

# TOURISM MOBILITIES AND PUBLIC HEALTH: HISTORICAL ANALYSIS FROM A BRAZILIAN PERSPECTIVE

Mobilidades Turísticas e Saúde Pública:  
Análise Histórica a partir de uma Perspectiva Brasileira

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## ABSTRACT

This paper aims at discussing tourism and public health from a mobilities perspective. We analyze tourism not just as corporeal movement, but as a socio-spatial phenomenon that combines material and immaterial elements. For the purposes of this analysis, we take a historical approach on disease outbreaks in Brazil by reviewing press coverage on the poliomyelitis epidemic in the context of political, social, cultural, and economic transformations of the 1950s, with particular interest in the city of Rio de Janeiro. Though this disease did not influence tourism directly – which, in fact, was very incipient in the country at that time – this analysis highlights early travel and tourism imaginaries in relation to public health protocols and concerns. As a main contribution, this study explores different dimensions of (im)mobilities (from pathogens to tourists, from idyllic images to sick bodies), which have the potential to grasp tourism in a more relational way in the so-called post-Covid19 pandemic world.

## KEYWORDS

Tourism; History; Tourism Mobilities; Public Health; Rio de Janeiro [Brazil].

## RESUMO

Este artigo tem como objetivo discutir o turismo e a saúde pública a partir da perspectiva das mobilidades. Analisamos o turismo não apenas como movimento corporal, mas como um fenômeno socioespacial que combina elementos materiais e imateriais. Para fins desta análise, fazemos uma abordagem histórica sobre os surtos da doença no Brasil, analisando a cobertura da imprensa sobre a epidemia de poliomielite no contexto das transformações políticas, sociais, culturais e econômicas da década de 1950, com especial destaque para a cidade do Rio de Janeiro. Embora essa doença não tenha influenciado diretamente o turismo – que, de fato, era muito incipiente no país naquela época – esta análise destaca os primeiros imaginários de viagem e turismo em relação aos protocolos e preocupações de saúde pública. Como principal contributo, este estudo explora diferentes dimensões das (i) mobilidades (dos patógenos aos

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turistas, das imagens idílicas aos corpos doentes), que têm potencial para apreender o turismo de uma forma mais relacional na chamada pandemia pós-Covid19 mundo.

#### **PALAVRAS-CHAVE**

Turismo; História; Mobilidades Turísticas; Saúde Pública; Rio de Janeiro [Brasil].

#### **INTRODUCTION**

Either for obligation [work, religious, migration, asylum] or pleasure [tourism, essentially], travelling has been part of human existence for centuries. However, in recent periods of capitalism, tourist practices have established a new corollary of modern life in many societies, representing an ideal of success or happiness. Modern tourism evolved because of transformations in technology [i.e., transport, communications, finance], society [labor benefits, reorganization of family groups] and culture [individual and collective social behaviors, new consumption trends, formation of tastes]. In this context, travelling has become an increasingly predictable and safe activity, which can be explained by a process of commoditization of touristic products – which some authors call ‘Fordist tourism’ (Boyer 1999).

The multiple forms and intensities of tourist mobilities became part of modern life, especially after the Second World War. The constitution and appreciation of ‘mobile lifestyles’ (Urry 2000; 2007, Cresswell 2006, Elliot & Urry 2010) evolved into practices, businesses and policies, leading to one's desire to be always on the move - although forced mobilities [migrations, exile, refuge, etc.] depict the asymmetries of contemporary capitalism (Sheller & Urry 2004; Sheller 2018). In this sense, tourism came to fill the routine of the contemporary world, in its most obvious forms [mass tourism] or through hybrid conceptual and spatial boundaries [second homes, digital nomads, expats, etc.]. (For a detailed discussion, see Jung & Buhr 2020).

In the domain of mobility studies, tourism can be grasped from various dimensions and ‘researchable entities, namely: mobility of people, mobility of objects, communicative mobilities and mobility of images (Urry 2000; Büscher et al. 2010; Allis et al. 2019; Freire-Medeiros & Lages 2020), to which others could be added - such as ideas, models, capital, etc. The very notion of tourist mobilities, as an ‘analyzer of contemporary phenomena’ (Singh et al. 2017), has been structured as a category of analysis, for which such analytical dimensions represent a quite fruitful organizing reference, also in the Latin American context (Allis et al., 2020; Allis, 2019; Allis, 2018; Allis, 2016).

Moreover, in the 20th century, scientific evolution in the fields of microbiology, biochemistry, and bacteriology, as well as the invention of the first antibiotics, the discovery of vitamins and hormones, the identification of the malaria-transmitting mosquito and antiseptic techniques contributed to the increase in people's life expectancy (Barraclough 1983, pp.45-56). Despite the euphoria in relation to new social and economic habits and processes, epidemic outbreaks such as the Spanish flu [1910s] devastated the world and impacted the 'introductory phase' of modern tourism in the West (Spode 1993).

Similarly, in recent times, the Covid-19 pandemic has strongly affected many aspects of contemporary life, demanded a set of emergency measures and raising debates about new medical and health safety protocols, ending by the release of new vaccines in late 2020 – even though the effectiveness of such measures is constantly interrogated. The intense global mobilities – mostly formed of tourist flows – was also a catalyst of this process, bringing domestic concerns to all nations, given the community transmissions. This is not a new debate: Sheller & Urry (2006) comment on the developments of avian flu, as a major constraint of intense global flows. In a more specific analysis, Lavau (2017) makes a detailed study on H5N1 and the risks associated with its wide dispersion through migratory birds - not to mention the mutating capacity of the viruses.

At first, this intense and challenging scenario for tourism led to public and private agents to seek alternatives to keep their business going and, very rapidly, to predict scenarios for the recovery of the activity. Despite speculation and some attempts to design and implement new travel protocols, the world – and the tourism sector in particular – unable to make firm projections, notwithstanding the start of the vaccination in December 2020. The fragility to which tourism and its subjects (tourists, hosts, workers) are subjected is evident. Being essentially an activity of circulation of bodies, encounters, and exchanges of all kinds [luggage, garbage, images, airplanes, messages via applications, raw materials, workers, viruses], one would imagine some level of predictability of effects such as those caused by the pandemic. However, despite the magnitude of this unprecedented event, it seems that the agents in the tourism sector expected a somewhat rapid recovery. Even the recovery of tourism after the 9/11 attacks was processed very quickly, with new security protocols in transport [mainly airplanes] and visitation spaces [museums, for instance].

In addition to the scope and complexity of the problems that the pandemic has caused for

tourism and new paradigms that may eventually be created, the history of public health and travel throughout the 20th century is full of gaps. It is necessary to fill in those gaps if we want to understand how tourism and health [including strategies to tackle tourism-related diseases] are interwoven in the present. Looking at this context, concerns about health risks associated with tourism have rarely been the center of much attention, except for specific moments, such as during the H1N1 outbreaks, whose impacts cannot be compared to those of Covid-19.

Thus, we ask: from a historical perspective, what is the relationship between tourism and public health? With Brazil's 1950s in mind, what were the specific reactions to poliomyelitis outbreaks and how they brought together policies and narratives about tourism and public health? And, in a prospective approach, what one can today learn from those historical events?

## **METHODOLOGY**

From a historical perspective and bringing the discussion to the Brazilian context, this work seeks to highlight how early travel and tourism imaginaries and practices emerged in relation to public health concerns. We focus on the context of the city of Rio de Janeiro, particularly regarding the effects of the polio outbreak in the 1950s, which gave rise to a wide debate in the press and some reactions from the authorities concerning travel protocols and biosafety. Although tourism *per se*, in that period, was not statistically relevant, one can see some impacts on the emerging touristic image of the city of Rio de Janeiro, amidst debates and actions that articulate public health policies and travel and tourism.

In the mid-twentieth century in the field of political history, the press played a key role both in the journalistic coverage of political issues and in the mediation of relations established between society and the State. Thus, newspapers gained social relevance, setting the agenda and mobilising opinions that promoted adhesions or criticism among their readers. For this reason, analysing the press as a tool to improve historical knowledge is increasingly widespread and, therefore, some methodological aspects need to be observed – for instance, the subjectivity and intentionality with which researchers must deal (Vieira 2013)

In this paper, we resort to news pieces about polio outbreaks in Brazil in the local press as a privileged corpus of investigation. In the mid-twentieth century, Brazilian newspapers implemented innovations in visual aspects, and the intensity of changes that occurred in the country was closely monitored by the press in the Brazilian federal capital then, Rio de Janeiro.

At that time, some newspapers constituted what we can identify as mainstream media and which, despite its limitations, can still be of great value for historical research (Luca & Martins 2008).

For assembling the empirical research framework, the authors resorted to the National Library digital platform [BNDigital], created in 2006, particularly the Hemeroteca Digital Brasileira, a digital repository formed by newspapers, magazines, yearbooks, newsletters and serial publications. The research focused on some of the newspapers circulating in the 1950s in Rio de Janeiro: A Noite, Correio da Manhã, Diário Carioca, Tribuna da Imprensa and Última Hora – all of which are now out of circulation and their contents are in the public domain (<http://memoria.bn.br/hdb/periodico.aspx>).

As a first search filter, the keywords ‘infantile paralyse’ and ‘polio’ were used while searching through editions published in the 1950s. With the results, all the news pieces on this topic were thoroughly analysed, paying less attention to news about the disease in Europe and the United States and news on research for a vaccine. The second filter was focused on the news pieces about cases, suspicions, and the polio epidemic in the city of Rio de Janeiro. The third filter was the relationship with tourism or travel. A total of 261 polio stories were selected, concentrated in the years 1953, 1956 and between late 1958 and early 1959. However, news pieces linking the disease to the concern with the flow of travellers was observed only in the March 1956 publications, a moment that will be further detailed with the selection of the most relevant publications, images included (n=34).

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### **TOURISM, HEALTH, AND RISKS: MOVING BODIES AND PATHOGENS**

Beck (2019[1986]), commenting on how a ‘risk society’ emerged from the industrial society, asks himself:

[...] how is it possible that the threats and risks systematically co-produced in the late modernization process are avoided, minimized, dramatized, channeled and, when they come to light in the form of "latent side effects", isolated and redistributed in such a way that they do not compromise the modernization process or the boundaries of what is [ecologically, medicinally, psychologically or socially] ‘acceptable’?. (p. 24)

As tourism became more widespread, *pari passu* emerging technologies, the notions of risk and safety have been blurred in the new travel routines and processes. If, at the beginning of the aviation industry, travelling by plane was dangerous or, later, it still generated some tension,

this is a very residual concern in present days. On the other hand, the discomfort, unpredictability, and the risks of undertaking lengthy travel schemes have been replaced by standardized protocols, which are increasingly faster, comfortable, and relatively safe. It is true that health risks were decreasing since urbanization gained traction, the development of medicine and the increase in material living conditions led to new standards of living in Europe, North America, some countries of the former socialist bloc and certain regions of Asia.

The relationship between tourism and health risks is not usually addressed in the literature of the area. There is some emphasis on health tourism or medical tourism, in which certain destinations attract travelers motivated by aesthetic surgery (Klein et al. 2017; Miyagi et al. 2016, Connell 2006), cancer treatment (Awano et al. 2019) or organ and tissue transplantation (Babik & Ching-Hong 2015; Connolly et al. 2014; Viladrich & Baron-Faust 2014). Another group of studies addresses the relationship between certain diseases and tourism, usually focused on the risks to tourists (Rosseló et al. 2017; Enk 2010; Wright 2003). Recently, there has been a surge of publications on the impacts of Covid-19, even while the events associated with the pandemic were still unfolding, illustrating an "anarchic period of research" (Zenker & Kocker 2020, p. 6). In any case, there is an emerging claim to "not return to normal" (Benjamin et al. 2020), amidst important global changes - that includes several current epidemic risks, such as MERS and Ebola (Gössling et al. 2021).

While the pandemic was still unfolding in most parts of the world, academic publications concerning tourism and COVID are mushrooming. By 2021, in over 150 papers, published in international journals since March 2020, expressions such as "recovery" (Li et al 2021; Assaf & Scuderi, 2020; Navarrete & Shaw 2020; Yeh 2020), "response" (Khalid et al 2021, Quang et al. 2021 ), "rethink" (Pardo & Ladeiras 2020) , "relaunch" (Gambino 2020; Mohanty et al 2020), "revival" (Sánchez-Teba et al. 2020), "adjustment" (Tsionas 2020), "resilience" (King et al. 2021; Ntounis et al. 2021), "restart" (Borovcanin et al. 2020), "reset" (Brouder 2020; Girish 2020; Nepal 2020; Sigala 2020; Trembly-Huet 2020), "re-discover" (Niewiadomski 2020), "reconnect" (Lapointe 2020), "redefine" (Bozzato et al. 2020), "reposition" (Cresta 2020) appear to point out possible paths or even expectations for tourism in the post-pandemic – although this "post" is absolutely open in epidemiological terms. Abbaspour, Soltani e Tham (2020), for instance, expect the "recovery" of medical tourism in Iran, concluding that this can stimulate "post-crisis destination recovery efforts" (p. 2). In a more recent work, Rangel et al. (2022) identified 2,245 works covering the relationship between tourism and COVID19, indicating the high

concentration of academic and scientific efforts to understand and seek ways of acting over the effects of the pandemic on tourism.

However, if we assume that the Covid-19 pandemic is a milestone for potentially reframing public health policies and protocols – and their overlap with tourism – it is important to look beyond the present moment. Thus, in a historical perspective, we will shed light on how certain issues were communicated and tackled during the polio outbreak at a time when both public health and tourism were incipient in Brazil [and in the world, to some extent]. We believe that a historical look can be useful to further studies and proposals for tourism recovery in the post-pandemic.

### **POLIOMYELITIS AND EARLY TOURISM MOBILITIES IN BRAZIL**

**Modernization of Brazil and the emergence of tourism in the ‘Marvelous City’** - With the end of World War II (1945), the US economic prosperity impacted the Western world with a belief in growth, in the way of life characterized by mass production and consumption of manufactured goods for personal and domestic use (Kornis, 1992). In Brazil, incentives to the industrial sector gained strength, for example, with the creation of the National Bank for Economic Development (BNDE) in 1952, with the clear purpose of accelerating industrial diversification while adopting unpopular measures to control inflation (Borges & Brito 2011, p. 143).

With the election of Juscelino Kubitschek (1956), the euphoria of development took over the country. In general, the JK years were marked by the articulation between the old and the new Brazil: JK's Goals Program was extremely ambitious and had the slogan "50 years in 5", its main objective being to accelerate capital accumulation, increase productivity of existing investments and apply them to production activities (Benevides, 1979, p.210).

In those lively years, the city of Rio de Janeiro, then the capital of Brazil, was the most important political and cultural hub in the country. In addition, the image of Rio was gradually consolidated as a reference for fashion and taste, tourism development and the power relations emerging in the city's urban landscape, between the sea and the mountains. Between the 1940s and the 1970s, airline posters portray the beach town's lightness and seaside style. In other words, in addition to the natural beauty of the city, the carioca way of life in some way valued and encouraged the ideal of travelling.

Rio de Janeiro's condition as a touristic destination was marked by a long process of cultural construction that underwent transformations in different temporalities, in which "the landscape of the touristic Rio circulated around the world" (Freire-Medeiros & Castro 2013, p.19). On the other hand, the 'Marvelous City' presented serious infrastructure problems, such as severe lack of water, housing crisis in the face of real estate speculation in times of economic excitement, increasing traffic jams – a result of the emphasis on road modal transportation policies (Bandeira & Andrade, 1965, p.105).

It was precisely on the Atlantic coast that thriving urban features were constituted and made Rio Janeiro known worldwide. The districts of Copacabana, Ipanema, and Leme – far from the historical and commercial city center – emerged amid optimism in the international and national scenarios, leading to the "definitive insertion of the area in the city's nightlife route". That became visible with the opening of entertainment spaces [cinemas, bars, restaurants, and nightclubs], combining the e bohemian carioca way of life with the real estate boom: in 1956 alone, 225 new buildings were inaugurated. Between 1950 and 1960, the population of Copacabana had an increase of 42%, going from 129,249 inhabitants to 183,846. (O'Donnell 2013, p. 230) [Figures 1 and 2].

**Figure 1. Copacabana Beach in 1953**



**Source:** Arquivo Nacional (Arquivo Nacional, BR RJANRIO PH.0.FOT.180(5))



**Figure 2. Copacabana Beach in the 1960's**



**Source:** Acervo Digital Fundaj - Domínio Público (jn000072f)

In parallel with the urban effervescence, the mainstream press became more agile and began to adopt the North American model, starting to use photography on a large scale. During the 1950s, newspapers *O Jornal*, *Diário Carioca*, *O Globo*, *Jornal do Brasil*, *Última Hora*, and *Tribuna da Imprensa* were some of the Most popular publication in Rio de Janeiro (Luca 2008, p.173-174). Discussions about polio in Brazil, which until then had basically taken place in the medical field and revolved mainly around explanatory scientific models of the disease, gained prominence in the press and its evolution into an epidemic started to attract the attention of wider audiences in the public opinion.

**The emergence of public health in Brazil** - The defense of health as a political and social issue dates to the mid-nineteenth century. However, it became less visible during the scientific revolution period, especially following Robert Koch's bacteriological discoveries, emphasizing biomedicine as an important domain. The so-called Social Medicine, which will later configure the field of Public Health, had its revival in the early twentieth century linked to health policies in different countries, each with specificities related to their contexts (Nunes 2012).

The first National Health Conference, held in 1941 in the city of Rio de Janeiro, marked the emergence of Health Program planning for the entire Brazilian population. However, there was “a rich past of trials, research, teaching proposals, and intervention projects, notably through

health education activities” (Nunes 2014, p.1042). Such activities with a strong focus on the education of the masses were carried out by the Service of Propaganda and Sanitary Education [SPES], created in the 1920s and replaced in 1941 by the National Service of Sanitary Education [SNES], part of the Department of Health, under the Ministry of Education and Health (Souza 2012; Marques et al. 2016). The ideas about health education revolved around the premise that this “should favor the change of habits and direct the solution of health problems, mainly through practices that encourage the individual to spontaneously understand the advantages of this action” (Souza 2012, p.59).

Even with the centralization of health education campaigns, health care – that is, direct assistance to individuals – was basically carried out by philanthropic institutions and independent doctors. The State was responsible for actions in the face of epidemics, and neglected diseases such as tuberculosis, leprosy among others. In the 1920s, a health care system for formal workers was established through the creation of funds for this purpose (Carvalho 2013). Later, this system was organized by professional categories, such as merchants, bankers, seafarers, dockers, civil servants, etc. All of these professional categories built connections with the urban industrial world, which was on the rise in the Brazilian economy and society at the time (Luz, 1991).

In 1942, the Special Public Health Service (SESP) was created based on an agreement between Brazil and the United States, with the objective of providing medical assistance to workers in regions producing strategic materials such as rubber [Amazonia] and minerals [Goias and Vale do Rio Doce]. The creation of SESP marks the beginning of the structuring of the country's public health care system, which suggests a first shift in the federal government's approach (Mercadante 2002).

The 1950s were marked by the creation of the Ministry of Health (1953), in line with the proposals of the World Health Organization [WHO] to mobilize governments in relation to the accountability of the population's health (Lima & Pinto 2003). This period was also marked by discussions about the preventive project, with the support of the Pan American Health Organization (PAHO), especially in the second half of the decade. That was guided by criticism of the biomedical model, rather linked to the educational project instead of direct medical actions (Nunes 2012).

The development of new technologies such as vaccines, epidemiological surveillance, and

laboratory diagnosis of poliovirus has shifted the scope of the public health debates and made it possible to establish policies to control polio in the country. In 1952, 58,000 new cases were reported in the United States and more than 3,000 people died. Over time, though, Brazil has come to be considered by the World Health Organization [WHO] as a reference in the fight against polio for other Latin American countries.

In the same year of the creation of the Ministry of Health (1953), the country's largest polio epidemic took place in the city of Rio de Janeiro (Campos et al. 2003). At that time, how the disease spread was still a mystery, and the vaccine (Salk) was not yet widely available in Brazil. The Fernandes Figueira Institute conducted a pilot experiment with children between 4-6 years old, aiming to prepare doctors and nurses for the National Campaign for Oral Vaccination against Polio in Brazil. Between the end of August and the beginning of September 1961, the official inauguration took place in the city of Petrópolis with the expectation of vaccinating 15,000 children, an action that was widely covered by the press (Campos et al., 2003, p.2)

The achievements of the 1960s are part of the process of advancing science in the face of the epidemics that hit Brazilian cities in the middle of the 20th century, the development of new scientific models, tests with different vaccines, among other aspects closely followed by newspapers.

**Voices from the press: on poliomyelitis and its links with travel and tourism** - The ghost of polio haunted cariocas<sup>i</sup> at various times during the 1950s, with the biggest outbreak in 1953 when there was still little information about the disease [‘O maior surto de paralisia infantil verificado no Brasil’, 1953]. The Salk vaccine was still under development and Sabin did not exist. Articles from this period rarely link the spread of the disease to travel and tourism. However, with a new risk of a polio epidemic in 1956, narratives took on a different tone. In March 1956, it was learned that an outbreak occurred on the border between Brazil and Argentina, and memories of the disease that affected 326 people in the city during the first months of 1953 [against only 33 cases from the previous year] emerged [‘Paralisia infantil’, 1953; ‘Não há perigo’, 1953]. Fear plagued the population and made the headlines in the main newspapers circulating in the capital of the Republic.

Among the largest newspapers in Rio de Janeiro, there were some traditional ones, such as *Jornal do Brasil*, *O Globo*, *Correio da Manhã*, *Diário Carioca*, *A Noite* and *Diário da Noite* – all of

which sold up to 180 thousand copies daily. Two rival newspapers also appeared in the decade, *Tribuna da Imprensa* and *Ultima Hora*. The latter was created in 1951 with the support of President Getúlio Vargas and brought technical and editorial innovations that turned it into a reference, reaching up to 90 thousand daily copies (Barbosa 2010, p. 155).

Mobility from the small towns on the land border with Argentina, as well as planes and ships arriving from Buenos Aires with people or goods, explained the fear of polio. Argentine fruits, previously desired, also began to symbolize the risk of carrying the disease, with imports temporarily banned in Rio Grande do Sul ['Vírus de paralisia...', 1956; 'Proibição da entrada de turistas...', 1956; 'Proibido no Rio Grande...', 1956]. Upon realizing that the disease was out of control in Argentina, with cases in Buenos Aires and, worse, affecting cities on the land border with Rio Grande do Sul state, press vehicles began to question health authorities. With the alert of the first cases in the city of Alvear, in the Argentine province of Corrientes, bordering the city of Itaqui in Rio Grande do Sul state, measures were taken to prevent a new outbreak in Brazil. All attention turned to these cities and, at that moment, authorities considered the closing of the land border between the two countries.

On March 8th, 1956, *Correio da Manhã* and *Diário Carioca* published headlines stating that the authorities in Argentina and Brazil agreed to suspend the transit of people between Alvear [Argentina] and Itaqui [Brazil] to prevent inhabitants from moving across the border or agglomerating, which could spread the disease ['Paralisia: P. Alegre acautela-se', 1956; 'Atinge a fronteira brasileira a epidemia ...', 1956]. On the following day, *Ultima Hora* reported on the inspections carried out on ships by a doctor on board, still at sea, keeping passengers suspected of having the disease isolated ['Precauções em todos os navios ...', 1956].

A few days later, the Minister of Health, Maurício de Medeiros, declared to the press that stricter control measures would also be carried out at international airports in order to prevent the epidemic. City halls were also getting prepared ['Prefeito Brizolla pede vigilância sanitária...', 1956]. In São Paulo, the government strengthened the medical team at Congonhas airport and already had enough staff at the port of Santos. However, the minister considered the measures insufficient because travelers could reach these places with the disease in the incubation phase, without symptoms and appearing to be healthy. In fact, the diagnosis was not accurate in the initial phase of the disease because the known symptoms were only the most common to any infection, such as fever and malaise ['Medidas de proteção...', 1956].

At the Galeão Airport, in Rio de Janeiro, passengers arriving from Buenos Aires underwent nose and throat exams, in addition to checking their pulse and temperature. Those with a fever should be taken to the hospital of the city hall of Rio. The airport's and airlines' employees, mainly those responsible for cleaning toilets, were also examined and were given gloves for work [‘Expectativa armada da ciência...’, 1956; ‘Medidas de proteção contra a poliomielite...’, 1956]. During that period, the volume of passengers at Rio’s international airport was relatively small: 250,000 per year, but the sense of risk of spreading the disease from air flows was evident (IBGE, 1957).

Faced with so much uncertainty, the Ministry of Health held a press conference on March 13th, being replicated by all the newspapers reviewed in this research, with greater or lesser emphasis. The minister declared that there was an effort to prevent the proliferation of cases, making official all the measures already mentioned, such as inspection in ports, airports and not ruling out the closure of the land border in the south, although he considered it unnecessary [‘Preparadas as autoridades sanitárias...’, 1956; ‘Alerta a população contra a poliomielite...’, 1956]. Some measures also came from smaller cities. In Rio Grande do Sul state, the city hall of Pelotas approved the proposition of councilor Carlos Piquet, asking the State to prevent the entry of Argentine tourists in the state [‘Proibição da entrada de turistas...’, 1956].

Health authorities guaranteed the inspection at the ports in ships coming from Argentina. Only people who did not have a fever were allowed to disembark; people with fever were monitored during the trip. Several inspections were reported in the news, either in small notes or in headlines. Interestingly, or maybe due to the logistics of each operation, the news of inspections at the ports were more detailed than the cases at airports or land borders, as follows:

- The ship Yapeyn, coming from Buenos Aires, docked in Rio de Janeiro on the 12th and was inspected, as well as others in other ports [‘Interdição e vistoria em navios...’, 1956].
- Conte Grande was also inspected, but it was confirmed that there were no cases on board [‘Pouco provável uma epidemia...’, 1956].
- The Port of Santos prevented the disembarkation of crew and passengers from the Dutch ship Aldaby, which came from Argentina and had one of the passengers diagnosed with polio, a seven-year-old child who disembarked in Montevideo for treatment. From Santos, the ship left for Rio de Janeiro, where the crew was able to

disembark, with the approval of the Health Service of the Port of Rio de Janeiro [‘Interditado em Santos...’, 1956].

- At the Port of Salvador, all ships from Argentina were prevented from docking, as precaution [‘Nenhum novo caso de...’, 1956].
- A crew member of the English oil tanker Anayadis, coming from Argentina, disembarked in Rio de Janeiro to be admitted to the São Sebastião hospital. The ship went to the Antilles [‘Atacado de poliomielite...’, 1956].

In this worrying scenario, the Rio de Janeiro Department of Health considered a polio epidemic in the federal capital unlikely. However, the care was justified, precisely because of the heavy traffic of people in the city’s port and airports and the trauma caused by the 1953 epidemic to carioca families [‘Pouco provável uma epidemia...’, 1956]. Unlike the press coverage in 1953, in 1956 people feared that the virus could be brought from the neighboring country, not only by travelers – who would bring the unmanifested disease and difficult to diagnose because of incubation time [roughly 15 days] – but also by imported fruit, as it was suspected that irrigation water was a vector of contamination. The import of Argentine fruits in Rio Grande do Sul was prohibited and consumption decreased.

The Ministry of Health took up a stand, with statements that sought to reassure the population. "There is no reason to be alarmed," said the minister; "There is no outbreak of infantile paralysis" [‘Não há no Brasil...’, 1956]. Meanwhile, measures were taken to prevent contagion of a disease for which there was no vaccine stock and which neither treatment nor variants of the virus were fully known [‘Não há motivo para pânico’, 1956; ‘Imunização natural’, 1956; ‘Ministro diz o Rio imunizado’, 1956]. *Diário Carioca* started a campaign for the federal government to buy the Salk vaccine from the United States. The newspaper carried out prophylactic campaigns but echoed statements by doctors who said there was still no complete certainty about how the disease was transmitted [‘Compra inédita da vacina’, 1956; ‘Poliomielite ameaça Brasil e Chile’, 1956; ‘Ministro diz o Rio imunizado’, 1956]

In this scenario of uncertainty, it was left to the population to follow the basic prevention guidelines: to reinforce hygiene, to avoid agglomerations, to keep social distancing, to wash fruits and vegetables, to avoid excessive physical activities; some doctors also recommended boiling drinking water, especially for children [‘Compra imediata da...’, 1956]. Even though he

did not believe that the Argentine epidemic would reach the Brazilian capital, the Secretary General of Health of Rio de Janeiro met with doctors to reinforce preventive measures, such as reinforcement in hospitals for possible new services. This meeting was attended by the medical director of port health, José Caracas, and other specialists [‘Poliomielite ameaça Brasil e Chile’, 1956].

The National Health Council considered the measures of the Ministry of Health to be adequate and approved a resolution stating that, in Brazil, there were “conditions of natural immunity that constitute its best defense. The National Health Council considers the recommendations restricting the exchange between the two neighboring countries unacceptable”. The text did not explain how this natural immunity occurred [‘Ministro diz o Rio imunizado’, 1956].

Some newspapers tried to avoid panic in the population of Rio: “Paralysis is like the flu, says the National Health Education Service”, stating that there was no reason to panic because, in Brazil, there was no risk of an outbreak like that of Argentina, claiming Brazilian people are very resistant, and the fear of the epidemic was more harmful for people’s health than the virus [‘Paralisia é igual...’, 1956]. This belief was perhaps since the cases that occurred in Brazil were not, until then, of polio that compromised the respiratory system, which could lead to the use of the few iron lungs [ventilators] available in hospitals. A group of Brazilian physicians who had just arrived from Argentina presented information on Argentine cases to the Brazilian health authorities. They argued that Brazil didn’t have the characteristics for the spread the disease, the version of the virus that prevailed in the country was the one that attacked the lower limbs and that this would be a ‘lighter’ form of the disease [‘Não há no Brasil poliomielite grave’, 1956].

The news about the disease crossing the borders did not prevent tourism propaganda, mainly from airlines [‘Panair do Brasil: viaje agora...’, 1956], from being published on the same page. There was even an advertisement offering trips to the Argentine and Chilean lakes by EVES Turismo do Brasil SA [‘Lagos argentinos e chilenos...’, 1956] and ships to Buenos Aires [‘Companhia colonial de...’, 1956].



Figure 3. "Surveillance at the Southern border to prevent polio"

### acontece todo dia

**SAÚDE POR UM DECORRENTES**

Quilômetros percorridos nos ônibus, que são transportados para o Sul, com o objetivo de evitar a disseminação da poliomielite, doença causada por um vírus que se espalha através de alimentos e bebidas contaminados.

**Agitação**  
A poliomielite é uma doença que causa a paralisia dos membros inferiores e superiores, podendo levar à morte.

**Encontrada em estado de "shock"**  
A poliomielite foi encontrada em estado de "shock" em um viajante que chegou de São Paulo para o Sul.

**Agitação e fôca**  
A poliomielite é uma doença que causa a paralisia dos membros inferiores e superiores, podendo levar à morte.

**Agitação sem motivo**  
A poliomielite é uma doença que causa a paralisia dos membros inferiores e superiores, podendo levar à morte.

**ATENDIMENTO OBTENIDO**  
O viajante recebeu o tratamento necessário e está se recuperando.

## Vigilância no Sul para combate à poliomielite

**Indispensável a quarentena — Exame para qualquer apresentação estrangeira — Intensa fiscalização sanitária**

As autoridades sanitárias do Sul estão tomando medidas rigorosas para evitar a entrada de viajantes contaminados com o vírus da poliomielite. Todos os viajantes estrangeiros devem passar por exames rigorosos e quarentena antes de serem admitidos no país.

**Regulamento de Polícia vai ser alterado**  
O Regulamento de Polícia vai ser alterado para incluir medidas mais rígidas de fiscalização sanitária.

**Quarentena**  
Os viajantes contaminados devem permanecer em quarentena por um período de 14 dias.

**o resultado final é todo para ti...exige, então, o limpa NIULAC**

se pinta de seu carro!



**MESBLA**

R. do Passado, 4250-800 - A. V. do Brasil, 5112-1000  
DESCONTOS A REVENDEDORES



**viaje agora, pague depois...**

Novo e revolucionário plano de venda da passagem lançado pela

**PANAIR DO BRASIL**

Com apenas uma pequena entrada a o resto em novas prestações mensais, V. viajará o Brasil inteiro.

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E lembre-se, são **2** serviços à sua escolha:

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**Três são as condições**

**Faure chega hoje: "Maison de France"**

Inauguração do edifício, amanhã, na Esplanada — Comissão de autoridades francesas — O programa

**Galã de graça para a prima de Sotomaior Junho**

**Sim artificial para o "Pedro Ernesto"**

**Hydromatic L. C. CUNHA**

Qualquer novidade. Toda garantia — Rua Romão, 11, Santos.

**A demora do Tribunal prejudica o "habeas-corpus" de Penna Bello**

406

Source: Tribuna da Imprensa (17 March.1956, p.6).



Figure 4. Most dangerous threat already crossed the border: infantile paralysis.

12/3/1956 A NOITE 1.ª CAD. — PAG. 7

### OS QUATRO BIGS DO MERCADO MUNICIPAL DOMINAM A PEQUENA LAVOURA DE ALIMENTOS!

Apesar de perto de um bilhão de seus financiamentos contra menos de um décimo do governo federal e municipal...

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AS COMPANHIAS E AGÊNCIAS PARTICIPAM A SAZÃO DOS SEQUENTES NAVIOS:

COMP. COM. MAR.	DESTINO	DATA
BRITANICA	Europa	17 de maio
PROVENCE	Europa	17 de maio
BRITANICA	Europa	17 de maio
PROVENCE	Europa	17 de maio



Toda atenção e cuidado são dispensados aos pacientes internados no Hospital Geral Jesus, do Prê-Hospital. Este órgão do rede hospitalar controla, administra, funciona em estado de emergência, realiza exames laboratoriais para que extra, mediante, um hospital modelo.

## MAIS SÉRIA A AMEAÇA Já Atravessou a Fronteira a PARALISIA INFANTIL

Atenção, pais de família! Em algumas medidas de ordem sanitária que devem ser adotadas para prevenção da erança contra o tipo infantil! Paralisia infantil!

- I - Evitar o contato com aquele que esteja afetado ou análogo;
- II - Procurar o médico logo que o criança se apresente em estado febril, dor de cabeça, vômito, etc.;
- III - Evitar as aglomerações em locais fechados ou ao ar livre;
- IV - Manter o ambiente, particularmente de um local onde há um caso, sempre que possível, sob controle médico;
- V - Evitar, a qualquer nível de ordem de atendimento de saúde do menor, os médicos especialistas, evitando os chamados remédios caseiros.

**AS NOVAS CINCO ZIMAS ELEITORAIS**

**RECEBIDO NO AEROPORTO DO RIO DE JANEIRO**

**III EDIÇÃO DAS CIDADES HISTÓRICAS**

**COMPANHIA COLONIAL DE NAVEGAÇÃO LISBOA**

(Sócia Companhia Portuguesa de Baía de Angra do Sul)

### O MODERNO TRANSATLÂNTICO PORTUGUÊS VERA CRUZ

Sócio em 27 de Março para: SANTOS, MONTEVIDEO e BUENOS AIRES

Partida em 6 de Abril para: SALVADOR, RECIFE, S. VICENTE, LAS PALMAS, FUNCHAL, LISBOA e VIGO

**PARA O RIO DA PRATA**

**PARA A EUROPA**

**PARA AFRICA DO SUL**

**PARA O NORTE**

### Os que sofrem do fígado

Sabem como são atrevidos os pedicadores causados pelas perturbações do aparelho digestivo, como o impedimento do fígado e consequente prisão da urina. Ad

### PILULAS DO ABBADE MOSS

com ação direta sobre o aparelho digestivo descompensado e fígado, obtém o período de repouso e normalidade de um modo definitivo as funções do estômago, fígado e intestino. Licenciadas pela Saúde Pública, são usadas por milhares de pessoas.

Source: A Noite (12 March 1956, p. 7)

Despite the tension and expectation, news soon came that the outbreak was under control in Argentina, and, on that year, infantile paralysis did not cause an epidemic in Brazil and,

therefore, did not even threaten Rio de Janeiro. Eventually, the frequency of news about polio decreased in late March and early April of that year.

### **ANYTHING TO BE LEARNED?**

In 2020, the world was shaken by the Covid-19 pandemic and despite the similarities with diseases that can be controlled through mass vaccination campaigns such as, for example, polio and influenza (flu) and their variations, there are also significant differences when compared to the current historical context. For this reason, this paper sought to establish historical narratives on a very particular scale (the polio outbreaks in the city of Rio de Janeiro in the 1950s), aiming to reflect on these themes at the present time, encouraging new research.

In the mid-20th century, Brazil was modernizing and developing travel habits, including international ones, and at the same time, health concerns were recurrent in the daily press. Ironically, while articles drew attention to the risks and the evolution of polio, advertisements continued to encourage travel – including travelling by plane, which was very little accessible then. If, on the one hand, travelling was appealing, on the other hand, health security for individuals and the community certainly could not be guaranteed – something that can also be perceived today at a different scale.

Although in 1956 the tourist flows were not representative, there was a fear that Brazil would suffer another outbreak of polio, like that of 1953. Specifically, mentions of the risk of the disease coming to Brazil through contaminated passengers travelling from Argentina, by air or by land were frequent. Therefore, at that moment, there was a public charge to the Ministry of Health, which had been constituted in 1953, regarding the control of the flow of travelers, purchase of vaccines and other sanitary measures. Even indirectly, the nascent public health policies started to intertwine with tourism practices of the time.

After all, at the beginning of a democratic and developmentalist government, it was unacceptable for the country to suffer from public health problems, which would have a negative impact on public opinion (including international audiences) and on the economy. Therefore, all efforts should be made, including stricter control of international travel – even if this meant a curb on the consumption of symbols of modernity such as air travel and international tourism. In the face of the Covid-19 pandemic, it is interesting to note that measures employed decades ago, in an almost intuitive way, remain as the best way to mitigate

the effects and stop the spread of a virus that causes an unknown disease such as Covid-19. Therefore, the commotion caused in the field of public health at the present time should not be understood as an unprecedented phenomenon, even though, obviously, global mobilities and connections are much more complex today.

Similar processes have likely been observed in other countries, so the history of public health and tourism on national scales can contribute to global knowledge about suitable solutions today. Likewise, in the present – and soon – these same overlaps will continue to manifest, deserving further analysis, aiming at collectively understanding these processes and, on a more applied scale, proposing integrated solutions.

When discussing the role of the press in public health issues, measures to control epidemics are intertwined with powerful economic interests. Judging by the analysis made in the context analysis [threat of polio outbreak in Rio de Janeiro in 1956 through the lens of the local press], while newspapers inform and warn about serious issues of the disease, they continue to sell advertising spaces to companies in the travel and tourism sector – practices that, to some extent, were considered to be risky for the spread of polio.

Future research could critically investigate the role of the press in the processes of communication in the public health domains. In an emergency, such as the Covid-19 pandemic, information about individual and collective responsibilities, as well as about government authorities, must be disseminated so that people can make decisions that protect themselves and their beloved ones [Who, 2018]. Press content that *focus* on individual responsibilities both explain objective measures for making informed decisions that are also protective for the society as a whole [for example, the use of masks and vaccination], and create an atmosphere of ‘blaming’ individuals (Foucault, 2018), exempting the State from the responsibility of implementing evidence-based emergency public policies.

In short, the links between tourism and public health point to much broader and diverse directions, making it possible to think about diseases, science development, public health systems, the increase of travel and tourism, innovations in means of transport and the development of the press, to name a few. History does not teach any lessons, but knowing from previous experiences allows us to face the current challenges of the public health crisis– both the stages already overcome and eventually others that will be imposed in the future.

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**NOTA**

<sup>i</sup> Carioca is the way to refer to Rio's citizens.

**PROCESSO EDITORIAL**

Recebido: 30 nov. 2022.

Aceito: 28 mar. 2023.