

# Peripheral Nerve

HEALTH AND MEDICINE  
IN COLD WAR  
LATIN AMERICA



Anne-Emanuelle Birn and Raúl Necochea López, editors

# Peripheral Nerve

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**HEALTH AND MEDICINE  
IN COLD WAR LATIN AMERICA**

*Anne-Emanuelle Birn and Raúl Necochea López*

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AEB *To my beloved father, Richard, and  
cherished father-in-law, Leonid Pavlovich,  
who, having spent their lives and careers on  
“opposite” sides of the Cold War, never met  
but shared a love of literature and infused  
it in their progeny.*

RNL *This book is as old as my lively  
children, Tomás and Ansel, and half as old  
as my unfolding story with the amazing  
Erica Wood. This is for the three of them.*

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## FOREWORD

GILBERT M. JOSEPH

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The last twenty years have witnessed nothing less than the remaking of Latin American Cold War history, as the field has burgeoned into a veritable growth industry. For decades, study of the region's postwar conflict was dominated by mainstream diplomatic and foreign relations historians who conceived of it largely in bipolar terms and were preoccupied with grand strategy and U.S. policy and sources. Since about 2000, however, scholarship has been significantly reoriented by Latin Americanists who, without marginalizing international conflicts and rivalries, have more often approached the Cold War from the inside out—and often “from below.” In the process they have begun to flesh out a distinctive *Latin American* Cold War, rather than merely studying the dynamics and collateral damage of superpower rivalry in a peripheral region. These scholars speak the region's languages and read voraciously across disciplines, employing tools and concepts from area studies, political and social history, anthropology, political science, cultural studies, and studies of technology, health, and medicine. They seek out (and work to declassify) new archival sources as well as pose new questions to older documentary collections. In part owing to more productive conversations with mainstream diplomatic historians and foreign relations scholars, more ambitious transnational and transregional analyses have emerged, steeped in multisited archival and oral history research strategies. Since the early 2000s, bolstered by the creation of new international research clusters, the organization of numerous conferences and symposia, and a series of collective volumes and special journal issues, a new self-identified generation of historians and international relations scholars with a penchant for “border crossings” has reshaped Latin American Cold War studies. Anne-Emanuelle Birn's and Raúl Necochea López's *Peripheral Nerve: Health and Medicine in Cold War Latin America* constitutes a signal contribution to this new watershed of scholarship.

As the book's title cleverly indicates, while Latin American countries ambiguously resided on the periphery and semiperiphery of Cold War-era

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theoretical imaginings, they invariably exhibited nerve, whether via quiet audacity or full-blown impudence. Such nerve also meant that Latin America's Cold War was rarely cold. Indeed, few periods in the region's history were as violent, turbulent, or transformative as the half century that ran roughly from the end of World War II through the early 1990s. One would have to go back to the early nineteenth-century wars of independence to find the same level of mass mobilization, revolutionary upheaval, and counterrevolutionary repression. Yet the international connections, organizational capacities, and technologies of death and surveillance at work in the late twentieth-century Cold War render that earlier cycle of violence almost quaint by comparison. Latin America's late great novelist Gabriel García Márquez graphically evoked this "outsized" and "unbridled reality" in his 1982 Nobel acceptance speech. Conjuring up a litany of grisly and apocalyptic events—the dirty wars, disappearances, and displacements of the 1970s and early 1980s that had turned Central America and South America's Southern Cone into killing fields and barrios—he told his Nobel audience that he had been obliged to develop a new literary genre, "magical realism," to assimilate the period's mind-boggling occurrences and, as he put it, "render our lives believable."

How do we account for such cataclysmic violence? To be sure, Latin America's past has always been marked by alternating cycles of social reform and intense conservative reaction, in which the influence, aid, and intervention of imperial powers have figured prominently. Even so, the dynamics of the Latin American Cold War were embedded in a particularly ferocious dialectic linking reformist and revolutionary projects for social change and national development, with the excessive counterrevolutionary responses they triggered, in the decades after World War II. This dialectic, which several of the contributors to *Peripheral Nerve* engrossingly document and which played out in intertwined domestic and international arenas of political, social, and cultural power, shaped Latin American life in the late twentieth century and, as the editors demonstrate in the epilogue, has "lingerings and echoes" in the new millennium. At a macro level, the Cold War was a struggle between two postwar "rookie" superpowers—the United States and the USSR—over shifting geopolitical stakes and ideological visions of how the world should be organized. But what ultimately gave the Latin American Cold War its "heat" were the politicization and internationalization of everyday life. On a variety of fronts across several decades, Latin American elites and newly expanded and empowered popular classes participated in local and national political contests over land, labor, the control of markets, the disposition of scientific, medical, and health resources, and what constituted citizenship

itself—contests that rarely escaped the powerful undertow of the larger superpower conflict.

*Peripheral Nerve* advances our understanding of the region's Cold War in many consequential respects. Above all, it challenges the conventional historical narrative that, in health and medicine, as elsewhere, Latin America's Cold War history was circumscribed and constrained by the hegemonic dominance of the United States in its imperial "backyard." Rather, without negating the historical dynamics of U.S. power, the collection inflects what Anne-Emanuelle Birn describes in her introduction as the repeated "defiance of Latin American actors who sought alternative channels of health and medical solidarity" with the Soviet Union and its allies, and via South–South solidarities within and beyond Latin America. The book's examination of Latin America's relations with the Second World before, during, and after the Cold War redresses a serious imbalance in the burgeoning literature, while extending the new scholarship's appreciation of the regional struggle's "multivalent, multilevel nature," as Birn writes in her introduction.

At the same time, the collection is invaluable for the manner in which it deepens two particularly fertile veins in the new literature. First, there is the issue of Cold War chronology and temporality—the need to examine both the broader contexts and specific conjunctures in which Latin American state and society experienced the challenges and opportunities of life in revolutionary and counterrevolutionary times. Much of the new scholarship stresses the importance of applying a more encompassing frame of analysis to the Cold War decades (even as some wonder if the conflict ever really ended in the early 1990s, or morphed into an unsettling new phase that continues today). In an earlier collaboration among international scholars, *A Century of Revolution: Insurgent and Counterinsurgent Violence during Latin America's Long Cold War*, Greg Grandin and I argue that the region's Cold War decades should be placed in the broader context of Latin America's "revolutionary twentieth century," which simultaneously constituted a "*long Cold War*" (especially in North–South relations), articulating longer waves of revolutionary and counterrevolutionary phenomena. That was because Latin America's revolutionary twentieth century coincided with the rise of U.S. hemispheric and global hegemony, with both dynamics proceeding along parallel tracks, and each informing the shape the other took. This "century of revolution," which ran at least from the Mexican Revolution of 1910 (if not the political and social repercussions of the wars of 1898) to the Central American insurgencies of the 1980s, was effectively defined by sequential attempts by Latin American reformers to transcend what had become an unsustainable model of exclusionary nationalism, restricted political

and social institutions and gender relations, persisting rural clientelism, and dependent export-based development. Although the experience of each country's involvement in this nearly century-long cycle of insurgent politics aimed at reform and liberalization, as well as each nation's relationship with the imperial hegemon, was *distinct*, many shared similar patterns of radicalized reform, followed not infrequently by revolution, civil war, and counter-revolutionary state terror. Moreover, each successive bid to transform society generated domestic experiences and international responses that shaped subsequent attempts.

Yet, within this *longue durée* of U.S. hemispheric hegemony and resistance to it, Grandin and I contend that the Cold War proper (c.1947–1990) constituted a particularly consequential juncture. This was evident in terms of the massive infusion of counterinsurgent aid and expert personnel, the dramatic narrowing of political space and options, and the manner in which a deadly combination of rational, precise counterinsurgent technologies (typically imported from the United States and its allies) and more vengeful local sentiments and tactics honed the new internal security state and the bureaucratic strategies of terror that undergirded it.

Although Birn and Necochea López do not explicitly engage the notion of a “long Cold War,” they consistently argue against rigidly circumscribing the Cold War period. In her insightful introduction, Birn provides a fresh “prehistory” of the Cold War that not only recognizes the multivalent nature of U.S. power but also inflects Latin America's largely neglected connections with the Eastern Bloc, particularly in the area of health and medicine. She then usefully periodizes the early, middle, and later stages of the Cold War decades; indeed, these phases help to structure the three thematic sections of the collection.

*Peripheral Nerve* also contributes powerfully to what is likely the most important recent development in regional Cold War studies: the elaboration of its multistranded cultural dimension. For if the field has become a growth industry in the last fifteen years, its leading edge may well be efforts to tease out the complex, power-laden *cultural* processes, relationships, exchanges, and institutional forms that antedated and shaped the late twentieth-century conflict, and had consequences beyond its denouement. Although foreign diplomats and grand strategists, military juntas and intelligence apparatuses, leftist guerrillas and right-wing paramilitary forces, CIA-backed coups and covert operations have remained at the center of traditional accounts of the Cold War in Latin America, beneath or in the wake of the conflicts they orchestrated, the Latin American Cold War was waged by technocrats and experts—an array of scientists and engineers, doctors and health workers, agronomists and ar-

chitects, scholars and economists. The webs of expertise they wove served to materialize the political ideologies and grand strategies of the era; moreover, as *Peripheral Nerve* fleshes out in some detail, such medical and scientific experts underwrote forms of resistance and shaped alternative solidarities and destinies that challenged imperial forces of both the Right and Left. One of the pleasures of this rich collection is that, apart from narrating fascinating, at times poignant, transnational stories of little-known Argentine psychiatrists, U.S. nurses, Cuban international health workers, and Brazilian parasitologists, it also provides glimpses into the medical and health-related careers of high-profile Latin American leaders such as Che Guevara, Salvador Allende, and Michelle Bachelet. In the process, the volume's contributors underscore the fact that the appeal of the superpowers' mass utopias was predicated on dreams of development and modernization that were appropriated in a variety of contexts and ways, often with different results. These dreams and aspirations fueled complex political and cultural struggles likely just as consequential as the paroxysms of insurgent and counterinsurgent violence the period witnessed. And these micro-struggles relied on a myriad of specialized, transnational experts and cultural intermediaries whose role in the region's Cold War is just beginning to receive its due.

To date, most studies of the region's cultural Cold War have focused on the usual subjects of cultural history—the intellectuals, students, artists, writers, and political and social thinkers who sought a higher profile in the conflict and often were important catalysts at diverse points on the ideological spectrum. Similarly, several studies of certain signature projects of “development” (like the Alliance for Progress) and critiques of the vexed concept itself have emerged and narrowed the gap between Latin Americanist scholarship and more robust interdisciplinary work on this theme for other areas of the Global South. But what *Peripheral Nerve* and some other new research argue compellingly is that the experts, technocrats, and cultural and political intermediaries behind these projects have routinely been elided. Only now are scholars beginning to flesh out their roles in various infrastructural, scientific, and environmental projects, medical clinics and communal health crusades, educational and housing missions, biological research and agricultural experiment stations. They contend that by examining these experts' concrete plans, travels, networks of collaboration, and manner of negotiating their work at both higher levels and at the grassroots—with national leaders, U.S. and Soviet Bloc agencies, transnational foundations and think tanks, and, not least, the local populations they studied and served—we can develop a more nuanced history of Cold War Latin America.



Another new edited volume, Andra Chastain and Timothy Lorek's *Itineraries of Expertise: Science, Technology, and the Environment in Latin America's Long Cold War*, like *Peripheral Nerve*, makes particularly important contributions in this regard. Both collections provide detailed analysis over decades of experts who were both peripatetic and locally situated, who often saw or portrayed themselves as "neutral," removed from politics, even as their work fed directly or indirectly into prevailing geopolitical agendas. In establishing these transnational dimensions of Cold War expertise, both works contribute to a Cold War history that is attentive to history's contingencies and capable of transcending frayed, dichotomizing paradigms of interpretation. Read together, these new volumes showcase how experts traversed a variety of boundaries: between the city and the countryside, between northern and southern nations, between Southern and Eastern Bloc destinations, and within the Global South. They demonstrate how experts' itineraries and collaborations tended to strengthen, but occasionally undermined and complicated the imperatives dictated by Cold War geopolitics. In the process, this new research forces us to reconsider other binaries in conventional Cold War studies: between so-called "developed" and "developing" nations, between the First (or Second) World and the Third World, and between the Global North and Global South. Congruent with recent turns in transnational studies, by highlighting multiple agents, sites, and scales of expertise during the Cold War, these new collections accentuate a blurring of the "local" and the "foreign," especially where the production of knowledge is concerned.

Yet another collection published in Italy and then in Argentina, edited by Italian cultural historian Benedetta Calandra and her Argentine colleague Marina Franco, attempts to assess the state of scholarship on *La Guerra Fría Cultural en América Latina*. Like *Peripheral Nerve* and *Itineraries of Expertise*, this international volume—which assembles a team of interdisciplinary scholars, mostly from Italy, Spain, and Latin America—stresses the *emerging* nature of studies on Latin America's cultural Cold War. Unlike the more robust bodies of work on Europe and the United States, studies of Latin America's Cold War cultures still remain modest and dispersed, with immense gaps. Nevertheless the collection's contributors (like those of *Peripheral Nerve* and *Itineraries of Expertise*) argue for a "long Cold War" in the cultural realm. They suggest that the pivotal political events and watersheds of the Cold War proper were *not* congruent with longer-running cultural and intellectual formations. The latter, they argue, date back at least to the positivist and progressive "civilizing" and "modernizing" missions of the early twentieth century, and then took an important turn in the 1940s and 1950s when a more muscular technocratic capacity,

influenced substantially by New Deal mindsets and welfarist policies, gained ascendance throughout the hemisphere.

Without neglecting or whitewashing what they call “scandalous” high-profile episodes like the U.S. Department of Defense’s manipulative, counter-insurgent use of social science research in initiatives like Project Camelot, the contributors to the Calandra and Franco volume prefer to tease out *nuances* in the deployment and resistance of imperial cultural power. They eschew just-so stories of hegemony and broad instrumentalist applications of “soft power,” arguing instead for historicized, case-specific analyses of imperial contact zones, agents, and more contingent, even ambiguous forms of local reception. To cite one example, the essay by Chilean historian Fernando Purcell on the Peace Corps offers a fine-grained treatment of that organization that emphasizes the multivalent relationships and often autonomous identities that U.S. Peace Corps volunteers forged with their host communities. Interestingly, other recent work reveals that a stream of former Peace Corps volunteers went on to long academic careers in Latin American studies that were characterized by an abiding critique of U.S. foreign policy, interventions, and the concept of “development” itself.

The new cultural history of the Latin American Cold War that these three recent collaborative volumes exemplify is distinguished, above all, by their ability to interrogate and cross the temporal, spatial, and methodological boundaries that conventional diplomatic and foreign relations scholarship set in place. The peripatetic experts and technocrats under scrutiny in these works spanned generations of knowledge production, traversed multiple levels and ideological divides of the world system, and in many instances *themselves* came to embody transnational identities and “hybrid nationalities of expertise.” In this regard, an interesting feature of several of the essays in *Itineraries of Expertise* and *Peripheral Nerve* is the role that certain sites in the Global South, such as Mexico and Puerto Rico, and to a lesser extent Colombia, played in the creation of such hybrid identities, typically in the context of transitions from revolutionary and liberal welfare states to the neoliberal regimes that succeeded them. Mexico, Puerto Rico, and Colombia served as intermediary spaces and proving grounds for the kind of biological, medical, and agronomic research, and the type of social policies that would, in time, give rise to such institutional hallmarks of the regional and global Cold War as the Green Revolution and the Alliance for Progress.

There is much more that can be done by scholars to internationalize cultural (and political-economic) studies of the Latin American Cold War. As in many other societies belonging to the Global South, Latin American states and

the intellectuals, scientists, medical, and health professionals that collaborated with or opposed them frequently sought to balance between the First and Second Worlds, defying bipolar imperatives when they could and, in the process, entertaining for a time the possibilities of an incipient nonaligned Third World project. The essay in *Peripheral Nerve* by Marco Ramos on the scientific encounters and *desencuentros* of anti-imperialist Argentine psychiatrists in the 1970s and 1980s is particularly illuminating in this regard. The rise and fall of *Tercermundismo* and connections with the Non-Aligned Movement in Mexico in the 1970s under populist president Luis Echeverría was emblematic of various ill-fated Latin American attempts, by governments and popular movements alike, to identify with a distinct Third World experience during the global Cold War. Yet another new collective volume, *Latin America and the Third World: An International History*, edited by international historians Thomas Field, Stella Krepp, and Vanni Pettinà, argues that, along with more recently decolonized nations in Africa, Asia, and the non-Hispanophone Caribbean, “Latin America must be treated as a fundamental participant in the Third World project,” incorporating perspectives for understanding the region that have often been foreclosed by “the traditional Western Hemispheric or regional framing.” In this respect, the editors seek to break out of what international historian Tanya Harmer has recently termed “the historiographical Monroe Doctrine.” This, the new volume’s contributors demonstrate, entails deeper research into Latin America’s political-economic and cultural relations with the Socialist Second World and more attention to ThirdWorldist political and cultural formations like the 1966 Tri-continental Conference in Havana, Cuba, and the Organization of Solidarity with the Peoples of Asia, Africa, and Latin America (OSPAAAL), founded in its wake. It also entails examination of economic projects such as the Organization of Petroleum Exporting Countries (OPEC) and the New International Economic Order, created in the 1960s and 1970s, respectively.

*Peripheral Nerve* provides many entry points for this kind of internationalist approach. It pioneers analysis of Latin America’s relations with the Soviet Union and Eastern Bloc during the Cold War and encourages us to deepen our appreciation of the idea of Latin America’s “alternative destinies and solidarities,” as Birn refers to them in this volume’s introduction, even in the “Giant’s Backyard.” One of the volume’s more provocative contributions is its excavation of the origins during the Cold War (and even before) of South–South collaborations that have gained greater traction under the Pink Tide regimes of the first decades of this century. (Of course, some will question the coherence and staying power of such collaborations, both within and beyond the area of medicine and health, as the Pink Tide continues to ebb.)

The outlook for future work in Latin American Cold War studies is quite promising, and Birn and Necochea López map out an ambitious agenda for studies of health and medicine in the epilogue. Where Latin America's Cold War connections with the Eastern Bloc are concerned, this agenda will become more feasible as greater numbers of international scholars master Slavic languages and Mandarin, and as the governments of these authoritarian states open up more of their archives.

Elsewhere, however, there are even greater reasons for scholarly optimism. As some wounds heal, and as a horizon of life replaces one of death in several of Latin America's former killing zones (notwithstanding drug and gang violence in Central America's Northern Triangle and flickering insurgencies in Nicaragua, Colombia, and Venezuela), a greater variety of studies reconstructing the social and cultural histories and memories of the Latin American Cold War has emerged. As forensic and truth-telling processes play out, the climate for new encounters with the Cold War—undergirded by newly declassified documents and greater access to oral sources in Latin America and the United States—warms. The cresting wave of interdisciplinary scholarship—represented so richly in *Peripheral Nerve*—augurs the possibility of further dialogue between more traditional and newer approaches to the regional and global conflict, thereby advancing the burgeoning literature on the cultural Cold War. With the historical record increasingly accessible at a variety of global locations, and with historical amnesia challenged at the international and national levels, as well as at the grassroots, Latin American and U.S. students are rediscovering new aspects of their nations' political, social, cultural, and transnational histories during the second half of the twentieth century and beyond. This development has enlivened our calling as teachers as well as scholars, both in the North and the South.

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And, of course, to our families, who lived under the shadow of this volume for far too long, *gracias por siempre*.

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## Alternative Destinies and Solidarities for Health and Medicine in Latin America before and during the Cold War

ANNE-EMANUELLE BIRN

In May 1944, Emilio Frugoni, a poet, professor, former senator, and founder of the Uruguayan Socialist Party, arrived in Moscow as Uruguay's first ambassador to the Soviet Union in eight years.<sup>1</sup> Frugoni was accompanied by his personal secretary as well as a scientific attaché, Dr. Lauro Cruz Goyenola, an active member of the Frente Popular (Popular Front) coalition and contributor to the pro-Soviet *Diario Popular*. In addition to serving as the aging Frugoni's personal physician, Cruz Goyenola was charged with studying the organization of Soviet health care and the country's system of scientific research. His mission proved trying, and this once "true believer" became disillusioned. Having spent only six months in Moscow, Cruz Goyenola suddenly resigned from his post in late October and returned to Montevideo.

This experience might have culminated in quiet disappointment but for one crucial factor: like many visitors to the USSR in the 1930s and 1940s, Cruz Goyenola penned a book about his travels. However, in contrast to the admiring reflections of most (regardless of their ideological orientation)—and violating diplomatic norms of discretion—Cruz Goyenola penned a diatribe, *Rusia por Dentro* (Russia from the Inside).<sup>2</sup> First issued in March 1946, this highly critical account of Soviet medicine and society appeared in almost a dozen editions over the next two years (shifting to a Buenos Aires press after a presidential sanction blocked further publication in Uruguay), igniting a furious polemic among intellectuals, political parties, journalists, and the Uruguayan public at large.<sup>3</sup> Scores of heated attacks and counteroffensives ensued in the form of pamphlets, newspaper articles, book-length tomes, and countless disputes and discussions in the ubiquitous cafés on both shores of the Río de la Plata.

Cruz Goyenola's book was released just two weeks after Winston Churchill's famed "Iron Curtain" speech in Fulton, Missouri. That the debates around *Rusia por Dentro* persisted for so long suggests *both* that the unfolding Cold War rapidly reverberated across Latin America *and* that Latin American (health) experts were charting their own course in the postwar era. Indeed, Latin American intellectuals' and politicians' staking of their early positions vis-à-vis world powers and power politics was not surprising—they had long experience in preemptively and adaptively defining their stance. *Rusia por Dentro*'s publication provided an effective platform for Uruguayans to deliberate upon the country's standpoint and orientation in the emerging Cold War—neither strictly favoring nor rejecting the United States or the USSR but instead considering the pros and cons of these divergent political allegiances, benefactors, and trading partners as well as deciding on the most auspicious welfare state, health and medicine, and scientific exemplars.

Enabling such broad-ranging deliberations in Uruguay and throughout the region was the latitude Latin American countries had long exerted in political, cultural, and scientific relations with one another (for example, through Latin American and Pan-American congresses and organizations)—albeit interrupted by tensions, conflict, and outright war—and with the leading world (imperial) powers. The latter comprised not only remnants of colonial connections with Portugal and Spain but also a range of other ties: with Britain, France, and Germany in economic, and certain political and cultural realms; with France, Germany, and Scandinavia in medical and scientific domains; and with the United States, given its ever-growing political, economic, social, medical, and technological tentacles, perhaps most vividly shepherded by the activities of the Rockefeller Foundation (RF) and the Pan American Health Organization.<sup>4</sup> By this time, Latin American countries had also begun to engage in commercial, political, and scientific areas with a newer player on the global scene: the Soviet Union.

The Soviet Union differed from all other locales in that it was the world's first purposefully constructed socialist state. Importantly, public health and medicine were not separate or separable from the overall Soviet model, but rather an integral part of the socialist system and its social policies, which also covered gender and ethnic rights, labor conditions, education, pensions, and protection of mothers and children. Of course, just as Americans and other Westerners both analyzed and caricatured the Soviet social system before and during the Cold War, it is essential to underscore the contrast between the ideal image of the public health system projected by the Soviets for external consumption and its actual implementation and administration in the Soviet

Union. This distinction is illustrated by the idealistic or critical perceptions of observers and visitors, such as those portrayed in *Rusia por Dentro*.

In sum, through these varied entanglements—which involved back-and-forth expert communications, conferences, and sponsored research—Latin American physicians, scientists, and social reformers did not simply digest European, North American, Soviet, and one another's ideas and approaches, but debated them furiously, forged their own variants suited to domestic problems, and projected them internationally.<sup>5</sup> This complex positionality persisted throughout the Cold War.

Like Cruz Goyenola's account of the Soviet Union, and the multilayered responses to it, this volume transcends and troubles dominant narratives of European influences on Latin America being (definitively) supplanted by U.S. influence in the post-World War II era by incorporating the role of the Cold War into the world of local, regional, and transnational public health and medicine within and across Latin America. Not only does the pioneering set of case studies herein show how Latin American actors used, rejected, and reshaped U.S. preferences and interventions, it also reveals a range of ties between Latin American actors and Soviet/Eastern Bloc counterparts, as well as with other Third World countries within and beyond the region, that served as an important part of national and regional health policy and medical developments.

### **A Historiographical Gaze**

For four and a half decades, the Cold War was the central factor in global politics and society. It dominated foreign policy and guided domestic developments in industry, economics, the sciences, and education, while permeating the cultural life of the United States and the Soviet Union and their respective blocs—all with repercussions for virtually every other setting.

Moreover, the role of the two blocs (complicated by the ascendance of Maoism and the Sino-Soviet split starting in the late 1950s), as representing the contrasting ideologies of capitalism and communism (and the distinct forms of societal organization deriving from these worldviews), must be distinguished from the separate but imbricated question of geopolitical spheres of influence. Although both superpowers had such spheres of influence, the Soviet sphere extending beyond Eastern Europe to include a range of socialist countries and political movements in Asia and Africa (also predating the Cold War, via the Comintern),<sup>6</sup> no sphere of influence was more potent than that of the United States in Latin America (and parts of the Caribbean), dating back



at least to the 1823 Monroe Doctrine (and before, but less formally asserted).<sup>7</sup> Not only has this shaped events in the region, but it has also influenced much of the historiographic literature:<sup>8</sup> historians of the Cold War period in Latin America have long been wearing U.S. “sphere of influence” blinders even if historical actors were not.

As the chapters in this volume identify, the conflict between the two superpowers was a fundamental factor—as well as an ever-present backdrop—in shaping, albeit not determining, Latin America’s political and medical destiny in the post–World War II era. The turf wars and distrust between the U.S.-led and Soviet-led blocs played out in particularly contentious ways since Latin America was the traditional U.S. “backyard” and thanks to what was by the time of the Cold War most Latin American countries’ more than century-long independence and insertion into the international arena. This was manifested in the decisions of Latin American health policy and medical leaders about whom to invite from abroad and how to engage them to participate in institution-building, professionalization, research, training, and policy design. In so doing—as illustrated by Katherine E. Bliss’s chapter on an FBI-hunted left-wing nurse exiled from the United States whose contributions to a massive rural health project were welcomed by the Mexican government—Latin American actors both surreptitiously and explicitly pitted the superpowers against each other.

Such a transformation took different forms in different locales. While this volume focuses on Latin America, the larger historical—and historiographical—panorama is essential to our understanding of the range of health politics and practices analyzed in this collection. Far from mere contextual stage-setting, the Cold War served as a dynamic component of medical and health regimes that endure to this day, including the management of disease eradication campaigns, science funding mechanisms, population policies, the standing of medical experts, and corresponding subaltern mobilizations to offset environmental, political, and economic changes. For example, Nicole L. Pacino’s chapter demonstrates how the RF’s attempts to temper communist influences in Bolivia were as much, if not more, to protect its own standing in the years of (medical) McCarthyist leftist witch-hunting in the United States as to shape medical education in Bolivia.<sup>9</sup>

Latin America offers a propitious setting for multiple reasons.<sup>10</sup> Although Latin Americans inhabit a remarkable geographical, racial, political, and economic mosaic, they also share certain historical and cultural features, including a long period of Iberian colonialism, postcolonial economic dependency eventually centering on the United States, and diverse population origins,

in addition to noteworthy, if sometimes fraught, institution building. The region's trajectory as a land of migrants, encompassing forced laborers from around the world, enslaved Africans, displaced Indigenous groups, and Chinese contract workers, as well as "voluntary" immigrants, likewise mattered in its openness and exposure to outside ideas.<sup>11</sup>

After World War II, the dominant economic development model in the region—import substitution, which bolstered national industries and elites—was facilitated by U.S. paranoia in the face of the Soviet model, and also championed by the Economic Commission for Latin America (ECLA; expanded in 1984 to include the Caribbean as ECLAC), a regional United Nations (UN) agency then on a mission to make the terms of trade fairer between Latin America and more industrialized countries. In parallel, at the global level, various Latin American countries played an influential role in the establishment and administration of key UN agencies, including the World Health Organization (WHO) and the United Nations Educational, Scientific, and Cultural Organization (UNESCO),<sup>12</sup> continuing a long tradition of engagement in international scientific and professional circles, albeit under a changed world order. In centering Cold War health and medicine experiences at the national and subregional level, this volume deals only tangentially with Latin American countries' Cold War engagement with UN agencies—certainly a worthwhile avenue of exploration in the future.<sup>13</sup>

Outside the formal realm of these agencies, many Latin American countries—other than Cuba—remained "observers" or were on the sidelines of the "Non-Aligned Movement" (NAM) of Third World countries into the 1970s and 1980s. Latin America had not formally participated in the movement's 1955 inaugural conference in Bandung, Indonesia, which focused on the recently decolonized world's aim of challenging neocolonialism. But by the late 1970s, Cuba asserted global leadership in the NAM's response to the capitalist-communist polarity.<sup>14</sup> Almost all Latin American countries were founding members of the G-77, formed in 1964 (Cuba joined in 1971), which challenged the U.S.-Soviet rivalry's stranglehold on geopolitics, trade patterns, and global governance at the UN, and contested the accompanying threats posed to national sovereignty.

These forms of collective resistance and cooperation, at times involving Eastern European countries and China, spanned health, humanitarian, and medical dimensions.<sup>15</sup> Given the long intraregional trajectory of cooperation in Latin American health and science, new variants of professional and social movement-driven South-South health solidarity emerged during the Cold War in the context of region-wide resistance to dictatorships, Central America's

protracted civil wars, and social medicine aspirations. Revolutionary Cuba served as a key leader of health justice initiatives across borders—illustrated in this collection by Cheasty Anderson’s chapter on Cuban-Nicaraguan health cooperation under the 1980s Sandinista regime.<sup>16</sup>

But this period was not only marked by civil society resistance: the Cold War also heightened longtime rivalries and generated new competition between countries, motivating governments and leading institutions to outperform one another—out of pride or opportunism. For instance, in the arena of demographic control, Andean countries were eager to stem rapid population growth more effectively than their neighbors, thereby garnering significant foreign aid, especially from the United States.<sup>17</sup> The health and development planning strategies that arose out of the Alliance for Progress—Washington’s project for preventing a proliferation of Cuba-style revolutions—similarly engendered rival courting of resources as well as resentment amid Washington’s attempts to orchestrate nonsocialist collective development approaches and political loyalties through all means necessary, including backing of repressive regimes.<sup>18</sup>

These large and small rivalries coexisted uncomfortably with the alternative relationships that certain governments, revolutionary groups, social movements, universities, scientists, and other actors forged and that involved technical, cultural, and educational exchanges between Latin America and Soviet Bloc countries and other regions of the Third World,<sup>19</sup> as explored further in the book’s epilogue. As Marco Ramos argues in the case of psychotherapeutic innovations in Argentina, simultaneous and overlapping connections to varied partners with conflicting ideological stances and commitments gave rise to “*desencuentros*” (mismatches) in addition to inspiring “meetings of the mind.” Gilberto Hochman and Carlos Henrique Assunção Paiva, meanwhile, show how a celebrated left-wing Brazilian parasitologist—and harsh critic of the political basis of rural misery and disease—parlayed his international connections and networks to at least partially inoculate himself against right-wing repression.

The Cold War period intersected with Latin America’s accelerated health and medical state-building domestically, also entailing mounting engagement with international health initiatives. There is a burgeoning and dynamic literature on disease campaigns, public health agencies, health services organization, medical research, population control, and other health policy developments, as well as on social medicine and health and social justice movements spanning the region.<sup>20</sup> But mostly the Cold War itself has been omitted from this historiography. In the few instances in which the Cold War has received concerted

attention, it has functioned as either a general backdrop or a rhetorical tool for discussions of (mostly) U.S.-influenced international health efforts.<sup>21</sup> Yet there are certainly hints of other axes of engagement. For example, following its revolution, Cuba turned to Czechoslovakia—the Eastern Bloc country with the best health indicators—as an exemplar for centralized health planning and decentralized administration of service delivery. Czech advisers helped organize early mass vaccination campaigns, and Cuban planners drew from the Czech polyclinic model, even as they debated different forms of adaptation.<sup>22</sup>

Together, these factors make a regional study of Cold War health and medicine in Latin America highly useful and compelling. The similarities and differences across settings influenced patterns of international engagement as the Cold War unfolded, sometimes, but not always, along national boundaries, exemplified by anticapitalist guerrilla movements that crisscrossed Central America, the Andes, and Southern Cone countries. The counterpoint between Latin America's common traits and its local peculiarities adds a rich layer of tension and complexity seldom found elsewhere in the world.

### **Placing Health and Medicine in Cold War Latin America**

The first wave of post-1990 scholarly work on the Cold War focused, not surprisingly, on relations between the United States and the USSR, followed by studies on the effects of the Cold War on general political and cultural developments, mostly in Western/Northern industrialized contexts.<sup>23</sup> Though some scholars have stressed the importance of shifting the lens away from the United States and the USSR, until recently, this has been carried out mostly in relation to the superpowers' proxy wars, military interventions, and support for dictatorships repressing revolutionary movements in Third World countries.<sup>24</sup>

Beyond the political realm, historians of science have also begun to focus on the Cold War period.<sup>25</sup> Unifocal and bifocal studies have fastened our attention on a growing set of themes regarding scientific competition and secrecy, institution-building and opportunism, typical and unexpected collaborations, and the multiple loyalties testing health researchers, public health officials, and institutional leaders. But to date such work has not gone beyond Cold War specialists' traditional focus on the United States, the Soviet Union, and their major allies. This volume turns to health and medicine in Cold War Latin America as a particularly important site in which to analyze the strategies that different groups of local, foreign, and transnational actors used to manage the

rivalry between the United States and the USSR to suit their own cultural dispositions; to further their professional, institutional, sociopolitical, national, and regional interests; and to fashion new alliances and shared agendas beyond the ambit of the rival superpowers.

Given the prevailing historiographic emphasis, two potent narratives continue to frame many studies of the “global” Cold War and, by extension, how it played out in Latin America and in specific domains, for example health and medicine. In one narrative, the main sphere of action involved the Eastern and Western Blocs, with other regions of the world falling into one camp or another in supporting roles—as allies, suppliers of key natural resources and expertise, and observational and laboratory outposts, often under conditions of brutal dictatorship and conflict (the role of the NAM remains underexplored in the historical literature). An accompanying narrative is that the United States used the Cold War as a justification to expand its preexisting and overbearing economic, political, and ideological interference in Latin America, its role so overshadowing interactions that it remained the principal (medical) interlocutor for the “dependent, defenseless” region, except in revolutionary settings (e.g., Cuba and Nicaragua).<sup>26</sup>

Present knowledge of and debates around the Cold War in Latin America, drawn from nascent scholarship on political and cultural developments,<sup>27</sup> clearly point to the importance of studying Cold War influences on areas such as health policymaking, medicine, medical education, and public health. Notwithstanding the deep relevance of—and potential challenges posed by—these realms to our understanding of Latin America’s cultural and social life in the second half of the twentieth century, application of a Cold War lens to health and medical domains has been all but overlooked by scholars. Even the prizewinning synthesis *Medicine and Public Health in Latin America: A History*, undoubtedly reflecting the extant literature, overemphasizes U.S. hegemony and brings little nuance or consideration to the role of Soviet and Eastern European actors (or of nonaligned alliances and influences) or the multifarious proclivities of local players.<sup>28</sup>

The present volume is the first to address this significant gap. Its case studies of health and medicine in multiple Latin American settings illustrate the intricate negotiations exhibited in the Cold War period and attendant relations with the United States, the USSR, and other countries aligned with one of the rival blocs or deliberately nonaligned.<sup>29</sup> Development programs, ideologies of universalism proposed by the world’s two superpowers, and technoscientific competition and leadership were all features of an era that influenced and was influenced by local and transnational events. One dimension that re-

mains understudied is Latin America's interplay with China, including after the Cold War became tripolar in the 1960s. We pick up on this in the epilogue, where we begin to explore these interactions during the Cold War in addition to touching on the contemporary resurgence of Sino-Latin American South-South health cooperation.

To better contextualize the volume itself, we first highlight the underemphasized dimension of the periodization of the Cold War. This is significant even if one looks solely at the relations between the superpowers, let alone the unfolding of events in particular regions and arenas. The content and staging of this volume seek to underscore that the Cold War was a very complex, shifting, and sometimes labile era, with distinct sub-periods and characterized by waxing and waning tensions. As we will see just ahead, the years before the Cold War's first decade, as symbolically inaugurated by Churchill's 1946 speech, are central to understanding its trajectory through the late 1950s and early 1960s, the late 1960s to late 1970s, and the 1980s. Each of these subperiods is emblemized by a set of events and policy changes (e.g., the Berlin crisis, the Korean War, the Thaw, the Cuban Revolution and Cuban Missile Crisis, the Vietnam War, détente, the Thatcher-Reagan conservative turn, the Afghan war, the Gorbachev years, and the fall of the Berlin Wall) that also had resonance and repercussions in Latin America.

Yet many scholars, including of the history of Latin America and history of medicine, still treat the period as uniform and do not pay (sufficient) attention to these nuances.<sup>30</sup> This is particularly pertinent to Latin America because of the Cuban Revolution and what it represented regionally and transnationally—in terms of leftist and guerrilla movements that blossomed across the region in the 1960s and 1970s, the 1970 election of Salvador Allende, Central America's civil wars through the 1980s and the repressive U.S. backlash, as well as the intra-Latin American solidarities sparked by these developments. Questions of how the dynamics of the Cold War played out in medicine and public health are also highly germane. Two examples are Latin American countries' response to much of the Soviet Bloc's departure from the WHO from the late 1940s to the mid-1950s and the support of a disparate array of governments—from Nicaragua's Sandinistas to the Argentine dictatorship—for international health's reorientation from technical disease campaigns to a community-based approach to integrated primary health care, as articulated at the famed 1978 WHO-UNICEF Alma-Ata conference. (See the epilogue for further details.)<sup>31</sup> Subtle attention to periodization also changes the way we think about how and when global politics matters and when it takes a back seat to sovereign developments.



## A Crucial Prehistory

Before preparing the immediate landscape of this volume, we pause on a vital and long-neglected precursor of the Cold War context: Soviet–Latin American (health) connections from the 1920s to the 1940s. The interwar years saw the flourishing of Latin American medical, labor, political, and social policy networks regionally and globally, sometimes operating in the guise of progressive “social medicine” interchanges.<sup>32</sup> To be sure, the Pan-American and especially Latin American movements starting in the late nineteenth century were vital, both in terms of regional interrelations and, crucially, in engaging with—and sidestepping—U.S. influences.<sup>33</sup> Post–World War I U.S. isolationism enabled a new level of interaction for Latin American countries on the international stage with such agencies as the League of Nations Health Organisation and the International Labour Office. International engagement also expanded beyond Western Europe to the newly born Soviet Union, an illustration of the possibilities, and perils, of socialist health and societal organization.

These connections involved travelers (bidirectionally) and the nurturing of more formalized bilateral relations, with Mexico–USSR ties as a foremost instance. This period and these connections harbor critical themes that help explain the overall rhythm and timbre of Cold War patterns, as well as explicating events and links raised by particular chapters in the collection.

As with the often-rigid circumscribing of the Cold War, overarching historiographic portrayals of the interwar years in Latin American public health and medicine—as marked principally by displacement of European contacts and influences with an ever-more prominent U.S. presence—merit countering.<sup>34</sup> In fact, this period reveals a vibrant world of give-and-take, one that would prove central to the alternative health solidarities that emerged during the Cold War: the little-studied interplay of experts from Latin America and Soviet Russia.<sup>35</sup> The conversations and flirtations of Mexicans, Argentines, Brazilians, and others with Soviet communism are telling both of the willingness and interest of Latin Americans to escape the cultural, economic, and scientific yoke of European (neo)colonialism and North American imperialism and, more broadly, of the wide range of ideas and experiences with which Latin American state- and institution-building sought to engage, especially as most of the region’s governments were in the process of founding public health and social security systems. Later on, these exchanges would translate into Third World solidarity through the NAM.

An initial phase of this engagement in the 1920s involved interchange of experiences between Latin America and the Soviet Union, largely via corre-

spondence. As historians of medicine, public health, and science in the early Soviet Union have shown, the Bolshevik Revolution resulted in a large-scale centralization of social services, research funding, training, and regulations, with the state as the principal or sole patron of the new institutional architecture in these and many other fields.<sup>36</sup> But this was not simply a top-down endeavor and institutional overhaul. In the wake of terrible human loss in World War I and the influenza pandemic, and amid the Civil War's violence, chaos, and famine, the newborn Soviet Union witnessed the emergence of a host of new players with novel imaginings of how a revolutionary society might be organized in such varied realms as biology, literature and literacy, housing, and occupational health.<sup>37</sup>

Curiosity about these efforts traversed the globe, encouraged by the new Soviet regime. Almost immediately following the revolution, officials deployed public health as a tool of diplomacy, with the dual aim of learning from other countries and showcasing domestic developments.<sup>38</sup> There was worldwide interest in the Russian Revolution and its "results," including in the health and medical domains.<sup>39</sup> Intense European and U.S. attention was shared in other parts of the world, including in South Asia, among burgeoning anticolonial movements, and in Latin America.<sup>40</sup> Perhaps no country within Latin America paid closer heed than Mexico, whose own revolution predated the Bolshevik one but whose aspirations for national transformation had more limited reach.

In the wake of its violent and prolonged revolution (1910–1920s), Mexico saw the Soviet experience as a natural point of comparison. The two countries shared oppressive pasts of debt peonage; recent long, divisive, and bloody internal wars; and ambitious plans for building modern states, with both experiencing ongoing tensions between sidelining and (at least rhetorically) supporting Indigenous and "folk" culture. While each faced distinct challenges in unifying and rebuilding, both countries enjoyed the advantage of natural resources: by 1920, for example, Mexico had surpassed Russia to become the world's second largest petroleum producer after the United States, although the Mexican state did not wrestle control of its oil production from foreign owners until 1938.<sup>41</sup>

In terms of public health organization, Mexican authorities began to contact their Soviet counterparts almost the moment diplomatic relations were established in 1924; the former were especially keen to exchange publications and health education information.<sup>42</sup> This exchange seems to have continued steadily, and in the mid-1930s a Department of Public Health handbook for rural hygiene recommended that every health department in the country

stock its library with sixteen general public health texts, including two from the Soviet Union.<sup>43</sup>

By the late 1920s and 1930s, numerous cultural and intellectual figures were traveling in both directions—from the Soviet Union, ballerina Anna Pavlova, writer-actor Vladimir Mayakovsky, and filmmaker Sergei Eisenstein all spent time in Mexico. Sojourners from Mexico to the Soviet Union included photographer Tina Modotti (after being expelled from Mexico in 1930, she spent several years in the USSR) and artist David Alfaro Siqueiros (who became an agent for Stalin's secret police), to name but a few. Famed Mexican muralist Diego Rivera spent almost a year in the USSR in 1927–1928 (hurriedly leaving in the face of anti-Stalinist allegations) and returned almost three decades later to seek cancer treatment.<sup>44</sup> There were also Soviet scientific expeditions to Mexico involving geographers, oil engineers, and most famously, botanists and agronomists, including several expeditions to Yucatán headed by renowned botanist and geneticist Nikolai Vavilov in the early 1930s.<sup>45</sup>

Though Mexican doctors and health officials were frequent correspondents with their Soviet counterparts, they seem to have been too preoccupied with local affairs to engage in medical “tourism.” Moreover, starting in 1921 and continuing for three decades, the RF's International Health Board organized an ambitious, cooperative public health program of disease control campaigns, rural health organization, and fellowship training, all of which sought to orient Mexican health authorities and personnel to their northern neighbor.<sup>46</sup>

Nonetheless, the arrival of Soviet ambassador Alexandra Kollontai to Mexico in 1926 portended the possibility of further public health exchange—particularly around feminist concerns of maternal and child health policy, birth control, and prostitution.<sup>47</sup> Her controversial stay animated Mexico's postrevolutionary discussions around social welfare, but her posting was too short-lived to yield lasting interchange.<sup>48</sup>

Importantly, as Daniela Spenser has put it, Mexico found itself part of an “impossible triangle” with the United States and the USSR. Mexico used its relationship with the Soviet Union to broaden its alliances and bolster its position against the United States. The United States periodically surfaced accusations that Bolshevism was rooting itself in Mexico and pressured Mexico to break diplomatic ties with the USSR. Mexico, for its part, waited until after the United States “softened its stance” toward Mexico's revolutionary program in 1927,<sup>49</sup> banning the Mexican Communist Party in 1929. The following year Mexico broke off relations with the Soviet Union due to complaints of subversive activities. In the 1930s, the otherwise left-leaning administration of Lázaro Cárdenas “refused to re-establish diplomatic relations with Moscow,” famously

offering refugee protection to Stalin's exiled rival Leon Trotsky at the urging of Diego Rivera, among others.<sup>50</sup>

Still, the land redistribution, labor and social policy, and state-building efforts of the Cárdenas era provide helpful insights into Soviet-Mexican medical ties. Cárdenas's 1934 platform—centered on his “Plan Sexenal” (Six-Year Plan)—echoed Stalin's “Five-Year Plans” for the Soviet economy, launched in 1928. A central plank of Cárdenas's Six-Year Plan was public education, including expanding access to vocational training. In 1936 Mexico's National Polytechnic Institute was founded with a mission similar to that of Soviet “Rabfak” (*rabochij fakul'tet*; workers' schools)—preparing workers lacking formal education to enter university.<sup>51</sup> Mexico's Polytechnic Institute soon became involved in training rural health workers.

Resonance with Soviet approaches to health and medicine made their way into policy through other channels as well. Cárdenas brought to Mexico City as his public health architects the Nicolaita group of radical physicians (so named for their institutional base at the Universidad Michoacana de San Nicolás de Hidalgo in Morelia, Michoacán), who headed his Department of Public Health when he was the governor of Michoacán. The Nicolaitas, bearing views ranging from humanist to socialist, helped craft two key Cardenista policies. The first was a plan for establishing integrated medical and social services on traditional *ejidos* (collective landholding arrangements)—not dissimilar to medical services developed on Soviet collectivized farms in the 1930s, albeit in rural Mexico medical staff became ejido employees and services were partially community-financed.<sup>52</sup> The second initiative involved redressing the shortage of medical personnel in rural areas through a new social service requirement. Each graduating doctor, nurse, and technician was to spend a minimum of six months working in a rural health post before receiving their degree. While these programs claimed multiple fathers, the most prominent was Nicolaita Dr. Enrique Arreguín Vélez, who had investigated Soviet rural health approaches via correspondence and publications.<sup>53</sup>

In 1938 it seemed that there would finally be an opportunity for Mexicans and Soviets to directly compare and learn from each other's experiences in the area of rural health. For several years, the League of Nations Health Organisation had been planning an International Rural Hygiene Congress to be held in Mexico, and Soviet public health officials were to be key participants. But the conference was abruptly cancelled. Former U.S. surgeon general and head of the Pan American Sanitary Bureau Dr. Hugh S. Cumming, who was deeply suspicious of Soviet involvement in Latin America, managed to derail the conference in behind-the-scenes maneuverings.<sup>54</sup> Other moments of

rapprochement between some Latin American health specialists and Soviet and other left-leaning counterparts continued to feed distrust, resentment, and misunderstanding on the part of U.S. experts and politicians well into the Cold War.<sup>55</sup>

Ultimately, the Mexican-Soviet public health encounter was stunted by perennial U.S. fears of a Bolshevik stronghold in Mexico and by Mexico's official diplomatic stance and maneuverings. To be sure, the RF played a central role in this regard. Through the 1920s and 1930s foundation observers repeatedly analogized Mexico to the Soviet Union in terms of such "watchwords" as "socialization of health," "land and industry," "mass education," and "reconstruction." But by the early 1940s the RF reassured itself that despite the fact that the "anti-capitalistic and anti-church murals of Diego Rivera, Orozco, and other modernists are almost as common in Mexico as are the blatant Red posters in Moscow," the political cultures of the two countries differed markedly, with the Mexican masses interested not in ideology but in "material betterment" and not "particularly concerned over the system through which they get it."<sup>56</sup> Although decades of RF programs helped "crowd out" Soviet influences in the health arena, Soviet-Mexican relations picked up, if modestly, in the 1950s through pharmaceutical and cultural exchanges,<sup>57</sup> as explored in Gabriela Soto Laveaga's chapter.

Beyond Mexico, the twentieth century witnessed the founding in many Latin American countries of Communist and Socialist political parties and umbrella popular front coalitions,<sup>58</sup> many motivated by the "Second International" (international proletarian movement) and its Soviet successor, Comintern, and inspired by the USSR's social policies implemented following the Bolshevik Revolution. Even so, only a few Latin American countries established diplomatic ties with the USSR in the 1920s (e.g., two years after Mexico, Uruguay established official Soviet relations in 1926, but Argentina did so only in 1946; Brazil established relations in 1945 but suspended them in 1947, Colombia from 1935 to 1948, and Venezuela from 1945 to 1952, with the latter three countries reestablishing ties in the 1960–1970 decade). Still, there was correspondence back and forth, publications of comparative health and social statistics, and the interchange of official publications and scholarly materials in a range of fields between the USSR and many Latin American countries.<sup>59</sup>

Moreover, starting in the 1930s, a variety of Latin American physicians and social welfare advocates—envisioning a Soviet welfare state utopia as a blueprint for domestic reforms—were keen to witness the USSR's wide-reaching social policy accomplishments firsthand. As far as we can tell, the 1930s and 1940s saw at least two dozen Latin American medical visitors to the Soviet

Union from Argentina, Brazil, Chile, Colombia, Cuba, El Salvador, Mexico, Peru, Uruguay, and Venezuela (and likely elsewhere)—travels that accelerated after World War II. For the most part, these exchanges involved focused visits of several weeks to Moscow, Leningrad, Kiev, and other major cities.

Like European and North American visitors who flocked to the Soviet Union starting in the 1920s, Latin American observers included both the curious and the true believers.<sup>60</sup> They carried out surveys of the organization of public health services, medical schools, and research institutes, and many of them published book-length accounts of their experiences. In all likelihood, most Latin American travelers and observers in this period were unaware of the Great Terror—Stalin's purges starting in 1936—and of the hardships of displacement under land collectivization. Or perhaps the visitors viewed these developments—as in the case of the Industrial Revolution in Western Europe—as an inevitable phase in the Soviet Union's modernization trajectory.

A small number of Latin American doctors spent longer stints in the Soviet Union carrying out research or working as clinicians. Argentine orthopedic surgeon Lelio Zeno, for example, spent over six months in 1932 working in the Moscow emergency clinic of the famed Soviet surgeon Sergei Judine. Zeno wrote a detailed book about the organization of Russian medicine shortly after his return to Buenos Aires,<sup>61</sup> and he returned to the Soviet Union several years later in preparation for a sequel. Maurício de Medeiros, a Brazilian physician, professor at the Rio de Janeiro Faculty of Medicine, and later minister of health under President Juscelino Kubitschek (1956–1958), traveled to the USSR in the late 1920s. A socialist (but not a communist), he penned a much-read travel journal (appearing in six editions!) in which he, like later medical visitors, marveled at Soviet socialist medicine and technology.<sup>62</sup> In 1935, a year for which VOKS (the Soviet cultural exchange agency) maintained detailed visitors' books, there were at least half a dozen medical visitors from Brazil (including Osório César of São Paulo, who published a series of volumes on Soviet medicine), Peru, Chile, and Argentina.<sup>63</sup> Several years earlier, Dr. Augusto Bunge, a well-known occupational and public health specialist and twenty-year Socialist Party representative in the Argentine Congress, spent two months in the USSR accompanied by a Buenos Aires journalist.<sup>64</sup> Although visits were suspended during World War II, interest did not abate, as indicated by the 1945 founding of the *Revista Cubana de Medicina Soviética*.

These exchanges served as important forerunners to Cold War-era visits by sympathetic observers, if not communist adherents, such as a group of Brazilian and Argentine doctors who toured health installations in Moscow, Leningrad, and Stalingrad in the early 1950s.<sup>65</sup> In this volume, Jadwiga E. Pieper

Mooney mines Chilean doctor Benjamín Viel's book *La Medicina Socializada y su Aplicación en Gran Bretaña, Unión Soviética y Chile*, based on his invited visit to the USSR in 1960, for insights about how Chileans adapted Soviet lessons to Chile's pressing sociomedical needs.<sup>66</sup>

In addition, up to several hundred other Latin American visitors not connected to health and medicine per se found their way to the USSR by the 1950s, and many of them raved about free Soviet health services among other features of Soviet society.<sup>67</sup> Among these were Argentine journalist Alfredo Varela, Uruguayan teacher Jesualdo Sosa, and a few years later Indigenous Bolivian intellectual Fausto Reinaga and Peruvian poet Gustavo Valcárcel; others, such as Brazilian philologist Silveira Bueno, presented more negative—sometimes virulent—views of what they saw, though health care organization was usually spared the vitriol.<sup>68</sup> While not the focus of this volume, marveling was (unevenly) reciprocated, especially following the Cuban Revolution.<sup>69</sup>

The books and popular articles interwar and early postwar Latin American visitors authored about (or that touched upon) Soviet public health services, medical schools, and research institutes, like *Rusia por Dentro*, entered into spirited national and regional debates about how to shape policies and institutions. Additional conduits for these ties crossing the interwar and postwar periods were Spanish Civil War health and medical refugees, many of whom spent a number of years in the Soviet Union before migrating to Mexico, Argentina, Cuba (especially in the context of the Cuban revolution), and other Latin American countries.<sup>70</sup>

After World War II, the curious Latin American gaze toward the Soviet Union became complicated and constrained by Cold War exigencies, particularly as Latin American countries were positioning themselves in the postwar world order.<sup>71</sup> Even so, medical and public health curiosity persisted, as attested to by medical school library holdings across the region, the lively engagement with Soviet Pavlovian psychiatry experts in Cuba, as Jennifer Lynn Lambe shows in her chapter, and the wide Latin American (women's) interest in Soviet psycho-prophylaxis methods of pain-free childbirth.<sup>72</sup>

In sum, Soviet and socialist medicoscientific developments and health organization were firmly on Latin America's "radar" on the eve of, as well as during, the Cold War, whether in laudatory terms, as articulated by most Latin American visitors of the time, or in denunciatory terms, as expressed by the disenchanted Cruz Goyenola.<sup>73</sup> It is thus impossible to understand the ebbs and flows of *Health and Medicine in Cold War Latin America*, or the array of agents and interlocutors involved, without this backdrop of several decades of curiosity, interchange, and domestic debates around the perceptions (and



realities) of the Soviet Union's projected vision of its society, and health and medicine therein.

Yet, as the chapters in this volume demonstrate, we are still at an incipient place, methodologically and substantively, in understanding Soviet–Latin American interactions in any domain (exceptions being the work of Spenser and Rupprecht), let alone in the areas of health and medicine.<sup>74</sup> This is partly a question of training, with Latin Americanists typically proficient in Spanish and/or Portuguese and English, but rarely Russian or Chinese, and partly an issue of past and current access to—and dedicated research funding for exploring—archival materials in Russia, and even more so China, where politically motivated archival restrictions are a major impediment to historical research.

Such contemporary limitations, ironically, contrast with those of thousands of the primary actors in the past who, as explored in the epilogue, were trained in the Communist Bloc. Arguably, these linguistic and archival impediments for most historians of Latin America and of Latin American health and medicine have led to an overemphasis on the role of the United States in the region. This book alone is unable to transcend the skewed historiography: we do recognize that the chapters herein do not emphasize or extensively employ Russian/Soviet archives (nor any Chinese sources at all), and therefore do less than they might to reconstruct the Soviet side of the story and Soviet Bloc strategies and views on influencing the region, even as inferences can be made. While the chapters focus on reconstructing how Latin Americans navigated the Cold War political landscape on questions of medicine and health, we await future, more amply trained generations and greater availability of archival sources to break more definitively with North American myopia to tell other dimensions of the Cold War story.

### **Staging the Volume**

Unpeeling successive historiographic skins—Cold War studies writ large, the Cold War's imprint on Latin America, and the varied and extensive health and medical developments that unfolded in the region in the mid- to late-twentieth century—this book breaks fresh ground in our understanding of how health and medical ideas and approaches, and their role in state-building in post–World War II Latin America, intersected with Cold War pressures and potentials.

As noted, the extant literature on Latin America during the Cold War period, especially in the health arena, focuses largely on—and as a result

(over)emphasizes—the role of the U.S. government and various American go-betweens (philanthropies, academics, etc.) in shaping the era’s politics, priorities, and practices. Conscious of the still-reigning imagery and interpretations of Latin America as U.S. “turf,” the various chapters in this volume examine how Latin American nations both fit into and manipulated the larger Cold War schemata for health and medicine. This dynamic was apparent even in places, such as Puerto Rico, that were under near-complete U.S. political control, as Raúl Necochea López shows in his chapter. As such, just as the volume recognizes the importance of U.S. influences, contributors also analyze how local- and national-level phenomena contributed to Cold War dynamics.

Taking this a step further, the book as a whole challenges the constraining U.S.–Latin America historiographic scaffolding by chronicling the defiance of Latin American actors who sought alternative channels of health and medical solidarity with the Soviet Union and via South–South solidarities within and beyond Latin America, even as the surge of dictatorships in the mid- and late Cold War constricted experts’ ability to manipulate or repel the dictates of authoritarian regimes’ science and social welfare policies.<sup>75</sup> Further addressing omissions in the historiography, at least half the chapters explore in considerable depth the relations and interactions with Soviet actors, offering a complex portrayal of alternatives for a range of Latin American players. In addition, the volume engages with the Cold War era’s multilayered framings of race and Indigeneity, which in some settings harked back to associations between rurality and “backwardness” whereas in others became associated with socialist struggles for economic justice. As such, this collection problematizes and enhances appreciation for the multivalent, multilevel nature of the Latin American Cold War as a significant perspective for studies of medicine and public health, international development, and international relations.

A range of intertwining themes are highlighted in particular chapters and throughout the volume. Building on interwar Latin American curiosity about the Soviet Union, a key theme is the development of strategic health and medical acquaintances between Latin Americans and Soviets, which served as a counterbalance to U.S. dominance while driving U.S. fears of communist inroads into Latin America’s health and medical sectors. The presence of avowed health leftists across the region impelled U.S. surveillance of—and often targeted pressure on—these actors as well as direct repression by Latin American governments. Of course, some efforts were “preventive,” with U.S. health and social welfare specialists charged with carrying out research and implementing projects to fend off the attractiveness of communism.

Medical education and the transmission of knowledge between health experts and the public stood out as especially contentious “interventions” in this regard. Yet many Latin American health scientists and professionals without particular ideological affinities were eager to explore Soviet medicine on par with U.S. developments. Finally, various Latin American administrations played the Soviets and Americans off one another, even as they pursued domestic health and welfare state-building interests. This counterposing was also reflected in health professionals’ solidarity, as well as official health cooperation among Latin American countries, as a means of pursuing mutual goals of state-building, socialism, sovereignty, and/or staving off outside intervention. Though not always involving confrontation between the rival blocs, the Cold War served as both scene-setter and protagonist across Latin America in the arenas of health policymaking and medical practice and research.

The term “peripheral nerve” in the title alludes to the volume’s content both word by word and as an expression. “Peripheral” or “periphery” refers to Cold War-era world systems theory, articulated by Immanuel Wallerstein and others, whereby countries are classified as being in the core, periphery, or semiperiphery depending on their location and role in the global geopolitical economy.<sup>76</sup> Accordingly, Latin American countries reside(d) in the periphery or semiperiphery, depending on their level of industrialization, organizational capacity, and, in the case of semiperipheral countries such as Brazil and Mexico, their subimperial roles dominating peripheral countries. “Nerve” here refers to impudence or even daring, certainly a feature of a range of left-wing or counterhegemonic social movements, governments, and individuals as discussed in particular chapters, from Puerto Rican nationalists to Nicaragua’s early Sandinista administration to Salvador Allende in Chile. None of these actors enjoyed the backing of the United States, unlike the authoritarian groups and regimes abetted by the American behemoth. Finally, the title’s compound noun offers a physiological metaphor: peripheral nerves serve as the bridge between the brain (and spinal cord) and the rest of the body, controlling “the functions of sensation, movement and motor coordination.”<sup>77</sup> Peripheral nerves often cause the most insistent shock (pain) that makes the body take note, evoking the ways in which health and medicine actors and activities in Cold War Latin America, though often overlooked, created enormous shockwaves that affected both peripheral and core places and players.

These issues and perspectives are addressed in nine chapters and an epilogue spanning Latin American space and the different time periods of the Cold War—written by both seasoned and rising scholars from across the Americas. The volume is divided into three sections, bookended by this

introduction and a contemplative epilogue. Throughout, we insert cross-references in the endnotes to show how the chapters “speak” to one another within and across the collection, also enabling comparisons to be made across countries and eras.

The first section, “Leftist Affinities and U.S. Suspicions,” examines the opening wave of the Cold War, in which paranoia about Soviet infiltration in Latin America saw U.S. authorities and experts seek to delineate political dalliances with leftist influences in distinct settings. At the same time, the real and imagined threat posed by U.S. intrusion was anticipated by various Latin American actors, who gauged the drawbacks and benefits of pursuing their domestic—somewhat idiosyncratic—interests and inclinations, and sometimes acted on their calculations of risk to themselves and their social networks.

Katherine E. Bliss’s chapter traces the FBI’s decades-long pursuit in Mexico of Dutch-American community health nurse Lini de Vries, whose leftist/Communist sympathies inspired her to volunteer with antifascist forces in the Spanish Civil War in the 1930s and then forced her into exile in Mexico the following decade. De Vries’s varied interests in anthropology and rural health led her to chart a variegated career in Mexico into the 1970s, with health authorities creatively engaging her expertise. Mexican political authorities, meanwhile, deftly protected her—and their independence from U.S. pressure.

Nicole L. Pacino’s chapter moves into the terrain of U.S. health philanthropy in Latin America, as embodied in the RF’s long-standing and broad-ranging health and medicine actions and influence in the region. Her chapter traces the tensions in the foundation’s official assessment of the political and medical education landscape in 1950s revolutionary Bolivia, and its diffident retreat from funding leftist medical faculties for fear of contravening the U.S. government’s anticommunist agenda.

Gabriela Soto Laveaga’s chapter turns to the interaction between commercial and ideological realms, when U.S. pharmaceutical and political officials sought to forcibly wrest away Mexico’s steroid production monopoly in the early Cold War period. Far from recoiling in the face of U.S. threats, the Mexican actors in this story adroitly responded to Soviet advances in cultural and educational arenas, ultimately enhancing both pharmaceutical and political relations with Soviet interlocutors.

The next trio of chapters, under the heading “Health Experts/Expertise and Contested Ideologies,” explore how the role of health experts in state-building efforts was enmeshed with the exigencies of the Cold War’s “middle years.” Latin Americans used specialized knowledge, *savoir faire*, social net-

works, and institutional positions of power as forms of “cultural solidarity”—and as leverage to fulfill particular political and scientific interests. As the chapters in this section show, these pursuits involved intermediaries and adversaries in both the Capitalist and Communist Blocs, as well as within Latin America itself.

Raúl Necochea López analyzes how U.S.-directed fertility surveys in Puerto Rico, meant to establish a scientific baseline for subsequent family planning policymaking throughout Latin America, fundamentally depended on the patronage and labor of Puerto Ricans while antagonizing the “gringophobic” nationalist movement that flourished during the Cold War.

Gilberto Hochman and Carlos Henrique Assunção Paiva’s chapter traces the life and times of esteemed Brazilian parasitologist Samuel Barnsley Pessoa, reflecting on how Pessoa’s achievements and prestige made him into a leading observer of the sociopolitical underpinnings of the poor health conditions in rural Brazil and a vocal critic of the forces leading to ill health as well as a mentor to communist biomedical scientists who were targeted, harassed, and persecuted by the Brazilian military dictatorship in the 1960s.

Jennifer Lynn Lambe homes in on psychiatry in revolutionary Cuba, showing that despite official acceptance by the 1970s of Pavlovian experimental and physiological approaches, the leaders of Soviet-style Cuban psychiatry nonetheless faced the resistance and skepticism of their colleagues. The latter advocated a sophisticated and eclectic approach to the foreign psychiatric theories taken up in Cuba, including psychodynamic approaches and especially Freudian psychoanalysis.

The third section moves through later Cold War decades, focusing on “Health Politics and Publics, with and without the Cold War.” It traces medical and health policy aspirations that—at one and the same time—reacted to, benefited from, accommodated, and resisted Cold War exigencies while charting national interests and objectives that went beyond the Cold War conflict.

Jadwiga E. Pieper Mooney documents Chilean health policymakers’ abiding esteem for the ideas and practice of social medicine, especially under Salvador Allende’s socialist- and social medicine-inclined political trajectory as a young health minister, senator, and, fatefully, elected president (1970–1973). From the 1930s through the 1970s, Allende and his like-minded colleagues and rivals, most notably Benjamín Viel, drew inspiration from European and Soviet models of care at the same time that they fashioned *sui generis* approaches to combine prevention and therapeutics. This demanded elaborate political negotiations to dodge the label of “socialized medicine” until Augusto Pinochet’s U.S.-supported military coup and dictatorship buried these efforts (and purged many of its exponents).

Marco Ramos explains how Argentine psychiatrists engaged with First and Second World orientations toward their field and found both wanting. Peronist nationalism and leftward activism in the 1970s led psychiatrists in Buenos Aires to envision a future for their profession that was free from both U.S. and Soviet imperialism, among a populace that would stand in anticolonial solidarity with other Third World nations.

Delving further into the arena of South–South collaboration, Cheasty Anderson examines Cuban medical diplomacy in 1980s Nicaragua. Cuban assistance contributed to remarkable public health achievements by the revolutionary Sandinista regime, which in turn benefited Cuba’s health solidarity values and politics. At the same time, the diffusion in Nicaragua of communist ideology through Cuban medical workers—an outcome that the United States suspected and feared—was belied by the everyday demands of medical work in remote areas and by the Cuban government’s indisposition to allow its health personnel’s contact with local populations to extend beyond clinical encounters.

Finally, in the epilogue, Birn and Necochea López address the meaning and repercussions of these variegated experiences from the worlds of health and medicine, both during and since the Cold War. Notwithstanding the heavy hand of the United States, Latin America was “in the vanguard,” not only through its persistent struggles to break with repressive regimes but also in seeking alternatives to neoliberal globalization, with greater or lesser success. Cold War–era health initiatives were thus destiny-forging, enabling Latin American health actors to position themselves both favorably and distinctively in the post–World War II order, as well as amplifying their voices more widely. Moreover, the alternative solidarities that were often a necessity in the Cold War years became an opportunity in their aftermath. Given that this volume is the first to attempt to grapple with this subject, many areas await historical investigation: the epilogue proposes a set of further avenues for exploration.

As a whole, this volume seeks to dislodge the simplistic unidirectional and unidimensional picture of the Cold War—and the implications for health and medicine—by transcending naive depictions of the competition between the superpowers and prevalent portrayals of relations between the United States and the USSR and their “satellites.” Instead, we present, from the perspective of Latin American settings, a complex, multifaceted set of accounts of multidirectional, tangled connections among all the players, each pursuing their own agendas, and mobilizing and utilizing whatever resources—institutional, cultural, military, material, and so forth—other players had to offer in the Cold War context.

## Notes

- 1 Frugoni, *De Montevideo*.
- 2 Cruz Goyenola, *Rusia por Dentro*. Eric Ashby, who was Australia's scientific attaché to the USSR in 1945, not long after Cruz Goyenola departed, experienced similar obstacles but stayed on for a year and managed to conduct an extraordinary number of interviews and site visits once he became familiar with the process. He produced a highly favorable account of Russian science: Ashby, *Scientist in Russia*. See also Kershaw, "French and British Female Intellectuals."
- 3 See, for example, "Cuanto Vale la Mentira"; "Al Margen de Rusia por Dentro."
- 4 Matthew Brown, *Informal Empire in Latin America*; Matthew Brown and Paquette, *Connections after Colonialism*; Bulmer-Thomas, *Economic History of Latin America*; Carrillo, "Patología del Siglo XX"; Marcos Cueto and Palmer, *Medicine and Public Health in Latin America*; Joseph, LeGrand, and Salvatore, *Close Encounters of Empire*; Carlos Vargas, Sarmiento, and Oliveira, "Cultural Networks." See also Birn, *Marriage of Convenience*; Marcos Cueto, *Valor de la Salud*.
- 5 Birn, "Uruguay on the World Stage"; Bizzo, "Agências Internacionais e Agenda Local"; Borowy, *Coming to Terms with World Health*; Carter, "Social Medicine and International Expert Networks"; Souza, "Between National and International Science and Education."
- 6 See, for example, Vatlin, *Komintern*; Wolikow, *L'Internationale Communiste*. For Latin America, see Caballero, *Latin America and the Comintern*; Jelifets and Jelifets, "Comintern y la Formación"; La Botz, "Communist International"; Mayer, "À la fois influente et marginale."
- 7 This volume covers only the so-called Spanish Caribbean (with individual chapters on Puerto Rico and Cuba) because the Cold War dynamics in the (former) Caribbean colonies of the United Kingdom, France, and the Netherlands played out rather differently, with distinct regional alliances and historical legacies that go beyond the scope of this collection.
- 8 Notable exceptions include Spenser, *Impossible Triangle*; Harmer and Riquelme Segovia, *Chile y la Guerra Fría Global*.
- 9 See Brickman, "Medical McCarthyism," 82–100.
- 10 Latin America is itself sometimes described as a Cold War construct; for further explication, see the epilogue.
- 11 Foote and Goebel, *Immigration and National Identities*.
- 12 Domingues and Petitjean, "International Science"; Maio, "Contraponto Paulista"; Maio and Romero Sá, "Ciência na Periferia."
- 13 To date, even when taking a critical perspective, Cold War histories of international health agencies (first and foremost WHO and UNICEF) have largely centered either on the exercise of U.S./Western power and ideology or on contestation from the context of decolonization, especially in South Asia. See, for example, Amrith, "Internationalising Health"; Bhattacharya, "Global and Local Histories of Medicine"; Packard, *History of Global Health*; Marcos Cueto,



Brown, and Fee, *World Health Organization*. Also notably sparse are historical analyses of Soviet involvement in WHO and in international health based on Soviet primary sources rather than on presumptions and Cold War caricatures. See Birn and Kremmentsov, “‘Socialising’ Primary Care?”; Kremmentsov and Birn, “Hall of Distorting Mirrors.” Moreover, as Dóra Vargha argues, even those works with deeper historical understanding of the Communist world tend to overplay the influence of the Soviet Union. Largely overlooked are the role of Eastern Bloc countries, which actively pursued bilateral relations with health and medical specialists and policymakers both within Eastern Europe (building on long-standing scientific ties) and with countries in the Third World, both socialist (such as Cuba) and not (e.g., Argentina and Peru). Vargha, “Roots of Socialist International Health.” These emerging works point to the importance of decentering UN agencies as the prime site of “the international” in Cold War-era international health.

- 14 McMahon, *Cold War in the Third World*; Prashad, *Darker Nations*.
- 15 Jacob, “Socialist Health Transfers”; Borowy, “Medical Aid”; Goure, “Latin America”; Hong, *Cold War Germany*.
- 16 Birn and Muntaner, “Latin American Social Medicine across Borders”; Feinsilver, “Fifty Years of Cuba’s Medical Diplomacy”; Kirk and Erisman, *Cuban Medical Internationalism*.
- 17 Necochea López, *History of Family Planning*; Pieper Mooney, *Politics of Motherhood*.
- 18 Loureiro, “Alliance for Progress”; Pires-Alves and Maio, “Health at the Dawn of Development”; Caballero Argáez et al., *Alberto Lleras Camargo y John F. Kennedy*; Field, *From Development to Dictatorship*.
- 19 See, for example, Basbaum, *No Estranho País dos Iugoslavos*; Garrard-Burnett, Lawrence, and Moreno, *Beyond the Eagle’s Shadow*; Rupprecht, *Soviet Internationalism after Stalin*.
- 20 Armus, “Disease in the Historiography of Modern Latin America”; Birn and Necochea López, “Footprints on the Future”; Carter, “Social Medicine and International Expert Networks”; Espinosa, “Globalizing the History of Disease”; Granda, “Algunas Reflexiones”; Necochea López, “Gambling on the Protestants”; Tajer, “Latin American Social Medicine.”
- 21 Marcos Cueto, “International Health.”
- 22 Danielson, *Cuban Medicine*.
- 23 Leffler and Painter, *Origins of the Cold War*; Light, *From Warfare to Welfare*; Lowen, *Creating the Cold War University*; Mikkonen and Koivunen, *Beyond the Divide*; Solovey, *Shaky Foundations*; Solovey and Cravens, *Cold War Social Science*; Whitaker and Marcuse, *Cold War Canada*.
- 24 Antic, Conterio, and Vargha, “Conclusion”; Babiracki and Jersild, *Socialist Internationalism in the Cold War*; Engerman, “Second World’s Third World”; Fink, *Cold War*; Gaddis, *We Now Know*; Katsakioris, “Soviet-South Encounter”; Vargha, “Socialist World in Global Polio Eradication”; Vargha, *Polio across the Iron Curtain*; Borowy, “Health-Related Activities”; Pieper Mooney and Lanza, *Decentering Cold*

*War History*. See also Namikas, *Battleground Africa*; Schmidt, *Foreign Intervention in Africa*; Westad, *Global Cold War*.

- 25 See, for example, Farley, *Brock Chisholm*; Hecht, *Entangled Geographies*; special issue of *Isis*, “New Perspectives on Science and the Cold War,” 101, 2 (2010); Kremmentsov, “In the Shadow of the Bomb”; Kremmentsov, *The Cure*; Leopold, *Under the Radar*; Leslie, *Cold War and American Science*; Needell, *Science, Cold War and the American State*; Oreskes and Krige, *Science and Technology in the Global Cold War*; Reinhardt, *End of a Global Pox*; Rudolph, *Scientists in the Classroom*; Solovey, “Science and the State,” 165–70; Jessica Wang, *American Science in an Age of Anxiety*; Zuoyue Wang, *In Sputnik’s Shadow*; Wolfe, *Competing with the Soviets*.
- 26 This theoretical stance as well as the historical scholarship it has spawned have been cogently critiqued by Pastor and Long, “Cold War and Its Aftermath,” 263. See also Coatsworth, “Cold War in Central America,” 201–21.
- 27 Brands, *Latin America’s Cold War*; Cowan, *Securing Sex*; Darnton, *Rivalry and Alliance Politics*; Ford, *Childhood and Modernity*; Roberto García and Taracena Arriola, *Guerra Fría*; Grandin, *Last Colonial Massacre*; Harmer, *Allende’s Chile*; Iber, *Neither Peace nor Freedom*; Joseph, “Border Crossings”; Joseph and Spenser, *In from the Cold*; Karl, “Reading the Cuban Revolution”; Kirkendall, *Paulo Freire*; Manke, Březinová, and Blecha, “Conceptual Readings”; Parker, *Hearts, Minds, Voices*; Pedemonte, “Cuba, l’URSS et le Chili”; Pettinà, *Historia Mínima*; Pettinà and Sánchez Román, “Beyond U.S. Hegemony”; Rabe, *Killing Zone*; Reeves, “Extracting the Eagle’s Talons”; Spenser, *Espejos de la Guerra Fría*; Mor, *Human Rights and Transnational Solidarity*.
- 28 Marcos Cueto and Palmer, *Medicine and Public Health in Latin America*. See also Marcos Cueto, *Cold War, Deadly Fevers*; Suárez-Díaz, “Molecular Basis of Evolution and Disease,” which similarly view the Cold War almost exclusively from within the U.S. ambit of ideologies and imperatives. An important exception to this tendency is Lambe, *Madhouse*.
- 29 Though our contributors touch only lightly on Chinese–Latin American Cold War medical engagement, China’s role in South–South health cooperation is an important topic of analysis. See Friedman, *Shadow Cold War*; Rothwell, *Transpacific Revolutionaries*.
- 30 Calandra and Franco, *Guerra Fría Cultural*; Schoultz, “Latin America.”
- 31 See Marcos Cueto, Brown, and Fee, *World Health Organization*; Garfield and Williams, *Health Care in Nicaragua*; Testa, “¿Atención Primaria o Primitiva?”
- 32 Angell, “Left in Latin America”; Birn and Muntaner, “Latin American Social Medicine across Borders”; Carr, “Pioneering Transnational Solidarity”; Herrera González, “Confederación de Trabajadores de América Latina.”
- 33 Almeida, “Circuito Aberto”; Birn, “Nexo Nacional-Internacional”; Marcos Cueto, *Valor de la Salud*; Guy, “Pan American Child Congresses.”
- 34 Marcos Cueto and Palmer, *Medicine and Public Health in Latin America*.
- 35 This point has been made cogently by Susan Solomon and colleagues regarding long-standing and animated interwar ties between the Soviet Union and both Eastern and Western European countries as shaping continuing interchange in

- the Cold War period. See Solomon, *Doing Medicine Together*; Solomon, Murard, and Zylberman, *Shifting Boundaries of Public Health*.
- 36 Kremmentsov, "Promises, Realities, and Legacies"; Starks, *Body Soviet*.
- 37 Kremmentsov, *Revolutionary Experiments*; Stites, *Revolutionary Dreams*.
- 38 Solomon, "Thinking Internationally, Acting Locally."
- 39 David-Fox, *Showcasing the Great Experiment*; Jones, *Radical Medicine*; Solomon, "Perils of Unconstrained Enthusiasm"; Kremmentsov and Solomon, "Giving and Taking across Borders"; Sigerist, *Socialized Medicine in the Soviet Union*; Studer, "Voyage en URSS et son 'retour.'"
- 40 See special issue of *Historia Crítica* 64 (2017): <https://histcrit.uniandes.edu.co/index.php/es/revista-no-64>.
- 41 Jonathan Brown, *Oil and Revolution in Mexico*.
- 42 L. R. Ochoa to Presidente del Departamento de Higiene y Salubridad en Rusia, January 20, 1924, State Archive of the Russian Federation (Gosudarstvennyi arkhiv Rossiiskoi federatsii—GARF), folder A482, file 35, affair 57, list 21.
- 43 Departamento de Salubridad Pública, Oficina Central de Higiene Rural y de Servicios Sanitarios en los Estados y Territorios, "Organización y funcionamiento de los servicios sanitarios en los estados y territorios," February 1936, Mexico City, instructivo 10.
- 44 In between, he may have been a sometime informant to U.S. authorities. See, for example, Robert G. McGregor Jr., memorandum of conversation, January 29, 1940, National Archives and Records Administration, Washington, DC, Diaries of Henry Morgenthau Jr., April 27, 1933–July 21, 1945, book 238; memorandum for Miss Perkins, February 1, 1940, National Archives and Records Administration, President (1933–1945: Roosevelt), President's Secretary's File (Roosevelt Administration), 1933–1945, box 194. On Rivera's medical treatment in the Soviet Union, see also Soto Laveaga's chapter in this volume.
- 45 Richardson, *Mexico through Russian Eyes*.
- 46 Birn, *Marriage of Convenience*.
- 47 Bliss, *Compromised Positions*; Porter, *Alexandra Kollontai*.
- 48 Cárdenas, *Historia de las Relaciones entre México y Rusia*; Richardson, *Mexico through Russian Eyes*.
- 49 Spenser, *Impossible Triangle*, back cover.
- 50 Blasier, *Giant's Rival*, 23. Trotsky arrived in Mexico in January 1937 and was assassinated in August 1940, following an earlier attempt on his life by muralist Siqueiros and a band of hitmen who riddled his house with bullets. That the Stalin-Trotsky rivalry ended so brutally in Mexico serves as a kind of forerunner to the Cold War rivalries that played out violently in Latin America.
- 51 In 1929, National University of Mexico professor Antonio Castro Leal wrote a letter to Soviet commissar of education Anatolii Lunacharskii, saying that he wanted to replicate Rabfak in Mexico. Lunacharskii sent him the information. Rossiiskii Tsentr Khraneniia i Izucheniia Dokumentov Noveishei Istorii (Russian Center for Storage and Study of Documents on Modern History), collection 142 (Lunacharskii's collection), inventory 1, folder 779, lists 48, 50.

- 52 Gadnitskaia and Samsonenko, "Meditsinskoe Obsluzhivanie v Povsednevnosti Lolkhoznoi Derevni"; Samsonenko, "Staffing and Efficiency of Medical Personnel"; Samsonenko, *Kollektivizatsiia i Zdravookhranenie*.
- 53 Kapelusz-Poppi, "Physician Activists"; Agostoni, "Médicos Rurales."
- 54 Memoirs of Hugh Smith Cumming Sr., p. 565, Manuscripts Department, University of Virginia Library, Charlottesville, Cumming Family Papers, box 5, folder 6922.
- 55 Less formal exchanges may also have played a role. For instance, Soviet influences may have been transferred through Mexico to other settings, such as Costa Rica, which was developing its social security system in the 1940s (personal communication with Steven Palmer, October 2010). Gauging such flow-through effects proves, needless to say, a considerable challenge.
- 56 Robert Lambert, "Visit to Mexico," March 1–14, 1941, Rockefeller Archive Center, Sleepy Hollow, NY, record group 1.1. series 323, box 13, folder 95.
- 57 See Keller, *Mexico's Cold War*; Pettinà, "¡Bienvenido Mr. Mikoyan!"
- 58 On influential communist and socialist movements in Latin America, see, for example, Gleijeses, *Shattered Hope*; Joseph and Grandin, *Century of Revolution*.
- 59 For example, the Uruguay-based International American Institute for the Protection of Childhood (founded in 1927) and its *Bulletin* maintained vibrant correspondence and journal exchange with Soviet counterparts. See Birn, "Little Agenda-Setters."
- 60 David-Fox, *Showcasing the Great Experiment*. For a rather stereotyped Cold War-era depiction from the U.S. position, see Margulies, *Pilgrimage to Russia*.
- 61 Zeno, *Medicina en Rusia*.
- 62 Medeiros, *Rússia*. See also Tôrres, "O Inferno"; Tôrres, "Visões do 'Extraordinário'"; Filho, "Uma Outra Modernidade," 102–21.
- 63 César, *Medicina na União Soviética*; César, *Onde o Proletariado Dirige*; César, *Que E o Estado Proletário?*; César, "Proteção da Saúde Pública."
- 64 See Bunge, *Continente Rojo*; Recalde, *Higiene y el Trabajo*. On left-wing Argentine visitors to the Soviet Union, see also Saïtta, *Hacia la Revolución*.
- 65 Lobato and Machado, *Médicos Brasileiros na U.R.S.S.*; Silva, *Rússia Vista*.
- 66 Viel, *Medicina Socializada*.
- 67 Rupprecht, *Soviet Internationalism after Stalin*.
- 68 Jesualdo, *Mi Viaje a la U.R.S.S.* In the early 1960s, Jesualdo helped found and served as dean of the University of Havana's School of Education. See also Reinaga, *Sentimiento Mesianico*; Valcárcel, *Medio Siglo de Revolución Invencible*; Valcárcel, *Reportaje al Futuro*; Varela, *Periodista Argentino*; Bueno, *Visões da Rússia*; Tôrres, "Relatos de Viagem de Brasileiros à URSS." Argentine diplomat Andrés de Cicco recounts the secrecy, fortress-like restrictions, and decrepit conditions he encountered at the Soviet Academy of Sciences in 1947 in *Un Año en Moscú*. In this period, numerous Latin American editions of works by European visitors were also published: see, for example, Rico, *En los Dominios del Kremlin*.
- 69 See, for example, Gorsuch, "Cuba, My Love."

- 70 Igual, “Médicos Republicanos Españoles Exiliados”; Igual, “Neurociencias”; Florencio Villa Landa, “Mi Vida,” personal collection of Florencio Villa Landa, 491–515; Young, “To Russia with ‘Spain.’”
- 71 Holanda, *Como Seria o Brasil Socialista?*; Rupprecht, “Globalisation and Internationalism.”
- 72 See, for example, Miranda, *Educación y Servicios Médicos*; Shabanov, *Enseñanza Médica en la Unión Soviética*. See also the hundreds of Russian-language, mostly Soviet-era public health and medical books described in Facultad de Medicina, *Ediciones Soviéticas de Medicina Exhibidas*. Velvovsky and Nikolayev’s psychoprophylaxis (and drug-free) childbirth methods that were disseminated in the West in the 1950s (and famously appropriated by French doctors Lamaze and Vellay) came to Latin America more directly. A Spanish-language translation of Velvovsky’s *Parto sin Dolor* (Childbirth without Pain) was a bestseller throughout Latin America in the 1950s and 1960s. See also Michaels, *Lamaze*.
- 73 David-Fox, *Showcasing the Great Experiment*.
- 74 For an engaging first-person recollection of mostly U.S.-based Latin Americanists with the Soviet Academy of Science’s Institute of Latin America, see Bartley, “Cold War and Latin American Area Studies.”
- 75 Amparo Gómez, Canales, and Balmer, *Science Policies and Twentieth-Century Dictatorships*.
- 76 See, for example, Wallerstein, *World-Systems Analysis*.
- 77 “Peripheral Nerve Injury,” Johns Hopkins Medicine, accessed December 17, 2019, <https://www.hopkinsmedicine.org/health/conditions-and-diseases/peripheral-nerve-injury>.