

Estudios Interdisciplinarios de América Latina
SPECIAL ISSUE:
NEW HISTORIES OF HEALTH IN
MODERN LATIN AMERICA

Introduction

EYAL WEINBERG

Florida Atlantic University

The historiography of medicine and health in modern Latin America has seen unprecedented growth in the past 30 years. From a limited field principally focused on the heroic tales of physicians who led disease-control programs and sanitation campaigns at the turn of the twentieth century, the scholarship evolved into an expansive body of literature that explores the various forms, experiences, and meanings of health, as well as their intersection with the main threads of Latin America's complex histories.

The new historiography first emerged in the 1990s, when various scholars—many of them based in Latin America—began examining the social histories of public health campaigns. The 1994 launch of a journal devoted to historical studies of health and science in Latin America—*História, Ciências, Saúde—Manguinhos*, based at Brazil's renowned Oswaldo Cruz Foundation—provided the principal venue for many of these pioneering studies.¹ In them, sanitation and hygiene projects, disease-control programs, and pronatalist initiatives in the nineteenth and early twentieth centuries were inextricably linked to the region's histories of nation-building, immigration, and social and political control. In 2003-2004, the trend received further scholarly recognition with the publication of two significant anthologies: *Disease in the History of Modern Latin America: from Malaria to AIDS*, edited by Diego Armus, and *Cuidar, controlar, curar: ensaios históricos sobre saúde e doença na América Latina e Caribe*, edited by Armus together with Gilberto Hochman. These collections marked a clear analytical turn in the historiography of health and medicine in modern Latin

eweinberg@fau.edu

America, expanding the field's geographies and themes. They included articles about health and sexualities, mental health, international health organizations, and health metaphors, among other topics. They also showed how visions and models of public health were central to state-building processes in Latin America.²

With the ground established for a significant scholarly expansion, the first decade of the 2000s saw a plethora of publications that treated health and disease both as active agents driving historical processes and as constructions whose meanings were shaped and contested by social, political, and cultural forces. Many of the studies focused on the role health played in shaping the social and racial makeup of societies, particularly in the context of Latin America's nation-building processes during the early twentieth century. They examined disease-eradication campaigns that displaced rural populations as well as sanitation programs that suppressed traditional health rituals. They also showed how marginalized populations were subjected to restrictive public health measures and even to medical experimentations, carried out in collaboration with international health organizations. Other studies demonstrated how states and professionals often used health as a means for enforcing social, behavioral, racial, and gender control. Notable works illustrated how public health agencies regulated sex work and promoted eugenic-based practices in efforts to "modernize" and "civilize" societies. Studies also paid significant attention to the histories of reproductive health and motherhood, illustrating their centrality to visions of modernization and national progress.³

The 2015 publication of Marcos Cueto and Steven Palmer's crucial historical survey, *Medicine and Public Health in Latin America: A History*, indicated the field's intellectual and professional maturity.⁴ It was also around this time when the historiography began breaking out of the nation-state framework, examining how knowledge, funding, and professionals of health traveled across America's borders and regions. This framing also reconsidered the health interventions led by U.S. agencies and other international health organizations.⁵ Lastly, historians began using a wider array of sources—including legal documents and oral histories—to elucidate the experiences and meanings of health in modern Latin America.⁶

In recent years, historians have highlighted the evolution of and tensions within public health programs in overlooked regions, especially rural.⁷ They also addressed chronological lacunas in the scholarship, for instance in examining the histories of health and medicine during the Cold War period.⁸ They broke new ground in rethinking the histories of "illegitimate" health practitioners whose essential, "grey-zoned" role in providing health care to many Latin American populations has been neglected in the scholarship.⁹ And they employed new interpretive frameworks to better understand the attribution of social and racial stigma to disease and its role in prompting state interventions.¹⁰

Taking stock of over two decades of innovative scholarship allows us to identify some distinct features of the new historiography on health in modern Latin America. The first is related to the highly diverse nature of the region. The many different geographies, climates, cultures, economies, and sociopolitical structures in Latin America form an incredibly varied body of literature. At the same time, Latin America's shared experience of state formation and nation-building struggles often produced very similar debates and policies concerning health. Indeed, public health programs that reflect the tensions between traditional and Western healing ideologies and the desire to modernize and hygienize societies are embedded in many post-independence histories across the region. Most of the historians working on health and medicine in Latin America have a specific regional research focus, but are also trained broadly in the history of the region. Thus, the literature often features studies that recognize the distinctive aspects of local health histories but also situate them within larger, shared contexts and themes. This has produced a cohesive field in which considerably divergent case studies can be linked through historical and analytical commonalities.

The training of Latin Americanist historians also accounts for the second feature of the new historiography on health: it is principally rooted in social history. As Diego Armus and Pablo Gómez note, the studies of the past twenty years have explored health and disease as contested terrains where the biomedical and biological aspects of illness are significantly shaped by human subjectivity as well as by social, cultural, and political forces.¹¹ This is perhaps not surprising, as many historians of health in Latin America are well-versed in the social history of the region. Particularly regarding the modern period, they are attuned to the histories of Indigenous populations communities of African descent and their complex relations with the state; the long-standing conflicts between landowners, peasants, and labor movements; the gendered and racialized doctrines underlying modernization and development policies; and the enduring struggles for citizenship and rights. Historians of health in Latin America are thus socially oriented in their research, shedding light on the persistent conflict between community understandings of health and illness and the state's vision of a "healthy society."

The last feature of the new historiography on health in modern Latin America concerns the relationship between the volatile nature of political systems and health. Latin America has witnessed various political and governing projects over the twentieth century—from liberal governments, to popular-based and revolutionary regimes, and to authoritarian and reactionary military dictatorships. The frequent changes in the structure and formation of regimes engendered not only various social, economic, and cultural experiments but also transformative reforms in public health and healthcare policies. The new historiography highlights this

aspect, paying attention to the role health has played in the rise of new political authorities, in their ability to sustain power, and even in their ultimate collapse.¹²

Together, these features serve as foundations for exciting new scholarship on the histories of health in modern Latin America. The present special issue continues and expands this historiography in geographies, chronologies, approaches, and methodologies. David Carey Jr.'s article demonstrates the role of race in shaping the framing and understanding of infectious disease in early twentieth-century Ecuador and Guatemala. As the article shows, professionals and state officials associated typhoid and typhus outbreaks with poor hygiene, which they believed was rooted in the culture of Indigenous people. They thus stereotyped Indigenous populations as dirty and as retrograde vectors of disease. Importantly, attributing the origin of infectious disease to perceived cultural traits not only undermined marginalized populations' claims to citizenship but also allowed state officials to disregard the very real structural determinants of destructive outbreaks among Indigenous communities—the lack of sanitation infrastructure and high poverty levels.

Carey Jr. employs innovative comparative analysis to highlight the nuances in the deployment of a Guatemalan and Ecuadorian racial gaze on disease. Relying on multiple archival sources and comparing countries that typically receive limited attention in the new scholarship, he shows that Ecuadorian health officials were relatively more receptive of Indigenous health practices than their Guatemalan counterparts. While professionals in both countries identified Indigenous communities as disease propagators, officials in Ecuador were more familiar with the fabric of Indigenous life and tapped into local cultural practices when carrying out public health campaigns.

The cultural essentialism underlining the work of health professionals in Carey Jr.'s article also appears in Hanni Jalil's piece, which examines the history of state-led sanitary and primary health interventions in 1930s and 1940s Colombia. Jalil explores the efforts of the Colombian state under the liberal government of Alfonso López Pumarejo to advance an integrative understanding of the determinants of health. Representing an early attempt at social medicine in Latin America, public health officials promoted the establishment of multiple sanitary units that offered primary care and hygiene education in Colombia's rural regions. Analysis of state health reports and professional publications shows that officials viewed preventive medicine and health education as vehicles for national prosperity and progress. Jalil also examines how programs operated on the ground, shedding light on the structure of sanitary units and clinics, the duties of the health workers leading the facilities, and the various challenges the units faced, from staff shortages to lack of funding and state oversight. Moreover, Jalil shows that despite their socially committed, comprehensive health agenda,

public health experts and liberal reformers in Colombia viewed the habits of “indolent” rural campesinos as an obstacle to the creation of a healthy citizenry.

Both Jalil’s and Carey Jr.’s articles illustrate the complexities and contrasts engrained in the history of public health campaigns in early twentieth-century Latin America. Indeed, many socially minded doctors made considerable efforts to advance campaigns that would increase the health indicators of their societies, including programs to control infectious disease, expand access to primary care, and educate for sanitation and hygiene practices. At the same time, many professionals saw poor and marginalized populations through the lens of racial stigma and gendered ideologies. Imposing strict public health measures was seen as necessary to confront “backward” cultural norms. This is perhaps one of the principal problematics in the history of health in Latin America: various public health reforms that were envisioned to remedy disparities often perpetuated and even generated new forms of inequalities.

Successful efforts to overcome the abovementioned tensions—for instance, when healthcare and curative approaches evolved organically from below among community members—do not receive enough attention in the historiography, mainly because they are rarely registered in archival sources. Indeed, as Jalil points out, medical and health records often consist in fragmented documents written by officials without the input or the voice of the patients. Alberto Ortiz-Diaz’s article, which focuses on the 1950s emergence of an Alcoholics Anonymous chapter called *La Última Copa* in Puerto Rico’s State Penitentiary at Río Piedras, tackles this challenge with an innovative approach and methodology. By relying on the inmate-produced periodical *Realidad* as its principal source material, the article offers rare insights into not only how patients experienced and defined disease (alcoholism in this case) but also how they fostered appropriate therapeutics. *La Última Copa*’s *Realidad* featured testimonies, humoristic pieces, illustrations, and poetry created by AA group members, in which they reflected on the predicaments and repercussions of alcoholism as well as their own socio-humanistic healing techniques. In addition to publishing the magazine, *La Última Copa* worked with penitentiary officials and staff to spread their model of care and recovery, which normalized the group’s activities and brought social workers and parole officers to refer inmates to AA. Moreover, as Ortiz-Diaz shows, the group forged bonds and exchanged experiences with various AA chapters in Latin America, the U.S., and Europe. In that, the article not only illustrates how health knowledge and care was produced by “patients,” it also reveals the significant local and transnational role that this knowledge played in shaping projects of rehabilitative carcerality and behavioral health.

The last piece in the special issue similarly employs an original methodology to examine the history of family planning during the Brazilian military

dictatorship in the late 1960s and 1970s. Eyal Weinberg's article focuses on the emergence and activity of a major family planning organization called the Sociedade do Bem-Estar Familiar no Brasil (BEMFAM), which distributed birth control pills and offered reproductive health consultations in multiple healthcare centers across Brazil, particularly in the poor northeastern region. In addition to analyzing the organization's publications, the article uses the records of the Brazilian dictatorship's intelligence agencies, which closely monitored BEMFAM's activity. This allows Weinberg to explore not only how gendered politics and population control models informed the work of the organization but also how Cold War ideologies shaped attitudes toward family planning in the country.

Receiving most of its funding from international organizations such as the International Planned Parenthood Federation, BEMFAM faced opposition from various directions. Dictatorship officials disapproved of the family planning approach because it contradicted their economic and development plans, predicated on stimulating Brazil's population growth. Regime ideologues also linked family planning to sexual subversion and were suspicious of international involvement in domestic organizations, particularly given the increasing criticism of the dictatorship's state-sponsored repression by human rights organizations around the world. Interestingly, Weinberg shows that leftist groups—in both the political and professional sectors—opposed family planning as well. They viewed BEMFAM as an agent of Western imperialism that actively advanced population control policies. In the context of Cold War anxieties, therefore, family planning was considered a threat across the political and ideological spectra, leading to parliamentary investigations and police monitoring of BEMFAM.

Taken together, the articles in this special issue offer a nuanced approach to the history of health in modern Latin America. They feature innovative methodologies and illuminate cases that had received limited attention in the new scholarship. Examining cases from above and from below as well as through local and global lenses, the articles illustrate how the state and professionals devised policies to advance their own understating of a healthy society; how marginalized patients and community members defined and experienced health; and how these cases particularly intersected with politics, religion, gender, race, and indigeneity.

Notes

1. See also the early collection edited by Marcos Cueto: *Salud, cultura y sociedad en América Latina* (Lima: Instituto de Estudios Peruanos, 1996).

2. Diego Armus, ed., *Disease in the History of Modern Latin America: From Malaria to AIDS* (Durham, NC: Duke University Press, 2003); Gilberto Hochman and Diego Armus, eds., *Cuidar, controlar, curar: ensaios históricos sobre saúde e doença na América Latina e Caribe* (Rio de Janeiro: Editora Fiocruz, 2004).
3. A good overview of many of the significant studies referred here is compiled by Birn and Necochea López in Anne-Emanuelle Birn and Raúl Necochea López, “Footprints on the Future: Looking Forward to the History of Health and Medicine in Latin America in the Twenty-First Century,” *Hispanic American Historical Review*, 91:3 (2011), pp. 503–527.
4. Marcos Cueto and Steven Paul Palmer, *Medicine and Public Health in Latin America: A History* (New York: Cambridge University Press, 2015).
5. A survey of works with a transnational and global perspective can be found in Mariola Espinosa, “Globalizing the History of Disease, Medicine, and Public Health in Latin America,” *Isis*, 104:4 (2013), pp. 798-806. See also Eric D. Carter, “Social Medicine and International Expert Networks in Latin America, 1930-1945,” *Global Public Health*, 14: 6-7 (2019), pp. 791-802.
6. See for example: Cassia Roth, *A Miscarriage of Justice: Women’s Reproductive Lives and the Law in Early Twentieth-Century Brazil* (Stanford: Stanford University Press, 2020); and Natalie L. Kimball, *An Open Secret: The History of Unwanted Pregnancy and Abortion in Modern Bolivia* (New Brunswick, NJ: Rutgers University Press, 2020).
7. See the special issue on “New Perspectives on the History of Rural Health in Latin America,” edited by Nicole L. Pacino, published in *Bulletin of Latin American Research*, 38:1 (2019).
8. See Anne-Emanuelle Birn and Raúl Necochea López, eds., *Peripheral Nerve: Health and Medicine in Cold War Latin America* (Durham, NC: Duke University Press, 2020). Marcos Cueto identified this gap earlier in his *Cold War, Deadly Fevers: Malaria Eradication in Mexico, 1955-1975* (Baltimore: Johns Hopkins University Press, 2007).
9. Diego Armus and Pablo F. Gómez, eds., *The Gray Zones of Medicine: Healers and History in Latin America* (Pittsburgh, PA: University of Pittsburgh Press, 2021).
10. See for instance Heather Vrana’s recent article, which is informed by disability studies: Heather Vrana, “Endemic Goiter and El Salvador’s Battle Against Cretinismo,” *The American Historical Review*, 128:4 (2023), pp. 1587–1617.
11. Armus and Gómez (eds.), *The Gray Zones of Medicine*, p. 6.
12. See for example Eyal Weinberg, “‘With Colleagues Like that, who Needs Enemies?’: Doctors and Repression under Military and Post-Authoritarian Brazil,” *The Americas*, 76:3 (2019), pp. 467-505; and Daniel A. Rodríguez, *The Right to Live in Health: Medical Politics in Postindependence Havana* (Chapel Hill: University of North Carolina Press, 2020).