



## Reluctant partner: Canada's relationship with the Pan American Health Organization (PAHO)

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*Despite a strong commitment to multilateralism and international health cooperation in the post World War II era, Canada refrained from joining the Pan American Health Organization – PAHO until 1971. Drawing on letters and memos sent between Canadian diplomats and government representatives, this paper explores official Canadian accounts of the factors that delayed Canada's membership in PAHO. These factors include the initial lack of official relations between Canada and Latin America, US hegemony in the region, and budgetary constraints. Canada's cautious position regarding PAHO is also placed within the context of Canada's overall foreign policy to the region, emphasizing the parallels between Canada's reluctant association with PAHO and the evolution of Canada's engagement with the region as a whole.*

**KEYWORDS:** Canada; PAHO; Latin America; history of international health.

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On July 14, 1949, Dr. Fred L. Soper, Director of the Pan American Sanitary Bureau – PASB, renamed PAHO in 1958 –, extended an invitation to the Canadian Minister of National Health and Welfare to send an official representative to the third meeting of the Directing Council of the Pan American Sanitary Organization – PASO, the umbrella organization that administered PASB – to be held in Lima Peru from October 6-12, 1949.<sup>1</sup> With the formation of the World Health Organization – WHO in 1946, it had been agreed that PASB, the Western Hemisphere’s – and indeed the world’s – first international health agency, would constitute WHO’s regional body for the Americas. Yet despite Canada’s strong support for WHO, its commitment to international health cooperation, and its geographic location in the Americas, as of 1949 Canada had yet to join PASB. Receipt of Dr. Soper’s invitation consequently stimulated debate amongst the Canadian Departments of National Health and Welfare and External Affairs regarding Canada’s potential PASB membership. This paper explores the Canadian side of this debate.

<sup>1</sup> Letter from Soper to the Canadian Minister of National Health and Welfare, July 14, 1949, Library and Archives Canada (hereafter LAC), RG25, v. 3684, file 5475-K-12-40.

While Soper’s letter stressed his desire that Canada fully join PASB, three main concerns caused hesitation on Canada’s part. Firstly, the Canadian government felt that PASB was not appropriately integrated with WHO and that PASB’s independent identity beyond that of WHO’s regional office could lead to duplication of efforts and possible conflict of interests. Secondly, the government was concerned that PASB membership would prove to be a financial burden that Canada could not afford. Thirdly, and perhaps most importantly, Canada was wary of the potential links between PASB and the Organization of American States – OAS.<sup>2</sup>

<sup>2</sup> Confidential letter from the Secretary of State for external affairs to the Canadian Ambassador to Argentina, Aug. 5, 1949. LAC, RG25, v. 3684, file 5475-K-12-40.

Given these concerns, the government wished to keep PASB at arms length and decided to send a delegate from the Canadian embassy in Lima to the Pan American Sanitary Organization meeting rather than a high-ranking official. The delegate was also instructed to “refrain from making any statement on behalf of Canada during discussion of the item relating to Canadian participation” yet “maintain a friendly and interested attitude with and representatives of the Latin American States.”<sup>3</sup> This policy of polite yet distant interest characterized Canada’s relationship with PAHO for the next two decades. It was not until 1971 that Canada became a full PAHO member, a seemingly surprising fact given the importance of health aid and multilateral cooperation within Canadian foreign policy throughout the 1950s and 1960s.

<sup>3</sup> Escott Reid to the Charge d’Affairs, Canadian Embassy, Peru, Sept. 27, 1949, LAC, RG25, v. 3684, file 5475-K-12-40.

Why was Canada so late to join PAHO? Drawing on historical material from the Departments of External Affairs and National Health and Welfare held at the Library and National Archives of Canada, this article explores Canadian governmental accounts of the factors that delayed Canada’s entry into PAHO until 1971. The

starting point for this explanation is the notable dearth of official links between Canada and the countries of Latin America in the post-WWII (World War II) era, along with traditional Canadian apprehension regarding the government's ability to maintain foreign policy independence in the face of US hegemony in hemispheric organizations such as PAHO and the OAS. This article goes on to address more specific governmental concerns with respect to the relevance of Latin American health concerns for Canada as well as unease with possible ongoing financial commitments to PAHO. This article then outlines the new foreign policy context of the 1970s which encouraged Canadian membership in, and subsequent full engagement with, PAHO. The concluding section focuses on the larger question of the role that PAHO membership has played in Canada's foreign policy towards Latin America, noting the parallels between Canada's reluctant association with PAHO and the evolution of Canada's engagement with the region as a whole.

### **Canadian Hesitation Vis-à-vis Western Hemispheric Participation**

The development of Canadian ties with Latin America have been complicated by Canada's close relationship with both the United States and Britain. Certainly US dominance in the region was an important factor in dissuading Canadian engagement with Latin America (Kilgour, 1986). While never recognizing the 1823 Monroe doctrine by which the US justified its longstanding interventions in the affairs of the countries of the Americas and the Caribbean, Canada remained quiet on the question of US influence in the region to avoid conflict with this key ally and trading partner. Consequently, Canada remained distant from many of the pan-American organizations that developed in the late nineteenth century.

In particular, from the early 1900s on, Canada adopted a policy of non-partisanship regarding the Pan American Union – PAU and its successor, the OAS. Canadian officials felt that by joining the OAS Canada would face considerable pressure to either follow US policy in the region or support Latin American countries against the US, both of which would compromise Canada's ability to craft an independent foreign policy. Wishing to avoid the choice of either opposing the US or becoming a puppet for US policy, Canada chose to avoid membership in the OAS altogether, a status that did not change until 1990 (McKenna, 1999).

Due to the desire to avoid involvement in the PAU/OAS, the long-standing organizational ties and history of collaboration between PAU and PASB were a concern for the Canadian

government. Following the foundation of PASB's precursor, the International Sanitary Bureau, in 1902, the PAU assumed responsibility for collecting and administrating PASB's member quotas. PASB was also housed in the PAU building. While the post-WWII years saw both the fiscal and physical separation of PAU and PASB, close cooperation between the two organizations continued (Kiernan, 2002). PASB assumed the role of WHO's regional office in the Americas, but also maintained its status as an autonomous inter-American specialized agency. Consequently, Canadian officials were leery of PASB's potential loyalty to the PAU/OAS over the WHO. In addition, as with the OAS, Canadian officials felt that PASB was largely an instrument of US hegemony, a perception influenced by the fact that the PASB was headed by a string of US Surgeon-Generals until 1947 (Birn, 2002), followed by the election of US-backed candidate and longtime Rockefeller Foundation officer Fred Soper as PASB Director.<sup>4</sup>

<sup>4</sup> See U. S. National Library of Medicine. *The Fred L. Soper papers*.

For Canada, the initial decision not to join PASB was synonymous with the decision to avoid becoming involved with the OAS. The simultaneous desire to maintain good relations with the US while also developing an independent foreign policy was thus central to the development (or lack thereof) of Canadian official relations with Latin America, including those related to health cooperation.

While official relations between Canada and Latin America were negligible for much of the early twentieth century, economic and cultural ties did exist. Canadian-chartered banks and businesses, along with some religious organizations, fostered connections with many countries in the region. The situation was similar in terms of health cooperation. Canadian health professionals interacted with their Mexican and Cuban counterparts via participation in organizations such as the American Public Health Association – APHA, the world's first association of public health professionals – from 1884 on, but these relations did not translate into ties at the government level. Most notably, Canada was not part of the 1902 First International Sanitary Convention of the American Republics, which established PASB/PAHO's precursor, the International Sanitary Bureau.

While Canada did not take part in the founding of the International Sanitary Bureau (which was renamed PASB in 1923), there was a burgeoning interest in international health engagement amongst Canadian medical and public health professionals in the early part of the twentieth century. Canadian experts served with the League of Nations Health Organization – LNHO (Best, 1944), and Canada was a major destination for the LNHO international study tours. Similarly, the University of Toronto in particular was a key cite for public health nursing fellowships offered by the Rockefeller Foundation (Birn, 2006). Nevertheless, while numerous

Latin American health professionals received public health training at Canadian institutions, these small connections did not translate into greater health cooperation between Canada and the countries of Latin America.

Canada's historic links with Britain strongly influenced its patterns of contact with Latin America. Indeed, the pursuit of trade and investment interests in the Commonwealth Caribbean was Canada's most significant connection with Latin America prior to WWII. In cases where the Canadian government did become involved in Latin America, it generally acted as a mouthpiece for British imperial concerns in the region (Tennyson, 1990), and only began to develop a foreign policy identity of its own after WWII. In the post-WWII era government officials focused on the development of the United Nations, international mediation, peacekeeping, and the provision of development assistance in order to showcase Canada's independence and role as a good international citizen. These initiatives were largely spear-headed by Lester B. Pearson, Secretary of State for External Affairs (1848-1957) and later Prime Minister (1963-1968), and culminated in the awarding of the 1957 Nobel Peace Prize to Pearson for his role in responding to the Suez crisis (Allahar, 1991).

Regardless of its more independent and active international stance, Canadian foreign policy in the immediate post-war era continued to focus on traditional linkages with Europe and the Commonwealth rather than the countries of the Americas. This emphasis extended to Canada's first foreign aid program, the 1950 Commonwealth Colombo Plan, through which Canada channeled technical assistance to Commonwealth countries around the world (Morrison, 1998). Health aid, primarily the provision of medical equipment and public health training, formed part of this assistance. But with the exception of the countries of the Commonwealth Caribbean, the Latin America region was not initially a beneficiary of Canadian aid. Thus, despite Canada's geographic location in the Americas and history of economic ties to the Caribbean, the development of its official relations with Latin America, including health cooperation, was considerably constrained.

### **1940-60, Early Relations with PAHO: Concern Regarding Links to the OAS and Canadian Financial Contributions**

While Canadian experts sporadically participated in PASB meetings earlier than the 1940s, it was only in this decade that participation became somewhat regular. This development was apparently well received by PASB member countries, as a letter to the Secretary of State for External Affairs from the Canadian participant at the 11<sup>th</sup> Pan American Sanitary Conference held in

<sup>5</sup> Letter to the Secretary of State for External Affairs, 30 Sept., 1942, LAC, RG29, v. 1006, file C-1060-1-2-A.

<sup>6</sup> Escott Reid to the Permanent Representative of Canada to the European Office of the United Nations, Aug. 29, 1949, LAC, RG25, v. 3684, file 5475-K-12-40.

<sup>7</sup> Letter from Escott Reid to the Permanent Representative of Canada to the European Office of the United Nations, dated Aug. 29, 1949, LAC, RG25, v. 3684, file 5475-K-12-40.

<sup>8</sup> Letter from the Ambassador to the Secretary of State for External Affairs, Sept. 2, 1949, LAC, RG25, v. 3684, file 5475-K-12-40.

<sup>9</sup> Escott Reid to the Deputy Minister of Health, Dec. 1, 1950, LAC, RG29, v. 1006, file C-1060-1-2-A.

<sup>10</sup> Memorandum for the Deputy Under-Secretary of State for External Affairs from J.W. Holmes, United Nations Division, Sept. 13, 1949, LAC, RG25, v. 3684, file 5475-K-12-40.

Rio de Janeiro from September 7-18, 1942, noted that “there were many eulogistic remarks about our presence at the Conference.”<sup>5</sup>

Canada’s relations with PASB were cordial throughout the 1940s, “and on several occasions the Executive of PASO expressed the wish that, besides taking part in meetings of the Bureau, Canada should become a member.”<sup>6</sup> At the 12<sup>th</sup> Pan American Sanitary Conference, held in Caracas, Venezuela, in 1947, Canada was recognized as a “member of future Pan American Sanitary Conferences” (PASO, 1949) in the expectation that Canada would shortly join. At its eighth meeting, held in Lima in 1949, the Executive Committee of PASO also expressly noted its “wish for the incorporation of Canada into the Pan American Sanitary Organization as soon as possible” (PASO, 1949). However, despite this considerable encouragement to join, Canadian Deputy Under-Secretary of State for External Affairs, Escott Reid, noted that the government was “reluctant to do so because [it] felt that membership in the Bureau might make it difficult to avoid becoming involved in the Pan American Union.”<sup>7</sup>

Canadian concern regarding the connections between PASB and the OAS was particularly strong in the late 1940s and early 50s. In a 1949 letter to then Secretary of State for External Affairs Lester B. Pearson, the Canadian Ambassador in Washington confirmed that “there is no doubt that the question of Canada’s association with the Pan American Sanitary Bureau is in miniature the same question as that of Canada’s association with the Organization of American States.”<sup>8</sup> In a 1950 letter to the Deputy Minister of Health, Escott Reid further argued that “there seems to be a definite movement towards the integration of PASO with OAS rather than with WHO [...and that...] a decision to join the regional committee of WHO at this time might involve Canada in ... close contact with the OAS.”<sup>9</sup>

While apprehension regarding the possibility of being drawn into the OAS via PASB – and thus becoming embroiled in Latin American disputes – formed the backdrop of official Canadian resistance to membership in PASB, government representatives also expressed unease regarding the relevance of PASB’s work for Canada and the possible financial commitments that PASB membership would entail. In a 1949 memo, J.W. Holmes of the United Nations Division of the Department of External Affairs noted:

I cannot see ... that we have any more reason for associating with Bolivia or Guatemala on matters of health than with Norway or France ... We should only be involving ourselves in the inevitable series of Latin-American conferences for which we would be put to great expense.<sup>10</sup>

A confidential 1949 memo from Lester B. Pearson to the Canadian Ambassador in Buenos Aires similarly stated that as PASB “health programs [were] likely to be centered in Central and South America ... it would be undesirable for Canada to assume unlimited responsibility for financing.”<sup>11</sup>

<sup>11</sup> Secretary of State for External Affairs to the Canadian Ambassador in Buenos Aires, Aug. 5, 1949, LAC, RG25, v. 3684, file 5475-K-12-40.

Despite the desire to remain distant from PASB, Canada regularly sent observers to regional meetings throughout the 1950s. Reports from these observers sought to justify Canada’s aloofness and, especially as the 1950s wore on, focused on financial concerns regarding PASB membership. In 1953, Canada’s official observer to the 7th meeting of PASO relayed Dr. Fred Soper’s comment that “he would be glad to have Canada as a full member because the organization needed more money.”<sup>12</sup> The observer subsequently noted that as a large donor country, Canada could end up carrying the financial burden of the organization while receiving little benefit: “Canada, if it were a member ... would presumably contribute more than it would receive” (ibid.).

<sup>12</sup> Report of the Canadian Observer to the VII Meeting of the Directing Council of the Pan American Sanitary Organization, Washington (DC), Oct. 9-15, 1953, LAC, RG29, v. 1006, file C-1060-1-2-A.

Wishing to avoid intruding on US interests in Latin America led to minimal interest in hemispheric relations on the part of the Canadian government. The Department of External Affairs was consequently quite concerned that Canada not be drawn into a relationship with PASB that would entail directing spending to a region that simply was not a priority. This concern was highlighted in a confidential briefing note from the Department of External Affairs to Dr. D.B.D. Layton, Principal Medical Officer of the International Health Section of the Department of National Health and Welfare, and Canadian Observer to the 10<sup>th</sup> meeting of the Directing Council of PAHO, held in Washington D.C., September, 1957. The briefing note frankly stated that “the financial contribution which Canada would be expected to make as an active member [of PASB] ... may prove to be the most difficult obstacle in getting a favorable policy decision towards assuming active membership.”<sup>13</sup>

<sup>13</sup> Notes for use of Dr. D.B.D. Layton, Canadian Observer to the 10<sup>th</sup> meeting of the Directing Council of the Pan American Sanitary Organization, Washington (DC), Sept. 16-27, 1957, LAC, RG29, v. 1006, file C-1060-1-2-A.

Indeed, as of the mid-1950s, budgetary constraint was the primary justification cited by the Department of External Affairs for the continued avoidance of PASB/PAHO membership. Even so, the argument that the benefits of PAHO membership for Canada did not outweigh the financial burden was slowly being countered by mid-level bureaucrats, particularly in the Department of National Health and Welfare – NHW, who began to explore the possible political advantages of PAHO membership. For example, a report from NHW in the mid-1950s stated that, while not directly threatened, Canada had “a definite interest in the existence, in the Central and South American countries, of such diseases as smallpox, rabies, tuberculosis, diphtheria, aphthous disease, etc.”<sup>14</sup>

<sup>14</sup> LAC, RG29, v. 1006, file C-1060-1-2-A.

Dr. B.D.B. Layton also remarked in 1958 that while Canadian expertise in the field of health was much admired by PAHO member

<sup>15</sup> Notes by the Canadian Observer re Proceedings at XV Pan American Sanitary Conference Sept. 21 – Oct. 3, 1958, LAC, RG29, v. 1006, file C-1060-1-2-A.

<sup>16</sup> MacEachen to Martin, July 20, 1967, LAC, RG25, v. 14974, file 46-4-PAHO, part 2.

<sup>17</sup> “Notes by the Canadian Observer re Proceedings at XV Pan American Sanitary Conference Sept. 21 – Oct. 3, 1958”, LAC, RG29, v. 1006, file C-1060-1-2-A.

<sup>18</sup> “Report of Canadian Observers, XVI Meeting – Directing Council, PAHO, Washington (DC), 27 Sept. – Oct. 8, 1965”, LAC, RG29, v. 1006, file C-1060-1-2A, part 2.

<sup>19</sup> Memorandum for the Minister: PAHO and International Cooperation Year, Feb. 16, 1965, LAC, RG29, v. 1006, file C-1060-1-2A, part 2.

countries, Canada’s reputation as a nation concerned with the well-being of others was endangered by Canada’s disinclination to become involved in Latin America. Layton felt that joining PAHO would help to “check the progressive deterioration of our national prestige,”<sup>15</sup> and he became a consistent advocate for this development. In a letter to the Department of External Affairs, Allan McEachen of NHW also noted that his department “[was] being penalized through the loss of valuable information [...and was] being required to undertake expenditures for studies which, through active participation in PAHO, might well have been avoided.”<sup>16</sup>

While this pressure from representatives of the Department of National Health and Welfare attempted to persuade External Affairs that “consideration should be given to a more positive attitude regarding [Canada’s] relation with the PASO,”<sup>17</sup> External Affairs remained reluctant for yet another decade.

### **1960-70, Debating PAHO Membership: What’s In It for Canada?**

In 1965, the Canadian observers to the 16<sup>th</sup> meeting of PAHO’s Directing Council (held September 27 – October 8, 1965) reported to the Departments of External Affairs and National Health and Welfare that the seemingly permanent status of Canada’s “sitting in” at PAHO meetings had led to member countries being “disappointed at our continued aloofness as evidenced by their polite but definite ‘reluctance’ to engage with our delegation.” Their report carried on to note that, as Canada’s earlier concerns regarding PAHO’s ability to remain independent from the politics of the OAS had largely proven to be unfounded, the other delegates now seemed to believe that Canada’s avoidance of PAHO stemmed primarily from a “reluctance to assume a share of the financial burden of the Organization.”<sup>18</sup> This assessment on the part of PAHO member-countries was correct; throughout the 1960s financial considerations restrained Canadian involvement in PAHO rather than any real concern about becoming involved in the OAS.

The fact that Canada was free to join PAHO without joining the OAS, as evidenced by the case of PAHO founding-member Cuba, which was expelled by the OAS in 1962, gives further support to the idea that budgetary questions became the main justification for the delay in Canada’s membership in the 1960s. Indeed, from the mid-1960s on, joining PAHO was even discussed as a way of counteracting pressure to join the OAS, with a 1965 memo to the Minister of External Affairs noting: “there may be some value in joining PAHO now, especially if we are not likely to take a positive decision on entering the OAS in the near future.”<sup>19</sup> External Affairs



saw PAHO membership as an opportunity to offset “any disappointment which our Latin American friends might feel in our delay in joining the OAS.” However, it also “recognized that joining PAHO would represent a substantial annual expenditure, to which we would then be committed on a permanent basis.”<sup>20</sup> In the mid 1960s, External Affairs did not feel that such spending was required “simply to demonstrate Canada’s belief in international cooperation, since Canada’s reputation on this score [could] hardly be challenged by anyone” (ibid.).

<sup>20</sup> Memorandum for the Minister, “PAHO and International Cooperation Year”, Feb. 16, 1965, LAC, RG29, v. 1006, file C-1060-1-2A, part 2.

In an attempt to capitalize on the seeming softening of External Affairs’ position on PAHO membership, Dr. D.B.D. Layton outlined both the costs and advantages of joining PAHO in a 1967 memo to Minister of External Affairs Paul Martin. While noting that PAHO membership would cost “about \$500,000 a year” with material returns that would be “nebulous” at best, Layton also emphasized the role that PAHO membership would play in furthering Canada’s relationships with both WHO and the Latin American region.<sup>21</sup> But Layton’s arguments remained unconvincing to Minister Martin, whose handwritten response to this memo was typical of External Affairs’ position at the time; he questioned the extent to which Canada “would benefit from this expenditure,” (ibid.) and blocked entry to PAHO. Continued resistance to the financial commitment involved (in 1969 Canada’s contribution would have amounted to approximately \$840,000,<sup>22</sup> the equivalent of approximately 4.6 million in 2005 dollars) meant that for the rest of the decade Canada continued to be in the anomalous position of being a member of WHO but a non-member of PAHO. Nonetheless, the priorities of Canadian foreign policy towards Latin America, and hence attitude towards PAHO, were about to change.

<sup>21</sup> Memorandum for the Minister, “Canadian Membership in WHO/PAHO”, Mar. 17, 1967, Library and Archives Canada (LAC), RG25, v. 14974, file 46-4-PAHO, part 2.

<sup>22</sup> Layton to Bridle, Apr. 24, 1969, LAC, RG25, v. 14974, file 46-4-PAHO, part 2.

### **Shifts in Canadian Foreign Policy and the Consolidation of PAHO Membership, 1970-90**

In 1968, newly elected Prime Minister Pierre Trudeau commissioned a review of Canadian foreign policy, resulting in a new direction in Canada’s relations with Latin America. The review, *Foreign Policy For Canadians*, promoted a vision of Canada as a “distinctive North American country firmly rooted in the Western Hemisphere” (Department of External Affairs, 1970), and identified Latin America as a region of importance for Canadian foreign policy for the first time. This shift towards seeing Canada as a country of the Americas was encouraged by a desire to diversify Canada’s trading partners (Guy, 1976), a commitment to ideological pluralism in the hemisphere, and by Trudeau’s personal interest in the region (Stevenson, 2000). This change was encouraged by the general domestic context of the time; as a population, Canadians

were increasingly critical of US foreign policy, especially regarding Cuba and Vietnam, and concerned with American influence on the Canadian economy (Rochlin, 1994). Growing public familiarity with Latin American issues due to the role of Canadian NGOs working in the region throughout the 1960s also increased pressure for official Canadian aid to the region. However, while the federal government was ready to increase ties with Latin America, it still needed to avoid offending the US, which may explain why Canada initially sought entrance to pan-American institutions in seemingly neutral arenas such as health and development.

With the 1970 release of the foreign policy review, the Cabinet Committee on External Policy and Defense granted approval to both External Affairs and National Health and Welfare for Canada to join PAHO.<sup>23</sup> Canada informally announced its intention to join PAHO at the 18<sup>th</sup> Pan American Sanitary Conference held in September, 1970,<sup>24</sup> and officially requested membership in 1971 (this request being approved later that same year) (PAHO, 1971). Once it had officially joined PAHO, Canada immediately became an active member, serving on the Executive Committee from October 1971-October 1973 (PAHO, 1980), and co-sponsoring the First Pan American Conference on Health Manpower Planning, held in Ottawa on September 10-14, 1973 (Canada, 1974).

Canada's involvement with PAHO grew steadily through the 1970s. According to the 1974 assessment quotas, Canada was the 4<sup>th</sup> largest contributor to PAHO (following the US, Mexico, and Argentina) (PAHO, 1973), with External Affairs budgeting \$1.47 million for 1976-77 (the 2005 equivalent being over \$6.2 million).<sup>25</sup> In addition to such financial contributions, Canadian ideas regarding health and health promotion began to have an impact in Latin America. Of particular note was the focus on non-medical determinants of health outlined in the 'Lalonde Report', officially entitled *A New Perspective on the Health of Canadians*, which had particular resonance amongst PAHO- and WHO-member countries. By 1978, a government memorandum boasted that "Canada [was] actively involved in PAHO's programs in the region and [was] expected to take a still more active interest as a member of PAHO's Executive Committee."<sup>26</sup> Indeed, Canada was a regular member of the PAHO Executive Committee, serving terms from 1977-79 (PAHO, 1980), and at regular 3-year intervals throughout the 1980s and 90s (PAHO, 1996).

Within a decade, Canada had thus moved from being a reluctant partner to becoming fully engaged with PAHO. Since becoming a full member, Canadian participation in PAHO has included participation in PAHO administration, financing, and programming. Canadian staff work at PAHO headquarters and young Canadian

<sup>23</sup> Cabinet Document 489-71, LAC, RG2, Privy Council Office, Series A-5-a, v. 6381, 1971/05/06.

<sup>24</sup> Statement for Canadian Observer American Sanitary Conference Washington (DC) Sept. 28 - Oct. 9, 1970, LAC, RG25, vol. 14974, file 46-4-PAHO, part 2.

<sup>25</sup> Memorandum from A. J. de Villiers, Director General, International Health Services to J. L. Fry, Acting Deputy Minister of National Health, Dec. 31, 1974, LAC, RG29, 1996-97/695, v. 1, file 5606-P1-1, part 1.

<sup>26</sup> Memo from Charpentier, Sept. 21, 1978, LAC, RG25, v. 14975, file 46-4-PAHO, part 10.

professionals participate in PAHO's international health residency program. Canada has also been host to several key international health meetings, including the 'First International Conference on Health Promotion', held in Ottawa in 1986, and 'International Health a North South Debate', held in Quebec in 1991, among others. The North/South Debate conference in particular focused on analyzing the major barriers to improving health in the region of the Americas and the implications of these challenges for health worker training. The major aim was to increase collaboration between the countries of the region to improve health for all (PAHO, 1992). All of these PAHO-related activities have raised Canada's profile in Latin America, serving to meet Canada's ongoing foreign policy goal of increased regional engagement and cooperation.

### **Conclusions: PAHO and Canadian Foreign Policy Towards Latin America**

Due to both geographic proximity and close economic ties, Canadian foreign policy has always been influenced by Canada-US relations. Canada's cautious relationship with PAHO is illustrative of the balancing act that Canada has played in Latin America of simultaneously forging an independent foreign policy yet avoiding offence to US interests in the region. In the immediate post-war era, Canada refrained from membership in inter-American organizations including PAHO in order to avoid being a US pawn; Canada exhibited independence by keeping its distance. This strategy changed with the 1968 election of Prime Minister Pierre Trudeau, and the markedly cooler relations that subsequently developed between Canada and the US throughout the 1970s. Bolstered by a political leadership that wanted to enhance Canada's independent role in the world, along with considerable public support, the Canadian government was willing to consider strengthening relations with Latin America. Canada was now prepared to challenge the US on some fronts, but still had to maintain functional bilateral relations. Canada subsequently used its role in PAHO to establish a presence in Latin America that was simultaneously independent from, yet unthreatening to, the traditional stumbling block of US hegemony in the region.

The Canadian government's willingness to counter US policy in Latin America in the Trudeau era was further encouraged by pressure from domestic human rights groups, church organizations, and labor unions concerned about the increasingly repressive political conditions in Latin America. For example, as a result of domestic lobbying (McFarlane, 1989), Canada became the largest provider of asylum to Chileans displaced by Augusto Pinochet's 1973 military coup. The arrival of approximately 7,000, mainly leftist, Chilean refugees between 1973 and 1977 (Rochlin, 1994), was the

first major wave of Latin American immigration to Canada (Simmons, 1993). This influx strengthened Canadian-Latin American solidarity networks and established Canada as a country supportive of ideological diversity and on some level willing to defy US policy in the region.

Canada exhibited additional examples of exceptionalism in terms of US policy regarding Cuba and Nicaragua, with health cooperation playing a role in both cases. Canadian-Cuban health cooperation was one demonstration of Canada's commitment to maintaining relations with Cuba, as noted in a 1970s External Affairs memo: "Canada and Cuba have a record of cooperating in health matters ... Numerous exchanges of experts and health officials have been carried out. As well, Cuban doctors and technicians have been trained in Canada."<sup>27</sup> Canada also explicitly used its role in PAHO to highlight its support for Nicaragua by announcing at the 26<sup>th</sup> Meeting of the Directing Council of PAHO in 1979, that "the Canadian people and the new Government of Canada sympathize very deeply with the people of Nicaragua" and pledging \$1million in aid to the country.<sup>28</sup>

PAHO membership enabled Canada to expand its multilateral aid programs to Latin America, but it also served a symbolic role, with Canada presenting itself as an engaged and independent hemispheric partner concerned with regional well-being. In the early years in particular, PAHO membership also provided Canada with "experience in the 'inner circles' of Latin American affairs ... without the more serious ... step ... of membership in the OAS."<sup>29</sup> The fact that Canada subsequently adopted observer status in the OAS only a year after joining PAHO (McKenna, 1999) suggests Canadian membership in PAHO served as both a check on, and a stepping-stone towards, further integration with pan-American organizations.

In pragmatic fashion, Canada joined PAHO only once it was politically expedient to do so. The primacy of concern regarding links between PAHO and the OAS along with financial arguments against membership in the post-war decades clearly suggests that government officials agreed to join only when it was clear that membership would be advantageous to Canadian foreign policy objectives overall.

Indeed, once Canada joined, the bulk of Canadian actions within PAHO mirrored Canada's larger foreign policy objectives and tendencies. For example, Canada supported Caribbean Commonwealth nations in their bids for PAHO positions and requests for health aid, echoing Canada's historic connection with countries of the

<sup>27</sup> External Affairs memo from Yvon Saint-Hilaire, Mar. 14, 1980, LAC, RG25, v. 14975, file 46-4-PAHO, part 11.

<sup>28</sup> Report of the Canadian Delegation to the 26<sup>th</sup> Meeting of the directing council of the Pan American Health Organization, Sept. 24 – Oct. 5 1979, Statement on Nicaraguan Proposal, RG25, v. 14975, file 46-4-PAHO, part 11.

<sup>29</sup> Report of the Canadian Observer at the XV Meeting of the Directing Council, PAHO/XVI Regional Committee of WHO for the Americas, Aug. 31 – Sep. 11, 1964, LAC, RG29, v. 1006, file C-1060-1-2A, part 2.



Escott Reid and Lester B. Pearson  
Source: Library and Archives Canada/  
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Commonwealth. Canada also showcased particular areas of national expertise, with “Canadian contributions includ[ing]: technical assistance in rural water and sanitation programs, nursing and dental health education, health worker training, the development of food and drug standards and the emergency preparedness program of the Americas.”<sup>30</sup> In addition, Canada used its position in PAHO to emphasize policy independence from the US, supporting aid to both Cuba<sup>31</sup> and Nicaragua<sup>32</sup> against the backdrop of US sanctions and embargos against each.

While Canada initially eschewed PAHO in an attempt to avoid becoming embroiled in Latin American political affairs, once a member it quickly used its role to carve out an independent niche for itself. Canada employed its role in PAHO, along with bilateral programming via organizations such as the Canadian International Development Agency and the International Development Research Center, to highlight its potential as a “good” hemispheric partner and pursue the development of official relations with Latin America. The arena of multilateral health cooperation provided by PAHO functioned as a relatively neutral entry point for Canadian involvement in a region traditionally dominated by the US, and Canada’s shift in position towards PAHO from one of reluctance to engagement was determined by Canada’s broader foreign policy goals. Joining PAHO in 1971 was thus reflection of a greater Canadian interest in Latin America and paved the way for closer involvement with the region.

<sup>30</sup> External Affairs Memorandum, “PAHO and Cuba Health Cooperation”, Mar. 14, 1980, LAC, RG25, v. 14975, file 46-4-PAHO, part 11.

<sup>31</sup> External Affairs Memorandum, “PAHO and Cuba Health Cooperation”, Mar. 14, 1980, LAC, RG25, v. 14975, file 46-4-PAHO, part 11.

<sup>32</sup> Report of the Canadian Delegation to the 26<sup>th</sup> Meeting of the directing Council of the pan American Health Organization, Sep. 24 – Oct. 5 1979, Statement on Nicaraguan Proposal, RG25, v. 14975, file 46-4-PAHO, part 11.

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