

Latin America: History of Public Health, Disease, and the Panama Canal Zone

This resource packet includes a selection of video, secondary, and primary sources on the history of public health in Latin America, Latin American disease history, and the Panama Canal. These resources were presented by University of Michigan Center for [Latin American and Caribbean Studies \(LACS\)](#) as part of the 2020 World History & Literature Initiative: Pandemics & Power in World History and Literature.

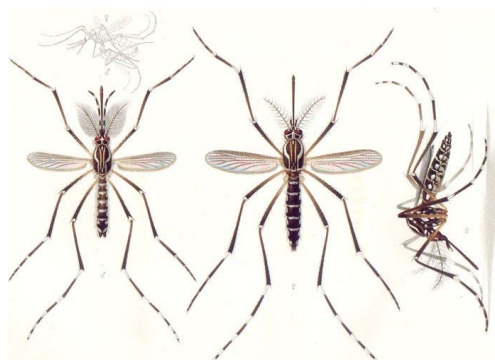
Video Resources:

- Alexandria Minna Stern, "Latin America: An Overview of Public Health". LACS Fall 2020 Teacher Training Workshop. Race and Public Health in Latin America. November 12, 2020. Video, 5:26-57:58. <https://www.youtube.com/watch?v=Fg9EUIWP4nY>.
- Department of Defense. "The Construction of the Panama Canal [1913-1914]". US National Archives. N.D. Video, 50:55. <https://youtu.be/Dnfz8e0ij7U>.

Secondary Sources:

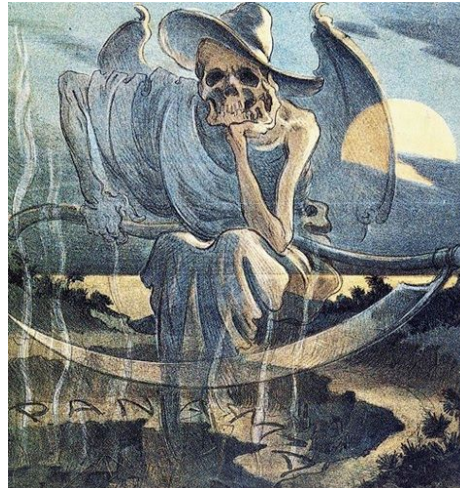
- David D. Kirkpatrick and Jose Maria Leon Cabrera, "How Trump and Bolsonaro Broke Latin America's COVID-19 Defenses". *The New York Times*. October 27, 2020. A1. <https://www.nytimes.com/2020/10/27/world/trump-bolsonaro-coronavirus-latin-america.html>.
- Alexandra Minna Stern, "The Public Health Service in the Panama Canal: A Forgotten Chapter of U.S. Public Health". *Public Health Reports* 120:6 (2005), 675-679. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1497783/>.
- Annika Jorgensen. "Yellow Fever in Panama". *Public Health in Latin America Blog*. N.D. <https://sites.google.com/macalester.edu/phla/diseases-and-issues/yellow-fever-in-panama>.
- Caroline Lieffers. "The Panama Canal's Forgotten Casualties". *The Conversation*. April 16, 2018. <https://theconversation.com/the-panama-canals-forgotten-casualties-93536>.
- Panama Canal Authority. "Work Force [1904-1914]". N.D. <https://www.panacanal.com/eng/history/history/work.html>.

Primary Sources:



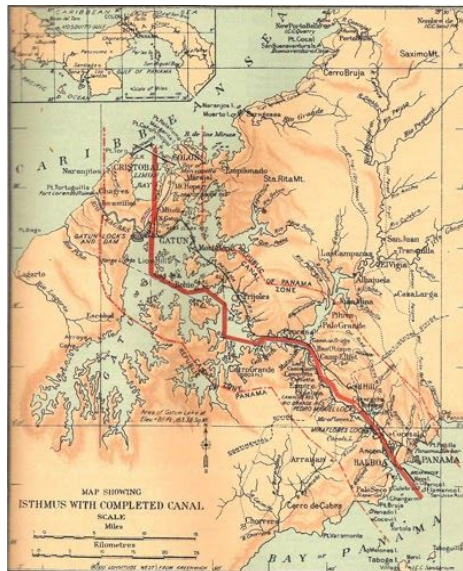
E.A. Goeldi, *Aedes aegypti*, vector of yellow fever, 1905. Kansas University, Clendening History of Medicine Library and Museum. Accessed November 24, 2020.

<https://www.kumc.edu/school-of-medicine/history-and-philosophy-of-medicine/panama-canal/a-aegypti-and-a-albimanus-mosquitoes.html>.



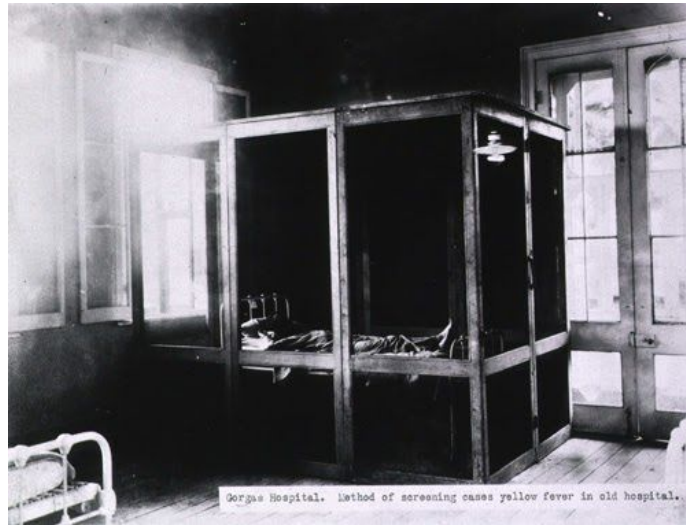
Joseph Keppler, Jr. "Waiting." Puck Magazine. June 22, 1904. Kansas University, Clendening History of Medicine Library and Museum. Accessed November 24, 2020.

<https://www.kumc.edu/school-of-medicine/history-and-philosophy-of-medicine/panama-canal/panama-as-a-pesthole.html>



Bennett, I. A., *History of the Panama Canal*. Washington, D.C.: Historical Publishing Company, 1915. Kansas University, Clendening History of Medicine Library and Museum. Accessed November 25, 2020.

<https://www.kumc.edu/school-of-medicine/history-and-philosophy-of-medicine/panama-canal/maps-of-the-isthmus-of-panama.html>



Yellow fever patient in isolation cage. U.S. National Library of Medicine. Kansas University, Clendening History of Medicine Library and Museum. Accessed November 25, 2020.

<https://www.kumc.edu/school-of-medicine/history-and-philosophy-of-medicine/panama-canal/yellow-fever-in-panama.html>.

Annual Report
of the
Department of Health
of the
Isthmian Canal Commission
for the
Year 1906.

W. C. GORGAS,
*Captain, Medical Corps, U. S. Army,
Chief Sanitary Officer.*



Washington:
Government Printing Office,
1907.

LETTER OF TRANSMITTAL.

OFFICE OF CHIEF SANITARY OFFICER,
Ancon, Canal Zone, December 31, 1906.

SIR: I herewith forward you report of the Sanitary Department for the calendar year 1906.

You will see from the report that the health conditions on the Isthmus during the year have been very good. During that period we had on the Zone only one case of yellow fever. This was a fatal case, which occurred in May. Since that time the Zone has been entirely free from yellow fever. We had two deaths from smallpox. These were due to a small local infection at Colon. On two or three occasions smallpox has occurred, due to cases developing from outside infection after their arrival on the Isthmus, but these foci have been easily controlled.

Among our negro employees the death rate has been large, though the sick rate has been very small. This has been principally due to a fatal form of pneumonia which has prevailed among the negroes, and which has affected the white force to a very small extent. In a total of 1,105 deaths among employees from all causes, 431 were due to pneumonia; that is, more than a third of the deaths were due to this one disease, which is not ordinarily considered a tropical disease. The epidemic of pneumonia commenced in October of 1905, slowly increased to July of 1906, when it reached its maximum, and in which month we had 86 deaths among the employees from this cause. It has since been slowly decreasing until in December, when we had 28 deaths.

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Among our 5,400 white employees the death rate was more satisfactory, being only 16 per 1,000 for the year.

Among our 5,000 white American employees we had only 35 deaths, which would give us a rate of 7 per 1,000. Of these 35, 19 died from disease; the others from railroad accidents and violence of various kinds. This would give us a death rate among our 5,000 American employees for the year, due to disease, of 3.8 per 1,000.

This is of value in showing what can be done by modern methods of sanitation in the Tropics. We have here a large body of unacclimated whites, brought from a temperate zone into an unhealthy part of the Tropics, and find that during a full year of this exposure their death rate from disease has been no greater than it would have been at their homes.

The sick rate among the whites is equally good. We have in the families of white American employees 800 women and children. They stand the climatic conditions fully as well as the men. The appearance of the white American men, women, and children, as you see them on the Isthmus, confirms these statistics. They, in general, have the appearance of being in vigorous health and of being robust and strong.

The best measure of the working efficiency of a force, as far as health is concerned, is the daily number of sick. For instance, in a force such as we have at present, we might have 1,500 cases of pneumonia, which would average ten days each in hospital and give us 500 deaths. Fifteen hundred cases of malaria would average seven days in hospital and give us not more than 30 deaths. The deaths from malaria, therefore, represent a very much larger non-efficiency from disease than do the deaths from pneumonia. Two deaths from malaria would mean that 100 men had been sick for seven days; that is, that seven hundred days had been lost from malaria during the year. Two

deaths from pneumonia would only mean that 6 men had been sick for ten days, and, therefore, represent only sixty days lost from pneumonia.

Among our 26,000 employees we had sick every day 766, which would give us a rate per 1,000 of 28. This is probably as small a rate as we would have had anywhere in the Southern States in a similar body of men doing similar work.

I think, upon the whole, that these statistics for the year 1906 will show that we have accomplished during this year—at any rate, what we hoped to accomplish when we commenced; that the health of the force as a whole, as far as its working capacity is concerned, has been kept at about what it would have been if working at home; that among the white American employees this is certainly the case, both as to working efficiency and as to death rate; that yellow fever has been eradicated, and that epidemic diseases such as plague have been kept out.

Very respectfully,

W. C. GORGAS,
Chief Sanitary Officer.

CHAIRMAN ISTHMIAN CANAL COMMISSION,
Washington, D. C.