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El tiburón y la sanidad pública: Guatemala-U.S. Relations and Experiments on Human Subjects

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Abstract

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Between 1946 and 1948, the Pan-American Sanitary Bureau, in collaboration with the United States Public Health Service and the Guatemalan office of *Sanidad Pública* (Public Sanitation) ran a series of experiments in Guatemala City to test penicillin's efficacy in treating syphilis and other sexually transmitted diseases. In the post-World War II period, in the U.S. and abroad, there was heightened interest in finding ways to prevent and treat the spread of what were then known as venereal diseases. Unlike other studies run contemporaneously, the experiments in Guatemala involved purposefully infecting non-consenting prisoners, psychiatric patients, and soldiers with sexually transmitted diseases. This thesis explores the historical antecedents to these experiments and the varying Guatemalan and U.S. motives for participating in the project. It is one of many examples of U.S. neocolonialism and exploitation of regional power dynamics, but it is also a story specific to Guatemala's unique social structure and the historical period in which the experiments took place. This thesis analyzes the utilitarian approach to medicine taken by both United States and Guatemalan public health officials in the context of the intensified interest in modernity in the mid-twentieth century. The experiments served the political interests of both the U.S. and Guatemalan governments, at the expense of the people coerced and deceived into participating as experimental subjects.

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“Little sardine, the Shark will be your Big Brother, your protector. You will be the little sister, the protected... You, Shark, will place at the disposition of the sardine your energetic capital, your speed, your power, your ferocity, the plurality of your teeth, your experience as a pirate, your technique as a butcher of the seas.”¹

The title of this thesis refers to Juan José Arévalo’s fabular telling of the relationship between the United States and Latin America, *El tiburón y las sardinas*, (The Shark and the Sardines). Arévalo published his book, a condemnation of American imperialism, in 1961, ten years after the end of his role as Guatemala’s first democratically elected president. In those ten years, Arévalo watched his dream of open democracy and self-rule in Guatemala ended by the U.S. Department of State, who saw the progress made under Arévalo and his successor Jacobo Árbenz as a threat to American capital.² Just as the sardines in the fable were convinced by the promise that the shark would be their protector and brother, Arévalo and other hopeful revolutionaries in Guatemala had been made to believe that a relationship with the U.S. would help their countries become advanced and prosperous.

This thesis contends that the sexually-transmitted disease experiments run by the Pan-American Sanitary Bureau between 1946 and 1948 were the product of this fictive brotherly relationship between the U.S. and Guatemala. Though U.S. institutions professed a belief in Pan-American unity and equality between neighboring countries, unity was impossible if one state held the preponderance of economic and political power in the region. This is not to say that the Guatemalans involved bore no responsibility for participating in the unethical experiments. The ways in which race and ideas about Guatemalan identity influenced the studies complicate

¹ Juan José Arévalo, *The Shark and the Sardines*, trans., by June Cobb and Raul Osegueda, (New York: Lyle Stuart, 1961,) 30-31.

² Augusto Cazali Ávila, *Historia Política de Guatemala, Siglo XX*, (Guatemala City: Centro de Estudios Urbanos y Regionales, 2014), 25. Original text in Spanish. All subsequent translations from Spanish, unless otherwise noted, were done by the author of this thesis.

Guatemalan participation. But this thesis does acknowledge that the power asymmetry between the U.S. and Guatemala made it impossible for diplomatic relations between the two countries to be entirely free from coercion.

Plans for the experiments originated in the United States Public Health Service's (USPHS) Venereal Disease Research Laboratory in New York. In 1943, the director and associate director of the Laboratory, doctors John Mahoney and J.C. Arnold, observed that penicillin was effective in combating syphilitic ulcers.³ Eager to replicate and build on Mahoney and Arnold's findings, the USPHS ran a number of experiments testing penicillin on human subjects, but had difficulty collecting quantifiable data about penicillin's efficacy. In people that already exhibited syphilis, it was difficult to pinpoint exactly when the person under study had contracted the disease and impossible to administer treatment immediately following exposure.⁴

By 1946, doctors dedicated to fighting the spread of sexually transmitted disease were eager to "put to rest...the myth that penicillin is not good."⁵ Drs. Mahoney and Arnold had observed that prophylactic penicillin treatment was effective in rabbits, but they wanted to replicate the experiments in human subjects.⁶ With this in mind, the United States Public Health Service looked across borders. Guatemala had been regularly sending medical students to the

³ J. F. Mahoney and R.C., Arnold, and A. Harris, A. (1943). Penicillin Treatment of Early Syphilis—A Preliminary Report. *American Journal of Public Health and the Nations Health*, 33(12), 1387–1391.

⁴ John Cutler, Stephen Fromer and Sacha Levitan, "Masking of Early Syphilis by Penicillin Therapy in Gonorrhoea" in *The Journal of Venereal Disease Information*. Volume 27, Number 7, July 1946."

⁵ John Cutler to R.C. Arnold, August 21, 1946. Hollinger Box 1a, folder 13, Records of Dr. John C. Cutler, Centers for Disease Control National Archives at Atlanta, Georgia. Accessed digitally: <https://www.archives.gov/research/health/cdc-cutler-records>.

⁶ Presidential Commission for the Study of Bioethical Issues. "Ethically Impossible" *STD Research in Guatemala from 1946 to 1948*. Washington, D.C. September 2011, 481. [Bioethics.gov/sites/default/files/ethically-impossible_PCSBI.pdf](https://www.bioethics.gov/sites/default/files/ethically-impossible_PCSBI.pdf).

United States for training since 1942. The director of the Guatemalan Venereal Disease Control Department, Dr. Juan Funes, had done a residency program at the USPHS Venereal Disease

Research Laboratory in Staten Island where Mahoney was the Medical Director.⁷ Both Susan Reverby, who initially discovered the files implicating the PASB in the experiments, and the U.S. Bioethics Commission convened to address the experiments, credit Funes's relationship with USPHS doctors as the main motivation to hold the experiments in Guatemala.⁸ While Funes's role was significant in the planning and implementation of experiments, the suggestion that the experiments took place in Guatemala almost by happenstance is an oversimplification.

The foundation of the experiments was laid a half century before, when the United Fruit Company entered Central America and established Guatemala as a neo-colony of the United States. Chapter one of this thesis is an exploration of how medicine became a tool of exploitation. In writing this thesis, I analyzed correspondence between representatives from the public health institutions involved and publications by those institutions to establish what systems of thought were behind the planning and implementation of these experiments. Chapter one also probes how perceptions about race influenced U.S. medical and political involvement in Guatemala. The Guatemalan doctors and medical administrators saw themselves as more like the U.S. researchers than their own countrymen who served as test subjects. In Guatemala there is a complex racial hierarchy, in which people assume racial identities and ascribe them to others based on factors including physical characteristics, ethnic backgrounds,

⁷ Guatemala Sends Doctors Here," *The New York Times*, February 7, 1942.

⁸ Susan Reverby, "Normal Exposure" and Inoculation Syphilis: A PHS "Tuskegee" Doctor in Guatemala, 1946-1948. *Journal of Policy History*. (2011). The U.S. Bioethics Commission drew the same conclusion.

and even signifiers like wealth and dress.⁹ U.S. researchers saw all Guatemalans as fundamentally different than themselves. The process of othering made it easier for U.S. doctors to exploit their Guatemalan counterparts.

Mahoney, Funes, Arnold, and doctor John Cutler planned the Guatemala studies together at the USPHS Venereal Disease Laboratory where they worked. They brought their proposal for “the Guatemala study dealing with the experimental transmission of syphilis to human volunteers and improved methods of prophylaxis” in front of the leadership of the USPHS and Surgeon General Thomas Parran.¹⁰ This group of the most powerful public health officials in the United States approved the proposal. As the USPHS was a domestic institution they agreed to grant \$110,450, or what would be \$1,379,792 today, to the Pan-American Sanitary Bureau to carry out the experiments.¹¹ The Guatemalan office of *Sanidad Pública* agreed to host the American doctors and collaborate on the experiments after negotiating for the development of a laboratory for venereal disease research that would also be used as a training center for Guatemalan doctors.¹²

Chapter two is a study of how these experiments fit within the Guatemalan political and intellectual atmosphere that Arévalo fostered through his progressive policies. Although Arévalo became virulently opposed to U.S. intervention in Latin America in the 1950s, he had initially looked to Franklin Roosevelt as a guide in his efforts to encourage democracy in Guatemala and

⁹ There is a large body of work about race in Guatemala. A good starting point is Greg Grandin, *The Blood of Guatemala: A History of Race and Nation*, (Durham, N.C.:Duke University Press, 2000), or Jorge Ramón González-Ponciano, *Esas sangres no están limpias: el racismo, el estado, y la nación en Guatemala, 1944-1997*, (Chiapas: Universidad de Ciencias y Artes de Chiapas, 1998).

¹⁰ Joseph E. Moore to C.J. Van Slyke, May 26, 1947, Hollinger Box 1a, folder 12, CDC Records of Dr. John C. Cutler.

¹¹ Minutes of the National Advisory Health Council Meeting. (1946, March 8-9).

¹² Informe del Presidente Juan José Arévalo Bermejo, 1945. 1 March 1946, 94.
<http://cirma.org.gt/glifos/index.php/ISADG:GT-CIRMA-AH-045-005-001-017>

welcomed intellectual influences from the U.S. Like the sardines in his fable, Arévalo and many in his administration had trusted that maintaining cordial relations with the U.S. and accepting influences aid from its powerful neighbor would ultimately lead to Guatemala's advancement in science and culture.

A history of U.S. economic and political intervention is certainly not unique to Guatemala. The experiments took place in a post-World War II period of worldwide exchange and heightened faith in U.S. institutions. But despite this broader context and the international profile of the experiments, this is, at its core, a Guatemalan story. In the early years of the twentieth century, U.S. corporations established a particularly tight grasp on Guatemalan economic life by acquiring the country's railroads, ports, and electricity.¹³ To Guatemalan progressives, the Ten Years of Spring represented the beginning of a new era in the nation's history under the direction of a bold leader its people had chosen.¹⁴ Arévalo's nationalistic aspirations for Guatemala's improvement paradoxically contributed to his administration's cooperation with members of the U.S. medical community. Guatemala's long history of race-based conflict between Guatemalans of indigenous and European descent also underscored the experiments. One of the factors that drew U.S. researchers to Guatemala was the false belief that sexually transmitted diseases manifested differently based on an infected person's race. The experiments are a logical continuation of other Arevalista projects aimed at forcing the country's large indigenous population to assimilate with white Guatemalans through education and hygiene.

¹³ Dosal, *Doing Business with the Dictators*, 38.

¹⁴ José Antonio Móbil, *La década revolucionaria, 1944-1954*, (Guatemala City: Editorial Serviprensa, 2010), 43.

In April 1946, the USPHS sent Dr. Sacha Levitan and Dr. John Cutler as the lead U.S. researchers on the project.¹⁵ The researchers planned to do both serological experiments and experiments involving the direct exposure of healthy human beings to sexually transmitted diseases. Serological studies were routine diagnostic examinations of blood in people with existing signs of sexually transmitted infection or healthy people who served as a control group. The direct exposure experiments involved infecting people via injection or via intercourse with sex workers hired by the PASB, who were also intentionally infected with an STD. The purpose of this uniquely inhumane experimental design was to give researchers an opportunity to closely manipulate schedules of treatment and see how the disease developed from the moment of infection. The PASB and Guatemalan *Sanidad Pública* drew test subjects from Guatemala City's *Penitenciaría Central*, the *Asilo de Alienados* psychiatric hospital, and from the Guatemalan National Army. The PASB also ran serological experiments among children at state-run schools across Guatemala, but researchers stopped short of intentionally infecting that group with disease.¹⁶ The Bioethics Commission calculated that in total, 1,308 people were infected with an STD throughout the three-year course of the experiments. Of those 1,308, official documentation shows that only 678 received treatment.¹⁷ There is no documentation that any person gave or was ever asked to give consent.¹⁸

In evaluating the experiments, the Presidential Commission for the Study of Bioethical Issues declared that, “the blame for this episode cannot be said to fall solely on the shoulders of one or two individuals. The unconscionable events that unfolded in Guatemala in the years 1946

¹⁵ Historian Susan Reverby found Cutler's lab reports and correspondence from the experiments in 2005, and this collection of materials has provided the basis for most of what the public knows about the experiments.

¹⁶ *Ethically Impossible*, 38.

¹⁷ *Ethically Impossible*, 6.

¹⁸ *Ethically Impossible*, 101.

to 1948 also represented an institutional failure of the sort that modern requirements of transparency and accountability are designed to prevent.”¹⁹ Contrasting the study with “modern” experiments necessarily suggests that the Guatemala experiment is something of the past, and is thus safely detached from our era. But the experiments are just one part of a story of exploitation and dependence that has defined the relationship between the United States and Guatemala for more than a century. To characterize the Guatemala experiments as the product of a breakdown of institutional oversight ignores the historical origins of trans-national public health projects. The experiment cannot have been institutional failure because the responsible institutions, the United States Public Health Service and Pan-American Sanitary Bureau, were acting in line with their intended purpose, which was to promote unity among the Americas in order to solidify U.S. influence in the region.

¹⁹ *Ethically Impossible*, 108.

Chapter One: Diseased Diplomacy

The American nations had more than the Axis powers to fear during World War II. This enemy was harder to identify. It could not be beaten with weapons or troops and it attacked indiscriminately. Rising fear of the “unseen enemy,” disease, led to a heightened moment in international health work. In his 1942 book, *Ambassadors in White*, author Charles Morrow Wilson appealed for more:

“...distinguished men of medicine who have so ably proved that successful defense of hemisphere health requires diplomacy, gentle persuasion, good business sense, and enlightened education along with accurate, diligent medical science; also that homes must be entered, personal habits must be changed, boundaries and racial lines forgotten; that the hungry must be fed, the sick attended, and above all, that red tape must often be ruthlessly slashed.”²⁰

This invocation for cunning, unconventional medical diplomats can be used as a guide for understanding what motivated U.S. public health institutions to enter Guatemala and run the STD experiments on human subjects. World War II motivated the U.S. State Department to officially adopt a more active stance in inter-American health projects, but extensions of the U.S. government had been involved in health across the Americas since the turn of the twentieth century. U.S. corporations created an empire across the Americas through Dollar Diplomacy, a policy in which companies gave loans to foreign countries to stake a claim in that country’s economy.²¹ They strengthened their hold on the region by embedding themselves in the nations’ cultural and political life and establishing institutions like the Pan-American Union and Pan-American Sanitary Bureau. Though these were nominally collaborative efforts, they existed mainly to serve U.S. interests. Interactions between the U.S. and other PASB members were

²⁰ Charles Morrow Wilson, *Ambassadors in White*, (New York: Henry Holt and Company, 1942), 316.

²¹ Bryce Munro, *Intervention and Dollar Diplomacy in the Caribbean, 1900-1921*, (Princeton: Princeton University Press, 1964), 3.

always influenced by U.S. doctors' ideas about race and the conception of themselves as inherently different than their southern neighbors. In the first half of the twentieth century, the public health agencies of the United States used medicine as a channel through which they could expand their empire under the guise of humanitarianism. They justified their colonial efforts based on assumptions about the racial qualities of the people they used as their subjects and by appealing to a sense that they had a duty to defend the region's wellbeing.

Though Morrow Wilson primarily wrote about health and travel in Central America, his appreciation for "good business sense" might have been instilled during his time as Director of the United Fruit Company's (UFCO) Central American Information Bureau.²² In the UFCO's case, a flair for shrewd investment decisions facilitated a half-century of political and economic dominance over Central America.²³ UFCO executives entered Guatemala looking to exploit the knowledge that the Guatemalan government was "the region's weakest, most corrupt and pliable."²⁴ In the 1890s, Liberal reformers had sought to modernize and diversify their nation's economy by bolstering the coffee industry.²⁵ Their plan depended on the construction of a railroad across Central America, but plunging coffee prices interrupted the project and left Guatemala in debt to U.S. investors. Guatemala was in a serious economic crisis when dictator Manuel Estrada Cabrera took office in 1898. Estrada Cabrera essentially sold his country to U.S. corporations by allowing the UFCO, the International Railways of Central America, and General

²² "Charles Morrow Wilson, Reported on Agriculture," *The New York Times*, March 5, 1977.

²³ Paul J. Dosal, *Doing Business with the Dictators: A Political History of United Fruit in Guatemala, 1899-1944*. Wilmington, DE: SR, 1993, 17.

²⁴ Thomas McCann, *An American Company: The Tragedy of United Fruit* (New York: Crown, 1976), in Stephen Schlesinger and Stephen Kinzer, *Bitter Fruit: The Story of an American Coup in Guatemala*, (Cambridge: Harvard University Press, 1999), 45.

²⁵ Dosal, *Doing Business with the Dictators*, 17.

Electric to acquire the country's bananas, railroads, ports, and electricity. Under Estrada Cabrera, the value of U.S. investments skyrocketed from \$6 million in 1897 to over \$40 million in 1920.²⁶

The UFCO had money and ties with the U.S. State Department to enforce its authority in Guatemala, but the company's "good business sense" led to it using more subtle methods of persuasion in making Guatemala its dependent. Analyzing social methods of enforcing neocolonial rule is inherently delicate, as some of the efforts by the United Fruit Company and other aid institutions like the Rockefeller Foundation brought real improvement to the lives of their beneficiaries. The UFCO improved the living standards of its workers, provided schools for their children, and established medical facilities to create a paternalistic bond with its workers.²⁷ When Dr. Neil MacPhail, the superintendent at a UFCO tropical disease clinic in Guatemala, obituaries in the U.S. noted that his patients had called him *el amado médico*, the beloved doctor.²⁸ This paternalistic bond, complicated by exploitation and abuse, is evident in the PASB work as well.

As U.S. corporate investment established neo-colonies across Latin America, the U.S. State Department encouraged the adoption of Pan-Americanism to ideologically unify the region.²⁹ Ostensibly, Pan-Americanism was meant to inspire, "geographic unity, similarity of institutions, economic interests, love for democratic principles, and common international aspirations and trends."³⁰ Latin American intellectuals like Nicaraguan Rubén Darío and Cuban José Martí were less convinced by Pan-Americanism, which they saw as a fiction created by the

²⁶ Dosal, *Doing Business with the Dictators*, 38.

²⁷ Schlesinger and Kinzer, *Bitter Fruit*, 71.

²⁸ "Physician Is Honored," *The New York Times*, January 9, 1948.

²⁹ A. De Yturbide, "The Proposed Pan-American Union." *The North American Review* 174, no. 543 (1902): 201-11. Accessed Dec, 2016.

<http://www.jstor.org.proxy.library.emory.edu/stable/25105287>.

³⁰ Pan American Union, *The Inter-American System*, (Washington, D.C.), 1945, 6.

U.S. In a region where economic and political power varied widely between nations, it would be impossible to establish a union based on “similarity of institutions and economic interests.”³¹ Even those who defended Pan-Americanism, like historian Joseph Lockey, had to concede that if the U.S. wanted to prove that Pan-Americanism was not simply a veiled form of imperialism it would need to show that it did in fact “respect the independence and equality of its neighbors.”³²

Pan-Americanism was also an antidote to Latin Americanism, Simon Bolivar’s idealized unification of Latin American states in order to stand “united, strong and powerful, to support each other against foreign aggression.”³³ To avoid exclusion from a union of Latin American states and to counter accusations of foreign aggression, it was in the expansionist U.S. government’s best interest to appeal to a sense of fraternity across the Americas.³⁴

The earliest seeds of the Guatemala experiments were laid during the rise of the UFCO in Guatemala and the adoption of Pan-Americanism. Public health programs across the Americas were one way in which Pan-Americanism was actualized. The growth of export economies occurred on the heels of a revolution in experimental science.³⁵ Medical breakthroughs like the discovery of viruses and the development of germ theory motivated researchers to test the limits of what they knew about the human body through experimentation. As travel became easier and people, money, and germs moved more and more quickly through the region, public health became a pressing concern confronting the Americas.

³¹ Cueto, *The Value of Health*, 21.

³² Joseph B. Lockey, "Pan-Americanism and Imperialism," *The American Journal of International Law* 32, no. 2 (1938): 233-43. Accessed January, 2017, doi:10.2307/2190970, 235.

³³ “The Inter-American System,” Pan American Union, Washington, D.C., 1945, 5.

³⁴ Marcos Cueto, *The Value of Health: A History of the Pan American Health Organization*, (Washington, D.C.: Pan-American Health Organization), 2007, 21.

³⁵ Jordan Goodman, Anthony McElligott, and Lara Marks, *Useful Bodies*, (Baltimore: Johns Hopkins University Press, 2008), 11.

Regional governments convened at the first meeting of the International Sanitary Bureau in Washington, D.C. in 1902. This Bureau would later be renamed the Pan-American Sanitary Bureau and oversee the venereal disease experiments in Guatemala. In addition to the goals of quarantining diseases and preventing their exchange across borders, the International Sanitary Bureau was intended to promote “cordial relations among the peoples of the American republics.”³⁶ Though citizens of Latin American nations rebelled in waves against U.S. political interference, they welcomed foreign aid in administering health care.³⁷ The Pan-American Sanitary Code of 1924 was the first treaty to be ratified by all 21 of the American states. PASB Director Fred Soper noted that, “Only in the field of health has there been such unanimity among the American nations.”³⁸

Healthcare and public welfare programs allowed the U.S. to exert a soft form of intervention that drew less attention than direct military control. Carlos Bauer Aviles was the co-editor and leading foreign affairs commentator of *Nuestro Diario* during President Jorge Ubico’s term. He was often critical of the Monroe Doctrine and paternalistic attitude of the U.S, and condemned U.S. military intervention in Haiti and Nicaragua. However, he drew a distinction between military and “domestic” intervention, which he called, “the intervention of the strong and powerful friend, who, seeks peace among brothers.”³⁹

³⁶ Hugh S. Cumming, Director of the Pan-American Sanitary Bureau, report to the Ninth Pan American Sanitary Conference, January, 1942.

³⁷ José Amador, *Medicine and Nation Building in the Americas, 1890-1940*, (Nashville, Vanderbilt University Press, 2015), 40.

³⁸ Fred L Soper, *International Health Work in the Americas*, National Health Assembly, (May 3, 1948), in The Fred L Soper Papers, U.S. National Library of Medicine, accessed November, 2016, <https://profiles.nlm.nih.gov/ps/retrieve/ResourceMetadata/VVBBDF>

³⁹ *Nuestro Diario*, Guatemala City, July 4, 1931, quoted in Kenneth Grieb, *Guatemalan Caudillo: The Regime of Jorge Ubico*, (Athens: Ohio University Press, 1979), 68.

Though the Pan-American Sanitary Bureau was ostensibly created to foster equal participation and collaboration among nations, as the member with the most capital and influence the U.S. dominated PASB actions and organization. The Bureau's organization and activity was based in the United States, and it was headquartered in Washington, D.C. since its establishment.

⁴⁰ Though the Bureau did invite collaboration between foreign doctors, all four of the Bureau's directors, from its inception to 1948, when it concluded the Guatemala experiments, came from the United States.⁴¹

U.S. foreign relations with Latin America shifted under President Franklin Roosevelt, who promoted the non-interventionist Good Neighbor Policy.⁴² But while the U.S. government pulled back on its military interference in Latin American politics, it maintained a significant and intimate presence in Latin American life by becoming more active in global health. The rise in public health began domestically as a product of the New Deal. Roosevelt's Social Security Act of 1935 made provisions for grants to train public health workers, and the Lafayette-Bulwinkle Act of 1938 provided the USPHS with an appropriation to augment venereal disease control programs through grants to state and local health departments.⁴³ Roosevelt appointed Thomas Parran, who was later oversaw the organization of the Guatemala experiments, as Surgeon General of the USPHS in 1936.⁴⁴ Parran had a broader view of what public health could do for

⁴⁰ "Sanitary Police. Resolution past at the International Conference of American Republics." *Public Health Reports (1896-1970)* 21, no. 49 (1906): 1443-444, accessed December, 2016, <http://www.jstor.org/stable/4558438>.

⁴¹ Cueto, *The Value of Health*.

⁴² Bryce Wood, *The Making of the Good Neighbor Policy*, (New York: Columbia University Press, 1961), 16.

⁴³ Ibid.

⁴⁴ For more information on Parran's role in the USPHS, see Susan Reverby, *Tuskegee's Truths: Rethinking the Tuskegee Syphilis Study*, (Chapel Hill: UNC Press, 2000), 490-505.

life in the U.S, and ushered in an era of development of state and nation-wide efforts to improve sanitation and increase medical research in the USPHS.⁴⁵

The underlying purpose of domestic public health programs, as defined in the U.S. Public Health Service Act of 1944, was to control “widely prevalent diseases which place an unnecessary burden upon the health and economy of the Nation.”⁴⁶ But in the 1940s, officials saw influences on the health of the Nation from places and people outside U.S. borders. To fight against the spread of disease the USPHS broadened its scope during the war by creating an Office of International Health Relations to assist with public health abroad.⁴⁷ U.S. soldiers deployed abroad suffered from jaundice, malaria, and venereal disease in epidemic levels, which indicated to the PASB leadership that “diseases of distant parts of the world” were “of direct interest” to the United States.⁴⁸

The U.S. government used the growing fear of disease to its benefit and encouraged the perception of disease as a threat to the region’s unity.⁴⁹ The U.S. jumped at the opportunity to lead the fight against this “unseen enemy,” as it was called in the cartoon series “Health for the Americas.”⁵⁰ The Office of the Coordinator of Inter-American Affairs (OCIAA) commissioned Walt Disney to create short, simple films to instruct people on how their personal habits and customs made them sick and in turn made them less happy and productive. The cartoons reflect Wilson’s proposal that defense of international health required that “personal habits be

⁴⁵ Fitzhough Mullan, *Plagues and Politics: The Story of the United States Public Health Service*, (New York: Basic Books, 1989), 107.

⁴⁶ US Public Health Service, *Public Health Service Act of 1944*, Public Health Reports, Vol 59, No. 28, (Washington, D.C., July 14 1944.)

⁴⁷ Mullan, *Plagues and Politics*, 122.

⁴⁸ Soper, *International Health Work in the Americas*.

⁴⁹ Wilson, *Ambassadors in White*, 9.

⁵⁰ Walt Disney Studios, “Health for the Americas: The Unseen Enemy,” Office of the Coordinator of Inter-American Affairs, 1945, accessed October, 2016, <https://archive.org/details/HealthForTheAmericasTheUnseenEnemy>.

changed.”⁵¹ The OCIAA took a more active role in health instruction in the Americas by sending its Health and Sanitation Division to Central America to “wage a campaign against disease.” Officers from the OCIAA hoped this program would “represent one of the notable achievements of friendship and unity among the Americas in these crucial years.”⁵² PASB health care programs in Guatemala were called the “most beneficial result of the Good Neighbor Policy.”⁵³

Teaching programs were especially effective in building relationships between the medical communities in the U.S. and Guatemala. President Jorge Ubico had started a program to grant scholarships to Guatemalan students to study under doctors in the United States. The USPHS was receptive to this exchange because it fostered goodwill towards the U.S. in Guatemala and also gave the visiting Guatemalans an “orientation in U.S. customs” to bring back to their home country.⁵⁴ Dr. Juan Funes, who was the lead Guatemalan researcher in the STD studies, exemplified this program’s potential to enhance the U.S. government’s and medical agencies’ image on an international scale. In 1942, the Guatemalan Minister of War sent Funes to study surgery in a course offered by Northwestern University.⁵⁵ He was deeply inspired by the U.S. doctors he worked with during his residency at Northwestern and then at the USPHS Venereal Disease Research Lab, and thus eager to continue working with them on the experiments in Guatemala. After the experiments ended Funes wrote about the “renowned doctors John F Mahoney, R.C. Arnold, J.C. Cutler, and Fred L. Soper” and the generosity they

⁵¹ Wilson, *Ambassadors in White*, 316.

⁵² Charles Leavelle, "U.S. Helps Latin America Wage War on Disease." *Chicago Daily Tribune*, May 15, 1943.

⁵³ "Guatemala Extols New Clinic," *The New York Times*, November 25, 1943.

⁵⁴ Howard Dutkin, "Foreign Students Get Orientation in U.S. Customs," *Washington Post* August 08, 1947.

⁵⁵ "Guatemala Sends Doctors Here," February 7, 1942, *The New York Times*.

had shown Guatemala and the Americas by working to improve the region's "collective health."⁵⁶

The plans for the PASB experiments in Guatemala were made in 1945, just as World War II ended. Public opinion of the U.S. swelled thanks to their participation in ending the war.⁵⁷ In his speech about the Allies' victory against fascism, Juan José Arévalo, Guatemala's newly elected president, credited the success to President Roosevelt, "the visionary, the apostle, the friend of the humble," who had defended democracy in the Americas by planning, "the greatest maritime enterprise that could be conceived and the most terrible air action we have ever known."⁵⁸

Armed with a heightened sense of importance in the region, in 1946 the USPHS amended its constitution to reflect the idea that unequal development of public health threatened the Americas, and that nations with more advanced health programs had a duty to "assist less fortunate nations."⁵⁹ Though he was charged with representing the entirety of the Americas as Director of the PASB, Dr. Fred Soper operated under the assumption that the United States should be the leader of Pan-American public health projects. In a 1948 publication on collaborative international health, Soper wrote, "The United States of America, as a world power, has a large stake in world health and especially in Pan-American health... Should war

⁵⁶ Salubridad y asistencia, organo mensual del ministerio de salud pública y asistencia social. Tomo II, Guatemala, C.A., Septiembre de 1949. Num. 9.

⁵⁷ Miller, Clark A. "'An Effective Instrument Of Peace': Scientific Cooperation As An Instrument Of U.S. Foreign Policy, 1938–1950." *Osiris* 21, no. 1 (2006): 133-60, accessed March, 2017. doi:10.1086/507139.

⁵⁸ Juan José Arévalo, "Discurso pronunciado el día de la victoria," Speech, (Salón de recepciones del Palacio Nacional, Guatemala City, September 11, 1945), in Luis Mendez Salinas, Carmen Lucia Alvarado, and Gabriel Woltke, eds., *Arévalo: discursos desde una Guatemala inconclusa*, (Guatemala City: Catafixia Editorial, 2014), 61.

⁵⁹ Annual Report, Federal Security Agency, (Washington, D.C., 1946), accessed January, 017, https://archive.org/stream/annualreportoffe1946unse/annualreportoffe1946unse_djvu.txt234.

come again, the United States will need healthy nations as allies, able to protect and to fight for the common interest.”⁶⁰ Soper encouraged participation from across the Americas, but always with the implication that their work ultimately fed into larger U.S. efforts.

Although Morrow Wilson advised that good public health work required the disintegration of racial boundaries, collaborative work between white doctors from the U.S. and their Latin American counterparts was always influenced by beliefs about race.⁶¹ A 1944 article titled “How to Make Good Neighbors” profiles two Guatemalan doctors studying public health at Vanderbilt University and commends these men “of negro blood” for receiving American educations.⁶² It is impossible to say with certainty what the visiting Guatemalan doctors’ actual racial background was, but it was likely that they were Ladino or possibly of mixed Hispanic and Indigenous ancestry. This speaks to the frame of understanding that doctors from the U.S. had about race in Guatemala and the assumptions they brought with them to the country.

In 1946 doctors from the PASB often understood sexually transmitted disease to be racially determined, and used the minority status of the person involved in a test to justify abuse. The most obvious example is the Tuskegee study, but officials from the USPHS and PASB had run several tests of hypotheses that conflated race and propensity for syphilis. Also, Mahoney and Arnold after doing research in populations of Native Americans in the southwestern United States had determined that there was an increased likelihood for false positives among that group.⁶³ A secondary goal of the Guatemala experiments was to discern if there were differences

⁶⁰ Soper, “International Health Work in the Americas.”

⁶¹ Morrow Wilson, *Ambassadors in White*, 316.

⁶² Harold Preece, “How to Make Good Neighbors,” *The New York New Amsterdam Times*, November 25, 1944.

⁶³ John Cutler, “Final Syphilis Report,” February 24, 1955, Hollinger Box 1a, folder 6, 37, CDC Records of Dr. John C. Cutler.

in how syphilis developed in the “Central American Indian, the Mixture of Indian-European, the Indian-European-Negro, and the white European.”⁶⁴

Public health work in Latin America had historically been geared towards combating tropical diseases like malaria and hookworm, not venereal disease. In the medical world, it was considered taboo to speak frankly about the threat of sexually transmitted disease. But World War II led to an international obsession with preventing the spread of sexually transmitted disease.⁶⁵ Parran had been a forebear in the push to normalize the discussion of sexually transmitted disease and to focus resources on the control and eradication of syphilis, specifically. Parran had called syphilis “the greatest public health problem” in his 1937 book *Shadow of the Land*.⁶⁶ Parran was deeply convinced of the value in research to control syphilis and other sexually transmitted disease, and willingly signed a grant to the PASB for the Guatemala experiment. Parran permitted members of his staff, most notably senior surgeons John Cutler and Sascha Levitan, to work temporarily under the Pan-American Sanitary Bureau.⁶⁷

The experiment in Guatemala took place at the same time as other studies designed to identify the most effective treatment for sexually transmitted infections. The Tuskegee study in Alabama was already well under way, and the Terre Haute Prison syphilis experiment had just ended in 1944. The exploitation of black men’s bodies and of the bodies of other members of vulnerable populations is well documented in USPHS history. But the prisoners in Terre Haute gave full consent to participate and the details of the experiment were disclosed to them. In that

⁶⁴ Ibid.

⁶⁵ For a closer look into the relationship between World War II and enthusiasm for scientific experimentation, see Kayte Spector-Bagadady and Paul A. Lombardo, “*Something of an Adventure*”: *Postwar NIH Research Ethos and the Guatemala STD Experiments*, 41(3) *J. Law, Medicine & Ethics*, 697-710, 2013.

⁶⁶ “Head of Public Health Service Urges War against Syphilis.” *The Science News-Letter* 32, no. 852 (1937): 84, accessed March, 2017. doi:10.2307/3913236.

⁶⁷ “*Ethically Impossible*” *STD Research in Guatemala from 1946 to 1948*, 221.

experiment, the same man who approved the experiments in Guatemala specified that, “When any risks are involved, volunteers only should be utilized as subjects, and these only after the risks have been fully explained and after signed statements have been obtained.”⁶⁸ The case of Tuskegee is one of the most disgusting examples of abuse in medical testing in history, but the oft-cited rumor that doctors purposefully infected the men with syphilis has been disproven. The experiment in Guatemala stands apart from both these experiments in that it involved the direct, intentional exposure of human beings to infectious disease, with no attempt to obtain consent from any participant.

Though it has been portrayed as an instance of “institutional oversight,” the Guatemala experiment involved the approval and participation of the highest offices of the USPHS and the PASB. Researchers relished the opportunity to use experimental procedure they did not consider possible on U.S. land, and being on foreign soil emboldened them to use methods they might have been more hesitant to try on Americans. Parran was familiar with all the arrangements and wanted to be brought up to date on what progress had been made. People who worked underneath him remembered that Parran was very interested in the project and “a merry twinkle came into his eye when he said, ‘you know, we couldn’t do such an experiment in this country.’” Parran’s words directly support anthropologist Michael Taussig’s argument that international humanitarian healthcare projects operate as tools “for the penetration of forces that might otherwise be unacceptable.”⁶⁹ His irreverent treatment of the experiments reflects Wilson’s suggestion that the defense of international health required that “red tape be ruthlessly slashed”

⁶⁸ A.N. Richards to Joseph Moore, October 9, 1942, Hollinger Box 1a, folder 12. CDC Records of Dr. John C. Cutler.

⁶⁹ G. Robert Coatney to Cutler, February 17, 1947, Hollinger Box 1a, folder 11, CDC Records of Dr. John C. Cutler.

in the fight against disease.⁷⁰ The Guatemala studies offered a unique opportunity to test the limits of medical experimentation without meeting the ethical standards that experimentation in the U.S. required. Parran's words ring as sinister, but they also reflect his certainty that the PASB's work was valuable and his willingness to justify the abuse of the bodies of a few as a necessary sacrifice in order to prove penicillin's efficacy.

The researchers in Guatemala relished in the freedom their location provided, and in the knowledge that their superiors had given them free rein over the decisions made in the lab. When Dr. Fred Soper replaced Dr. Hugh Cumming, who had known about and supported the experiments, as the head of the PASB in 1947, the research team did express some anxiety that Soper might object to their methods. It can be surmised that Soper knew about the experimental procedure. In a letter between John Mahoney and John Cutler, Mahoney told Cutler that since Soper was ultimately responsible for work done by the PASB, he was entitled to full disclosure about their work in Guatemala.⁷¹ This letter is the last time that Soper's involvement is mentioned in documents from the experiments, but if Soper had an issue with the direct inoculation studies, his reservations were not sufficient to end the studies early.

The freedom from "red tape" that the experiments' location guaranteed was one of several motivating factors for holding the STD studies in Guatemala. Guatemala was ripe for exploration and analysis by the intrepid medical researcher. The U.S. presence in Guatemala supports the idea that experimentation abroad allowed for "...the human body itself [to] become the subject of exploration—and conquest."⁷² In November of 1946, Cutler took a trip to the Guatemalan lowlands to help *Sanidad Pública* create a survey of the country's prevailing rates of

⁷⁰ Wilson, *Ambassadors in White*, 316.

⁷¹ John Mahoney to John Cutler, June 30, 1947. CDC Records of Dr. John C. Cutler, Hollinger Box 1a, folder 11.

⁷² Goodman, McElligott, and Marks, *Useful Bodies*, 2.

sexually transmitted disease. His assistance in the survey was part of Cutler's larger plan to ensure Guatemalan compliance with the experiments, and Cutler also expressed excitement at the prospect of encountering non-venereal diseases unknown to doctors in the United States. In a letter to Mahoney, Cutler assured his superior that his team could "secure patients with many tropical diseases in the future if we will just go out and look for them."⁷³ Recruitment of test subjects is one of the most time-consuming and expensive portions of the experimental process, but in Guatemala the PASB researchers met amenable officials from the prison and military hospitals who offered up their men as immobile, highly observable subjects.⁷⁴ The United Fruit Company provided a foothold for the doctors to build upon, both with their preexisting public health facilities and with their boats, which were used to ship goods for the experiments.⁷⁵

Guatemala was remote, public opinion of the U.S. was high after the war, and Guatemala was desperately poor. The U.S. doctors were aware of their Guatemalan counterparts' desperation and used it to their advantage. Public health volunteers sent on behalf of the United States government spread goodwill for the nation and might have made some surface level changes, but their efforts were mostly facile and geared towards enhancing the philanthropic image of the country doling out aid.⁷⁶ They consciously set up treatment programs in the military and prison hospitals as bargaining tools to gain "complete cooperation."⁷⁷ The doctors who represented the PASB were well versed in what Wilson called the art of "gentle persuasion" and showed cunning in business as well. They did not come to do humanitarian work, but upon

⁷³ John Cutler to John Mahoney. November 12, 1946. Records of Dr. John C. Cutler,, Hollinger Box 1a.

⁷⁴ Adriana Petryna, *When Experiments Travel*, (Princeton: Princeton University Press, 2009), 30.

⁷⁵ Cutler, John, to Morrison, October 5, 1946.

⁷⁶ Taussig, Michael, "Nutrition, Development, and Foreign Aid," in *Imperialism, Health, and Medicine*, ed. by Vicente Navarro, Farmingdale, NY: Baywood Publishing Company, 1979, 145.

⁷⁷ John Cutler to John Mahoney. October 17, 1946, Hollinger Box 1a, Folder 13, CDC Records of Dr. John C. Cutler.

arrival in Guatemala they realized that their experimental work would be made easier by their participation in treatment programs.⁷⁸ When he noticed that the Military Hospital could not keep up their stores of penicillin for treating gonorrhea, Cutler proposed to have Mahoney purchase it through Staten Island and send it to Guatemala, where the Guatemalan army could pay the experiment account directly. In exchange for the time and money spent getting the penicillin, Cutler expected to receive from the military officials increased help with “treating all of our patients with early syphilis as we direct and keeping all of them in Guatemala City for the study.”⁷⁹

In addition to promising programs and supplies that would benefit Guatemalan public health in general, the USPHS doctors also created personal relationships with Guatemalan officials based on dependency. In November of 1946, Dr. Tejeda’s wife needed parenteral amino acids to treat a case of mercury poisoning. Even for a high-ranking military doctor, it would be impossible to obtain the medicine in Guatemala. Knowing this, Cutler wrote to Mahoney to tell him that he and Dr. Spoto thought it would be “a very good move” to give Tejeda the medicine. His hope was that assisting Tejeda’s ailing wife would “help in cementing our relations with those with whom we shall work here.”⁸⁰ These relationships based on the favors and dependency can be read as small-scale continuations of the relationship formed between the U.S. and Guatemala through a half-century of foreign intervention.

Science is often erroneously assumed to be an objective pursuit. Scientific research and medical practices are in fact deeply political, and medicine is shaped by its practitioners’

⁷⁸ John Cutler to John Mahoney, Sept. 3 1946, Hollinger Box 1a, Folder 13, CDC Records of Dr. John C. Cutler.

⁷⁹ John Cutler to John Mahoney, November 12, 1946, Hollinger Box 1a, Folder 13, CDC Records of Dr. John C. Cutler.

⁸⁰ John Cutler to John Mahoney, November 5, 1946, Hollinger Box 1a, folder 13, CDC Records of Dr. John C. Cutler.

ideologies. Guatemalan and U.S. researchers' beliefs about race and disease influenced the Guatemala experiment from its organization through its implementation. Before the beginning of the inoculation studies in the prison, Cutler wrote to Mahoney to say that his "Latin American expert," USPHS Assistant Chief of the Venereal Disease Division Joseph Spoto, had made him optimistic about the potential success in the prison studies.⁸¹ Spoto had assured Cutler that the team could do its work in the prison "with little or no explanation" as the "Indians...are only confused by explanations and knowing what is happening."⁸² Spoto's assessment of the mental capacity of "the Indians" reveals the racist, colonialist underpinnings of the experiment in Guatemala. It seems likely that the doctors, both from the U.S. and from Guatemala, felt justified in their abuses at least in part because they saw the non-white Guatemalan subjects as fundamentally different and less sentient than themselves.

The PASB doctors had such a warped perception of their test subjects that they were shocked when the sex workers and prisoners resisted the painful and degrading examinations. This is especially evident in the research team's description of finding and maintaining a pool of sex workers to use in the sexual exposure experiments. The women's role in the experiment involved intrusive vaginal inoculation of syphilis or gonorrhea, being plied with alcohol before having sex with three or four men a night, and going through weeks of treatment for the infection when they were no longer needed. Yet in the researchers' report written after the experiments were done, they wrote, "Contrary to what might be expected, it proved extremely difficult to obtain prostitutes willing to serve under experimental conditions."⁸³

⁸¹ John Cutler to R.C. Arnold, August 21, 1946, Hollinger Box 1a folder 13, CDC Records of Dr. John C. Cutler.

⁸² Ibid.

⁸³ Cutler, "Final Syphilis Report," Hollinger Box 1a, folder 1, 16, CDC Records of Dr. John C. Cutler.

This report, written by John Cutler in 1955, is one of the only sources available from which a researcher can draw a narrative about what really happened in the day-to-day operations of the experiments. The fact that the “Final Syphilis Report” was written seven years after the experiments ended, coupled with the problem that it and others only represent the opinions and memories of the U.S. researchers involved, makes it necessary to treat them with some skepticism. The “Final Syphilis Report” was never published, and the archival materials available give no explanation as to why the report was ever written, nor do they suggest why it went unpublished and if its authors knew it would not be circulated. It is impossible to determine if the full extent of the experiments is described in the Report. However, the “Final Syphilis Report” is still a useful document in analyzing the experiments. It is especially valuable in evaluating the perceptions the researchers had about the people they encountered in Guatemala and about the significance of their own work in the lives of the experimental participants and, more broadly, in the battle against sexually transmitted disease.

Prisoners’ resistance to participation also baffled the researchers and created problems with their experimental design. Much to Cutler’s dismay, Spoto’s “expert” prediction that they would face little resistance in the prisons was wrong. Rather than contentedly submitting to what doctors asked them, the men in the prison showed “a very widespread prejudice against frequent withdrawals of blood.”⁸⁴ The researchers considered the prisoners’ assertion of control over their own bodies the result of the men’s superstition and lack of education. They were frustrated that for all their coercive powers, they were unable to convince people who saw “no connection between the loss of a ‘large tube of blood’ and the possible benefits of a small pill.”⁸⁵

⁸⁴ Ibid.

⁸⁵ Ibid.

The doctors did not interpret these reactions as evidence that they should stop the experiments. Instead, they found a group of more easily manipulated people in Guatemala City's psychiatric hospital, *Asilo de Alienados*. There, coercing people into cooperating with doctors was as easy as giving them cigarettes. The hospital's patients would often attempt to make numerous trips past the physician, for blood-letting, cisternal puncture, or examination, just to augment their supply of tobacco.⁸⁶

Though there is no evidence that any of the people who were subjected to the experiments gave consent, the tests in the mental hospital are especially disturbing. The degree of lucidity varied between patients. While some were healthy enough to assist in caring for other patients, there were others who the research team reported did not even know their own names.⁸⁷ The researchers' tone is defensive in their explanation of the choice to run tests in the psychiatric hospital. Cutler's report claims that the decision to work in the hospital was only made after discussion among local officials in Guatemala City and with the PASB and USPHS staff. Anticipating that whoever read the report might object to the concept of running tests among a population who "did not know their own names," Cutler insisted that the experiment was necessary to "provide conclusive answers to a large number of questions of great importance."⁸⁸ They framed the work in the psychiatric hospital as necessary to the future development of "programs of national and international control of venereal disease."⁸⁹ Reading the "Final Syphilis Report" today, it is unclear the extent to which Cutler revised his memories to avoid

⁸⁶ Cutler, "Final Syphilis Report," Hollinger Box 1a, folder 1, 33, CDC Records of Dr. John C. Cutler.

⁸⁷ Cutler, "Final Syphilis Report" Hollinger Box 1a, folder 1, 32, CDC Records of Dr. John C. Cutler.

⁸⁸ Cutler, "Final Syphilis Report," Hollinger Box, folder 1, 1a, CDC Records of Dr. John C. Cutler.

⁸⁹ Cutler, "Final Syphilis Report," Hollinger Box 1a, folder 1, 22, CDC Records of Dr. John C. Cutler.

accusations of abuse, and how much he believed in earnest that the researchers' work was morally justifiable.

Troublingly, the researchers asserted that the tests were acceptable because "responsible medical officials representing all groups concerned" had done previous work with direct inoculation.⁹⁰ This prior experience, they went on to explain, had taught them that, "from the point of view of public and personal relations" it was necessary "to work so that as few people as possible knew the experimental procedure."⁹¹

The hospital only had one examination room, which was shared by all the members of the hospital staff and the visiting researchers. To avoid detection by staffers who were not involved in the experiment, Cutler and his team did the inoculations early in the morning, before members of the asylum staff were likely to see them, and on days when patients would not expect visitors, purposefully avoiding running trials on national and religious holidays.⁹² Ironically, in his description of the procedures involved in the intentional inoculations, Cutler assured the reader that, "It was our custom to respect all such events as much as possible and usually to reduce our activities to the minimum so that we would not interfere and antagonize."⁹³

The need for secrecy inhibited doctors from creating regular schedules for inoculation and treatment. The patients involved in the experiment suffered as a result of the randomness that secret keeping necessitated. The team was overzealous and inoculated too many people at once, so that the number of people to observe and treat outmatched the number of available doctors

⁹⁰ Cutler, "Final Syphilis Report," Hollinger Box 1a, folder 1, CDC Records of Dr. John C. Cutler.

⁹¹ Cutler, "Final Syphilis Report," Hollinger Box 1a, folder 1, 23, CDC Records of Dr. John C. Cutler.

⁹² Ibid, 30.

⁹³ Ibid, 24.

and staffers.⁹⁴ The researchers' lack of foresight about the special care required to work with people with severe mental illness complicated the experiment and endangered the patient's wellbeing. Researchers reported that at times, a patient who had just been in an experiment would get back in line, unrecognized by the overwhelmed staffers, and be put in two consecutive experimental groups.⁹⁵

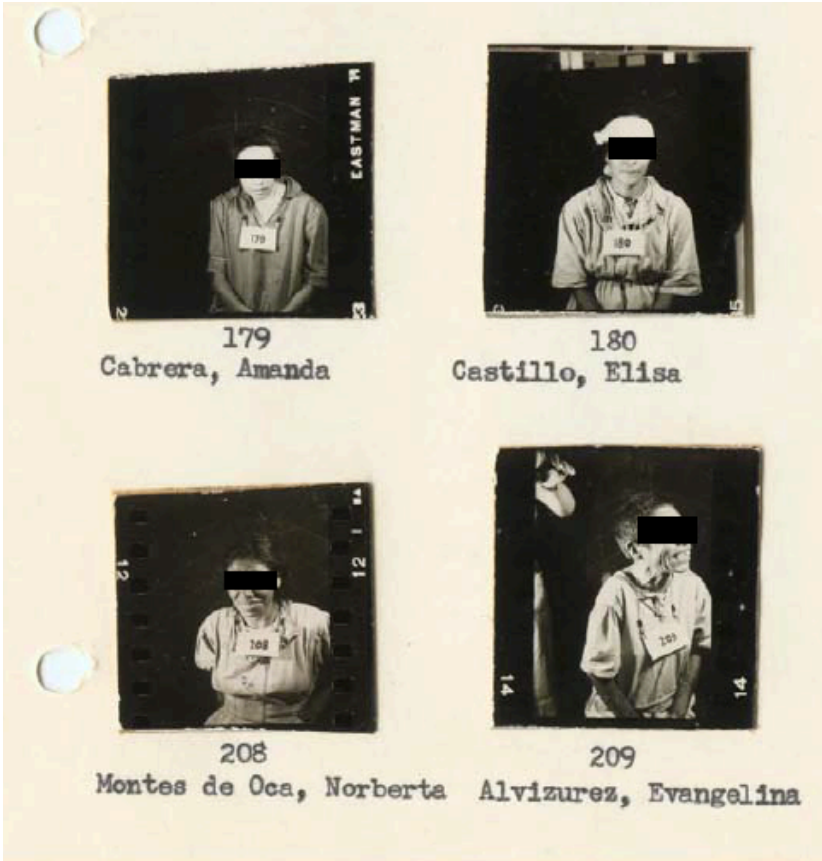
This group's vulnerability and cooperation led to a paternalistic relationship between the researchers and the hospital patients. Cutler's wife Eliese, who did clerical work on the experiments, got to know the patients who could not identify themselves and who were prone to wandering into multiple experimental groups.⁹⁶ Although they were "not considered an integral part of the final report," Eliese Cutler kept photographic records of the people in the *Asilo de Alienados*.⁹⁷

⁹⁴ Ibid, 34.

⁹⁵ Ibid, 32.

⁹⁶ Ibid.

⁹⁷ Ibid, 7.



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The researchers looked at the patients with condescension and pity, and noted that their “pathetic anxiety to participate” was the result of being “starved for attention and recognition as individuals.”⁹⁹

⁹⁸ Eliese Cutler, Photos of Patients in *el Asilo de Alienados*, 1947, in “Investigacion archivista sobre experimentos en seres humanos en Guatemala, 1947-1948,” 2011. This archival collection was compiled in Guatemala by the Comisión presidencial para el esclarecimiento de los experimentos en humanos en Guatemala (Presidential Commission for the Clarification of the Experiments in Humans in Guatemala). It largely contains the same documents available in the CDC John Cutler Archive, which was more frequently used in writing this thesis because it was more easily accessible. One interesting difference between the two archives is that in the CDC John Cutler Archive, names of people involved as test subjects have been redacted, while they remain visible in the Guatemalan source.

⁹⁹ Cutler, “Final Syphilis Report”, Hollinger Box 1a, folder 1, 33, CDC Records of Dr. John C. Cutler.

The doctors likely felt that what they were doing was unethical, as we can see in the self-conscious secrecy that surrounded all of the experiment's operations, in their attempts to frame their work as essential to international health in the experimental report, and in correspondence between public health officials throughout the experiments. Secrecy was essential throughout the experiment. As they moved forward with their experiment in the prisons, Cutler wrote to Mahoney and emphasized the need to provide details only to those who could be "trusted not to talk."¹⁰⁰

Any trepidation they had about deviating from ethics was based on fear of public backlash rather than any expressed moral qualms. In 1948, Arnold revealed to Cutler that he was "a bit, in fact more than a bit leary (sic) of the experiment with the insane people as they cannot give consent and do not know what is going on." Arnold's main concern was that if "some goody organization got wind of the work, they would raise a lot of smoke."¹⁰¹

The experiment is an example of the clear discrepancy between accepted ethical standards of the time and the actual practice of these public health officials. In early 1947, the lab team had hit its stride in research. They had begun the sexual exposure tests in the prison and military hospital and they were receiving recognition from their higher ups and from members of the medical community for their project.¹⁰² One unnamed Johns Hopkins pathologist told Mahoney that their "show" had attracted "rather wide and favorable attention up here"¹⁰³ Among the people eager to work with the researchers in Guatemala was USPHS doctor Harry

¹⁰⁰ John Cutler to John Mahoney, May 17, 1947, Hollinger Box 1a, folder 11, CDC Records of Dr. John C. Cutler.

¹⁰¹ R.C. Arnold to John Cutler, April 19, 1948, Hollinger Box 1a, folder 12, CDC Records of Dr. John C. Cutler.

¹⁰² John Mahoney to John Cutler, October 15, 1946, Hollinger Box 1a, folder 13, CDC Records of Dr. John C. Cutler.

¹⁰³ Mahoney to Cutler, October 15, 1946, Hollinger Box, folder 13, CDC Records of Dr. John C. Cutler.

Eagle, who had recently discovered that penicillin injected in rabbits a few days after exposure to syphilis could prevent it from developing.¹⁰⁴ But before any plans could be made for collaboration with Dr. Eagle, the *New York Times* ran a report on his discovery. Following the summary of the study's findings, the author wrote, as if directed at the Guatemala study's doctors, "To settle the human issue quickly it would be necessary to shoot living syphilis germs into human bodies... Since this is ethically impossible, it may take years to gather the information needed."¹⁰⁵ Cutler had considered Mahoney overcautious about the secrecy of the experiments. When he saw the article, he wrote to Mahoney and sheepishly admitted, "it is becoming just as clear to us as it appears to you that it would not be advisable to have too many people concerned with this work... We are just a little bit concerned about the possibility of having anything said about our program that would adversely affect its continuation."¹⁰⁶

The experimental team was so convinced of the value of their work that even the publication of the Nuremberg Doctor's Code in August 1947 did not deter them. Point number one of the ten point Doctor's Code, which was written in response to the discovery of the pseudoscientific experiments run by Nazi doctors, mandates that "the voluntary consent of the human subject is absolutely essential."¹⁰⁷ Publications made in response to the Guatemala experiments, including the Bioethics Commission and the Guatemalan Commission, use the Code and the Guatemala team's flagrant disregard for its stipulations in evaluating the ethical

¹⁰⁴ John Mahoney to John Cutler, May 5, 1947, in PCSBI, *Ethically Impossible*, 74.

¹⁰⁵ "Syphilis Preventive," *The New York Times*, April 27, 1947, in McNeil, Donald Jr. "Panel Hears Grim Details of Venereal Disease Tests," *The New York Times*, August 30, 2011, accessed April, 2016.

¹⁰⁶ John Cutler to John Mahoney, May 17, 1947, Hollinger Box 1a, folder 11.

¹⁰⁷ George Annas and Michael Grodin, eds, *The Nazi Doctors and the Nuremberg Code: Human Rights in Human Experimentation*, (New York: Oxford University Press, 1992), 53.

violations involved in the experiments.¹⁰⁸ But while the experiment in Guatemala was reprehensible, it is important to keep in mind that the experiments run by the PASB and the Nazi scientists' unscientific manipulation of human bodies are not neatly analogous. Though the Doctor's Code applied to all medical research, it would not require mental gymnastics for the Guatemala doctors to convince themselves that their work was completely distinct from that carried out by Nazis and to excuse themselves from the standards set after the Nuremberg trials. Cutler saw himself and his team as soldiers in "the search for means of preventing contagion" that had been carried on "since the beginning of recorded medical history."¹⁰⁹ In their book on medical experiments on humans, anthropologists Goodman, McElligot, and Marks contend that abuses in experimental medicine come from a miscommunication about the role of medical science. Whereas the layperson might view the doctor's duty as treating sick individuals, the authors argue that from the beginning of the twentieth century racial hygienists, medical doctors, and scientists have sought to reconstitute the individual body as a healthy part of a "resilient" national body.¹¹⁰

This interpretation of medical science made reporting the experiments complicated for the doctors involved. They wanted their work to be hidden enough to avoid castigation by "goody" organizations, but public enough that they could get recognition and gratitude for their part in working towards improved hemispheric health. Dr. Rafael Espada, former Vice President of Guatemala and head of the Guatemalan government commission that evaluated the experiments, holds that for years the experiment was an "open secret" in Guatemala, despite the

¹⁰⁸ U.S. Presidential Commission for the Study of Bioethical Issues and the Guatemalan Commission.

¹⁰⁹ John Cutler, "Experimental Studies in Gonorrhoea", October 29, 1952, Hollinger Box 1a, folder 15, 1.

¹¹⁰ Goodman, McElligot, and Marks, *Useful Bodies*, 11.

measures experimenters took to keep it hidden.¹¹¹ Throughout the three-year-long experiment, oblique references to the work in Guatemala were made in the annual reports of the Public Health Service, referring to it only as the “Guatemala Project.”¹¹² One entry in the USPHS *Journal of Venereal Disease Information* goes as far as to describe experiments in the prevention and treatment of syphilis run in Guatemala City, which was chosen, “because of the relatively fixed character of the population and because of the highly cooperative attitude of the officials, both civil and military.”¹¹³

Oddly, John Mahoney, who wrote this publication, skews the timeline of the experiments. In July of 1947, when the inoculation studies had been running for months and researchers had been in Guatemala for a year, Mahoney wrote that the experiments had only just been organized and “actual experimental studies will be initiated in the immediate future.” Guatemalans involved in the study also tried to straddle the line between letting the experiments, and three years of their work, go forgotten and trying to evade suspicion about the ethical flaws of their methodology.

In 1952, Funes published an article in the Bulletin of the Pan-American Sanitary Bureau describing a “carefully controlled” inoculation study that had taken place in Guatemala City in 1948. The main problem that researchers from the U.S. had encountered in studying prophylactic treatments used on women was the stigma surrounding sexually transmitted disease and

¹¹¹ Rafael Espada, oral history by author, Guatemala City, May 16, 2016.

¹¹² Mahoney, John, “Guatemala Project” in “Annual Report of the Federal Security Agency,” United States Public Health Service, Washington, D.C. 1947, 131.

¹¹³ John F. Mahoney, “Some Significant Aspects of Venereal Disease Research, in *The Journal of Venereal Disease Information*, Federal Security Agency, USPHS, volume 28, number 7 July 1947, 131.

women's refusal to come forward to participate in experiments.¹¹⁴ According to Funes, the legality of prostitution in Guatemala allowed researchers to study prophylactic treatments in six of Guatemala City's sex workers. In reality, the experiments using sex workers took place in 1947 and involved twelve women, not six, who were not informed that they would be exposed to infection.¹¹⁵ The experimental design was not meant to elicit information about preventive healthcare for women at all. Unless the PASB ran a separate prophylactic experiment in sex workers that was never mentioned in any of the lab reports from the experiment, it appears that Funes revised the details of the experiments so that their results would not go to waste.

Documentation from the experiments is replete with ironies and contrasts between how the public understands the doctor's duty and how these doctors saw their own vocation. This is especially evident in Cutler's lament that "clandestine affairs, with respect to gonorrhoea, are far safer than ever before imagined."¹¹⁶ It is perplexing that any medical professional who had agreed to the Hippocratic Oath and thereby swore to work for the benefit of their patients, as all of the researchers likely had, could be disappointed by the lack of disease in a population.¹¹⁷ The trouble with using the Hippocratic Oath in analyzing medical experimentation is that while the Oath precludes doctors from doing harm to patients, it does not apply to test subjects.¹¹⁸ In Guatemala, the doctors did not see the people they infected with disease as patients at all. They saw them as "useful bodies."¹¹⁹

¹¹⁴ Juan Funes and Casta Luz Aguilar, *La solución de mafarside-orvus en la profilaxis de la blenorragia en la mujer*, Boletín de la Oficina Sanitaria Panamericana, Guatemala City, 1952.

¹¹⁵ Cutler, "Final Syphilis Report," Hollinger Box 1a, folder 1.

¹¹⁶ John Cutler to John F. Mahoney, June 22, 1947, Hollinger Box 1a, folder 11.

¹¹⁷ "Hippocratic Oath." *The British Medical Journal* 2, no. 4580 (1948): 725., accessed November, 2016 <http://www.jstor.org.proxy.library.emory.edu/stable/25365228>.

¹¹⁸ Annas and Grodin, *Nazi Doctors and the Nuremberg Code*, 123.

¹¹⁹ A reference to Goodman, McElligot, and Marks's aforementioned book. .

Running the experiment in Guatemala provided the PASB researchers with a large, readily available pool of humans on whom to run experiments. But on a bigger scale, the experiments were an exertion of direct control over the bodies of neo-colonial subjects. The U.S. government rooted itself in Guatemalan political and social life first through capitalist expansion and then through the direct policing of Guatemalan peoples' bodies.

They were also part of a utilitarian vision of world health, in which the health of the individual was inconsequential in the fight for a prophylactic treatment that would keep many people, and especially many people in the United States, healthy. In the documentation of the experiment written years after the trials closed, Cutler repeatedly remarks that every lie that was told and all the suffering of people whose health was compromised during the three years of trials was necessary "in the interests of the total experiment."¹²⁰ U.S. doctors felt that their work transcended ethical standards that stipulated gaining consent from all participants and practicing a policy of doing no harm. They saw their work as necessary and righteous in the defense of their nation's health.

Running medical experiments abroad was clearly beneficial to these U.S. researchers and to their supervising organizations, the USPHS and PASB. To their own benefit, the U.S. medical institutions exploited Guatemala's poverty and its dependence on U.S. foreign aid. Considering the U.S.'s neocolonial grasp on Guatemala, coercion was inherently involved in every interaction between the U.S. doctors and doctors and staffers from Guatemala. But in many cases, heavy coercion was not necessary. The next chapter is an analysis of why Guatemalan officials, from President Arévalo to the staffers in the military hospital and the prison, were willing to collaborate with the United States, and what they saw as their potential benefit from the

¹²⁰ Cutler, "Final Syphilis Report," Hollinger Box 1a, Folder 1, 23.

relationship. It also explores the prejudices within Guatemala and how Arevalistas conflated hygiene, patriotism, and race in discussions about Guatemalan progress and modernization.

Chapter Two: *Protegiendo nuestra raza*

In June of 1947, Dr. Carlos Tejeda, Chief of the Guatemalan Army Military Department, was desperate. Despite governmental campaigns to prevent the spread of sexually transmitted diseases in the military, his soldiers continued to contract STDs. The military medical department had been hopeful when doctors from the United States Public Health Service arrived in 1946 and introduced a series of STD experiments on soldiers, but the results were not coming fast enough. “Sincerely,” begins Dr. Tejeda’s pleading letter to John Cutler, “I am writing you and urging you to formulate an Emergency Prophylaxis Plan for venereal disease, intended for the National Army as quickly as possible.”¹²¹ Cutler was happy to oblige. Since the experiments began a year earlier, Cutler had been working on establishing relationships with and ensuring the cooperation of Guatemalan public health officials. Cutler had first gained Tejeda’s loyalty when he supplied medicine unavailable in Guatemala to Tejeda’s ailing wife. Devising a plan to prevent the spread of sexually transmitted disease in the National Army guaranteed that Tejeda would keep supplying the PASB researchers with soldiers to serve as test subjects.

As I established in the preceding chapter, U.S. health institutions had a history of using public health as a tool to promote a sense of Pan-American unity that served the colonialist interests of the United States. Guatemala also provided the researchers an experimental space that allowed them to work outside the procedural norms they felt inclined to follow on U.S. soil. But the ultimate motivating factor, and what makes these experiments unique to the relationship between the U.S. and Guatemala, was the willing participation of Guatemalans under the leadership of President Juan José Arévalo. Arévalo advocated for workers, even when it meant

¹²¹ Carlos Tejeda to John Cutler, June 17, 1947, Hollinger Box 1a, folder 12, CDC Records of Dr. John Cutler.

evoking the ire of the UFCO and the U.S. State Department.¹²² He championed democracy and social welfare programs, and considered himself to be of the same ilk as Franklin Roosevelt.¹²³ At first blush, Arévalo's progressive administration appears incompatible with a permissive attitude towards the Guatemala experiments. However, the Guatemalan Commission for the Clarification of the Experiments Practiced with Humans reported that although no one piece of evidence directly links Arévalo to the experiments, it is Arévalo likely knew they were happening.¹²⁴ Whether Arévalo did or did not directly authorize the experiments, they align with the social welfare policies that formed the basis of his political platform. To the benefit of the American researchers, they entered Guatemala in a historical moment in which the government was willing to accept the ethical implications of the experiments in exchange for medical progress.

In 1944, university students and labor organizations forced President Jorge Ubico to resign, beginning the period of representative democracy in Guatemala known as the "Ten Years of Spring."¹²⁵ In 1945, Arévalo won the presidency in a landslide election, sweeping 85 percent of the vote among the population of literate men that were enfranchised by the Revolutionary Constitution of 1944.¹²⁶ Ubico had prioritized Guatemalan political and social stability, which he believed only "the timely show or use of force" could guarantee.¹²⁷ Ubico censored the press and relied on secret police to cut down on crime and to reveal political dissidents, who were routinely

¹²² Manuel Galich, *Por que lucha Guatemala*, (Guatemala City: Catafixia, 2015), 177.

¹²³ A Proposito de una Conspiracion, Leido por Radiotelefonía, 27 de September 1947, in *Arévalo*, 129.

¹²⁴ Comisión Presidencial para el esclarecimiento de los experimentos en humanos en Guatemala, 1946-1948. "Consentir el dano, 2011, Guatemala City, Guatemala. 55.

¹²⁵ Augusto Cazali Ávila, *Historia Política de Guatemala, El Gobierno de Juan José Arévalo (1945-1951), Siglo XX, Volumen II*, (Guatemala City: Universidad de San Carlos. 2014), 17.

¹²⁶ Schlesinger and Kinzer, 32.

¹²⁷ Schlesinger and Kinzer, 42.

jailed and tortured.¹²⁸ Arévalo sought to undo Ubico's policies and purge the government of Ubico's cronies. He filled a new cabinet with appointees he hand-selected, and who he extolled as decent men.¹²⁹ Arévalo immediately returned railway, light, sanitary, and water services, which had been militarized under Ubico, to public control.¹³⁰ The key priority of the new administration was to ensure that hard-fought democracy continued to grow, and that Guatemala would remain "an example for all the places that fight for their liberty."¹³¹

Arévalo energized the country and promised to usher in a new era marked by prosperity for all Guatemalans. This prosperity depended on the elevation of universities and the nation's cultural development through education. Ubico's main concern was Guatemala's physical development, which he urged along by building water-purification plants, pipelines, and other infrastructural projects. Unlike Ubico, who was suspicious of intellectualism and advocated for Guatemala's economic growth over all else, Arévalo focused on the country's mental and moral development.¹³² Arévalo promised to "build the great homeland we yearn for," but first called on his people to "convince ourselves that with a country that is poor, nutritionally deprived, and ignorant," progress was impossible.¹³³ Arévalo aligned himself with the Frente Popular Libertador, Guatemala's students' party, and he promised to convert the country's universities into autonomous centers of higher learning. Arévalo called his doctrine of psychological

¹²⁸ Schlesinger and Kinzer, 43.

¹²⁹ "New Guatemala Cabinet," *The New York Times*, March 18, 1945.

¹³⁰ "Public Utilities Demilitarized," *The New York Times*, April 18, 1945.

¹³¹ El Presidente Electo al Pueblo de Guatemala, Manifiesto Leído por la Radio-emisora TGW "La voz de Guatemala" 15 de Febrero de 1945, in *Arévalo*, 25.

¹³² Grieb, *Guatemalan Caudillo*, 163.

¹³³ Manifiesto del Partido Renovación Nacional, July 2, 1944, Guatemala City, Guatemala. <http://cirma.org.gt/glifos/index.php/ISADG:GT-CIRMA-AH-045-004-001-002-044>

liberation and cultural growth Spiritual Socialism, which he believed represented “a true innovation for our America.”¹³⁴

Arévalo rose to power with the support of Guatemala’s academics and leftist intellectuals, but the rural and urban poor also made him their champion.¹³⁵ Arévalo tempered his optimistic promises about Guatemala’s future by acknowledging, “We cannot achieve our spiritual work while there is misery in humble places.”¹³⁶ The promises he made to the poor were not empty. In addition to advocating for the study of philosophy, literature, and science in Guatemalan universities, Arévalo implemented plans to teach practical skills and boost literacy amongst the country’s poorest populations. Education programs even extended to Guatemala’s notorious prisons, in which Arévalo directed that anyone who remained incarcerated for 5 or more months must be taught how to read and write.¹³⁷

In 1946, during the early days of the PASB studies in Guatemala City, Arévalo dispatched *Misiones Ambulantes de Cultura* to Guatemala’s rural highlands. He installed himself as the direct overseer of these traveling missionary groups of medical students, teachers, agricultural experts, and translators. They roamed Guatemala to teach reading and farming techniques, but also to educate the people in “patriotism, the rights and duties of Guatemalan citizens, the origin and goals of the revolution, and health and childcare.”¹³⁸

¹³⁴ Juan José Arévalo, quoted in Piero Gleijeses, *Shattered Hope: The Guatemalan Revolution and the United States*, Princeton University Press, 1991, 216.

¹³⁵ Cazali Ávila, Augusto, *Historia Política de Guatemala, El Gobierno de Juan José Arévalo (1945-1951), Siglo XX, Volumen II*, Guatemala City: Universidad de San Carlos. 2014. 356.

¹³⁶ Juan José Arévalo, *Discursos en la presidencia*, in Fernando Berrocal Soto, *Juan José Arévalo: El hombre y el político*. (Costa Rica, 1966), 196.

¹³⁷ Valdes to Gobernadores de Ministerio de Gobernacion, February 14, 1946.

¹³⁸ Alan Lebaron, “Impaired Democracy in Guatemala: 1944-1951,” (PhD diss., University of Florida, 1988), 50, accessed October, 2016, <http://ufdc.ufl.edu/AA00003366/00001/59j>

Arévalo portrayed himself as a Guatemalan patriot who would, with his followers, “forge a new Guatemala” made up of dignified, proud citizens.¹³⁹ He was thus more critical of foreign political and economic intervention than any leader who had preceded him.¹⁴⁰ He chose Enrique Munoz Meany as his Foreign Minister, whose policy on inter-American relations reflected three goals: to defend the nation’s right to self-determination, to ensure non-intervention in the State’s internal affairs, and to fight against colonialism.¹⁴¹ In 1947 Arévalo took firm action against United Fruit, which he thought ran contrary to Guatemalan interests, with a Labor Code that set guidelines for working conditions and for dealing with disputes between worker and employer.¹⁴² Arévalo’s Labor Code garnered accusations of communism, made Arévalo an enemy of UFCO, and made the FBI suspicious of his administration, but still he defended the Code.¹⁴³ In 1947, representatives from the U.S. State Department asked Arévalo to sign a document denouncing General Ponce Vaides, who had been the interim ruler between the 1944 Revolution and Arévalo’s election. If Arévalo’s own account of the exchange is to be believed, he responded, “My answer was most authentically Arevalismo: ‘Washington has nothing to do with these problems...and I prefer the government of a Ponce Vaides before a foreign intervention.’”¹⁴⁴

Before Arévalo took a hardline stance against foreign intervention, many years before he wrote *El Tiburón y las sardines* and denounced Pan-American diplomacy as a “valuable instrument at the service of the Shark,” he had tried to work within the hierarchy of American

¹³⁹ Mobil, José Antonio, *La década revolucionaria*, 43.

¹⁴⁰ Cazali Ávila, *Historia política de Guatemala*, 125.

¹⁴¹ *Ibid*, 129.

¹⁴² A Proposito de una Conspiracion, Leido por Radiotelefonía, 27 de September 1947, in *Arévalo*, 129.

¹⁴⁴ *Ibid*.

states to benefit his country.¹⁴⁵ Arévalo was a nationalist but never an isolationist. He understood that he had to cooperate with the U.S. in order to achieve his goal of a more powerful Guatemala.

In part, Ubico had submitted himself and his country to the U.S. State Department so fully because he saw that relationship as a route to establishing Guatemalan dominance on the Central American isthmus. As the largest republic in Central America and the region's former colonial capital, Guatemalans inherited the belief that their country held a "special position" among its neighbors.¹⁴⁶ Arévalo's policies in foreign relations indicated that he and his predecessor shared the belief that Guatemala, located at the center of the hemisphere, should occupy, in the "a place corresponding to its geographic position" in the international order.¹⁴⁷

Since he was a young man, Arévalo had envisioned a united Central America. In his eyes, the division of the isthmus into small republics kept them economically disabled. He believed that the disintegration of the former Federal Republic of Central America had resulted in greater equality among the other four states, at Guatemala's expense.¹⁴⁸ This desire influenced Arévalo and his administration in how they interacted with the U.S. and its corporate holdings in Guatemala. Upon taking office, Arévalo announced that all capitalists, industrialists, and agriculturists had full support of the government, so long as they proved to work "for the enhancement of Guatemala."¹⁴⁹ Article 32 of the 1945 Guatemalan Constitution prohibited the "formation and functioning of political organizations of an international or foreign character."¹⁵⁰

¹⁴⁵ Arévalo, *The Shark and the Sardines*, 13.

¹⁴⁶ Grieb, 82, 71.

¹⁴⁷ Ponencias de la Cuarta Convención Centroamericana" *Diario La Republica*, October 8 1944"

¹⁴⁸ Juan José Arévalo, "Istmania (Tierras del Istmo)," in the author's *Escritos Políticos*, 12-28; quoted in Bishop, Jefferson Mack, "Arévalo and Central American Unification", PhD at Louisiana State University and Agricultural and Mechanical College, 1971, 33.

¹⁴⁹ Arévalo, Discurso en el palacio del congreso, March 15, 1945, in *Arévalo*, 52.

¹⁵⁰ Raymond Ruggiero, "The Origins Of A Democratic National Constitution, the 1945 Guatemalan Constitution and Human Rights," PhD diss, Florida State University, 253.

However, the Constitution made an exception for “organizations proposing the Central American Union or the doctrines of Pan-Americanism or continental solidarity.”¹⁵¹

Arévalo worked within the system that he had inherited from the likes of Estrada Cabrera and Ubico. In order to achieve his nationalistic goals, Arévalo was willing to make compromises with other Central American states and with the U.S, and to ask for help if it benefitted his people. In May of 1945, the Guatemalan Minister of Public Health asked the United States Congress for \$1,000,000 to build the Roosevelt Hospital and to fund public health programs in Guatemala.¹⁵² Though he advocated for Guatemalan sovereignty, Arévalo understood that maintaining a relationship with the United States was essential for the success of any nation in the region.

Patriotism and health, both moral and physical, were tied together. Arévalo’s chosen director of Guatemala’s Ministry of Public Health and a lead participant in the STD experiments, Dr. Luis Galich, called on the people of Guatemala, saying, “When we, as clean people who live in cities and houses hold health in high regard, when we...know the resources of modern health science, ...and reject the unhealthy, not just as dangerous but as unseemly for civilization, we [can be] called a great people.”¹⁵³ Disease and poor sanitation were portrayed as direct threats to Guatemala’s political and cultural development. Not only was an unhygienic person susceptible to disease of the body, he was susceptible to personal and patriotic failure.

Guatemala’s indigenous population and their varied customs and languages presented another barrier to Guatemala’s patriotic development. Arévalo was more sympathetic to the

¹⁵¹ Ibid.

¹⁵² “Guatemala Asks Health Fund.” *The New York Times*, May 31, 1945.

¹⁵³ “Galich fue nombrado director de Sanidad Pública” *Boletín de la dirección general de Sanidad Pública*, no. I, February, 1947. 6.

exploitation and cultural destruction indigenous people had suffered than Ubico had been.¹⁵⁴ Still, Arévalo, “believed that the Indian people must be integrated into the dominant, European-oriented culture.”¹⁵⁵ To become a leader in Central America and an “advanced society,” Guatemala needed to provide its citizens with “knowledge of life in a civilized society.”¹⁵⁶ Since he could not expect Central Americans to travel to a civilized country to make the necessary observation, Arévalo contended that the burden of transmitting the “civilizing word” fell on Guatemalan intellectuals.¹⁵⁷

In addition to instructing Guatemalans in the customs of civilized society, Arévalo’s vision of Guatemalan advancement required the Guatemalans to develop physically. In a speech about the government’s progress in public health, Arévalo praised the newly formed *Oficina de Sanidad Pública* for working to find an “appropriate instrument...to protect our race and to improve its biological qualities.”¹⁵⁸ Arévalo saw Guatemala, fundamentally, as a Hispanic country, and believed that its Indigenous population hindered its advancement. The suggestion that a race had essential biological qualities that needed to be protected indicates that Arévalo bought into the ideas of eugenics. He considered himself an advocate for workers and the poor, but their success in his modern Guatemala depended on the destruction of their race.

¹⁵⁴ Nick Cullather, *Secret History, the CIA’s Classified Account of Its Operations in Guatemala, 1952-1954*, (Stanford: Stanford University Press, 1999), 9-10.

¹⁵⁵ Cullather, *Secret History*, 49.

¹⁵⁶ Juan José Arévalo, *Istmania (Tierras del Istmo)*, in Bishop, Jefferson Mack, “Arévalo and Central American Unification”, PhD at Louisiana State University and Agricultural and Mechanical College, 1971, 33.

¹⁵⁷ *Ibid*, 33.

¹⁵⁸ Arévalo, Primer Informe al Congreso Nacional, Palacio del Congreso, 1 March 1946, in *Arévalo*, 98.

Arévalo had been educated in Europe and Argentina and credited Guatemala's "high culture" as a gift "from across the ocean, predominantly France and Spain."¹⁵⁹ Arevalista reformers also believed they had a duty to further educate themselves, when necessary, by researching in other nations, and bringing foreign experts to Guatemala to help guide the reform programs.¹⁶⁰ If Guatemala was to be culturally, politically, and morally strong, it needed a new generation of doctors to oversee the health of its people. To develop Guatemala's scientific and medical talent domestically, they looked to foreign countries. The Health Ministry established treaties with the PASB to encourage medical aid and confront disease in Guatemala.¹⁶¹ The United States invited doctors from Guatemala, like USPHS fellow Juan Funes, to study in American labs throughout the Ubico presidency. Although Arévalo overhauled many of Ubico's policies, he continued to send his countrymen to the United States on scholarships to receive medical training.¹⁶²

Under Arévalo, the country entered a period of rapid development in public health. The Guatemalan left was drawn by promises of a modern Guatemala and an educated, healthy population to participate in the culture they were actively trying to create. Guatemala had reached an unprecedented moment in its medical history. As was typical for Latin America, the Catholic Church had traditionally taken responsibility for the health and physical wellbeing of Guatemalans. Arévalo was highly critical of religious education, which he claimed prevented academic freedom and impaired Guatemalan students' reception of liberal European

¹⁵⁹ Lebaron, "Impaired Democracy," 49.

¹⁶⁰ Ibid, 53.

¹⁶¹ Cazali Ávila, *Historia política de Guatemala*, 257.

¹⁶² Ibid, 259.

ideologies.¹⁶³ In line with the leftist government's hope to modernize the country, it took on a new, secular approach to health.

Though Ubico had promoted programs of sanitation and healthcare, they had been largely ineffective. Living and sanitary conditions in Guatemala varied widely depending on class and geographic location, and until 1945 the health of Guatemala's people had been one of many responsibilities of the Secretary of Government and Justice.¹⁶⁴ The Arevalistas made their citizens' health their direct responsibility, and Guatemala's new constitution was among the first in Latin America to explicitly state that citizens had a right to healthcare.¹⁶⁵ The new constitution emphasized that a duty of municipal councils was to "see that the town be kept clean and healthy" and to oversee each municipality's hospitals.¹⁶⁶

Soon after his election, Arévalo began a campaign to decrease the disparity in health services by providing free or discounted medicine and medical care to Guatemala's poor.¹⁶⁷ A 1950 retrospective on Arévalo's presidency proudly recalls that "the government of the Republic has spent millions of Quetzales on public health...hospitals and clinics fight constantly against human pain, and contribute to the current wellbeing that exists in all of Guatemala."¹⁶⁸ In 1946, Arévalo created a social security system based on Roosevelt's system in the United States. Originally intended to protect workers' rights and their access to healthcare in work-related

¹⁶³ From Arévalo, Juan José, *Discursos en la presidencia*, in Berrocal Soto, Fernando, *Juan José Arévalo: El hombre y el político*. Costa Rica. 1966. 197.

¹⁶⁴ Cazali Ávila, 255.

¹⁶⁵ José Alberto Mainetti and Mary M. Solberg. "Medical Ethics, History of the Americas: IV. Latin America." In *Encyclopedia of Bioethics*, 3rd ed., edited by Stephen G. Post, 1547-1552. Vol. 3. New York: Macmillan Reference USA, 2004. *Gale Virtual Reference Library*.

¹⁶⁶ Article 321, Constitution of Guatemala.

¹⁶⁷ "Guatemala Begins Program of State Medicine to Provide Access to Doctors," *The New York Times*, November 24, 1945.

¹⁶⁸ *Nuestra Guatemala*, 20 October 1950.

accidents and illnesses, the Instituto Guatemalteco de Seguridad Social became an agency to provide healthcare across the country.¹⁶⁹

One of Arévalo's priorities was to modernize the military. To ensure the National Army's loyalty to the revolution, Arévalo increased soldiers' salaries and provided scholarships for soldiers and officers to be educated abroad.¹⁷⁰ Improving soldiers' living standards, as well as keeping enlisted men free from disease, served the interests of the Guatemalan state. In 1945, the government reorganized the *Departamento Medicomilitar*, which visited army barracks to assess their hygienic conditions. The constitution established that the military must act completely outside of the direction or influence of the current political party, but at the same time the state was taking an intensive interest in the bodies of soldiers. For the first time, the *Departamento Medicomilitar* compiled individual medical files on soldiers "to obtain sanitary control of every component of the institution."¹⁷¹

There was an established need for preventative treatment of sexually transmitted diseases before the STD experiments began in 1946. In 1945, the president's newly formed *Departamento Medicomilitar* gave "strict instructions" for military surgeons to give weekly lectures warning soldiers about the dangers of venereal disease.¹⁷² The *Departamento Medicomilitar* distributed propaganda to soldiers to teach them about the transmission and treatment of a "real life monster," syphilis. Though prostitution had been legally regulated since

¹⁶⁹ Galich, Manuel. *Por qué lucha Guatemala. Arévalo y Arbenz: dos hombres contra un imperio*. Guatemala: Ministerio de Cultura y Deportes de Guatemala, 1994, 211.

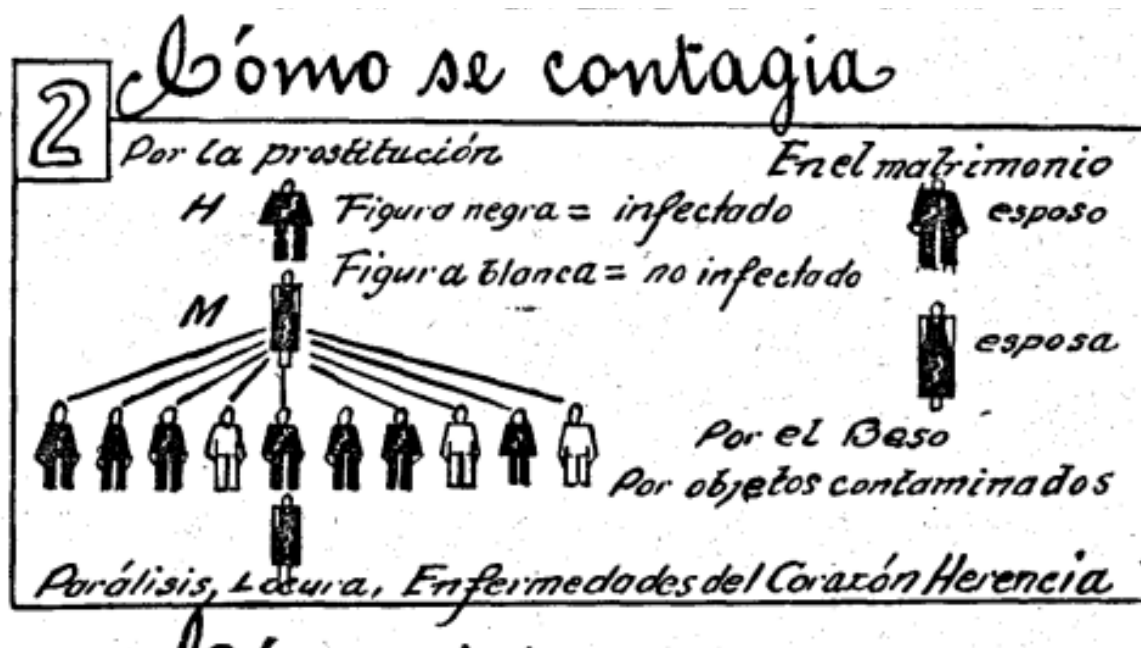
¹⁷⁰ Jennifer Schirmer, *The Guatemalan Military Project: A Violence Called Democracy*, (Philadelphia: University of Pennsylvania Press, 1999), 13.

¹⁷¹ "Informe del Presidente Juan José Arévalo Bermejo", March 1, 1946, 94.

<http://cirma.org.gt/glifos/index.php/ISADG:GT-CIRMA-AH-045-005-001-017>.

¹⁷² Ibid.

1881, the Departamento warned soldiers that sleeping with or even kissing a sex worker increased their chances of contracting syphilis dramatically.¹⁷³ Officially, prostitutes were supposed to be treated for STDs in clinics where they could be cleared for work, but testing was not thorough and if found, symptoms were rarely treated.¹⁷⁴ Among soldiers, however, the 1945 *Informe del Presidente* proudly reports that in the treatment of syphilis, “preference has been given to the most modern methods, penicillin being used.”¹⁷⁵



¹⁷³ “La sífilis: su causa, como se contagia, como debe curarse,” Departamento Medico Militar, Ejercito de Guatemala, 1946.

¹⁷⁴ McCreery, David. “‘This Life of Misery and Shame’: Female Prostitution in Guatemala City, 1880-1920.” *Journal of Latin American Studies* 18, no. 2 (1986): 351, <http://www.jstor.org.proxy.library.emory.edu/stable/157109>.

¹⁷⁵ Ibid.

The *Departamento Medicomilitar* published this diagram about the transmission of venereal disease in an informative pamphlet to give to soldiers. The images chosen by its creator, black for an infected person, and white for a healthy person, are yet another example of the ways that race, sometimes subtly and often explicitly, crept into medical science. It seems impossible that Guatemalan officials could fail to see the irony in Artículo 337 of the 1946 Guatemalan penal code, which stipulated that, “He who finds that he has contracted a venereal disease and transmits it knowingly to another person will be punished with a year in correctional prison if the disease is easy to cure, or with three years if the disease is more serious.”¹⁷⁶ In the same year that the *Departamento Medicomilitar* published this pamphlet its own administrators began participating in the intentional infection experiments.

The government’s effort to modernize and secularize Guatemalan medicine pushed into the sexual conduct and health of its people. The Arevalistas placed new emphasis on the accessibility of prophylactic treatments to the public, and presidential documents indicate that they were filling what had previously been a gap in public health. The annual *Informe del Presidente* for 1945 quantified the reception to new rapid STD treatment centers, which “12,289 women visited, of whom 985 were hospitalized.” The *Informe* also notes, almost in passing, that, “An agreement was signed for the operation of the Central Anti-Venereal Laboratory in the fight against venereal disease in Guatemala.”¹⁷⁷ The year after the government announced plans for an Anti-Venereal Laboratory, the USPHS opened the research laboratory and medical training center it had promised in its agreement with the Guatemalan government. It is likely that the

¹⁷⁶ “La sífilis: su causa, como se contagia, como debe curarse,” Departamento Medico Militar, Ejercito de Guatemala, Guatemala City, 1946.

¹⁷⁷ *Ibid*, 162.

laboratory promised by the president in 1945 and the laboratory built by the USPHS as a condition of the STD studies involving human subjects might have been the same.

Arévalo backed up the dedication he promised to his countrymen with real, substantial programs and policies geared towards improving the lives of common people. Arévalo's government directly addressed the needs of many marginalized groups for the first time in Guatemalan history. To a modern reader, unethical experiments involving the purposeful inoculation of human subjects might seem incompatible with this historical moment. But historiography related to early twentieth-century public health in Latin America indicates a political and intellectual atmosphere in which progressive governments could easily justify abuse of their countrymen's bodies. Consider the example of the eugenics movement in Latin America, best explored in Nancy Leys Stepan's landmark work *The Hour of Eugenics*. In her analysis of state-sponsored, involuntary sterilization in Veracruz, Stepan concludes that the program "reminds us that materialist, state-led, top-down, technocratic, secular approaches toward reproduction appealed to the left because they challenged the traditional, religious view of sexuality and reproduction and offered a modern, scientific approach to reproductive health."¹⁷⁸

The experiments promised to be, and indeed were, an opportunity for enhanced training for Guatemalan physicians and medical technicians. If any Guatemalan official involved in the experiment had qualms about the presence of American doctors or the medical abuse of their countrymen's bodies, they might have been convinced by what the American researchers offered as leverage.¹⁷⁹

¹⁷⁸ Nancy Leys Stepan, *The Hour of Eugenics*. Ithaca: Cornell University Press, 1991, 201.

¹⁷⁹ There is no evidence that explicitly suggests that any Guatemalan public health official opposed the experiments. However, one change in Arévalo's cabinet does give pause. Dr. Julio Bianchi, who Arévalo had chosen as Minister of Public Health in 1945, resigned from his

Guatemalan doctors and their trainees were eager to learn. Dr. Aguilar, one of the Guatemalan heads of the experiment, requested that his serologists shadow Cutler and other U.S. researchers to perfect the technique used by the Americans to make antigen for serological studies.¹⁸⁰ Although the experiments' success depended on coercion, it is important to remember that, as Cueto and Palmer contest, "Latin America's native-born medical elites were not colonized subalterns working on the margins of colonial medical systems."¹⁸¹ They did not identify with the poor and Indigenous Guatemalans who filled Guatemala City's prisons, state-run psychiatric hospital, and army.¹⁸² These doctors brought their beliefs about race with them to the laboratory. Illness among indigenous people had long been considered a problem of ignorance that could be fixed through instruction.¹⁸³ At a conference in Atlanta in 1949, Juan Funes blamed the prevalence of syphilis in indigenous people on their illiteracy, but assured reporters that recent control programs had "promising results."¹⁸⁴ Funes's comment is an example of the conflation of Indigenous cultural differences from Guatemala's white, Spanish-speaking middle and upper classes with ignorance about hygienic practices.

Doctors and public health officials from Guatemala were conscious that cooperating with the U.S. could benefit them personally and benefit the medical departments that employed them.

position just one year later and accepted a diplomatic position. His successor, Luis Galich, was actively involved in the STD experiments.

¹⁸⁰ John Cutler to John Mahoney, January 10, 1947, Hollinger Box 1a, Folder 12.

¹⁸¹ Marcos Cueto and Steven Palmer, *Medicine and Public Health in Latin America, A History*, (Cambridge: Cambridge University Press, 2014), 3-4.

¹⁸² Cutler, Final Syphilis Repot, Hollinger Box 1a, Folder 1, 38.

¹⁸³ One example is that of disputes over burial practices between Ladino reformers and Maya K'iche people in the 1820s and 1830s, which Greg Grandin uses as a case study in race relations between Ladino and Indigenous Guatemalans in *The Blood of Guatemala*, 97.

¹⁸⁴ Katherine Barnwell, "VD Danger Decreasing Following World War II." *The Atlanta Constitution*, September 23, 1949.

As a step in a larger plan for increased Guatemalan presence in international health, the experiments were also enormously effective. The experiments brought Guatemala attention among the PASB's North American leadership, and consequently Luis Galich, Juan Funes, and three other Guatemalan delegates represented the Bureau at an international tropical medical congress in Washington D.C. in 1948.¹⁸⁵

Just a year after the inoculation experiments ended, Guatemala became the sixty-sixth member of the World Health Organization and began attending international conventions on nutrition and medicine.¹⁸⁶ Shortly after, the World Health Organization's Syphilis Study Commission invited Funes to Georgia to learn from Georgia's intensive anti-venereal disease program. Just seven countries, no others from Latin America, were represented at the conference.¹⁸⁷ In the same year, Guatemala opened Central America's largest hospital, named after Franklin D. Roosevelt, with funding from the U.S.¹⁸⁸ Arévalo and Richard C. Patterson, U.S. ambassador to Guatemala, attended the dedication of the hospital's nursing school together.¹⁸⁹

In another visit to a venereal disease research center in the United States, Funes told reporters that with help from the USPHS, the research center in Guatemala ran a "unique" service to train technicians from all of the six Central American countries in the quick penicillin method.¹⁹⁰ This development, which gave Guatemala the opportunity to be a leader among its neighbors, is why Guatemalans wanted to participate. They could increase national prestige in their region by working with the more powerful U.S.

¹⁸⁵ "Guatemalan Off for Parley," *The New York Times*, June 12, 1948.

¹⁸⁶ "Guatemala Joins Health Body." *The New York Times*, August 27, 1949.

¹⁸⁷ "Syphilis Commission Inspects VD Program," *Atlanta Daily World*, September 28, 1949.

¹⁸⁸ "Guatemala Finishes First Section of Health Center." *The Sun*, March 25, 1949.

¹⁸⁹ "Guatemala Gets Nurses' School." *The New York Times* May 20, 1949.

¹⁹⁰ "Foreign Experts Visit VD Center," *The New York Times*, Aug 26, 1949.

To take the reductionist stance that the experiments were solely the result of American exploitation of Guatemala's poverty, as some historians and anthropologists have done, is inadequate and counterproductive. It ignores the complex relationship between Guatemala's government and its people. The historical moment in which the experiments were carried out must be considered more carefully in order to assess why they happened and what they mean for Guatemala today. The experiments are a sober reminder of the need for critical ethical review of public health projects throughout every stage of their development and implementation. But they are also important indications of fluidity of medical trends and how the Arévalo regime, from the top down, could justify the abuse of its own citizens in a search in the hope of achieving some greater good.

“They Were Not Dogs!” Public Reactions to the Experiments

Amid fear that their work would be discovered and the failure of the direct exposure trials, the PASB planned to close the experiments in mid-1948. Cutler implored Mahoney to seek an extension of their research grant, but Mahoney dismissed Cutler’s request. Being granted more funding would require that they give a progress report of the work they had done in Guatemala, which Mahoney suggested they “might not care to do at the present time.”¹⁹¹ The PASB concluded the direct inoculation experiments by December of 1948, but serological tests of school children continued until summer of 1949, and the United States maintained a role in the venereal disease laboratory in Guatemala City for five more years.¹⁹²¹⁹³ The Guatemalan *Sanidad Pública* had agreed to host the experiments under the assumption that the laboratory would be handed over to them when the studies ended, and health minister Luis Galich was eager to see that the PASB would follow through with this promise.¹⁹⁴ Cutler saw acquiescing to the *Sanidad Pública*’s request as a smart negotiating tool, considering the “wholehearted cooperation” they had received “officially and unofficially” from Guatemalan doctors and government agencies. Cutler had plans to return to Guatemala at some point to continue the work his team had started, and advised Mahoney “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.”¹⁹⁵

¹⁹¹ John Mahoney to John Cutler, September 3, 1948. Hollinger Box 1a, Folder 12, CDC Records of Dr. John C. Cutler.

¹⁹² Cutler, “Final Syphilis Report,” Hollinger Box 1a, p. 379, CDC Records of Dr. John C. Cutler.

¹⁹³ Ernest Allen to John Murdock, June 28, 1948, Hollinger Box 1a, Folder 12, CDC Records of Dr. John Cutler.

¹⁹⁴ John Cutler to John Mahoney, June 21, 1948, Hollinger Box 1a, Folder 12, CDC Records of Dr. John Cutler.

¹⁹⁵ Ibid.

Fostering a cooperative relationship with Guatemalan public health officials also meant maintaining exchange programs between Guatemalan and American doctors. The U.S. Public Health Service's venereal disease research lab in New York continued to provide mentorship programs to Guatemalan doctors.¹⁹⁶ Dr. Tejeda from the Guatemalan military hospital was very excited to begin a training program in tropical medicine in his facilities for a group of physicians from the USPHS and U.S. Army and Navy.¹⁹⁷

Mahoney was glad to see the USPHS VDRL protégé Funes publishing articles in Latin American venereal disease journals, as he and Cutler had “always felt that it would be expedient to do everything possible to push Funes to the fore as the leading Central American syphilologist.”¹⁹⁸ A strong relationship with Funes was valuable to the United States as programs of venereal disease control grew in Central America.

Cutler thought it prudent to leave behind staff and to apportion money to ensure that the “necessary observations” could continue when the U.S. team left Guatemala, which required additional funding for lab technician salaries, cigarettes for patients at the Insane Asylum, for payment of postage and express feeds, and for payment of autopsy aid.¹⁹⁹ Although the Guatemalan *Sanidad Pública* officially controlled the venereal disease laboratory in Guatemala City, the PASB sent an American researcher, Navy-trained Genevieve Stout, to continue

¹⁹⁶ John Cutler to John Mahoney, June 22, 1948. Hollinger Box1a, folder 12, CDC Records of Dr. John C. Cutler.

¹⁹⁷ John Cutler to Thomas Soper, July 3, 1948. Hollinger Box1a, folder 12, CDC Records of Dr. John C. Cutler.

¹⁹⁸ John Mahoney to John Cutler, July 26, 1948. Hollinger Box1a, folder 12, CDC Records of Dr. John C. Cutler.

¹⁹⁹ John Cutler to John Mahoney, August 26, 1948. Hollinger Box1a, folder 12, CDC Records of Dr. John C. Cutler.

serological studies and training programs in the laboratory.²⁰⁰ Stout and Funes collaborated in the laboratory and subsequently in publishing articles about syphilis in Guatemala. Funes credited Stout for the success of the teaching programs in the laboratory and for Guatemala's success in becoming a leader in venereal disease research.²⁰¹

After three years of intensive experimentation, when the PASB researchers left Guatemala in 1948, their work there was largely forgotten. Despite multiple publications written in the 5 years after the experiments that alluded to, or in the case of Funes's work explicitly addressed, the PASB projects in Guatemala, the people involved managed to keep their work out of public notice for sixty years. In January of 2010, Reverby published her findings from Cutler's personal files at an historical conference.²⁰² Her revelation initially garnered little reaction, which indicates in a disturbing way that stories about the horrors inflicted as the result of U.S. intervention abroad have become almost mundane. News outlets did not pick up the story until October of 2010, when then-Secretary of State Hillary Clinton and Human Services Secretary Kathleen Sebellius publically addressed the experiments.²⁰³

Scientific research is not immune to manipulation in the memories of those who practice research and those who are affected by its processes and discoveries. Reverby's discovery and the response by the U.S. State Department fit into the "age of apologies" that began with President Reagan's apology to formerly interned Japanese Americans in 1988 and continued into

²⁰⁰ John Murdock to Dr. William J McAnally, July 26. 1948. Hollinger Box1a, folder 12, CDC Records of Dr. John C. Cutler.

²⁰¹ Salubridad y asistencia, organo mensual del ministerio de salud pública y asistencia social. Tomo II, Guatemala, C.A., Septiembre de 1949. Num. 9.

²⁰² Reverby, "Normal Exposure."

²⁰³ Donald McNeil Jr. "U.S. Apologizes for Syphilis Tests in Guatemala," *The New York Times*, October 1, 2010.

the 1990s.²⁰⁴ Soon after news broke about the experiments, President Obama called Guatemalan President Álvaro Colom to apologize on behalf of the United States government and the USPHS for their participation. Although the U.S. attempted to mitigate the scandal Reverby's announcement created by accepting culpability, Obama and Colom's phone call was just the beginning of a conversation that has lasted until now and will surely remain relevant in any discussion of medical ethics and about the uses of apologies as symbolic gestures. In October of 2010, Guatemala's principle newspaper *Prensa Libre* invited readers to send in their reactions to the discovery and to U.S. efforts to make amends. Some readers demanded that President Colom to take a long awaited stand against the U.S.²⁰⁵ Others understood the experiments to be just another addition to the long list of injuries caused by U.S. intervention, evident in one reader's ironic suggestion that the U.S. might consider "perhaps asking forgiveness for ending the Revolution [referring to the U.S. backed coup of Arbenz], financing the Cold War, plunging the people of the Americas into misery, and meddling in the life of every nation." The consensus among the respondents whose submissions were chosen was that an apology was not sufficient. One reader, Luis Gonzalez, offered this potent summary of the sentiment that threads together Guatemalan media coverage of the experiments: "Just an apology?! The people who were infected were not dogs! The U.S must compensate Guatemala, and it must change the way it views our country."²⁰⁶

²⁰⁴ A valuable work about U.S. reparations for past misdeeds and the global trend towards apologizing for human rights abuses is *The Age of Apology: Facing Up to the Past*, ed. by Mark Gibney, Rhoda E. Howard-Hassmann, Jean-Marc Coicaud, and Niklaus Steiner, (Philadelphia: University of Pennsylvania Press, 2007.)

²⁰⁵ *Prensa Libre*, October 2, 2010. The exact quote is a vivid example of Guatemalan frustration with the inaction of the government in the face of U.S. intervention and abuse: "*Ojalá que Guatemala no se quede con los brazos cruzados como ha hecho siempre*" ("Hopefully Guatemala does not keep its arms crossed like it has forever.")

²⁰⁶ *Ibid.*

The recent controversy over the experiments is a lesson in the difficulty of apportioning blame, and providing compensation, for events that occurred more than half a century ago. Former Guatemalan vice-president Rafael Espada maintains that all of the people who were victim to the experiments have likely died at this point, but thousands of people have come forward to say that they were forced into the experiments and have suffered from untreated infections and from the social stigma of sexually transmitted disease.²⁰⁷ Writers for *Prensa Libre* compared the experiments to those run by Nazi doctors, and suggested that proper compensation by the U.S. would look something like \$50 million for each year of the experiment.²⁰⁸ In contrast, another *Prensa Libre* reader wrote to the newspaper to remind readers, “Despite our poverty, we must not violate our dignity” by asking for money.²⁰⁹ The issue of compensation is particularly divisive considering the relationship between these experiments and capitalist neo-colonialism in the region. This reader’s response ends with a warning that “taking an opportunistic attitude makes us appear ill-tempered before the international community.” His words bring to mind the Guatemalan doctors who saw the experiments as a route to Guatemala’s development into a respected leader among its neighbors.²¹⁰

Although the United States government has acknowledged the role of its institutions in the experiments, none of the groups implicated have made any attempts to provide reparations for injuries to people who suffered as a result of their coerced participation. This is quite different than the results of the 1974 discovery of the Tuskegee experiments, which led to the

²⁰⁷ Rafael Espada, oral history by author, Guatemala City, May 16, 2016.

²⁰⁸ L. Reynolds, K. Reyes, C. Palma, *Prensa Libre*,

²⁰⁹ Roberth Lopez, “Tengamos dignidad,” *Prensa Libre*, October 6, 2010.

²¹⁰ Ibid.

creation of a benefit fund specifically for victims and their families.²¹¹ This is partly because poor record keeping and time have made it difficult to determine identities of those forced to participate in the experiments, and partly because of the legal complications of crimes committed overseas. In 2012, a group of Guatemalans who claimed to have been injured by the experiments filed a lawsuit against the United States Public Health Service. A U.S. district judge ruled that because the experiments took place overseas and because the plaintiffs had yet to exhaust other “administrative solutions,” the U.S. had sovereign immunity and could not be held liable.²¹² The research team had been right when they chose to run the experiments in Guatemala seventy years ago; they could get away with research methods that, as Parran happily recognized, could not be done in the United States and avoid the consequences of violating medical ethics and endangering more than a thousand individuals’ lives.

Still, victims and people concerned with human rights have sought justice for the pain inflicted by the experiments. In April 2016, the Human Rights Office of the Archdiocese of Guatemala petitioned against the United States and Guatemala before the International Commission on Human Rights.²¹³ In September of 2016, a federal judge in Baltimore dismissed a \$1billion lawsuit against Johns Hopkins University, the Rockefeller Foundation, and Bristol-Myers Squibb, which had been filed on behalf of 842 victims of the experiments or their family

²¹¹ Carol Kaesuk Yoon, “Families Emerge as Silent Victims of Tuskegee Syphilis Experiment,” *The New York Times*, May 12, 1997. Accessed March 5, 2017. <http://www.nytimes.com/1997/05/12/us/families-emerge-as-silent-victims-of-tuskegee-syphilis-experiment.html>

²¹² Castillo, Mariano. “Guatemalans to File Appeal over STD Experiments,” CNN, June 15, 2012. <http://www.cnn.com/2012/06/15/us/guatemala-std-experiments/index.html>

²¹³ Subramanian, “Worse Than Tuskegee.”

members.²¹⁴ Attempts to receive monetary compensation for damages caused by the experiments have been largely unsuccessful, but some of the victims' lawyers see even a judge's acknowledgement of the abuse as a small victory.²¹⁵

The situation is especially complicated because of the role the Guatemalan government had in the medical abuse of its own constituents. The U.S. certainly exploited its position of power and Guatemala's poverty, but it did so with the consent, and even eager approval, of the Guatemalan government. Initially, Guatemalans were incredulous that a government with "a humanitarian orientation" like Arévalo's would be involved in such mistreatment and cruelty towards Guatemalan citizens.²¹⁶ Alfonso Bauer Paiz, Minister of Work and Economy under Arbenz, indignantly held, "it does not surprise me that *los gringos*, knowing that Arévalo is dead, intend to accuse him of these things."²¹⁷

When current Guatemalan president Jimmy Morales posted a quote from a speech Arévalo made about Guatemalan unity to his Facebook page, people were quick to criticize Morales for what they interpreted as a comparison between himself and the beloved former president.²¹⁸ Guatemala has seen more than 170,000 of its citizens systematically murdered at the hands of the government. Guatemalans, especially those from the country's Ladino majority and its left-leaning population, hold Arévalo as a rare exception to Guatemala's succession of dictators and puppets of the U.S. government. Some Guatemalans are more cynical about their

²¹⁴ Sarah Gantz, "Judge dismisses \$1 billion Guatemalan syphilis experiment case against Hopkins, others," *The Baltimore Sun*, September 9, 2016., <http://www.baltimoresun.com/business/bs-bz-guatemala-lawsuit-dismissed-20160909-story.html>

²¹⁵ Ibid.

²¹⁶ "Comparan experimentos con las peores atrocidades cometidas por los Nazis," October 2, 2010. *Prensa Libre*.

²¹⁷ Ibid.

²¹⁸ "Jimmy Morales evoca a Juan José Arévalo", *Prensa Libre*, October 18, 2016. <http://www.prensalibre.com/guatemala/politica/jimmy-morales-se-compara-con-juan-jose-arevalo>

country's record of in defending human rights. Dina Fernandez, who wrote that people were in disbelief across the country because Arévalo's Ten Years of Spring were Guatemala's "Camelot, when supposedly the country was lulled by the singing of the angels."²¹⁹

Arévalo did represent a contrast from the corrupt dictators who came before him, but neither he nor officials beneath him were perfectly enlightened, humanistic leaders. They were susceptible to the coercion of persuasive medical diplomats from the U.S. They also subscribed to the racist belief that Guatemalan society could be improved by assimilation of indigenous people into Spanish-descended society, which depended on hygienic and moral instruction by "civilized" Guatemalans.²²⁰ When the Guatemalan team of researchers compiled to investigate the experiments found evidence that Arévalo had oversight of the experiments, people had to confront the fact that Arévalo and his administration were willing to compromise citizens' rights and the health if doing so served their goal of cultural and scientific modernization.

Guatemala has the worst rates of malnutrition and growth stunting in the world. Years of political instability and corruption and extraction of resources by the United States have left Guatemala dependent on foreign aid. More effective than the medical missionaries who fill every flight to Guatemala City is the monetary aid the U.S. and PAHO give to Guatemala for public health initiatives. PAHO and the World Health Organization support medical programs in Guatemala via donations as well, which amounted to \$12,168,541 between 2006 and 2007 and \$9,517,469 between 2008 and 2009.²²¹ The United States government provides more funding for medical development to Guatemala than to any other country in Central America. In 2016, 26.5

²¹⁹ Dina Fernandez, "Victimas o culpables?" *El Periodico*, October 6, 2010.

²²⁰ Juan José Arévalo, *Istmania (Tierras del Istmo)*, in Bishop, Jefferson Mack, "Arévalo and Central American Unification", PhD at Louisiana State University and Agricultural and Mechanical College, 1971, 33.

²²¹ Health in the Americas, Pan American Health Organization, 2012, 370.

million of the 82.02 million dollars, or 32%, that the U.S. gave Guatemala as foreign aid were allotted for healthcare.²²²

Discussions about the experiments have not wavered in the seven years since Reverby's announcement. A month before this thesis was due to be turned in, *Slate Magazine* published a cover story about the experiments in Guatemala titled "Worse than Tuskegee."²²³ A historical analysis of these experiments is deeply relevant because people are still living its effects, but even after all of the victims have died it will be important to remember why the experiments happened, what they meant for Guatemala, and what they mean for medical experiments involving human subjects in the future. The work done by representatives of both U.S. and Guatemalan public health officials represents the worst potential for abuse in medicine. The experiments' historical context helps to understand why researchers and government agencies in both the U.S. and Guatemala were predisposed to justify their actions, but it is also important to avoid labeling the experiments as a "product of their time" or to suggest that modern ethics and systems of review will succeed at preventing similar experiments in the future. The researchers involved in the studies between 1946 and 1948 understood the ethical implications of their experiment. Their actions aligned with the goals of international health institutions, which was to collaborate in preventing and eliminating disease in individuals in order to protect the health of entire nations and the health of the region. This commitment to medical progress and defense of national health proved disastrous for the unfortunate Guatemalan prisoners, soldiers, and psychiatric patients who the PASB researchers chose as test subjects.

²²² U.S. Department of State, USAID, National Security Council. "Foreign Assistance in Guatemala," <http://beta.foreignassistance.gov/explore/country/Guatemala>

²²³ Sushma Subramanian, "Worse Than Tuskegee," *Slate*, February 26, 2017, http://www.slate.com/articles/health_and_science/cover_story/2017/02/guatemala_syphilis_experiments_worse_than_tuskegee.html,

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