

Public Health Then and Now

Public Health in Imperialism: Early Rockefeller Programs at Home and Abroad

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The professional public health field today owes much of its growth and development during the twentieth century to the needs of colonialism and neo-colonialism. Imperialist powers were severely hampered by disease. Tropical diseases decimated the ranks of "mother country" personnel and reduced the efficiency of native populations as imperialism's workforce. As a writer in a popular journal observed in 1907:

Disease still decimates native populations and sends men home from the tropics prematurely old and broken down. Until the white man has the key to the problem, this blot must remain. To bring large tracts of the globe under the white man's rule has a grandiloquent ring; but unless we have the means of improving the condition of the inhabitants, it is scarcely more than an empty boast.¹

To deal with this problem, to apply the medical sciences to the needs of imperialism, schools of tropical medicine were founded around the turn of the century. For example, Sir Patrick Manson organized the London School of Tropical Medicine in 1899 to help the Colonial Medical Service postpone the twilight of the British Empire.

These schools of tropical medicine, along with other medical research institutes, were largely successful in reducing the toll of tropical diseases, especially for European and American personnel. Whereas France's efforts to build a canal across the isthmus of Panama were thwarted by malaria and yellow fever, the efforts of Walter Reed, William Gorgas, and many other medical men made the subsequent U.S. attempt successful.

The Rockefeller public health philanthropies carried on the imperialist tradition. Despite their humanitarian outward appearances, the major Rockefeller public health programs in

the Southern United States were intended to promote the economic development of the South as a regional economic, political, and cultural dependency of Northern capital. Rockefeller Foundation public health programs in foreign countries were intended to help the U.S. develop and control the markets and resources of those nations.

These latter programs rested on four main propositions. First, U.S. control of the resources and markets, especially of non-industrialized countries, was considered essential to the prosperity of this country. In addition, political control of such countries was considered important to maintaining their openness to profitable investment of "surplus" capital from the industrialized capitalist countries. Second, increased development of economically "backward" countries was seen as necessary to the successful exploitation of their resources, markets, and investment opportunities by capitalist countries. Third, tropical diseases—especially hookworm, malaria, and yellow fever—were believed to be obstacles to peoples of underdeveloped countries receiving the "benefits of civilization" and contributing to the economic development of their countries. And fourth, the Foundation strategists believed the biomedical sciences and their application through public health programs would increase the health and working capacity of these peoples *and* help induce them to accept western industrial culture and U.S. economic and political domination.

By examining these programs—in particular, the Rockefeller Sanitary Commission for the Eradication of Hookworm Disease and the Rockefeller Foundation's International Health Commission—in the light of other programs and interests of the foundations and their trustees and directors, we can see their connection to early twentieth century imperialism.* We can also better understand the interests that led the Rockefeller philanthropies to help professional-

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*Imperialism is understood as the concentration of ownership of industry and finance capital in the advanced capitalist countries and the needs of the dominant classes in these countries to open up less developed parts of the world for trade and investment.²

ize public health work, encouraging the formation of local public health departments, the hiring of full-time public health officers, and the funding of the first schools of public health in the U.S. as well as others abroad. The material for this paper was culled from the archives of the foundations—internal memos and correspondence—as well as from reports published by the foundations.

The Southern U.S. "Lazy Bug"

The Rockefeller Sanitary Commission for the Eradication of Hookworm Disease was founded in 1909 with \$1 million. In attempting to wipe out hookworm disease in the U.S. South, the program examined nearly 1.3 million persons in 11 Southern states before it was merged with another Rockefeller program in 1914. It treated nearly 700,000 people for hookworm infection. It also helped to organize and rationalize state and county health departments in the South. While the program did not eradicate the disease, it did bring it under control in some areas, reduce its incidence, and (in some few locations) develop sufficient sanitation systems to halt the hookworm cycle and its spread.³⁻⁵

While these accomplishments are praiseworthy, the program carried other goals that were neither altruistic nor humanitarian. The Rockefeller Sanitary Commission was intended, by its founders, to integrate the "backward" South into the industrial economy controlled by Northern capitalists. To that end, the Commission sought to increase the productivity of Southern agricultural and industrial workers.

By the time the Sanitary Commission was launched in 1909, John D. Rockefeller, Sr., his son Junior, and their chief lieutenant for their financial empire and philanthropies alike, Frederick T. Gates, already had seven years experience in the South.

The General Education Board, the first Rockefeller foundation, was formed in 1902 with an initial grant from Rockefeller, Sr., of \$1 million.⁶ It was formed out of a widespread continuing interest of Northern industrialists and businessmen in promoting Southern education as a means of expanding Southern industrialization. As a 1902 memo from the General Education Board (GEB) hopefully noted, "The South with its varied resources and products has immense industrial potentialities, and its prosperous future will be assured with the right kind of education and training for its children of both races."

That meant vocational and business courses for white children, and vocational schools for blacks. The Board believed "the Negro must be educated and trained, that he may be more sober, more industrious, more competent." Never did the Board consider the full development of human potential an end in itself. The GEB later supported humanities in Negro colleges because Negro "leaders must be trained, so that, looking to them for guidance as he does, (the Negro) may be as well guided as possible."* The Rockefellers initial-

ly hoped the GEB would be a "vehicle through which capitalists of the North" could help build up Southern schools, safely assured that their money would be spent efficiently and for the "right kind of education."

Soon after the secondary school development project started, the Board began a systematic agricultural demonstration program throughout the South. Southern schools would train blacks as well as poor whites for industrial jobs in the "New South," and improved agricultural productivity would finance this development program and contribute to the country's exportable surplus. The GEB hired Seaman Knapp and spent nearly \$1 million to bring Knapp's farm demonstration methods to Southern farmers.⁶ Knapp, who shared the imperialist views of his employers and the dominant capitalists of the time, boasted that "if we could teach the farmers who are now tilling the soil how to till it well—we should soon be able to buy any country that we take a fancy to."⁷

The Rockefeller efforts to expand Southern agricultural productivity, and to prepare Southern whites and blacks for industrialization in largely Northern owned mills and factories were set back by the physical condition of the rural population. While involved in their school development and farm demonstration programs, the GEB officers "felt rather than knew that something else was the matter, that is, the people of the South were not as efficient as they ought to be."***

Charles Wardell Stiles, a government zoologist, convinced the Rockefeller philanthropists that the hookworm was "one of the most important diseases of the South" and a cause of "some of the proverbial laziness of the poorer classes of the white population." As the *New York Sun* publicized the discovery, they had found the "germ of laziness."³

It was no accident that the Rockefeller organization fixed on the hookworm for their first major venture into the public health field. In conditions of heavy infection the resulting disease includes a particularly debilitating anemia. According to May,⁸ the anemia results from a combination of blood lost to the parasites and inadequate iron replacement through the diet. Hookworm anemia tends to be severe among people with low protein and low mineral diets. Thus hookworm disease, as distinguished from the mere invasion of the host by the parasites, is related to malnutrition, which especially affects workers on the bottom rungs of the social class structure.

Furthermore, the hookworm was (and is) widespread in areas of heavy investment by North American and European capital. Because the hookworm propagates itself in warm, moist climates, it is particularly associated with mining and the growing of rice, coffee, tea, sugar, cocoa, cotton, and bananas⁸—the resources and cash crops of concern to philanthropists who also have large investments in the South and underdeveloped tropical countries. Because hookworm disease reduced the strength and productivity of workers in these occupations, it had a direct effect on profits.

Whatever genuine pride the Rockefellers and Gates felt

*R. B. Fosdick, W. Rose, and J. H. Dillard, "Report of the Special Committee on Program and Policies," Oct. 6, 1922, General Education Board files, Rockefeller Foundation Archives.

**W. Buttrick, "Notes from the Old Man Buttrick," Jan. 17, 1924, General Education Board files, Rockefeller Foundation Archives.

in relieving the suffering of thousands of Southerners, their primary incentive was clearly the increased productivity of workers freed of the endemic parasite. Gates, the visionary of the Rockefeller health philanthropies, impressed upon the senior Rockefeller the dire economic consequences of the hookworm disease, using North Carolina as an example. The stocks of cotton mills located in the heavily infected tide-water counties were worth less than mills in other counties where fewer people were infected. "This is due," Gates explained, "to the inefficiency of labor in these cotton mills, and the inefficiency in the labor is due to the infection by the hookworm which weakens the operatives." Gates calculated that "It takes, by actual count, about 25 per cent more laborers to secure the same results in the counties where the infection is heavier." It also took 25 per cent more houses for the workers, more machinery, and thus more capital and higher operating costs. "This is why the stocks of such mills are lower and the profits lighter."[‡]

The Rockefellers did not have any significant investment in Southern textile mills. Rather their extensive and widespread investments led them to a concern for the productivity of the entire economy. And these financial interests made them broadly concerned with the social organization and institutions that could support or undermine their immensely profitable position in the U.S. The Rockefellers, like their friend Andrew Carnegie, made their philanthropy an extension of their capital into the social superstructure. They fully understood the unity of their personal fortunes with the interests of the capitalist class as a whole, and they set about making educational institutions, the agricultural economy, and the public health more supportive of the new industrial order.

Although the hookworm campaign only partially fulfilled its objectives of reducing the economic and social burden of the disease, it did encourage (as intended) the creation of county public health departments staffed by full-time physicians charged with looking after the sanitation needs of the rural population. Thus the hookworm campaign and the Rockefellers' other Southern programs were valuable to the generally poor people they reached. But they contributed at least as much to (a) encouraging the commercial organization of Southern farming and placing local banks and the merchant class in control of the local Southern agrarian economy, (b) cementing the position of blacks and poor whites as the agricultural and industrial laborers of the South, and (c) integrating the Southern economy into the national dominion of Northern capitalists.*

Public Health in Underdeveloped Countries

As the five-year period initially designated for the Rockefeller Sanitary Commission came to a close, the work was

[‡]F. T. Gates to J. D. Rockefeller, Dec. 12, 1910, Record Group 2, Rockefeller Family Archives.

*See H. M. Cleaver, Jr. "The Origins of the Green Revolution." Ph.D. dissertation, Stanford University, 1975.

taken up by the newly chartered Rockefeller Foundation.^{3, 9} The first act of the new Foundation in 1913 was to create an International Health Commission to extend world-wide the hookworm and public health programs initiated in the U.S. They placed a priority on the hookworm program "on account of the direct physical and economic benefits resulting from the eradication of the disease and also on account of the usefulness of this work as a means of creating and promoting influences."^{**}

They immediately extended the hookworm programs abroad, first to the nearby British Empire, then to Latin America and Asia. In 1914 they began a campaign against yellow fever, and in 1915 another campaign against malaria.

These programs were undertaken in the context of the increasing importance of the U.S. in international financial and industrial markets. In 1905 Frederick T. Gates, who was a Baptist minister before he created the Rockefeller medical philanthropies, proclaimed the importance of missionaries to the economic prosperity of the U.S. He urged Rockefeller, Sr.,^{***} also a Baptist and a frequent contributor to Baptist missionaries, to donate \$100,000 to an organization of Congregational missions. "Now for the first time in the history of the world," Gates explained to Rockefeller, "all the nations and all the islands of the sea are actually open and offer a free field for the light and philanthropy of the English speaking people. . . . Christian agencies as a whole have very thoroughly invaded all coasts, all strategic points, all ports of entry and are thoroughly entrenched where they are." For Gates, transforming heathens into God-fearing Christians was "no sort of measure" of the value of missionaries:

"Quite apart from the question of persons converted, the mere commercial results of missionary effort to our own land is worth, I had almost said a thousand fold every year of what is spent on missions. . . . Missionary enterprise, viewed solely from a commercial standpoint, is immensely profitable. From the point of view of means of subsistence for Americans, our import trade, traceable mainly to the channels of intercourse opened up by missionaries, is enormous. Imports from heathen lands furnish us cheaply with many of the luxuries of life and not a few of the comforts, and with many things, indeed, which we now regard as necessities."

Advanced capitalism, however, required not only raw materials and cheap products. It also needed new markets for its abundant manufactured goods. As Gates added to Rockefeller's receptive ear,

"our imports are balanced by our exports to these same countries of American manufactures. Our export trade is growing by leaps and bounds. Such growth would have been utterly impossible but for the commercial conquest of foreign lands under the lead of missionary endeavor. What a boon to home industry and manufacture!"

The missionary effort in China was effective for a time in undermining Chinese self-determination. Missionaries were the velvet glove of imperialism frequently backed up by the

**Rockefeller Foundation, Minutes, May 22, 1913, Rockefeller Foundation Archives.

***F. T. Gates to J. D. Rockefeller, Jan. 31, 1905, Letterbook no. 350, Record Group 1, Rockefeller Family Archives.

mailed fist. Nevertheless, the missionary effort, promoted through schools and medical programs, was still a very transparent attempt to support European and American interests. As J. A. Hobson, an English economist, noted at the time, "Imperialism in the Far East is stripped nearly bare of all motives and methods save those of distinctively commercial origin."¹⁰

In China, as throughout the world, the Rockefeller philanthropists soon concluded that medicine and public health by themselves were far more effective than either missionaries or armies in pursuing the same ends. In China, the Rockefeller Foundation removed the Peking Union Medical College from missionary society control and established it under Foundation direction. In China, the Philippines, Latin America, the West Indies, Ceylon and Malaya, Egypt, and other countries, the Rockefeller Foundation's International Health Commission organized, financed, and directed major campaigns against the hookworm.

These public health programs were blatantly intended, first, to raise the productivity of the workers in underdeveloped countries, second, to reduce the cultural autonomy of these agrarian peoples and make them amenable to being formed into an industrial workforce, and third, to assuage hostility to the U.S. and undermine goals of national economic and political independence.

Increasing Productivity

In virtually every annual report, every memorandum, and every discussion the extent of hookworm infection was described and the loss in labor productivity estimated. Concerned with the productivity of each country's labor force. The "efficiency" of plantation and mine workers was important, they noted, to extracting the produce and natural resources considered essential to U.S. prosperity. The hookworm reduced that efficiency. "It probably accounts, in very large degree," Gates wrote to Rockefeller, "for the character of tropical peoples."[‡]

In virtually every annual report, every memorandum, and every discussion the extent of hookworm infection was described and the loss in labor productivity estimated. Confirmation of the relationship was attested by increased productivity following treatment programs in each area.

The Foundation officers were convinced of this relationship and impressed by the results of their campaign. A 1918 report on the "Economic Value of the Treatment of Hookworm Infection"^{‡‡} demonstrated that for 320 laborers on two plantations in Costa Rica who were cured of hookworm infection, productivity increased dramatically. One plantation increased its acreage under cultivation by nearly 50 per cent—without the need of additional labor and at a smaller

unit cost for cultivation. Each laborer was paid less per unit of work, but with increased strength was able to work harder and longer and "received more money in his pay envelope." The net results, concluded the report, "are happier, healthier, more *permanent* laborers producing more for themselves and for their employer."

Thus the Rockefeller Foundation's International Health Commission and the Rockefeller Sanitary Commission before it, identified health as the capacity to work, and measured qualitative improvements in health by quantitative increases in productivity.

Cultural and Political Domination

The Rockefeller programs, however, did not concern themselves with workers's physical productivity alone. They were also intended to reduce the cultural resistance of "backward" and "uncivilized" peoples to the domination of their lives and societies by industrial capitalism. Whether in the jungles of Latin America or the isolated islands of the Philippines, the Rockefeller Foundation discovered what the missionaries before them understood: that medicine was an almost irresistible force in the colonization of non-industrialized countries.

In the Philippines, the Foundation outfitted a hospital ship to bring medical care and the "benefits of civilization" to rebellious Moro tribesmen. Foundation officers were ecstatic that such medical work made it "possible for the doctor and nurse to go in safety to many places which it has been extremely dangerous for the soldier to approach." Their medical work paved "the way for establishing industrial and regular schools." In the words of Foundation president George Vincent, "Dispensaries and physicians have of late been peacefully penetrating areas of the Philippine Islands and demonstrating the fact that for purposes of placating primitive and suspicious peoples *medicine has some advantages over machine guns.*"^{11, 12}

Finally, the Rockefeller Foundation hoped these programs would facilitate U.S. control over the economies and political institutions of the host countries. Despite many public relations statements that "A constant aim of the International Health Board is to turn over to government agencies, public health activities which have been demonstrated to be effective,"¹³ in reality the Foundation was quite determined to keep control of the programs in their own hands. In Latin America, as elsewhere, they created organizations and government ministries and departments that ensured that "the *entire* control of *all* the *money* would be held by our people and not the natives."^{*}

The Foundation desired direct control over these health programs for two reasons. First, the end result—increased productivity—was so important to them that they did not want the reputedly inefficient indigenous people or their cor-

[‡]F. T. Gates to J. D. Rockefeller, June 30, 1911, Record Group 2, Rockefeller Family Archives.

^{‡‡}G. C. Cox, "Economic Value of the Treatment of Hookworm Infection in Costa Rica," International Health Commission files, Rockefeller Foundation Archives.

^{*}J. H. White to W. Rose, Aug. 14, 1915, and W. Rose to J. H. White, Aug. 17, 1915, International Health Commission files, Rockefeller Foundation Archives.

rupt local and national political rulers making a mess of things. They hired some native doctors and trained local personnel who were willing to cooperate with the Foundation to run programs "efficiently." Throughout its world-wide operation the Foundation seemed willing to turn programs over only to British colonial governments and other governments that would keep the personnel selected and trained by the Foundation.

Furthermore, the indigenous governments were seen largely as vehicles for a penetrating political, economic, and cultural control by U.S. corporations and agencies. In China, for example, the Rockefeller Foundation's Peking Union Medical College (PUMC) was conducted entirely by their own staff from New York and a local office in Peking. In 1920 the PUMC resident director, Roger Greene, urged Foundation officers in New York to get U.S. bankers to offer a major loan to the Chinese government for famine relief. His motives were perhaps humanitarian, but with a heavy overlay of expediency as well. "I believe," he wrote,

"that the Chinese government would for this special purpose accept a very large degree of foreign control of expenditure. The practical experience gained under the operation of such a loan might be of enormous value in creating a better understanding between the bankers and the Chinese government. . . ."**

The end goal of this control and of the native population's "experience" with U.S.-directed health programs was to establish in the hearts and minds of the peoples of the recipient countries a more favorable attitude toward *continued* U.S. economic and political domination. While business interests had taken the lead in establishing "closer relations" with Latin America, business is "necessarily more interested in what it can get out of South America than what it has to give." Because of the humanitarian character of the public health programs, however, Rockefeller Foundation officers understood that "the by-products of our work in the form of friendly international relations might be even more important than the relief and control of [hookworm] or yellow fever."‡

Many prominent Latin Americans accepted the intended public image of the Foundation. In Costa Rica, the Catholic curate, Father Lombardo, told a public conference:

"You all know we never cared for or trusted the Yankees, but since this institution has come and worked here, and is showing us that they (the Yankees) have some heart in them, we feel like giving them the embrace of brotherhood and making them feel more welcome hereafter. I should love to shake Mr. Rockefeller's hand and say: 'You are one of us'."‡‡

Other Latin Americans were not so gullible. A prominent Nicaraguan lawyer called the Rockefeller public health pro-

grams "one of the many 'advance guards' of the American conquest."***

By the early 1920s the Rockefeller Foundation officers concluded that in less than a decade of work with more than 60 countries, "We have seen an attitude of cold curiosity as to what our real motives might be, give place to an implicit trust which opens all doors."‡‡‡

Schools of Public Health

The importance of these programs and the lack of sufficient trained personnel led the Rockefeller Foundation officers to promote the development of schools of public health. The Foundation's International Health Commission badly needed trained staff for its world-wide attacks on hookworm, malaria, and yellow fever. It also needed a continuing supply of public health professionals to meet the demands for trained personnel at local and state levels generated by the hookworm campaign.

Thus the Rockefeller Foundation became the first major source of funds for professional education in public health. Largely because of their great trust in William H. Welch's commitment to scientific and technical approaches to health issues, the Rockefeller Foundation gave \$1 million to The Johns Hopkins University between 1916 and 1922 to organize the first full-fledged school of public health in the U.S. Between 1921 and 1927 they gave \$3.5 million to Harvard University to organize a second school. In all, they contributed more than \$25 million for the development of public health schools in the U.S. and abroad. They also spent several millions more on fellowships for foreign medical personnel to be trained in public health sciences.^{3, 9}

Just as the European powers had created schools of tropical medicine to provide scientific medical knowledge and specially trained physicians for their colonial empires, the Rockefeller Foundation wanted its schools to develop useful medical knowledge and train personnel for the programs and departments it was helping to organize. The Rockefeller philanthropies thus contributed directly and indirectly to the development of the public health profession.

Discussion

Obviously the Rockefeller Foundation programs were a mixed bag. To the extent they improved the health of indigenous populations, they were beneficial to those peoples. To the extent they fostered greater economic and political control and profit by European and U.S. capitalist nations, they were insidious forces that worked to the detriment of the peoples they were ostensibly helping.

**R. S. Greene to J. D. Greene, Nov. 5, 1920, China Medical Board files, Rockefeller Foundation Archives.

‡W. Rose, "Committee to Study and Report on Medical Conditions and Progress in Brazil," Oct. 26, 1915, Medical Education in Brazil, International Health Commission files, Rockefeller Foundation Archives.

‡‡Quoted in W. Rose to S. J. Murphy, June 23, 1916, Record Group 2, Rockefeller Family Archives.

***Quoted in C. Lewerth, "Source Book for a History of the Rockefeller Foundation," p. 481, Rockefeller Foundation Archives.

‡‡‡W. Rose to J. D. Rockefeller, Jr., Aug. 3, 1921, Record Group 2, Rockefeller Family Archives.

These consequences were neither minor nor incidental. Clothed in the ideological justifications prevalent in the period—as Gates put it, “our improved methods of production and agriculture, manufacture and commerce, our better social and political institutions, our better literature, philosophy, science, art, refinement, morality and religion”^{*}—both public health programs in recipient countries and corporate profits derived from these countries were seen as beneficent transplantings of Western civilization. Health was defined as the capacity to work, and increased productivity of populations was the measure of success of public health programs.

Although Foundation programs were often closely linked to Rockefeller investments—for example, major medical education programs were begun in China and Turkey corresponding to major marketing operations of the Standard Oil Company—much of their work reflected a broad view of the needs of U.S. capitalism. Gates and contemporary anti-imperialist writers Hobson¹⁰ and Lenin¹⁴ agreed that advanced capitalism *requires* the economic conquering of foreign markets, natural resources, and opportunities for profitable investment of “mother country” capital. As manufactured products and capital alike filled the most profitable domestic markets in the late nineteenth century, the increasingly monopolistic industrialists and financiers sought new and more profitable outlets. As we have seen, the link between the Rockefeller Foundation health programs and the needs of imperialism were well understood and intended by the Rockefellers and Gates.

Once these programs were launched by the Foundation’s top officers, the internal logic and historical conditions assured that the imperialist ends would be served even if mid-level officers, field directors, and professional personnel did not consciously promote imperialism through their programs. First, the programs had a logic and momentum of their own. Acceptance of European and American medical theories and practice implied submission to the authority and superiority of these foreign cultures. Incorporating modern technology, medical and public health programs were correctly seen by the Foundation officers as undermining the resistance of agrarian and traditional peoples to “industrialization”—that is, to their exploitation as productive labor in the mines, plantations, and factories owned by European and American capitalists. As Frantz Fanon pointed out, colonized people also viewed Western medicine as inseparable from colonization.¹⁵ In the social psychology of imperialism, to submit to the Rockefeller health programs was to submit to Rockefeller and American cultural, political, and—underlying it all—economic domination. One could feel good working in or supporting the humanitarian public health programs that operated whether one was conscious of the dynamic or not.

Furthermore, the historical reality coincided with the social perceptions of the Rockefeller philanthropists and the colonized. Then as now, development capital was over-

whelmingly possessed and tightly controlled by the advanced capitalist nations, eager to export their capital for the higher rates of return usually available in underdeveloped countries. In urging Rockefeller to buy into the Chase National Bank, Gates called his employer’s attention to the international trust that had emerged among “the great financial houses of the world. . . . The liquid money of the world is like an ocean that laves all shores,” Gates observed. “Today as never before, and increasingly, capital flows to any country, city or state in the world where capital is needed and which offers large returns.”[‡]

Industrialization, promoted by health programs as well as by political and economic policies, required outside capital, and the few countries able to export capital were in a position to “help”. Thus even if unintended by Gates and Rockefeller, the Foundation’s public health programs would have contributed indirectly but significantly to the economic exploitation of the underdeveloped world by the advanced capitalist nations. No conspiracy was needed to assure that these ostensibly humanitarian programs served the needs of imperialism.

Finally, the great foundations are inextricably tied to imperialism. Their wealth came from the giant financial and industrial corporations associated with the rise of imperialism. They are run by trustees and officers who, by their material interests and ideological commitments, are part of the corporate capitalist class.

The health professionals who worked in these programs did not own or control the corporations that profited from foreign trade and investments, but they did share the material advantages that accrue to the “mother country”. And they certainly shared the racist and ethnocentric ideologies that justify imperialism. William H. Welch, the first dean of the Johns Hopkins Medical School and its School of Hygiene and Public Health, praised the facilitating role of medical science in European and American “efforts to colonize and to reclaim for civilization (sic) vast tropical regions.”¹⁶ Just as missionaries saw themselves promoting Christian civilization in their work, so too did public health professionals join foundation programs to bring the “benefits of civilization” to “backward” peoples through their medical work.

Public health programs have been the humanitarian partner of American imperialism for more than 60 years. In 1954 John C. McClintock, an assistant vice president of United Fruit Company, neatly summed up the relationship between health and profits that has been a concern of these programs in the tropics:

“In the under-developed areas where American companies have gone, where they have brought great enterprises into fruition, where they are continuing, one of the primary factors was to establish conditions of health where people could not only exist but also could work.”¹⁷

Public health programs were undertaken in tropical countries, he continued, “because they could not get out the ore,

^{*}F. T. Gates to J. D. Rockefeller, Feb. 2, 1905, Letterbook No. 350, Record Group 1, Rockefeller Family Archives.

[‡]F. T. Gates to J. D. Rockefeller, June 12, 1916, Record Group 2, Rockefeller Family Archives.

or raise the bananas, or pump the oil unless these fundamentals were taken care of.”

While many professionals in the field may have been only dimly aware of the supportive role they were playing for imperialism, certainly many were and are quite conscious of it. In 1962 the National Academy of Sciences-National Research Council issued a report on tropical health, supported by the U.S. Army, the National Institutes of Health, and the Rockefeller Foundation.¹⁸ In a chapter on “Tropical Health and the Economy of the United States,” the authors, sounding very much like Frederick T. Gates writing about missionaries a half century earlier, observed that with the increasingly important role of foreign trade and investments, particularly in Latin America, Africa, and Asia, the health of tropical peoples is of material importance to the U.S. economy. “There is no doubt,” they concluded, “that a reduction in debilitating infectious diseases and improvements in diet will increase the capacity of tropical populations for work and represent an economic contribution to the welfare of the nation.” In testifying to the importance of tropical health, the authors approvingly quote economist Stacy May who called tropical medicine the “midwife of economic progress in the underdeveloped areas of the world.” For many years a director of IBEC (a Rockefeller-controlled investment corporation), May argued that “Where mass diseases are brought under control, productivity tends to increase—through increasing the percentage of adult workers as a proportion of the total population, (and) through augmenting their strength and ambition to work. . . .”

Conclusion

There is certainly nothing inherently evil in increasing productivity by improving people’s health. When such measures enrich the lives of the recipient peoples and enable them to develop their own countries in ways they determine to be in their best interests, such health programs are very much humanitarian. The Rockefeller Foundation programs, however, were only secondarily concerned with the interests of the native populations. Their primary goals were to enrich plantation, mine, and factory owners and ultimately foreign imperialist powers—or in the case of the American South, the largely Northern capitalist class. In a clear example of ideological thinking, the interests of the native populations were assumed to be identical to the interests of American corporations.

Thus these programs were *not* devoid of politics. By their definitions of health as the capacity to work, by their technological content that weakened traditional and agrarian cultural autonomy, by historical conditions that assured that economic development (when unfettered by national independence struggles) would profit foreign capitalist classes, and by their undermining of forces seeking economic and political independence, the Rockefeller public health programs were loaded with political and economic values and consequences.

Ostensibly humanitarian public health programs may, as we have seen, carry oppressive consequences, whether in-

tended or not. It is incumbent on health professionals and their associations to include in their concerns not only technical competence but also the political, economic, and social ends of programs in their field. We may examine the material interests that underlie all public health programs, whether sponsored by the Rockefeller Foundation, the U.S. Agency for International Development, or the World Health Organization. It is certainly easier to do so retrospectively with the aid of internal files, as I have done with the Rockefeller programs. Nevertheless, such analysis may make it more difficult for the positive values of health work to blind us to its related dangers. If public health is to be an advocate of the interests of the majorities of all peoples, it must not be used to dominate and oppress them.

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