

Frederico Simões Barbosa, one hundred years: a kaleidoscope of memories

*“Nobody is born an epidemiologist. They always have a past: first they were physicians, biologists, sociologists, anthropologists, mathematicians, etc. ... [The past] weights on epidemiologists’ training and guides the kind of work they do. Ecologists, naturalists, humanists, and anthropologists have a more comprehensive view of natural phenomena, while sociologists often look for macrosocial ‘explanations’ and mathematicians solve their problems at the highest levels of abstraction. In their own ways, they all serve epidemiology, currently one of the most comprehensive and fascinating fields generating knowledge in health”*¹ (p. 2).

The article quoted above, entitled Epidemiological Field Research, was taken from an information bulletin produced as part of the last major international cooperative project headed by Frederico Simões Barbosa, the Fieldlinks Program (“Field Links for Intervention in Control Studies”). Conducted in the 1990s, the project was financed through an agreement between the World Health Organization (WHO) and the Oswaldo Cruz Foundation (Fiocruz). Frederico’s words not only summarize his vision (expressed in various other documents) concerning epidemiology’s development as an essentially interdisciplinary field, but also demarcate in broad strokes the underlying perspectives of his intellectual and professional career.

Throughout his career, which extended for nearly sixty years, “Frederico” (as he preferred to be called) often worked simultaneously in such diverse areas as zoology (entomology and medical malacology), microbiology, parasitology, tropical medicine, political and social sciences, public health, and epidemiology. In addition to his vast research output, including hundreds of scientific articles, chapters, books, and technical reports, he was directly involved in founding and consolidating research and teaching centers in various regions of Brazil. Always alert to events in the most progressive political and social movements, Frederico was a scientist and thinker who also collaborated with various international agencies, like WHO, when this was still relatively rare for Brazilian researchers.

I do not intend here to provide a biography for Frederico, which can be found in greater detail in various other articles^{2,3}. Still, some basic information may be relevant to the context. Frederico was born on July 27, 1916, in Recife, Pernambuco State, where he graduated in medicine in 1938. He then specialized in parasitology and mycology at the University of São Paulo (1939) under the guidance of professors Samuel B. Pessôa and Floriano de Almeida and completed his PhD in medicine at the University of Recife (1942). A striking fact in his academic training was his experience in the United States, where he obtained his Master’s in Public Health (MPH) from Johns Hopkins University (1946). Graduate training was still extremely rare for Brazilian scientists, especially abroad. The first Master’s courses in public health in Brazil only appeared decades later. Beyond the purely academic dimension, his experience was crucial to the theoretical and methodological orientation that Frederico lent to the field of epidemiology in Brazil, with schistosomiasis as his main focus.

As an administrator, he headed laboratories and schools in various Brazilian institutions, including the Aggeu Magalhães Research Center (as the first director), the School of Health Sciences at the University of Brasília (1975-1976), and the Sergio Arouca National School of Public Health (ENSP) (1985-1990). He also chaired various representative health associations such as the Brazilian Association of Medical Education (ABEM), the Brazilian

Society of Tropical Medicine (SBMT), and the Brazilian Association of Public Health (ABRASCO), the latter as its first president. At ENSP, in the early 1990s, Frederico founded the Samuel Pessôa Department of Endemic Diseases, named in honor of his first intellectual mentor, besides conceiving and launching *Cadernos de Saúde Pública/Reports in Public Health (CSP)*, of which he was the first editor together with Luiz Fernando Ferreira.

This *Supplement* of CSP honors the memory of Frederico Simões Barbosa on the centennial of his birth. For social scientists, memories are records of the past that take their own shapes in light of specific historical and sociocultural contexts. Some may be forgotten, while others gain prominence and even become commemorative. There are memories we remember by heart (literally “knowing by heart”), not only because we perceive them as important, but also because they are profoundly meaningful in the lives of those who share them.

The eleven articles comprising this special issue are a kind of heartfelt memorial, but not in the usual sense of the word. Far from a handful of memories, what we read (and what moves us) comprises a kaleidoscope of stories by persons of different backgrounds, ages, and perspectives (scientific and personal) who in one way or another were touched by interacting with Frederico. As if reflecting his multiple facets, the list includes epidemiologists, public health professionals, parasitologists, experts in tropical medicine, and significantly, his oldest daughter, Constança, who learned from her father to embrace the path he had chosen himself, namely research in schistosomiasis. His youngest son, Augusto, has also devoted his career to scientific research: specializing in the molecular genetics of protozoan parasites, he now teaches at the University of Auckland in New Zealand. Even the social scientists that write in this *Supplement*, and whose narratives are less memorialist than the others, and centered more on analyzing Frederico’s contributions to epidemiology and public health, are no less involved, since they are affiliated with institutions like Fiocruz where Frederico played a central role throughout the latter half of the 20th century.

I myself was one of those “touched” by Frederico. As a student at the University of Brasília, I met him in 1977 when I began my undergraduate studies. Fortunately, chance gave me the opportunity to approach Frederico. A friend of my father, at the time director of the Brazilian National Research Council (CNPq) heard that I had passed the undergraduate entrance exams, and aware of my interest in research, told me I needed to meet an eminent professor at the university. One fine day I went looking for Frederico at the Center for Tropical Medicine, without the slightest idea of what I could do. Frederico welcomed me, dispensing with formalities, and that very same day I went to work as an intern in his malacology and schistosomiasis laboratory. Soon afterwards he encouraged me to participate in the Planaltina Project, which at the time was an important innovation in community health in Brazil⁴. My work involved conducting home visits in the countryside around that outlying town of Planaltina some 40 kilometers from Brasília, with the aim of studying the distribution of intestinal parasites in the rural communities and investigating aquatic environments potentially harboring snails as potential transmitters of schistosomiasis.

It was no coincidence that Frederico advised me to work on schistosomiasis, one of the main research challenges he tackled throughout his career. Frederico had been familiar with the drama of schistosomiasis ever since he was a young medical student roving the hinterlands of Pernambuco. I remember that he always referred to what he called the “human misery” associated with schistosomiasis.

For Frederico, it was not enough to intervene in the biomedical dimension of the disease; structural changes were needed to guarantee citizenship in the fullest sense for rural populations, with access to education, health, sanitation, and decent working conditions (a reference to life in the sugarcane fields and the outskirts of cities in Northeast Brazil). In

several of his writings, Frederico summarized his vision of the socioeconomic determination of the “major endemic diseases”, an expression he preferred to “tropical diseases”. In a study published in 1983 he wrote, “A *journalist walking along the streets of a Brazilian state capital (Recife) once remarked, ‘Such a beautiful landscape! ... with tuberculosis and schistosomiasis mansoni insouciantly taking their death toll!’ We hope the day will come when such a comment has become meaningless*”⁵ (p. 204).

As everyone who shared Frederico’s company will certainly remember, he was extremely kind and outspoken to others. Not by chance, the various photographs illustrating the articles in this tribute show him surrounded by lots of people. At the same time he had an intellectually restless personality, scarcely (or not the least) resigned to situations of authoritarianism and social inequality. For him, science was both a path to understand the world and a possibility for seeking social justice. In this sense, I leave readers with Frederico’s inspired words, referring to epidemiology and alluding to the field of Public Health as a whole, a field he helped build in Brazil: “...*Epidemiology is more than a simple analytical instrument. It delves deep into the most relevant problems of human life. In this sense, it is positioned, like the social sciences, as a valuable tool for social change. What positions Epidemiology as an instrument for change is precisely its comprehensive vision of health problems, which was only possible because it engaged in areas that until recently were considered independent and isolated*”. And he concluded: “*The transformative role of Epidemiology lies in its capacity ... to propose transformative measures that improve a given society’s health and welfare*”⁶ (p. 139).

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1. Barbosa FS. A investigação epidemiológica em campo. Informe Fieldlincs 1992; 1:2.
2. Coimbra Jr. CEA. Uma conversa com Frederico Simões Barbosa. Cad Saúde Pública 1997; 13:145-55.
3. Garrafa V. Saudação ao Professor Frederico Simões Barbosa por ocasião da outorga do título de Professor *Honoris Causa*. Brasília: Universidade de Brasília; 1995.
4. Barbosa FS. Programa Integrado de Saúde Comunitária: uma história de caso. Brasília: Conselho Nacional de Desenvolvimento Científico e Tecnológico; 1980.
5. Barbosa FS. A atuação dos serviços de saúde no controle das doenças endêmicas. Saúde no Brasil (Brasília) 1983; 1:198-204.
6. Barbosa FS. A epidemiologia como instrumento de transformação. Cad Saúde Pública 1985; 1:137-9.