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Review/Reseña

Ann Zulawski, *Unequal Cures: Public Health and Political Change in Bolivia, 1900-1950*. Durham: Duke University Press, 2007.

Medicine and Public Health in Bolivia

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With the publication of *Unequal Cures: Public Health and Political Change in Bolivia, 1900-1950*, Ann Zulawski has provided an important study of the problems of disease and the politics of public health, race, and gender in Bolivia. Her work is a vital contribution to the new literature on the history of medicine and public health in Latin America in part because of its originality. *Unequal Cures* is the first major historical study of Bolivian public health to be published in English. Zulawski, moreover, draws from archival sources few have touched in the development of this project, doing much of the basic groundwork for the Bolivian case study that scholars of other, more heavily “studied” regions have been able to take for granted in developing their own scholarship. In doing so, Zulawski has

filled a significant gap in our knowledge about the history of public health and the politics of disease control and race in one of the most heavily indigenous and ethnically diverse countries of Latin America.

Zulawski organizes her analysis in *Unequal Cures* around two main purposes. First, as a scholar trained in social history she attempts to recover what one might call the patterns of disease and health problems prevalent in Bolivia during the first half of the twentieth century. Zulawski traces the social and political conditions that facilitated their spread and hindered the intervention of medical authorities, explaining why health conditions improved very little, if at all, during this period prior to the 1952 Bolivian Revolution. Second, Zulawski integrates intellectual history into her analysis to examine how doctors, medical authorities, and politicians thought about and explained the country's health problems. In doing so, she shows how the longer history of ethnic and cultural divisions in Bolivia shaped racialized and gendered beliefs among doctors and government officials concerned both with disease as an obstacle to the nation's progress, and with the potential of certain populations for reform. By examining the influence of eugenics, *indigenismo*, populism, nationalism, international medical philanthropy, and other movements on these thinkers' works, Zulawski also traces how existing racialized and gendered visions of Bolivia's health problems changed over time, giving rise to new health policies.

In Chapter One Zulawski examines how Bolivian doctors engaged broader debates about ethnicity and citizenship in their proposals to improve the health of the country's native population and elevate the professional position of doctors. Focusing on the work of two prominent doctors, Jaime Mendoza and Néstor Morales, she argues that despite differing political orientations, interests, and approaches to discussing the country's health problems, both coincided in their basic ideas about the indigenous majority. A moderate socialist who wrote fiction and decried the issues of class exploitation, Mendoza argued that brutal treatment of workers in Bolivia's mining sector constituted the principal cause of poor health among Indians. Yet, as Zulawski shows through a close reading of Mendoza's famous novel, *En las tierras del Potosí*, Mendoza could never

fully eliminate from his critique the notion that “Indianness” contributed to the country’s ill health. Rather, Mendoza blamed Indian women for high rates of infant mortality and he stigmatized figures such as the indigenous healer for offering useless, and ultimately harmful, cures. The figure of the trained doctor in Mendoza’s work, in contrast, represented the modern, rational man whose skills could mediate the destructive ways of indigenous society.

Differing in political outlook from Mendoza, Morales largely neglected issues of class exploitation and saw health problems in Bolivian society as resulting from the deleterious effects of Indian culture. In his view, the sciences of biomedicine would have to triumph over these cultural flaws in order to bring about national progress. Writing in Bolivian professional medical journals, Morales explained the prevalence of diseases like typhoid among indigenous populations by arguing that those populations’ cultural practices had given the disease unique clinical characteristics. At the same time, he argued that formal medical treatments such as vaccinations and vaccine therapy during epidemics would solve many of the country’s ills. Zulawski suggests that this approach enabled doctors not only to explain disease prevalence as a consequence of cultural deficiency, but also to elevate their own status as practitioners who were distant from Andean ways of life. In this way, both Morales and Mendoza saw the doctor as bringing modernity to the nation’s “uncivilized.” Zulawski’s nuanced reading of this aspect of their work, moreover, sheds light on the influence of eugenics and the importance of Bolivia *indigenismo* and socialism in shaping elite medical thought.

Building on her discussion of Bolivia’s medical elite, Zulawski’s analysis of the medical crisis of the Chaco War in Chapter Two demonstrates the real health consequences of racist views about indigenous people and disease. The author traces how the Bolivian state’s lack of resources or preparedness for war, combined with a series of racial assumptions among military hygiene doctors who planned for the war, created conditions of immense suffering among the mostly poor and indigenous men who were sent to fight in the Chaco region. Reading from a wide range of sources, Zulawski finds that military doctors believed “that

Indian recruits were so stoic and inured to suffering that they did not need even basic provisions to be effective soldiers. Along with this conception of Indian temperament and fortitude went a series of stereotypes about natives and disease” (54). Zulawski documents the ways in which assumptions about race and class forced indigenous and poor Bolivians to endure far greater levels of suffering, food shortages, lack of water, and exposure to disease in the war zone than those soldiers of greater means. Drawing on a particularly rich set of oral histories of soldiers who participated in the war, she also offers an account of the experience of combat, hardship, disease, and ill health among those placed at most risk. Soldiers’ testimony clearly indicates they were aware of the ways authorities employed the concept of race to structure duties within the armed forces, organize the provision of resources, and grant access to medical treatment.

Moving away from the frontlines of combat, Zulawski also examines how the Chaco War reshaped notions of disease and disease transmission among civilian populations. She provides a detailed discussion and analysis of how disease came to be not just racialized, but also seen as linked to soldiers’ bodies and migration. She argues that the Bolivian upper classes focused on draftees as sources of contagion, avoiding contact with soldiers who traveled through their cities and towns. This stemmed in part from that fact that soldiers indeed suffered from disease and health problems at shockingly high rates. Zulawski’s research meticulously documents rates of specific illnesses, kinds of malnutrition, and other health problems, and it demonstrates that soldiers often came down with diseases to which they had not previously been exposed as they traveled to and from the front, spreading them into the general population. But Zulawski also shows that soldiers were racialized by more prosperous and more mestizo or white populations, who saw them as somehow inherently “other” and as carriers of disease.

The key turning point in this story and in discussions of disease as a national problem is thus the Chaco War, according to Zulawski. The author suggests that the horrors of the war experience and the resulting political crisis after Bolivia’s loss to Paraguay led doctors and politicians to re-

conceptualize health as a human right shared by all, rather than an act of charity for the poor. This new view of health, moreover, was linked to the emergence of a new democratic populism and the reshaping of political debate after the war. In spite of the idea of health as a universal right, however, doctors and medical authorities still struggled with the idea of race as a factor shaping health disparities. In fact, a common theme throughout the second half of the book is that although doctors saw all citizens as having a right to health care, they continued to engage in perceptions and debates about the ways in which certain populations (i.e. Indians and women) served as hindrances to improved health and national progress. The introduction of international medical philanthropy, moreover, did little to resolve such matters.

In Chapter Three Zulawski examines the role of the Rockefeller Foundation in transforming public health in Bolivia between 1932 and 1952. Her work here stands in contrast in particularly useful ways to other scholars' case studies of countries such as Brazil, Mexico, or Peru, where the Rockefeller Foundation had become far more involved by the 1930s. In Bolivia the Rockefeller Foundation began its work relatively late, since the country was not seen as economically vital to US interests, and because the foundation believed the government lacked the infrastructure to implement Rockefeller projects. Throughout the 1930s and 1940s Bolivia thus remained a peripheral part of the foundation's larger project to improve health conditions in Latin America. Zulawski focuses in particular on how perceptions of the Rockefeller Foundation changed among Bolivian doctors, who at first welcomed the institution as it began to implement campaigns to eradicate yellow fever. Doctors gradually became less receptive to the foundation's policies by the late 1940s and 1950s, and Zulawski attributes these shifting relations to several factors. These include the appearance of other international public health philanthropic organizations and the limited success for the Rockefeller Foundation's expanded efforts against disease in the 1940s. Zulawski also ties changing attitudes toward the Rockefeller Foundation to shifts in Bolivian politics more generally, and to shifts in the policies of the Rockefeller Foundation itself.

As a means to link this chapter to the overarching themes of the book, Zulawski emphasizes the ways in which the Rockefeller Foundation's staff and policies reinforced existing racist views of the country's indigenous populations and their problems with disease. She writes that "one thing that is striking is the high degree of agreement between RF representatives and Bolivian doctors about native Bolivians. As late as 1949, doctors who worked for the foundation offered stereotypes about drunken Indians as explanations for a complex political situation" (117). But Zulawski also finds that the doctors and staff sent by the Rockefeller Foundation consistently disparaged the expertise of Bolivian medical professionals as well, and that they often scorned the politics of medical populism that emerged among the country's doctors. She ultimately argues that the willingness of Rockefeller Foundation employees to accept facile, racist explanations of Indians and their insensitivity to the shifting political climate in the country prevented them from understanding how their own role as international medical philanthropists changed during the 1940s. This shifting political atmosphere led the Rockefeller Foundation to become the target of nationalist, anti-imperialist attacks from doctors and others during the yellow fever epidemic of 1950.

The final two chapters of *Unequal Cures* overlap with Chapter Three chronologically but diverge thematically in interesting ways. In Chapter Four Zulawski traces how attitudes towards women's health and children's health shifted between the 1920s and the 1940s. Focusing mainly on La Paz, she argues that while the end of the Chaco War led to a shift in politics in which the state was held accountable for the health of all Bolivians, fundamental differences persisted in the ways doctors and policy makers understood medical care for women vs. men. In addressing women's health medical and political figures focused almost exclusively on reproductive health to the detriment of other women's health needs, reinforcing the centrality of women to the eugenic goals of the nation. Writing in dialogue with a growing body of literature on women and reproduction from other regions in Latin America and beyond, Zulawski links such limited understandings of women's health to the more general exclusion of women from full citizenship, suggesting that even the most

progressive doctors could not imagine women as separate from their reproductive and nurturing functions.

Zulawski's analysis shows that doctors' concerns about managing reproduction and their criticism of women became key issues of biomedical authority in the 1930s and 1940s. Doctors waged an extended attack on the roles women played as midwives, attempting to undermine the power that midwives, especially indigenous midwives, held in society. Even in the 1940s, midwives were the primary providers of obstetric services in Bolivia, and they became the targets of derision among a professionalizing medical elite, who blamed them for high maternal and infant mortality rates and accused them of assisting in abortions. In this way, Zulawski uncovers the new ways in which medical authority and professional status became gendered and racialized at this time.

In addition to tracing this rhetoric and persecution of midwives and indigenous mothers in Chapter Four, Zulawski painstakingly documents infant mortality rates and draws on analysis of material economic conditions to explain their true causes. She addresses changing conditions for women and children in the country, examining attempts in areas such as the mining sector to establish day cares and clinics for the care of children. Zulawski finds that by the 1930s and 1940s class analysis had become an increasingly employed framework for understanding the political position of women in Bolivian society. Women became recognized as workers and wage earners, as well as serving as mothers for the good of the nation. While this provided a framework for recognizing exceptional circumstances in the cases of some women, according to Zulawski "in the case of Indian women, their very ethnicity caused them to be seen as more liable to be unhealthy and likely to fail to provide appropriately for their children" (155).

Zulawski's final chapter in *Unequal Cures* examines how thinking about mental health changed in Bolivia's only mental hospital, the Manicomio Pacheco, during the 1940s. This was a period in which new treatments for psychiatric disease first became available and a new democratic and populist politics emerged in the country. More importantly, however, Zulawski studies how concepts of class, gender, and ethnicity

influenced forms of diagnosis and treatment. She argues that this approach “reveals that contradictions evident in the elite’s views about the correct social roles of Indians and women also influenced doctors’ analysis of the causes of mental alienation” (159). In other words, she finds that Indians were considered mentally ill if they deviated too far from their expected behavior as Indians and as “others,” acting emotionally and intellectually too much like the normative creole male. Women, in turn, could be criticized if they deviated too far from their expected role, becoming overeducated, ignoring their duties as mothers, and trying to assume the rights of full citizens. These racialized and gendered ways of interpreting mental illness persisted, Zulawski claims, despite the growing appeal of new democratic and socialist ideas in the 1940s.

In other cases at the Manicomio Pacheco, Zulawski finds that doctors misdiagnosed patients because they misunderstood patient behavior that corresponded to actual indigenous beliefs and practices, seeing such behavior instead as incoherent or delusional. Her discussion of particular patients and the misdiagnosis of their behavior here is nothing short of brilliant, and it is based on a close reading of patient records. Doctors, in a sense, completely missed or misread indigenous culture in their analysis of patients, and Zulawski shows that the procedures for diagnosis encouraged them to overlook such factors. Much of what is most compelling about Zulawski’s chapter on mental illness, however, has to do with the appalling conditions within the Manicomio Pacheco itself, the refusal of treatment for certain patients, the use of outdated and abusive treatment, and the failure to implement new forms of treatment that could have reduced suffering considerably. Zulawski shows that conditions within the hospital only began to improve gradually after the facility began charging patients and families for treatment, leading to a more hierarchical and differentiated set of treatment practices that left many without even the most minimal treatment required.

Throughout her valuable study, Zulawski argues carefully about the ability of her work to make claims about popular understandings of disease, arguing that sources prevent her from reading cultural perceptions beyond those of the elite and suggesting “there can be a considerable gap between

writings of politicians, intellectuals, and scientists and the experiences of less educated, less prosperous, unconsulted citizens” (9). While I agree that Zulawski’s caution is well founded for doing research on a country as complex and diverse as Bolivia, in which it would be unwise to attempt to trace a popular *mentalité*, I also wonder whether something might be gained from at least speculating a bit more about the diverse views of popular groups. It seems at times that there is sufficiently rich material to do this, even if it cannot be done systematically. For example, in Chapter Two on the Chaco War the oral histories of soldiers provide some sense of the popular experience of disease and combat, and I wonder whether Zulawski might have been able to pull greater cultural meanings out of those texts. At the same time, one also wonders whether elite medical understandings of disease and the “Indian problem” might have been more diverse, and thus more problematic to untangle, than Zulawski suggests. In Chapter One, for example, were Mendoza and Morales distinct in any way among doctors in terms of the views they advocated? Was there a community of doctors who disagreed with their basic ambivalence about Indians and ethnicity? How do we know that their views were representative not just of elite politics, but also of the greater medical profession?

These criticisms are very minor ones considering the tremendous value and merit of the study as a whole. Zulawski’s exhaustive research and impressive analysis in *Unequal Cures* shed light on the complex ways in which Bolivia’s broader social and political conditions and troubled history of race shaped medical thought, forms of medical treatment, and health disparities during the first fifty years of the twentieth century. Her work thus provides an important contribution to a sub-field dominated by case studies of larger Latin American countries, and it suggests the value and need for more research on smaller countries overlooked thus far in the history of medicine and public health. I hope that this work will be widely read, as its usefulness and relevance extend far beyond the interests of Bolivianists and other Andeanists.