

THE VICISSITUDES OF PUBLIC HEALTH POLICY IN THE AMERICAS

Amy Whitfield
Howard Waitzkin
University of New Mexico

Marriage of Convenience: Rockefeller International Health and Revolutionary Mexico. By Anne-Emanuelle Birn. Rochester, NY: University of Rochester Press, 2006. Pp. 434. \$95.00 cloth.

Cold War, Deadly Fevers: Malaria Eradication in Mexico, 1955–1975. By Marcos Cueto. Baltimore: Johns Hopkins University Press, 2007. Pp. 264. \$45.00 cloth.

The Value of Health: History of the Pan American Health Organization. By Marcos Cueto. Rochester, NY: University of Rochester Press, 2007. Pp. 252. \$29.95 cloth.

Decentralizing Health Services in Mexico: A Case Study in State Reform. Edited by Núria Homedes and Antonio Ugalde. La Jolla, CA: Center for U.S.-Mexican Studies, University of California, San Diego, 2006. Pp. 332. \$24.95 paper, \$56.95 cloth.

Fit to Be Citizens? Public Health and Race in Los Angeles, 1879–1939. By Natalia Molina. Berkeley: University of California Press, 2006. Pp. 279. \$21.95 paper, \$55.00 cloth.

Historically, public health policies in the Americas have emerged as a result of political and economic forces rather than a narrow concern for the objective improvement of public health and the prevention of illness. Specifically, public health policies have interconnected with the needs of business and foreign policy as formulated during different historical periods. The four books reviewed here show an awareness of the nonautonomous nature of public health policies in the Americas. On the basis of these excellent books, we assess the origins and impacts of public health policies in furthering economic and political goals.

ECONOMIC IMPACTS OF PUBLIC HEALTH POLICIES

Public health policies in the Americas have focused on the economic benefits of preventing and eradicating disease. International health agen-

Latin American Research Review, Vol. 44, No. 2. © 2009 by the Latin American Studies Association.

cies originated in large part from the need to create a system to stop the spread of disease, which was hindering trade. Marcos Cueto's *The Value of Health* provides a detailed history of the creation and continuation of the Pan American Health Organization (PAHO) and its role in the use of health policies to advance trade and economic benefits. Cueto provides a nonjudgmental look at this history that historians, Latin Americanists, and health-policy professionals can enjoy. The book is easy to read and does not require previous knowledge of Latin America or public health. Cueto uses varied resources in compiling a chronicle of the international organization, separating its history into the eras of PAHO's directors. Each director's background, including education, other organizational affiliations, and personal passions, is included as a significant part of the story. This information provides a look not only at policy directives but also at the factors contributing to the organization's choices in health-policy decisions.

Cueto provides details concerning the forces that initiated the organization, specifically the system of quarantining ships to block the spread of disease that, as stated previously, limited trade and created a loss of materials. Different countries were blamed for spreading disease because of the deficient cleanliness of their ports. Medical posts, set up at ports, checked ships and immigrants, and single companies established processes to sanction and authorize ships entering these ports so as to minimize trade difficulties. Walter Wyman, the first Director of PAHO, known then as the Pan American Sanitary Board, focused on the creation of public health policies that would exert minimal adverse impacts on commerce. The policies eventually moved away from concentrating only on port activities as diseases such as bubonic plague, hookworm, and yellow fever spread throughout nations, but they still focused on the economic benefits of preventing and curing diseases. The prioritization of diseases that had to be controlled resulted from considerations of commerce.

Cueto's clarification of PAHO's creation based on trade provides some background for looking at the economically motivated health policies portrayed in Natalia Molina's *Fit to Be Citizens? Public Health and Race in Los Angeles, 1879–1939*. Public health professionals will benefit from Molina's historical look at the treatment of Chinese, Japanese, and Mexican immigrants in Los Angeles under evolving public health policies. The book provides an outstanding historical account, which historians, particularly those focused on medical or public health history, will enjoy. Much like Cueto's *Value of Health*, Molina's book includes a range of source types, giving the story from various voices. The limited focus on only one city and county could be problematic, yet it provides an example of typical U.S. health policy formation during that historical period. The focus on Los Angeles offers an example of how the benefits of trade figured prominently in public health policies as they became institutionalized within

city and county governments. During an outbreak of bubonic plague in Los Angeles, for instance, public health officials quarantined two Mexican barrios as well as the harbor area. Most resources went into cleaning up the latter and ridding it of rodents, though no reports of plague had come from it. This focus on the harbor area emphasized the maintenance of trade, as Molina notes.

In addition to health organizations, charitable foundations helped to create public health policies. The Rockefeller Foundation and the W. K. Kellogg Foundation occupied a large place in the creation of such policies in the Americas. As Cueto explains in *Value of Health*, these foundations focused their efforts on the eradication of illnesses that affected commerce rather than on increasing agricultural production, encouraging economic development in poor countries, or reducing medical expenditures. Because public health emerged as part of a strategy to modernize rural populations and integrate them into the market economy, public health projects also resulted in economic benefits for business, as Cueto explains in *Cold War, Deadly Fevers*. Such projects aimed to strengthen economic infrastructure and boost the value of large corporations. For example, malaria eradication in Brazil and Mexico spurred growth in U.S. companies that supplied eradication equipment and insecticides, including DDT. Large companies created subsidiaries based on the demand for DDT in malaria eradication. Mexico initiated policies during the malaria eradication campaign to import all campaign materials duty free (Cueto, *Cold War, Deadly Fevers*, 62–63).

Public health policies likewise contributed to the economic growth of specific geographical areas. As Molina explains, Los Angeles created a public image of enhanced local development by using public health policies to promote the area as a place for wealthy individuals with chronic illnesses to live and become healthier. Similarly, in Cueto's assessment, in the 1960s PAHO adopted the perspective that health programs contributed to socioeconomic development through an association between economic growth and improvements in health. PAHO officials began work with the Inter-American Development Bank (IDB) influenced by theoretical models of modernization and dependency (Cueto, *Value of Health*, 126).

In the United States, many health policies involving immigrants followed patterns that maintained economic benefits while continuing discrimination. For instance, Molina shows that Los Angeles public health officials used the infant mortality rate (IMR) as a means to categorize Mexican immigrants as unfit and ignorant. This use of IMR, which at the time appeared higher among Mexican immigrants, stigmatized Mexican women as unfit mothers, while male laborers escaped this categorization and thereby any public outcry. Men's work therefore continued to benefit white-owned farms. Quarantines for bubonic plague in Los Angeles also spared male laborers. The quarantines, which placed neighborhoods un-

der the watch of police officers and private guards, allowed male laborers to leave for work. Other public health policies prohibited immigrant groups in Los Angeles from participating and succeeding in the market economy. For instance, public health standards led to the closure of successful Chinese laundries and fruit and vegetable businesses, as well as Japanese farms.

FOREIGN AND DOMESTIC POLICY ISSUES: PUBLIC HEALTH AND THE COLD WAR

During the cold war, the United States encouraged social change through modernization, providing aid and working to assist countries to develop through programs such as Operation Pan America and the Alliance for Progress. This is Cueto's focus in *Cold War, Deadly Fevers*, which looks in particular at the use of public health policies in this endeavor. Cueto provides a historical look in this book at the formation of public health policy and the factors contributing to it. His easily readable writing style lends itself to making public health policy interesting and engaging for general readers. United States officials, who saw Latin America as a breeding ground for communist ideology, viewed poverty and disease as motivations for rebellion and demands for social change, and hoped that these would decline as social ills improved. Within PAHO, for instance, the program and methods of malaria eradication that had proved successful in Brazil became the basis of cold war propaganda. The rhetoric used in malaria eradication campaigns combined military and cold war euphemisms to encourage the association of communism with disease. Such rhetoric prevailed even though PAHO's director, Fred Soper, rejected the use of public health as a foreign policy tool.

Cueto focuses first on explaining rhetoric and public health policy in the cold war and then on describing the fight against malaria in Mexico. While the book considers malaria eradication in Mexico as a tool in the cold war, its examples highlight anticommunist propaganda linked to public health efforts in other Latin American countries. Arguing against foreign-run plans, Mexican officials implemented their campaign with a nationalistic rhetoric that created pride and patriotism in the effort to eradicate malaria. However, during the eradication process itself, the same officials worked closely with U.S. and international agencies, and with their dominant models of public health. While Mexican officials did not accept direct U.S. intervention, they showed their loyalty to the United States by purging left-wing activists. They also ignored the input of medical leaders who did not agree that eradication, rather than control, should be the focus of the program.

Ultimately, the malaria campaign failed because the model that had succeeded in the United States and in small areas of Brazil proved inappropriate for others areas of Latin America. Malaria eradication cam-

paigns languished, according to one explanation explored by Cueto, partly because the priority of U.S. policies shifted from the modernization of Latin America as part of the cold war to the space race.

AMERICANIZING LATIN AMERICA

All of the books under review reveal a concerted effort by the United States to involve itself in Latin America's health policies. The U.S. models dominated attempts to eradicate disease. As part of a more general imperialist agenda, the United States attempted to export its public health policies.

Anne-Emanuelle Birn's comprehensive and nuanced investigation offers an enlightening account of the sometimes-ambivalent relationship during the early twentieth century between Mexico's revolutionary government and the Rockefeller Foundation. In *Marriage of Convenience*, Birn employs historical observations from archival sources in the United States and Mexico to clarify the forces that encouraged this collaboration. During the 1920s, shortly after the revolution, the Mexican government faced the challenge of delivering on its promises of improved public health and health services in the context of the debilitating infectious diseases of underdevelopment. In particular, yellow fever and hookworm were important components of Mexico's chronic public health crises.

Under these circumstances, the federal government's public health department (Departamento de Salubridad Pública) entered into a partnership with the Rockefeller Foundation's international health division. How the Mexican government tried to resist the imperialist agenda of the United States while accepting advice and material resources in combating these public health challenges emerges as a central drama in Birn's incisive study. Her presentation will interest a wide spectrum of historians, Latin Americanists, and public health professionals.

As Cueto discusses in *Cold War, Deadly Fevers*, "experts" based in the United States extolled U.S. public health models and argued that Latin Americans should look to U.S. health officials as leaders in adopting suitable public health policies throughout the Americas. So, too, as Cueto shows in *Value of Health*, did U.S. schools of public health exert a large impact on Americanizing Latin America, beginning in the 1920s and 1930s. The Rockefeller Foundation and the U.S. Office of the Coordinator of Inter-American Affairs provided many scholarships and fellowships to Latin American medical leaders to attend U.S. schools of public health. These leaders returned to their countries steeped in ideologies and methods advocated by the United States. The ideology of decentralization professed by U.S. health officials also furthered U.S. health policies and influence. This ideology was encouraged through the influence of the United States on supranational public health organizations, which received substantial

funding from the United States and hired substantial numbers of U.S.-based employees. Only beginning in the 1950s, for instance, did PAHO step away from predominant U.S. staffing (Cueto, *Value of Health*, 106).

The same supranational organizations touted decentralization of health services as a means to improve organizational and economic efficiency, even without proven effectiveness or the ability to oversee implementation of decentralization. In *Decentralizing Health Services in Mexico: A Case Study in Reform*, Homedes and Ugalde examine the steps taken to this end in Mexico by supranational organizations such as PAHO. The authors clarify the links between decentralization and more general policies of neoliberalism, which contributed to further inequalities of wealth and human resources. The book provides an in-depth look at decentralization in Mexico, with case studies of specific states within the country and the successes, failures, and challenges of each case. Bold in its criticism of decentralization, the book will speak to Latin Americanists and public health professionals interested in recent decentralizing projects throughout the region. The contributors provide an analysis of the decentralization process, including assessment of the structural capacity needed for successful decentralization and the discrepancy between the concept of decentralization and its implementation.

IMMIGRATION AND DEPORTATION

Molina, who as noted earlier focuses on Chinese, Japanese, and Mexican immigrants in Los Angeles, provides further perspectives on the use of public health policies in fostering racial hierarchies and discriminatory practices that helped, for instance, to restrict immigration into the United States. As immigration increased, medical checkpoints at ports permitted the inspection of all incoming immigrants for disease, required delousing and treatment of other infectious diseases, and sometimes enforced periods of quarantine. These actions served symbolically to equate disease with illegal immigration. From this perspective, immigrants who became sick while in the United States were believed to have come into the country illegally, because otherwise they would not have passed the public health examination on entry. This eventually provided a basis for the idea that Mexican immigrants would enter the country to take advantage of free public-sector medical services.

Molina also explains that, during the Great Depression, public health policies justified restrictions on immigration as well as the deportation of many immigrants. Such immigrants received blame for using too many health services, carrying genetic flaws, and encouraging substandard living conditions. When they sought treatment from public clinics in Los Angeles, undocumented individuals often faced deportation. The majority of those deported were actually American citizens or documented

immigrants, but public health policies did little to ascertain citizenship, focusing instead on race as the carrier of disease. Although Molina richly details the linkages between public health policies and Mexican immigration to the United States, the similar policies affecting Japanese and Chinese immigrants receive somewhat less attention.

RACIALIZING DISEASE

Public health policies and projects have furthered discriminatory practices by blaming particular ethnicities for the introduction and spread of disease. For example, as Cueto discusses in *Cold War, Deadly Fevers*, the malaria eradication effort in Mexico created propaganda whose stereotypes, projected on posters, made the disease synonymous with indigenous people, thereby racializing the disease. Such propaganda focused on one symptom of malaria, anemia, offering this as an explanation for the characterization of the indigenous as lazy.

Molina contends that the public health system of Los Angeles racialized disease for the Chinese in an effort to exclude them from the economy. Officials linked bubonic plague to the Chinese as their success in laundry services and the marketing of fruits and vegetables grew, creating the sentiment that they were stealing jobs from U.S. citizens. Public health standards for laundries and produce vendors therefore associated the Chinese with unsanitary conditions that propagated plague. Molina highlights multiple examples of this pretense concerning the unbiased application of public health practices. As the latter became more professionalized, the use of objective measurements, health reports, and information became a means to continue racializing disease and create racial hierarchies, just as the depiction of malaria as an indigenous disease justified exploitative employment practices in Mexico unfavorable to indigenous workers, as Cueto has shown.

In Molina's analysis, public health policies also provided justification for segregation and legal measures against immigrant groups. In Los Angeles, new laws prevented immigrants from owning land or leasing it for longer than three years. Also, statistics and an image created by public health officials spread the fear that typhoid fever was prevalent in the produce of Japanese farmers. The enforcement of racially focused public health policies applied differentially to nonwhite groups. Laws established to hinder the ownership of land and businesses by Chinese and Japanese immigrants did not affect white vendors or laundries. The treatment of Mexican immigrants with tuberculosis and venereal disease became noticeably different from that of white dust-bowl migrants, who received medical services rather than blame for their hygienic practices. Molina offers an excellent critique of public health officials' use of scientific knowledge to oppress a marginalized group. This Los Angeles example places

into context more recent public health policies and highlights the continuing problem of public health assertions of unbiased statistics and research that ultimately may contribute to racial stereotyping.

FORCED ASSIMILATION

Public health policies have centered on applying U.S. standards throughout the Americas, with little consideration of cultural and local differences. The techniques used in the fight against malaria emphasized technology and experts over community participation. A militaristic and authoritarian style did little or nothing to embrace the values of community or culture, as public health officials focused on changing the traditional ways of native peoples, which they represented as backward and nonproductive. As Cueto explains in *Cold War, Deadly Fevers*, propaganda for malaria eradication in Mexico focused on integrating rural indigenous peoples into the market economy. The indigenous came to be seen as citizens if they participated in the national economic and political systems. Public health policies also justified intrusion into the private lives of citizens. During the malaria eradication campaign, Mexican citizens were required to allow sprayers into their houses and to give blood smears for testing. In Los Angeles, the typhoid fever scare was used as justification for sharing information between private companies and public health officials. As Molina notes, under these policies, companies employing Mexican immigrants provided information on their employees, including the addresses where they lived. As well, the policies often linked disease to the cultural beliefs and practices of marginalized groups, without mention of the refusal of companies and landlords to provide workers with proper housing. In this way, public health policies in Los Angeles focused on teaching hygienic practices and the forced bathing of workers rather than addressing the substandard housing in which workers had to live.

COMMUNITY PARTICIPATION

While community participation could form a foundation for public health policies, these have often ignored or misused local communities. Several tried to transplant successes into new localities but failed because they did not consider local differences. For example, the malaria eradication project in Mexico, which implemented a military format and expertise based on U.S. principles, failed to reach rural areas and indigenous populations.

Other public health projects that did enjoy community participation manifested major problems of conceptualization and implementation. In Los Angeles, community-based educators informed immigration officials about Mexican children in the classrooms (Molina, 63). In Mexico's

malaria eradication campaign, rural educators tried to teach students better hygienic practices. These educators went to Mexico City for training. However, the participation of individuals from local communities did not resolve the cultural mismatch with rural indigenous groups. Medical anthropologists criticized the campaign for not understanding the rural lifestyle, not attempting to adapt scientific messages to less educated people, and ignoring indigenous beliefs regarding blood, the body, and fever. On the other hand, the campaign achieved certain successes in using volunteer lay workers, who provided information on local cultures and helped ascertain why difficulties were arising. Volunteers also helped officials locate targeted houses and convinced local residents to allow sprayers into their homes. At times, lay workers provided translation for sprayers (Cueto, *Cold War, Deadly Fevers*).

The PAHO leaders saw the importance of community participation in public health policies. Community participation became more widespread as PAHO moved from an advisory role to an implementation role in undertaking projects under Soper. PAHO officials began to recognize that cultural beliefs play a part in the acceptance of public health policies among rural and indigenous populations, as Cueto documents in *Value of Health*.

Just as PAHO recognized the need for community participation, so have the proponents of decentralization, who designate such participation as one of decentralization's benefits. However, in Mexico's decentralization of health services, community participation rarely occurred in practice. Although decentralization efforts sometimes included committees or local elected officials, such efforts neither fully engaged the communities nor offered opportunities for those without expertise to take part (Homedes and Ugalde).

POSTSCRIPT

Public health policies do not arise autonomously but instead partly from broader political and economic forces. A more helpful model for public health policy exists, one that encourages local autonomy and integrates the philosophies of the communities served. The books reviewed here highlight the ways in which health policies have promoted economic and political agendas, rather than scientific practices meant to benefit the health of communities.

In our current epoch of massive public health challenges and changes in international relationships, the histories that these books clarify could help to inform more suitable policies. With the near collapse of the global economy as we have known it, and the declining viability of imperial practices, public health will undoubtedly move in new directions. In this rapidly changing scene, the perspectives that emerge from these important books will help illuminate our path.