

A Lifetime Journey in Tropical Medicine

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Abstract

Barnett Cline is Emeritus Professor at Tulane University and Director of Tropical Medicine. He was president of the American Society for Tropical Medicine & Hygiene. I work 'at the CDC in Atlanta at the Epidemic Intelligence Service (EIS), investigating arboviral outbreaks in the 60s-70s. He conducted research with more than 100 publications on various tropical diseases in Latin America, the Middle East, Africa, and Asia with a focus on the epidemiology and control of schistosomiasis, onchocerciasis, dracunculiasis, helminthiasis, and lymphatic filariasis. From 2002-2008 I actively participate in the Global Program to Eliminate Lymphatic Filariasis.

Keywords: tropical medicine, colonialism, health policies

Un viaje de por vida en la medicina tropical

Resumen

Barnett Cline es Profesor Emerito de Tulane University y director de Medicina Tropical. Fue presidente de la Sociedad Americana de Medicina Tropical & Higiene. Trabajo' en el CDC en Atlanta en el Servicio de Inteligencia de Epidemias (EIS), investigando brotes de arbovirosis en las decadas 60-70s. Realizaba investigacion con mas de 100 publicaciones de varias enfermedades tropicales en America Latina, el Medioeste, Africa, y Asia con un enfoque en la epidemiologia y

control de esquistosomiasis, oncocercosis, dracunculiasis, helmintiasis, y filariasis linfática. De 2002-2008 participo' activamente en el Programa Global para Eliminar Filariasis Linfática.

Palabras clave: medicina tropical, colonialismo, políticas sanitarias

On March 2, 2020 the current and past presidents of the American Society of Tropical Medicine and Hygiene (ASTMH) wrote to US President Donald Trump and Vice President Michael Pence urging them to fully exploit the Society's scientific expertise to confront the global spread of COVID-19 with objective, science-driven information. As a past president of the ASTMH I was a signatory to this letter.

I use this recent example to emphasize how dramatically the field of Tropical Medicine has expanded and evolved since its beginnings well over 100 years ago in concert with European (and to a lesser degree, American) colonial expansion in Africa and other tropical regions. From the perspective of the colonial powers, their financial and political success depended largely upon the ability to insure that officials, soldiers, seamen, merchants, clergy and other colonists remained healthy in an environment with an abundance of new, poorly understood diseases such as malaria and yellow fever. Sustaining the health of local work-forces maximized profits for colonial enterprises, but the health status of the general population was ignored. Typically, however, efforts were not made to transfer scientific and medical capacity to the citizens of colonized regions.

The major colonial powers (England, France, Holland, Belgium, Spain, Portugal, others) created new schools of Tropical Medicine staffed by medical practitioners and scientists who found themselves describing illness previously unknown to them. Elucidating their causes, treatment and prevention became their primary focus, and the early half of the 20th century led to an explosion of medical knowledge as descriptions of newfound organisms and diseases circulated in the academic community. Societies were formed to facilitate exchange of information by means of scientific journals such as the one now published by the ASTM&H.

Happily, colonialism began to crumble after World War II, but today many regions continue to deal with the negative consequences of unbridled exploitation. Tropical medicine has undergone dramatic transformation during my professional lifetime, such that the name of the field has become outdated. Global medicine, or global health, comes closer to describe what today's tropical medicine professionals engage in, often in collaboration with disciplines that range from medical anthropology to remote sensing. Basic scientists such as bacteriologists, parasitologists, virologists, entomologists, molecular biologists and others are part of the tropical medicine "family", as well as public health and management professionals whose focus is on delivery of preventive and curative health services.

While the impact of classical "tropical diseases" has diminished due to decades of medical advances, most remain a threat to populations around the world, and to travelers. Only smallpox has been eradicated. Globally, malaria control efforts have reduced deaths from this disease by half, but the long battle against this foe continues. Infant and child mortality rates have decreased dramatically, as have maternal mortality in some areas.

My career in tropical medicine, which began more than 50 years ago, provided me with life experiences I never dreamed of when I started medical school. I was able to participate in research and disease control programs in countries as diverse as Puerto Rico and Colombia (dengue, histoplasmosis), Egypt and Brazil (schistosomiasis), Cameroon (schistosomiasis, lymphatic filariasis, dracunculiasis), Bolivia (Chagas disease), Venezuela (onchocerciasis), Pakistan (dracunculiasis), Indonesia (soil-transmitted helminths), and Ecuador (Saludesa). Living and working in these lands with diverse cultures, languages, histories, and cuisines expanded my world literally and figuratively. I learned much along the way from colleagues.

I treasure these “lessons learned”. One, listen carefully, and with humility, to your host country colleagues because they often know much more than you. Two, the intellectual rewards derived from asking questions and rigorously testing hypotheses are great; never assume you know the outcome, but listen carefully to what the data tell you. Three, professional integrity and honesty can never be compromised, even among friends. Four, while cultures vary greatly, doing the “right thing” does not. Finally, research collaboration, just like a healthy marriage, is easy to say, but requires effort to succeed.

Science and medical skills have combined to greatly reduce the death and suffering of vast segments of our fellow humans, but vast challenges remain, such as those newly created by the Covid-19 pandemic. Readers of this journal include the very doctors and scientists and other professionals that are needed to continue important advances.