S-73 – Science, Technology, and Medicine in the Andes and Beyond: Local Actors, International Health Specialists, and Global Ideas in the making of Scientific and Medical Communities

The History of Science and Technology and Medicine

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Abstract:

As the call for papers for the 25th annual International Congress of History of Science and Technology points out, questions of place are gaining increasing importance in the work of historians of science, technology and medicine. Questions about the role localities play in the adaptation, transformation, and production of knowledge, ideas, and practices have set aside older interpretations where scientific knowledge and practices travel from centers of production to so-called peripheries. Instead, recent scholarship is interested in exploring the complexity of these relations between local and global actors, institutions, and initiatives, with particular attention to how social actors transformed, adapted, and challenged these ideas to suit specific realities and needs. The transformation, adaptation and production of scientific, technological, and medical knowledge, ideas, and practices resulted in instances of increased tensions, negotiations, and at times cooperation at the local, regional, national, and international levels.

Each of these questions is a central preoccupation in the papers proposed for this symposium. Our panels propose to explore these tensions in different national and medical contexts. Chronologically, our entries range from the early decades of the twentieth to the twenty-first centuries; spatially, our focus includes Argentina, Bolivia, Chile, Colombia, Ecuador, and Peru. All papers examine the role of locality in science, and the tensions that may arise between global, national, and local actors and initiatives.

The first panel discusses the relationship between local and global actors and ideas in the building of health institutions and disease campaigns in the twentieth and twenty-first centuries. Some papers, such as those by Jorge Figueroa and Kim Clark, study two disease-specific cases—tuberculosis in Colombia and the plague in Ecuador. Their concerns stem from an analysis of site-specific responses in campaigns and institutional initiatives designed to stop the spread of these diseases. Although international organizations helped design the institutional responses to these diseases and the national programs to address them, in both of these cases, local realities and dynamics weighed heavily in shaping the limits and possibilities of eradicating each disease. As Clark’s paper shows, epidemics with global dimensions, such as the 1908 bubonic plague epidemic in Ecuador, present the opportunity to study interactions between local and global actors. Yet, plague had a distinctive disease ecology that varied in each environment in which it developed, and thus had local specificities that call out for
ground-level analysis. In Ecuador, plague was primarily combatted with local and national resources, turning the battle against this disease into a domestic affair. Figueroa’s piece takes us to Cali in the twenty-first century, and features this city’s institutional response to tuberculosis. As an illness that, as he tells us, is still among the most infectious and deadly diseases worldwide, the World Health Organization has an on-going concern in funding and promoting programs that seek to lower the incidence of tuberculosis in countries such as Colombia. Although the Colombian state has adopted WHO’s directives, implementing these programs has not been easy. In fact, as the case of Cali shows, the implementation of these directives provides evidence of tensions, trials, adaptations, and local resistance that make the standardization of treatment and care a challenge.

Additionally, Alejandra Golcman and Soledad Zárate explore the tensions between national and local dynamics and their impact on an Argentine psychiatric hospital and a Chilean national public health program, respectively. In particular, Golcman analyzes the Lomas de Zamora hospital in the province in Buenos Aires to assess the Argentine state’s institutional responses to mental health illness in the middle decades of the twentieth-century. Her case study reveals that, contrary to what one may expect, this hospital developed unique institutional arrangements that allowed its physicians and staff to redefine treatment options to mental illnesses that differed from those the state had originally envisioned. In Zárate’s account, Chile’s National Health Service, established in 1952, launched a series of public health, prevention, and social intervention programs, financed with WHO and national funds. These programs promoted sanitary education, vaccination programs, and infant and maternal care programs. They relied on a team of trained midwives, nurses, and social workers, whose work according to Zárate, was key to the maintenance and effectiveness of these initiatives. In fact, it was thanks to the work of these women that these programs thrived and expanded until the demise of the welfare state in 1973. An analysis of written and oral sources allows Zárate to show the slippage between institutionally prescribed duties, and what these nurses, midwives, and social workers actually do in their everyday practice. As such Zarate’s work bridges both of our panels, exploring tensions between institutional initiatives once these are implemented in specific localities, and working with a proposal that also addresses the gendered dimensions of these programs.

The second panel addresses these same themes of adaptation, resistance, and tension between local, national, and global actors by looking at the gendered aspects of health provision. In modern Latin America, the construction of ideal forms of femininity and proper female behavior have been intimately tied to women’s role in reproducing, raising, and creating ideal citizens through their caretaking and maternal duties. Far from being a concern that was specific to Latin American nations, governmental and medical elites nevertheless used global discourses about women’s proper roles, maternal responsibility, and population concerns to address specific local issues. At a time when a plethora of international agreements, bilateral cooperation agreements, and non-governmental organizations were also looking to address population problems and improve maternal and infant health care, these debates about women’s reproductive abilities and maternal responsibilities in Peru, Colombia, and Bolivia provide a perfect opportunity to examine the transfer global medical knowledge and practices, as well as their adaptation in these different localities. Furthermore, these transnational women’s health initiatives provide a window into understanding the cooperation or tension that resulted between local, national, and global actors.

Raúl Necochea, Hanni Jalil, and Nicole Pacino each investigate how elite concerns about reproduction and population growth manifested in medical and social programs that targeted women in the prime of their reproductive years. Necochea examines how physicians and scientists in Peru connected the human papilloma virus (HPV) to female sexual behaviors as early as the 1910s. Using medical periodicals and theses from the first half of the 20th century, Necochea analyzes the politically charged discourses about “proper femininity” championed by physicians prior to the advent of effective cancer screening tools, and explains how physicians used this rhetoric to assert the importance of women’s reproductive health in Peru. Like Necochea, Jalil shows that in the 1930s and 40s the Colombian state, in an attempt to lower infant mortality rates, safeguard the future of the race, and promote population growth, placed mothers at the center of
medical debates, public health initiatives, and eugenic discourses. These state-sponsored initiatives made women responsible for producing future citizens on whose back the nation’s progress would be forged, while simultaneously blaming the country’s high rates of infant mortality on these mothers’ presumed ignorance and neglect. These programs drew from international public health discourses, intersecting with local needs and national-level directives to create locality-specific variants of these programs that turned women, in their role as mothers, into arbiters of the nation’s morality and guarantors of the their children’s physical health and social well-being. Similarly, Pacino addresses conversations between local, national, and international actors about how best to address Bolivians’ inadequate nutrition in the 1950s and 1960s. Like in the cases of Peru and Colombia, the Bolivian preoccupation with national nutritional deficiencies centered on concerns about population growth and the ability to harness the nation’s “human capital.” While local officials often drew attention to deficiencies in people’s diets, national health workers blamed these individuals for their inadequate diets, citing women’s and indigenous communities’ ignorance of proper nutrition. International actors, sometimes oblivious to debates happening at the national level, often blamed national doctors’ and government officials’ lack of training and experience for institutional disorganization. In examining these overlapping discussions, where blame for malnutrition was constantly shifted to different targets, Pacino demonstrates the inherent tensions between global health concerns and local needs, and highlights the discord that often resulted from trying to implement international programs in specific localities.

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