familiar with the fact that there are two comprehensive treaties which prescribe the measures that should be carried out by signatory nations in preventing the spread in international commerce of such diseases as plague, cholera, yellow fever, smallpox, and typhus fever; these are the International Sanitary Convention of Paris and the Pan American Sanitary Code. A third such treaty, the International Sanitary Convention for Aerial Navigation, has very properly been placed on the agenda of this conference.

In 1920, at the meeting of the Sixth Pan American Sanitary Conference in Montevideo, the Pan American Sanitary Bureau was reorganized and shortly thereafter began in a small way its present work. Step by step the Bureau has endeavored to expand its activities and increase its usefulness by fostering international cooperation and by stimulating and aiding the health authorities of affiliated republics in their efforts to prevent the spread of disease and to eradicate it from their territories. At the same time, the Bureau acts as a consulting office whose services are available for use by the health authorities of all American republics, consultations being invited on all matters pertaining to preventive medicine, hygiene, and the protection of the public health. It also functions as a distributing
center of current information regarding the presence of communicable
diseases, the measures being taken for their control, and the most
recent approved methods of combating them. It is the regional
agency of the International Office of Public Health of Paris for col-
lecting and transmitting reports of communicable diseases occurring
in the American republics, having been made so by the Eighth Pan
American Sanitary Conference at Lima, Peru. Reciprocally, the
Bureau receives from the International Office similar information
for the Western Hemisphere, which it transmits regularly to the
directing heads of the health departments of all the American
republics.

The Bureau endeavors to function as a harmonizing agency when
conflicting interests of affiliated countries are involved. Not infre-
quently there arise honest misunderstandings and misconceptions,
 generally due to a lack of sufficient information or of more definite
background. Sometimes outbreaks of disease in one country cause
great alarm in others, particularly if such outbreaks are featured,
perhaps exaggerated, in the daily press, a circumstance which tends
to cause health authorities in uninfected countries to be stampeded
into resorting to drastic, even obsolete, quarantine measures. This
is particularly likely to be so if there is a new and inexperienced health
officer on the job, and the turn-over among the heads of our health
departments is sometimes amazingly rapid. In contingencies such
as I have just mentioned, it devolves upon the Sanitary Bureau to
obtain and disseminate authoritative information with regard to the
actual situation and, if necessary, to remind all countries concerned
of their treaty obligations in order to limit quarantine activities to a
minimum of restrictive measures compatible with the public safety.
To make quarantine alone effective in the control of communicable
disease would paralyze both commerce and industry. We should
bear in mind that quarantine measures are a sieve, and not a dam.

Perhaps I can best illustrate the intimate contact maintained by
the Sanitary Bureau with the departments of health of the various
republics and with other international health bodies by a few concrete
examples, such as the following:

Several years ago, the health authorities of Cuba became justly
concerned because of the presence of smallpox in one of the southern
States of the United States. A desire was expressed by the head of
the Department of Health of Cuba to send two experts to the State
involved in order to determine for themselves, at first hand, the
actual conditions. Through the good offices of the Sanitary Bureau
arrangements were made with State and local authorities for this to
be done. As a result of the visit of these experts, Cuban authorities
were satisfied and State and local authorities redoubled their efforts
and soon eradicated the disease.
In December 1932, a death occurred in a former endemic center in which a diagnosis of yellow fever was made by a prominent local physician; the diagnosis was concurred in by an expert in another country to whom tissues were sent, but was disputed by the health authorities of the country in whose principal port the death had occurred. An appeal was made to me as director of the Pan American Sanitary Bureau by the physician who had made the diagnosis, a complete report of the necropsy of the case being sent. The local authorities and the traveling representative of the Bureau, who was on the ground, both reported that the Aedes index of the city and of nearby towns was less than 5 percent. Bearing this fact in mind and being extremely doubtful of the diagnosis after reading the report of the necropsy, I declined to report the case as yellow fever. In March 1933, this same physician reported a second death which he attributed to yellow fever, and again sent me a complete report of the necropsy findings. This time two other experts in different countries, one of whom was connected with the Rockefeller Foundation, concurred in the diagnosis of yellow fever based on examination of tissues. After weighing the evidence most carefully I was still unconvinced that the case was yellow fever, and again declined to accept the diagnosis. I did, however, suggest to the director of health of the country in which the cases occurred, that he arrange to have specimens of blood taken for examination by the mouse-protection test, not only in the city where the cases occurred but in other towns in the vicinity. This was immediately done with the result, I am informed, that it was found that yellow fever had not been present, apparently, for more than 15 years.

A director of health of an American republic cabled the Sanitary Bureau that his people were greatly alarmed because of the alleged ill effects of a certain imported food product extensively sold in his country. Authoritative information was sent as to its contents, harmlessness, usefulness, and limitations as a food.

Another director of health wrote the Sanitary Bureau that a certain food product of questionable character, imported from a European country, was being extensively sold in his vicinity. Inquiry revealed the fact that this product was being made from the flesh of animals condemned as being unfit for food in the United States, the substance being exported for lubricating purposes plainly labeled as such. It was being reprocessed by a European firm, packed, shipped, and sold as prime lard.

A director of health inquired of the Sanitary Bureau whether it was safe to allow the use of a certain substance in the manufacture of soft drinks. He was informed that the substance in question was detrimental to health and should not be used.
The International Office of Public Health of Paris cabled the Sanitary Bureau for information regarding a certain vessel en route to a European port; the Bureau advised fumigation. The vessel was accordingly fumigated and seven plague-infected rats were recovered from her holds.

A director of health who was putting in a sewer system wrote to the Bureau asking if a certain substance proposed as a substitute for another was satisfactory when used to seal the joints of pipes. He was informed that it was.

Quite recently a vessel arrived at an important South American port with seven cases of illness aboard that were very suspicious of yellow fever. The vessel was detained in quarantine pending the making of a diagnosis. The fact got into the newspapers and a general alarm was sounded. The Sanitary Bureau cabled the health authorities who were detaining the vessel and immediately received the information that the cases were Weil's disease. Upon the release of this information, confidence was restored.

It will be recalled that the Pan American conferences of national directors of health of the American republics are held under the auspices of the Pan American Sanitary Bureau. Two such conferences have been held, both of which were very successful and of unusual interest.

From time to time the Pan American Sanitary Bureau details traveling representatives to visit and assist health authorities in combating communicable disease, cooperating in such work upon request insofar as our resources will permit. Dr. John D. Long, who needs no introduction, is present at the Conference and will give you a résumé of his work on plague during the past several years.

A very important work of the Bureau is the publication of the Pan American Sanitary Bulletin, a monthly journal printed in Spanish, Portuguese, French, and English, and dedicated to the dissemination of information relating to hygiene and public health and the cultivation of good will. It is, as you know, sent without charge to physicians and others connected with departments of health, both national and local, and to certain others who are more than casually interested in public health. It is the goal of the Bureau to continue to improve the contents of the Bulletin and to place it in the hands of at least one physician or other person interested in public health work in every town of 2,000 inhabitants or over throughout the whole of Latin America, and this is rapidly being accomplished.

The employees of the Bureau on active duty at the present time are nine in number. Eight of these, together with the Assistant to the Director, occupy one room, a condition of overcrowding which may oblige the office to seek additional space if this can be had in the
vicinity of the Pan American Union. In addition, we are very much in need of additional library facilities.

It will be recalled that the Seventh Pan American Sanitary Conference at Habana, Cuba, directed that the Pan American Sanitary Bureau should prepare regulations for its internal management, which, while temporarily immediately effective, were to be submitted to a subsequent Pan American Sanitary Conference for approval. Such regulations were prepared by the directing council at its first administrative session, May 27 to June 8, 1929, and are submitted for your consideration with recommendations for slight changes in the text, which are believed to be expedient.

I want to reiterate at this time my appreciation of the assistance, advice, and loyal support of my colleagues of our directing council; and when I use the term "directing council" I mean, of course, the members of the Pan American Sanitary Bureau. May I say that I should welcome from this ninth conference any suggestions you may desire to make and any directions you may wish to give that will enable the Bureau to render more efficient or more satisfactory service.

In conclusion it may be said that the Pan American Sanitary Bureau is a permanent international body, your executive organ, whose usefulness is limited only by its resources, by the powers granted it, by willingness on the part of affiliated governments to accept its services, and by the wisdom of those who guide its destinies.