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Review/Reseña

Marcos Cueto, *Cold War, Deadly Fevers: Malaria Eradication in Mexico, 1955-1975*. Washington, DC and Baltimore: Woodrow Wilson Center Press and Johns Hopkins University Press, 2007.

No Magic Bullets for Malaria in Mexico

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In the 1950s and 1960s the international medical community experienced unprecedented optimism about the war on infectious diseases. A string of medical breakthroughs such as Dr. Jonas Salk's mass experimental polio vaccination campaign and the development and wide distribution of antibiotic products inspired a general consensus on the pending conquest of microbes. While both capitalist and communist regimes produced bright forecasts for the end of microscopic scourges, the international health community launched two ambitious campaigns to eradicate viruses and vectors from the planet. One effort—smallpox

eradication—succeeded and became the chief victory of modern public health. The other—malaria eradication—failed terribly and created a new global iatrogenic form of malaria (Garrett 40).

Although malaria was most concentrated in Southeast Asia and Africa in the mid-twentieth century, the disease was also endemic in the Americas. With the exception of the early twentieth century cases of anti-malaria campaigns in the U.S. South, the Panama Canal Zone, and northern Brazil, the history of malaria eradication in the region remains largely unexplored. However, Marcos Cueto's *Cold War, Deadly Fevers* provides the first book-length study of malaria eradication in Latin America with Mexico as its central vantage point.

The study has multiple aims, which are effectively met. First, Cueto seeks to construct a useable past for public health practitioners in the developing world. Based on the premise that public health issues need to be contextualized with historical scholarship, Cueto offers lessons from the past that can help inform more consistent, sustainable and effectual health policy. Second, the study makes contributions to the social history of public health in Latin America in two significant ways. Cueto's focus on the post-World War II era not only delves into a previously neglected historical period in the relevant historiography, but also illustrates the legacy of the Cold War for the development of international health. Also, the study aims to provide an integrated understanding of malaria eradication by illuminating the interrelationship of international, national and local dimensions of the health intervention. This comprehensive approach expands our understanding of health campaigns in Mexico and the developing world at large by moving beyond the tendency in the field to produce scholarship more narrowly focused on processes of either state formation or neocolonialism.

Cueto argues that malaria eradication in Mexico failed due to the limitations of technologically oriented vertical international health programs (159). Malaria eradication doctrine led to the neglect of national and local needs such as the development of local research capacity, environmental sanitation, and community education, while Cold War imperatives made malaria eradication a political tool for foreign experts

and political classes on all fronts. Ultimately, this narrowly based approach reinforced a “culture of survival” and “privileges of poverty,” which are two useful concepts coined by Cueto to explain the detrimental health patterns shaped by temporary and partial health interventions in poor nations (8-9, 165-166).

The book’s “trptych” organization of chapters, which is flanked by a well developed introduction and conclusion, nicely reinforces the logic of the argumentation. Cueto dedicates one chapter to each dimension of his analysis. The chapter titled “Global Designs,” explains the “complex web of technical expertise, humanitarian motivations, economic interests and political will” that shaped the emergence of the international health system from the mid-1950s to the early 1960s (67). In 1955 the World Health Organization (WHO) submitted an ambitious proposal for the eradication of malaria worldwide to the World Health Assembly, while the United States and the Soviet Union pursued bilateral aid programs in their respective spheres of influence. Consequently, international medicine and global politics became intertwined and malaria eradication, specifically, “achieved a hegemonic position among international agencies and U.S. foreign policy” in the mid-twentieth century (15).

The creation or renovation of health agencies facilitated the emergence of the malaria eradication campaign. Key institutional actors in the international campaign included both bilateral and multinational agencies such as the International Cooperation Agency (ICA), the Pan-American Sanitary Bureau (PASB), the United Nations Children’s Fund (UNICEF) and WHO, all of which received support from the U.S. State Department, U.S. lawmakers, and the Rockefeller Foundation. Leaders from these institutions, such as Fred Soper, Marcelino Candau and Maurice Pate, promoted malaria eradication as an urgent scientific-political-humanitarian battle. Simultaneously, the United States expanded its authority and technologies in international health activities throughout the developing world.

Cold War motivations and metaphors that guided the campaign’s rationale proved appealing to funders. The international health community transferred Cold War rhetoric to the public health lexicon with descriptions

of *Anopheles* mosquitoes as “enemies” and malaria as an external force that restricted freedoms. Journalists invoked military metaphors to describe DDT sprayers as soldiers from an “army of liberation” who would “drive out disease” and malaria eradication, in general, as a potential tool that would aid the defeat of communism (70). The Rockefeller Foundation captured the rhetorical orientation of the campaign when it stated that “malaria is a factor that, among others, helps to predispose a community to infection with political germs and can delay and destroy freedom” (34). According to Cueto, however, the Cold War links were not just rhetorical. The United States, in particular, perceived the malaria eradication campaign as an opportunity to undermine the spread of communism and create business apertures in its special sphere of influence. In effect, through the malaria eradication campaign, the international health community established the relationship between health, security and economic development, which would become an enduring legacy for international health in the twentieth century.

Chapter three, “National Decisions,” describes the acceptance and appropriation of the international campaign by Mexican national authorities and local health workers respectively. Prior to the international health intervention, the Mexican health community already had anti-malaria activities in place such as DDT spraying and swamp drainage. Politically, post-World War II administrations in Mexico prioritized modernization frameworks and thus understood well the compatibility of public health works with their industrialization agenda. For these reasons, the international health community deemed Mexico as a particularly ripe site for a malaria eradication campaign.

In 1955, the Tripartite Plan signed by the Mexican government, UNICEF and PASB alongside the Mexican presidential decree that officially launched the malaria eradication campaign reflected the transnational health organization and expectations of the era. The challenges, however, were daunting. In the mid-twentieth century malaria covered about three-fourths of Mexico’s territory with particularly high concentrations in the Pacific and Gulf of Mexico southern slopes, the Yucatan peninsula, and the interior basins of the high plateau. Rural, indigenous states such as Oaxaca

and Chiapas faced especially acute conditions. In 1955 an estimated two million people suffered from malaria, making it the third largest cause of mortality in Mexico (71). Yet the prominence of malaria in Mexico—and the standing of Mexico in the hemisphere—fueled the hope of major international agencies for a Mexican success story so that the campaign could serve as model for the rest of the developing world.

Cueto offers an astute interpretation of what he calls the “Mexicanization of the campaign.” Malaria eradication was fully endorsed, with few exceptions, by Mexican political and medical leaders. For instance, Galo Soberón, a parasitologist and officer in the Secretaría de Salud, recommended malaria control rather than eradication and touted a more holistic approach to disease that promoted the improvement of the nutrition, living standards, and lifestyles of rural populations in addition to DDT spraying and anti-malarial drugs (85). Soberón, however, had few supporters. By the early 1960s, the National Commission for the Eradication of Paludism (CNEP) upheld narrow technological methods for malaria eradication and became an impressive health institution. In fact, Mexico along with Venezuela became the educational center for malaria eradication in Latin America (97).

Drawing upon a rich array of primary sources from the Biblioteca Nacional, the Archivo General de la Nación, and the Archivo Histórico de la Secretaría de Salud, Cueto provides a vivid glimpse into the eradication campaign on the ground in Mexico. The formerly untapped papers of CNEP, in particular, yielded valuable insights into the everyday experiences of local health workers. Most interesting are the analyses of local health workers’ motivations for participating in the campaign like DDT sprayer Pedro Rivas Sosa from Santiago, Tuxtla, who appreciated the daily fifteen peso wage from CNEP or the lay volunteers known as *auxiliares honorarios de educación higiénica* (ANEH) like Olegario Cime, a primary schoolteacher in Campeche, who welcomed the social prestige of ANEH affiliation. In addition, Cueto offers a lively review of CNEP’s voluminous educational propaganda that included posters, pamphlets, and bulletins as well as news, programs, and advertising that collaborated with CNEP to deliver messages that linked nationalist pride, economic development, and

personal responsibility. The transculturation of Mexican nationalism, pop culture, and Cold War rhetoric in CNEP's anti-malaria messages reflects well the cultural politics of the Institutional Revolutionary Party (PRI) during the era of the "Mexican Miracle."

The last chapter, "Local Responses," offers a revealing counterpart to the two previous chapters, which generally highlight a consensus despite occasional dissent among international and national players in the eradication project. Local reception of the anti-malaria campaign was "diverse, complex, and sometimes inconsistent" and these various local perspectives generally did not figure into international and governmental consideration of plans for malaria eradication (112). Through an examination of the local health education efforts by CNEP and critiques of medical anthropologists, indigenous leaders and communities, and provincial physicians, Cueto makes clear the challenges of cross-cultural health care.

Language barriers, logistical challenges, and CNEP's misguided demands all undermined rural community access and trust. The campaign failed to take into account prominent characteristics of rural life that would limit the success of DDT spraying operations such as migrant and nomadic populations, lack of sprayable surfaces, and outdoor sleeping patterns. Furthermore, as the toxic effects of DDT and Dieldrin on health and environment became apparent to peasant communities, resistance emerged in various forms from non-compliance to physical confrontation with CNEP health workers (120, 136). Cueto makes particularly good use of the testimony and documents of José Villalobos, a locally respected physician in Zacatecas, and the critical reports of the anthropologists Héctor García Manzenado and Isabel Kelly, to gain insight into the campaign's over reliance on technology and disregard for the ethnic diversity and medical beliefs of Mexico's indigenous population, respectively. This final chapter is particularly successful in illuminating how the *culture of survival* and *privileges of poverty* promoted by the malaria eradication campaign reinforced inequality, dependency, and acquiescence in southern Mexican communities.

By the mid-1960s, it became clear that magic bullets for malaria would not produce a Mexican health miracle. Inconsistent programming, bureaucratic fragmentation, diminishing financial and political support, and *Anopheles* mosquito resistance to insecticides only exacerbated the challenges of fieldwork. In the short-term, malaria cases lessened and problem areas shrank; however, eradication became impossible in the long-term. By the early 1970s, Mexico's epidemiological outlook with malaria resurfaced and actually increased in the 1980s. Completion of the eradication campaign was abandoned to one of control, which since the 1990s, has focused rather effectively on a strategy of intensive surveillance and repeat treatment in disease transmission zones.

Cold War, Deadly Fevers: Malaria Eradication in Mexico, 1955-1975, raises questions highly relevant to today's international health campaigns to eradicate malaria, AIDS, and tuberculosis. Cueto's caution "to be suspicious of new 'magic bullets'" is a timely one as new global health perspectives and institutions emerge in the early twenty-first century (14). Although the book would benefit from tighter editing of misspellings and repetition, this complex study is, overall, well researched, conceptualized and executed. The work is a welcome and significant contribution to the field of the history of public health as well as a critical guide for public health practitioners who seek more beneficial global health paradigms.

Work Cited

Garrett, Laurie. *The Coming Plague: Newly Emerging Diseases in a World Out of Balance*. New York: Penguin Books, 1994.