Exploring Twentieth-Century Politics of Health and Rights through the Biographical Lens: The Life of Chilean Medical Doctor Benjamin Viel Vicuña

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In much of the western world, the trajectory of health as a right was linked to fundamental negotiations over the "social contract" between state leaders and civil society. In Latin America, most decisive debates over states' responsibilities for public health, and health as a citizenship right, took shape in the twentieth century. Governments began to recognize their role in designing and administering health programs and negotiated their responsibilities and duties. Since the first decades of the past century, the development of health systems at the nation-state level was also influenced by powerful international agencies that mediated new "social contracts" in modernizing nations. Historians have portrayed philanthropic "missionaries of science," like the Rockefeller Foundation (RF), for example, that contributed to the suppression of health threats such as yellow fever and malaria.[1]

Negotiations over health and rights involved changing and competing political interests that determined the national politics of public health and medical practice. We find that health could be defined as a right of workers, or citizens, or as a human right, and that shifting definitions of health as a right influenced the lives, and health of citizens. To understand the changing policies of health, and the different interpretations of health as a right, Chilean history provides a useful analytical lens to explore the realities of social medicine, and debates over socialized medicine and state responsibility for the health of the nation. We can gain important

insights into these debates through the individuals who contributed to changing medical practices.

Biography and History

I consulted the collections at the Rockefeller Archive Center (RAC) to advance my book project with the working title "Medical Doctor, Twentieth-Century Man: Dr. Benjamin Viel Vicuña and the History of Public Health in Chile and the Americas." Through this biographical lens, we can trace some of the key negotiations over citizenship rights and unequal access to health care in Chile and the Americas—and we can link those to global paradigm shifts that have been powerful determinants of nation-state policies. A central figure in the creation of both the Chilean Public Health System and the first Family Planning Office in Santiago, Dr. Benjamin Viel earned degrees in public health from Harvard and Johns Hopkins University. In 1939, he was awarded the first of several fellowships by the Rockefeller Foundation's International Health Division (RF/IHD)—and in the 1940s, he encouraged the RF to broaden its activities in Chile. Dr. Viel used his international connections to explore new ways of eradicating infant and maternal mortality among the urban poor, and used *Quinta Normal*, a working class section of Santiago, as a testing ground to promote innovative cooperation among physicians, nurses, and midwives who worked closely with local populations. Viel's engagement illustrates that foreign support of Chilean projects, and funding from agencies located in the United States, hardly represented the "imperialist intervention" that some Chilean politicians considered it to be, but that, instead, Chilean and Latin American health experts cooperated with medical elites on a global level and applied specific policies in the context of local needs.

At the RAC, I sought to focus on the chapters of Dr. Viel's life that I was least familiar with: the roots of his long-lasting relationship with the RF, his studies of public health in the

United States, and, most importantly, his involvement in the practice of social medicine back in his native Chile. The source materials I found confirmed institutional ties (such as the links between the RF, the School of Medicine of the University of Chile, and the Chilean Health Ministry) and also documented the personal relationships that shaped the international cooperation in public health projects in the first half of the twentieth century (such as the communication between Chilean medical doctors and RF field officers involved in projects in Chile and Latin America). Rockefeller Foundation documents on Chile and Medical Sciences (309 A), Public Health Demonstrations and Local Health Units (309 J), and Health Services (309 k) were most rewarding for the specific subjects I was exploring, as were the diaries of RF field officers who worked in South America. Other materials from the 309 Series (Chile), from the RF fellowship files, and from the Population Council (PC) Archives provided additional helpful insight and a number of new leads—including an excursion to examine the documents on Henry Sigerist's connection to the RF, to Johns Hopkins University, and, thereby, to Chilean doctors who attended Johns Hopkins University at the time of Sigerist's tenure at the University.[2]

Chilean Roots of Social Medicine

Howard Waitzkin and others have referred to the 1930s as the beginning of a Chilean "golden age" of social medicine—as physicians like Salvador Allende and Benjamin Viel promoted social medicine praxis as the best way to alleviate health problems ranging from tuberculosis, malnutrition, infant mortality, and maternal mortality to alcoholism.[3] In 1939, medical doctor, and newly appointed Health Minister, Salvador Allende discussed the links between disease and poverty in his book *The Chilean Social-Medical Reality* and outlined plans for a National Health Service and a new prominent role of the state in public health. Allende

further argued that only a society without class-based differences and with equal access to health care services could end the health problems of the nation.[4] Allende's propositions seemed too radical for some of his fellow citizens, and his plans for a National Health Service were shut down in Congress. About a decade later, Dr. Viel proposed a National Health Service much like the one Allende had envisioned earlier. Viel, like Allende, supported social medicine and promoted a dramatic overhaul of Chile's health system. However, rather than relying on political lobbying and party politics in Chile, Viel lobbied for international support of pioneering health projects that involved changes in medical education and medical practice. The documents at the RAC, combined with the oral histories I collected in the 1990s, offer rich insights into these developments, into the nature of Viel's international ties, and into the changes on location in Chile.

In 1939, Dr. Viel's life changed due to crucial historical junctures that brought him to the United States, to the RF, and to Harvard University quite unexpectedly. Viel had just married—and the newlyweds were on their way to Europe, taking advantage of an opportunity to travel on one of the ships that transported saltpeter from northern Chile to Europe.[5] However, the couple never made it to Europe: Germany invaded Poland, and World War II broke out in Europe just about when the travelers were near the Ecuadorian coast. As Dr. Viel remembered the events, the captain called him in and declared that, under the circumstances, he could not take the risk of crossing the Atlantic with passengers on board. The travelers disembarked in Panama, where they waited for another Chilean vessel to take them to Pensacola, Florida. From there they traveled to Washington, D.C. where a fellow Chilean, a medical doctor, suggested to Viel that he contact the RF.[6]

This series of events in 1939 represented the beginning of a close relationship between Viel and the RF, as he successfully applied for a RF fellowship to study public health at Harvard University. He brought with him his interest in epidemiology and his experience in the "prevention of scarlet fever, whooping-cough, typhoid fever, and tuberculosis."[7] In 1940, Viel left Harvard with a Masters Degree in Public Health, and with new allies for health projects back home, for the RF/IHD had decided to broaden its activities in Chile.[8] The RF continued to cooperate with Chilean physicians and after Viel, fifty-seven Chilean doctors received RF grants for medical training in public health in the United States between 1939 and 1947.[9]

Chilean doctors and RF personnel also shared a common belief in social medicine praxis and in the need to construct more fruitful relationships between health professionals and their patients. In the first decades of the twentieth century, the IHD equated the "modern public health practices" it sought to bring to far-off lands with the practice of social medicine—thereby paving the way for Viel, and other like-minded physicians, to apply for financial and technical assistance for pioneering local projects in Chile.[10] RF grants covered technical improvements, the training of nurses, and public health education, as well as Dr. Viel's new community health program in *Quinta Normal*.[11]

In the 1940s, two centerpieces of RF support, the School of Public Health and an innovative type of health unit tested in the city district of *Quinta Normal*, helped Chilean doctors to expand social medicine as a clinical praxis.[12] The projects were linked: prominent physicians like Viel, Hernán Romero, and Onofre Avendaño coordinated public health education in classroom settings with fieldwork experience in *Quinta Normal* and brought medical students to neighborhood health centers. Even if public health did not exist as a discipline separate from

medicine, individual professors recognized the social causes of disease in their teaching and clinical practice.[13]

The expansion and success of social medicine approaches to public health are exemplified by Dr. Viel's project in *Quinta Normal* that introduced a novel form of public health unit aimed at inspiring community organizing and close medical supervision. Viel's team set up a project that became a prototype of the *primary health care* model that gained international attention years later, at the 1978 Conference at Alma Ata, where the World Health Organization (WHO) proclaimed what some doctors had asserted for some time: an effective health delivery system depended on overcoming medical elitism, on prioritizing the use of only those medical technologies that were relevant to all people, including the poor, building health posts among the people, (not just in distant hospitals) and on including lay health personnel in the projects doctors developed in designated communities.[14]

The *Quinta Normal* project, ahead of its time, tested similar propositions on a smaller scale in a community health clinic where a group of health specialists coordinated their work with patients. Physicians, nurses, and social workers participated in the technical coordination and organization of the project, thereby enhancing outside professionals' understanding of the community's needs, as well as facilitating their interaction and communication with patients.[15] School of Public Health faculty and Viel's team in *Quinta Normal* documented remarkable success, ranging from new treatments for alcoholism, to lower morbidity and mortality rates, to a noticeable decline in infant mortality. Public health statistics and testimonial accounts confirmed the success of this social medicine or "primary care" practice—and RF field officers documented that mothers were more prepared to take care of their children.[16]

The RF supported the establishment of the School of Public Health, also as a result of important professional relationships, such as the one between Dr. Viel and RF field officer John Janney. Both men were involved in the planning of the school, and both remained interested in curricular matters. Viel recalled his conversations with Janney, sharing thoughts on his experience at Harvard, which led him to conclude that it would be a mistake to separate public health education from medical training. Janney agreed, and subsequently encouraged Viel to apply for a second scholarship to study abroad in 1943. This time Viel would go to Johns Hopkins University to earn a doctorate in public health, returning a year later just as the new School of Public Health was admitting its first students.[17]

At the time when Dr. Viel was completing his doctoral studies in public health at Johns Hopkins, social medicine and socialized health care had increased in popularity in the United States, also due to German-educated (medical degree from the University of Zurich, and history studies at the University of Leipzig) physician Henry Sigerist, who had gained international fame through his writing and his teaching on medical sociology and health policy at Johns Hopkins between 1932 to 1947. A charismatic and enthusiastic teacher, Sigerist contributed a new sense of urgency to the need for the practice of social medicine and influenced at least one generation of doctors in Europe, the United States, and the Americas—even if some of his politics became controversial with his growing admiration of Soviet medicine.[18] Sigerist, following the teachings of nineteenth-century social medicine practitioner Rudolf Virchow, maintained that "physicians are the natural attorneys of the poor, and social problems fall to a large extent within their jurisdiction," and that "medicine is a social science, and politics is nothing else but medicine on a large scale."[19] At first sight, Viel's propositions regarding the role of doctors in Chile were less

radical than Sigerist's, mostly because, initially, Viel did not link his social medicine praxis to socialized medicine, but focused instead on his work at the School and in *Quinta Normal*.[20]

Viel's work in *Quinta Normal* remained an important testing ground while fellow doctors and health specialists continued to evaluate the most effective medical training in the School of Public Health. In 1948, RF field officer Lewis Hackett documented a conversation between Janney and a group of Chilean physicians who pondered the nature of U.S. medical care and its meaning for Chile:

> They say that science in the United States has developed a great army of technicians, but that we were lacking in profound thinkers such as Europe has had in the past. They also think that education in the States has swung too far towards the practical side and that the cultural has been neglected. I replied that I thought that just the opposite was true in Chile and we all agreed that some happy medium between the two extremes would be best for a country.[21]

Indeed, Chilean physicians and health officials continued to follow public health education abroad, evaluating its usefulness and practical implications. Epidemiologist and public health educator Dr. Gaylord Anderson, for example, who became the first director of the School of Public Health of the University of Minnesota in 1944, was a known and appreciated lecturer in Chile even as he criticized the Chilean School for "spend[ing] too much time on bacteriological and other techniques and too little on principles."[22]

Quinta Normal, meanwhile, thrived as a training site for Chilean and foreign medical practitioners, who not only sought expertise in tuberculosis prevention and vaccination programs, but also desired to explore the option of expanding the experiences of social medical praxis in a local health unit to health practice nationwide.[23] When Chilean doctors and administrators evaluated the overall public health administration in Chile as "deeply unsatisfactory," Viel was prepared to help out. He suggested that medical students' observations "should be restricted to *Quinta Normal*," as other "visits were useless since the student sees only

badly run clinics and institutions." After all, the course on public health administration, the principal course at the new School of Public Health that represented the "axis on which everything else hangs," depended on one functioning model that would allow future doctors to carry their experiences elsewhere.[24] Viel and his team legitimately claimed that they had created such a model.

Conclusion

Overall, my research confirmed that Benjamin Viel's professional path provides unique insights into the social location and complicated negotiations that motivated medical doctors in Chile and in the Americas. His career serves as a fitting example of the complexity of twentieth-century politics, linking histories of medical progress, technological innovation, and new understandings of modernity to the realities of the everyday lives of men and women of different social backgrounds. In the second half of the century Dr. Viel's role as a pioneer of family planning helps us trace the alliance between medicine, demography, and public policy that altered the social contract of health between the state and its citizens. Both the larger debates over social policy relating to public health and the specific negotiations over fertility regulation allow us to examine the philosophical and epistemological underpinnings to the politics of public health in Chile and the Americas.

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ENDNOTES:

[1] See, for example, Marcos Cueto. *Missionaries of Science: The Rockefeller Foundation and Latin America*. Bloomington, Indiana: Indiana University Press, 1994; Marcos Cueto. *Cold War, Deadly Fevers: Malaria Eradication in Mexico, 1955–1975*. Baltimore, Maryland: Johns Hopkins University Press, 2007; Anne-Emmanuelle Birn. *Marriage of Convenience: Rockefeller International Health and Revolutionary Mexico*. Rochester, New York: University of Rochester Press, 2006.
[2] The files on Sigerist also documented curricular developments at Johns Hopkins University. See, for example, Rockefeller Foundation (RF), Record Group (RG) 1.2, 200A, Box 93, Folder 120, Johns Hopkins University/Institute of the History of Medicine, 1934-37, RF, Rockefeller Archive Center (RAC); RF, RG 1.2, 200A, Box 93, Folder 122, Johns Hopkins University/Institute of the History of Medicine, 1942-1946, RF, RAC, for the changes during Viel's connection to Johns Hopkins. Furthermore, I consulted the recently acquired Ford Foundation Archives (FF) with the help of archivist Bethany Antos. With significant guidance from her, I tried to understand the logic of the FF materials by linking index cards and cross-references to different parts of the collection, including the "General Correspondence" series, the "Grants" series, and the "Log Files" series. Dr. Viel received some FF grants, mostly in the context of his work with family planning and population issues, but most references I found did not reveal any information that had not been available elsewhere.
[3] For references to the "golden age" of social medicine, see Howard Waitzkin, et al. "Social Medicine Then and Now: Lessons from Latin America." *American Journal of Public Health* 91: 10 (October 2001), pp. 1592-1601.
[4] Salvador Allende G. - . (The Medical-Social Chilean Reality: Synthesis) Santiago, Chile: Ministerio de Salubridad, Previs , 1939.
[5] Interview with the author, March 1997.
[6] Interview with the author, April 1997.
[7] RG 10.1 (Fellowship Files), Series 309 E, Viel Vicuna, Benjamin, October 1939, Viel's fellowship application to study at Harvard, RF, RAC.
[8]AJW (Andrew J. Warren) diary excerpt, July 1, 1946; Folder: University of Chile, School of Public Health, 1944-1948; RG 1.1, Series 309, Box 1, RF, RAC.
[9]J.H. Janney, Annual Report 1947, International Health Division (IHD), Chile, February 25, 1948; Folder: 1339; RG 5, Series 3, Box 104; 123, RF, RAC.
[10] For specific agreements with the RF, also see Amador Neghme. *Reflexiones sobre la medicina y la salubridad en Chile*. (Reflections on Medicine and Health in Chile) Santiago: Imprenta Universitaria, 1950.
[11]Janney to Sawyer, June 7, 1943; Folder: University of Chile, School of Public Health, 1942-1943; RG 1.1; Series 309, RF, RAC.
[12] Dr. Viel's community health project was not the only one, but it had the most successful links to foreign funding and institutional attention, under Viel's auspices. Dr. Alejandro del Rio, for example, worked on the integrated health unit in Puente Alto, which made him, according to Gary Filerman, another leader of what could be considered "the social medicine movement" at the time. See Gary Lewis Filerman. *An Exploratory Field Study of the National Health Service of Chile: Health Services Organization in Two Communities*. Ph.D. dissertation, University of Minnesota, 1970, p.43.
[13] For comments on Chileans trained in public health education based on the "Rockefeller Model," see Paulina Pino and Giorgio Solimano, "The School of Public Health at the University of Chile: Origins, Evolution, and Perspectives," *Public Health Reviews* 33 (2011), pp. 315-322: Pino and Solimano suggest that the design of the School was based on the second model of the Welsh-Rose report, i.e., oriented towards training administrators and technical staff for the public health system—so that research remained a secondary task. For Viel's assessment, see Benjamin Viel, "Ayuda extranjera para el desarrollo de la enseñanza médica y de salud pública en Chile." (Foreign Aid for the Development of Medical Education and Public Health in Chile) *Revista Medica de Chile* 89 (1961), pp. 571-575.

[14] Marcos Cueto, "The Origins of Primary Health Care and Selective Primary Health Care, *American Journal of Public Health* 94: 11 (2004), pp. 1864–1874.
[15] For reference to the functioning of one of the centers the *Centro de Atención Materno Infantil Integral Ismael Valdés Valdés*, see also Nelson Vargas Catalá. *Historia*
. (The History of Chilean Pediatrics: Chronicle of Joy) Santiago, Chile: Editorial Universitaria, 2002, p.159. The author mentions the attention given to mothers and their children, to childcare and nutritional advice under the care of Dr. Ipinza.
[16] Octavio Cabello González. "Influencia de la Unidad Sanitaria de Quinta Normal en la reducción de la mortalidad infantil de la comuna." (The Influence of Quinta Normal Health Unit in Reducing Child Mortality in the District) *Revista chilena de higiene y medicina preventiva* 8: 1-2 (March-June 1946), pp. 15-27; Carlos Salomón Rex. "Organización y funcionamiento de una unidad sanitaria." *Revista chilena de higiene y medicina preventiva* 8: 3 (September 1946), pp. 137-198; J.H. Janney, Annual Report 1947, IHD, Chile, February 25, 1948; Folder: 1339; RG 5, Series 3, Box 104; RF, RAC,
p. 84.
[17] RG 10.1 (Fellowship Files), Series 309 E, RF, RAC.
[18] From Leipzig, Germany, Sigerist came to the Johns Hopkins Institute of the History of Medicine in 1932. See example, Elizabeth Fee and Theodore M. Brown. *Making Medical History: The Life and Times of Henry E. Sigerist*. Baltimore, Maryland: Johns Hopkins University Press, 1997.
[19] Here, Sigerist cites Virchow; as quoted in Elizabeth Fee. "Henry E. Sigerist: From the Social Production of Disease to Medical Management and Scientific Socialism." *The Milbank Quarterly* 67: Supplement 1 (1989), pp. 127-150, quote on p.137.
[20] After studying the British system, Viel developed concrete propositions for a Chilean system of public health later—a discussion of which goes beyond the scope of this research report. See Francisco P
. *Seguridad social chilena: puntos para una reforma*. (Chilean Social Security: Points for Reform) Santiago, , 1950.
[21] David Hackett diary, RG 12.2, 1948, RF, RAC, p. 55.
[22] David Hackett diary, RG 12.2, 1948, RF, RAC, p. 118.
[23] For example, Viel's experiments with Bacillus Calmette-Guérin (BCG) vaccination programs that included foreign doctors. In Quinta Normal, a new vaccination program was started on June 11, 1948. A National Committee set up a Sub-Committee to advise on BCG. Hackett reported on the test phase with BCG that started in *Quinta Normal* and was expanded to other Santiago health centers. See David Hackett diary, RG 12.2, 1948, RF, RAC, p. 118.
[24] See David Hackett diary, RG 12.2, 1948, RF, RAC, p. 120.