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THE DEVELOPMENT OF THE PUBLIC-HEALTH ORGANIZATION OF PORTO RICO

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That public health is both old and new is as true in Porto Rico as anywhere else in the civilized world. As far back as 1768 the provincial Board of Health of the Island was created by Royal Decree; a very important body in all probability, for it was presided over by no less a personage than the Governor General of the Province, and had the following membership:

The Governor General, Secretary of the Treasury, Senior Naval Officer, Vice-President of the Provincial Commission, *Alcalde* (Mayor) of San Juan, Inspector General of Public Works, Secretary to the Governor General, President of the Subdelegation of Medicine, President of the Subdelegation of Pharmacy, Director of the Quarantine, City Engineer of San Juan and three physicians, one pharmacist, one lawyer, one representative to the Spanish Courts, the Chief Medical Officer of the Army and a veterinarian. This board had a secretary and a *comisión permanente*, or executive committee.

What the work of this body was? What its resolutions were in its 130 years of existence? An interesting subject indeed, for the student of History. Suffice it to say, for the present, that our earliest scientific public-health measure ever practiced was, as everywhere else, that of vaccination against smallpox. Seven years after Jenner's discovery, in the year 1803, Dr. Francisco Oller, Chief Military Surgeon of the post of San Juan, was influential in the importation, from our neighbor island of St. Thomas, of a negress with vaccine pustules in both arms. The method of vaccination had been introduced into St. Thomas shortly before. Dr. Oller vaccinated 1,570 persons in twenty-three days and therefore stemmed the tide of an epidemic of smallpox which then ravaged the Island. A year from that time Dr. Francisco Javier de Balmis, honorary physician to the Royal Family at Madrid arrived at Porto Rico from the capital of the Spanish Kingdom at the head of an expedition organized by order of King Charles IV., entrusted with the introduction of vac-

cination into the overseas Spanish Provinces. But Porto Rico was one year ahead of him.

No other such event occurred up to 1898. Cholera, visited us once, yellow fever was endemic and there did not exist any known means to stop it and no other defense than Quarantine. Neither the science nor the art of modern public health had dawned upon the world.

Those were the days of "alleviation of disease".

The last quarter of the nineteenth century marked the birth of the science of Bacteriology which made possible that of modern Public Health. Pasteur's work, Koch's work were given to the world. And when the world was still under the emotion of the acquisition of such valuable knowledge, when the echoes of contradiction and even dispute over the newly revealed truths were still in the air, a most extraordinary epoch-making event for the future of Porto Rico occurred at the end of an international conflict. Porto Rico ceased to be a Province in a European Kingdom and became American, not only geographically but also politically.

It was 1898. A year before Ross had discovered that malaria is transmitted by mosquitoes; a year after this, here in Porto Rico, Ashford found that the "anemia" of our peasant population was due to the hookworm. Later on Read, Carrol, Lazear and Agramonte demonstrated at Havana the transmission of yellow fever by the *Aedes Calopus*. The cholera vibriion was already known, tetanus and typhoid were not due to unknown causes any longer.

A fortunate coincidence, indeed, that such a change in our governmental and political organization should occur right at the close of that last quarter of the nineteenth century, and at the end of those glorious years for the science of Human Health. Porto Rico could not have chosen a better time in which to start anew on the road of Public Health and she was no less fortunate in treading the road, having as a guide the one nation that was giving so much attention to those very problems, and whose work in that field has commanded the admiration of the world.

There was not the encumbrance of old organization to remodel and modernize. A brand new mechanism could be made to order and had to be, and was, made to order. In June 29, 1899, General Order No. 91 of the military government of occupation created the Superior Board of Health of Porto Rico. In fact, it replaced the old Provincial Board which had automatically gone out of existence a year before with the discontinuation of Spanish Sovereignty over

Porto Rico. General Order No. 102 of July 18, 1899, defined the duties and authority of the Board and it was all done according to the latest ideas on the subject; those very ideas less than thirty years old.

There had existed since the year 1839 besides the Provincial Board of Health the Royal Subdelegation of Medicine and Surgery which had as its public functions the licensing of physicians and allied professions and served as a consulting organism to the government and courts in medico-legal cases. Inasmuch as said subdelegation also ceased with the Provincial Board of Health, the Superior Board of Health created under the new sovereignty assumed its functions as well. To the Royal Subdelegation was due the creation in Porto Rico of that most useful branch of public service known as the "*Beneficencia Municipal*", served by the *médicos titulares de beneficencia* or municipal physicians for the poor, in 1865.

The new Superior Board of Health ordered and performed a general thorough vaccination of the inhabitants of the Island. Ever since, smallpox has not been a problem in Porto Rico. There have been small outbreaks from imported cases, but Porto Rico is with the leading peoples of the world on that question. We are absolutely free of smallpox.

The Superior Board of Health embodied the ideas of the time. Its rules and regulations were inspired by the new conception of the causation of diseases and endeavored to give to the people the benefit of such knowledge. The board was made up of six physicians who could employ personnel for actual work, but no permanent organization existed; and the local work was entrusted to municipal boards of health. The outstanding feat of that board was the stamping out of smallpox.

Those were the times of "suppression of disease".

In the year 1900 Military Government ceased. A civil government was organized according to a law of Congress. Even though Public Health was developing rapidly and commanding the interest of the public the time was not yet ripe for it to assume the proportionate importance of later years. In the new Governor's cabinet the law did not provide for a member in charge of health matters. Under the previous régime health matters came under the Ministry of State. Under the new régime they came under the Department of the Interior. The Superior Board of Health organized by the military government was therefore placed under the jurisdiction

of the Commissioner of the Interior under the new régime, where it remained without any further legislation until March, 1902.

On that date a law was passed by the Insular Legislature providing for the appointment of a Director of Health besides the Superior Board of Health. The Director was to become the Executive Officer of the Board and its Chairman as well. He was appointed by the Governor while the Board was appointed by the Commissioner of the Interior. Local work continued in the hands of the local boards, according to the municipal law. The Superior Board had supervisory powers only.

In the year 1903 the licensing of physicians was taken away from the Board, which had had charge of this function now for four years, and the Board of Medical Examiners was created which in fact revived the old Sub-delegation of Medicine.

In the year 1904 a new law was approved by which a new department of government was created, the Department of Health, Charities and Corrections. It was entrusted to one of the members of the Executive Council who up to that time had had no department in charge.

Health therefore became one of three bureaus in a special Department. The Board of Health became an advisory board to the Director of the Department who was not a physician and who made the regulations on public-health matters with the advice of the board and subject to the approval of the Executive Council of which he was a member; but the chairman of the board (now designated Supervisor of Health because the name of Director was given to the lay Chief of the Department) was the Medical Officer of Health for the Island; the Chief of the Department was the administrative head.

It may be seen that the health organization was becoming more important; it was shaping itself into a permanent organization; but it had not as yet reached the development of successive years, as we shall presently see. The local organization in the municipalities continued as before.

Parallel with this Board of Health organization, another governmental organism arose and developed from this time on. In the year 1904 the first Anemia Commission was created in Porto Rico. Dispensaries were established at Aibonito, Lares and Utuado. In 1906 the Commission was made permanent with some changes in the personnel, but continued to be an independent commission. In 1908 the Commission was changed by law, into a "Service of Anemic Dispensaries" with a Director, and the service became a Bureau of that

same Department of Health Charities and Corrections to which we have already referred. There existed, therefore, two sister organizations under the same Department; two different Bureaus with health questions in charge: the Board of Health whose Chairman was a Supervisor of Health for the Island and the Service of Anemia Dispensaries, with a Director. They were independent of each other, although closely cooperative and were under a layman who was the head of the Department.

The "Service of Anemia Dispensaries" was again changed in the year 1910 into the "Service of Tropical and Transmissible Diseases" and the two parallel organizations continued until 1911, when they were merged.

The consolidation came with the creation of the Service of Sanitation, which was a radical change in our health organization. The old offices were abolished. Under the same Department of Government a "Director of Sanitation" was appointed who had an Insular Board of Health as an adjunct. The Director of Health, Charities and Corrections appointed the Director of Sanitation with the approval of the Governor. The Director of Sanitation was not a member of the Insular Board of Health. The Chairman of the Board of Health was *ex-officio* Chief of the Bureau of Vital Statistics and acted in the place of the Director in his absence. The Island was divided into four districts, Northern, Southern, Eastern, and Western, with a medical inspector in charge and each district was subdivided into zones, each zone having a medical officer appointed by and under the Director of Sanitation. The health officers appointed the sanitary inspector for their zones. The local boards were retained but they only had advisory capacity. Each zone included several municipalities. A number of diseases were made reportable including typhoid, smallpox, diphtheria, etc. Vaccination against smallpox was made compulsory. All appointments made by the Director of Sanitation required the approval of the Insular Board of Health.

There had arrived the time of "prevention of disease."

Again in the year 1912¹ a new law was approved. The Director of Sanitation was now not appointed by the Director of Health, Charities and Corrections but by the Governor. All matters pertaining to health were therefore separated from their relation to the "Consolidated Department" and the Sanitation Service became absolutely independent to any other authority but the Governor. The

¹ In this same year, by a special law, the Institute of Tropical Medicine was created, as a bureau of the Service of Sanitation. Later on it became independent. The School of Tropical Medicine is the outgrowth of the Institute.

old Director of Health, Charities and Corrections became now Director of Charities, Correction and Labor. A further step in the evolution of health organization had been taken thereby. There now existed a Sanitation Service, not as a full-fledged department as yet, but as an independent bureau under the Governor. Other changes were made; there was to be now an Assistant Director of Sanitation and there were to be no more local boards; the Insular Board had only advisory and legislative functions. The Island was divided into two districts: Northern and Southern. A Bureau of Transmissible Diseases, a Chemical Laboratory, a Biological Laboratory, a Bureau of Vital Statistics, a Sanitary Engineer and a Medical Officer for each of the municipalities of the Island, in place of the old zones, completed the organization. All appointments were to be made subject to the Civil Service Law. Centralization went so far as to give to the insular service the collection of garbage, the collection of stray dogs, cleaning of streets, cleaning of cesspools in public properties, etc., in every municipality of the Island. In the year 1914 the municipalities were given back these last-named functions, but the Director of Sanitation was empowered to do it at the expense of the municipalities should they be negligent in the performance of their duties. This plan of organization continued until the year 1917.

In 1917, a new law was approved by Congress for the government of the Island and this law now created the position of Commissioner of Health who was to be and is at present a member of the Governor's cabinet and has charge of all matters pertaining to health and sanitation except maritime quarantine. According to the same law he has charge of charities. So Public Health and Charities which had been united in the year 1904 and again separated in the year 1912 were again combined in the year 1917.

Although the fundamental law of sanitation for the Island has not been changed, the appropriation laws have made changes in the organization of the Department. In the year 1923 the following new bureaus were organized: Bureau of Uncinariasis, now known as Rural Sanitation; Bureau of Prevention of Tuberculosis, Bureau of Venereal Diseases, Bureau of Child Welfare with visiting nurse and social work services, Bureau of Plague Prevention, Bureau of Malaria Control, etc.

By law of 1920 the Insular Anti-tuberculosis Sanatorium was created. At present, tuberculosis, child-welfare and venereal-disease

work is consolidated into one bureau known as that of Social Welfare.

The time has arrived for the "promotion of health".

The local organization of the Island has continued more or less as established since 1912, although the number of medical officers in charge of the municipalities has diminished and the work has been carried on in smaller towns by assistants under the supervision of insular officers at San Juan. There was a short period of extreme decentralization from the year 1919 to the year 1921, but in this latter year the organization came back to that of two years before.

Health Centers have recently been established throughout the Island. The central organization has reached a complete, full development. It is made up of all the Bureaus and activities of a modern department of health. The Bureaus work directly and independently. The Department besides, has charge of the insular charitable institutions which makes for a huge amount of work.

A change now must come in the local organization, and we are doing so according to the county health-units system of organization of some states of the Union. The municipalities are ready to cooperate in such a change. The International Health Board of the Rockefeller Foundation is also cooperating. Such an organization has already been established in one of the municipalities of the Island, and is in full swing there. It has a medical officer of health (full time), it has two visiting nurses, clerical help, several sanitary inspectors. It holds tuberculosis clinics weekly, child welfare clinics, engages in medical inspection of schools, takes care of transmissible diseases, promotes the participation of private organizations in public-health work and its services are extended to the whole municipality, both rural and urban sections. To do this is only a question of bringing together, under a local head, the dispersed activities now in charge of the various bureaus and directed from the central office.

Porto Rico is giving proportionate importance to measures which promote health, prevent disease, suppress disease (should it ever appear) and alleviate it (when it cannot be suppressed); the four known epochs of development of Public Health.

The Department of Health of Porto Rico has not charge of Maritime Quarantine. By order of the National Government the quarantine laws of the United States were extended to Porto Rico, by executive order of January 1899. According to section 10 of the Foraker Act, Maritime Quarantine was to be under the control of the United States Government. According to the Jones Act the Department of Health of Porto Rico is not to have charge of it.

Therefore, it has remained with the United States Public Health Service. There are ten quarantine officers in Porto Rico.

Porto Rico is with Great Britain, with France, with Germany, with Canada, with New Zealand, with Poland, with Jugo Slavia, with Checo Slovakia, with Brazil, with Hungary, with Cuba and with Santo Domingo in the group of governments having ministries or departments of Public Health. We are endeavoring to do what Professor Winslow defined as the proper functions of a public health organization: "The prevention of disease, the prolongation of life, the promotion of health and efficiency through community efforts for the sanitation of the environment, the control of communicable diseases, the education in personal hygiene and the medical and nursing care for early diagnosis and preventive treatment."

