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ART AND MEDICINE

# Diego Rivera, The History of Medicine in Mexico: People's Demand for Better Health, mural in 1953 still current

Diego Rivera. La historia de la medicina en México. El pueblo en demanda de salud, mural de 1953 aún vigente

Gabriela Rodríguez-Gómeza, Felipe C. Cabellob

<sup>a</sup> Ph.D. Student in Chicana/o Studies at University of California, Los Angeles, EE.UU.

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#### **Abstract**

Although public health and social medicine have a long history in Latin America going back to Colonial times, their relevance has ebbed and flowed as a result of the development of a variety of social and political movements. The Mexican Revolution accelerated implementation of public health policies in Mexico and resulted in the creation of the Mexican Institute of Social Security to serve the health and social security needs of the country's population. Construction of the Hospital La Raza and its embellishment by the mural paintings of Diego Rivera and David Alfaro Siqueiros corresponded to the heyday of public health ideas in Mexico. This is clearly reflected in Rivera's mural painting from 1953, The History of Medicine in Mexico: People's Demand for Better Health. The left side of the painting, representing the history of modern medicine in Mexico, exemplifies the tensions between individuals and social groups demanding the fruits of modern medicine and public health, and entrenched bureaucracy and private interests resisting their demands. Rivera's artistry illustrates this tension by depicting urban social groups and a family with a pregnant mother and children requesting medical attention on one side of the main panel, facing condescending physicians, bureaucrats and upper society gentlemen and ladies on the other side. The importance of social movements to the development of public health policies illustrated by Rivera in 1953 continues to be relevant in Latin America today where increasing millions still lack the benefits of health care and social security. Keywords: Public health; pediatrics; history; art; Diego Rivera

Correspondence: Felipe C. Cabello cabello@nymc.edu

<sup>&</sup>lt;sup>b</sup> Department of Microbiology and Immunology, New York Medical College, EE.UU.

Public health and social medicine are dynamic and evolving concepts directed towards increasing health and preventing disease in the framework of their societal and economical determinants<sup>1,2</sup>. These determinants include poverty and lack of political representation<sup>1-3</sup>. Latin American public health and social medicine have a rich and vital tradition from colonial times that is often overlooked<sup>4,5</sup>. For example, the so-called smallpox vaccine expedition or Balmis' expedition, which lasted from 1803 to 1811, was one of the first organized public health activities in the Americas.<sup>6,7</sup> This expedition, sponsored by the Spanish crown and organized by the Spanish physician F. J. Balmis, transported smallpox vaccine virus across the Atlantic by inoculating the virus into the arms of consecutive children.<sup>6,7</sup> The expedition was a success because the vaccine was transported and distributed from Spain to Mexico, South America, Philippines and China.<sup>6,7</sup> Public health contents and ideas about hygiene were also found in writings of Latin American physicians such as Eugenio Espejo (1747-1795), a forerunner of Ecuadorian Independence<sup>8</sup> and Francisco J. de Caldas (1768-1816) the martyr of Colombia's Independence. The latter participated in a botanical expedition called the Mutis' expedition to look for medicinal plants, specifically varieties of the antimalarial and anti-inflammatory cinchona9,10.

It was not until the twentieth century that public health and social medicine in Latin America developed sufficiently to permit elaboration of original contributions. These were accompanied by the emergence of political and social movements that drove and facilitated their implementation<sup>4,5,11,12</sup>. Thus, Salvador Allende of Chile, influenced by the work of Rudolf Virchow of the previous century, elaborated on the social and economic determinants of health in the 1930s. 13-15 Allende, elected president in 1970, attempted to implement policies to improve the health of the Chilean population.<sup>13,14</sup> Important nuclei of people working on public health and social medicine emerged similarly in Brazil, Ecuador, Cuba, and Mexico<sup>4,5,16</sup>. In Mexico, for example, hygienic policies began to be elaborated at the end of the dictatorship of Porfirio Diaz at the turn of the twentieth century17. This process was accelerated by the Mexican Revolution in 1917 and the creation of a Department of Public Health in charge of vaccination and control of food and drug safety<sup>17</sup>. The politics of the Mexican Revolution also stimulated creation of Mexican Social Security, development of rural medicine, implementation of industrial health policies, writing of a Sanitary Code and evolution of environmental sanitation<sup>17</sup>. The Mexican Institute of Social Security (MISS) was the culmination of these policies which were accompanied by a measurable decrease in morbidity and mortality<sup>17</sup>.

In this context, it was not unusual that two of the most renowned Mexican artists of the Mexican Revolution, Diego Rivera and David A. Siqueiros, were asked to paint two murals in the newly constructed Hospital de La Raza belonging to the Mexican Institute of Social Security (MISS) in 1951<sup>18-21</sup>. Rivera's mural, The History of Medicine in Mexico: The People's Demand for Better Health, finished in 1953, adopted objects and symbols of the past and adapted them for the modern viewer to tell the history of the evolution of medicine in Mexico (figure 1). Throughout the mural certain figures and scenes are borrowed from colonial sources<sup>18,20</sup> and from the modern present<sup>18,20</sup>. The main narrative of the mural was not in the consistent portrayal of factual evidence, in terms of the representation of native healing practices, but rather the representation of Mexican indigenous and modern peoples demanding medical care and its technology as well as searching and implementing community involvement<sup>18,21</sup>. The mural comprises two well defined sections representing modern medicine to the left, and Pre-Columbian indigenous healing practices to the right which are connected by middle section representing the Aztec deity Tlazolteotl-Ixcuina<sup>18,21</sup>. For reasons of space, the present analysis of the mural will concentrate on the modern left half.

In the top left-hand corner of this section, the representation of the collective force that laid the foundation for the creation of the MISS is portrayed (figure 2). The group of people who make up the diverse urban community of Mexico City is shown gathering for action, demanding access to primary health care<sup>18,20</sup>. At the head of the line is an anonymous industrial worker dressed in a coral red shirt, blue overalls, and with a bandaged arm leading this group. This grouping can be interpreted as the most compelling piece of commentary about the concept of an institutionalized health care system and the people's role as participant and conductor of the process to fulfill the essential human right of social security and medical care. Below figures that represent MISS and private business interests, Rivera displayed a family unit participating in the social security system. This 'industrial family' consists of the father as the laborer, the pregnant wife and mother in the yellow dress, and their two children -a young girl who suffers from polio and a boy dressed in blue overalls holding a toy rifle (figure 3). Interestingly, the depiction of children expressed Rivera's connection and loyalty to the dynamic essence of modernization through familiar symbols related to peace and health.

Inclusion of the daughter dressed in a rose-colored dress struggling with polio refers to two important realities that occurred in Rivera's life. First, the little girl reminds the viewer of the tragic polio epidemic of the 1950s in the United States and Mexico that lead to the



**Figure 1.** Diego Rivera. *History of Medicine in Mexico: The People's Demand for Better Health.* Fresco, mosaic, and multimedia. 1953. Centro Médico Nacional de La Raza, Mexico City, Mexico. Photographed by Gabriela Rodriguez-Gomez (July 2011) with permission by Mexican Institute of Social Security (MISS). All Rights Reserved.



**Figure 2.** Diego Rivera. *History of Medicine in Mexico: The People's Demand for Better Health*, detail of left section of the central wall. Photographed by Gabriela Rodriguez-Gomez (July 2011) with permission by Mexican Institute of Social Security (MISS). All Rights Reserved.



**Figure 3**. Diego Rivera. *History of Medicine in Mexico: The People's Demand for Better Health*, detail of top-center left section. Photographed by Gabriela Rodriguez-Gomez (July 2011) with permission by Mexican Institute of Social Security (MISS). All Rights Reserved.

introduction of the Salk polio vaccine and its widespread use by 1955. Second, her thinner left leg subtly connects the scene with Rivera's wife, Frida Kahlo, who suffered all her life with the disease<sup>22</sup>. Coincidently, the young girl's brother also incorporates a cautious gesture, for the boy is drawn facing away from the viewer

dressed in the familiar blue overalls that his father wears, as well as what Rivera wore as he worked. The little boy with a toy rifle evokes the spirit of rebellion of the Mexican Revolution, with the gun and blue overalls as his symbols of revolt, warning the viewer that one must probably not allow a centralized authority take advantage of the people.

The brother and sister duo represent the presence of the culture and traditions of the present and past rooted in their parents ancestry that will someday be manifested by new traditions due to their own participation in modernity. Rivera's depiction of the industrial family is the embodiment of the struggle for equilibrium between public, private, and institutional forces that demand social healthcare as well as participate in the modern system. Both children of the past and present interacting and becoming part of the established social security system embody the fact that demand for primary healthcare will perpetually be a challenge faced by all. It is the responsibility of a united populace to become aware of centralized entities elected, or selected, that deserve constant monitoring and input from the community. In this manner, the left section of the mural depicting the family unit and the people in need of medical assistance demonstrates a cautiously optimistic portrayal of the fruits of medical technology. Rivera's commentary to the public appears to propose both an acknowledgement of and critique on the idea of a social security system as a centralized institution and the role the citizen, political movements, and community organizations.

The strong historical visual narrative that Rivera used in this mural, specifically in its left half, expresses to the viewer the notion that the people as a collecti-

ve force are the most significant element of the entire healthcare system that benefits all. The mural also tells us that the populace and its organizations must be aware of the modern entrenched bureaucracies and political groups that (for different reasons) attempt to block access to widely needed medical care and social security. The focus on the depiction of adults and children as part of the struggle for better health stimulates the notion that for the youth something has to be done in the present to secure their future and that those children are the group most vulnerable to failures in health systems. The portrayal of children also suggests regeneration and that with time, new generations will have the choice to physically manifest what is created in the present. There is no doubt that the message of Rivera in this mural regarding health care for all continues to be relevant today in Mexico and the rest of Latin America. In these countries, more than 200 million people are currently without access to medical care, and in coming years, 80 million retirees will increase the numbers of people with limited access to this human right<sup>23</sup>.

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#### **Conflicts of Interest**

Authors declare no conflict of interest regarding the present study.

### References

- Waitzkin H. The social origins of illness: a neglected history. Int J Health Serv. 1981;11(1):77-103. PubMed PMID: 7016768.
- Allende S. Medical and social reality in Chile. Int J Epidemiol. 2005;34(4):732-6. Epub 2005 Apr 28. PubMed PMID: 15860636.
- Brown TM, Fee E. Social movements in health. Ann Rev Public Health. 2014;35:385-98. doi: 10.1146/annurevpublhealth-031912-114356. Epub 2013 Dec 11.Review. PubMed PMID: 24328986.
- Iriart C, Waitzkin H, Breilh J, Estrada A, Merhy EE. [Latin American social medicine: contributions and challenges]. Rev Panam Salud Publica. 2002;12(2):128-36. Spanish. PubMed PMID: 12243699.

- Barreto ML, De Almeida-Filho N, Breilh
  J. Epidemiology is more than discourse:
  critical thoughts from Latin America.
  J Epidemiol Community Health.
  2001;55(3):158-9. PubMed PMID:
  11160167; PubMed Central PMCID:
  PMC1731843.
- Soto-Pérez-de-Celis E. The Royal Philanthropic Expedition of the Vaccine: a landmark in the history of public health. Postgrad Med J. 2008;84(997):599-602. doi: 10.1136/pgmj.2008.069450. PubMed PMID: 19103818.
- Tuells J, Duro Torrijos JL. [The second expedition of Balmis: revolution and vaccine]. Gac Med Mex. 2013;149(3):377-84. Spanish. PubMed PMID: 23807343.
- 8. Santa Cruz y Espejo E. Obra Educativa. 1989. Biblioteca Ayacucho. Caracas. Venezuela
- Herranz JP. The Arcane of Cinchona and the New Granada Expedition:

- the multi-dimensional mind of José Celestino Mutis (1732-1808). J Med Biogr. 2014;22(3):152-5. doi: 10.1177/0967772013518701. Epub 2014 Jan 16. PubMed PMID: 24585628.
- González de Posada F. [José Celestino Mutis (1732-1808): his career in medicine]. An R Acad Nac Med (Madrid). 2008;125(4):607-38; Spanish. PubMed PMID: 19496527.
- Allende SG. Considerations on human capital. 1939. Am J Public Health. 2003;93(12):2012-5. PubMed PMID: 14652323; PubMed Central PMCID: PMC1448141.
- Breilh J. Latin American critical ('Social') epidemiology: new settings for an old dream. Int J Epidemiol. 2008;37(4):745-50. doi: 10.1093/ije/dyn135. PubMed PMID: 18653510.
- 13. Tedeschi SK, Brown TM, Fee E. Salvador Allende: physician, socialist, populist,

- and president. Am J Public Health. 2003;93(12):2014-5. PubMed PMID: 14652324; PubMed Central PMCID: PMC1448142.
- Brown TM, Fee E. Rudolf Carl Virchow: medical scientist, social reformer, role model. Am J Public Health. 2006;96(12):2104-5. Epub 2006 Oct 31. PubMed PMID: 17077410; PubMed Central PMCID: PMC1698150.
- Waitzkin H. Commentary: Salvador Allende and the birth of Latin American social medicine. Int J Epidemiol. 2005; 34(4):739-41. Epub 2005 Apr 28. PubMed PMID: 15860637.
- 16. San Sebastián M, Hurtig AK, Breilh

- J, Peralta AQ. [The People's Health Movement: health for all now]. Rev Panam Salud Publica. 2005; 18(1):45-9. Spanish. PubMed PMID: 16105326.
- Rodríguez de Romo AC, Rodríguez Pérez ME. History of public health in Mexico: 19th and 20th centuries. Hist Cienc Saude Manguinhos. 1998; 5(2):293-310.
- Lozano LM, Coronel Rivera J. Diego Rivera. The Complete Murals, Hong Kong; Los Angeles: Taschen. 2008.
- Toledo-Pereyra LH. Diego Rivera and his extraordinary art of medicine and surgery. J Invest Surg. 2007;20(3):139-43. PubMed PMID: 17613687.
- 20. Rodríguez-Gómez G. Re-conceptualizing

- social medicine in Diego Rivera's History of Medicine in Mexico. The peoples demand for better health. Thesis. University of California. Riverside. Ca. 2012.
- 21. Cabello F. Diego Rivera: gran maestro y un didáctico y lúcido historiador de la medicina. Rev Med Chile 2014;142(11):1458-66.
- Herrera H. A Biography of Frida Kahlo.
   Part One: Chapter Two. Harper Perennial
   Publishing. N. York. 2002.
- Rosemberg H, Andersson B. Repensar la protección social en salud en América Latina y el Caribe. Rev Panam Salud Pública 2000; 8: 118-25.