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Sanitizing Interventions:

PHS VD Research in Guatemala and the Rise of International Health

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Sanitizing Interventions:

PHS VD Research in Guatemala and the Rise of International Health

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Thesis

Presented to the Faculty of the Graduate School

of the University of Texas at Austin

in Partial Fulfillment

of the Requirements for the Degree of

Master of Arts

The University of Texas at Austin

August 2012

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The University of Texas at Austin, 2012

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The U.S. Public Health Service led human-subject experiments in Guatemala during the late 1940s in which the researchers intentionally infected prisoners, soldiers, and psychiatric patients with venereal disease to study prophylaxis and treatment for syphilis, gonorrhea, and chancroid. The U.S. doctors also conducted a serological study in an attempt to standardize blood testing methods for venereal disease in Central America. This thesis argues that the PHS went to Guatemala not just for the opportunities it presented for research, but also because the organization was seeking to expand its influence in Latin America during this time period. Through experimentation and serological testing in relation to venereal disease, this thesis suggests that the U.S. doctors sought to produce knowledge about venereal disease in Central Americans as part of their goal to augment their role as medical authorities in the region.

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Introduction

When the U.S. Public Health Service arrived in Guatemala in 1946 to conduct human-subject medical experimentation on prophylaxis and treatment for venereal disease, PHS physicians were acutely aware that no word of the study could reach the American public. Indeed, a letter written on February 17, 1947 by PHS malariologist G. Robert Coatney to John Cutler, the physician who oversaw the Guatemalan experiments, notes that Surgeon General Thomas Parran was adamant the study remain a secret; Coatney wrote, “I saw Doctor Parran on Friday and he wanted to know if I had had a chance to visit your project...as you well know, he is very much interested in the project and a merry twinkle came into his eyes when he said, ‘you know, we couldn’t do such an experiment in this country.’”¹

Although the letter does not reveal what exactly the Surgeon General found so illicit about the project that it could not be conducted in the U.S., a study carried out in a penitentiary in Terre Haute, Indiana in 1943 offers important insights into some of the constraints that PHS physicians encountered in their venereal disease research in the U.S. The Terre Haute study involved the inoculation of prisoner volunteers with gonorrhea in the search for an effective prophylaxis for this disease. The same PHS unit, the Venereal Disease Research Laboratory (VDRL), and many of the same researchers including Cutler who would later participate in the Guatemala experiment were involved in the

¹ Robert G. Coatney to John C. Cutler, February 17, 1947, Records of John C. Cutler (originally donated to the University of Pittsburgh; since 2011 these have been available for public research in the National Archives of Atlanta, which is a center for studies of the U.S. south, and online at <http://www.archives.gov/research/health/cdc-cutler-records>.

Terre Haute study.² Some members of the National Research Council Subcommittee which reviewed research proposals before they went to the Office of Scientific Research and Development (OSRD) raised concerns over the legality and potential public relations fallout that could result from infecting prisoners with gonorrhea. Dr. Vannevar Bush, Director of the OSRD, recommended the researchers carry out the study in a federal prison to help restrict public access to the experiment and also because some state statutes had raised questions about the legality of proceeding with the experiment in a New York prison which had been the original plan.³

The Terre Haute experiment eventually gained support from leaders of the U.S. medical establishment, the military, and the Attorney General who deemed the project important in light of wartime concerns since venereal diseases were considered a formidable threat to the military's strength.⁴ The Subcommittee members did require that the prisoner volunteers provide informed consent and be at least twenty-one years old. They regarded soldiers an inappropriate research population because the possibility they would have sexual intercourse with women placed them at risk of contracting the disease; psychiatric patients, meanwhile, were thought to be incapable of providing informed consent.⁵ It would not be until several years later during the Nuremburg Trial that the Nazis would point out the ethical problems embedded in American's use of prisoners for

² Presidential Commission for the Study of Bioethical Issues, "Ethically Impossible": STD Research in Guatemala from 1946 to 1948," accessed September 2011, www.bioethics.gov; 13.

³ Gerhard Baader, Susan E. Lederer, Morris Low, Florian Schmaltz, and Alexander V. Schwerin, "Pathways to Human Experimentation, 1933-1945: Germany, Japan, and the United States," *Osiris* 20: 205,231 (2005); 227

⁴ "Ethically Impossible," 16.

⁵ *Ibid* 17.

medical research.⁶ The Nuremburg Code of 1947 stressed that research subjects must be situated in environments where they could make decisions free from any forms of coercion.⁷ Despite the questions that Nuremburg raised about the ability for prisoners to provide informed consent given their institutionalization, U.S. researchers continued to employ this population regularly with few stipulations for medical experimentation until the 1970s when this practice came under sharp critique. Thus, although members of the U.S. medical and legal establishments required that prisoners volunteer for the Terre Haute study, the fact that they approved using this population in the first place suggests the limitations of what they understood constituted informed consent.⁸ Although the study gained support from the highest echelons of the medical, legal, and military establishments, the VDRL shut down the Terre Haute experiment after just ten months because of the researchers' inability to infect prisoners with gonorrhea artificially and also because of moral concerns. The researchers continued to worry about the public's response to the allocation of federal dollars for an experiment on venereal disease given that this was still a taboo subject for many in the U.S.⁹ The study thus revealed that the U.S. medical and legal establishments would support the inoculation of human volunteers in research on venereal diseases given certain circumstances. However, the fear that the American public would react negatively to this research remained a preoccupation for the researchers.

⁶ Gerhard et al, "Pathways to Human Experimentation," 228.

⁷ Emanuel J. Esekial, Christine C. Grady, and Robert A Crouch, *The Oxford Textbook of Clinical Research Ethics* (Oxford: Oxford University Press, 2008), 139.

⁸ Gerhard et al, "Pathways to Human Experimentation," 228.

⁹ *Ibid*, 227.

The failure of the Terre Haute experiment was the impetus for the PHS doctors to relocate their research on venereal disease to Guatemala. Dr. Juan Funes, director of the Venereal Disease Control Division in Guatemala's Public Health Service at the time, had served one year as a fellow at the VDRL.¹⁰ According to Cutler, it was Funes who first suggested that PHS physicians continue their research on prophylaxis for venereal diseases in Guatemala, using prostitutes in the "normal exposure," or in providing sexual services to inoculate prisoners with syphilis and gonorrhea.¹¹ Prostitution was legal in Guatemala and sex workers were allowed to visit the penitentiary regularly to offer their services to prisoners. Funes also oversaw the main hospital charged with the medical inspection and treatment of prostitutes infected with venereal disease.¹² The PHS doctors responded enthusiastically to Funes' suggestion; they believed they may have found a solution to problems they had encountered in Terre Haute in that they had a natural method for infecting research subjects, a location where they could conduct these experiments far from the American public, and a research group that it appeared would be fairly easy to control.

This thesis examines the PHS physicians' targeting of commercial sex workers for medical experimentation and considers the reason that campaigns and research on venereal disease may have become important to the public health organization at a time when it was seeking to gain national and international prominence. It discusses how the

¹⁰ "Ethically Impossible," 25.

¹¹ John Cutler, "Final Syphilis Report One," (Records of Dr. John C. Cutler, U.S. National Archives and Records Administration, 2011); 1, 8.

¹² Cutler, "Final Syphilis Report One," 1, 8.

PHS developed as an institutionally racist organization during the first half of the twentieth century and how this would influence venereal disease research and campaigns in both the U.S. and in Guatemala. This thesis also highlights the PHS doctors' manipulative tactics and how they employed moralizing rhetoric, the law, and science in their efforts to influence government policy on venereal disease and to gain access to research opportunities. While the PHS went to Guatemala for research, this thesis also suggests that the public service doctors were motivated by ambitions to expand the organization's influence in Latin America in the postwar era. Indeed, the Guatemalan experiments occurred around the same time that PHS was seeking to gain in international power and was facilitating public health initiatives in Latin America as an arm of U.S. foreign policy.

It will further demonstrate that U.S. physicians were aided by the Arévalo government, which although claimed to be launching a revolution at the time and spoke of transforming the country socially, politically, and economically, in general maintained the interests of the elite classes while making few changes in the lives of marginalized individuals who included Indians, prostitutes, prisoners, foot soldiers, psychiatric patients, and children.¹³ Indeed, this thesis will demonstrate that a primary goal of the Guatemalan government was its modernizing revolutionary agenda and that it was eager to employ U.S. resources in achieving this goal.¹⁴ This thesis will also stress that

¹³ This thesis employs the term "Indian" because it was common terminology during the time of the Guatemala study. It will also use the term "Maya" which was not regularly adopted as a referant until the 1980s and "indigenous" which was employed both during the 1940s and is used in the present day.

¹⁴ Although the term "venereal disease" is no longer considered politically correct this thesis will employ this phrase instead of "sexually-transmitted disease" as it is historically accurate and was used by the PHS

Guatemala government was certainly not a monolith and that the country was quite politically divided at the time of the revolution. Therefore, it still remains uncertain whether the experiment was concealed from different sectors of the government who may or may not have supported the study.

In analyzing how the PHS focus on venereal disease was tied to the organization's ambitions to grow as a national and international organization, this thesis draws from Michel Foucault's concept of "bio-power" in which a "regime of truth" established norms governing appropriate behavior and ways of managing the body. Individuals internalized these norms in their own self-disciplining and in the monitoring of others, creating a "net-like organization" of power.¹⁵ Foucault explains that discourses on sexuality in particular became abundant as sex connects "to the life of the body and the life of the species."¹⁶ Thus, through the production of discourses on sexuality, the most intimate aspects of individuals lives came under surveillance by individuals and organizations.

The PHS-led experiment began in August 1946 when Dr. Cutler arrived in Guatemala City to lead the research team.¹⁷ The U.S. Public Health Service's Division of Grants provided aid for the Pan American Sanitary Bureau (PASB) to conduct the study and to construct a Venereal Disease Research Laboratory in Guatemala to support the project.¹⁸ Cutler facilitated the experiment with support from the Guatemalan Ministers of

doctors at the time of the study. This thesis will also use the term "race" as it was employed during the 1940s as a biological fact, despite that it is now widely acknowledged to be a social construction.

¹⁵ Michel Foucault, "Truth and Power," in *Power/Knowledge*, ed. Colin Gordon (New York: Pantheon Books, 1980); 98, 133.

¹⁶ Michel Foucault, *The History of Sexuality*, (New York: Vintage Books, 1990), 146-47.

¹⁷ "Ethically Impossible," 31

¹⁸ *Ibid*, 29, 31.

Health, War, and Gobernación.¹⁹ Other PHS staffers assigned to the Guatemala study included Dr. Sacha Levitan, a surgeon and Assistant Director of the Guatemala project, Dr. Elliot Harlow, an assistant surgeon, Joseph Portnoy, a serologist, Alice Walker and Virginia Lee Harding, bacteriologists, and Dr. Joseph Spoto, Assistant Chief of the Venereal Disease Division who also had extensive experience with public health initiatives in Latin America.²⁰ Dr. Mahoney, Director of the VDRL, provided guidance to the researchers based in Guatemala. Beginning in November 1946 and continuing until 1953, the researchers conducted serology tests on populations including soldiers, schoolchildren, orphans, prisoners, and psychiatric patients to test the accuracy of the Kahn, Mazzini, Kolmer, and VDRL blood tests in detecting venereal disease.²¹ In order to study the effectiveness of Mapharside-*orvus* prophylaxis wash and answer remaining questions about penicillin which Mahoney and a team of researchers had discovered was effective in treating syphilis in humans in 1943, the U.S. and Guatemalan researchers also carried out international exposure experiments between February 1947 and October 1948. The U.S. government doctors used prostitutes to attempt the infection of soldiers and prisoners with syphilis and gonorrhea, despite the reservations there had been to this during the Terre Haute study. As the researchers had little success inoculating soldiers and prisoners through “normal exposure,” they also attempted artificial inoculation on soldiers, prisoners, and psychiatric patients in the state mental institution. Altogether the researchers would infect 1,308 individuals with venereal disease; the records indicate that

¹⁹ Ibid, 32.

²⁰ Ibid, 31-2.

²¹ Ibid, 36-7.

the U.S. and Guatemalan researchers did not obtain consent from study participants and only 678 individuals received some form of treatment.²²

The 1940s venereal disease experiments occurred around the same time that the U.S. government was increasing funding for public health in the Latin American region. At the beginning of the twentieth century, U.S. international health efforts in Latin America had been primarily led by foundations such as the Rockefeller Foundation and the Carnegie Institute, and the PASB.²³ However, during World War II, the American government heightened efforts to promote global health and directed a number of grants and fellowships to the Latin American region to protect American soldiers and prevent infection in the U.S. mainland.²⁴ In 1942, the U.S. established an Institute for Inter-American Affairs in order to initiate bilateral international health agreements between the U.S. and Latin American governments. Between March 1942 and June 1951, 1,665 of these agreements were signed.²⁵ In the late 1940s with the onset of the Cold War, the American government continued to build international health efforts with the intention of generating political and economic stability in these countries and quelling the spread of communism.²⁶ As historian Marcos Cueto has argued, “international health served as a tool for consolidating U.S. security in the international arena, raising the standards of living in developing countries, making individual consumers in market economies and

²² “Ethically Impossible,” 41.

²³ Marcos Cueto, “International Health, the Early Cold War and Latin America,” *CBMH/BCHM* 25 (2008): 19.

²⁴ *Ibid.*, 21.

²⁵ Jeanne L. Brand, “The United States Public Health Service and International Health, 1945-1950.” *Bulletin of the History of Medicine* 63 (1989): 595.

²⁶ Cueto, “International Health, the Early Cold War and Latin America,” 24.

contributing to economic progress.”²⁷ Thus, public health served as an important factor in promoting U.S. foreign policy goals abroad.²⁸

The PHS gained national influence following World War I and grew as an international organization during World War II and the Cold War. It was during the New Deal that government physicians managed to make syphilis and gonorrhea a national priority despite the fact that a number of other maladies were affecting the U.S. population at the time. Historian Allan Brandt argues that the PHS campaign on venereal disease was tied to federal efforts to extend power over the populace during the New Deal and to aid the incorporation of individuals into the capitalist market when the Great Depression was testing the resolve of the workforce.²⁹ Indeed, the anti-venereal disease efforts sought not to just improve the health of individuals but to influence their moral values and self-disciplining. During World War II the PHS became increasingly involved in international health efforts primarily to protect American troops stationed abroad from infectious diseases. The goal of the organization to expand its international influence led in 1945 to the establishment of the Office of International Health Relations to oversee the development of projects outside the U.S. and to survey initiatives coordinated with PASB. During this time, the public health organization also significantly increased

²⁷ Ibid, 27.

²⁸ U.S. philanthropic institutions such as the Rockefeller Foundation, the Carnegie Institute, and the Ford Foundation have also had an important role in using public health to promote U.S. foreign policy and capitalism abroad. See William Schneider, *Rockefeller Philanthropy and Modern Biomedicine: International Initiatives from World War I to the Cold War* (Bloomington: Indian University Press, 2002), John Krige, *American Foundations and the Coproduction of World Order in the Twentieth Century* (Gottingen, Vendenhoeck and Ruprecht, 2012). Edward H. Berman, *The Influence of Carnegie, Ford and Rockefeller Foundaioins on American Foreign Policy: The ideology of Philanthropy* (Albany: State University of New York Press, 1983). Oliver Zunz, *Philanthropy in Amercia: A History* (Princeton: Princeton University Press, 2011).

²⁹ Brandt, *No Magic Bullet*, 133.

funding for the Commissioned Corps, the uniformed PHS officers who fought disease and poor public health conditions in countries around the world.³⁰ The PHS Commissioned Corps, in coordination with PASB, would become increasingly involved in overseas health missions in Latin America at the start of the 1940s and continuing to the 1970s.³¹ PHS efforts abroad also grew following the passage of the Act for International Development in 1950, an agreement that granted the PHS access to Department of State funding to conduct technical assistance for underdeveloped countries.³² Therefore, it was around the time of the Guatemalan experiments that the PHS was seeking opportunities to expand its role in the Latin America region and around the world.

During the Guatemalan experiments, U.S. doctors' ambitions were supported by sectors within the Guatemalan revolutionary government, which was led by President Juan José Arévalo. His government was revolutionary for Guatemala during the 1940s in that it promoted democratic values, sought to extend rights to laborers, and was more sympathetic to the plight of marginalized populations than previous governments. However, through a discussion of the PHS-led medical experiments this thesis will support historiography that argues the Arévalo government was not as radical as was often presented by the U.S. government, multinational corporations, and members of the Guatemalan Right.³³ Rather, Arévalo was a modernist and a "spiritual socialist," a theory of his own design that promoted the psychological wellbeing and intellectual

³⁰ Brand, "The United States Public Health Service and International Health, 1945-1950," 580.

³¹ Ibid, 594.

³² Ibid," 595.

³³ Gleijeses, *Shattered Hope*, 38.

development of the entire populace rather than material gains.³⁴ While his revolutionary program attempted to further the progress of the nation, it continued to be influenced by longstanding gender, class, and race systems in the country; it was this that facilitated the targeting of Mayans and prostitutes for clinical research. However, at the same time it remains unclear whether the PHS-led experiments were concealed from certain sectors of the Guatemalan government. During the revolutionary period, Guatemala was highly divided. Arévalo implemented a multiparty system in his government that was prone to divisions regarding the implementation of various revolutionary policies.³⁵ Significantly, the conservative elite class with the support of the Catholic Church actively opposed the Arévalo government and courted members of the Guatemalan military in the possible overthrow of the government.³⁶ However, it was not until the presidency of Jacobo Árbenz Guzmán which would follow in the 1950s that the conservative elite would gain the support of the U.S. in staging a 1954 coup due to fears of the government's purported communist leanings.

This thesis draws from several monographs that discuss U.S. imperialism in Latin America, public health, and the intersections of gender, sexuality, and race during the first half of the twentieth century. Historians Laura Briggs, Eileen Suárez Findlay, and Lara Putnam have all described the manner in which the U.S. government and corporations have justified public health interventions and civilizing efforts in Latin America through gender, sexuality, and race stereotypes that depict the region as overly

³⁴ Ibid, 38.

³⁵ Ibid, 39.

³⁶ Ibid, 49.

sexual and backward.³⁷ The authors show that the U.S. government and corporations used these stereotypical depictions to legitimize their implementation of draconian prostitution policies and family planning measures. These policies were presented as furthering the modernization and economic development of these countries, but in actuality the policies mainly served U.S. interests. Thus, the production of discourses about the depravity of Latin American countries and the implementation of public health policies has had an important role in aiding the growth of U.S. worldpower. This thesis argues that the PHS also legitimated its research in Guatemala based upon stereotypes of the country as backward and amoral.

While public health has had an important role in U.S. foreign policy in Latin America and other parts of the world, this thesis is also informed by authors who describe the development of contradictory U.S. prostitution policies and how this has been influenced by concepts of geography, race, and sexuality. Despite the fact that the American government during World War II made prostitution illegal near military cantonments with the passage of the May Act in 1941 and the widespread repression of sex work on the mainland, historians including Mary Louise Roberts, Beth Bailey and David Farber, describe how the U.S. military tolerated soldiers engagement with prostitutes in locations such as France and Hawaii.³⁸ Na Young Lee, Katherine Moon,

³⁷ Laura Briggs, *Reproducing Empire: Race, Sex, Science and U.S. Imperialism in Puerto Rico*, (Berkeley, Los Angeles, and London: University of California Press, 2002). Eileen Suárez Findlay, *Imposing Decency: The Politics of Sexuality and Race in Puerto Rico, 1870-1920*, (Durham and London: Duke University Press, 1999). Lara Putnam, *The Company They Kept: Migrants and the Politics of Gender in Caribbean Costa Rica, 1870-1960* (Chapel Hill and London: University of North Carolina Press, 2002).

³⁸ Mary Louise Roberts, "The Price of Discretion: Prostitution, Venereal Disease, and the American Military in France, 1944-1946," *The American Historical Review* 115 (2010), Beth Bailey and David Farber, "Hotel Street: Prostitution and the Politics of War," *Radical History Review* 52 (1992), Na Young

and Sandra Pollock Sturdevant and Brenda Stolfus also detail how, following World War II and throughout the second half of the twentieth century, the U.S. military overlooked soldiers' engagement with prostitution in different parts of Asia.³⁹ These authors reveal that the U.S. military has condoned prostitution around military bases in foreign countries because they have viewed the availability of sex for servicemen as imperative for sustaining missions abroad and because they have regarded prostitution as impossible to control in localities they have deemed as disorderly and licentious.⁴⁰ Similarly, the PHS advocated for the repression of prostitution in the U.S. while utilizing the business to further its research efforts in Guatemala with one of the main goals being to establish an effective prophylaxis for the military. Thus, the U.S. government has historically appeared to be in the practice of both banning prostitution to protect the national populace on the mainland while utilizing the business to serve its own expansionist purposes.

A number of authors also discuss the key role of the PHS in advocating for the complete suppression of the commercial sex trade and venereal disease in the U.S. during the first half of the twentieth century. Allan Brandt, John Parascandola, Barbara Hobson, and Alexandra Lord explore the close relationship between PHS physicians and social reformers from the American Social Hygiene Association, an anti-vice organization created at the beginning of the twentieth century. Both the PHS and ASHA sought to

Lee, "The Construction of Military Prostitution in South Korea during the U.S. Military Rule, 1945-1948," *Feminist Studies* 33 (2007).

³⁹ Katherine Moon, *Sex Among Allies: Military Prostitution in U.S.-Korea Relations* (New York: Columbia University Press, 1997). Sandra Pollock Sturdevant and Brenda Stolfus, *Let the Good Times Roll: Prostitution and the U.S. Military in Asia* (New York: New Press, 1992).

⁴⁰ Brandt, *No Magic Bullet* (New York and Oxford: Oxford University Press, 1987),

suppress venereal diseases and the sex trade through employing moralizing rhetoric and by advocating for laws that targeted primarily working-class women, prostitutes, and African Americans, who they believed constituted the main vectors of disease.⁴¹ As will be discussed in more detail later, the fact that the PHS targeted marginalized populations in anti-venereal disease campaigns reflects the racism of the organization during this era and how it was influenced by eugenic theory that promoted views of African Americans and prostitutes as having inherent deficiencies that made them susceptible to venereal disease.

Along with literature on the PHS campaigns to combat venereal disease and prostitution on the mainland, there are a few materials on the 1940s Guatemalan venereal disease experiments. Historian Susan Reverby, who first discovered the Guatemalan study in Cutler's archives in 2010, has examined the experiment in the context of the PHS-led Tuskegee study when PHS doctors observed the natural history of latent syphilis in black men in Alabama for over forty years.⁴² The Presidential Commission for the Study of Bioethical Issues published a September 2011 report on the Guatemalan experiment, deeming it a violation of the ethical standards both for the time of the study and in the present day.⁴³ This thesis upholds the Bioethical Commission's finding and argues that the PHS physicians were well aware that the Guatemalan study could not

⁴¹ Ibid, John Parascandola, *Sex, Sin, and Science: A History of Syphilis in America* (Westport and London: Praeger, 2008), Barbara Meil Hobson, *Uneasy Virtue: The Politics of Prostitution and the American Reform Tradition* (New York: Basic Books, Inc., 1987), Alexandra Lord, *Condom Nation: The U.S. Government's Sex Education Campaign from World War I to the Internet*, (Baltimore: The Johns Hopkins University Press, 2010).

⁴² Susan Reverby, "'Normal Exposure' and Inoculation Syphilis: A PHS 'Tuskegee' Doctor in Guatemala, 1946-1948," *The Journal of Policy History*, 23 (2011).

⁴³ "'Ethically Impossible,'" 8.

have been conducted in the U.S. at the time without potentially harming the reputation of the organization.

This thesis will contribute to the existing literature on U.S. prostitution policies, public health, and imperialism through examining the Guatemalan experiments in relation to the PHS goal to expand its influence in Latin American during the post-war era. It will also investigate how the social values of the PHS influenced its research and demonstrate how in the pursuit of its ambitions for research and international power in Guatemala the public health organization was willing to overlook many of the standards that it promoted in the U.S. In sum, this thesis is concerned with the hubris of the U.S. Public Health Service and what this meant for the development of international health in the post-World War II period.

The Rise of the PHS

Beginning around the turn of the twentieth century in the Progressive Era, white middle and upper-class physicians and sociologists in the U.S. launched an aggressive campaign against venereal disease and prostitution that reflected racist understandings and moralizing rhetoric. Physicians spearheaded this movement, as during this time period the medical profession had made significant advancements in the field of venereology.⁴⁴ In 1904, Prince Morrow, a physician and author of *Social Disease and Marriage* (a book that describes the harm venereal diseases caused families), emerged as the leader of this movement. He founded the American Society for Moral Prophylaxis in 1905 to promote sex education and spread awareness about venereal disease to the public. In 1914, the organization joined with the American Vigilance Association, a group committed to combatting sex trafficking, in establishing ASHA.⁴⁵ Social reformers' focus on the preservation of the family and the "white race" led them to ally with the burgeoning U.S. eugenics movement.⁴⁶ Francis Galton, the cousin of Charles Darwin, had solidified eugenics as a field in the late nineteenth century through applying theories of heredity to humans. The eugenics field developed in the twentieth century in the U.S. and other parts of the world in the twentieth century with the intention to improve the human race and to prevent the reproduction of the so-called degenerate members of society.

⁴⁴ Brandt, *No Magic Bullet*, 10.

⁴⁵ Parascandola, *Sex Sin, and Science*, 44.

⁴⁶ Brandt, *No Magic Bullet*, 19.

Influenced by eugenic theory, U.S. social reformers along with those in Europe, Latin America, and parts of Africa typically blamed those most disadvantaged in society for the spread of venereal disease. As historian Karen Jochelson has observed in her discussion of anti-venereal disease campaigns in South Africa, “VD is a prism through which to examine anxieties about changing relations of gender, race, and class in periods of social change and the way in which particular groups come to represent social disorder.”⁴⁷ Social reformers saw prostitutes as the primary vectors of disease and as having inherited traits such as “sexual delinquency,” a euphemism for sexual impropriety at the time.⁴⁸ U.S. sociologists advocated for the criminalization and complete repression of prostitution; they viewed the regulation of the sex trade in parts of Europe and Latin America as an “anathema to the Progressive moral code” because it tolerated prostitution as a “necessary evil” rather than striving to eliminate this practice to better society overall.⁴⁹ In the U.S., social reformers were also particularly concerned with heightened migration to the continent that occurred around the turn of the twentieth century and whether the native-born population was reproducing at higher rates than newly arrived immigrants.⁵⁰ Furthermore, many social reformers held that African Americans were

⁴⁷ Karen Jochelson, *The Colour of Disease* (New York: Palgrave, 2001), 2.

⁴⁸ Regina Kunzel, *Fallen Women, Problem Girls: Unmarried Mothers and the Professionalization of Social Work, 1890-1945* (New Haven and London: Yale University Press, 1993); 53-55.

⁴⁹ Brandt, *No Magic Bullet*, 35.

⁵⁰ *Ibid*, 19, Donna Guy, *Sex and Danger in Buenos Aires: Prostitution, Family and Nation in Argentina* (Lincoln and London: University of Nebraska Press, 1991), 13.

infested with syphilis, a notion influenced by eugenic theory that characterized the black population as naturally prone to sexual promiscuity and venereal disease.⁵¹

As the PHS began to expand as an organization, it became closely aligned with social hygienists in campaigns against venereal disease and perpetuated the targeting of certain groups for the spread of syphilis and gonorrhea. It was during World War I that the PHS first joined forces with social reformers and the federal government in initiatives advocating for the complete repression of prostitution and venereal diseases. In 1918, Congress passed the Chamberlain-Kahn bill that created the Division of Venereal Disease within the PHS and directed funds to the study and suppression of syphilis and gonorrhea. However, following World War I, the federal government drastically reduced funding for venereal disease campaigns and research because officials no longer viewed the suppression of syphilis and gonorrhea which were seen as undermining the military's strength as an urgent matter, leading the PHS to become increasingly reliant upon ASHA for the continuance of these initiatives.⁵² In particular, the public health organization in conjunction with ASHA and other volunteer organizations launched a number of sex education films in the 1920s which claimed to be "making people good by science" but in actuality were embedded with moralizing and racist viewpoints.⁵³

While PHS sex education films reflected the social values of the organization, the racism of the government doctors became starkly apparent in the Tuskegee study, in which government doctors studied latent syphilis in black men in Macon County,

⁵¹ Cynthia Blair, "*I've Got to Make My Livin': Black Women's Sex Work in Turn of the Century Chicago* (Chicago: Chicago University Press, 2010); 14.

⁵² James Jones, *Bad Blood: The Tuskegee Syphilis Experiment* (New York: The Free Press, 1981), 50.

⁵³ Lord, *Condom Nation*, 35.

Alabama between 1932 and 1972. The impetus for the Tuskegee study was based on questions that stemmed from eugenic theory about whether or not syphilis was a different disease in the “white race” versus the “black race.” The goals of many PHS physicians were actually quite progressive in that they sought to disprove racial differences in the manifestations of diseases. However, their racism is still apparent in the manner in which they treated their research subjects. With high rates of venereal disease in Macon County and an eighty percent African American population with limited access to healthcare, PHS doctors thought the region offered the perfect laboratory for their research.⁵⁴ The government physicians did not obtain informed consent from the study participants, and blatantly deceived them into participating in the experiment for forty years by claiming to be providing them with treatment for “bad blood,” a euphemism for syphilis among other ailments during this period. However, at the same time the PHS doctors did not hide the experiment from their peers in the medical establishment, publishing a dozen reports in medical journals throughout the study. While historian James Jones has argued that the PHS doctors acted in accordance with the ethical standards of their time, Susan Lederer in her study of the American anti-vivisectionists movement counters, “at no time were American investigators free to do whatever they pleased with their human subjects.”⁵⁵ Rather, Lederer demonstrates that anti-vivisectionist groups at the beginning of the twentieth century protested nontherapeutic experiments which placed the goals of science

⁵⁴ Brandt, *No Magic Bullet*, 18.

⁵⁵ Susan Lederer, *Subjected to Science: Human Experimentation in America Before the Second World War* (Baltimore and London, Johns Hopkins University Press, 1995); xv.

above the wellbeing of human subjects.⁵⁶ Medical experimentation on syphilis and gonorrhea in the U.S. during this period was also a particularly sensitive topic as, “venereal disease for many Americans remained a divine punishment for the sins of the flesh.”⁵⁷ The American doctors most likely thought that the American public would be less concerned about medical experimentation on black men who already had venereal disease and were thought to be particularly susceptible to syphilis. However, at the same time the doctors did limit the dissemination of knowledge about the experiment to their medical peers, suggesting that their standards for research were fairly typical in the profession during this time.

While the Tuskegee study indicates the racism of the PHS doctors, their reputations as medical authorities and their connection to the federal government nonetheless aided them in efforts to garner support from black medical professionals for the experiment. The Tuskegee Institute, the prominent black educational institution founded by Booker T. Washington, collaborated in the study. PHS physicians also gave Dr. Eugene Dibble, director of the Tuskegee Institute Hospital, an interim appointment to the Public Health Service, and employed a black nurse named Eunice Rivers to track the health of the men and to secure access to their autopsies from their families for further research. Historian Susan Smith explains the problematic involvement of Nurse Rivers and Dr. Dibble as part of their continued efforts as black medical professionals to

⁵⁶ Ibid, xiv.

⁵⁷ Ibid, 83.

improve public health in African American communities in a segregated society.⁵⁸ The involvement of these black professionals also suggests how PHS physicians used their scientific expertise and their positions within the federal government to persuade groups to participate in furthering their medical research.

While PHS physicians were denying treatment for syphilis in the Tuskegee experiment, they ironically had grown increasingly committed to extending public health services for venereal diseases to other populations in the U.S. When Parran was appointed Surgeon General in 1936, he declared syphilis the “great question of today.”⁵⁹ Although the U.S. government had generally ignored the issue of venereal disease during the 1920s, with Parran at the helm and with the advent of the New Deal, venereal disease became a national priority. As Brandt states, “under Parran’s direction the PHS expanded its programs and services, broadening what had in the past been a tangential role in American life.”⁶⁰ The PHS and ASHA appealed to government and corporate leaders’ capitalist interests through stressing the financial losses that venereal disease caused to businesses incurred by businesses due to venereal disease.⁶¹ During the Great Depression stopping the spread of venereal disease came to be viewed as essential for ensuring the success of the economy.

PHS anti-venereal disease campaigns during this era were highly successful in convincing the federal government to implement laws aimed at controlling syphilis and

⁵⁸ Susan Smith, “Neither Victim Nor Villain: Eunice Rivers and Public Health Work,” in *Tuskegee’s Truths: Rethinking the Tuskegee Syphilis Study*, ed. Susan M. Reverby (Chapel Hill and London: University of North Carolina Press, 2000); 355.

⁵⁹ Thomas Parran, *Shadow on the Land: Syphilis* (New York: Reynal and Hitchcock (1937); 77.

⁶⁰ Brandt, *No Magic Bullet*, 143.

⁶¹ *Ibid*, 134.

gonorrhea. In 1935 Congress passed the Social Security Act which provided \$8 million to the PHS to enhance its public health programs. Then in May 1938, Congress approved the National Venereal Disease Control Act, which further strengthened the power of the PHS to shape public health efforts in local communities by allowing it to provide federal grants to state boards of health to develop anti-venereal disease efforts. Each state was required to provide a summary to PHS on plans for venereal disease control, allowing the federal organization to gain knowledge and increase its influence over local initiatives.⁶² During World War II the PHS, with the support of ASHA, increased efforts to control the spread of venereal disease with their stated goal being to preserve the strength of the military and the national populace. The anti-venereal disease campaign continued to garner support from the federal government; in May 1941 Congress passed the May Act which granted power to the Department of Justice to intervene in communities failing to effectively ban prostitution near military cantonments.⁶³ As the PHS continued to advocate for anti-venereal disease initiatives, it persuaded the government to pass laws that facilitated state regulation of Americans' sexual practices.

While government doctors continued to influence federal and state laws during the New Deal era and World War II, public health leaders also heightened discourse on venereal disease, which aided the expansion of the public health organization and national support for its goals. Soon after assuming the role of Surgeon General, Parran published *Shadow on the Land* which aimed to raise awareness about the harm that syphilis caused to the country and to end the silence on a topic that had long been

⁶² Brandt, *No Magic Bullet*, 144.

⁶³ *Ibid*, 162.

considered taboo. He also wrote an essay entitled, “The Next Great Plague to Go,” which appeared in *Reader’s Digest* and *Survey Graphic*. Following Parran’s writings, articles on venereal disease began to appear in newspapers across the country.⁶⁴ When the US entered World War II, Parran and Raymond Vonderlehr, the Assistant Surgeon General of the PHS, published *Plain Words About Venereal Disease*, a book that lambasted the military for failing to take effective measures to repress prostitution around military bases. Although repression of prostitution was the norm in American society, the availability of condoms during World War II had led the military to focus more on using them as a barrier method for venereal disease rather than on attempting to control the sexual behavior of soldiers that many military leaders viewed to be an impossible chore.⁶⁵ During the New Deal and World War II era, the heightened discourse on this topic in particular caused widespread fear about the harm that venereal diseases were causing to American society. This generated increased surveillance of sexuality; women who were suspected of prostitution or deemed promiscuous were placed in rehabilitation centers, and law enforcement officials closed down black night clubs with the charge that these establishments facilitated the spread of venereal disease.⁶⁶ This heightened surveillance of the intimate lives of Americans suggests Foucault’s concept of power acting as a “net-like organization,” in which individuals maintain the standards generated by powerful government institutions.⁶⁷

⁶⁴ Brandt, *No Magic Bullet*, 141.

⁶⁵ *Ibid*, 164.

⁶⁶ *Ibid*, 167, Alvarez, Luis, *The Power of the Zoot: Youth Culture and Resistance during World War II*. (Berkeley: University of California Press, 2008); 124.

⁶⁷ Foucault, *Two Lectures*, 98.

Although Parran claimed his campaign against syphilis was based on science rather than the social values that had colored Progressive Era campaigns, his writing remained deeply embedded with moralizing rhetoric and racist stereotypes. Despite the fact that condoms had become widely available by the time he published *Shadow on the Land*, Parran continued to promote sexual abstinence, or what he called “moral prophylaxis,” as the most effective method for combating the spread of venereal disease.⁶⁸ Brandt attributes the tone of Parran’s writings to his religious upbringing. He states, “Parran, a Catholic, had perhaps already pushed his morality to the breaking point through his campaign against venereal disease. On the issue of prophylaxis, he simply could go no further.”⁶⁹ Furthermore, although Parran claimed to believe that the so-called syphilis epidemic in African American populations resulted from environmental factors rather than from inherited traits, he upheld eugenic notions regarding differences in how diseases were manifest in the races, writing, “the Negro is not to blame because his syphilis rate is six times that of the white...it is not his fault that the disease is biologically different in him than the white; that his blood vessels are particularly susceptible so that late syphilis brings with it crippling circulatory diseases, cuts his working usefulness in half, and makes him an unemployable burden upon the community in the last years of his shortened life.”⁷⁰ Along with upholding inherent differences between the races, Parran also furthered racist stereotypes by painting the black community as a drain on the economy. The Surgeon General also endorsed Progressive

⁶⁸ Parran, *Shadow of the Land*, 221.

⁶⁹ *Ibid*, 209.

⁷⁰ *Ibid*, 175.

Era ideas that called for the complete suppression of prostitution and supported the notion that sex workers constituted the primary vectors of disease without noting how male clients were also responsible for spreading syphilis and gonorrhea.”⁷¹ Although Parran claimed to be launching a public health initiative based on science, his rhetoric was remarkably similar to that in Progressive Era campaigns.

The fact that moralizing and racist viewpoints continued to be integral to PHS-led anti-venereal disease campaigns is also suggested in the close relationship that the organization maintained with social hygienists during this time period, and in the articles government doctors published in ASHA’s *Journal of Social Hygiene*. Many of ASHA’s members involved in the World War I campaign continued to be influential in the organization during the New Deal and World War II, and their writings reflect similar racist understandings and moralizing viewpoints. ASHA published the *Journal of Social Hygiene* on a monthly basis and in addition to PHS representatives had contributors from other federal agencies, the military, the YMCA, and other social reform groups. Almost every issue of the publication during the New Deal and World War II stressed the importance of suppressing prostitution and addressing the growing problem of promiscuous young women, indicating ASHA’s continued preoccupation with controlling the sexual practices of the American population. While the PHS doctors’ articles often reflected their mission to provide more scientific details on venereal diseases to readers, they nonetheless continued to promote the viewpoint that “loose” sexual practices were primarily responsible for the spread of venereal disease. For

⁷¹ Parran, *Shadow of the Land*, 219.

instance, in the April 1943 edition, Vonderlehr wrote, “repression of prostitution is an incessant battle. But the record to date does reveal that we are ready to open a second front against the next most important source of venereal disease. This is prostitution as practiced outside the brothel. Engaged in this are the streetwalker, the call girl, the resident of the upstairs side-street hotel, the hostess in the cheap saloon, the tourist camp and trailer girl.”⁷² Vonderlehr’s statement reveals that in the campaign against venereal diseases, PHS leaders and social reformers sought not just to repress prostitution but also to heighten the surveillance of working-class women in general. The beliefs of U.S. officials that entire communities should be targeted for reform is also revealed by Paul McNutt, director of the Federal Security Agency (which oversaw the PHS) who wrote about venereal disease campaigns in 1942, “one would never stamp out malaria by swatting mosquitoes. One must do an engineering job by eliminating the swamp which breeds the mosquitoes.”⁷³ McNutt suggested that social reformers needed to focus not just on rehabilitating prostitutes and promiscuous women but on changing moral values and social environments. Furthermore, in a 1942 edition of the *Journal of Social Hygiene*, Parran implicitly supported the targeting of black neighborhoods when he wrote, “more intensive work must be carried on in those states having large Negro populations, if this section of the nation’s people is to be able to render its full share of military and industrial service now.”⁷⁴ Parran’s statement suggests the prejudiced view of African Americans as the “notoriously syphilis-soaked race” which remained prevalent during

⁷² Raymond Vonderlehr, “No Venereal Disease Tragedies in the World of Tomorrow,” *Journal of Social Hygiene* 29 (1943); 204.

⁷³ Paul McNutt, “The Federal Fight Against Venereal Disease,” *Journal of Social Hygiene* 28 (1942); 124.

⁷⁴ Thomas Parran, “Health is the State’s Foundation,” *Journal of Social Hygiene* 28 (1942); 33.

this time period.⁷⁵ PHS leaders' frequent contributions to the *Journal of Social Hygiene* indicate that the organization continued to foster a close relationship with ASHA in anti-venereal disease campaigns and to promote discriminatory views that led to the ostracizing of specific groups from American communities.

This section has discussed the history of anti-venereal disease efforts during the first half of the twentieth century and how the PHS grew in power as a federal organization during this time period. It has suggested that the PHS decision to focus on venereal disease as opposed to other maladies aided the organization as it gained national power and increased its influence over the everyday practices of Americans. As a result of PHS discourses on sexuality, individuals internalized the behaviors associated with the moralizing viewpoints promoted by the organization and grew increasingly fearful of groups associated with the spread of venereal disease. Thus, anti-venereal disease campaigns had an important effect on the values and the social organization of American society during this time period. Furthermore, as will be shown later, the manner in which the PHS grew to power in the United States through its anti-venereal disease campaigns is important for understanding the doctors' initiative in Guatemala and how the public health organization began to achieve its mission to assume international power.

⁷⁵ Jones, *Bad Blood*, 16.

The Question of Guatemala

The reason that the PHS chose to conduct experiments in Guatemala as opposed to other locations that had previously been the focus of U.S.-led public health campaigns remains an important question. It is also striking that factions within Guatemala's government would endorse human-subject medical experiments on venereal diseases despite the stated goal of the revolutionary project to improve the lives of Mayans, the working class, and women. Through considering American travel literature on Guatemala during the first half of the twentieth century, this section will first examine how commonly-held understandings of race, sexuality, and geography in the U.S. may have led PHS doctors to conduct research on venereal diseases in this country. It will also argue that given the prevailing attitudes and discriminatory policies towards Mayans and prostitutes in Guatemala during the revolutionary period in the 1940s, it was an easy step to the targeting of these groups for medical research. Although the Arévalo government used "modern science" to attempt to control the ancient problem of venereal disease and prostitution, its project was undermined by longstanding inequitable social structures which led to the ostracizing of certain groups from efforts to uplift the country as a whole.⁷⁶

American travel literature on Guatemala during the first half of the twentieth century reveals the common perception of a backward country in need of civilizing efforts. In *A Gringo in Mañana-Land*, published in 1924 by American journalist Harry L.

⁷⁶ Katherine Bliss, *Compromised Positions: Prostitution, Public Health, and Gender Politics in Revolutionary Mexico City*. (University Park: The Pennsylvania State University Press, 2001); 6.

Foster about his travels to Central America, the author includes derisive descriptions of Guatemala and its predominantly Indian population. He calls the Mayans “stupid and illiterate” and asserts that due to the incompetence of the majority of the country’s inhabitants it would “always thrive best under a stern dictator.”⁷⁷ In contrast, Foster provides a favorable impression of the United Fruit Company, while he acknowledges the organization’s notorious reputation for evading U.S. laws and undermining Latin American governments.⁷⁸ He describes a UFCO plantation as a place where, “one observed that orderliness and modernity wherewith the Anglo-Saxon is constantly abolishing the local color of all foreign lands,” suggesting that the organization had brought important changes to the country by destroying its natural environment and making it more closely resemble North America.⁷⁹ Foster also portrays American UFCO managers as “all clean-cut fellows, neatly dressed in khaki, who did their bit to destroy the fictional romance of the tropics by shaving each morning and donning a white collar.”⁸⁰ These descriptions sharply contrast with other areas in the chapter where Foster disparagingly depicts Indian soldiers as shoeless and wearing unkempt clothing.⁸¹ Foster quite obviously regards the UFCO managers as superior to the Guatemalans and the company’s presence as beneficial to the country. The author also suggests a view of Guatemala in the U.S. as a place where Americans could escape from stringent laws and manipulate the local population in the advancement of their capitalistic goals.

⁷⁷ Harry L. Foster, *A Gringo in Mañana Land*, (London: Dodd, Mead and Company, Inc., 1924), 202, 207.

⁷⁸ Foster, *A Gringo in Mañana Land*, 210.

⁷⁹ *Ibid*, 209

⁸⁰ Foster, *A Gringo in Mañana Land*, 209.

⁸¹ *Ibid*, 202.

A 1953 travel guide by Norman Ford entitled *Fiesta Lands: Through Cuba, Mexico, Guatemala and other Lands Along the Pan-American Highway on a Shoestring* depicts Guatemala as an ancient and exotic land disconnected from the norms of American society. Ford's book is based on his drive along the Inter-American highway that was built with U.S. funding between 1945 and 1951 and connected Texas to Panama.⁸² Describing his trip from Mexico to the Guatemalan border, he provides a detailed description of a "male eye feast" of Tehuana indigenous women "bathing nude in the warm tropical streams which cross the road."⁸³ When he crosses the Guatemala border Ford says, "you'll see more beautiful girls bathing near the road, you'll zigzag for hours on end higher and higher among fantastic volcanoes, you'll see Indians galore living exactly as they did centuries ago."⁸⁴ This account suggests that Ford had a romanticized view of Guatemala as a place where women were free with their bodies and served as spectacles for the male gaze. Later he states that Guatemalan natives are "even more Indian than Mexico's...hardly affected at all by modern age influence," demonstrating that even in comparison to other Latin American countries, Ford viewed Guatemala as particularly backward and ancient.⁸⁵ Although Ford's depictions are intended to attract American travelers to the country, he rendered the Guatemala's inhabitants as sexual objects and as relics from the past rather than as human beings. This objectification of Guatemalans demonstrated in the travel literature which was typical in

⁸² Gleijeses, *Shattered Hope*, 129.

⁸³ Norman D. Ford, *Fiesta Lands: Through Cuba, Mexico, Guatemala and Other Countries Along the Pan-American Highway on a Shoestring* (Greenlawn: Harian Publications, 1953), 82.

⁸⁴ Ford, *Fiesta Lands*, 82.

⁸⁵ Ford, *Fiesta Lands*, 90.

the U.S. and may indicate how PHS doctors also distanced themselves from their research subjects in the pursuit of their scientific goals. In regarding Guatemala as a backward, ancient, and sexualized space, the U.S. doctors may have felt more justified in applying different standards for research than they followed in the U.S., although as demonstrated by the Tuskegee study these standards were already fairly low.

While stereotypes of Guatemala may have influenced the PHS doctors, the way that the Arévalo administration continued to prioritize the interests of the upper classes at the expense of the Mayan population is suggestive of the reasons that members of the government would endorse using this group as guinea pigs for medical research. The majority of Indians lived in the rural areas of Guatemala, where inequitable distribution of land between the elite and peasants led to broad injustices. Indeed, 2 percent of landowners owned 72 percent of agricultural land and less than 1 percent of the land was cultivated.⁸⁶ While agrarian reform was essential for improving the plight of the peasants, Arévalo had little interest in implementing such a radical measure because it would have incited unrest in the country, suggesting that Arévalo continued to cater to the interests of the elite classes during his time in government.⁸⁷ As Gleijeses states, “the government’s failure to launch, or even to plan, an agrarian reform program overshadowed its timid efforts to improve the peasants’ plight.”⁸⁸

It was not until June 1952 during Jacobo Arbenz’s presidency that the government would attempt genuine agrarian reform, a policy that would be instrumental in

⁸⁶ Gleijeses, *Shattered Hope*, 36.

⁸⁷ *Ibid*, 47.

⁸⁸ Gleijeses, *Shattered Hope*, 38.

precipitating a U.S.-backed coup in 1954 of the administration. However, during the Arévalo period the rural areas of the country remained largely unaffected by policies implemented in Guatemala City.⁸⁹ Furthermore, representatives in the countryside from the Arévalo administration continued to support landowners, hindering the peasants' ability to unionize and meaning that few measures in the Labor Code were enforced.⁹⁰ Although Arévalo spoke of his support for the Mayan population, in reality the Indians gained few freedoms during his time in power and continued to be widely mistreated by the ruling classes. Admittedly, Arévalo's stated commitment to democracy and his support for laborers represented an important break with the authoritarian governments in Guatemala's history. However, since the Arévalo administration did not substantively challenge inequitable social structures, it becomes more apparent how the Mayan population would come to be targeted for medical research during this time period.

In addition to making few changes in the lives of the Mayan population, the government also upheld discriminatory measures towards working-class women and overlooked rampant sexual violence, demonstrating how this population continued to have few protections and rights under the Arévalo administration. Conversely, educated middle and upper-class women engaged in heightened political activism during the revolutionary period; they formed the *Unión de Mujeres Democráticas* (Democratic Women's Union), organized the *Primer Congreso Interamericano de Mujeres* (The First Inter-American Women's Conference) in 1947, and overwhelmingly supported the

⁸⁹ Ibid, 144.

⁹⁰ Ibid, 144.

democratic goals of the Arévalo administration.⁹¹ However, while the government enfranchised non-literate men, it prohibited the right of non-literate women to vote.⁹² Arévalo's Labor Code also did not include domestic workers in provisions it guaranteed for other permanent workers. For instance, the minimum wage did not apply to domestics, they were not afforded the same limits on their workday hours as other laborers, nor were they ensured paid holidays under the new code.⁹³

Furthermore, rampant sexual violence towards lower class and Mayan women persisted with impunity during the revolutionary period. Historians David Carey and Anthropologist M. Gabriela Torres have demonstrated that Guatemalan governments throughout the twentieth century overlooked gender-based violence towards women which has as a result contributed to the normalization of misogyny and sexual assault of women in the country.⁹⁴ The government continued to condone the poor treatment of women during the revolutionary period despite the intentions of the leaders to further the rights of all populations. As historian Cindy Forster notes, "the revolutionary governments of Juan Jose Arévalo and Jacobo Arbenz made no claims to be able to protect women from predatory men, and, in fact, preferred to ignore the subject of sexual violence."⁹⁵ Indeed, Forster claims that as a result of cultural and Catholic influences that

⁹¹ Francesca Miller, *Latin American Women and the Search for Social Justice*, (Hanover and London: University Press of New England, 1991); 133.

⁹² Cindy Forster, *The Time of Freedom: Campesino Workers in Guatemala's October Revolution* (Pittsburgh: University of Pittsburgh Press, 103.

⁹³ *Ibid*, 103.

⁹⁴ David Carey Jr. and M. Gabriela Torres, "Precursors to Femicide: Guatemala Women in a Vortex of Violence," *Latin American Research Review* 45 (2010); 151.

⁹⁵ Cindy Forster, "Violent and Violated Women: Justice and Gender in Rural Guatemala, 1936-1956," *Journal of Women's History* 11 (1999); 58.

have deemed women the property of men, Guatemalan officials have regarded dishonorable and “public” women as “open season” for male sexual advances. She writes, “a prostitute could not be raped, and violence against them was considered an occupational hazard.”⁹⁶ The way that Guatemalan governments throughout the twentieth and twenty-first centuries have determined whether or not women have been raped or are sexually promiscuous has also been arbitrary and reliant upon invasive medical inspections, suggesting how the state has assumed ownership of female bodies.⁹⁷ The fact that the Arévalo administration like other Guatemalan governments condoned the mistreatment of women and indeed in many ways acted as a perpetrator of sexual violence in medical inspections suggests that despite some gains made by upper and middle-class women, leaders of the revolution persisted in treating working-class and Mayan women as second-class citizens. Based on the way that the Arévalo administration upheld longtime gender and class structures and overlooked sexual violence, it becomes less surprising that the government would endorse the targeting of prostitutes for medical research.

In addition to overlooking violence towards women, the Arévalo administration in fact heightened its surveillance of working-class women and prostitution. At the end of the nineteenth century, the Guatemalan government had instituted a regulation system to control the spread of venereal diseases. The regulation laws mirrored those in Europe and other parts of Latin America around this time. They required commercial sex workers to

⁹⁶ Forster, *Violent and Violated Women*, 62.

⁹⁷ *Ibid*, 63.

register with the state and undergo routine medical inspections for venereal diseases.⁹⁸ Under the prior Ubico regime, the government in 1938 adopted the *Reglamento de la Sección de Profilaxia Sexual y de Enfermedades Venéreas* (Regulation of the Sexual Prophylactic and Venereal Disease Section), which continued the practice of regulating prostitution and upheld arbitrary measures for determining whether or not a woman qualified as a prostitute. The *Reglamento* granted broad powers to the National Police to monitor the sex commerce; it required that police officers follow women suspected of clandestine prostitution for at least ten days to determine whether they were guilty of the charge, allowed police to enter the registered room of a prostitute at any time to inspect if it met required sanitation standards, and with the sanction of a judge granted police jurisdiction to inspect establishments suspected of harboring illegal sex workers.⁹⁹ After Arévalo assumed power in 1945, the government not only endorsed most of the articles in the *Reglamento* but added a stipulation that allowed for increased state intervention into the lives of working-class women. In 1947 the Guatemalan government instituted a modification to the prostitution law that required women working in cabarets, bars, and restaurants to undergo monthly medical inspections for venereal diseases.¹⁰⁰ Arévalo's government also added in 1947 a modification to the *Reglamento* that extended the power of the National Police to regulate the sex business through granting officers the right to enter any establishment suspected of prostitution without an order written by a judge.¹⁰¹

⁹⁸ McCreery, "This Life of Misery and Shame," 352.

⁹⁹ Dirección General de Sanidad Pública, "Reglamento de la Sección de Profilaxia Sexual y de Enfermedades Venereas," (U.S. National Archives, John Cutler Papers, 1938).

¹⁰⁰ *Ibid*, 26.

¹⁰¹ *Ibid*, 30.

Far from furthering the rights of women, the revolutionary government in fact heightened the powers of law enforcement officials to monitor the lives of working-class women and to interfere in their personal lives. The government's efforts to extend its control over working-class women's sexuality during the Arévalo era suggest that it would not be out of character for officials to provision prostitutes for medical research.

While the heightened criminalization of working-class women is evident in the Arévalo administration's policies, *El Imparcial*, a prominent national newspaper at the time of the PHS-led experiments, contains several articles with insight on how the revolutionary government's policies discriminated against working-class women and promoted their association with prostitutes.¹⁰² Although *El Imparcial* had conservative leanings and as a result often criticized the Arévalo administration, the articles nonetheless reveal how the government heightened its surveillance of working-class women during the revolutionary era. In a July 1945 article entitled, "*Examen Profiláctico de las Meseras de Restaurantes*," (Restaurant Waitress's Prophylactic Exam) the newspaper argued that the law requiring waitresses and barmaids to undergo venereal disease inspections unfairly targeted innocent working-class women; it states "*hay entre los centenares de muchachas de restaurantes y cervecerías, muchísimas, seguramente las más, que son gente honrada, en posibilidad de formar un hogar honesto, y que se sacrifican en un trabajo duro y lleno de desagradables sorpresas*" (between the hundreds of women working in restaurants and bars, there are surely a lot, and probably the majority, respectable people, seeking the possibility of forming an honest home, that

¹⁰² Gleijeses, *Shattered Hope*, 48.

make the sacrifice to endure a job full of unpleasant surprises).”¹⁰³ The article thus indicates that the law stigmatized working-class women and treated them as prostitutes. Another article published on August 25, 1945, “*El Trabajo de Mujer: Comentarios al Proyecto de Código de Trabajo*,” (Women’s Work: Comments on the Work Code), criticizes the Arévalo administration’s efforts to implement a measure in the Labor Code that would ban women from working in establishments that serve alcohol.¹⁰⁴ While at this time more research needs to be conducted to determine whether this law was implemented, it suggests both the paternalism of the Arévalo administration and another attempt to restrict the liberties of working-class women.

However, while Arévalo’s administration facilitated the criminalization of working-class women and prostitutes, these efforts should also be considered part of the government’s overall agenda to regenerate the Guatemalan populace and to modernize the country. Efforts to improve public health and quell the spread of venereal disease through reforming prostitutes were not new in the country as Ubico had also made this a national priority.¹⁰⁵ However, under the Arévalo administration the government furthered efforts to improve public health and to stop the spread of venereal disease as part of the overall goal to strengthen the nation. This is evident in the January 1945 *El Imparcial* article, “*Prevenir Las Enfermedades Será Una Meta Decisiva de la Sanidad*,” (Preventing Diseases Will Be a Decisive Health Goal) where the new director of public

¹⁰³ “Examen Profilactico de la Meseras de Restaurantes,” *El Imparcial*, July 6, 1945.

¹⁰⁴ Luis Antonio Díaz Vasconcelos, “El Trabajo de la Mujer: Comentarios al Proyecto de Código de Trabajo,” *El Imparcial*, August 25, 1945.

¹⁰⁵ Jorge Ubico, “La Sanidad en Guatemala,” *Boletín de la Oficina Sanitaria Panamericana* 9 (1940); 849-50.

health, Dr. J. Romeo de León, asserted that public health had been inadequate in Guatemala and that he would revolutionize these efforts through being proactive in stopping diseases from spreading rather than in just treating them.¹⁰⁶ *El Imparcial* also discusses the implementation of new technologies in *La Sección*, the main venereal disease hospital in Guatemala City that was directed by Funes.¹⁰⁷

Funes, furthermore, in a bulletin for the PASB discusses that beginning in 1945 the Guatemalan Public Health Service had modernized techniques for the control and treatment of venereal disease and had centralized efforts to deal with infected prostitutes at the venereal disease hospital which he directed.¹⁰⁸ Funes' article also notes the establishment of a Venereal Disease Training and Research Center in Guatemala City in 1946, which had been created with assistance from the U.S. government. The Arévalo administration was intent on strengthening public health efforts and preventing the spread of venereal diseases in order to promote the economic and political strength of the country overall.

Although the revolutionary government did indeed implement policies targeting working-class women and prostitutes, Arévalo's administration was also focused on reforming these women to become productive members of society and to improve their psychological wellbeing as part of the goals of "spiritual socialism." The view that Mayan and working-class women could be rehabilitated reflects the progressive goals of the time in that the government did not necessarily regard these women as disposable but rather

¹⁰⁶ "Prevenir Las Enfermedades Será Una Meta Decisiva de la Sanidad," *El Imparcial*, July 24, 1945.

¹⁰⁷ "Profilaxia Venérea se Moderniza: Ampliaciones en el Local," *El Imparcial*, May 27, 1948.

¹⁰⁸ Juan M. Funes, "Avances Venereológicos en la Sección Correspondiente de la Dirección General de Sanidad Publica de Guatemala," *Boletín de la Oficina Sanitaria Panamericana* 28 (1949): 46.

sought to to reincorporate them into society. For instance, an October 21, 1947 article in *El Imparcial* entitled, “*Granja Reformatorio Para Combatir La Prostitución*, (Reformatory Farm to Combat Prostitution, Reported by the Economy and Work Ministry) reveals that the government was conducting a study to explore the viability of opening a reformatory farm for prostitutes in which the women would be taught the skills of the “*sexo femenino*,” and so that they could find work outside of the commercial sex business.¹⁰⁹ As the government deemed prostitutes “*una amenaza para la sociedad*” (a threat to society) the article states the importance of reforming these women so that, “*pueden hacer una vida honesta de hogar o de trabajo*” (they will be able to make an honest life in the home or in work).¹¹⁰ The fact that the government was seeking new ways to rehabilitate prostitutes indicates efforts to follow through on its stated goals to improve the lives of marginalized populations and to treat them as citizens of the country.

However, while the revolutionary government was progressive in some of its policies, at the same time notions about the hereditary deficiencies in the indigenous population and in prostitutes persisted during the revolutionary era in the medical field. As in the U.S. and Europe, the eugenic movement was strong in Latin America. In general, the Latin American movement promoted the environmentalist neo-Lamarckian theory, which held that characteristics acquired over a lifetime could be passed down to generations, whereas the U.S. drew from the evolutionary Mendelian point-of-view that

¹⁰⁹ “Granja Reformatorio Para Combatir La Prostitución,” *El Imparcial*, October 21, 1947.

¹¹⁰ *Ibid.*

emphasized the inheritance of biological traits.¹¹¹ The view that prostitutes lived in environments which would render them and their offspring intellectually inferior is evident in a report written in the *Bulletin of the Office of the Pan American Sanitary Bureau* by Funes and Casta Luz Aguilar about a study conducted to examine prophylaxis for prostitutes. The article states, “*el observador que conozca la mentalidad de la prostituta corriente y las condiciones en que vive y ejerce su comercio sexual, se da cuenta de que para que resulta efectivo, todo método profiláctico debe ser de aplicación extremadamente sencilla, de manera que pueda administrárselo la prostituta misma en condiciones sanitarias muy primitivas*” (The observer who knows the mentality of a common prostitute and her living and working conditions realizes that in order for a prophylactic method to be effective, it has to be of an extremely simple application so that the prostitute can administer it herself in primitive sanitary conditions.)¹¹² The doctors appeared to view prostitutes as so dimwitted and as living in such unclean conditions that they could provide them with only the most rudimentary forms of prophylaxis. Thus, in Guatemala it remained a prevalent view that this population was inherently inferior and thus their ability for reform was limited.

While members of the medical establishment upheld eugenic notions about the hereditary deficiencies in certain groups, several *El Imparcial* articles also suggest that the idea of prostitutes as inherently degenerate and imperiling the nation’s future was a common one in Guatemala. In a January 1, 1948 article entitled “*Prostitución a Todo*

¹¹¹ Nancy Leys Stepan, “The Hour of Eugenics”: Race, Gender and Nation in Latin America (Ithaca and London: Cornell University Press, 1991); 68.

¹¹² Juan M. Funes and Casta Luz Aguilar, “La Solución de Marfaside-Orvus en la Profilaxis de la Blenorragia en la Mujer,” *Boletín de la Oficina Sanitaria Panamericana* (1952); 122.

Vuelo: No Hay Remedio o No Se Atiende el Mal,”(Prostitution On the Rise: There’s no Remedy or the Disease is not Understood) attributes the rise in the number of sex workers in Guatemala to a pandemic and says that it relates to increased immigration from a neighboring country that is not identified. The article states, “*El mal se agrava también con la importación evidente o el ingreso espontáneo de mujeres del peor vivir, de un país vecino, las cuales merodean por los mercados de Colón o del sur y por otros rumbos de la ciudad, exhibiéndose en forma lamentable y produciendo espectáculos ingratos, puesto que a la prostitución la acompaña siempre el alcoholismo y la degeneración*” (The illness gets worse with the spontaneous income of these low life women, from a near by country, which prowl around the Colon market or those on the south. They exhibit themselves producing deplorable spectacles, because prostitution is accompanied by alcoholism and degeneration).¹¹³ Later in the article he writes that the increase in prostitution threatens the social fabric in Guatemala as it infects men with venereal disease who then, because of ignorance or poverty, fail to seek treatment and end up infecting their families. In another *El Imparcial* article published on October 25, 1948 and entitled, “*Foco de Prostitución y Vicios,*” (Prostitution and Vice Focus) the author directly states that prostitution is countering national efforts for the “*regeneración de Guatemala,*” (the regeneration of Guatemala) by rendering men ill and incapable of working and leaving their wives devastated.¹¹⁴ Therefore, these articles suggest the view that prostitution threatened the future race of Guatemalans and indicates that this issue needed to be addressed in order to promote the goals of the revolution.

¹¹³ “Prostitución a Todo Vuelo,” *El Imparcial*, January 8, 1948.

¹¹⁴ “Foco de Prostitución y Vicios,” *El Imparcial*, October 25, 1948.

This section has examined predominant attitudes in the U.S. towards Guatemala in the first half of the twentieth century and the way that the Arévalo government maintained race, gender, and class systems that facilitated the targeting of certain groups for medical research. As many in the U.S. during this era thought of Guatemala as a backward nation, the PHS doctors may have been able to justify their venereal disease research as aiding the country in its modernization, which also represented a key goal of many Guatemalan leaders during this time period. The doctors may also have felt that their research was acceptable in the country because of their views of Guatemala as a barbarous place where the mistreatment of the Indians was commonplace. The Guatemalan experiments also seem to have been both a product of national efforts to modernize the country and eugenic theories which regarded certain groups as having hereditary deficiencies. While the government did seek to incorporate the indigenous population and prostitutes into the project of modernization through rehabilitation projects, it seems that many members of society continued to see these groups as having little potential to contribute to the progress of the country. By using these individuals as subjects in medical experimentation, they then could be viewed as contributing members of society for helping to establish an effective means for treating venereal disease in more worthy members of society. Thus, the Guatemalan experiments seem to be another example in the twentieth century of, “*useless* bodies...rendered *useful* by being made more *useable* in the national project of regeneration, thus gaining a utility they were believed otherwise to lack.”¹¹⁵

¹¹⁵ Jordan Goodman, Anthony McElligott, and Lara Marks, *Useful Bodies: Humans in the Service of*

The U.S. Doctors in Guatemala

The PHS doctors' correspondence and reports during the Guatemalan venereal disease experiments reveals an almost feverish excitement about the opportunities for research in the country. This section will discuss the racism and the manipulative techniques of the public health organization evident in the Tuskegee study and in the PHS-led intentional exposure experiments in Guatemala. It will show how the PHS doctors took advantage of the sharp race, gender, and class divisions in the Central American country. Finally, this section will argue that the PHS serological research in Guatemala related to the organization's ambitions to grow in authority as medical experts in the Latin American region.

The research subjects used in the experiments represented different groups deemed to be disposable in Guatemalan society. As noted previously, the majority of human subjects were Indians. This is evident when Cutler refers to the sex workers in his report on the syphilis study as, "the lowest in the social scale of local prostitutes and most frequently infected with syphilis and gonorrhea."¹¹⁶ Mayan women had historically been the most degraded level of prostitute in the country and typically worked in the poorest neighborhoods where they may have been exposed to higher levels of disease.¹¹⁷ A letter from Cutler to PHS physician Richard C. Arnold also notes that the majority of soldiers in the Guatemalan army were "Indians from the backwoods," and another correspondence between these same two doctors indicates that many of the prisoners in

Medical Science in the Twentieth Century. (Baltimore: Johns Hopkins University Press);12.

¹¹⁶ John Cutler, "Final Syphilis Report 1," in John Cutler Papers (U.S. National Archives and Records Administration, 2011), 8.

¹¹⁷ McCreery, "This Life of Misery and Shame," 344.

the experiment were Mayans as well.¹¹⁸ In Cutler's report on the syphilis experiment, he also directly states that he believed his research population was "approximately 85% Indian," and that "it was our observation too, that many of our patients had the classic, pure Indian features indicating little or no mixture."¹¹⁹ However, aside from how the ethnicity of the research subjects made them vulnerable to targeting for medical research, prostitutes, prisoners, foot soldiers, and psychiatric patients in Guatemala were also generally regarded as expendable in Guatemalan society. Therefore, a number of different disadvantaged groups were involved in the PHS-led experiments, as these were the populations that the country's authorities likely deemed most appropriate for medical research.

However, while these groups were offered to the PHS for venereal disease experimentation, the U.S. doctors held their own disparaging views of these populations. The PHS doctors' disregard for their research subjects has been noted in the Tuskegee study.¹²⁰ In the Guatemalan experiment their racism towards the prisoners, soldiers, prostitutes, and psychiatric patients is evident in the derogatory way the doctors refer to them and in their lack of concern for the welfare of these individuals. For instance, when Arnold described Mahoney's visit to Guatemala, he states, "he [Mahoney] does not think much of the natives," suggesting that doctors at the highest levels of the PHS believed the Mayans to be an inferior race.¹²¹ When Harlow wrote about one prostitute, "unfortunately

¹¹⁸ John Cutler, "Correspondence on Project," in the John Cutler Papers (U.S. National Archives and Records Administration, 2011), 45. Cutler, "Correspondence on Project," 30.

¹¹⁹ Cutler, "Final Syphilis Report," 38.

¹²⁰ Reverby, *Examining Tuskegee* 138.

¹²¹ Arnold, R.C., "Correspondence on Project," 5.

our female donor is leaving her profession for marriage and is no longer available,” he indicates his emotional distance towards this woman and that he saw her primary purpose as a subject for the experiment.¹²² The PHS doctors’ dehumanizing attitude towards the Indians is also evident when Harlow callously described his success in inoculating a prisoner with venereal disease by using a prostitute who the doctors had believed was not infected with syphilis. He wrote, ” I could not help laughing at the irony of the situation. After trying for weeks to produce an infection we got one in the last man we cared to infect.”¹²³ The fact that Harlow would laugh when he achieved infection of a prisoner with a venereal disease suggests how lightly the doctors took the lives of their research subjects. It appears that the U.S. doctors’ racist views of the Indians led them to view their research subjects largely as disposable for the purposes of scientific advancement.

The PHS also upheld the common perception at the time that there were inherent differences between the races and in the manifestations of diseases. In his final report on the gonorrhea study, Cutler attributes the low transmission rates of gonorrhea from prostitutes to soldiers as a product of the race of the population group used for the study. He writes, “in view of the fact the duration of coitus does vary in different cultural and socio-economic groups this factor may possibly play a part as one of the variable determinants of the rate of infection.”¹²⁴ Therefore, Cutler indicates that the races hold intrinsic sexual differences that affect the prevalence of venereal disease in different

¹²² Harlow, Elliot, “John C. Cutler’s 1947 Correspondence,” 46.

¹²³ Cutler, “John C. Cutler’s 1947 Correspondence,” 46.

¹²⁴ Cutler, “Experimental Studies in Gonorrhea,” 9-10.

populations. However, in other writings Cutler discounts the widespread assertion in the medical literature that syphilis is a different disease in the various races.¹²⁵

It was widely believed that syphilis produced different types of lesions in Central Americans of indigenous origins than in the European populations. Cutler also refutes a popular claim at the time that Indians had developed a natural immunity to syphilis because the disease was thought to have originated in the Central American and Caribbean region, a notion that has since been disproved. This was evident when George Cheever Shattuck of the Carnegie Institute published *A Medical Survey of the Republic of Guatemala* in 1938 in which he maintained that biological differences between the “Latin” and Indian races affected their susceptibility to venereal disease. He stated, “there is good reason to believe that these Indians have an unusual degree either of inherent racial or of acquired and inherited resistance to syphilis.”

Furthermore, Efraín Azmitia of San Carlos University in Guatemala City published a thesis in 1944 that also questioned whether biological differences affected the indigenous population’s resistance to venereal disease, or whether the low rates of syphilis in the population were due to the fact that the Mayans generally lived in isolation from other groups.¹²⁶ However, Cutler discounts this premise stating, “review of the literature relating race to possible natural immunity leads us to the conclusion that the hypothesis of racial immunity is based upon the finding by various authors of relatively small numbers of patients showing lesions of early syphilis in serologic surveys of

¹²⁵ Cutler, “Final Syphils Report,” 38.

¹²⁶ Efraín Azmitia, R. “Contribución al Estudio de la Sífilis Congenita Precoz en Guatemala,” (Guatemala: Tipografía Nacional, 1944); 15.

various groups.”¹²⁷ Cutler based this statement upon the fact that his research team found no differences in how the disease manifested in the Indian population versus individuals with mixed Indian and European roots. However, while the PHS doctors promoted some progressive ideas about the manifestations of diseases in the races, they at the same perpetuated racist stereotypes regarding how the inherent sexual practices of different groups led to different rates in the transmission of venereal disease.

While eugenic theory infused the doctors’ analysis of the experiment, the PHS physicians’ racism appears also to have contributed to the unethical design of the study. Significantly, an anonymous author wrote to Arnold in August 1946, “he [Spoto] says that with the Indians in the prison we may well do our work with little or no explanation, as they are only confused by explanations and knowing what is happening.”¹²⁸ Spoto was regarded as an authority by the PHS doctors on matters related to Latin America as he had spent time conducting research in Mexico. The letter suggests that prejudiced views may have influenced the American doctors’ failure to obtain informed consent from their research subjects because they were considered too ignorant to understand the experiment and furthermore were not regarded as important enough in Guatemalan society for the doctors to worry about their treatment of these men. The fact that U.S. physicians failed to secure consent from the study participants is also indicated by Mahoney’s note to Cutler that, “the use of volunteer groups rather than the type which is being employed would be more than satisfactory.”¹²⁹ This suggests that the research subjects were not

¹²⁷ Cutler, “Final Syphils Report,” 38.

¹²⁸ Anonymous, “Correspondence on Project,” 30.

¹²⁹ John Mahoney, “John C. Cutler’s 1947 Correspondence,” 45.

employed in the study of their own volition and furthermore that the doctors were aware that using populations who had not provided consent might raise ethical questions about the study.

Indeed, in one letter the concern of at least one PHS physician about the unethical nature of the experiment is clearly apparent. Arnold wrote about the psychiatric patients, “I am a bit, in fact more than a bit, leary of the experiment with the insane people. They cannot give consent, do not know what is going on, and if some goody organization got wind of the work, they would raise a lot of smoke.” Later in the letter Arnold suggests that it would be possible for the doctors to hide their inoculation of psychiatric patients by treating them with penicillin in the event that the personnel at the mental institutions raised suspicions about U.S. doctors work.¹³⁰ This statement implies that some staff members at the psychiatric institution may have been kept in the dark about the PHS-led experiment perhaps because of questions concerning the ethics of the experiment. Furthermore, as noted previously, it had been deemed poor practice to use psychiatric patients in the Terre Haute experiments, suggesting that PHS doctors were well aware this group could not have been used for a study in the U.S. without sparking a potential public relations quagmire and criticism from NRC members. While Arnold expresses hesitation over the inability of doctors’ to obtain consent from psychiatric patients, his comment at the same time indicates that he was primarily concerned that knowledge of the experiment could harm PHS’s reputation as an organization.

¹³⁰ Ibid, 45.

Rather than obtaining consent, the doctors appear to have tried to appease study participants by providing them with certain benefits. For instance, Cutler and his team gave cigarettes to research subjects, and they also paid the prostitutes for their services.¹³¹ Tragically, Cutler notes that simple human contact with U.S. doctors was enough to convince psychiatric patients to participate in the study. As he states, “one important reason for the pathetic anxiety to participate seemed to be the fact that in addition to being given cigarettes every time a procedure was carried out, the inmates were starved for attention and recognition as individuals.”¹³² U.S. doctors obviously recognized the disadvantaged positions of their research subjects and appeared to consciously use this in manipulating them to participate in the experiment.

But despite some efforts by U.S. physicians to appease the study participants, the doctors still encountered a fair amount of resistance. Cutler wrote in his report on the gonorrhea experiments, “contrary to what might be expected, it proved extremely difficult to obtain prostitutes willing to serve under experimental conditions,” indicating that although these women were institutionalized in the venereal disease hospital they still maintained a level of agency to rebel against the doctors.¹³³ Cutler also noted that the U.S. physicians had difficulty drawing blood from the Indian inmates in the serological study; he rationalized, “the inmates were, for the most part, uneducated and superstitious.” Thus, Cutler does not consider that the Indians had good reason not to trust the American doctors and rather explained their resistance as a result of their race

¹³¹ Cutler, “Final Syphilis Report,” 8.

¹³² Ibid, 33

¹³³ John Cutler, “Experimental Studies in Gonorrhea,” in the Records of John C. Cutler (U.S. National Archives and Records Administration, 2011); 3.

and inherent ignorance.¹³⁴ In the psychiatric hospital, the women also resisted when the doctors wanted to inspect their bodies.¹³⁵ While the U.S. doctors discussed their opportunities for research in Guatemala and took advantage of inequitable race and gender systems in the country, they could not completely control their research subjects. Although the doctors treated the research subjects as less than human beings, nonetheless many prostitutes, prisoners, and psychiatric patients maintained the will to resist the doctors. However, more research needs to be conducted at this time to understand what the consequences for resisting might have been for research subjects.

While U.S. doctors encountered difficulties with their research subjects, they appear to have generally been embraced by Guatemalan officials who overall deemed the PHS researchers as authorities on medical research and public health. Before World War II, Latin American countries looked to the French as leaders in medicine and science. However, as the U.S. increased public health funding for countries in the global south during World War II, it precipitated the so-called “Americanization of Latin American medicine.”¹³⁶ The U.S. Office of the Coordinator of Inter-American Affairs (predecessor to the Office of Inter-American Affairs) had increased aid to Guatemala during the war through providing funds to build a 300-bed general hospital in Guatemala City, and as noted previously the same institution had brought researchers such as Funes to the U.S. on fellowships to study with the PHS. Thus, the Guatemalan study emerged largely from U.S. efforts to heighten American influence on public health in the Latin American

¹³⁴ Cutler, “Final Syphilis Report 1,” 16.

¹³⁵ Ibid, 25.

¹³⁶ Cueto, “International health, the Early Cold War and Latin America,” 24.

region. The regard that Guatemalan doctors had for Cutler and other PHS physicians—or at the very least the deference they showed U.S. researchers in public—is evident throughout the study. For instance, in a report to the Pan American Sanitary Bureau, Funes refers to Cutler as the “*eminente investigador*” (eminent researcher).¹³⁷ The Guatemalan Public Health Service requested Cutler serve on the committee that planned the Second Central American Venereological Congress held in Guatemala City in 1948 which brought representatives from across Central America.¹³⁸ Guatemalan medical authorities also asked Cutler to deliver a speech to the Guatemala Medical Society which they later published in the *Guatemalan Medical Journal*.¹³⁹

Admittedly, the respect that the Guatemalan officials had for the PHS doctors policies was not absolute. Funes and Aguilar in a report on experiments with prophylaxis for gonorrhea criticizes PHS-backed prostitution policies in the U.S. that call for the complete suppression of the business. The article states, “*el principal problema con que se tropieza en los Estados Unidos no se relaciona con la profilaxis, sino más bien con el descubrimiento de las mujeres infectadas para someterlas a tratamiento*” (the main problem that the US struggles with does not have to do with prophylaxis but with the identification of the infected women in order to treat them).¹⁴⁰ Therefore, in some ways the Guatemalan public health officials believed that their methods for preventing venereal disease were superior to those practiced in the U.S. Nonetheless, overall the Guatemalan

¹³⁷ Funes, “Avances Venereológicos en La Sección Correspondiente de la Dirección General de Sanidad Pública de Guatemala,” 47.

¹³⁸ Cutler, “John C. Cutler’s 1947 Correspondence,” 6.

¹³⁹ Cutler, “Correspondence on Project,” 6.

¹⁴⁰ Funes and Aguilar, “La Solucion de Marfaside-Orvus en la Profilaxis de la Blenorragia en la Mujer,” 121.

medical establishment clearly showed deference to the U.S. doctors and generally sought their guidance in improving methods to address the problem of venereal disease in their country.

PHS doctors were well aware of their status in the country and used their scientific expertise and access to resources to ensure their research privileges. Whereas in the Tuskegee study the PHS doctors' roles in the federal government had helped them persuade black health professionals to support their project, in Guatemala they offered medical services and supplies to institutions in order to gain the favor of officials. This is evident in a letter from Cutler to Mahoney dated September 3, 1946 which states, "for the purposes of facilitating our work here, Dr. Spoto believes it very necessary to undertake some treatment programs."¹⁴¹ Cutler mentioned in this same letter that the Surgeon General of the Guatemalan army had requested that PHS physicians establish a treatment program in the Military Hospital. The PHS granted this request and set up a treatment program for the Guatemalan Army in which 309 soldiers received some form of treatment for venereal disease which included either penicillin or salvarsan.¹⁴²

Disturbingly, in the mental hospital that Cutler acknowledged was "desperately and pathetically poor," it was enough for the U.S. doctors to provide just metal cups, plates, and forks, and a motion picture projector to entertain the patients.¹⁴³ The efforts of the PHS doctors appear to have been well received. Dr. Robert Robles Chincilla, the Chief of the Medical Service at the Penitentiary, wrote to Cutler at the end of the study on

¹⁴¹ Cutler, "Correspondence on Project," 28.

¹⁴² Presidential Commission for the Study of Bioethics, "Ethically Impossible," 33.

¹⁴³ Cutler, "Final Syphilis Report 1, 25

December 8, 1948, “you have really been a philanthropist. Your disinterestedness, your constancy, are evident examples of your nobleness.”¹⁴⁴ Although Chincilla’s letter may have been strategic and aimed at obtaining further U.S. aid in the future, the PHS doctors evidently succeeded in appeasing Guatemalan officials enough in order to facilitate their research goals.

While PHS doctors used their reputations as medical authorities to sustain their project in Guatemala, they sought to ensure the continuance of the venereal disease experiment by concealing the study from the certain members of the U.S. government and organizations. It appears PHS physicians were cognizant that some in the U.S. would have questioned the ethics of the experiment. As noted previously, PHS doctors and their associates had not been allowed to use psychiatric patients and soldiers in the Terre Haute study. Cutler attempted to justify the employment of soldiers for medical research by noting that they were restricted to the military base before and after the experiment to ensure that they would not have sexual intercourse with females.¹⁴⁵ However, since the researchers did not provide treatment to a number of participants following their experiments some soldiers most likely remained infectious after their release.

In May 1947 Cutler wrote a letter to Mahoney in which he notes a *New York Times*’ article that says syphilologist Dr. Harry Eagle had discovered that injecting a few doses of penicillin in rabbits had prevented the development of syphilis.¹⁴⁶ Cutler highlights that the *New York Times* journalist had said that conducting a similar

¹⁴⁴ Ibid, 4.

¹⁴⁵ Cutler, “Experimental Studies in Gonorrhoea,” 4.

¹⁴⁶ “Ethically Impossible,” 75.

experiment in humans would have been “ethically impossible,” and then stresses that information about the Guatemalan experiment should be restricted.¹⁴⁷ He wrote “I hope that it would be possible to keep the work strictly in your hands without necessity for outside advisors or workers other than those who fit into your program and who can be trusted not to talk.” The efforts of the PHS doctors to conceal the study are also evident in a June 1947 letter that Cutler wrote to Mahoney which states that they had not secured volunteers in the prison as had been planned for the study and that he hoped to secure volunteers in the future. He writes, “doing it openly instead of [illegible] as we had considered would, we feel, give us much more mate [illegible] time in which to take advantage of it...It is unfortunate that we have to work in such a guarded, even subterranean way, but it appears to be very necessary.”¹⁴⁸ The PHS doctors seem to have been aware that the failure to obtain consent from study participants would not have been acceptable to some in the U.S. and that this could endanger the study and potentially cause a public relations debacle for the organization.

Furthermore, while during the Tuskegee study PHS doctors published numerous reports on their research, during the Guatemalan experiment they appeared much more concerned with restricting knowledge of the experiment from their peers. Indeed, in a May 1947 letter Mahoney wrote to Cutler that Dr. Heller, Director of the PHS Division of Venereal Disease, wanted the PHS to establish an advisory group for the study. Mahoney wrote, “I have never been a believer in this type of thing and I do not think that an advisory committee would help us greatly, but we might have to defer to political

¹⁴⁷ Cutler, “John C. Cutler 1947 Correspondence,” 89.

¹⁴⁸ Mahoney, “Correspondence on Project,” 57.

expediency. There are several men whom I would not mind being associated with the work. There are several other leading figures who, I think would be a distinct detriment.”¹⁴⁹ Thus, the PHS doctors appeared to be concerned about which members of the medical establishment they would inform about the study because they did not want to endanger the possibility that the experiment would not continue. This is also evident in a letter that Cutler wrote to Mahoney on June 22, 1947 when he states, “as you know, it is imperative that the least possible be known and said about this project, for a few words to the wrong person here, or even at home, might wreck it or parts of it.”¹⁵⁰ Later in the letter, Cutler described his plan to send reports about the experiments only to Mahoney and said that he intended to give the PASB the “barest summaries of our progress” in order to meet the organization’s requirement of submitting monthly updates. Cutler also notes in the letter the replacement of Dr. Hugh Cumming by Dr. Fred Soper as the Director of PASB. Cutler asks about “the extent of Dr. Soper’s knowledge of our project,” and says that he should be informed that “the less he talks the better.”¹⁵¹ Thus, the PHS doctors wanted to keep knowledge of the study from the PASB and to monitor the dissemination of information on the project. Mahoney wrote to Cutler, “in regard to the amount of gossip which the work in Guatemala has engendered, we are doing our utmost here to restrict our conversations and those of others bearing upon the matter. We have also been aware of considerable conversation and discussion being carried out in rather high places, much of which has not helped the work lately. We are forwarding all

¹⁴⁹ Ibid, 58.

¹⁵⁰ Cutler, “Correspondence on Project,”56.

¹⁵¹ Cutler, “Correspondence on Project,”56.

of your reports to Doctor Heller in a way which we hope will prevent their being read by unauthorized persons.” More than the Tuskegee experiment, PHS doctors appear to have actively tried to conceal the study so that they would be able to continue to take advantage of the research opportunities in Guatemala.

However, while the PHS doctors were careful to restrict information about the study from some members of the medical establishment, certain U.S. researchers remained well-informed of the experiment. A February 1947 letter by PHS malariologist Robert Coatney to Cutler reveals that some of the U.S. doctors’ peers at Duke University and Johns Hopkins University had knowledge of the Guatemalan experiment and were eager to learn about its developments.¹⁵² As Mahoney wrote, “your show is already attracting wide and favorable attention up here. We are frequently asked as to the progress of your work.”¹⁵³ The PHS thus appears to have discussed the Guatemala experiment with those in the medical establishment.

Although some members of the medical establishment appeared to know details of the Guatemala study, the PHS doctors also seemed highly concerned with concealing the experiment from the military. In a September 1947 letter, an unknown author wrote to Arnold, “the fear of too much talk is constantly with us, and even so we hear remarks from people, such as some of the American Army here, who should know nothing of it. But we can’t avoid some talk, for the American Military mission is working here with the Guatemalans, as they are working with all other Latin-American groups, so that some

¹⁵² Coatney, “John C. Cutler’s 1947 Correspondence,” 18.

¹⁵³ Mahoney, “Correspondence on Project, 15.

talk must get around.”¹⁵⁴ The PHS doctors here seem more concerned with concealing the experiment from Americans rather than from members of the Guatemalan army, probably because many of them were already participating in the medical experiment. The fact that U.S. doctors were concerned that word of the experiment would leak out to American soldiers is interesting given the history of PHS leaders reprimanding military officials for failing to repress prostitution and sexual promiscuity around cantonments. The PHS doctors may have worried that knowledge of the Guatemalan experiment would have invalidated their cause to repress prostitution and quell the spread of venereal disease in the army.

The PHS physicians also seemed worried about hiding the experiment from some individuals within Guatemala who they feared would question the experiment. A letter written by Cutler and Mahoney on January 1947 stated that it was necessary to conceal details of the prison experiments because there had been protests and reports written in the national newspapers about the poor conditions in the penitentiary. Cutler wrote, “in that way, we shall be able to avoid political repercussions which are even now in the air.”¹⁵⁵ This statement suggests that American doctors may have sought to hide the study from groups committed to the revolutionary goal of extending rights to marginalized populations.

The American doctors’ political affiliations within the country also come into question in one of the first letters written about the Guatemalan study in which an anonymous author stated, “Dr. Funes had made arrangements for us to go right to a

¹⁵⁴ Cutler, “Correspondence on Project,” 45.

¹⁵⁵ Cutler, “John C. Cutler’s 1947 Correspondence,” 6.

pension where for \$8.00 per day we have room and board in the most luxurious of surroundings in the private home of a family which was once very wealthy but which is now out of political favor.”¹⁵⁶ This suggests that Funes may have been affiliated with elites in Guatemala who were disenfranchised by the Arévalo government. It remains unclear if some of the Guatemalan professionals in the experiment were supportive of the Arévalo administration or were more driven by the goals of modernization which had also been a priority in the country before the revolution in the Ubico era. This may call into question what exactly the support was from different factions within the revolutionary government for the experiment and if aspects of the study were concealed from various sectors who may or may not have challenged the validity of the research.

In sum, the PHS exhibited similar behavioral patterns in their research in the U.S. and in Guatemala. While moralizing rhetoric, the law, and science aided the PHS as it grew as a national organization in the U.S., in Guatemala it was primarily the doctors’ medical expertise and access to resources that helped ensure their research opportunities in the country. PHS physicians also sought to conceal the experiment from the American population to protect their research opportunities in Guatemala. But despite the PHS doctors efforts to appease Guatemalans, they still encountered resistance from study participants, demonstrating that although the experiment was conducted on subaltern populations these men and women maintained their agency and could not be completely controlled by the U.S. and Guatemalan authorities.

¹⁵⁶ Anonymous, “Correspondence on Project,” 30.

Plans for Central America: The Serological Study

While the PHS doctors were concerned with sustaining their project in Guatemala, they also had broader ambitions to conduct a large scale serological survey of the entire Central American region. The serology testing began on November 1946 in Guatemala, focusing on the reliability of the Kahn, Mazzini, Kolmer, and VDRL blood tests in detecting venereal disease.¹⁵⁷ The doctors conducted this research on prisoners, soldiers, psychiatric patients, schoolchildren, and orphans.¹⁵⁸ While the doctors were carrying out their research in Guatemala, they were also making plans to extend this study to the entire Latin American region. As the PHS aimed to answer a question about the effectiveness of the different serological tests, it appears that they might also have been interested in gaining knowledge about the people in this region as part of their plan to enhance their authority as scientific leaders in Latin America.

The American physicians said they were motivated by this study because they wanted to understand the reasons they found high numbers of false positive reactions to blood tests in Guatemala. In Cutler's report on the syphilis experiment he notes, "with the expansion of the testing program it soon became evident that the serologic response of the population tested by the battery of procedures used was much different than that found in the United States."¹⁵⁹ The doctors had assumed that the rates of syphilis were higher in Guatemala. However, Cutler reported in a letter to Mahoney in November 1946 that in the penitentiary, "it may interest you to know that none of those showing positive

¹⁵⁷ Presidential Commission for the Study of Bioethical Issues, "Ethically Impossible," 36.

¹⁵⁸ Ibid, 36.

¹⁵⁹ Cutler, "Final Syphilis Report 1, 21.

reactions give a history of syphilis.”¹⁶⁰ The blood tests for syphilis were highly sensitive and had long caused problems for medical researchers. The doctors questioned whether environmental factors in tropical and subtropical regions could be responsible for causing false positive reactions to blood tests, a view that was common in the medical establishment at the time.¹⁶¹ The medical establishment had determined that the presence of malaria and yaws could cause false positive reactions to blood tests.¹⁶² An anonymous letter to Arnold on September 16, 1947 also states that the physicians wanted to examine the effect that the liver had on the blood tests because Guatemala had high incidences of liver disease.¹⁶³ The author added that the dietary deficiencies of many Guatemalans and the high incidence of malaria in the country could have caused the problems with the liver. This statement suggests that the doctors might have thought that race also could have been a factor in the false positive reactions; alcoholism has historically been closely associated with the indigenous population in Guatemala and thus the doctors might have been implying that the drinking habits of their research subjects affected false positive results.¹⁶⁴ Since many PHS doctors believed that diseases manifested differently in the races, it is not surprising that they may have questioned whether race was a factor causing false positive results. This question had also been raised previously by PHS researchers.

¹⁶⁰ Cutler, “Correspondence on Project,” 11.

¹⁶¹ Sacha Levitan et al “Clinical and Serologic Studies with Reference to Syphilis in Guatemala, Central America: Studies of Comparative Performance of the Kahn, Kolmer, Mazzini, and VDRL Slide Tests Among Leprosy Patients.” *The American Journal of Syphilis, Gonorrhea, and Venereal Disease* 36 (1952); 379.

¹⁶² Reverby, “Normal Exposure,” 13.

¹⁶³ Anonymous, “Correspondence on Project,” 46.

¹⁶⁴ Virginia Burnett, “Indians are drunks and drunks are Indians: alcohol and *indigenismo* in Guatemala, 1890-1940,” *Bulletin of Latin American Research* 19 (2000); 341.

Cutler said in his report on the syphilis experiments that Mahoney and Arnold in their work with American Indians in the Northwest had also questioned whether certain groups showed higher incidences of false positive results to certain blood tests. Thus, the PHS doctors had been interested for some time in whether biological differences caused discrepancies in blood testing results for venereal disease.

Still PHS plans to conduct the serological study appear to be based not just on their efforts to determine an effective blood test but also on their goals to obtain information about the Central American population so that they could expand their influence internationally. The PHS goal of standardization and training of Central American public health officials would have granted the American doctors more of an ability to interpret the data generated about venereal diseases by its southern neighbors. It would also have instilled U.S. methods throughout the region for detecting venereal disease, thereby helping to consolidate the PHS as the authority on this topic in the region. On October 21, 1947 Mahoney wrote to Cutler, “we have had in mind for some time a long range study of serology among different national groups on the American continent. Although the entire study could not be formulated at this time, we feel that some pilot work could be done while your unit is functioning in Guatemala.”¹⁶⁵

This letter indicates that the PHS had for some time sought to generate data about Central American populations and that this had preceded the research findings about false positive reactions to blood tests in Guatemala. Thus, the PHS physicians seem to have been interested in Guatemala beyond their goals of escaping from U.S. laws and ethical

¹⁶⁵ Mahoney, “John C. Cutler 1947 Correspondence,” 59.

standards. Although the doctors may have been genuinely interested in scientific inquiry in relation to the serological testing, it might also have been a way for the PHS physicians to extend their influence in Central America. While the PHS doctors tried to conceal the intentional exposure experiments from groups both in Guatemala and the U.S., a researcher named Abel Paredes Lunes who worked on the study published a series of articles in *El Imparcial* in 1949 about the training he received at the Venereal Disease Research Laboratory in Staten Island New York on serological testing and the technical challenges associated obtaining accurate results.¹⁶⁶ The fact that the U.S. brought Guatemalans to New York to learn about serological testing demonstrates their commitment to the standarization of serological testing techniques and also their efforts to foster relationships with medical authorities in Central America. Furthermore, in a September 8, 1947 letter, Mahoney wrote to Cutler about the “future of the work in Guatemala” in the event that the prophylaxis experiments proved a failure.¹⁶⁷ This suggests that the doctors’ ambitions to remain in the country were beyond their goals to obtain information on how to prevent venereal disease. For the PHS, Guatemala may have offered an opportunity to gain a foothold in the Central American region when they were seeking to augment their presence internationally.

PHS ambitions to extend their power in Central America is also evident in their efforts to ensure that the venereal disease laboratory in Guatemala City which the U.S. had provided aid to build would continue with the serology work and would be available

¹⁶⁶ Abel Paredes Luna, “Consideraciones Sobre Serologia de la Sifilis,” *El Imparcial*, May 31, June 3, June 6, June 11, 1949.

¹⁶⁷ Cutler, “Correspondence on Project,” 48.

if the American doctors had an opportunity to return to the country for research. While funding to support the Guatemala research ended in June 1948, the Research Office at NIH agreed to allow the extension of the work in Guatemala until December 1948.¹⁶⁸ At the close of the project, the doctors arranged for the venereal disease laboratory in Guatemala to operate under PASB with the goal that it would serve as a training center for venereal disease control for serologists and technicians, and that it would continue to work towards the standardization of other laboratories in Central America.¹⁶⁹ The PHS also wanted the laboratory to be available for the Guatemalan Ministry of Public Health, and ensured that they would be able to use the facility for potential future projects. As Cutler states, “in view of the fact that we may later want to return for other work and will want to continue to enjoy the same cooperative relationship I feel that it would be a mistake not to leave the laboratory fully equipped and functioning upon our departure.”¹⁷⁰ PASB Assistant Director John Murdock revealed in a June 1948 letter that the plan had always been that the laboratory would continue to be used after the PHS-led experiment ended. He wrote, “from the very beginning of the project, the staff at the[PASB] headquarters has felt that on completion of the research in which you are presently engaged, the Bureau in cooperation with health authorities of Guatemala would utilize the Laboratory as a training center for serologists and for standarization of other laboratories in Central America.”¹⁷¹ Thus, plans to build the laboratory from the inception appear to have been related to PHS efforts to establish a base in Central America for

¹⁶⁸ “Ethically Impossible,” 71.

¹⁶⁹ Mahoney, “John C. Cutler 1948 Correspondence,” 11.

¹⁷⁰ Cutler, “John C. Cutler 1948 Correspondence,” 5.

¹⁷¹ Murdock, “John Cutler 1948 Correspondence,” 14.

research, and to begin with the training of Central American serologists and the standardization of blood testing methods across the region.

The PHS doctors also arranged for their own personnel to continue with the serological work and to follow-up with observations from the intentional exposure experiments. They paid the expenses of Dr. Mario Mallari of the School of Medicine at Georgetown University to travel throughout Central America to promote the venereal disease program and convince technicians to train at the venereal disease laboratory in Guatemala City.¹⁷² They also organized for serologist Genevieve Stout go to Guatemala to work in the laboratory and to continue with the training of Central American serologists and efforts to standardize blood testing techniques in laboratories throughout the region.¹⁷³ The project was supported by the PASB and the Guatemalan Ministry of Health and they planned to enter a two-year contract to help establish the new laboratory.¹⁷⁴ The Ministry of Public Health even assigned its entire team of serologists to work with Stout at the laboratory.¹⁷⁵ Stout and her team conducted a number of serological experiments in laboratories across Central America.¹⁷⁶ Thus, after Cutler's team left in 1948 U.S. researchers and Guatemalans continued with the research initiated by the U.S. doctors during their time in the country.

PHS also maintained their connections with Funes and hired Dr. Carlos Salvado, the Director of the Psychiatric Hospital, to follow up on on the research conducted by

¹⁷² Cutler, "John C. Cutler 1948 Correspondence," 19.

¹⁷³ Mahoney, "John C. Cutler 1948 Correspondence," 11.

¹⁷⁴ Mahoney, "John C. Cutler 1948 Correspondence," 18.

¹⁷⁵ *Ibid.*, 18.

¹⁷⁶ "Ethically Impossible," 82.

Cutler's team. As Mahoney wrote to Cutler on July 26, 1948, "we have always felt that it would be expedient to do everything possible to push Funes to the fore as the leading Central American syphilologist. I am sure that this will be worthwhile in the event of the broad program of venereal disease control work being developed in Central America."¹⁷⁷

Funes and Salvado worked together to collect serological data on residents of the orphanage, the penitentiary, schoolchildren, the psychiatric hospital, and various Indian tribes who had participated in the experiments and sent the results to the United States.¹⁷⁸ They also continued with the observation of certain groups who had been involved in the intentional exposure experiments after the PHS doctors left in 1948.¹⁷⁹ Funes and his staff continued to observe patients at the Psychiatric Hospital until at least 1953, and they pressed forward with their serological testing on children at the orphanage until at least 1949.¹⁸⁰ Furthermore, the PHS had plans to bring Salvado to the U.S. on the same fellowship that had brought Funes to the VDRL. Through maintaining a relationship with Funes and his staff and continuing to train Central American doctors, the PHS seemed to be trying to continue to build their influence on public health and medicine in the region.

After Cutler and his team left Guatemala, they followed-up with a number of academic papers on the results of the serological studies and the effectiveness of the

¹⁷⁷ Mahoney. "John C. Cutler 1948 Correspondence," 20.

¹⁷⁸ Presidential Commission on the Study of Bioethical Issues, "Ethically Impossible," 83.

¹⁷⁹ Mahoney. "John C. Cutler 1948 Correspondence," 6.

¹⁸⁰ "Ethically Impossible," 83.

different blood tests for detecting venereal disease in tropical regions.¹⁸¹ The doctors' desire to remain connected to Guatemala after they shut down the intentional exposure experiments, and their plans to conduct a serological study throughout the Central American region, suggests that they were not just interested in relocating their research to Guatemala because of its distance from U.S. laws and the American public. The ability to implement a standardized methodology for conducting serological surveys in Central America would have allowed the American doctors to obtain more information about disease and the intimate lives of their southern neighbors and to increase their roles as medical experts in the region. At a time when the PHS was interested in expanding its international influence, it does not appear a coincidence that the U.S. doctors were interested in conducting this type of study.

¹⁸¹ Sacha Levitan, et al, "Clinical and Serologic Studies with Reference to Syphilis in Guatemala, Central America." *The American Journal of Syphilis, Gonorrhea, and Venereal Diseases* 36 (1952).

Joseph Portnoy, et al, "Clinical and Serologic Studies with Reference to Syphilis in Guatemala, Central America: Studies of Comparative Performance of the Kahn, Kolmer, Mazzini, and VDRL Slide Tests Among Leprosy Patients." *The American Journal of Syphilis, Gonorrhea, and Venereal Diseases* 36 (1952).

Juan M. Funes, et al, "Estudios Serológicos y Clínicos Con Referencia a la Sífilis en Guatemala, Centro America: Observaciones Efectuadas en un Grupo de Niños de Escuela en el Puerto de San José." *Boletín de la Oficina Sanitaria Panamericana* 34 (1953).

Conclusion

Cutler was devastated on September 1947 when he learned that funding for the Guatemala study would be cut and that therefore support for the study from the U.S. government was limited. He wrote to Mahoney, “I feel tonight just as I felt when the news came of the decision to discontinue the Terre Haute project, although the blow is harder now than then, for we have so much more at stake and we have highly suggestive evidence to make us believe that we are on the right track with respect to prophylaxis.”¹⁸² The decision to terminate the study appears to be at least partially tied to the fact that President Harry Truman did not appoint Parran to another term as Surgeon General, which may have related to the widespread criticism Parran had encountered in the U.S. for supporting the implementation of a national health insurance plan. In anticipation of Parran’s departure from office, Mahoney wrote to Cutler on February 19, 1948, “we do know that we have lost a very good friend and that it appears to be advisable to get our ducks in line. In this regard we feel that the Guatemala project should be brought to the innocuous stage as rapidly as possible.”¹⁸³ The PHS physicians seemed to believe that the next Surgeon General may have had more questions regarding the ethical implications of the Guatemalan study.

It is evident that a number of questions remain about the PHS-led study in Guatemala. As the Guatemalan government was certainly not a monolithic in its views it is still unclear what relationship the PHS doctors had with different government offices

¹⁸² Mahoney, “Correspondence on Project,” 40.

¹⁸³ *Ibid.*,” 38.

and whether they concealed aspects of the study from different groups and sectors of the Arévalo administration. Since Guatemala was quite divided during the forties, it is also question whether the PHS doctors remained politically neutral during their time in the country. More research also needs to be conducted on whether the UFCO aided the PHS in their study, as the organization may have had an interest in stopping the spread of venereal disease in order to promote its capitalist interests. It also is possible that the PHS conducted similar experiments in different parts of Central America, as they continued to foster relationships with other countries as well. Furthermore, the U.S. doctors may have believed that Guatemalan health officials would have treated the research subjects who they had infected with venereal disease. Nonetheless, the doctors' reports and correspondence suggest that the treatment of study subjects was not a priority for the organization.

However, although a number of questions still need to be answered about the study, the materials reviewed in this thesis suggest that some conjectures can be made regarding the connection between the Guatemalan experiment and the PHS ambitions to gain international prominence during the post-war era. As the PHS grew in power during the first half of the twentieth century, it emerged as an institutionally racist organization which regularly employed science, morality, and the law in seeking to obtain research opportunities and as it gradually extended its power to influence the national populace. Through the generation of "scientific" knowledge on venereal diseases, the PHS produced discourses which became important in determining U.S. laws during this era and that led to heightened surveillance over Americans' morals and sexual practices.

Brandt has argued that the PHS heightened focus on venereal diseases during the New Deal was tied to federal initiatives to increase control over the national population at a time when the strength of the economy was being tested. It is striking that as the PHS grew increasingly interested in heightening its influence in Latin American that government doctors would continue to focus on venereal disease research in Guatemala despite that penicillin had already been determined to be an effective treatment for the disease. Through conducting research on venereal disease and standardizing methodologies for serological testing in the region, the PHS gained access to important information about the intimate lives of Central Americans which could in turn be used to help monitor the population and build the organization's esteem as an authority on medicine in the region. The PHS goals aligned well with those of at least some members of the Guatemalan government who were also intent on increasing its management of its citizens and stopping the spread of venereal disease in order to develop into a powerful and modern nation.

But regardless of the implications of the PHS-led experiments, it is clear that in the pursuit of science and power the U.S. doctors left a number of victims in their wake. While in the U.S. the lives of African Americans, working-class women, and immigrants were jeopardized by venereal disease research and public health campaigns, in Guatemala the PHS treated prostitutes, prisoners, soldiers, psychiatric patients, schoolchildren, and orphans as disposable people in order to answer questions about prophylaxis and treatment for venereal disease. The PHS doctors goals were aided by Arévalos's "modernizing" program of revolutionary reform which was shaped by longstanding

gender, race, and class stereotypes that led to the targeting of different marginalized groups in the country for medical research. It remains unseen what other harm was done by the PHS in their pursuit of science and power. Although U.S. doctors may have at times been well-intentioned in their pursuit of research on venereal disease, they at the same time certainly had limitations in who they imagined as in need of protection.

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