SOME INTERNATIONAL ASPECTS OF VENEREAL DISEASE CONTROL

By Dr. JOSEPH F. ZIEMBA

Consultant, Venereal Disease Control, Pan American Sanitary Bureau, El Paso, Texas

Although these remarks are aimed at pointing out how a better measure of venereal disease control can be obtained, many of the factors considered can be applied equally well to other phases of international public health, at least here in the U. S.-Mexico border area.

As you undoubtedly have so often heard, borders of states or countries do not serve to confine infectious diseases. An epidemic of smallpox, for example, does not usually stop at a border line although public health authority does. For this reason the Pan American Sanitary Bureau was established in order that it might help control the spread of infection and promote better cooperation in public health between the American countries.

The various phases of border problems, however, cannot be handled entirely by the Bureau, for in the final analysis the actual working out of any problem, though it be international in nature, devolves upon the individuals of the local health departments concerned. For example, should an epidemic of typhoid fever break out in Juárez, Mexico, or in El Paso, the cooperation of the local health officials of both of these communities would be needed to prevent the spread of the infection and to finally suppress the epidemic. The over-all direction of such a suppressive program may come from Austin or Mexico City, but the Public Health workers of these two cities by their cooperative efforts would actually put it into practice. The Bureau, hence, can only afford such advice and offer such assistance in obtaining the necessary cooperation as might be needed.

What then can we as individual workers do toward obtaining a better cooperation in public health on an international plane? One of the prime requisites, in my opinion, is overcoming the language barrier. Surely we cannot convey our ideas or desires to the Mexican health officials if we do not understand one another. And if we in the border states are to do our work properly, to reap the greatest benefits and to promote better public health conditions in this area we must deal with Mexico and Mexicans. Although it is one of the four border states, New Mexico has no large towns on the border. Nevertheless, I am sure that the Mexican influence is felt very strongly throughout the entire state. Much of the population is of Mexican descent and many of them still know very little English. Therefore, I do believe that a knowledge of Spanish can be a definite asset in carrying on our work.
With a knowledge of the language and association with the Mexicans, will come an understanding of their customs, their attitudes and their problems. Without this knowledge many of us are wont to criticize our neighbors for their backwardness and their lower standards. But when we get to know them, we then begin to appreciate their true position and the great obstacles which confront them. We then begin to appreciate also our more or less enviable position in public health standards which, however, is still quite imperfect and to which, after all, we have simply fallen heir by virtue of the fact that we were born or naturalized in the United States.

In general, Mexico has not progressed as much as we have in health standards. Their problems, however, are the very ones which confronted us in our development in the not very distant past. These deal mostly with the lack of equipment and trained personnel. And these factors, we all realize, are fundamental to any health project, since it is impossible to develop health programs unless we have first of all the facilities to diagnose, treat, immunize, etc., and unless we have a well integrated and trained staff to direct these activities.

However, in the last several years Mexico has made great strides forward. There is a public health clinic and at least one public health physician in every one of the 12 larger cities and towns on the border. Strangely enough we, on the American side, cannot make a similar boast. Some of the larger cities like Nuevo Laredo, Juárez, and Mexicali have well established clinics equipped with laboratories and staffed with ample well-trained personnel to carry on the work efficiently. More attention is now being paid to the smaller communities and much progress is being made. Now, and later, when these health departments become better organized, they will need the cooperation and understanding of all of us, and especially of those who work on the border, in order that an effective joint program of public health can be formulated.

This will serve to give us an idea of some of the facts which confront us as public health workers in the border area. It can be applied to all phases of public health as well as to venereal disease. Venereal disease, however, poses some special problems which must be viewed apart from the general considerations above.

One of the greatest sources of venereal disease on the border springs from prostitution, which is permitted in most of the states of Mexico. This is a problem which we are inclined to judge hastily and denounce completely, and perhaps rightly so. But let us look into it a little further. I would be in hearty agreement with the chief of the Venereal Disease Division of the Mexican Public Health Service, who is strongly opposed to the regulation of prostitution in Mexico, if prohibition were practicable or possible at present. Despite the fact that he and his
predecessor have tried for several years to have this racket (and it is a racket) banned in all the states and territories of Mexico, it appears to have been a losing battle. On the other hand, prostitution still exists and is rampant in most of the border town, and thus undeniably serves as a font of infection not only for the Mexican populace but for visitors from across the line who despite language barriers apparently have little difficulty in making themselves understood. City officials who control the zone of tolerance, as it is called, are cognizant of this and make it compulsory for the prostitutes to be examined every week and treated if found infected. This is carried on at least in some measure wherever prostitution is recognized and permitted. In other places such as Tijuana and Mexicali where prostitution has been prohibited by law, as it is in the territories and the Federal District of Mexico, such practices are for obvious reasons not carried out, but clandestine prostitution persists to about the same extent as it did before it was forbidden, just as it does in the United States, and no controls are in force.

Whatever the reasons for regulating prostitution may be—good in some cases and bad in most—it exists, it is a fact, nothing can be done about it at present, and therefore it must be faced. Yet little is being done to curb the incidence of venereal disease other than what is done locally by the city and its municipal health department. This latter organization, the municipal health department, must not be confused with the federal health department which operates the health clinics in all of the border towns, and functions independently of the municipal governments. The federal health department does not approve of the regulation of prostitution and will have nothing to do with it for fear of being accused of condoning it.

Which point of view is the proper one, it is difficult to say. Should we lend our efforts to the present weak campaign to ban prostitution, which I am sure would persist despite laws to the contrary, as it has in Mexicali and Tijuana; or should we concentrate more on assisting the local municipal health departments in doing a better job of controlling venereal disease where it is found?

It is agreed that one of the best ways of controlling venereal diseases is to find the early infectious cases and to treat them immediately, and that this can well be done by prompt reporting and investigation of the contacts of known cases of venereal disease. The Pan American Sanitary Bureau office in El Paso has been serving as a clearing house for all such reporting between the U. S. and Mexico. It is our hope, however, that in the future, interchange of contact information between adjoining border towns can be worked out locally so that the intervention of the Bureau will be unnecessary except in cases where the origin and destination of reports are not adjacent border towns. Such local
systems would save valuable time which is usually lost between the time the report is made and the time the investigation is carried out, and would thus produce better, more efficient results. Besides, it would serve to stimulate local interest in the venereal disease situation and thus provide an incentive to the workers concerned. Frequently reports are received from, e.g. San Diego and destined for Tijuana. It is evident that the amount of time lost between the time the report is made and the time it is received in Tijuana, after passing through our office, is considerable, necessitating at times three weeks or more. Couldn't this be avoided entirely by a direct contact of one V. D. Clinic with the other?

However, loss of time is not the only bad feature in the present setup of contact-reporting. It has been disheartening to note, first, that very few reports are sent to us from Mexico for investigation in the United States, and secondly, that the greater percentage of reports sent to Mexico are not investigated because of the lack of trained personnel and poor police cooperation.

An excellent cooperation, however, has been built up between the El Paso City-County Health and Police Departments, the Army installations located in El Paso, and the Juárez Municipal Health and Police Departments in tracing down contacts of civilian and military persons who are found infected with venereal disease which was contracted in Juárez. In many cases these persons because of language difficulty or for other reasons do not know or cannot remember the name of their contact nor the place in which exposure occurred. After the diagnosis is made and treatment is begun, these infected persons are turned over to the special vice investigator of the El Paso Police Department who escorts them to Juárez where they make the identification of the place of exposure. Then they are taken to the police headquarters in Juárez where they make the identification of the girl from an album kept there. The girl is immediately picked up, examined, and treated if found infected. So far, positive identifications have been made in about 95% of the cases. This is an example of the type of cooperation which can be built up between health departments of border cities.

The excellent cooperation which obtained between the health departments of Mexicali in Lower California and of the Imperial County of Southern California during the recent epidemic of meningitis will serve as another example of what can be done. As soon as several cases of meningitis broke out among Mexican laborers working in the Imperial Valley, some of whom had already returned to Mexicali, the health authorities of both sides banded together and took active measures to suppress the contagion by close cooperation in all phases of the control program, sharing epidemiological information and jointly administering prophylactic sulfadiazine for a period of three days to all persons possible
in the affected area. In this manner they were able to keep the number of cases down to a minimum and to effect complete control within a few weeks.

Such cooperation, then, is entirely possible, but to attain it we should build up a better understanding with our neighbors to the south by learning, if possible, some of their language, by becoming better acquainted with their customs and the conditions under which they live, and finally by realizing that some of their problems can also become our problems unless we cooperate with them to the extent possible and necessary.

ALGUNOS ASPECTOS INTERNACIONALES DE LA LUCHA ANTIVENÉREA (Sumario)

Cuando ocurren brotes de enfermedad infecciosa en colectividades vecinas, cercanas a una frontera internacional, la responsabilidad de evitar su propagación y suprimir la epidemia recae principalmente sobre los departamentos de salud de las colectividades afectadas, bajo la orientación de las autoridades federales respectivas. En esta labor, la Oficina Sanitaria Panamericana se mantiene dispuesta a ayudar en toda forma posible y para promover una más estrecha cooperación cuando sea necesaria. En lo que respecta a los trabajos que se efectúan a lo largo de la frontera mexicana-estadounidense, el conocimiento del idioma español por parte de los ciudadanos estadounidenses que participan en esta labor sería decididamente ventajoso, tanto para la promoción de mejores condiciones sanitarías en la región, como para su mejor comprensión de los problemas que confrontan sus colegas mexicanos al otro lado de la frontera, problemas que existían no hace muchos años en los Estados Unidos y que obedecen a la falta de equipo y de personal debidamente entrenado. A pesar de estas dificultades, se ha realizado bastante progreso en México, en materia de salud durante los últimos años: existe una clínica de salud pública en cada una de las 12 ciudades o poblaciones de mayor importancia cercanas a la frontera, y Nuevo Laredo, Ciudad Juárez y Mexicali cuentan con clínicas debidamente dotadas, con laboratorios y personal idóneo para realizar los trabajos. Además, ya se comienza a conceder mayor atención a las colectividades pequeñas.

Las enfermedades venéreas presentan algunos problemas especiales que deben considerarse independientemente de las consideraciones anteriores. El problema de la prostitución asume grandes proporciones en la mayoría de las poblaciones mexicanas fronterizas, no obstante los esfuerzos de la División de Lucha Antivenérea de México por obtener su proscripción en todos los estados y territorios del país. En los estados, las autoridades sanitarias municipales exigen el examen semanal de todas las prostitutas, y su tratamiento, de resultar necesario. En cambio, en lugares como Tijuana, Mexicali y el Distrito Federal, bajo jurisdicción del Gobierno Federal, donde la prostitución es prohibida por la ley, no se recurre, por razones obvias, a tales prácticas, y la prostitución persiste, clandestinamente, en aproximadamente el mismo grado que antes de su prohibición, como sucede también en los Estados Unidos. Poco se está realizando para reducir la incidencia de las enfermedades venéreas, aparte de lo que hacen localmente las autoridades municipales. La Secretaría de Salubridad y Asistencia, de México, no está de acuerdo con reglamentación de la prostitución, por temor a que se le acuse de sancionarla, lo que deja a las autoridades estadounidenses, dos alternativas: unir sus esfuerzos a la presente campaña para prohibir la prostitución, o empe-
farse más bien en colaborar con los departamentos municipales de salud pública, para que mejoren sus métodos de control de las enfermedades venéreas. Se considera generalmente como uno de los mejores métodos de control, la búsqueda y tratamiento temprano de los casos infecciosos, lo que requiere la notificación e investigación oportuna de los contactos de casos conocidos. La filial de El Paso de la Oficina Sanitaria Panamericana ha servido de centro de intercambio para la notificación de tales casos entre México y los Estados Unidos. Se espera, sin embargo, que en el futuro tal intercambio pueda efectuarse directamente entre poblaciones fronterizas contiguas. Este recurso economizaría tiempo y produciría resultados más favorables; a la vez estimularía el interés local en el problema y serviría de aliciente para los colaboradores en la campaña. La pérdida de tiempo no es el único defecto del sistema actual, pues son muy pocos los casos que se notifican desde México para investigación en los Estados Unidos, y además una gran proporción de los informes enviados a México no son investigados, debido a la falta de cooperación policíaca. Sin embargo, se ha desarrollado una excelente cooperación entre los departamentos de policía y de salud pública de El Paso, las autoridades militares en El Paso, y las policiales y sanitarias de Ciudad Juárez, en la búsqueda de contactos de los civiles y militares infectados en Ciudad Juárez. En muchos casos, debido a dificultades de idioma, tales personas ignoran, o no recuerdan el nombre de su contacto ni el lugar de exposición. Después de hacer el diagnóstico e iniciado el tratamiento, los infectados son referidos al investigador especial del Departamento de Policía de El Paso, y éste los conduce a Ciudad Juárez, donde hacen la identificación del lugar de exposición. Después de su identificación en un álbum de fotografías mantenido en el cuartel de la policía, la prostituta es aprehendida, examinada, y de ser necesario, tratada. Hasta ahora se han podido hacer identificaciones positivas en cerca de 95% de los casos, constituyendo un ejemplo de la cooperación que puede establecerse entre los departamentos de salud pública de poblaciones fronterizas. La excelente colaboración obtenida entre los departamentos de salud pública de Mexicali, Baja California, y del Condado Imperial de California del Sur, durante la reciente epidemia de meningitis, es otro ejemplo de lo que es posible por medio de esfuerzos coordinados.