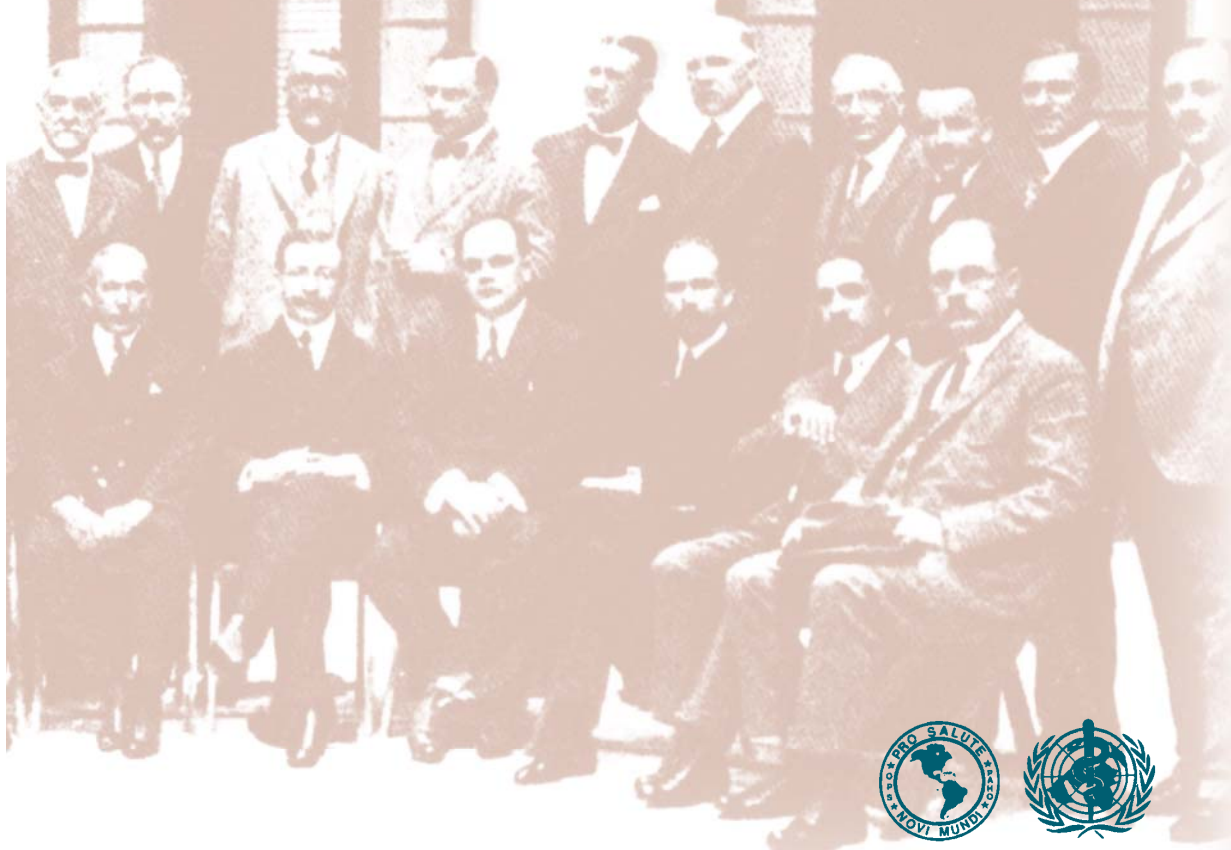


The Pan American Sanitary Code

Toward a Hemispheric Health Policy



PAN AMERICAN HEALTH ORGANIZATION
Pan American Sanitary Bureau, Regional Office of the
WORLD HEALTH ORGANIZATION

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The Pan American Sanitary Code: Toward a Hemispheric Health Policy

Gregorio Delgado García¹, Eduardo Estrella², and Judith Navarro³

BACKGROUND

The Pan American Sanitary Code was signed *ad referendum* by 18 countries of the Americas in the assembly hall of the former Academy of Medical, Physical, and Natural Sciences (now the Dr. Carlos J. Finlay Museum of Science History) on 14 November 1924 in Havana, Cuba, during the Seventh Pan American Sanitary Conference. The Code, which was eventually ratified by all the republics of the Americas and remains in force today, represents the greatest achievement in health policy-making in the American hemisphere and the culmination of decades of international initiatives aimed at prolonging people's lives and ensuring their happiness.

Contagious diseases had been the greatest obstacles to progress toward these social goals. To combat them, nations had relied on the practice of quarantine, a medical-political model applied since the Middle Ages, whose documented use dates to the administration of the port of Venice in the 14th century. In the face of the threat of plague or a virulent epidemic, this “emergency regulation” was applied not only to control ships arriving at port, but also in cities to stop the spread of the disease, oversee the sick, protect the healthy, disinfect homes with perfume and incense, and bury the dead. The segregation of lepers and their banishment from cities was also an important aspect of this model.

With European colonial expansion, the development of communications, and the potential for the spread of exotic illnesses, quarantine became an indispensable public health weapon. Nevertheless, it was bad for trade and the economy, whence the need for a positivist medical science and for public

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**Dr. Carlos Manuel de Céspedes y de Quesada,
Secretary of State of the Republic of Cuba**

... la reunión en La Habana de la Séptima Conferencia Sanitaria Panamericana es un hecho trascendental que, de antemano, ocupaba la atención pública en nuestros países respectivos por las esperanzas que, en el lisonjero éxito de vuestros importantes trabajos, tienen cifradas las naciones de América en cuanto dice relación con el objeto principal de la misma y con el gran movimiento de avance internacional, en todos los órdenes, de que es convencido y entusiasta propulsor nuestro Continente, porque las aspiraciones de mejoramiento sanitario son factores esenciales del programa de paz, civilización y progreso del panamericanismo que, abrazado al ideal de felicidad de nuestros pueblos, va a rendir aquí gloriosamente la Séptima Jornada de esta magna obra.

health and hygiene measures that would reduce quarantine periods for ships and ports and, if at all possible, do away with the economically disadvantageous quarantine model. This was the thinking that led authorities in the industrial economies of Europe, in the early 19th century, to begin establishing national health regulations and to launch an international movement for cooperation in health.

Without question, the cholera epidemic that ravaged Europe in 1848 proved the best ally of English public health authorities, who, faced with the horrible spectacle of some 54,000 deaths, called for the imposition of order. As a result, England initiated health reforms based on the collection of demographic and health data, established health posts, enacted health policies, conducted studies on the causes of diseases, and, on the basis of their findings, applied prevention and control measures. This was the origin of England's National Public Health Act and General Board of Health, both important landmarks in the history of public health.

Following England's example, Germany and France also launched public health movements aimed at imposing internal order through the creation of public health institutions; the adoption of codes and regulations; the introduction of the new concept of "medical police" for surveillance and control of public health; the application of new preventive medicine approaches; the use of statistics as a basis for public health; and the establishment of public health as a scientific discipline.

Spain also began to reform its obsolete public health system in the late 18th century, which had repercussions in its American colonies. The Spanish system centered around the institution of the Royal Tribunal of the Protomedicato, created in 1477 and officially transferred to the Americas (Mexico and Peru) in 1570. The reforms gave rise to the Royal Governing Boards of Medicine, Surgery, and Pharmacy, which in the early 19th century would be complemented by the Royal Boards of Vaccination, Welfare, and Charity with different administrative levels.

Nevertheless, because the threat of cholera, yellow fever, and bubonic plague transcended national borders, it was deemed essential to internationalize public health problems and put in place an external order, one that would be supranational and binding. This led to a series of international health conferences that had two fundamental objectives: to overcome the obstacles that were hindering trade and transport, and to defend Europe and the civilized states from exotic diseases.

The English public health tradition had a decisive impact on the organization of public health in the United States. By the early decades of the 19th century, the office of health inspector had been instituted in the country's main cities. The office was responsible for health administration, control of epidemics, and collection and processing of statistical data. The cholera epidemics of 1830 and 1849 caused hundreds of thousands of deaths. In the city of New Orleans, Louisiana, alone, 8,000 of the 55,000 inhabitants died. The country's various states responded to the threat of these epidemics by establishing health departments: Louisiana created its department in 1855; Massachusetts, in 1869; and California, in 1870. In 1872, the American Public Health Association was founded, and in 1879, the National Board of Health. In 1878, ports in the United States were officially quarantined as a direct result of the fourth cholera pandemic, which began in India in 1863, spread quickly to Europe via the Red Sea and pilgrims to Mecca, and invaded large areas of the Americas. In 1883, responsibility for interstate and international quarantine was entrusted to the Supervising Surgeon General of the Marine Hospital Service (in 1912 this service became the United States Public Health Service, which would play a pivotal role in the development of the Pan American Sanitary Bureau).

At the same time, during the second half of the 19th century, the United States emerged as a world leader in the development of capitalism, and it began to wield tremendous influence over the other countries of the Americas. Their economies, built on the production of raw materials and the export of agricultural products, were dependent on international capital. The ports of these countries were crucial to their trade relations, since all the wealth produced in the interior had to pass through them on its way to other countries. Maintenance of a steady flow of products and continued extraction of natural riches were contingent on smooth operation of the ports. For this reason, ports became the focus of public health activities. Assuring good sanitary conditions in ports and production centers thus became a necessary condition for economic development in the Americas—indeed, it was an urgent need, of which the occurrence of yellow fever, bubonic plague, and cholera epidemics and the perpetual threat of malaria were a constant reminder.

It was in this context—building on the public health tradition in the United States and the growing public health movement in the Latin American countries, led by Cuban health experts—that an order for the Americas was created to address a critical problem affecting trade and the free circulation of goods. Thus emerged the Pan American public health movement, the institution known as

**Dr. Gregorio Aráoz Alfaro,
Delegate of the Republic of Argentina**

... fue Cuba, Señores, la Isla riquísima y magnífica, cuyos titánicos esfuerzos por erigirse en pueblo independiente nos parecerían un cuento legendario si no los hubiera presenciado nuestra propia generación; Cuba, la bella, la ubérrima, centro de vieja y vasta cultura, la primera nación que pudo ofrecer al mundo el ejemplo de su obra estupenda de saneamiento y de progreso higiénico. Y era justo que así fuera, puesto que es a un gran cubano, el inmortal Finlay a quien la humanidad debe el trascendental descubrimiento del papel transmisor del mosquito, que había de salvar tantos millones de vidas y transformar tan radicalmente la situación sanitaria y económica de las regiones más ricas y más hermosas de la tierra. ... Todos esos esfuerzos son en mi país altamente apreciados y entusiastamente aplaudidos. Los citamos a menudo como ejemplo y como estímulo a nuestros discípulos y a nuestros gobernantes.





**Dr. Nascimento Gurgel,
Delegate of the
United States of Brazil**

... Brasil comparece tranquillo e confiante, a esta Séptima Conferencia Sanitaria Pan Americana, proclamando, sen ousadias e antes com modestia, os seus grandes feitos, mais que nunca confiante nas determinações que daqui partirem, e que interessarão sobremodo as nações americanas, e em particular as latino-americanas. ... Com os melhores augurios, e em nome do Brasil saúdo cordialmente a todas as nações da America, á Séptima Conferencia Sanitaria Pan Americana, a todos seus membros.

the Pan American Sanitary Bureau, and an international treaty known as the Pan American Sanitary Code. Underlying the creation of this order, this institution, and this code was a basic ethical concern for people's health.

INTERNATIONAL CONFERENCES FOR HEALTH

The First International Sanitary Conference was held in Paris from 23 June 1851 to 19 January 1852. This gathering, which represented the first attempt at internationalizing public health problems, was attended by 12 countries—11 European and one Asian country—which were interested in reaching an agreement on the minimum conditions for maritime quarantine and thus rendering an important service to trade and shipping in the Mediterranean, as well as protecting the public health. Each country was represented by two delegates, one a physician and the other a diplomat. After 48 plenary sessions and numerous committee meetings, an international health agreement comprising 137 articles was approved. The representatives of the 12 nations signed the first draft of the agreement on 19 December 1851 and a revised draft the following 16 January. The signatures of the representatives were not binding on their respective governments, however, and four months later only five countries had signed the agreement officially; moreover, those signatures had yet to be ratified. On 18 May 1852, France and Sardinia exchanged instruments of ratification, and the agreement went into effect between those two countries. Portugal became a party later. Notwithstanding, in 1865 Portugal and Sardinia withdrew from the agreement, rendering it null and void.

The Second International Sanitary Conference, in which no physician delegates participated, took place in 1859, also in Paris, and lasted five months. A new draft international health agreement was approved by the majority of the delegates at that conference, but ultimately nothing came of it. The Third Conference, held in Constantinople in 1866, also failed to leave any lasting mark.

The most noteworthy feature of the Fourth International Sanitary Conference, which met in Vienna during the entire month of June 1874, was the presentation by the delegation of France of a proposal to establish an international permanent commission on epidemics, to be headquartered in Vienna, which was approved unanimously. The commission was to be made up of doctors designated by the participating governments. Its main objectives would be to study cholera etiology and prophylaxis, the epidemiology of the disease in ships and ports, and its incubation period, as well as rainfall patterns and

environmental conditions in the regions of the Eastern Mediterranean and the Black Sea that might favor the spread of cholera. A new international health code would be drafted based on the findings of those studies.

At the Fifth International Sanitary Conference, held in Washington, D.C., from January to March of 1881—the first such conference to be held in the western hemisphere and the first to be attended by representatives of countries of the Americas—the delegate of Austria-Hungary presented a proposal for establishing two permanent international agencies devoted to health reporting, one in Vienna and the other in Havana. The former would receive health reports from Europe, Asia, and Africa, while the latter's sphere of action would encompass the Americas and the islands located in the region, unless the state of telegraphic communications necessitated some change in this arrangement. Although this proposal was widely discussed and approved, it never became effective.

The following countries of the Americas were represented at the Fifth Conference: Argentina, Bolivia, Brazil, Chile, Haiti, Mexico, Peru, United States of America, and Venezuela. Canada, which had been a dominion since 1867, was represented by a special delegate included in Great Britain's delegation. Although they were then provinces of Spain, Cuba and Puerto Rico were represented by a special member of the Spanish delegation, Dr. Carlos J. Finlay. The most momentous event of this almost overlooked conference was Finlay's presentation of his theory of the "third independent condition" for the occurrence of yellow fever. He expressed the view that three conditions are necessary for the spread of the disease, namely: (1) that someone have been ill with the disease within a certain timeframe, (2) that there be a susceptible person, and (3) that there be an agent "entirely independent for its existence both of the disease and the sick man, but which is necessary in order that the disease shall be conveyed from the yellow fever patient to a healthy individual." The presence of this agent and its destruction or elimination from the routes through which the disease is spread, as Finlay advocated at the conference, would become the pillars of public health action in the 20th century.

Sanitary conferences continued to be held throughout the remainder of the 19th century: the sixth in Rome (1885), the seventh in Venice (1892), the eighth in Dresden (1893), the ninth in Paris (1894), and the tenth in Venice (1897). At each one, an international agreement of limited scope—mainly related to cholera and plague—was established. All these agreements had two basic objectives: first, to overcome the obstacles to trade and transport and, second, to protect Europe from epidemics of exotic diseases.



Dr. Carlos Graf, Delegate of the Republic of Chile

... como hermanas todas, en el mundo de Colón, nos reunimos una vez más sus delegados, anhelando el progreso y la posible perfección de sus instituciones sanitarias, avanzando nuevos pasos que serán firmes y seguros, dado el espíritu que nos alienta, para mantener la salud, el bienestar y desarrollo correcto de nuestras razas, librarlas de las asechanzas de la hidra de cien cabezas del vicio y del dolor, y en cuanto es posible, extender esos beneficios a los demás pueblos de la tierra, ya que por ley natural los seres jóvenes deben ayudar con sus fuerzas a los más viejos.



**Dr. José de Cubas,
Delegate of the Republic of Guatemala**

... Las cuestiones sanitarias, que a su consideración y resolución, han de ser sometidas a la consideración de la Séptima Conferencia Sanitaria Panamericana son de importancia capital y de positivos resultados para el porvenir sanitario de la humanidad.

Independent of the results of these conferences, Argentina, Brazil, and Uruguay, meeting in Rio de Janeiro on 25 and 26 November 1887, signed an international sanitary convention. Several months earlier, on 3 July of the same year, the government of Peru had invited all the nations of the Americas to an American Sanitary Congress, which was to take place in Lima on 1 November, but that did not occur until 2 January 1888. Only Bolivia, Chile, Ecuador, and Peru were represented at that congress, which lasted until 12 March and resulted in a convention whose provisions touched on several important issues, including the prevention of yellow fever.

The First International Conference of American States, held in Washington, D.C., from 2 October 1889 to 19 April 1890, provided a major impetus for Pan Americanism (and was the main topic of 11 chronicles filled with political warnings by the Cuban writer and patriot José Martí, which were published in the Buenos Aires newspaper *La Nación*). During the session of 7 December 1889, the delegates approved the creation of a Tenth Committee, composed of seven members from five countries (Brazil, Nicaragua, Peru, the United States, and Venezuela), to consider and report on the new methods of establishing and maintaining health regulations in trade between the various countries represented at the Conference. The Tenth Committee recommended, and the Conference endorsed the recommendation, that the American republics adopt the International Sanitary Convention of Rio de Janeiro (1887) or the text of the Sanitary Convention from the Lima Congress (1888).

With the historical background of these international health agreements, the Second International Conference of American States (Mexico City, 22 October 1901–22 January 1902) created a Tenth Committee, which presented a report in January 1902 that was approved by the Conference. It recommended that the International Bureau of the American Republics (today the Organization of American States) call a general convention of representatives of the health organizations of the American republics to formulate sanitary agreements and regulations and to periodically hold health conventions. It also recommended that the general convention designate a permanent executive board to be known as the International Sanitary Bureau, with headquarters in Washington, D.C.

THE INTERNATIONAL SANITARY BUREAU AND THE FIRST PAN AMERICAN SANITARY CONVENTIONS

The First International Sanitary Convention of the American Republics took place in Washington, D.C., from 2 to 5 December 1902, and was attended by

representatives of 10 countries. On 2 December, the day the convention opened, the International Sanitary Bureau was founded and assigned the following functions:

- (a) To urge each Republic to promptly and regularly transmit to the Bureau all data relative to the sanitary conditions of their respective ports and territories.
- (b) To obtain all possible aid for a thorough, careful, and scientific study and investigation of any outbreaks of pestilential disease which may occur in any of the said Republics.
- (c) To lend its best aid and experience toward the widest possible protection of the public health of each of the republics in order that disease may be eliminated and that commerce between the said Republics may be facilitated.
- (d) To encourage and aid or enforce in all proper ways the sanitation of seaports, including sanitary improvements of harbors, sewage, drainage of the soil, paving, elimination of infection from buildings, and destruction of mosquitoes and other vermin.

The early days of the International Sanitary Bureau were tremendously important, although its activity was limited in scope and centered mainly around the internationalization of health problems and the formulation of recommendations. Several International Sanitary Conventions—which later came to be called Pan American Sanitary Conferences—were convened, at which delegates of member countries approved and promoted proposals put forward by the Bureau's members.

Among the obligations assumed by the countries upon joining the new International Sanitary Bureau, the most noteworthy were the supply of information on sanitary conditions, the reduction of quarantines to the shortest possible periods without compromising public safety and scientific knowledge, and the sanitation of seaports. In order to attain this last objective, the theory regarding the prevention of yellow advanced by Finlay at the 1881 Conference was to be put into practice, which meant addressing “the third independent condition.” This third condition had been further described by Finlay several months later at a session of the Academy of Sciences of Havana on 14 August

Dr. Charles Mathon, Delegate of the Republic of Haiti

... De cette réunion sortira surement le plus grand bien pour la prospérité des Nations du Nouveau Monde. Quel est, en effet, le but que poursuivent ces sortes d'Assemblées? C'est de diminuer les maladies auxquelles l'Humanité est exposée, restreindre leur chance de contamination et leur virulence, augmenter la natalité, reculer le terme fatal de la vie aussi loin que possible et, par ainsi, rendre prospères et fortes les Nations.





**Dr. Arístides Agramonte,
Delegate of the Republic of Honduras**

... Me complace de manera particular en esta oportunidad, tomar parte en este concurso, siquiera sea porque hace justamente 23 años en esta misma ciudad, y en ocasión análoga de reunirse un congreso de médicos panamericanos que anunció al mundo científico, por mis labios, en lengua castellana, y por el malogrado Coronel Reed, en lengua inglesa, la refutación que convirtiera en doctrina, la teoría sustentada por nuestro ilustre compatriota Carlos Finlay que sirvió para extirpar —yo creo que para siempre— el azote de la fiebre amarilla, que abundaba en los países aquí representados.

1881, when he presented his work “The Mosquito Hypothetically Considered as the Agent of Transmission of Yellow Fever.” Subsequent experimental studies conducted by the Cuban scientist and by the fourth United States Army Commission for the Study of Yellow Fever, led by Walter Reed in 1900, confirmed Finlay’s theory, and elimination of the mosquito immediately became the focus of the new sanitary action, yielding direct benefits for the health of the population.

The Eleventh International Sanitary Conference was held in Paris the year after the Bureau’s creation (1903). Its main task was to unify the four sanitary agreements approved by previous conferences and recast them as a single instrument, the International Sanitary Agreement of 1903, whose provisions related to cholera as well as plague and yellow fever. These were three illnesses with totally different modes of transmission, for which, for the first time, a set of universally accepted scientific data was available. The Surgeon General of the United States Public Health Service, William C. Gorgas, described the work carried out by the fourth United States Army Commission for the Study of Yellow Fever, which confirmed Finlay’s discovery, and the subsequent campaign aimed at eradicating *Aedes aegypti* from Havana, which was led by Gorgas himself. However, the 1903 International Sanitary Convention of Paris did not apply to the Americas. Hence, in 1904, in Rio de Janeiro, the republics of Argentina, Brazil, Paraguay, and Uruguay signed a new International Sanitary Convention, completely separate from the activities of the International Sanitary Bureau in Washington.

The Second International Sanitary Convention, also held in Washington, D.C., in October 1905, was a signal event because it defined the duties of the Bureau, namely, to codify international sanitary procedures, particularly for the control of yellow fever, based on the measures applied in Cuba, the Panama Canal Zone, and Mexico. Those measures were embodied in a first Pan American Sanitary Code, signed *ad referendum* in Washington, D.C., on 14 October 1905.

This first Code was so important for the Americas that in December 1907 the third International Sanitary Convention, held in Mexico, authorized the Bureau to establish relations with the newly created Office d’Hygiène Publique, with headquarters in Paris, and it recommended that the European countries adopt the 1905 Washington Sanitary Code, bearing in mind the need for the colonies of France, Great Britain, and the Netherlands in the Americas to comply with the resolutions of the American Republics on yellow fever.



**Dr. Mario G. Lebrede,
Delegate of the Republic of Cuba
y President of the Conference**

... la Higiene contemporánea pudo dictar preceptos y métodos precisos e indiscutibles, de tan capital importancia en cuanto a impedir la propagación de gran número de enfermedades transmisibles, y con tan positivo éxito obtenido cuando aplicados, que se han declarado “obligatorios”, por su acción específicamente profiláctica.

Y natural fue que para cumplir con tan justificadas exigencias, todos los países que se hallan en el concierto de las naciones civilizadas, se obligaran a tener organismos precisos y funcionarios técnicos especializados, oficiales, de acuerdo con aquellas importantes orientaciones de la ciencia sanitaria contemporánea. Estos organismos y los funcionarios técnicos especializados, hasta hace poco se reducían a los terrestres y a los marítimos; la conquista indiscutible del aire ha traído la necesidad de instituir la protección sanitaria contra la posible invasión epidémica por medio de los buques aéreos.

Las naciones que lograron verse libres de graves enfermedades, gracias a su activa labor sanitaria, temerosas de nuevas posibles invasiones del exterior, sobre todo los países isleños, tuvieron que buscar fórmulas de defensa colectiva, internacional, y las hallaron, al principio, en forma de tímidos arreglos privados, estipulaciones mantenidas más bien por la cordial mutua identificación de pareceres, y por el consecuente espíritu de compañerismo entre los funcionarios sanitarios de algunas naciones vecinas, más bien que por compromisos legales o diplomáticos basados en firmados documentos; luego surgieron de los trabajos de las Asociaciones y Congresos diversos, de más o menos extenso radio panamericano, en los que, aunque sin carácter dispositivo, al no estar integrados por verdaderos delegados plenipotenciarios, se sugerían y hasta se recomendaban conclusiones favorables a la resolución de muy importantes cuestiones epidémicas internacionales; y por último, se han buscado y obtenido en estas conferencias, en las que los delegados vienen revestidos ya de una alta autoridad oficial de los gobiernos que representan, en las que se plantean, abiertamente, y se discuten y resuelven, los reglamentos y códigos sanitarios que nos rigen por igual, dentro de lo que es ya la obligación más estricta y el compromiso más sagrado internacional panamericano; donde la buena fe impera y deberá siempre imperar; donde el más intenso espíritu de confraternidad y cooperación nos anima.

The Third International Conference of American States (Rio de Janeiro, 21 June–26 August 1906), faced with two regional sanitary conventions—the Rio de Janeiro Convention of 1904 and the Washington Convention of 1905—studied both and decided to adhere to the first Pan American Sanitary Code, signed in Washington, D.C., in 1905. Several years later, the Fourth International Conference of American States (Buenos Aires, 12 July–30 August 1910) recommended that the Code be adopted by all governments of the Americas that had yet to do so.

A review of the correspondence from the Surgeon General of the United States Public Health Service between 1906 and 1923 reveals that many countries had signed bilateral sanitary conventions and later signed multilateral conventions (Rio de Janeiro and Lima). Reports submitted to the United States Secretary of the Treasury by consuls of that country stationed in Latin American cities described the sanitary conditions in the region, especially in the seaports, citing mortality statistics and reporting on the principal diseases, which were yellow fever, plague, cholera, and smallpox. They also described sanitary codes and other health measures currently in force, including regulations; decrees; deratting, disinfection, and fumigation of ships; legislation; publication of national epidemiological bulletins; and community efforts to improve local health services.

Over the years, the possibilities for more dynamic action increased, and the Bureau became more effective in applying control and eradication measures for yellow fever, bubonic plague, and malaria. Although interest in communicable diseases subject to quarantine persisted at the Fourth Sanitary Conference, which met in San José in 1909, the scope of action began to expand to health in general. Accordingly, that Conference considered topics such as obligatory vaccination against smallpox; malaria and tuberculosis campaigns; centralization of national health legislation; promotion of the study of tropical diseases in order to provide a better scientific basis and increase attention to parasitology and anatomic pathology; and the establishment of laboratories in ports not just for diagnostic purposes but also to conduct studies of tropical medicine and general pathology, following the orientations that health authorities judged appropriate.

The Fifth Sanitary Conference, meeting in Santiago, Chile, in 1911, recommended that the governments train specialists in public health through formal and practical courses in hygiene and sanitation. It also urged, for the first time, the formation of sanitary information committees to advise the governments on the obligations imposed by the various conferences. In scarcely 10 years of institutional life, this work had become a hemispheric-scale battle against diseases and the human and economic losses they caused.



Dr. Alfonso Pruneda, Delegate of the United States of Mexico

... Tenemos pues, un grande compromiso de asistir a esta Conferencia. Esta asistencia de México no es por otra parte, más que uno de los capítulos de la política internacional sanitaria, que el Gobierno que está para expirar se ha trazado desde su principio: una política de franca cooperación primero con los pueblos americanos, y después, con los pueblos de todo el mundo, este interés, que no solamente es americano, sino humano. Una buena voluntad y una franqueza completa para exponer con toda sinceridad, y ante todo el mundo, su situación sanitaria, y un deseo sincero de aprender todo lo que los demás pueblos, y todo lo que los demás hombres de ciencia puedan enseñar ...

With the outbreak of World War I, the Sixth Sanitary Conference, scheduled for 1915, had to be postponed until 1920 and was held from 12 to 20 December of that year in Montevideo. One of its most important resolutions concerned the creation and publication of an international health bulletin for the Americas, which would later be known as the *Boletín de la Oficina Sanitaria Panamericana*, today the *Revista Panamericana de Salud Pública/Pan American Journal of Public Health*. The bulletin was seen as the most effective means of disseminating information on health and scientific advances in the field of public health. This conference also authorized a reorganization of the Bureau, giving it more resources to carry out its work.

The young organization faced new challenges and responsibilities. In the first article in the first issue of the *Boletín* (May 1922), on the importance of international cooperation in health, J. H. White described the Bureau's reason for being:

This Bureau is making every effort to improve all aspects of hygiene and sanitation, enhance quarantine services, and control and prevent the spread of contagious diseases, which should be reported by doctors, in order to eliminate them and thus facilitate trade between the republics of the Western Hemisphere. [Its objective is] to achieve an intelligence that will ultimately lead to uniformity of procedures, especially in relation to maritime trade, and uniformity in the application of methods for controlling contagious diseases.

White foresaw the adoption of a new regulatory instrument, the establishment of a Pan American code, in response to the threat of contagious diseases:

The time has come to establish closer communication and cooperation among the health authorities of the Americas in their unending battle against the spread of communicable diseases, with the ultimate aim of achieving their complete elimination. This cooperation should be accompanied by the establishment of health regulations, including the adoption of safe and reasonable rules governing the quarantine of travelers and the import and export of cargo in Pan American commercial exchange.

And, echoing the international treaties signed since the mid-19th century, which highlighted the close relationship between trade and health, he affirmed:

If each and every one of us puts his shoulder to the wheel and we begin to work together at once, this can be done and will be done. There can be no nobler feat than true Pan American cooperation in health [whose objective is] the great work of saving human lives and, no less important, the elimination of unnecessary obstacles to commercial transactions [since] he who promotes and fosters secure conditions for trade also promotes the health and happiness of his people.

**Dr. Jaime de la Guardia,
Delegate of the
Republic of Panama**

... La conferencia sanitaria, a no dudarlo, por los propiciatorios auspicios donde se reúne, y por la potencialidad de los representantes que la integran, será un éxito feliz, y traerá como lógica consecuencia el acercamiento más estrecho entre todos los pueblos de América, ideal que debe vivir perennemente en todo americano.





**Dr. Andrés Gubetich,
Delegate of the Republic of Paraguay**

... En nombre de mi Patria, el Paraguay, tengo el honor de colaborar con la mayor simpatía a los trabajos y resoluciones de esta Conferencia, en la que se van a tratar y deliberar los más interesantes problemas sanitarios, y el sincero deseo de que nuestra Conferencia sea útil y fecunda en resoluciones prácticas, como las anteriores, y contribuya a estrechar más y más los lazos que nos unen.

THE SEVENTH PAN AMERICAN SANITARY CONFERENCE AND THE CODE

Notwithstanding these advances, the institutionalization of international public health was incomplete. Although the Bureau had been established and the conferences had adopted regulations, a political-scientific instrument was needed to obligate the countries to carry out certain actions in order to respond to the challenges of a world that was becoming more and more interdependent and closely linked, with growing commercial exchange among the countries.

In response to the collective recognition of this need, the Fifth International Conference of American States, meeting in Santiago, Chile, from 25 March to 13 May 1923, decided that the International Sanitary Bureau should be charged with drafting a Code of International Maritime Law and that the draft code should be studied and adopted as a treaty by the Seventh International Sanitary Conference, which was scheduled to be held in Havana in 1923. The Fifth Conference also resolved that the International Sanitary Bureau would thenceforth be known as the Pan American Sanitary Bureau and that the International Sanitary Conferences [which had been called by that name since 1901] thereafter would be called Pan American Sanitary Conferences.

In his invitation to the governments of the American States to attend the Seventh Pan American Sanitary Conference, L. S. Rowe, Director General of the Pan American Union noted that several important health matters would be discussed at the Conference and urged that all concerned nations be duly represented.

The Seventh Pan American Sanitary Conference met in Havana from 5 to 15 November 1924. The following 18 republics sent a total of 28 delegates: Argentina (2), Brazil (2), Chile (1), Colombia (1), Costa Rica (1), Cuba (6), Dominican Republic (1), El Salvador (1), Guatemala (1), Haiti (1), Honduras (1), Mexico (1), Panama (1), Paraguay (1), Peru (1), United States of America (3), Uruguay (1), and Venezuela (2). Bolivia, Ecuador, and Nicaragua were not represented. In addition to Cuba's six delegates, the representatives of Guatemala, Costa Rica, and Honduras also were Cuban, and the Colombian delegate, though born in his country, had been practicing medicine for almost half a century in Havana. The Pan American Sanitary Bureau and the Health Section of the League of Nations were also represented.

In the inaugural address, the Secretary of State of the Republic of Cuba, Dr. Carlos Manuel de Céspedes y de Quesada, underscored the historical importance of Pan Americanism, tracing it from the General Assembly of Plenipotenciaries, convened by Simón Bolívar in 1825, through the Fifth

International Sanitary Conference in 1881, when it was recognized that health cooperation is essential for the development of international trade. He also affirmed that the Seventh Pan American Sanitary Conference promised to be the most important of all, as it would undertake the great task of forging the Pan American Maritime Sanitary Code.

The Executive Committee for the Conference was composed of Dr. Mario García Lebreo (Cuba), who served as President and who would later become Honorary Director of the Pan American Sanitary Bureau, and members Dr. Hugh S. Cumming (United States), Director of the Pan American Sanitary Bureau and Surgeon General of the United States Public Health Service, Nascimento Gurgel (Brazil), Joaquín Llambías (Argentina), Alfonso Pruneda (Mexico), and Carlos Enrique Paz Soldán (Peru)—all illustrious figures in the field of public health in the Americas.

Responsibility for studying the document was entrusted to the Committee on the Pan American Sanitary Code of the Conference, which was chaired by Dr. Gregorio Aráoz Alfaro (Argentina), a noted Latin American expert in semiology and pediatrics. Dr. Jaime de la Guardia (Panama), a well-known surgeon and graduate of Jefferson Medical College of Philadelphia and of the University of Havana, served as Secretary of the Committee. Members included Drs. Raúl Almeida Magalhaes (Brazil), Secretary of Public Health for Brazil; Enrique Tejera (Venezuela), Chief of the Microbiology Laboratory for the Public Health Department of Venezuela; Hugo Roberts Fernández (Cuba), one of the founders of the Cuban public health system, creator of the Quarantine Service in 1902, and Brigadier General in the Cuban Army of Liberation; Richard H. Creel (United States), Chief of Quarantines for the Port of San Francisco, California; Romano Pérez Cabral (Dominican Republic), professor at the University of Santo Domingo; Carlos Enrique Paz Soldán (Perú), internationally renowned public health expert, professor of public health at the University of San Marcos in Lima, and author of more than 600 scientific papers; José Varela Zequeira (Costa Rica), illustrious Cuban-born scholar and distinguished professor of anatomy at the University of Havana; José de Cubas Serrate (Guatemala), distinguished Cuban-born surgeon; Arístides Agramonte Simoni (Honduras), a Cuban-born bacteriologist and public health expert of international prestige, nominated with Dr. Carlos J. Finlay for the Nobel Prize in Medicine and Physiology; Leopoldo B. Paz (El Salvador), Director of Public Health and President of the National Legislative Assembly of El Salvador; Justo F. González (Uruguay), professor of public health at the University of Montevideo; Andrés

Dr. Carlos Enrique Paz Soldán, Delegate of Peru

... Esta Séptima Conferencia Sanitaria Panamericana tiene mayor significación de cuantas la precedieron en esta tarea de asegurar un mejor porvenir médico-social para la América. ... Por este sentimiento de fraternidad entre sus hombres; por este espectáculo magnífico que ofrecemos ahora a la América, en esta sala en donde estamos congregados los representantes oficiales de 200,000,000 de almas y de 21 patrias diferentes en apretado haz de hermandades y de propósitos y por celebrarse en Cuba esta reunión, yo presiento en lo íntimo de mi corazón de americano, que está sonando una hora decisiva en los destinos comunes y perdurables del Continente. ... en nombre del Perú yo confío en que esta Séptima Conferencia habrá de quedar con letra de oro en los anales de la internacionalización de la higiene pública americana.





**Dr. Romano Pérez Cabral,
Delegate of the
Dominican Republic**

... La República Dominicana viene a esta Asamblea, magna por la finalidad perseguida, pues ningún objetivo tiene importancia tanta como la salud pública. Magna, por lo selecto de la representación de los pueblos que a ella asisten. ... La República Dominicana que tributará como todos los países tropicales, al fantasma de la fiebre amarilla y al paludismo, trae una siempreviva de gratitud ingente, al apóstol cuya doctrina hizo soluble la fácil comunicación con el Pacífico y abrió luminoso horizonte a la ciencia, como precursora de la verdad científica invaluable de la transmisión de las enfermedades por los insectos como huéspedes intermediarios, doctrina que como obra de justicia debemos seguir llamando Finlaísmo.

Gubetich (Paraguay), professor at the School of Medicine of the National University of Asunción; Alfonso Pruneda (Mexico), distinguished professor of pathology at the National School of Medicine of Mexico; Charles Mathon (Haiti), renowned professor of clinical medicine at the University of Haiti; Ricardo Gutiérrez Lee (Colombia), Plenipotenciary Ambassador to Cuba, with a brilliant, almost five-decade career in medicine in Havana; and John D. Long (Pan American Sanitary Bureau), eminent public health specialist, Auxiliary Surgeon General of the United States Public Health Service and Assistant Director of the Pan American Sanitary Bureau.

The Commission studied the draft Code of International Maritime Law, which was later approved and adopted in form of a treaty or Pan American Sanitary Code by the Conference. The Code consists of 13 chapters and 63 articles. The first chapter comprises two articles, the first of which states the objectives of the Code, namely:

1. The prevention of the international spread of communicable infections of human beings.
2. The promotion of cooperative measures for the prevention of the introduction and spread of disease into and from the territories of the Signatory Governments.
3. The standardization of the collection of morbidity and mortality statistics by the Signatory Governments.
4. The stimulation of the mutual interchange of information which may be of value in improving the public health and combating the diseases of man.
5. The standardization of the measures employed at places of entry for the prevention of the introduction of communicable diseases of man, so that greater protection against them shall be achieved and unnecessary hindrance to international commerce and communication eliminated.

The second article of Chapter I defines 11 terms contained in the Code.

Chapter II includes three sections relating to notification and subsequent communications to other countries (6 articles), the publication of preventive measures (3 articles), and morbidity and mortality statistics (4 articles).

Chapter III concerns health documents and consists of two sections: the first relates to health patents (11 articles) and the second, to other documents (2 articles).

Chapters IV through VIII deal with various issues, including the classification of ports (6 articles), the classification of ships (3 articles), the treatment of ships (10 articles), fumigation models (3 articles), and ship doctors (3 articles).

Chapter IX is of great importance, in that it describes the functions and duties of the Pan American Sanitary Bureau. The first article specifies that “the organization, functions, and duties of the Pan American Sanitary Bureau shall include those heretofore determined [...] by the various international sanitary and other conferences of American republics, and such additional administrative functions and duties as may hereafter be determined by Pan American Sanitary Conferences. Another six articles complete the chapter.

Chapter X consists of one article relating to aircraft.

Chapter XI also consists of a single article, which states that, except where they conflict with the provisions of the Code, Articles 5, 6, 13, 14, 15, 16, 17, 18, 25, 30, 32, 33, 34, 37, 38, 39, 40, 41, 42, 43, 44, 45, 49, and 50 of the Second International Sanitary Convention (the first Sanitary Code), signed in Washington on 14 October 1905, will remain valid and in force.

Chapter XII clarifies that it is “understood that this Code does not in any way abrogate or impair the validity or force of any existing treaty, convention, or agreement between any of the Signatory Governments and any other Government.”

Chapter XIII, the final chapter, includes one article concerning transitory dispositions.

The Code was adopted *ad referendum* and signed on 14 November 1924 in the city of Havana by the delegates of the 18 countries represented at the Seventh Pan American Sanitary Conference, in two original copies, one English and one Spanish, which were deposited with the Secretary of State of the Republic of Cuba in order that certified copies thereof, in both English and Spanish, could be made for transmission through diplomatic channels to each of the Signatory Governments.

The Code called for “prevention of the international spread of communicable infections of human beings,” and, in the event that such infections should occur, the adoption of cooperative measures to prevent “the introduction and spread of disease” into other territories and stop them at their point of origin. Good information and rapid exchange of standardized and comparable statistical data were needed, as was “standardization of the measures employed at places of entry” in order to prevent transmission. The latter, according to an editorial published in the *Boletín de la Oficina Sanitaria Panamericana* in 1929, was a decision of incal-

**Dr. Justo F. González,
Delegate of the
Republic of Uruguay**

... El Gobierno de la República del Uruguay se ha adherido a la Séptima Conferencia Sanitaria Panamericana, con el interés que despiertan estas reuniones científicas que contribuyen evidentemente al bienestar de las nacionalidades de América. La defensa de la salud colectiva, puede decirse que es hoy una preocupación constante de los Estados Americanos y es, principalmente, con el fin de alcanzar un mayor perfeccionamiento higiénico, que se realizan estos intercambios científicos, donde se orientan, discuten y sancionan cuestiones diversas, entre las cuales están comprendidas las que se refieren al valor de los distintos recursos profilácticos, que en el momento actual pueden asegurar la pronta eliminación de un gran número de enfermedades de nuestros territorios por medio de una particular acción, colectiva y solidaria. ... hago votos por el mayor éxito de la Séptima Conferencia, de esta importante reunión de panamericanismo científico.





**Dr. Antonio Smith,
Delegate of the Republic of Venezuela**

... A la vista resalta la importancia trascendental que encarna el patriótico ideal que congrega hoy esta Séptima Conferencia Sanitaria Panamericana. De los resultados prácticos que se derivan de la ciencia médica preventiva, mejor que las palabras hablan los hechos para decirnos con su lenguaje convincente lo que puede la voluntad humana, cuando esa voluntad no tiene más norte ni más guía que el bienestar y engrandecimiento de los pueblos. ... formulamos los más fervientes votos porque el éxito más franco corone las deliberaciones de esta Séptima Conferencia Sanitaria Panamericana.

culable importance, since any rejection or prolonged detention of exports from a country in which a disease subject to quarantine prevails naturally would lead to disputes, friction, and even enmity. In this respect, a noteworthy aspect of the Code is the classification of ports as infected, suspected, clean Class A, clean Class B, and unclassified. This typology prompted competition among the countries, which sought to ensure that all their ports rated a “clean Class A” classification.

The Code was much broader in scope than previous treaties: it was more specific and definitive in its stipulations regarding ships, ports, and quarantine periods; it encompassed, for the first time, matters relating to aircraft (as a result of which the word “maritime” was dropped from the title); it included provisions covering a wide range of topics, such as vital statistics and possibilities for inter-American cooperation in health and related fields; and it assigned broader functions and responsibilities to the Pan American Sanitary Bureau as the central coordinating agency for international health activities in the Americas.

SUBSEQUENT RATIFICATION AND AMENDMENTS OF THE CODE

Among the first ratifications received were those of the Senate of Cuba and the Senate of the United States of America, which were deposited officially with the Government of Cuba on 13 April 1925. The Code also was ratified shortly thereafter by Chile, Costa Rica, Honduras, and Peru. Nicaragua acceded to the Code as an Adherent State, as it was not one of the Signatory States.

The first Conference of National Directors of Health of the American Republics, which took place in Washington, D.C., from 28 to 30 September 1926, debated the interpretation of several articles of the Code, and the Eighth Pan American Sanitary Conference, held in Lima from 12 to 20 October 1927, approved *ad referendum* an Additional Protocol to the Pan American Sanitary Code, which stated:

The ratifications of the Pan American Sanitary Code shall be deposited in the office of the Secretary of State of the Republic of Cuba and the Cuban Government shall communicate these ratifications to the other Signatory States, which communication shall constitute exchange of ratifications. The convention shall become effective in each of the Signatory States on the date of ratification thereof by said State, and shall remain in force without limitation of time, each one of the Signatory or Adherent States reserving the right to withdraw from the convention by giving in due form a year's notice in advance to the Government of the Republic of Cuba.



**Dr. John D. Long,
Representative of the Pan American Sanitary Bureau**

... Que esta Conferencia no dejará de ser provechosa en beneficios, lo mostrará una ojeada que se dé al programa. Aunque mucho se ha hecho en reuniones anteriores de esta índole, es de esperarse que habrá una cooperación sanitaria internacional más completa en el futuro que la que ha habido en el pasado.

The ratification of the Pan American Sanitary Code was an important topic at the Sixth International Conference of American States, which, on 3 February 1928, recommended that all countries that had not yet ratified the Pan American Sanitary Code do so as soon as possible and that they apply its provisions to the fullest extent, to the end that each and every one of them would be in a position to present at the Ninth Pan American Sanitary Conference, to be held in Buenos Aires, the observations that their respective experiences had afforded them so that the text could be modified accordingly. It is interesting to note that provision was made from the outset for modification of the Code; in other words, it was never considered immutable.

The governments of Mexico, Panama, and Uruguay ratified the Code during the period between 1928 and 1929 and those of Bolivia, Brazil, the Dominican Republic, El Salvador, and Venezuela did so in 1930, bringing the total number of ratifications to 15 that year. In 1931, the Code went into force in Argentina by executive order, and in Guatemala the Commission of the National Congress presented a report in favor of ratification. On 30 June 1936, the Director of the Pan American Sanitary Bureau, Dr. Hugh S. Cumming, announced that the international treaty known as the Pan American Sanitary Code had been ratified by all the Republics of the Americas.

From 21 to 30 July 1940, the ministers of foreign affairs of the Americas, gathered in Havana at the Second Meeting of Ministers of Foreign Affairs of the American Republics, expressed their appreciation of the progress that had been obtained in hemispheric health as a result of the effective cooperation among the countries, the good work of the Pan American Sanitary Bureau, the support of the Rockefeller Foundation, and the existence of the health treaty known as the Pan American Sanitary Code. They recommended that the countries continue their cooperation related to health activities and, to the extent possible, increase them with a view to further improving people's health, social, and economic conditions.

In 1952, in Havana, a new protocol was added to the Pan American Sanitary Code, which reads:

The Representatives of the Governments Signatories to the Pan American Sanitary Code, being duly authorized by virtue of the full powers which have been accorded to them and which have been found to be in good and due form, sign the present Protocol in the name of their respective Governments, in the English, Spanish, Portuguese, and French languages, on the date and at the place appearing below their signatures.

ARTICLE I

It is agreed to abrogate Articles 2, 9, 10, 11, 16 to 53 inclusive, 61, and 62 of the Pan American Sanitary Code, signed at Havana on 14 November 1924 at the Seventh Pan American Sanitary Conference, all of which relate to international traffic.

ARTICLE II

Henceforth, any periodic amendment that it should be appropriate to make in the titles, sections, or articles of the Pan American Sanitary Code shall be the responsibility of the Pan American Sanitary Conference; for any such amendment to be valid, the provisions of the Constitution of the Pan American Sanitary Organization [renamed "Pan American Health Organization" by decision of the XV Pan American Sanitary Conference, September-October 1958] shall be carried out.

ARTICLE III

The original of the present Protocol shall be deposited with the Pan American Union, which shall transmit certified copies to the Governments for purposes of ratification.

ARTICLE IV

The present Protocol shall be ratified by the Signatory States in accordance with their respective constitutional procedures. The instruments of ratification shall be deposited with the Pan American Union, which shall notify the Signatory Governments of such deposit.

ARTICLE V

This Protocol shall become effective on the first day of October 1952 for those States which ratify this instrument before the said date. It shall become effective with respect to the remaining States on the date of ratification thereof.

Done at the city of Havana on the twenty-fourth day of September nineteen hundred and fifty-two.

With these amendments, the Pan American Sanitary Code has remained in force until today.

PROSPECTS

At a special meeting, held in Buenos Aires from 14 to 18 October 1968, the Ministers of Health of the Americas proposed a plan of operations for carrying out the decisions taken by the Presidents of the Americas at Punta del Este in

1967. In particular, the Ministers underscored the importance of health legislation, including the recommendation that an in-depth review of the Pan American Sanitary Code be carried out forthwith, under the direction of the Pan American Sanitary Bureau, in the light of technological progress, current problems, and projections for development.

The Code, still in effect today, is a product of the time in which it was formulated, and it encompasses a range of issues that now might seem limited. Nevertheless, in their time, they were the predominant health issues: contagious diseases, sanitation of seaports, and quarantine. The health situation in the hemisphere has changed, and with that change many of the measures originally prescribed by the Code have become obsolete. What remains unchanged is the consensus among the countries of the need for an institution that will serve as an agent for the exchange of health information and as advocate for a Pan American approach to the solution of shared health problems. That was the vision that informed the founding of the Pan American Sanitary Bureau in 1902. That was the aim of the Pan American Sanitary Code signed in 1924. That is the mission—now and always—of the Pan American Health Organization: *pro salute Novi Mundi*.

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