

The Pan American Health Organization: Origins and Evolution

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The Pan American Health Organization (PAHO) now plays a key role in stimulating the development of public health organization, education, and research in all the countries of the Western Hemisphere south of the United States of America. Its Constitution provides that it consist of four organs: The Pan American Sanitary Conference; the Directing Council; the Executive Committee of the Directing Council; and the Pan American Sanitary Bureau (PASB), whose seat in Washington D.C. is the headquarters of the Organization. In practice, the Conference and the Council differ in name only, the Council, which includes representatives of all members, meeting annually, but every fourth year under the designation Pan American Sanitary Conference with the additional responsibility of electing the Director of the PASB.

In 1949 PAHO concluded an agreement with the World Health Organization by which it would serve as the WHO Regional Organization for the Western Hemisphere, and shortly after, with the Organization of American States (OAS), by which OAS recognized PAHO as an "Inter-American Specialized Organization" and established various reciprocal relationships with it.

An indication of present scale of operations of PAHO is the WHO/PAHO budget for the biennium 1980-1981, to which WHO contributes \$37 457 000 and PAHO \$76 576 000. In addition, substantial extrabudgetary funds are received in the form of voluntary contributions, the total budget being used to finance a joint WHO/PAHO programme.

As will be seen, the origins of PAHO—an organization that now has an impact on health

progress throughout the Western Hemisphere—were very modest.

It is impossible to trace these humble beginnings in great detail, for most of the early archives were destroyed. As Dr Miguel E. Bustamante—then Secretary-General of the Pan American Sanitary Bureau—wrote in 1955:¹

The filing space in the Washington Office was so limited that only very important letters were kept on file. All other correspondence was destroyed, either immediately, after a few weeks or, at most, after one year or two.

Prehistory

The situation that eventually resulted in the creation of a regional health organization for the Western Hemisphere may be summarized as follows:

During the nineteenth century, the United States was repeatedly afflicted with outbreaks of cholera, imported mainly by European immigrants—of whom there were 6 192 240 in the ten years 1881-1890—and yellow fever, introduced by maritime contacts with South and Central America and Cuba. In Europe, attempts to reach agreement on international quarantine regulations, especially in respect of cholera, started in 1851 with the first International Sanitary Conference in Paris, and this was followed by similar

¹ BUSTAMANTE, M. E., *The Pan American Sanitary Bureau. Half a century of health activities 1902-1954*. Washington, D.C., Pan American Sanitary Bureau. Miscellaneous Publications No. 23, 1955, p. 25.

conferences in 1859 (Paris), 1866 (Constantinople) and 1874 (Vienna), all of which foundered on the lack of knowledge of the etiology and mode of spread of epidemic diseases.²

The USA had not participated in any of these conferences, being the only one of 16 countries invited by the host government (Turkey) not to accept an invitation to the third of them—doubtless because of the aftermath of the Civil War.

On 14 May 1880 the United States Congress for the first time took the initiative by adopting a resolution authorizing the President to convene the fifth International Sanitary Conference in Washington D.C. “for the purpose of securing an international system of notification as to the actual sanitary situation of ports and places. . . .” The motive underlying this initiative was that Congress had approved on 2 June of the previous year an Act that contained provisions that were not within the jurisdiction of the United States, and that could be implemented only by the agreement of all the countries with which it had maritime intercourse. This Act reflected the “almost continuous existence of the danger of the introduction” into the USA, by sea, of yellow fever from the south and cholera from Europe. The unenforceable provisions of this Act were that a vessel bound for another country could not leave its home port unless it had been boarded, inspected, and given a bill of health by a consular official of the country of its destination. These proposals had no hope of success, and were rejected except that it was agreed that a consular official of the country of disembarkation might, *under such rules as might be laid down by international agreement or treaty*, be present at the examination of ships and authenticate the bill of health.

This fifth Conference was unusual in several respects. It was the only one of this series of conferences ever to be held in the Western Hemisphere; for the first time delegates (10) from the Western Hemisphere participated; delegates were all diplomatic officials of the 26 participating countries who were already stationed in the USA, except for additional medical “special delegates” from four countries; as stated by the “special delegate” of Britain (from Canada), the conference was “essentially . . . administrative” rather than a forum for the discussion of scientific questions.

Paradoxically, in spite of the otherwise exclusively diplomatic character of this gathering, it was to be the only International Sanitary Conference to be the scene of the first public announcement of a major scientific theory. On 18 Feb-

PROCEEDINGS

OF THE

INTERNATIONAL SANITARY CONFERENCE

PROVIDED FOR

BY JOINT RESOLUTION OF THE SENATE AND
HOUSE OF REPRESENTATIVES

IN THE

EARLY PART OF 1881.

WASHINGTON:
GOVERNMENT PRINTING OFFICE.
1881.

3

Fig. 1. This is the title-page of the fifth of the series of 14 International Sanitary Conferences held during the period 1851 to 1938. Although held in Washington D.C., this conference is not to be confused with the series of International Sanitary Conferences of the American Republics held from 1907 to 1920. This conference was unique in that it was the only one of the series to be held outside Europe, the first to include delegates from the Americas, and the only one to publish its proceedings in English as well as in French. But its outstanding distinguishing feature was that it was the only International Sanitary Conference at which, on 18 February 1881, a scientific hypothesis of major importance was made public—by the illustrious Carlos Finlay, who expounded his conviction that yellow fever was transmitted from man to man by an intermediate agent which he later identified as *Stegomyia fasciata* (now known as *Aedes aegypti*).

ruary 1881 Carlos Finlay, the “special delegate” for Spain representing the Spanish colonies Cuba and Puerto Rico, made a historic declaration of his belief that an intermediate agent was necessary for the transmission of yellow fever. Shortly after, he incriminated *Aedes aegypti* (then known

² The history of all these conferences is to be found in Howard-Jones, N., *The scientific background of the International Sanitary Conferences 1851-1938*. Geneva, World Health Organization, 1975.

as *Stegomyia fasciata*) as the responsible agent. Finlay was the first to postulate the theory of an insect vector of any disease, and Sir Ronald Ross, exercising his prerogative as a Nobel laureate, unsuccessfully proposed that for this Finlay should be awarded the Nobel Prize for Medicine. In Ross's letter to Finlay of 15 November 1904 asking his permission to make this proposal he wrote: "I have long been impressed with your great work on Yellow Fever".³

In 1892 there was a very serious cholera epidemic in Hamburg. This caused considerable public alarm in the United States, for Hamburg was one of the main ports of embarkation of European immigrants, of which no fewer than 623 084 entered that country in the same year.⁴ This alarm stimulated Congress in February 1893 to enact a law considerably strengthening the national quarantine regulations and empowering the supervising Surgeon-General of the Marine Hospital Service, Dr Walter Wyman, to detail medical officers of the service to consular offices in the main ports of embarkation.⁵

The medical officers had the duty of examining all intending immigrants and, if the results of the examination were satisfactory, of giving them a bill of health, without which no passenger could enter the United States. Before the end of 1893, such medical inspectors had been posted to Amsterdam, Antwerp, Bremen, Genoa, Hamburg, Le Havre, Liverpool, Marseilles, Naples, Rotterdam and Southampton.

Formation of the International Sanitary Bureau

By 1901 the etiology and mode of spread of cholera, plague, and yellow fever had been sufficiently elucidated to make possible a rational approach to their control, and in that year the Second International Conference of the American States opened in Mexico City on 22 October.

Among the recommendations of the conference was that the Governing Board of the International Union of the American Republics (now the Organization of American States) should call a "convention" of representatives of American health administrations to formulate "sanitary agreements and regulations", the objective being "that quarantine requirements may be reduced to a minimum" in respect of cholera, yellow fever, bubonic plague, smallpox and "any other serious pestilential outbreak." The convention should also "designate a permanent executive board of not less than 5 members", to be known as the "International Sanitary Bureau" and to have its headquarters in Washington, D.C.

THE LIVERPOOL SCHOOL OF TROPICAL MEDICINE.

Telephone No. 2, Liverpool

LIVERPOOL TROPICAL LABORATORY,
UNIVERSITY OF LIVERPOOL.

15th November 1904.

Dear Sir,

I trust you will excuse me writing to you on the following subject. In 1902, I obtained the Medical Nobel Prize for work on malaria, and this entitles me to recommend anyone I please for a similar prize every year. I have long been impressed with your great work on Yellow Fever, and during my visit to the Bahama I was ~~able to~~ ~~obtain~~ ~~information~~ ~~with~~ ~~many~~ ~~whom~~ ~~I~~ ~~met~~ who have known you, to verify my impressions of the value of your work. I should therefore like to submit your name to the committee of the Medical Nobel Prize, for the award of 1905, and trust that you will permit me to do so. If you are so kind as to consent, will you kindly send me a complete list of your publications on the subject of Yellow Fever and, if possible, with as many of the works themselves as you possess. This should be done as soon as possible, and both the list and the works will be forwarded immediately to the Nobel committee at Stockholm.

Please permit me to warn you that I have the power only to suggest your name, but that it remains entirely with the committee to award the annual prizes.

Believe me,

Yours very faithfully,

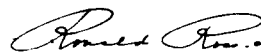


Fig. 2. The originality of Carlos Finlay's declaration in 1881 that yellow fever was transmitted from man to man by an intermediate agent is illustrated by the fact that it was not until 1893 that Theobald Smith and Frederick Lucius Kilborne demonstrated that the parasite of Texas cattle fever was transmitted by an intermediate agent, the cattle tick (*Bovophilus bovis*). Five years later—on 9 July 1898—Sir Ronald Ross arrived at the conclusive proof that avian malaria was transmitted from bird to bird by the mosquito. In 1900, the Yellow Fever Board of the American Army provided, by human experimentation, conclusive proof of the transmission of yellow fever from man to man by the bite of infected mosquitoes. No-one was more qualified than Ross to appreciate the genius of Finlay, but health officers of the ports of the southern United States were not convinced, and continued for some years to apply outmoded quarantine restrictions against yellow fever. The figure is a reproduction of a letter from Ross, a Nobel laureate, to Finlay—asking his permission to propose his name as a candidate for the 1905 Nobel Prize for Medicine.

³ A photograph of this letter is reproduced in: Rodriguez Exposito, C. *Finlay*. La Habana, Editorial Libreria Selveta, 1951, p. 203 (see Fig. 2).

⁴ *Conférence sanitaire internationale de Paris, 7 février-3 avril 1894. Procès-verbaux*. Paris, Imprimerie nationale, 1894. Statement made by US delegate Dr Edward O. Shakespeare, p. 102.

⁵ *The Medical and Surgical Reporter*, 69: 417-418 (1893).



Fig. 3. This photomontage, reproduced from the frontispiece to the transactions of the Third International Sanitary Conference of the American Republics (see footnote 14), shows the "executive board" of seven members (resident in five different countries) of the International (later, the Pan American) Sanitary Bureau, as originally constituted in 1902. In the centre is Dr Walter Wyman, US Surgeon-General and Chairman of the Bureau. At the top is Dr Juan J. Ulloa of Costa Rica and then, in clockwise sequence, Dr Eduardo Moore (Chile), Dr Rhet Goode (USA), Dr Eduardo Licéago (Mexico), Dr Juan Guiteras (Cuba), and Dr A. H. Doty (USA). On the death of Dr Wyman in 1911, he was succeeded as Chairman by the next US Surgeon-General—Dr Rupert Blue. Dr Blue was succeeded in 1920 as US Surgeon-General by Dr Hugh S. Cumming, who became the first "Director" of what was still the "International Sanitary Bureau", still consisting of seven members who were then residents of six different countries.

It was thus that there was held from 2 to 4 December 1902 inclusive at the New Willard Hotel, Washington, D.C., the First General International Sanitary Convention of the American Republics—the first of a series of meetings, usually quadrennial, later to be known as the Pan American Sanitary Conferences.⁶ The Convention appointed a Committee on Organization, consisting of Dr Carlos Finlay of Cuba, Dr Eduardo Moore of Chile, Dr H. L. E. Johnson and Dr Glendower Owen of the USA, and Minister Felipe Carbo of Ecuador. The committee recommended that "the International Sanitary Bureau shall consist of five members, one of whom shall be the president of this conference."

In the event, the Convention decided that membership of the bureau should be increased to seven. Thus, at its inception, the International Sanitary Bureau consisted of seven members resident in five countries: US Surgeon-General Walter Wyman as Chairman, and two of his staff as members (Dr A. H. Doty and Dr Rhet Goode), the other members being Dr Juan Guiteras (Cuba), Dr Eduardo Licéago (Mexico), Dr Eduardo Moore (Chile), and Dr J. Ulloa (Costa Rica). The function of this small committee was to receive reports on sanitary conditions in ports and territories of the American Republics, but as it had neither staff nor premises it can be assumed that the necessary facilities were provided by the US Public Health Service. Moreover, the initial budget of the Bureau of \$5000, which was not to be increased until 1920, could hardly have covered other than marginal costs.

Once again, Carlos Finlay, then "Chief Sanitary Officer" of Cuba, with his colleague Dr Juan Guiteras, provided the only contributions of scientific interest. Finlay submitted a report entitled "Is the mosquito the only agent through which yellow fever is transmitted?", answering the question with an unequivocal affirmative.⁷ In the contribution of Guiteras, entitled "Habana as a model city", he described the measures taken to rid that city of yellow fever, and deplored the continued reliance of the Southern States of the USA on traditional maritime quarantine measures against the disease.⁸

Guiteras accordingly proposed to the convention that measures against yellow fever "shall be based upon the fact that the disease is transmitted

⁶ *Transactions of the First General International Sanitary Convention of the American Republics held at the New Willard Hotel, Washington, D.C., December 2, 3 and 4, 1902, under the auspices of the Governing Board of the International Union of the American Republics.* Washington, Government Printing Office, 1903.

⁷ *Ibid.*, pp. 67-71.

⁸ *Ibid.*, pp. 71-75.

solely by the bite of the genus *stegomyia*.”⁹ However, some delegates, notably Dr Gledower Owen of New Orleans, a member of the Louisiana State Board of Health, were unable to accept such a categorical statement, and the resolution was watered down to say that “up to the present time the bite of certain mosquitos is the only proven natural means of the propagation of yellow fever”.¹⁰

The Convention further resolved that “there are questions concerning the importation of infected mosquitos that require further study before any decided modification of the quarantine laws can be recommended”. Thus, the conclusive demonstration of the etiology of yellow fever by the Walter Reed Commission two years earlier was far from being generally accepted.

The Second International Sanitary Convention of the American Republics

In the year following the First General International Sanitary Convention of the American Republics the eleventh International Sanitary Conference was held in Paris, with the participation of delegates from the USA, Argentina, and Brazil.¹¹ At this Conference, three international treaties relating to cholera and one to plague were amended and consolidated into a single instrument. Although yellow fever had been, from the first of these conferences in 1851, supposedly one of the “pestilential” diseases to be the subject of international action, this disease had made only sporadic incursions on the Mediterranean littoral earlier in the nineteenth century and had not re-appeared, and the predominantly European International Sanitary Conferences never paid serious attention to it. At the eleventh of these Conferences, William Crawford Gorgas described the successful elimination of yellow fever from Cuba and the Panama isthmus but, in the consolidated International Sanitary Convention consisting of 184 Articles, only one (Art. 182) referred to yellow fever—in the following terms:

Interested countries are recommended to modify their sanitary regulations in such a way as to bring them in line with current scientific findings on the mode of transmission of yellow fever, and above all on the role of mosquitos as vehicles of the germs of the disease.

It could hardly have been made clearer that the European majority of countries participating in the Conference were indifferent to yellow fever, regarding it essentially as a concern of the American Republics, and this indifference must have given considerable impetus to the earliest

years of Pan American collaboration in the health field.

In 1905, from 9 to 14 October inclusive, the Second International Sanitary Convention of the American Republics (“General” was omitted from the title) took place—again at the New Willard Hotel, Washington, D.C.¹² The main outcome of this meeting was the adoption of a “Convention ad Referendum”, which was largely a paraphrase of the consolidated International Sanitary Convention of Paris, 1903, with the omission of specific provisions relating to the Red Sea and the addition of regulations for the control of yellow fever. Guiteras explained: “we have avoided adding anything that was not in the Paris convention, excepting in regard to yellow fever, which is distinctly American business”.¹³ According to Guiteras, there were still some participants who were doubtful about Finlay’s explanation of the mode of transmission of the disease.

The Second International Sanitary Convention resolved that the International Sanitary Bureau should continue as constituted. In a final address to the Convention, President Theodore Roosevelt made the remarks of a kind that are expected of presidents on such occasions.

The Third International Sanitary Conference of the American Republics

In the first week of December 1907 the Third International Sanitary Conference of the American Republics was held in Mexico City.¹⁴ The change of nomenclature was doubtless to avoid confusion resulting from the use of “convention” to mean either a treaty or a meeting. But this introduced a new source of confusion, in that from 1907 to 1920 there were two series of “International Sanitary Conferences”, one in Europe and the other in the Americas.

⁹ *Ibid.*, pp. 25-26.

¹⁰ *Ibid.*, p. 29. In 1938 the Director of the PASB reported to the Tenth Pan American Conference that the 1902 “convention” had “abolished all quarantine regulations for the control of yellow fever not based on mosquito transmission of the disease”. This assertion is manifestly incorrect.

¹¹ *Conférence sanitaire internationale de Paris. 10 octobre-3 décembre 1903. Procès-verbaux.* Paris, Imprimerie nationale, 1904.

¹² *Transactions of the Second International Sanitary Convention of the American Republics held at the New Willard Hotel, Washington, D.C., October 9-14, 1905* . . . Washington, Government Printing Office, 1906.

¹³ *Ibid.*, p. 44.

¹⁴ *Transactions of the Third International Sanitary Conference of the American Republics. Held at the National Palace, City of Mexico, December 2-7, 1907.* Washington, International Bureau of the American Republics, [no date].

In the same week, a special international meeting, in which Brazil and the USA participated, was held in Rome to frame the statutes of a permanent international office of public health with its seat in Paris, as had been agreed at the Paris conference of 1903.¹⁵ This organization—the *Office international d'Hygiène publique*—was established by the *Arrangement de Rome* of 1907, which provided *inter alia* that it should have a Director, a Secretary-General, and the necessary supporting staff.

The organizational decisions taken by the Third International Sanitary Conference of the American Republics were more modest, for it was

Resolved, that an office be provided in the Bureau of the American Republics for the use of the International Sanitary Bureau.

That authority is given for engaging the services of an [*sic*] employee who shall be paid by the International Bureau. That the expenses incurred shall be authorized and certified by the same bureau.¹⁶

The International Sanitary Bureau still consisted of the same seven members under the chairmanship of Surgeon-General Walter Wyman. The recommendation that the Bureau should be provided with an office by the International Bureau of American Republics (now the Pan American Union) was approved by The Fourth International Conference of American States in 1910.¹⁷ Presumably, before this date, the Bureau had as a provisional address the US Public Health Service. It would appear that no action was taken to recruit an employee until 1921, when the salary of an “executive clerk” was for the first time shown in the Bureau’s budget.

The Fourth and Fifth International Sanitary Conferences of the American Republics

The fourth of these conferences was held in San José, Costa Rica, from 25 December 1909 to 3 January 1910.¹⁸ Considering the extraordinary choice of dates for this meeting, it is hardly surprising that it is not easy to discern what were its fruits, except that among the resolutions adopted was one recommending that delegates “shall be sanitary authorities in their own countries”.

At the Fifth Conference, in Santiago de Chile from 5 to 11 November 1911, it was evident that this recommendation was far from being respected, for the first resolution adopted at the same time re-inforced and weakened the previous resolution by requesting that

the American Governments be requested to send, whenever possible, delegates who are trained hygienists, or at least, who are nationals of the respective country; and that at least one delegate should be a high sanitary officer, or a person who has been a delegate to a former conference.¹⁹

The results of the conference were adequately summarized in 1942 by Dr Aristides Alcibiades Moll, then Secretary of the Pan American Sanitary Bureau, when he wrote: “Interesting reports were again presented from Argentina . . . [and 13 other countries]. The number of resolutions (26) adopted exceeded all previous records”.²⁰ Moll showed a catholic taste for records, having written of the first conference: “The conference also distinguished itself through its unparalleled restraint in adopting resolutions. No other subsequent meeting even approached this record. Altogether, seven resolutions were adopted.”²¹

Walter Wyman, Chairman of the International Sanitary Bureau, had been unable to participate in the Fifth Conference because of ill-health, and ten days after its closure he died. He was succeeded as US Surgeon-General and also as Chairman of the International Sanitary Bureau by Dr Rupert Blue. The Sixth Conference had been planned to take place in 1915, but the outbreak of the First World War in the previous year led to its postponement for five years, by which time Blue’s term of office as Surgeon-General had expired and he had been succeeded by Dr Hugh Smith Cumming.

Between the two World Wars

The Sixth International Sanitary Conference of the American Republics was the first to be held after the First World War—in Montevideo, Uruguay, from 12 to 20 December 1920.²² The

¹⁵ *Arrangement international signé à Rome le 9 décembre 1907 pour la création, à Paris, d'un Office international d'Hygiène publique*. Paris, Imprimerie nationale, 1938.

¹⁶ See footnote 14, p. 136.

¹⁷ CUMMING, H. S. *Report of the Director of the Pan American Sanitary Bureau to the Tenth Pan American Sanitary Conference*. Washington, [PASB], 1938, p. 2.

¹⁸ *Transactions of the Fourth International Sanitary Conference of the American Republics. Held in San José, Costa Rica, December 25, 1909, to January 3, 1910*: Washington, Pan American Union, 1910.

¹⁹ *Transactions of the Fifth International Sanitary Conference of the American Republics. Held in Santiago de Chile, November 5 to 11, 1911*: Washington, Pan American Union, [no date].

²⁰ MOLL, A. A. *The Pan American Sanitary Bureau: its Origin, Development and Achievements (1902-1944)*. Washington, Pan American Sanitary Bureau, Publication 240, 1948, p. 21.

²¹ *Ibid.*, p. 13.

²² *Actas de la Sexta Conferencia Sanitaria Internacional de las Repùblicas Americanas. Celebrada en Montevideo del 12 al 20 de Diciembre de 1920*. Washington, Unión Panamericana, [no date].

Conference elected Cumming—not as the Chairman, but as the Director, of the International Sanitary Bureau. At this time, it apparently did not seem anomalous that a US Surgeon-General in office should be appointed to such a position. As Cumming himself remarked many years later with some immodesty, he had been elected “chiefly, if not entirely, I think, because of my position as Surgeon-General of this country [USA]”.²³ At the same time, a US Assistant Surgeon-General, Dr J. H. White, was elected as Vice-Director of the Bureau. An Honorary Director was also elected.

The change of title from “Chairman” to “Director” did not change the composition of the International Sanitary Bureau, which still had seven members—now from six different countries. In addition to the Director and Vice-Director there were a Guatemalan Secretary (Dr Julio Bianchi), and four members respectively from Argentina, Brazil, Cuba, and Venezuela. Juan Guiteras (Cuba) was the sole survivor of the original Bureau, while a prestigious new arrival was Dr Carlos Chagas of Brazil.

By the Sixth Conference there was evidently a problem of inadequate functioning of the Bureau, for the US delegation moved that if those of its members resident far from Washington were unable to participate personally they should nominate diplomatic officials, or persons appointed by the respective governments—in other words, anyone!

An important decision of the Conference was that the Bureau should study a plan to publish a monthly bulletin, and that its annual budget should accordingly be increased to \$20 000. This was a retarded response to the publication since 1909 of a monthly bulletin by the *Office internationale d'Hygiène publique*, as decreed by the *Arrangement de Rome* of 1907.

Of this conference, Moll commented: “The number of resolutions adopted established again a new record: 54”, and “a number of exhaustive reports were presented by various countries”.²⁴ Most of the resolutions took the form of pious recommendations of a very noncommittal character—e.g., that interested countries should provide passenger ships with a public health physician when they considered it necessary. A specific resolution was that the next conference should include in its programme the consideration of a US proposal for the revision of the sanitary convention adopted *ad referendum* by the Second International Sanitary Convention of 1905.

The Fifth International Conference of American States, meeting in Santiago de Chile in 1923, had decided that the sanitary conferences should be named “Pan American” instead of “International”, and that the name of the International Sanitary Bureau should be similarly changed.²⁵ It was under this new title that the Seventh Pan

SEVENTH PAN AMERICAN SANITARY CONFERENCE

The Pan American Sanitary Code

THE PRESIDENTS OF ARGENTINA, BRAZIL, CHILE, COLOMBIA, COSTA RICA, CUBA, DOMINICAN REPUBLIC, GUATEMALA, HAITI, HONDURAS, MEXICO, EL SALVADOR, PANAMA, PARAGUAY, PERU, UNITED STATES OF AMERICA, URUGUAY AND VENEZUELA, BEING DESIROUS OF ENTERING INTO A SANITARY CONVENTION FOR THE PURPOSE OF BETTER PROMOTING AND PROTECTING THE PUBLIC HEALTH OF THEIR RESPECTIVE NATIONS, AND PARTICULARLY TO THE END THAT EFFECTIVE COOPERATIVE INTERNATIONAL MEASURES MAY BE APPLIED FOR THE PREVENTION OF THE INTERNATIONAL SPREAD OF THE COMMUNICABLE INFECTIONS OF HUMAN BEINGS AND TO FACILITATE INTERNATIONAL COMMERCE AND COMMUNICATION, HAVE APPOINTED AS THEIR PLENIPOTENTIARIES, TO-WIT:

Fig. 4. The beginning of the preamble to the Pan American Sanitary Code, which was signed *ad referendum* by eighteen American States on 14 November 1924—the day before the closure of the Seventh Pan American Sanitary Conference, Havana, Cuba. The texts of the Code in English and Spanish were deposited with the Cuban Department of Foreign Affairs, to which all ratifications had to be addressed, as is still the case. States adhering to the Code, which established international quarantine regulations for inter-American maritime and aerial navigation, pledged themselves to report, to other adherents and to the Pan American Sanitary Bureau (PASB), at intervals of not less than two weeks, information as to their state of public health. Diseases “obligatorily notifiable” were plague, cholera, yellow fever, smallpox, typhus, epidemic cerebrospinal meningitis, “epidemic lethargic encephalitis”, influenza, and typhoid and paratyphoid fevers. At this time, only the first three of these were notifiable under the global International Sanitary Convention. The international classification of the causes of death administered by the *Office internationale d'Hygiène publique* was adopted as the Pan American Classification of the Causes of Death. The Code also laid down specifications for the sanitary documents that ships and aircraft were required to produce, and contained definitions for classifying ports and vessels as “infected”, “suspected”, or “clean”. The “functions and duties” of the PASB were specified in the Code. These were essentially to centralize the administration of the Code’s quarantine regulations.

²³ Memorandum of 70 typescript pages addressed to the US Department of State by Dr Hugh S. Cumming in 1946 and later deposited by Mr Howard B. Calderwood, formerly of the Department of State, with the National Library of Medicine, Bethesda, MD, USA.

²⁴ MOLL, A. A. *op. cit.*, p. 29.

²⁵ CUMMING, H. S. *Boletín de la Oficina Sanitaria Panamericana*, 6: 589 (1927).

American Sanitary Conference was held in Havana, Cuba, from 5 to 15 November 1924.²⁶ On the day before the closure of the meeting, the Pan American Sanitary Code was signed, subject to ratification, by all delegations.²⁷ This was a set of regulations for maritime quarantine, consisting of a revision of the Washington Convention of 1905 with elements from the International Sanitary Convention of Paris, 1912. Another important decision was that the annual budget of the Pan American Sanitary Bureau should be increased to \$50 000.

The Bureau was a curious entity, because for all practical purposes it consisted of the US Surgeon-General (Cumming) as Director and one of his staff as Vice-Director. Other members of the Bureau, described in 1924 as the "Board of Directors", were resident in countries remote from the USA, and their participation in the Bureau's activities can have been only nominal. Up to 1921 the Bureau had no staff, and although, in the words of Cumming, "in a sense an independent organization", the single room that it occupied in the premises of the Pan American Union could have served as little but a mailing address.²⁸

In order to exercise his dual responsibility as US Surgeon-General and Director of the Bureau, Cumming appointed one of his Assistant Surgeons-General—Dr J. D. Lloyd—to be his "Assistant" in the latter capacity, and in fact most of the activities characterized as being those of the Bureau were delegated to Lloyd.

In 1921, Cumming appointed the first—and for almost three years the only—staff member charged to the Bureau's budget in the person of an "executive clerk". According to a financial statement that he issued on 15 August 1924, the Bureau's total expenditure for fiscal year 1921–22 was \$2 830.79, of which "travelling expenses" accounted for \$4.67 and "books" \$5.50. In fiscal year 1923–24, the one-man regular staff was strengthened by the engagement for varying periods of an editorial assistant, a clerical assistant, and a stenographer. Total expenditure for that year amounted to \$11 154.²⁹

In 1923, the Fifth International Conference of American States had decided that heads of public health services, or their accredited representatives, should be convened in Washington by the International Sanitary Bureau, preferably at intervals of not more than five years. The first "Pan American Conference of the Directing Heads of The Public Health Services of the American Republics"—these were advisory meet-



ings—was held in Washington in September 1926, and in his closing address Cumming referred to the *Office international d'Hygiène publique* in the following terms: "I have seen the Paris Bureau function in such a lethargic manner that now and again it was necessary to prick it with a pin to see if it were still alive".³⁰ Twenty

²⁶ *Transactions of the Seventh Pan American Sanitary Conference of the American Republics. Held in Havana, Cuba, November 5 to 15, 1924.* Washington, Pan American Sanitary Bureau, [no date].

²⁷ *Ibid.*, p. 106.

²⁸ *Ibid.*, p. 271.

²⁹ *Ibid.*, pp. 274–275.

³⁰ MOLL, A. A. *op. cit.*, p. 55.

years later, Cumming was to fight a tenacious but losing battle for the continued existence of that organization!

There were four more such conferences held in Washington, respectively in 1931, 1936, 1940 and 1944, but the sixth and last of them took place in Mexico City in 1948. The monthly *Boletín Panamericano de Sanidad de la Oficina Sanitaria Internacional* had first appeared in 1922 under the imprint of the Unión Panamericana in Washington, D.C. In July 1923, it assumed its present title: *Boletín de la Oficina Sanitaria Panamericana* (see Vol. 2, No. 7).

Eighth Pan American Sanitary Conference

At the Eighth Pan American Sanitary Conference, held in Lima, Peru, from 12 to 20 October 1927, Cumming reminded delegates that the Sixth Conference had resolved that members of the International Sanitary Bureau (which was still a committee of seven members, most of whom lived at great distances from Washington) could, if they were unable to attend in person, be represented by their diplomatic officials resident in that city or by someone else designated by their governments.³¹ In a report he stated:

Neither the members of the Sanitary Bureau, nor their governments, have to this date used this privilege of naming alternates and, as a consequence, a sufficient number of members to constitute a quorum has never met. I had nursed the hope of forming a quorum on the occasion of the meeting of national directors of health in September 1926 but, as I was not authorized to defray the travel expenses of members, this hope was unfortunately not realized. It is evident that for these reasons the Director of the Bureau has been confronted with the necessity of assuming duties and responsibilities, and discharging obligations, that should fall to the Bureau as a whole, because otherwise it could not function legally.³²

The last sentence of this statement does not appear to make sense, unless "function legally" is to be understood to mean "perform the functions for which it was established".

As a result of Cumming's statement, the conference resolved to establish a Directing Council (*Junta Ejecutiva*), which was to meet at intervals not less frequent than one year or 18 months. This was in fact not a new body but a new name, for the Council consisted of the officers and members of the Pan American Sanitary Bureau. However, meeting in the capacity of Council members, they would have their travelling expenses and living costs re-imbursed—the latter to the extent of not more than ten gold dollars per day. Nevertheless, as will be seen later, this did not solve all Cumming's problems of securing

adequate participation in the meetings of the Bureau.

Cumming then informed the delegates that the International Sanitary Conference of 1926 in Paris, of which he was the US delegate, had requested that the Bureau should act as a "regional organization" of the *Office internationale d'Hygiène publique* for the collection of health statistics and epidemiological information from the Americas, and to this the Conference readily assented. The Conference also decided that members of national health departments might be appointed "travelling representatives" of the Bureau, which would defray their travel costs, while their governments would continue to pay their salaries.

Annexed to Cumming's report were financial statements for fiscal years 1924-25, 1925-26 and 1926-27, which showed that expenditure on salaries amounted respectively to \$4416.67, \$6002.50, and \$8068.34, while that on travel costs was \$1592.93, nil, and \$89.59. The relatively large expenditure on travel for the first of these fiscal years resulted from visits by Dr John D. Long, Assistant to Cumming, but still a US Assistant Surgeon-General. At the Seventh Conference in 1924 Long had been elected Vice-Director, and in the following year another US Assistant Surgeon-General—Dr Bolivar J. Lloyd—was seconded to the Bureau as the Director's Assistant on a part-time basis. However, by November 1928 he was devoting his entire time to the Bureau.³³

Ninth Pan American Sanitary Conference

In his report to the Ninth Conference, held in Buenos Aires, Argentina, from 12 to 22 November 1934, Cumming proudly stated: "fourteen years ago, when the Pan American Sanitary Conference did me the honor of electing me as Director of the Pan American Sanitary Bureau, it existed in name only".³⁴ By the time of Cumming's report the Bureau had a total staff of nine, all the technical responsibilities being assumed by public health staff of the US

³¹ *Actas de la Octava Conferencia Sanitaria Panamericana de las Repùblicas Americanas celebrada en Lima, Perù, desde el 12 hasta el 20 de octubre de 1927*. Published as the first (January) number of volume 7 of the *Boletín de la Oficina Sanitaria Panamericana*, 1928.

³² CUMMING, H. S. Organización, desarrollo, funciones y estado actual de la Oficina Sanitaria Panamericana. *Boletín de la Oficina Sanitaria Panamericana*, 7: 291 (1928).

³³ See footnote 17, p. 4.

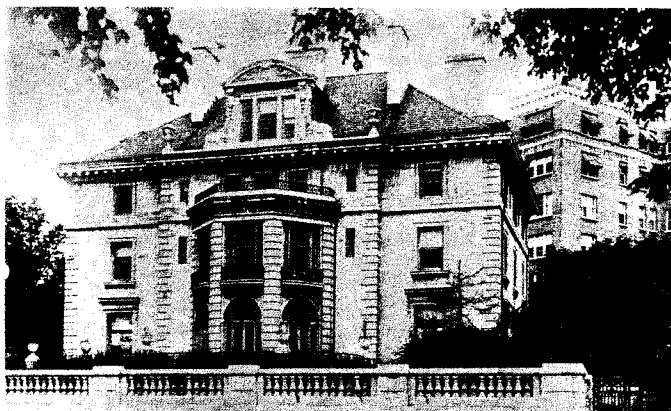
³⁴ *Actas de la Novena Conferencia Sanitaria Panamericana*. Washington, Oficina Sanitaria Panamericana (Publicación No. 100), 1935, p. 47.

Public Health Service seconded for work in the name of the Bureau. As Cumming was to recall some years later, "the field activities of the Pan American Sanitary Bureau began with the appointment of Dr John D. Long as Travelling Representative in August 1928."³⁵ Long and other staff seconded from the US Public Health Service could hardly have been accommodated by the Bureau, for Cumming complained in his report that only a single office was available on the premises of the Pan American Union for the Director, his Assistant, and the remaining staff.

From 27 May to 8 June 1929 there had been held in Washington the first meeting of the Directing Council of the Bureau. The principal task accomplished at this meeting was the drafting of a "Constitution and Statutes of the Pan American Sanitary Bureau", which was approved with minor changes by the Ninth Pan American Sanitary Conference.³⁶ It is to be borne in mind that the Bureau was still, by definition, not an organization but an "executive Board" of changing composition, whose members were elected at each Pan American Sanitary Conference and continued to reside and be employed in their own countries.

The new Constitution provided that the Directing Council ("Junta" in the original Spanish title),³⁷ which was in fact synonymous with the Bureau, should consist of nine "titular" members, including an Honorary Director, a

Fig. 6. The first premises of the Pan American Sanitary Bureau at 2001 Connecticut Avenue, Washington D.C., which were acquired in 1947. Most of the early records of the Bureau, founded in 1902 as the International Sanitary Bureau (ISB), were destroyed, but such business as it had during its first eight or nine years must have been conducted from the office of its Chairman—i.e., the Office of the US Surgeon-General. In 1910 the Fourth International Conference of American States approved a proposal that one office should be made available to the ISB in the premises of the International Bureau of American Republics. However, as the ISB had no staff for the first two decades of its existence, the exiguity of this accommodation was not such a handicap as it was later to become.



Director, a Vice-Director, a Secretary, the Provisional President of the next Pan American Sanitary Conference, and four members—all of them to be elected at each Conference. All titular members had voting rights. In addition, there were "ex-officio members", who had the right to participate in meetings but not to vote. These were the Assistant to the Director (who was always an Assistant Surgeon-General of the US Public Health Service) and "Travelling Representatives" (who were almost invariably staff of the US Public Health Service).

It was provided that in case of prolonged absence, resignation, death, or incapacity of the Director, he should be replaced by the Vice-Director *unless* (as was now invariably the case) he did not reside in Washington, when the Assistant to the Director would assume the Director's duties *ad interim*. At the time that this constitution was adopted, the Assistant to the Director was Dr Bolivar J. Lloyd and the Travelling Representative Dr John D. Long—both of the US Public Health Service and appointed solely at the discretion of the Director. Cumming, who, it will be recalled, had been appointed US Surgeon-General in 1920 and elected as Director of the Bureau in the same year, was to be repeatedly re-elected and to act in this dual capacity until 1936, when he retired from the US Public Health Service, continuing as the Bureau's Director until 1947.

As for the financing of the Bureau's activities, the Constitution provided that the annual budget should be not less than \$50 000, to be provided by a levy of 21.5 gold US cents (*sic*) per 1000 inhabitants of countries adhering to the Pan American Sanitary Code. In more easily comprehensible terms, the scale of contributions was 215 gold US dollars per million inhabitants.

Tenth Pan American Sanitary Conference

In his report to the Tenth Pan American Sanitary Conference, held in Bogota, Colombia, from 4 to 18 September 1938, Cumming gave a brief historical survey of the Bureau's activities since its inception, concluding that its "work as carried out in recent years would not have been possible had it not been for the cooperation of the United States Public Health Service in detailing certain

³⁵ *Annual Report of the Director. Fiscal Year 1936-37*. Washington, Pan American Sanitary Bureau, [no date], p. 11.

³⁶ The final text is included in the conference proceedings, pp. 435-440.

³⁷ "Junta" in the original Spanish title was later replaced by "Consejo".



Fig. 7. On 22 April 1949, Dr G. Brock Chisholm, the first Director-General of WHO, and Dr Fred Lowe Soper, the first Director of the newly-born Pan American Sanitary Bureau (PASB), now the headquarters and secretariat of the Pan American Sanitary (later Health) Organization, signed an agreement. This provided not, as laid down in the WHO Constitution, that the PASB should be "integrated" with WHO, but that it should serve as its regional office for the Western Hemisphere. Long before his election in 1947 by the XII Pan American Sanitary Conference as Director of the PASB, Soper was internationally known for his dynamic public health work for the International Health Board of the Rockefeller Foundation, notably in the fields of hookworm disease, yellow fever, and typhus. After completing his original term of office with the PASB he was twice re-elected, thus serving for a total of 12 years. From 1960 to 1962 he directed the SEATO Cholera Research Laboratory, Dacca, and was then appointed special consultant to the US Public Health Service. Fred Lowe Soper was born in 1893 in Kansas, USA, where he died in 1977.

of its officers to the Sanitary Bureau as Travelling Representatives and in other capacities". However, in his report for fiscal year 1936-37, Cumming pointed out that a sanitary engineer, Mr William Boaz, had been employed by the PASB since March 1937, and that his status was "different from other field workers in that his salary as well as his expenses are paid from funds of the Bureau."³⁸

Addressing himself to the future of the Bureau, Cumming pointed out that activities could be "expanded almost indefinitely with advantage to all the people of all the American Republics". However, he added, "I do not believe that it is worth the trouble to make suggestions, unless the Bureau receives more funds". He pointed again to the need for more office space, stating that the Bureau still had only a single office in the building of the Pan American Sanitary Union, "and this space is already occupied by 11 persons, including the Director".³⁹

The Conference heeded Cumming's plea for more funds by modifying the Constitution *ad referendum* to provide for an annual budget of not less than \$100 000, in order to provide which the

scale of contributions from participating countries was raised to forty American cents⁴⁰ per thousand inhabitants of participating countries.⁴¹ Further amendments provided that election of members of the Directing Council (which was synonymous with the Bureau) should, "with the possible exception of the Director", be governed by the principle of rotation of membership between all the countries.

The membership of the Council was increased from nine to eleven, comprising the Director and Vice-Director, two Counsellors, and seven members. Members were to be elected by the Pan American Sanitary Conferences by secret ballot, were to remain in office until the subsequent Conference, and could not be re-elected. While members were elected in a personal capacity, they must be linked to their national public

³⁸ See footnote 35, p. 24.

³⁹ See footnote 33, p. 18.

⁴⁰ Not "gold cents".

⁴¹ *Actas de la Décima Conferencia Sanitaria Panamericana, Bogotá, Setiembre 4-14, 1938.* [Washington]. Oficina Sanitaria Panamericana, Publicación No. 136, 1939, p. 765.

health administration, and their election was subject to the approval of their governments.⁴²

As for *ex officio* members, these were to be only the Chief of the Travelling Representatives (of which there were then four), and the Editor (Dr A. A. Moll) of the Bureau's monthly bulletin, who was also Secretary *ex officio*. Persons who had made distinguished contributions to Pan American health could be elected honorary members. Another change was that in case of prolonged absence, resignation, death, or incapacity of the Director, and inability (as was always the case) of the Vice-Director to assume his functions, he would be provisionally replaced—not by the Assistant to the Director—but by someone designated by the remaining members of the Council. In the amended Constitution there is no mention of an Assistant to the Director. Nevertheless, essentially the same office is included—as Assistant Director—in a list of officers of the Bureau published shortly after the Conference, the incumbent being Dr Edward C. Ernst, an Assistant Surgeon-General of the US Public Health Service.



Fig. 8. Dr Abraham Horwitz, who succeeded Dr Fred L. Soper, was elected Director of the Pan American Sanitary Bureau in 1958 by the XV Pan American Sanitary Conference, originally for a term of four years. At the three subsequent quadrennial conferences he was re-elected, thus completing a total of 16 years as the PASB Director. Paying tribute to his achievements during his long tenure of office, the XIX Pan American Sanitary Conference stated that they would "remain as a perennial example of noble zeal and devotion to the cause of health of the peoples of the Americas." Before becoming Director of the PASB, Horwitz was Director of the School of Public Health, University of Chile, Santiago, and had previously been associated with the PASB as Chief of the Department of Professional Education and Acting Chief of the Division of Public Health.

Eleventh Pan American Sanitary Conference

The Eleventh Pan American Sanitary Conference was held in Rio de Janeiro, Brazil, from 7 to 18 September 1942, and Cumming was for the fifth and last time re-elected Director of the Bureau.⁴³ In his report on the Bureau's activities during the fiscal year 1941-42, he again drew attention to the "lack of office space and facilities" that had been a handicap for some years, adding that the problem was still awaiting solution.

Up to and including the Tenth Conference, named individuals had been elected to fill seats on the Directing Council. As he had done before, Cumming drew attention to the difficulties that arose from this practice. He urged the Eleventh Conference to interpret the Constitution and Statutes of the Bureau in the sense that countries should be elected to designate members of the Council,

thereby eliminating any possibility of the occurrence of embarrassing situations such as have arisen in the past when positions on the Council were held by persons no longer having official status in their country.

In fact, Cumming himself had not had such status since 1936, but the Conference agreed to his proposal and duly elected 7 countries, each to appoint one of its nationals to membership of the Council.⁴⁴

After the Second World War

In 1946, there were developments that posed a threat to the continued existence of the Pan American Sanitary Bureau and Conferences. The Economic and Social Council of the United Nations had decided to call an international conference to establish a *single* international health organization, and in March 1946 a Technical

⁴² *Ibid.*, p. 766.

⁴³ *Atas da XI Conferência Sanitária Panamericana, Rio de Janeiro, Setembro 7-18, 1942.* [no place or date of publication]. (Editorial matter, the Final Act, and Resolutions are in Portuguese, interventions in the discussion being in English, Portuguese, or Spanish according to the language of the speaker).

⁴⁴ *Ibid.*, p. 1070.

Preparatory Committee met in Paris to prepare proposals for the conference. Cumming and Moll attended as observers, prematurely describing themselves as representatives of the "Pan American Sanitary Organization", which was not to be constituted until more than a year later.⁴⁵

The only question of substance on which the Technical Preparatory Committee could not reach agreement was that of the status of regional health organizations in relation to the new universal organization. A Pan Arab Regional Health Bureau was established in Alexandria in 1946, but there was never any question that it should continue as a separate entity. In fact, the only "regional organization" in question was the Pan American Sanitary Bureau. As a result of the failure to reach agreement, two conflicting proposals were submitted to the International Health Conference, which was held in New York from 19 June to 22 July 1946.

The first proposal, for which nine members of the Technical Preparatory Committee had voted, was that there should be a "transformation of already existing organizations" to become regional offices of WHO. According to the second proposal, which obtained six votes, "special arrangements" should be made with existing regional organizations, which would maintain their separate identity.⁴⁶

The decision of the International Health Conference, as formulated in the WHO Constitution, was that each regional organization should be an "integral part" of WHO (Article 45), and, specifically, that the PASB should be "integrated" with WHO "as soon as practicable" (Article 54), these Articles being included on the understanding that the word "integrate" meant "entirely becoming part of a single organization".⁴⁷

The Twelfth Pan American Sanitary Conference was held in Caracas, Venezuela, from 11 to 24 January 1947.⁴⁸ Delegates from 20 republics of the Western Hemisphere—all of which had signed the WHO Constitution—participated. It might be supposed that the first preoccupation of these delegates would have been to consider how the WHO Constitutional requirement of integration—and, by implication, dissolution of the PASB, might most smoothly be accomplished.

However, regional solidarity was to prove stronger than fidelity to the letter of the WHO Constitution. What emerged was a decision to consolidate the separate identity of the PASB by constituting the "Pan American Sanitary Organization" (PASO), consisting of four organs: The Pan American Sanitary Conference; the

Directing Council; the Executive Committee; and the PASB. Thus, in the new PASO Constitution the PASB formally became, not an "executive board", but the headquarters and secretariat of a regional organization. As has been mentioned earlier, the Conference and the Council are in fact indistinguishable in all but name, both being composed of delegations from all member countries.

In the original draft of the PASO Constitution it was provided that the Bureau and its personnel should be of an "international character".⁴⁹ This term evoked strong opposition, several delegates proposing to substitute "American", "Inter-American", or "Pan American" for "international". The Uruguayan delegate asked whether such a change would preclude the appointment of non-American consultants or advisers. In response to this point, the delegate of Ecuador proposed that "international" should be changed to "inter-American", but that after "consultants or advisers" should be added the words "American or not".⁵⁰ A vote was taken separately on each of these proposed amendments, the first being carried by fourteen votes to four, and the second with only one dissent. The Conference unanimously elected Dr Fred L. Soper as Director of the Pan American Sanitary Bureau and Dr Hugh S. Cumming as Honorary Director.

The first meeting of the newly constituted Directing Council—consisting of representatives of all member countries—took place in Buenos Aires, Argentina, from 24 September to 2 October 1947. In the text of the Constitution finally adopted by the Council, the word "inter-American" disappeared, to be replaced by "international".⁵¹ However, this did not signify any weakening of Panamerican sentiment, for the Council authorized its Executive Committee to act "as Negotiator with the Negotiating Sub-

⁴⁵ Minutes of the Technical Preparatory Committee for the International Health Conference held in Paris from 18 March to 5 April 1946. *Official Records of the World Health Organization No. 1*. New York and Geneva, World Health Organization, Interim Commission, 1947.

⁴⁶ *Ibid.*, p. 67.

⁴⁷ Proceedings and Final Acts of the International Health Conference held in New York from 19 June to 22 July 1946. *Official Records of the World Health Organization No. 2*. New York and Geneva, World Health Organization, Interim Commission, 1948, p. 60.

⁴⁸ *Actas de la Décimasegunda Conferencia Sanitaria Panamericana*. Caracas, Enero 11-24, 1947. [Washington], Oficina Sanitaria Panamericana (Publicacion No. 241), [no date].

⁴⁹ *Ibid.*, p. 85.

⁵⁰ *Ibid.*, p. 92.

⁵¹ *Boletín de la Oficina Sanitaria Panamericana*, 26: 839 (1947).

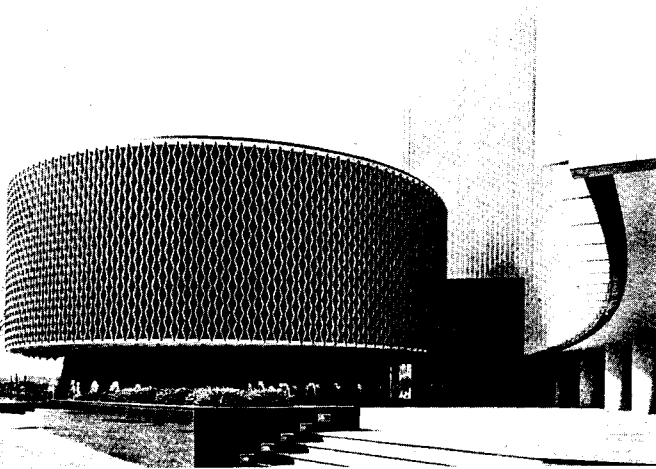


Fig. 9. This superb building at the intersection of Virginia Avenue and 23rd Street, Washington, DC, was specially designed by the Uruguayan architect, Román Fresnedo Siri, as the headquarters of the Pan American Health Organization (PAHO) and seat of the Pan American Sanitary Bureau (PASB). The tall ten-storey building contains offices for the PASB staff and conference rooms for small meetings, while the circular structure is for larger meetings such as those of the Pan American Sanitary Conferences and of the Directing Council of PAHO. The site of the building was donated by the US Government, and the building costs were largely covered by a munificent subsidy of \$5 million provided by the W. K. Kellogg Foundation. The building was formally inaugurated on 29 September 1965. In 1938 the then Director of the PASB had complained that its staff of 11, including himself, disposed of only a single office in the building of the Pan American Union.

Committee of the World Health Organization” on condition that “the Pan American Sanitary Organization should continue to function as an independent entity for the solution of problems of continental character.”⁵² The Council also increased the annual quota contribution from \$0.40 to \$1.00 per thousand inhabitants, and decided “to establish an additional voluntary quota, the amount of which should be in accordance with the economic capacity of each country”⁵³

It remained for the new organization to come to a working arrangement with the World Health Organization, and this was achieved on 22 April 1949, when the Director-General of WHO (Dr Brock Chisholm) and the Director of the PASB (Dr Fred Soper) signed a formal Agreement, which was approved on 30 June of the same year by the Second World Health Assembly. This provided (Article 2) that the Directing Council (and every fourth year the Pan American Sanitary Conference) and the PASB should “serve respectively as the Regional Committee and Regional Office” of WHO for the Western Hemisphere, and that “in deference to tradition, both organizations shall retain their respective names ...”⁵⁴ In fact, this arrangement was in deference not only to tradition but also to

the continued existence of the Pan American Sanitary Organization (PASO) as an “independent entity”, for the next Article (3) provided that it could carry out and finance its own programmes in the Western Hemisphere provided that they were “compatible with the policy and programmes” of WHO.

In 1951 the new Directing Council of PASO approved at its fifth session Financial Regulations for the organization, and these were amended on several subsequent meetings.⁵⁵ Article 5.1 of these Regulations provides that the budget should be financed by contributions from Member States “according to Article 60 of the Pan American Sanitary Code”, and Article 5.2 that it should be augmented by supplementary contributions, by contributions from new Member States, from France, the Netherlands and the United Kingdom in respect of their territories within the Region of the Americas, and by miscellaneous income. Article 60 of the Pan American Sanitary Code provides that “for the purpose of discharging the functions and duties of the Pan American Sanitary Bureau a fund of not less than \$50 000 shall be collected by the Pan American Union, apportioned among the Signatory Governments on the same basis as are the expenses of the Pan American Union”.⁵⁶

After 45 years of existence in various forms the PASB at last acquired its own premises in 1947 in the form of a rented mansion at 2001 Connecticut Avenue in Washington, D.C. During the following year it also rented two adjacent houses, but this accommodation soon proved to be inadequate and in 1952 it purchased, with the aid of interest-free loans from the Kellogg and Rockefeller Foundations,⁵⁷ adjacent buildings at 1501 and 1515 New Hampshire Avenue (Dupont Circle). In 1965 the PASB moved, thanks to a \$5 000 000 subsidy from the Kellogg Foundation, to its present elegant, but purpose-built, headquarters at Virginia Avenue.⁵⁸

The Fifteenth Pan American Sanitary Conference had changed the name of the organization

⁵² *Pan American Sanitary Organization. Final Reports of the First, Second and Third Meetings of the Directing Council.* Washington, Pan American Sanitary Organization (Publication No. 247), 1950, p. 3.

⁵³ *Ibid.*, p. 5.

⁵⁴ *Basic Documents*, 28th ed. Geneva, World Health Organization, 1978, pp. 38–39.

⁵⁵ *Basic Documents of the Pan American Health Organization*, 13th ed. (Official Document No. 163), Washington, Pan American Health Organization, 1979, pp. 87–99.

⁵⁶ *Ibid.*, p. 5.

⁵⁷ BUSTAMANTE, M. E. *op. cit.*, p. 72.

⁵⁸ *WHO Chronicle*, 19: 202 (1965).

to Pan American Health Organization in 1958, but no corresponding change was made either for the Conference or for the Bureau.

Discussion and conclusions

It was stated at the Technical Preparatory Committee of 1946 by Dr A. A. Moll, then Secretary of the Pan American Sanitary Bureau, that his was "the oldest of all international health organizations".⁵⁹ Similar claims have often been made. For example, Dr Fred Soper two years later described the PASB as "the first international health organization".⁶⁰ Much later (1977) Dr Myron Wegman wrote that the "Pan American Health Organization" (which was not constituted until 1947) was "the oldest of the international health agencies".⁶¹ Such claims have come to be accepted by sheer force of repetition, but they are not historically accurate.

There were, in fact, four international health organizations in the nineteenth century—two of them important and the other two not. In the former category were the *Conseil Supérieur de Santé de Constantinople*, which originated in 1838 and continued until its dissolution in 1923 by the Treaty of Lausanne of the League of Nations, and the *Conseil Sanitaire, Maritime et Quarentenaire* of Alexandria, which was established in 1881 and was dissolved by the fourteenth International Sanitary Conference in 1938. The first of these organizations had by 1848 no less than 63 local health offices located at strategic coastal and inland points of the vast Ottoman empire, each headed by a Moslem director and a European-trained physician, and each reporting weekly to the Constantinople headquarters. It may be argued that these were not "health organizations" but international quarantine organizations, but the same is true of the PASB until it became in 1947 the headquarters and secretariat of an organization with a coherent programme.

To recall the existence of these earliest examples of international organizations that were intended to limit the spread of epidemic diseases is not to imply that they were in any way antecedents of the Pan American Sanitary Bureau in its capacity, for more than three decades, as the operational arm of the Pan American Health Organization (PAHO). Nevertheless, for its first 45 years the PASB was essentially concerned with inter-American quarantine regulations that had to be agreed, as was the case with the International Sanitary Conferences in Europe since 1851, at intergovernmental meet-



Fig. 10. Dr Héctor Acuña Monteverde, of Mexico, was elected by the XIX Pan American Sanitary Conference as Director of the Pan American Sanitary Bureau (PASB) for a four-year term beginning in February 1975. Born in Sonora, Mexico, in 1921, Dr Acuña received a degree in surgery from the School of Medicine of the National Autonomous University of Mexico in 1947 and a Master's degree in public health from Yale University in 1951. He entered PAHO in 1954, serving as Chief Medical Adviser in the Dominican Republic, El Salvador, and Guatemala. In 1962 he joined the staff of the WHO Regional Office for the Eastern Mediterranean as WHO Representative and Chief Medical Adviser in Pakistan. On returning to Mexico in 1964, he held various public and private posts. In 1971, he became Director of International Affairs, Secretariat for Health and Welfare, Mexico, the post he held at the time of his election as Director of PASB. In 1979 Dr Acuña was re-elected for a further term of four years.

ings held every few years. Such field work as was undertaken was on a minimal scale, bilaterally sponsored, and concerned only with epidemic diseases.

⁵⁹ See footnote 45, p. 14.

⁶⁰ *Boletín de la Oficina Sanitaria Panamericana*, 27: 912 (1948).

⁶¹ WEGMAN, M. E. A salute to the Pan American Health Organization. *American Journal of Public Health*, 67: 1199 (1977).

