Enticement to Sanitation: The Rockefeller Foundation’s Anti-Hookworm Campaign in Colombia, 1919-1935

by

Joshua Doyle-Raso

A Thesis
presented to
The University of Guelph

In partial fulfilment of requirements
for the degree of
Master of Arts
in
History and International Development Studies

Guelph, Ontario, Canada
© Joshua Doyle-Raso, May, 2018
ABSTRACT

Enticement to Sanitation: The Rockefeller Foundation’s Anti-Hookworm Campaign in Colombia, 1919-1935

Joshua Doyle-Raso
University of Guelph, 2018

Advisor(s): Stuart McCook

In the twentieth century, the Rockefeller Foundation was invited to extend its anti-hookworm program to Colombia. The foundation had two main motivations. First, to develop public health infrastructures and spread American ways of understanding health, and second, to ensure the stability of international commerce. This project explores how the priorities of the foundation and of Colombians were often at odds, and how these encounters shaped, or failed to reshape, the Rockefeller program in Colombia. Though the campaign operated nation-wide, this thesis focuses on the Colombian coffee community, government, and professional medical community. It explores how the Colombian medical community sought to deal with hookworm prior to the Rockefeller arrival, the period of direct American involvement in hookworm work, and last, the Colombian nationalization of the public health infrastructure following the foundation’s departure. Ultimately, the Rockefeller Foundation’s insistence on routine methods and inflexible attitude toward Colombia’s changing realities meant that Colombians exercising agency were viewed as obstacles to be overcome, rather than people with priorities to be engaged with meaningfully. The foundation’s failure to engage with many Colombians’ priorities resulted in a long and slow evolution whereby the Rockefeller agents in the country felt they only met lasting success in the 1930s, more than a decade after the start of the campaign.
ACKNOWLEDGEMENTS

This Master’s thesis is a testament to my past two years in graduate study at the University of Guelph. I am indebted to many people for their aid and support in the processes of researching and writing. I would like to express my gratitude to my advisor, Dr. Stuart McCook, whose insights, guidance, and questions helped me to think more critically about historical questions than I have before and to challenge simplistic answers. I would also like to thank Dr. Karen Racine and Dr. Kris Inwood for the helpful sources they provided while I was researching for the thesis, and for the valuable critiques they offered at my thesis defense. With the help of these professors, the history department staff, and my cohort, I have produced a thesis of which I am proud, on subjects I wholeheartedly intend to continue studying.

I must also thank my friends and family, in Guelph, Toronto, and throughout the world. To my parents, brother, and sister-in-law, I would not have been able to complete my Master’s thesis without the constant love and support with which you provided me, not only during the last two years of graduate study, but throughout my entire academic career. To my friends in graduate school, going through this process with you all and sharing the ups and downs of graduate studies helped me to keep the entire process in perspective. To my friends outside of graduate school, I will always appreciate your continued support, love for fun, and ability to tolerate listening to me talk about imperialism, hookworm, and coffee.

Last, I would like to thank the countless professors, archivists, staff, and teachers who have instilled in me a deep love for learning. It would be impossible to name every person who impacted my passion for education, but I am deeply grateful to all of them.
TABLE OF CONTENTS

Abstract ............................................................................................................................................... ii
Acknowledgements ........................................................................................................................... iii
Table of Contents ............................................................................................................................... iv
List of Abbreviations ......................................................................................................................... v

1 Introduction ........................................................................................................................................ 1
  1.1 Hookworm and Hookworm Control in Colombia, pre-Rockefeller ............................................. 3
  1.2 Colombian Experiences with Hookworm ................................................................................... 4

2 The Origins of the Rockefeller Hookworm Campaign in Colombia ................................................ 14
  2.1 The Origins and Expansion of the International Health Board ................................................ 14
  2.2 The Rockefeller Foundation Enters Colombia: Louis Schapiro’s First Impressions .... 19

3 Overall Evolution of the Campaign ............................................................................................... 25
  3.1 Honeymoon and Growing Pains: The Campaign Under Dr. Frederick A. Miller, 1920-1924 .... 30
  3.2 “A more or less widespread treatment orgy”: Dr. D. Bruce Wilson’s Directorship, 1924-1927 ... 42
  3.3 Reorganization and Intensification: Dr. George Bevier’s Directorship, 1927-1934 ..................... 47
  3.4 The Nationalization of the Hookworm Campaign, 1935 – ...................................................... 63

4 Common Difficulties Among Campaign Stages ............................................................................ 67

5 Conclusion ...................................................................................................................................... 79

Bibliography ...................................................................................................................................... 84
LIST OF ABBREVIATIONS

International Health Board – IHB
International Health Commission – IHC
International Health Division – IHD
Rockefeller Foundation – RF
United Fruit Company – UFCo
United Fruit Company Medical Department – UFCMD
1 Introduction

The Rockefeller Foundation (RF) was one of the first iterations of international development work in the Western hemisphere. Its focus on health work first began in the Southern United States at the beginning of the twentieth century, where the basis for the international hookworm program was first established. The foundation’s methods of survey, treatment, and sanitation were all first developed here, and were exported to various countries in the Global South following the establishment of the International Health Commission, later termed Board in 1916, and finally Division in 1927. The Rockefeller Foundation’s International Health Division (IHC/IHB/IHD) principally operated by entering into formal agreements with host countries’ governments, agreements in which national disparities in economic, political, and military power enabled the foundation to set the terms of the cooperation. The national campaigns in host countries were directed by the foundation’s representatives, who were largely technocratically-minded American physicians. Due to their expertise in biomedical science and sanitation, they believed that their work should be separate from a narrowly-defined understanding of “politics,” a perspective that frequently hampered the foundation from accomplishing its goals speedily.

In the following sections, I will explore the exportation of the International Health Board’s flagship program, the anti-hookworm campaign, to Colombia in 1920. I first give a brief overview of the history of hookworm and hookworm control in Colombia before the foundation’s arrival. Next, I examine the origins of the IHB’s hookworm control program and its introduction into Colombia. The bulk of the thesis is dedicated to following the evolution of the program through the directorships of its Rockefeller representatives, while examining the campaign’s changing relationship with coffee producers and the wider political context in which the campaign operated. Last, I outline the Colombian nationalization of the campaign and then go over the common difficulties, created by both unchangeable circumstances and the campaign itself, that the directors all faced.

I argue that the main impediments to the campaign’s success were the technocratic approaches and imperial orientation of its Rockefeller-appointed directors. The foundation served to advance American interests, through the attempted diffusion of American ideas about
health, sanitation, government responsibilities, and the professional practice of medicine. The technocratic approach of campaign directors fostered tendencies to be dismissive of opposition to the project, ignorant to the political implications of their actions, even though they sought to be nonpartisan, and often unwilling to adapt methods to local conditions. Though the directors’ goal was to assist the Colombian medical community in obtaining a condition of US-style self-sufficiency in governance, in the examination of disease, and the manufacture and distribution of treatment and sanitary infrastructure materiel, their understanding of politics limited their ability to see the immediate effects of their presence. The foundation remained a paternalistic organization, with strong currents of racism, classism, and attitudes of intellectual superiority.

For the campaign leadership, success meant a reduction in the extent of hookworm, not actual eradication despite the rhetoric used, and the institution of a reliable state public health service whose priorities and practices were sufficiently in line with the IHB and Rockefeller Foundation. In contrast to other IHB hookworm projects, the campaign in Colombia took a long time to be considered a success. The long length of the campaign was due to several factors.

First, the early directors and design of the campaign were excessively rigid in their approach to curation and sanitation, often ignoring the realities of local conditions and the advice of their Colombian counterparts in their attempts to force American methods in Colombia. Second, not all Colombians shared the same priorities and expectations as the physicians and politicians that initially invited the foundation to Colombia, and, as an organization composed of “experts,” the American leadership was only predisposed to engage with those Colombians whose interests overlapped with the foundation’s, ignoring many Colombians’ local expertise and priorities. Last, the foundation envisioned itself as a non-partisan, apolitical technocratic development agency and so did not take seriously the extent to which Colombians linked the foundation to the abuses and exploitative activities of American agricultural and oil interests in Colombia, nor did they take seriously the extent to which campaign policies factored into ongoing debates about land reform and American agricultural and oil interests in the country.
1.1 Hookworm and Hookworm Control in Colombia, pre-Rockefeller

The Rockefeller Foundation did not enter Colombia into a medical vacuum. Colombian physicians had been aware of hookworm’s endemic nature in Colombia and they had been advocating for government action regarding hookworm almost a decade before the foundation arrived in 1919. The Colombian medical community’s newfound interest in a parasite that was endemic to the country’s coffee-producing regions coincided with the surge in Colombian coffee exports in the latter half of the 19th century and the growing idea that linked coffee development with the future of Colombian civilization and prosperity.1 The chronic anemia that results from hookworm disease delays physical and mental development, and easily fatigues hosts.

Hookworm was particularly prevalent in agricultural zones because of the nature of the parasite. It is typically contracted by exposure of skin, usually between the toes, to soil infected by the feces of someone carrying hookworm. In agricultural zones in the Americas, many landowners and workers did not have access to toilets or latrines, and many were unable to afford protective footwear, which led to high rates of infection. Treatment consisted of the oral administration of a combination of a vermifuge and purgative meant to expel, often violently, the hookworms from the host. To prevent acquiring hookworm, the use of footwear and functioning toilet and sewage systems to reduce soil infection remain the most effective strategy.

Despite the treatment and prevention of hookworm being relatively simple in comparison to other infectious diseases, the decision to invite the IHB to assist in hookworm control was not the result of any supposed Colombian medical incompetence, but rather due to the limited nature of Colombia’s existing social services infrastructure, international and domestic circumstances during the First World War period which affected both the government and coffee industry, and the election of a president supportive of developing stronger ties with the United States.

1.2 Colombian Experiences with Hookworm

By the foundation’s arrival, the Colombian medical community was well established, having already begun and progressed with the process of medical professionalization, a process aimed at securing a hegemonic role for government-regulated, academically-trained physicians at the exclusion of popular and alternative healers. The increasing institutionalization of science and medicine was part of a larger pattern in Latin America and worldwide, where governments sought to expand federal power, maintain international trade, and the health of the population was increasingly associated with the health of the nation. In Colombia, this was a process often marked by periods of unrest and conflict, as best described in David Sowell’s *The Tale of Healer Miguel Perdomo Neira*.

Perdomo Neira was an empiric healer whose approach to medicine combined Catholic, indigenous, and humoral influences. Generally, Conservatives in Colombia supported the validity of Neira’s approach to medicine and biomedically-minded Liberals, whose political power was growing at the time, strongly opposed him. The Liberals never succeeded in marginalizing healers from the various medical systems, and medical pluralism remains common in Colombia. Similarly to the conflict between professional and popular healers in Costa Rica, the unrest in Colombia ended with the governments’ licensing of non-academic healers, thereby incorporating them into the “the expanding web of state power,” as Palmer describes the process. These popular healers were occasionally thorns in the side of the campaign, in the opinions of both the American and Colombian campaign workers.

---

4 Steven Palmer, *From Popular Medicine to Medical Populism: Doctors, Healers, and Public Power in Costa Rica, 1800-1940* (Durham: Duke University Press, 2003): p. 3. See also; Schapiro’s *Uncinaria Survey Appendix 1 is Colombian Law No. 83, 1914 (November 9), “Concerning the Reglamentation [sic] of the Practice of the Medical Profession.” This law contains numerous exceptions that allow unlicensed and ungraduated medical practitioners to practice legally in a variety of medical fields, such as medicine, midwifery, and surgery.
The development of Colombia’s professional medical community had been underway since the beginning of the 19th century. Royal envoys sent to Colombia to study the state of science and education during the late colonial period stressed the need for developing medical education in the country. Numerous important institutions, such as the National University, the Medical School of Bogotá, and the National Academy of Medicine, were all founded before 1850. By 1868, the university had been reformed and the medical school had been affiliated with it. Colombian physicians borrowed extensively from the French medical community, even the architecture of some hospitals was based on French examples. Most importantly, however, Colombian medical education was designed for graduates to engage in private consultancy, rather than government service, as few government jobs in health or hygiene existed, and no major political groups were pressuring for their creation, until the early twentieth century. Consequently, students became overspecialized without broad knowledge suitable to public health work.5

The actual professionalization of medicine began in the late 19th century by physicians who were already a part of the national and regional elites, and now sought to set themselves apart professionally. The relative scarcity of physicians in Colombia, especially outside Bogotá and Medellín, meant that these professional physicians were highly regarded. Professional physicians, due to the highly individualist nature of Colombian medicine at the time, were also engaged in politics, public administration, and the ownership of land. Colombian physicians were used to setting their own priorities and to engaging in whatever non-medical pursuits interested them. However, a “small core of reformers,” such as Roberto Franco, Jorge Martinez Santamaria, and Pablo Garcia Medina, sought to import ideas about sanitation from Europe and the United States, and to introduce ideas of preventive medicine into Colombian society.6

In addition to the process of professionalization, the Colombian medical community was also familiar with hookworm long before the foundation was invited to Colombia. Like the Costa

6 Abel, “Healthcare in Colombia,” pp. 16-17
Rican physicians of Palmer’s *Popular Medicine to Medical Populism*, Colombian physicians had discovered hookworm in their country even before Charles Stiles had discovered it in the United States in 1902.⁷ As early as 1888, an Antioqueño physician, Dr. Andrés Posada Arango, described hookworm disease as endemic in his home state. It may be no coincidence that hookworm, a parasite prevalent among coffee labourers, was discovered in late 19ᵗʰ century Antioquia, for roughly 80% of new investments in coffee there were made between 1890 and 1900.⁸ Coffee plantations, and other agricultural industries, were prone to hookworm infestation due to the soil being sufficiently moist, warm, and shaded, and the presence of human hosts walking barefoot in infected soil, whose infected fecal matter would spread the parasite to other hosts.

In 1895, the future Minister of Agriculture and Commerce, Doctor Jesús del Corral, was the first Colombian physician to observe hookworm in an autopsy and consequently the first to import thymol, which was the most common vermifuge used to expel hookworms at the time, to Colombia. During the campaign’s years, thymol was replaced by oil of chenopodium, a potentially fatal plant-derived extract. Oil of chenopodium was itself replaced in 1925 by carbon tetrachloride, which is most commonly used as a solvent and fire extinguisher refrigerant. That del Corral also discovered hookworm in a newly-developing coffee region, Valle del Cauca, helps to illustrate further the link between hookworm and coffee in Colombia.⁹

Colombian physicians’ interest in hookworm continued to grow into the 20ᵗʰ century. In 1905, a prominent physician, Dr. Roberto Franco F., was the first Colombian to diagnose hookworm infection by way of microscopic examination of patient feces.¹⁰ Franco was an influential voice in Colombian medicine, later serving as Rector of the National University and founding a Clinic for Tropical Diseases in Bogotá.¹¹ Additionally, numerous medical theses were

⁸ Palacios, *Coffee in Colombia*, p. 25
⁹ Louis Schapiro, *Uncinaria Infection Survey of the State of Cundinamarca, Republic of Colombia, from December 22, 1919 to January 31, 1920* (RFA, RG 5, Ser. 2.311, Box 27, Folder 160), 36
¹⁰ Schapiro, *Uncinaria Survey*, p. 36
¹¹ Abel, “Healthcare in Colombia,” p. 19
produced by other important physicians in the years before the foundation’s arrival, most of which are currently held at the National Academy of Medicine’s archives. Among these theses were two produced in 1909 by Franco and another soon-to-be prominent physician, Jorge Martinez Santamaria, co-founder of the Samper-Martinez public health laboratory, later purchased as the Colombian government’s public health laboratory with seed funding from the IHB. Franco’s thesis identified the enormous losses to national wealth caused by hookworm infection and Martinez Santamaria’s doctoral thesis emphasized the infection rate on coffee and sugar estates above all else. Both physicians stressed the parasites’ national economic damage rather than the damage done to Colombians’ quality of life.\textsuperscript{12}

Much like the Costa Rican physicians Palmer discusses, not only were Colombians aware of the causes, symptoms, and treatments for hookworm, they also had a clear idea of how a campaign to remedy the problem should be organized. They were convinced that spreading awareness and understanding of the disease and its causes constituted the most important part of an anti-hookworm campaign, an idea which took the American directors some time to realize. For example, the Colombian Minister of Government Dr. Luis Cuervo Marquez, wrote in a 1915 publication on the “medical and pathological geography” of Colombia that “Uncinariasis is the most extended endemic disease of Colombia […]. The campaign against uncinariasis is only made by the continued and sustained education of the countryman, so that he knows the disease and that the nightsoil [sic] transmits same.”\textsuperscript{13}

That education was the key to any successful campaign was a sentiment echoed countless times by the various directors appointed by the foundation. Information on educational conferences and propaganda distributed was included in every quarterly and annual report sent by the Colombia team back to home office in New York.

While much of the legislation passed in the years before the foundation arrived was ineffective, it was at least directed toward parties that would later become key targets for the

\footnotesize{\textsuperscript{12} Schapiro, \textit{Uncinaria Survey}, pp. 35-36
\textsuperscript{13} Ibid., pp. 36-37. Luis Cuervo Marquez was Colombian \textit{Ministro de Gobierno}, however Schapiro referred to him as “Secretary of State” in his reports.}
campaign. For example, Resolution No. 24 of July 1919, a legally-binding though unenforceable dictate, was intended to spur estate owners to take responsibility for hookworm on their properties, as the state’s public health organization did not have the financial resources to make it a government responsibility. As part of the preamble to the resolution, National Director of Hygiene Garcia Medina posited that close to 90% of the agricultural labourers in the country were infected with hookworm.\textsuperscript{14} That these statistics, despite no national survey having ever been completed before, were so accurate is a testament to the seriousness of Colombian physicians’ attitude toward hookworm.\textsuperscript{15} Clearly the Colombian medical community was well aware of the importance of education and cooperation from estate owners in combatting hookworm and did not need foundation representatives to repeat what they already knew. Unlike Costa Rican physicians, however, the Colombian medical community was unable to mobilize the political will for an anti-hookworm campaign.

The greatest problem facing Colombian physicians, then, was not a lack of understanding, but rather a state hampered by geographical barriers and financial woes, woes imposed by reconstruction efforts following the War of a Thousand Days and exporters’ inability to access European markets during the First World War, and the anti-hookworm strategies employed by large-scale agriculturalists. For a country dependent on exports, which Colombia was during the 1910s, the closure of the European markets was harmful to national revenues, which further discouraged coffee estate owners from engaging in expensive sanitation efforts.\textsuperscript{16}

While the medical community in Colombia was professionally well-established and legally well-defined, the geography and transportation infrastructure of the country made providing government services a difficult task. Colombia is divided by the three \textit{cordilleras} of the Andes, numerous rivers, and in the south and southeast, the Amazon. Colombian transportation infrastructure was not extensive enough to enable government penetration of many parts of the country. In 1909, Colombia only maintained nine-hundred kilometers of railroads,
compared to the fourteen thousand kilometers Mexico had built by 1900; Colombia’s nine hundred kilometers of railroad were in fact a vast improvement achieved by President Reyes, who nearly doubled the country’s railroad lines in his 1904-1909 presidency. Reyes was also responsible for improving Colombia’s roads, which were previously unsuitable for wheeled vehicles, in the same period.\textsuperscript{17} Evidently, Colombian geography would have made the administration of government health services difficult. The geographical problem was compounded by the specific organization of Colombia in the early twentieth century, and by the toothless government public health agency.

At the time of the hookworm campaign, the country was divided into fourteen Departments, three \textit{Intendencias} and seven \textit{comisarias}. Of the fourteen departments, six had been established after the turn of the century, and so were in the process of developing governments to begin with. Further, the President was the only executive authority elected by direct vote, while all governors and \textit{alcaldes} were appointed by the official above them; legislative bodies such as the Departmental Assemblies and Municipal Councils were the only bodies elected by popular vote, and so popular priorities were seldom expressed in governmental policy.\textsuperscript{18} At times this difference in patronage created difficulties for the hookworm campaign. In this period, however, the specific fragmentation of Colombian governance, combined with the country’s difficult terrain, enabled departments to ignore federal legislation, part of a larger history of regionalism within Colombia.

The formal health administration of these twenty-four territories was left to the “supreme public health authority,” the National Direction of Hygiene, founded in 1918. Its predecessors, the Superior Council of Sanitation and the Central Hygiene Committee, were dependents of the ministry of government because health was seen as a public order issue. Reflecting changing ideas about health and disease, the National Direction, however, was at first placed in the Ministry of Public Instruction, later in Jesus Del Corral’s Ministry of Agriculture and

\textsuperscript{17} David Bushnell, \textit{The Making of Modern Colombia: A Nation in Spite of Itself} (Berkeley, Los Angeles: University of California Press, 1993), p. 159
\textsuperscript{18} Schapiro, \textit{Uncinaria Survey}, p. 14
Commerce, and then back in the Ministry of Public Instruction in 1923 (“and Public Health” was added to the ministry’s title in 1925) after Marco Fidel Suarez’s government had ended.19

The National Direction would be advised by the National Academy of Medicine’s committee of public health when needed.20 Below the federal body, each department maintained its own Director of Hygiene and sanitary commissions for municipalities of more than 3,000 inhabitants. However, these bodies were tasked with enormous regulatory duties, everything from licensing medical practitioners to enforcing industrial sanitary standards, studying tropical disease parasitology, and ensuring milk pasteurization, all without any power to enforce regulations until the very month of Dr. Schapiro’s arrival as the IHB surveyor.21 The Colombian medical community evidently had goals for a public health system that were beyond the Colombian state’s capacity to institute.

Despite the Colombian medical community’s extensive experience with hookworm, and a largely ignored 1911 piece of legislation approving funding for a campaign in Cundinamarca and Tolima, the first formal request to the government by the nation’s physicians came in a 1913 plea by Dr. Pablo Garcia Medina, the future National Director of Hygiene. Garcia Medina, who is regarded as the father of Colombian public health,22 held many prestigious positions within the Colombian medical community, such as secretary in perpetuity of the National Academy of Medicine, National Director of Hygiene, and professor of physiology at the national university, and so his plea ought to have carried weight.23 However, President José Vicente Concha, 1914-1918, was more focused on maintaining neutrality and economic stability in World War I, as the country’s main market, the United States, had concerns about German interests in Colombia.24

19 Abel, 30
20 Ibid., 14
21 Schapiro, Uncinaria Survey, pp. 14-16
23 Schapiro, Uncinaria Survey, p. 38.
Additionally, political stability in the period following the War of a Thousand Days led to concerns about establishing new governmental agencies that concentrated power in the national capital. Consequently, while various laws and decrees were issued in the years between Medina’s request and the arrival of the Foundation’s survey officer, any legislation passed was ultimately ineffective because there was no government agency charged with enforcing health and sanitation legislation, and elected officials did not have the funds or political will to create one.

Further, there was no central statistics office (the most reliable birth and death statistics were held privately by the parish churches, who were not required to provide the data to the government) and Colombians were not required to report communicable diseases to the civil authorities, despite the medical community’s pleas. The only exception to this was leprosy, which was the zeitgeist disease of the day in Colombia. Diana Obregón demonstrates that Colombia’s entrance into a “new era of peace, political stability, and economic growth,” combined with exaggerated late-nineteenth-century data, led to Colombians of all classes being obsessed with and embarrassed by the high incidence of leprosy in the country. According to Obregón, “[e]xtinguishing leprosy became tantamount to building a new, modern Colombian society.” Half the public health budget was dedicated to reforming Colombia’s leper colonies, and so consequently little governmental attention was paid to hookworm.

It was not just governmental and geographical barriers that inhibited Colombian progress in hookworm treatment. Garcia Medina also lamented the approach that the owners of large agricultural estates had taken to dealing with this problem, which was to simply dismiss infected labour, import new workers, employ them until infected, and then repeat. Given the vast numbers of seasonal, migratory workers on coffee estates, it is likely that this method served to spread hookworm from estate to estate, and from region to region. During this time, particularly,

---

25 Schapiro, *Uncinaria Survey*, p. 26
26 Schapiro, *Uncinaria Survey*, pp. 25, 29-30. Colombia appropriated 500,000 pesos annually to maintain 3 leper colonies housing 5000 afflicted and their loved ones; compare this figure with the 240,000 designated to the rest of the government’s health care duties.
27 Obregón, “The State, Physicians, and Leprosy,” p.131
28 Louis Schapiro, *Uncinaria Survey*, Appendix 6
the coffee axis was based around Cundinamarca, Tolima, and Santander, whose coffee economies were based on large haciendas owned by absentee merchant landlords from Bogotá.29

While the availability and mobility of agricultural labour ensured a reliable supply of workers for the large estates, landlords’ limited responses to hookworm led Colombian physicians did not share the same view as the estate owners, and estimated that in the coffee regions, “at least ten percent of the population are completely incapacitated, while the laborers as a whole are productively ineffective.”30 The domestic Colombian agriculture sector’s approach to hookworm, particularly the coffee sector, contrasted with those of Colombian mine owners, sugar estate-owners, and foreign-owned fruit enterprises. The United Fruit Company (UFCo) had already begun treating hookworm in its hospitals and mandating sanitary measures, such as the use of privies, and doctors employed at Colombian mines had treated and monitored hookworm among their employees.31

The difference in approach is highlighted by the differences in hookworm disease infection rates. The United Fruit Company Medical Department (UFCMD) reported to foundation’s initial survey officer in Colombia that from 1914-1919, hookworm infection rates at Santa Marta rose from 16.6 to 69.1 percent.32 While an alarming increase, and a high final infection rate, the percentage of infected workers was still markedly less than on coffee plantations and on fruit estates in the rest of the country. The foundation’s initial survey noted that “the infection of the coal miners at Cipacón [Zipacón] is greater […] while that of the salt mine at Zipaquirá is less.”

However, even in mines where the rate of infection was greater, for example the 28.1 percent rate reported at Zipacón, it paled in comparison to the 93.9 percent average infection rate for coffee labourers in Cundinamarca.33 Within the department as a whole, two of the provinces of Cundinamarca most associated with coffee, Guaduas and Tequendama, presented the highest

29 Palacios, *Coffee in Colombia*, p. 17, 56, 78
30 Schapiro, *Uncinaria Survey*, p. 65
31 Schapiro, *Uncinaria Survey*, p. 56
32 Ibid., p. 66
33 Ibid., pp. 56-58. The infection rates for cattle workers, vegetable farmers, and sugar cane plantation workers were 86.9%, 86.8%, and 90% respectively.
rate of hookworm infection, averaging 88.1 percent between the two of them.\textsuperscript{34} Evidently, the large estate owners prevalent in Colombian coffee society before the Rockefeller arrival did not take hookworm as seriously as Colombians in other industries.

That the infection rate for miners was that low speaks to the control efforts undertaken by mine owners, for the 1919 survey found an astonishing 66.7 percent rate of infection among the Bogotá police force, which was “surprising, for, as a rule, this class live under better conditions than the average.”\textsuperscript{35} This revelation was part of a larger surprise at the infection rate in Cundinamarca as a whole.\textsuperscript{36} This all in spite of the fact that Colombian doctors discovered the endemicity of hookworm in their country even before American doctors did.

Due to the various barriers that the Colombian medical community faced in combatting hookworm, they began to look outside the country for assistance. Government inaction, the difficulties in traversing Colombian terrain, and the apathetic attitude taken by large coffee estate owners all hampered anti-hookworm work. In 1919, then, after years of “constant agitation” by the medical community, the Colombian government issued a formal invitation to the Rockefeller Foundation to bring its anti-hookworm campaign, pioneered in the American South, to Colombia. By this point, Colombians had elected as President Marco Fidel Suarez, a politician who grew up in a modest, rural community. Due to his upbringing, he was greatly interested in extending education, schools for agriculture and natural science, and healthcare to the Colombian countryside. Further, the war years had served to increase contacts and cooperation between Colombians and the United States, and so Suarez’s “Doctrine of the Polar Star,” which encouraged stronger relations with the U.S., was espoused in a context where Colombians felt more comfortable engaging American assistance, despite the highly interventionist character of the US in Latin America, prior to the Good Neighbour Policy.\textsuperscript{37}

\textsuperscript{34} Ibid., p. 50. The discrepancy in figures is easily explained by the fact that not everyone in these regions worked on coffee plantations.
\textsuperscript{35} Schapiro, \textit{Uncinaria Survey}, pp. 56-57
\textsuperscript{36} Ibid., p. 59. Schapiro found an average infection rate of 70% among urban populations and 88.2% among rural populations.
\textsuperscript{37} Bushnell, \textit{The Making of Modern Colombia}, p. 165
2 The Origins of the Rockefeller Hookworm Campaign in Colombia

2.1 The Origins and Expansion of the International Health Board

In 1919, the Rockefeller Foundation received a formal invitation from the President of Colombia, Marco Fidel Suarez, to assist the country in combatting its endemic hookworm problem. The Rockefeller Foundation’s anti-hookworm campaign in Colombia, carried out under the auspices of the International Health Board (later Division), was not the first organized medical effort to be undertaken by North Americans in Colombia. Sporadic efforts by U.S.-owned agricultural enterprises, particularly the United Fruit Company (UFCo) and its predecessors owned by Andrew Preston and Minor Keith, led to the creation of American-run hospitals in American-owned land in Colombia. The United Fruit Company’s Medical Department (UF CMD) was officially organized in 1912, and information about health and hygiene in tropical regions was centralized and shared between UFCo’s various Latin American operations. However, the United Fruit Company Medical Department’s health efforts were meant only to ensure its own labour supply and the health of its ports, rather than to sanitize surrounding areas and develop health infrastructure to keep the region sanitary. For the IHB, however, “sanitation” meant the construction of privies and adopting the defecation habits of urban Americans to keep soil free of parasite larvae.

The health work done by the International Health Board of the Rockefeller Foundation was designed on a grander scale than the healthcare agendas of private American capital. Its work was directed at entire states with the end goal of developing a public health infrastructure through which Rockefeller agents could train domestic medical practitioners in the practice of organizing and administering public health. The Rockefeller Foundation first attempted this through the organization of the Rockefeller Sanitary Commission for the Eradication of Hookworm in eleven states in the Southern United States, from the years 1909-1914. The motives and methods of this Sanitary Commission shaped the future of the IHB’s work.
The campaign in the South combined efforts to promote scientific medicine and public education, to forge relationships between private wealth, public agencies and citizenry, and to ensure the stability of commodity-based, labour-intensive economies.\textsuperscript{38} Opposition from doctors in the American South also foreshadowed opposition from doctors in the countries where the IHB later worked. Ettling quotes Charles V. Chapin, a renowned U.S. public health physician, about his opposition to private capital determining the priorities and methods of government-administered public health.\textsuperscript{39} While foundation agents never identified this concern as the cause, it is likely that later opposition from Colombian health officials was based on this same fear.

Nevertheless, by 1915 the Rockefeller Sanitary Commission claimed to have achieved its goals in the establishing public health infrastructure in the Southern United States. In 1922, the foundation claimed that hookworm disease had been almost eradicated in the United States, though the Commission’s chief hookworm authority, Charles W. Stiles, disputed this, and argued that the foundation had only accomplished its infrastructure goals.\textsuperscript{40} By this time, however, the foundation had already set its sights on international opportunities and no longer committed to the actual eradication of hookworm, but rather its reduction.

The International Health Commission was organized in 1913 with its mission clearly outlined, the “promotion of public sanitation and the knowledge of scientific medicine”\textsuperscript{41} by the organization of various RF campaigns against hookworm, yellow fever, and malaria. A second, less altruistic aim was also manifest, openly stated throughout official documents; to ensure the stability of international commerce, especially of American capital in the developing world, and American military hegemony.\textsuperscript{42} Rockefeller health operations were begun in Latin America after the U.S. military sought its assistance in eradicating yellow fever from the Panama Canal Zone and continued in areas where the U.S. had extensive political and commercial interests (see

\textsuperscript{38} Ettling, \textit{The Germ of Laziness}, pp. vii-viii
\textsuperscript{39} Ibid., p. 196
\textsuperscript{40} Ibid., p. 209
\textsuperscript{42} More on this later, Schapiro, \textit{Uncinaria Survey}, pp. 29, 72-74 for economic concerns of Colombia.
Sutter for mosquito control in Panama, Birn for Mexico, Espinosa for Cuba, Palmer for Costa Rica, Cueto for Peru). These concerns also shaped the Foundation’s agenda in Colombia.

Before its entrance into Colombia, the Rockefeller Foundation had previous communication with medical actors in Colombia. In 1911, the foundation inquired to the “National Department of Health” about the geographical distribution of, approximate infection rates of, and current measures to combat, hookworm disease. No such department existed at the time, and it is unclear if the Foundation ever received a satisfactory answer. Later, in 1913, Dr. Luis Zea Uribe of the Direction of Hygiene and Municipal Health of Bogotá communicated a letter to the International Health Commission with as much information as he could, which was to say, very little, given the trouble physicians faced in obtaining national statistics in Colombia.44

Later, in 1916, Wickliffe Rose, Director of the IHB, communicated with Dr. Roberto Franco F., who was at the time a professor of tropical medicine at the medical school in Bogotá and who later became President of the National Academy of Medicine. Franco asked Rose if the IHB body that was currently in Colombia as a yellow fever commission would be interested in hookworm disease; Rose informed Franco that the IHB was indeed interested in hookworm disease, but that an official request from the Colombian government was necessary before work could begin.45 Both Franco and Zea Uribe were eventually appointed members of the Junta Consultiva, or Consulting Board, of the Department of Uncinariaisis.46 It is unclear if they were ever approached to work directly for the campaign, but their reputations, careers in academia, and private practices were likely more lucrative than the low salaries offered by the department.

43 I use scare quotes because no such organization existed at the time.
45 Wickliffe Rose, “Memorandum on Dr. Roberto Franco F.,” in Colombia, 1916 (RG 5, Ser. 1.2, Box 28, Folder 448)
46 Marco Fidel Suarez, Jesus del Corral, “Appendix No. 4: Decree No. 2009 of 1920, 8 November,” in Frederick A. Miller, Annual Report 1920 (RAC, RFA, RG 5, Ser. 3, SS 311H, Box 122, Folder 1562)
The foundation had also had communications with American actors in Colombia, prior to its engagement with the Colombian government. In 1915, the foundation received a request from a Presbyterian missionary for assistance combatting hookworm at their mission in Bucaramanga. The International Health Commission representative who responded to her expressed interest but replied that the Foundation only engaged with governments.\(^47\) The foundation received a similar request from a John Flinn of the Tropical Oil Company, based at Barrancabermeja.\(^48\) IHC Director Wickliffe Rose responded that they only cooperated with governments, but added the Barrancabermeja office to a mailing list for future reports on hookworm and malaria work.\(^49\) Government cooperation began soon after these requests.

The arrival of the Rockefeller Foundation in Colombia followed a pattern set by previous campaigns. The IHB’s first foray into South America actually came in 1914 at the request of the British government seeking assistance for British Guiana and other Caribbean colonies.\(^50\) The first formal invitation from an independent Latin American government came in 1916, when the foundation received formal requests from the Brazilian government to begin work there.\(^51\) The foundation had begun its activities in Costa Rica prior to the formation of the official policy, and so cannot be counted as part of this pattern.

However, the pattern that was established by the Brazilian request was that a host country would become aware of the Rockefeller health activities, as well as the funding the foundation offered, often at the persistent urging from the country’s domestic medical community, and a formal invitation would be sent from that state’s government to the Rockefeller home office. Upon approval of the country’s request, the home office sent an experienced agent to conduct a health survey of the host country. In the case of Colombia, the Rockefeller Foundation received

\(^{47}\) John A. Ferell, “Dear madam,” 9 June 1915, in Correspondence – Projects. Colombia, 1915 & earlier (RAC, RFA, RG 5, Ser. 1.2, Box 6, Folder 95)

\(^{48}\) John Flinn, “Letter to John D. Rockefeller Institute of Physical Research,” Barrancabermeja 1\(^{st}\) April 1917, in Colombia, 1917 (RAC, RFA, RG 5, Ser. 1.2, Box 46, Folder 696)

\(^{49}\) Wickliffe Rose, “Letter to John Flinn,” 2 May 1917, in Ibid.


\(^{51}\) Farley, To Cast out Disease, p. 37
an official invitation from President Marco Fidel Suarez in 1919. However, in the Colombian case it was not the president’s idea to invite the foundation to Colombia, though he did later issue a formal invitation.

While Roberto Franco and Luis Zea Uribe had contacted the foundation in their capacities as private physicians, the first government initiative to invite the foundation to Colombia was from Dr. Jesus del Corral, a physician who was also Minister of Agriculture and Commerce in Suarez’s cabinet. The first contact from del Corral to the Foundation came in a letter dated 16 January 1919 in which del Corral referenced his knowledge of the Foundation’s work in Costa Rica, Guatemala, Nicaragua, and Panama. He said that in each of these countries, the foundation had adopted the “free dispensary” method to combat uncinariasis, and he hoped that the foundation would extend this to Colombia, for it was being “invaded in an alarming manner” by hookworm disease.

As official International Health Board policy was that a formal invitation to begin work in a country must come from that country’s executive authority, Rose informed del Corral of this. However Rose implied that Colombia would certainly receive attention from the IHB, but stated that the initial country survey would be delayed as all qualified IHB representatives were currently busy. To formalize the Colombian request for IHB assistance, President Suarez communicated by letter that he “[extends] to the International Health Board the invitation indispensable for obtaining its valued cooperation.” The matter was discussed at the IHB board meeting of May 20, 1919, and in November Victor Heiser of the IHB informed President Suarez that Louis Schapiro, who was at the time overseeing work in Costa Rica, would be assigned to

52 Louis Schapiro, Uncinaria Survey, p. 31
53 Recalling that Franco and Zea Uribe had previously contacted the foundation, though in their capacities as physicians, rather than government officials.
54 Jesus del Corral, “Letter to Mr. President of the Rockefeller Foundation,” Bogotá, 16 January 1919, in Colombia, 1919 (RAC, RFA, RG 5, Ser. 1.2, Box 79, Folder 1116)
56 Marco Fidel Suarez, “Letter to Wickliffe Rose,” Bogotá 27 March 1919, in Colombia, 1919 (RAC, RFA, RG 5, Ser. 1.2, Box 79 Folder 1116)
undertake the initial country survey of Colombia. The formal relationship between the Colombian government and the IHB had begun.

2.2 The Rockefeller Foundation Enters Colombia: Louis Schapiro’s First Impressions

Dr. Louis Schapiro had been working with the Rockefeller Foundation for several years as the mission head in Costa Rica before he was assigned to undertake the initial survey of the state of hookworm, public health infrastructure, and medical education in Colombia. As Palmer notes, Schapiro was “a classic Rockefeller recruit,” having served as a physician in the military and Coast Guard, as a senior public health official in U.S.-occupied Philippines, and was partially responsible for reforming Milwaukee’s public health system. When he arrived in Colombia in 1919, he had already worked for five years in the Costa Rican campaign.

Schapiro’s assignment in Colombia had four goals: first, to demonstrate the rate of infection and feasibility of control in Cundinamarca, due to its representation of Colombia’s various climates and its accessibility to the national government; second, to investigate and plan improvements to the state of sanitation in rural areas; third, to conduct an educational campaign “centered on the ruling classes;” and fourth, to prepare both the Colombian people and government for the arrival of a permanent campaign.

Before Schapiro’s arrival, there was a bit of fanfare in the mainstream dailies of Bogotá. Jesus del Corral, the government minister responsible for inviting the foundation, received gratitude and congratulations in these articles, and many spoke about the great work that the Rockefeller Foundation had done in other Latin American countries. However, much of this information was wrong, and it seems that a large section of Bogotá’s literate community was

58 Palmer, Popular Medicine, pp.165-166
under the impression that the foundation was actually visiting Colombia to finally solve the country’s leprosy problem. For several years, prior to the campaign’s inauguration and even into its early stages, the foundation had received letters from the Colombian ambassador asking for assistance with leprosy, but IHB leadership continually explained to him that they did not treat leprosy anywhere, as they felt it was not a viable medium for establishing public health systems.

Schapiro left the United States bound for Colon, Panama on 16 November 1919, and from there continued on to Cartagena in Colombia. Writing to the home office from Barranquilla on 1 December 1919, Schapiro noted that while he was impressed with the courtesies shown to him by the Colombian officials there to greet him, occasionally so courteous “as to make [him] at times uncomfortable,” he discovered that some members of the Colombian government were woefully uninformed about the true purpose of his visit. They had been under the impression that he arrived to study every disease endemic to Colombia. That the news coverage before his arrival contributed to this misunderstanding is obvious. Only in a December 13 article in *El Espectador*, Bogotá’s second most widely read daily, was the correction issued that Schapiro was not in fact coming to assist with leprosy. In addition to the incorrect assumptions about the nature of his trip, the Colombian officials Schapiro had met in Cartagena and Barranquilla expected him to have answers about “the political question” that existed at the time between the governments of Colombia and of the United States, undoubtedly about the uncertain status of Panama.

Schapiro arrived in Bogotá on December 11, 1919 after a long journey inland from the Atlantic coast, a journey whose length and unpredictability became an ongoing challenge for the campaign in receiving supplies, and immediately went to work. The day after arriving in Bogotá, Schapiro met with Colombia’s most senior public authorities. He had a private meeting with President Suarez and another private meeting with the Archbishop of Bogotá, who “assured his

---

60 Victor Heiser, “Letter to Mrs. Schapiro,” 17 November 1919, in *Colombia, 1919* (RAC, RFA, RG 5, Ser. 1.2, Box 79, Folder 11160
62 Louis Schapiro, “Letter to Doctor Heiser,” Barranquilla, 1 December 1919, in *Colombia, 1919* (RAC, RFA, RG 5, Ser. 1.2, Box 79, Folder 1116)
hearty support to the campaign.” Schapiro had been instructed to make friendly with the Catholic Church, as the RF home office recognized the religiosity of Colombia, and it seems that Schapiro made a good and lasting impression on the Archbishop, for all of the RF field directors from 1920 onward noted that without the active and mostly enthusiastic cooperation of the Catholic Church, the campaign would have failed.  

In addition to the private meetings with influential Colombians, Schapiro also gave numerous educational conferences, to the legislative bodies, the parish priests of Cundinamarca, and the public at large, while Colombian physician Luis Zea Uribe gave an illustrated lecture to the President and “a large audience of representative citizens.” Zea Uribe later told Schapiro that the illustrated lantern slides would be “indispensable” to any permanent campaign. Following these lectures and several in smaller municipalities and larger plantations neighbouring Bogotá, Schapiro wrote that the educational side of the campaign needed the most development if the RF sought success, undoubtedly based on his positive experience with Costa Rica’s hookworm plan.

Within five days of Schapiro’s arrival, the Minister of Agriculture and Commerce, himself a doctor with experience in hookworm, the advisory committee of the National Assembly, and Schapiro himself chose the personnel of the Sanitary Commission which performed the survey. The news about the Sanitary Commission, and its role and powers, was given to municipal officials through a form letter from the National Director of Hygiene, Garcia Medina, instructing mayors to assist “with all the aid of [their] authority.” Reinforcing the medical community’s focus on hookworm within the agricultural community, the only law specifically mentioned was the National Direction’s Resolution No. 24, requiring all landowners to build privies and disinfect their soil. Evidently, the Colombian medical community’s frustration with the coffee sector’s response to hookworm had already become a priority in the RF campaign. The decision that the Commission would not engage in any curative work, to

63 Schapiro, Uncinaria Survey, pp. 42-44.
64 Schapiro, Uncinaria Survey, pp. 42-44
65 Ibid., pp. 40-41. The personnel consisted of Schapiro himself, a Colombian physician, and seven graduate medical students.
avoid reinfection and possible resultant biases against the future campaign decision, was reached by some combination of Schapiro, the National Academy of Medicine, and governmental authorities. 66 Schapiro is not clear about who made this decision.

The chosen Sanitary Commission limited their inquiry to Cundinamarca. At Schapiro’s behest, the Sanitary Commission spent one week at a training lab set up in La Mesa, a high-production coffee and cocoa municipality in Cundinamarca. 67 Following this training period, the Commission was split into five units and dispersed throughout the Department. The survey itself commenced December 22 and terminated January 31 of 1920. During the survey, Schapiro noted that many of the estate owners in Cundinamarca, a significant portion of whom were coffee planters, and contrary to the scenario illustrated by Garcia Medina, had attempted to administer thymol treatments for hookworm relief. However, they failed to implement any preventive measures, eventually gave up on treatment, and would import new labour when the old became too sick to work, thereby ensuring the reinfection of labourers. 68

The actual survey consisted of stool smears from patients who presented themselves to the various campaign laboratories. What the personnel found was an average infection of 48.9 percent in the Department. Schapiro noted in his final report that this number was misleading, as some districts contained both subtropical climate zones and temperate climate zones, which led to skewed results. After adjusting the data to account for the population ratios among the varying climate zones, Schapiro reported that in areas favorable to hookworm, where the soil was the correct temperature and moisture for hookworms to live and where the worms had access to vulnerable hosts, there was an infection rate of 81.4 percent. 69 Of those infected with hookworm, 60.7 percent had hemoglobin rates low enough to considered chronically anemic. 70

66 Schapiro, Uncinaria Survey, p. 63. “[S]everely infected cases” were still treated.
68 Ibid., p. 38
69 Ibid., pp. 46-48
70 Ibid., p. 62
The survey team also found high-rates of comorbidity with other parasites, namely ascaris, tricocephalus, and strongyloides. Further, the team discovered that less than 5 percent of rural homes in Cundinamarca were equipped with latrine accommodations, compared to roughly 20 percent of homes surveyed in the American South. Where latrine accommodations did exist, they were often considered insufficiently sanitary to contain infected waste. As a result of soil contamination, 40.5 percent of those who had access to privies were still infected by hookworm. The team concluded that the use of shoes and privies remained the most effective ways to prevent hookworm infection but separately were insufficient for guaranteeing healthy conditions.

Part of Schapiro’s mandate was to investigate the conditions that influenced health in the country. Reading past the vulgar/casually racist/classist comments peppered throughout the report, Schapiro demonstrated a remarkable awareness that poverty, often caused by international capital/market fluctuations, was a driving factor behind disease in Colombia. A list of conditions contributing to malady in the country was finished with “a people undernourished and underpaid” as the final cause. However, the same paragraph does not write this as a detriment to people’s quality of life, but rather as an impediment to their “potential labour value.” As noted above, Colombian physicians felt the same way about the disease burden of hookworm; hookworm’s greatest harm to Colombia was in its economic effects, not a sufferer’s reduced quality of life.

After the legwork of the survey had been completed, it was Schapiro’s duty to analyze the findings and determine the probable infection of the country as a whole, to decide if Colombia was a promising theatre for opening a hookworm campaign. Based on what Schapiro had learned about Colombian geography, economy, and epidemiology, he calculated an 83.7 percent infection rate for tropical areas, 84.5 percent for subtropical areas, and 9.6 percent for

---

71 Schapiro, *Uncinaria Survey*, p. 60
72 Ibid., p. 64
74 Schapiro, *Uncinaria Survey*, p. 64
75 Ibid., p. 28
temperate zones; Schapiro’s estimate for the entire country was that 65.4 percent of Colombians were infected by hookworm. It was clear, then, for the American and Colombian organizations involved, that their work in the future was cut out for them.

At the end of the Schapiro survey, the RF estimate was that 83.7 percent of the tropical zone population, 84.5 percent of the sub-tropical zone populations, and 9.6% of the population of the temperate zone was infected with hookworm. As later quarterly and annual reports indicate, the early estimates were conservative figures, for each of the climate zones studied.

The Schapiro survey had a stimulating effect upon the Colombian political machine. It is likely that the Colombian physicians interested in hookworm had intended this. Whereas years of pestering by the National Academy of Medicine had produced toothless legislation, the Schapiro survey produced a flurry of legislation with actual power. Within ten days of Schapiro’s arrival in Bogotá, the Colombian Congress did more than just approve the idea of funding, but actually appropriated 100,000 pesos annually for the organization and operations of the Department of Uncinariasis. This amount was a generous appropriation given that, for 1920, Congress had designated 252,240 pesos for the rest of Colombia’s national health programs. On February 5th, 1920, the Executive issued a decree placing the still-unrealized Department of Uncinariasis and Division of Soil Sanitation under the responsibility of the Ministry of Agriculture and Commerce, the same ministry that the National Direction of Hygiene had just been moved to. This decree stated explicitly that the Department was to be under the authority of a Director General commissioned by the IHB, and that the Division of Soil Sanitation would be subordinate to the Department. Finally, on February 16, the government approved a 5-year contract with the International Health Board, according to the same financing model employed in other

---

76 Schapiro, *Uncinaria Survey*, pp. 66-68. To compile a figure for the likely infection rate of the tropical zones, the survey data was supplemented by data shared by the United Fruit Company Medical Department about hookworm incidence at its hospital in Santa Marta. *Uncinaria Survey*, p. 66
78 Decree No. 261 of February 5, 1920. Note, the Department was moved around from various ministries during its existence, a point of frustration for the RF agents.
countries. Evidently, the national government was ready to take hookworm seriously when it had access to the funds and technical expertise necessary for its control.

3 Overall Evolution of the Campaign

It is possible, in broad strokes, to identify three major phases of the Rockefeller Foundation hookworm campaign in Colombia, each corresponding to the directorship of the different RF representatives. While the lower level organization changed several times throughout the campaign, the department was invariably headed by an American, Rockefeller-appointed director, and supported by two, later three, Colombian assistant directors. Each directorship can also be roughly divided into two periods. The early years of the campaign, from 1920-1924 when the department was under the leadership of Dr. Frederick A. Miller, were based around attempts to undertake the campaign according to routine methods until 1923, and then reorganization. Dr. D. Bruce Wilson arrived in 1924 and took stock of the campaign while considering potential reforms, which he implemented with success following the signing of a new 5-year contract between the foundation and the government of Colombia in 1925. Last, the final Rockefeller representative to exercise direct authority over the campaign, Dr. George Bevier, arrived in 1927 and was director by the second quarter of that year.

Bevier continued the campaign according to the organization created by Wilson until 1929 when the Great Depression’s effects on government and individual finances in Colombia necessitated a drastic reduction in the scope of the hookworm campaign. In 1930, the first Liberal President of Colombia in the twentieth century was elected, following close to thirty years of Conservative Party rule. Under this new regime, Bevier continued as the head of the Department of Uncinariasis until 1934, when the department was formally reorganized as the Section of Rural Sanitation. By 1935, the immediate administrative control of rural sanitation was passed from the Rockefeller representative to the Colombian National Department of

79 Frederick A. Miller, *Annual Report – 1920* (RAC, RFA, RG 5, Ser. 3, SS. 311, B122, F1562) p. 11
Health, and all remaining Rockefeller activities, such as anti-malarial and yellow fever work, were put under the responsibility to Dr. Fred Soper, who was by then in charge of all Rockefeller activities in South America.

The information I use to construct the narrative and support my arguments about the campaign in Colombia was gathered primarily from the reports, quarterly and annual, and correspondence produced by the campaign leadership and Colombian government officials. The reports and correspondence are held at the Rockefeller Archive Center, as are the contracts signed by the Rockefeller Foundation and the Colombian government. Additionally, I consulted numerous medical theses housed in the National Academy of Medicine of Colombia. The reports, written by both American and Colombian campaign staff, contain valuable information about the perspectives of the parties involved in directing the campaign, and the medical theses I consulted illustrated the medical community’s experience with hookworm prior to the foundation’s arrival. Based on these sources, and in comparison with secondary studies Colombian history in this period and on Rockefeller experiences in other countries, it is often possible to ascribe reasonable motives to opposition from Colombians, in contrast to the Rockefeller sources’ insistence on intransigence and backwardness. As I was based in Bogotá, my access to regional newspapers was limited, consequently there is little representation of newspaper and print media sources in the thesis, for this reason and the following.

Throughout the fourteen years that the campaign operated under the direct leadership of a Rockefeller Foundation representative, it had a fraught relationship with the press. It ranged from accidental misinformation, to genuine and honest reporting, to attacks against the campaign based on reasonable concerns about department policy, and to propaganda published by the campaign. The campaign received widespread press coverage throughout the country, however this was generally limited to local papers. The Department of Uncinariasis, or even the topic of hookworm at all, rarely appeared in the Bogotá dailies El Tiempo and El Espectador after the

---

first year of the campaign, except for the numerous and omnipresent ads taken out by “pharmacists” trying to sell their anti-hookworm serums.

The Catholic Church maintained its own press, circulated nationally, called El Catholicismo, and offered space on a weekly basis for editorials in favour of the campaign and pieces authored by the Department of Uncinariais. That the Catholic Church maintained a position in the national newspaper publishing community became a point of contention, as Department of Uncinariais articles were appearing in both El Catholicismo and the religiously proscribed Liberal Party newspaper, El Diario Nacional. The Rockefeller sources are unclear about what the Catholic Church opposed in particular, but it is possible that the IHB’s tendency to use explicit anatomical vocabulary may have been one of the points of contention. In any case, the directors were aware that it was necessary to maintain good relations with the Church if they wanted to maintain good relations with rural Colombians.

To overcome this problem, the department directorship had to engage in a balancing act between appeasing the Church and its allies in the ruling Conservative Party, a necessity recognized by each director and their superiors in New York, and reaching the readership of the Liberal Party’s press, who only entered government in 1930, their first time in the twentieth century. Articles prepared by the department for publication were presented in such a way as to always be suitable for inclusion in the official Church papers, and the campaign refused to supply anything to the “communist” papers in Colombia. The Church seemed to recognize the necessity of the department publishing in the Liberal papers and provided special “licencia” to government officials to read El Diario Nacional whenever department articles were published in it.

In many of the regular reports submitted by the department directors to the IHB home office in New York, they refer to the newspaper space being “greatly increased,” year after year.

---

82 D. Bruce Wilson, Report on work for the RELIEF AND CONTROL OF HOOKWORM DISEASE IN COLOMBIA From October 1 to December 31, 1924, D. Bruce Wilson, B.A., M..B, Director (RAC, RFA, RG 5, Ser. 3, SS 311H, Box 134, Folder 1570), p. 6
However, it seems that this newspaper space could have only been in the local and regional papers for the municipalities and towns where they operated. For, even though a curative lab was maintained in Bogotá for years, the appearance of the hookworm work in Bogotá’s mainstream dailies, *El Tiempo* and *El Espectador* were less than one would expect.

The newspapers representing the mainstream Conservative party belonged to the first category defined by the Church, “Healthy Reading.” After healthy reading the Church had also classified three groups of publications in varying degrees of danger. The second category was defined by a vague idea of “Dangerous Reading,” and the last two groups were “prohibited” and punishable either as a “mortal sin” for the third group and “by excommunication” from the Church for the fourth group. The Liberal Party’s newspaper, *El Diario Nacional* was classified in the third group. Its readers needed to perform confession to their priest in order to receive communion. This posed problems for the RF-led Department of Uncinariosis, as they sought to appear neutral and unbiased in Colombian internal affairs.\(^84\)

The campaign received no coverage from the left-wing press. The campaign refused to provide any of its articles or material to the communist paper, for both reasons of American politics but also to avoid the displeasure of the Church and the Conservative and Liberal parties. The department office received a letter of support from the “Central Labor Syndicate of Colombia” on 23 August 1922, but newspaper coverage in the left-wing and labour-oriented weeklies was practically non-existent. I can only speculate that publications directed at labourers would ignore a campaign designed to bring improved health to manual labourers because it was a campaign organized and funded by the quintessential American capitalist and imperialist figure, John D. Rockefeller, and so Colombia’s left-wing may not have known what to make of the campaign at all.

It is clear that while the campaign may not have received non-stop press coverage in the Bogotá dailies, it was sufficiently advertised throughout local papers in the rest of the country. Further, what coverage did appear in the Bogotá dailies was usually influential, whether it was

---

\(^{84}\) Wilson, “Letter to F.F. Russell,” Bogotá, 7 March 1925
the accidental misinformation publicized prior to the Rockefeller arrival, or the editorial in which the idea to tax coffee to fund rural sanitation was first introduced. Newspaper coverage, however, was also an important outlet for opposition to the campaign.

Throughout the period of IHB-leadership of the various iterations of the hookworm work, the campaign workers, both American and Colombian, encountered a great deal of obstacles, many of which were created by the department itself, through its attempts to force routine American methods on Colombian populations, and through its unwillingness for many years to heed Colombian concerns. Other challenges arose out of the particular political and economic circumstances that Colombia faced throughout the 1920s and 1930s. The broader challenges that the campaign faced were of a wide variety.

Following the Pan American Sanitary Congress’ adoption in 1927 of the Colombian system as a model for other South American countries to follow, editorials appeared in Lima, where that year’s conference was held, stating that Colombia could indeed formulate excellent policy, but generally lacked follow through. This sentiment was echoed in a later letter from George Bevier to IHD Associate Director H.H. Howard, in 1930. Colombian governments had a great ability to pass laws, however these laws were often passed without adequate means of enforcement, and they were subject to quick repeal once a new group of lawmakers was voted into assembly. The American side of the campaign had, in fact, been forewarned by Jesus del Corral about the many challenges they would face in Colombia.

---

3.1 Honeymoon and Growing Pains: The Campaign Under Dr. Frederick A. Miller, 1920-1924

Following the initial survey carried out by Dr. Schapiro in 1919-1920, the Minister of Agriculture and Commerce, Jesus del Corral, immediately began setting up sanitary commissions to visit towns in Cundinamarca ahead of the arrival of the sanitary groups provided by the Rockefeller Foundation and “sanitize” those regions without latrines, which is to say begin latrine construction. During this period, the Department of Uncinariaasis was under the leadership of Dr. Enrique Enciso, who later in the year went to the United States to study public health administration on a Fellowship provided by the International Health Board. During the interregnum between the country survey and the formal beginning of Rockefeller involvement, Enciso’s sanitary teams followed the “intensive method,” whereby homes and inhabitants received examinations and sanitary inspection concurrently.

In this first period, widespread illiteracy was the main impediment to the work, as many Colombians were unable to provide much of the data desired by the commissions, such as age and previous health history. The sanitary commissions were able to build many latrines during this period, but the significance of their achievement was hampered by lengthy delays in the arrival of sanitary units to municipalities already visited by the sanitary units. A later Colombian assistant director, Ricardo Bonilla, was confident that del Corral and Enciso’s approach would have worked “slowly but surely,” had money and patience been invested sufficiently in the project, and had there been no change in organization. However, Miller arrived in June 1920 and set about organizing the campaign according to his previous experiences with hookworm work. Miller had been stationed with the foundation in Honduras, however secondary source material on the mission there is lacking.

Much of the more critical information on the early years of the campaign comes from a report prepared by Ricardo Bonilla in 1928. Among all the directors and assistant directors that

---

88 George Bevier, “The Evolution of the Hookworm Campaign in Colombia,” in (Hookworm), 1919-1920, 1923, 1928-1936 (RAC, RFA, RG 1.1, Ser. 311H, Box 7, Folder 70)
prepared routine reports, Bonilla’s submissions stand out for their pointed condemnations of the *cafetero* community. Bonilla had developed this disdain for the coffee owners early in his career, after their support waned in the second year of the campaign. He started working as a low-level sanitary inspector for the government-funded campaign prior to the foundation’s arrival in 1920 and worked his way up the department ranks so that by 1927 his position as Chief of Sanitation was formally changed to that of third assistant director for the department, a change which was accompanied by an increase in salary.\(^{89}\) It was after this promotion that Bonilla’s writing began to appear prominently in the routine reports sent to the New York head office. In a special report prepared for the 1928 annual submission, Bonilla gave a detailed history of the campaign’s evolution since 1920. He included in this special report numerous comments on the inefficacy and intransigence of coffee plantation owners around the Republic, but especially in Cundinamarca, where he lived and did most of his sanitary inspecting before his appointments as Chief of the Sanitary Division in 1921 and 1925.\(^{90}\)

According to Bonilla, the attitude of the *hacienda* owners throughout the operation of the campaign was largely unchanged from the approach they took prior to the foundation’s arrival. In Cundinamarca, estate owners “showed great interest in [the] campaign at its beginning,” but their enthusiasm was primarily for curative work, because it was free for both themselves and their workers. When it came time to begin sanitary work, owners “after a few weeks lost interest and the peons abandoned that which they had made.” Estate owners could not even be bothered to construct privies near work areas, which they had been required by law to do since before the creation of the campaign. He opined that if *cafeteros* and estate proprietors took a “real interest” in the work, the campaign’s goals would be promptly achieved.\(^{91}\)

The problems that Bonilla emphasized plagued Cundinamarca as a department, also existed throughout other regions. Of Santander del Norte, only sub-optimal results were obtained

---


\(^{91}\) Bonilla, “Report,” pp. 95-97
in Cúcuta, despite years of engagement there, due to “so much public objection on the part of influential [sic] land lords to the expenditure of funds for latrines.” In contrast, minor success was achieved in Ocaña only through the efforts of a former medical director whose engagements with landowners “were of a violent law-enforcing type.” Even then the success there, while “numerically one of the most important” in the region, was not permanent. Though *cafeteros* are not explicitly condemned, a consideration of Cúcuta’s position as among the top ten and Ocaña’s position among the top twenty-five coffee producing municipalities in Santander del Norte it is plausible to assume that these land-owners were mostly coffee planters.92

In 1920, the newly-created Department of Uncinariasis aimed many of its efforts toward the coffee community and, despite earlier foot-dragging, these efforts were met by equal dedication on the part of the estate owners, dedication which later waned. The Department’s policy for siting new curative labs was based almost exclusively on whether a district, which could have been either a municipality or a privately-owned estate, had completed the pre-requisite sanitation. That the majority of regions chosen in the first year of the campaign’s operations were coffee towns or coffee estates speaks not only to the medical community’s focus on coffee, but also to the determined efforts of the planters at the beginning of the campaign. For example, within one month of the campaign’s official start, the Department had sent individual curative labs to La Mesa, El Colegio, the haciendas *Misiones, Subio*, and *La Trinidad* in the Colegio area, all in Cundinamarca, and the town of Ibágüé in Tolima. Logically, the Department would have not begun curative work without the proper sanitation, and Miller reported that each of these areas had achieved roughly 95% sanitation at the estate owners’ expense.93

That these regions were engaged in coffee production was no secret. Figures from 1933 for coffee production in these areas lists Ibágüé as the fourth most productive coffee region in Tolima, and El Colegio and La Mesa as the second and fifth most productive in Cundinamarca,

92 Ibid., pp. 86-88
93 Though Miller was known to be careless with his statistics, it us unlikely that he would have been so careless as to commence curative work in an unprepared region during the first quarter of the campaign. Further, the claim that it was at the owners’ expense is put to question by later statements in the report, that owners fined renters on their properties who did not construct their own privies.
respectively.\textsuperscript{94} Given the speed with which these estate owners had “sanitized”\textsuperscript{95} their properties, in less than six months after the departure of the survey team, it is likely that the estate owners were affluent enough to afford proper sanitation and would respond if given incentive. In this case, the owners’ incentive to build latrines likely lay in the fact that the sanitary authorities had been given proper authority to force compliance with public health legislation, authority which could inspire resistance when abused, and that there was now a well-funded and well-trained organization to do the curative work for them.

Enciso continued the work until Miller’s arrival in June 1920. Upon Miller’s arrival, the curative branch of the department was organized. According to the 5-year contract signed by the RF and the Colombian government in February of that year, the foundation paid the entire wages of the curative unit, and the Colombian government would use its annual appropriations to the department to provide the salaries for the sanitary units.\textsuperscript{96} Miller experienced a sort of honeymoon phase during the first year of the campaign. Land owners large and small committed to supporting the campaign and cooperating financially.

Public support from the organized coffee community began near the end of the First National Congress of Coffee Growers convened in Bogotá in 1920. On the 30\textsuperscript{th} of August, the Congreso de Cafeteros voted to congratulate Jesus del Corral, at the time Minister of Agriculture and Commerce, for his “intelligent initiative” in inviting the “Rockefeller Institution” to combat anemia tropical, whose results the coffee industry would be “first to experience.” The letter sent to the Department of Uncinarias to informing Miller of the Congress’ vote was also published in the local press.\textsuperscript{97}

The first speed bump came in September 1920, when a careless microscopist working at a large coffee estate in Viotá rushed through his work to leave early, an incident which resulted in the deaths of three children and lasting wariness of the work as he failed to supervise their

\textsuperscript{94} Federacion Nacional de Cafeteros, \textit{Atlas Cafetero de Colombia} (Bogotá: Federacion Nacional de Cafeteros), 1977
\textsuperscript{95} Constructed privies.
\textsuperscript{96} Bevier, “Evolution,” p. 2
\textsuperscript{97} Secretary of the Congress of Cafeteros, “Letter to Frederick Miller,” Bogotá 31 August 1920, in Miller, \textit{Annual report – 1920},
reactions to the treatments. The microscopist was administering treatment because there were few physicians assigned to each lab and, due to pre-existing class issues in Colombia, those physicians generally found the work beneath them and limited themselves to handling only the most extreme cases. Carlos Chardón, another technocratic foreigner working in Colombia at the same time, encountered elite disdain for agricultural work that similar to elite disdain for sanitary and basic microscopic work. As a result of these fatalities, campaign employees became known as the “official poisoners,” and the government created the Junta Consultiva, or Consulting Board, of prominent Colombian doctors to aid the Department in questions of policy and public engagement.

The owners of Colombia’s biggest laboratory, the Samper-Martinez Laboratory, wrote to H.H. Howard at the RF home office of their concerns regarding the campaign’s refusal to take responsibility for these deaths. Later, campaign staff blamed the deaths on careless parents, but it is clear from popular reaction and the official creation of the Junta Consultiva that the Rockefeller-led campaign needed domestic assistance in providing treatment to Colombians. The campaign leadership was unable to ensure the professional conduct of its employees, and was insensitive to the fact that the administration of a wholly unpleasant, and potentially fatal, vermifuge was an entirely new experience for the majority of Colombians that it encountered.

From there, the campaign continued to stumble. The support of large land owners waned, and only the curative section experienced success. Already, a divide between the sanitary and curative units was being created. The federal budgetary crisis of 1921 only furthered this divide, as some sanitary workers waited close to ten months before receiving paycheques. As the American representative saw it, “a caste distinction” had formed between the two groups. The Colombian physicians attached to curative units exacerbated this division, and one of the Colombian assistant directors even issued a memo “forbidding” the sanitary staff from entering

99 Samper and Martinez, “Letter to H.H. Howard,” Bogotá, 11 October 1920, in Colombia, 1920 (RAC, RFA, RG 5, Ser. 1.2, Box 95, Folder 1314)
100 Bonilla, “Report,” pp. 52-53
the curative labs. Miller failed to engage with his disaffected employees and, worse still, did nothing to ease the “caste distinction” between the curative and sanitary units.

The financial crisis continued, and at some point in late 1921 the director, in consultation with the Junta Consultiva, decided “to practically suspend all sanitary work,” and the sanitary corps went from over seventy inspectors to less than ten. To compound the problem, the President who had been so amenable to the campaign, Suarez, stepped down in 1921 due to popular dissatisfaction with his handling of the treaty resolving the Panama dispute with the U.S. Like Chardón’s agricultural and educational work in Antioquia, changes in government continued to pose challenges for the campaign, and the government minister who had initially invited the foundation to Colombia had warned them about this.

Jesus del Corral’s warning was in fact entirely correct. From 1921-1923, the Ministry of Agriculture and Commerce was led by various ministers who “were not friendly to the campaign […] and the life of the campaign was precarious, almost to the point of extinction.” For example, General Ignacio Moreno, the Minister of Agriculture and Commerce in President Holguín’s cabinet of 1922, decided unilaterally to reduce the annual appropriation to the Department of Uncinariasis. The following government, under President Pedro Nel Ospina, continued this pattern. While Nel Ospina was keen on expanding public works projects, such as expanding railways and increasing the road coverage of Colombia, he had “little interest” in using government revenues for anything resembling “welfare aimed at the popular classes,” which was a primary motive of the department. The campaign was already beginning to encounter political roadblocks. At the same time, it was already beginning to develop strained relationships with large agricultural estate owners.

---

101 Bevier, “Evolution,” p. 3
102 Frederick A. Miller, Annual Report – 1921, Narrative and Statistical (RAC, RFA, RG 5, Ser. 3, SS 311H, Box 133, Folder 1565), p. 2
103 Bonilla, “Report,” p. 57
104 Frederick A Miller, Report for the second quarter – 1922, Narrative and Statistical (RA, RFA, RG 5, Ser. 3, SS 311H, Box 133, Folder 1566), p. 4
105 Bushnell, The Making of Modern Colombia, pp. 166-167
Later, the long-serving Minister of Agriculture in Pedro Nel Ospina’s cabinet, Antonio Paredes, presented the department with many difficulties. Paredes, like Moreno, was prone to making unilateral decisions about the organization of the department. The American and Colombian physicians in charge of the department and the Consulting Board usually learned of these decisions through public decrees. For example, due to budgetary crises in 1923, and in violation of the 5-year contract signed between the government and the Foundation, Paredes reduced the sanitary employees in the department to “practically nil,” without first informing Miller or the Consulting Board. In the same year, Paredes also saw fit to commandeer 20,000 pesos from the 50,000 total hookworm appropriation in order to pay the salaries of his own office’s employees. However, interim director Willys Monroe believed Paredes to be mostly a figurehead, and that it was rather his secretary, “Marenco,” “who makes the trouble.” The campaign became more adept at adapting to changes in government, but it remained a headache for the directors and assistant directors.

In addition to changing government circumstances, the opposition by estate owners to the sanitary work of the campaign had begun as early as 1921. The first instance of public opposition came in the form of an open letter, entitled “Voz Popular,” in a local newspaper, El Trabajo, in San Jose de Cúcuta, the capital of Santander del Norte. The reasons given in the article for the opposition were quite reasonable, even if they contained some minor errors of fact. The letter, signed by more than one hundred residents of Cúcuta, was in opposition to the specific type of privies they thought the campaign was mandating, and that the townsfolk though that access to clean water was a more urgent need. The open letter was a wholly reasonable expression of

---

106 Miller, “Letter to F.F. Russell,” Bogotá, 14 April 1923. In the preliminary annual report of 1923, Miller noted that Paredes subtracted 20,000 pesos from a total hookworm appropriation of 50,000 to pay men in his personal office.
107 Frederick A. Miller, Preliminary Annual Report 1923, Narrative and Statistical (RAC, RFA, RG 5, Ser. 3, SS 311H, Box 133, Folder 1569), p. 8
109 “Voz popular,” from El Trabajo, San Jose de Cúcuta, 2 May 1921 found in Frederick A. Miller, Annual Report – 1921 Narrative and Statistical (RAC, RFA, RG 5, Ser. 3, SS 311H, Box 133, Folder 1565)
the different priorities and lived realities that Colombians faced, and the responses to this article certainly did the department no favours.

Following this initial opposition article, a response was published in the Cúcuta newspaper *La Tarde*, by the municipality’s sanitary inspector. In it, he sought to correct what he felt were mistaken ideas contained in the first article, for example that privies did not have to be lined with extensive stonework, nor linked up to a (yet) non-existent sewer system. This article alone would have sufficed as reply to the “Voz popular.” Unfortunately, a second article appeared in *La Tarde*, signed by a mysterious “Mister F.” whose connection to the campaign was unclear, in which all opposition to the campaign was presented as inane and anti-progress. The author compared the experience in Colombia to other countries, and said that nobody had complained like the Colombians, and that efforts to stop it were as effectual as “the donkey that tried to stop a train.”

Evidently, the campaign was making no friends in Cúcuta, and Ricardo Bonilla remarked years later, in 1928, that, despite years of engagement in Cúcuta, the campaign was still only receiving mediocre results due to “so much public objection on the part of influential land lords.” Had Miller responded to these concerns with some amount of understanding, the situation may have ended differently. By then, even Colombians who did not own land were beginning to doubt the department’s competency.

The first, and most enduring, popular opposition to the sanitary work manifested itself during the rainy season of 1921. According to Miller 1921 was Colombia’s rainiest year for some time, and as a result many improperly constructed latrines became mosquito breeding grounds. In one district in Cundinamarca, the municipal authorities “went so far as to order the filling of all privies” with concrete, but a campaign worker alerted the departmental authorities, which countermanded this order. The issue of poorly constructed latrines becoming breeding places for mosquitoes remained a headache for the campaign and legitimate reason for land owners, of all sizes and industries, to avoid constructing latrines. Some towns even went so far as

---

110 Mister F., “Coces contra el aguijón,” from *La Tarde*, San Jose de Cúcuta, 4 June 1921, found in Miller, *Annual Report - 1921*

111 Bonilla, “Report,” p. 88

112 Miller, *Annual Report – 1921*, p. 11
to say that they had never experienced malaria prior to the campaign’s arrival, “in spite of the fact that the town may have been notoriously malarious.”

While those claims may be exaggerated, Colombians raising these concerns had valid points. It is worth repeating that the latrines mandated by the campaign in the early years were often unsuited to local conditions, and so even if a latrine was “properly” constructed, the environment may have been able to make the latrine ineffective for sanitation and also hospitable for mosquito larvae. This even led to conflicts between the RF-sponsored malaria work and the hookworm campaign. Clearly this kind of opposition to the work was not based on complete rejection of sanitation and changing customs of defecation, but rather due to differing priorities regarding disease and Rockefeller reluctance to adapt to local conditions, such as Colombia’s lengthy wet season.

When the government was able to begin paying more sanitary inspectors again in 1922, the campaign staff learned that most people had not missed the inspectors, and found that all over Colombia people were making “attempts to evade the demands of the inspectors.” For many rural Colombians, not only were the latrines expensive because of the scarcity of cement and other building materials, but the early insistence on routine methods meant that the standardized privy mandated by the department was often ill-suited to the soils around Colombia and consequently impossible to maintain. For the absentee large coffee estate owners in Cundinamarca and Santander, who had largely failed to diversify their investments, an abrupt fall in the international price of coffee left them reeling in 1921, and most revenues went to satisfying debts, rather than constructing improvements on their land. The foundation had failed to take into account the financial circumstances of Colombians of all classes, and so expression of legitimate concern were perceived by the campaign as “resistance.”

---

114 Monroe, *Annual Report – 1922*, p. 6
117 Palacios, *Coffee in Colombia*, p. 82
Miller recognized that there was a disconnect between his department’s efforts at sanitation and the results obtained. The conclusion, shared by the Junta Consultiva and the Colombian employees and assistant directors of the department, was that Colombians had not been sufficiently prepared, from an educational and cultural perspective, for the use of latrines was “contrary to the customs of them and of there [sic] fathers for generations.” The foundation never considered the possibility, despite widespread discussion, that they were at fault for suggesting latrines that were ill-suited to local conditions and too expensive for the workers and owners in an industry that had just experienced economic shock due to the international market.

At the beginning of the campaign, *cafeteros* who owned estates of all sizes gave hearty cooperation. During Schapiro’s visit to Cundinamarca to conduct the initial hookworm survey, he was approached by numerous estate owners that offered to do all they were instructed to, and “if need be,” finance the treatments administered by the campaign. While these statements of support were given constantly throughout the Department of Uncinariasis’ roughly fifteen years as an individual unit, these early statements are unique because the land owners did, in fact, follow through on their promises and cooperate financially with the campaign.

The presence of large land owners in Cundinamarca, which later came to be seen as a serious obstacle to the campaign’s success, was during the first few years lauded as a promising sign for the Colombian campaign. They not only paid for transportation mules, food, and lodging for the workers, but also paid for sanitary improvements upon their property, a rarity not often to be repeated. The organizational capabilities of *hacienda* owners, including censuses of all employees and their families on the properties, and the ability to compel these individuals, were seen as keys to the campaign’s success.

---

118 Bonilla, “Report,” p. 56
119 Schapiro, *Uncinaria Survey*, p. 72
121 Frederick A. Miller, *Report for the third quarter – 1920* (RAC, RFA, RG 5, Ser. 3, SS 311H, Box 133, Folder 1561), pp. 7-8
122 Miller, *Annual report – 1920*, pp. 15-17
The *cafeteros* who operated large estates in Cundinamarca were so impressed by the campaign, that the campaign’s Central Office in Bogotá was often overwhelmed by requests for curative labs to visit various coffee *haciendas*. Occasionally, estate owners would be missed by the campaign, due to the speed at which the curative labs would progress through towns, and the method of choosing new areas to work, which during the early years was simply to move progressively outward from Bogotá. For instance, the owner of the La Esperanza *hacienda* in La Mesa, Cundinamarca, petitioned the central office for a curative lab to be sent to his property. The reason he gives for having been missed belies the oft-repeated claim by the various campaign directors that the work was receiving widespread publicity, as the owner says he was not aware that any curative lab was to arrive at La Mesa, consequently he did not send his workers for treatment.\(^{123}\) Despite the lack of publicity, he was still quite interested in engaging with the campaign.

However, the large landowners in Cundinamarca were especially vulnerable to booms and busts in the international coffee market. The frequency, and unpredictability, of these market fluctuations were a great impediment to the campaign, for poor Colombians and landowners whose investments were not highly diversified were often unable to afford the expenditure required for constructing latrines. For example, when Schapiro arrived in 1919 coffee was receiving high prices in the international markets, and while Colombia experienced “an unusual period of prosperity,” the benefits of this were denied to the “laboring classes,” whose experience with the boom was mostly in buying daily necessities at increased prices.\(^{124}\) By the end of 1920, Miller noted that “there has been a great fall in the price of coffee and necessarily a fall in wages”\(^{125}\) and only near the end of 1921 did the Colombian economy begin to rebound.\(^{126}\)

However, by that time the support from the large land owners had softened. While they were still contributing “their share of the work,” by 1921 this had amounted to making people take the treatment and ordering them to construct privies. No longer were these large land

---

\(^{123}\) Appendix 8, in Miller, *Annual report - 1920*
\(^{124}\) Schapiro, *Uncinaria Survey*, p. 34
\(^{125}\) Miller, *Annual Report 1920*, p. 17
\(^{126}\) Miller, *Annual Report 1921*, p. 2
owners offering to pay for treatment and sanitation. Yet still the large landowners actively sought
the presence of curative work. By 1923, Miller reported that “[w]e have so many applications
from coffee plantations for laboratories that we have been unable to supply them,” and there is
no indication that the cafeteros’ demand for curative work ever lessened.\textsuperscript{127}

When Miller returned in February of 1923 from a six month leave of absence to visit family in
the United States, he decided to essentially reverse the previously accepted order of operations.
Instead of only treating a hacienda after it had near complete sanitation, coffee estates would
now receive mass treatment before the arrival of a sanitary unit. The requirement that
municipalities achieve 60\% sanitation prior to curative measures was upheld, but relaxed and
later ultimately dropped. Treatment, and the relief it brought from hookworm and anemia, had
proved to be enormously popular among Colombians of all classes, despite some well-founded
fears about fatalities from treatment, and were now considered the best form of propaganda.
When campaign staff referred to the work as “propaganda,” they meant that it served as the
educational introduction for many people to biomedical science, and more specifically to the
benefits of treatment, benefits that could be maintained through latrine construction and soil
sanitation.

The system of “mass treatment” employed by Miller, and later to some extent by Wilson,
on the coffee haciendas was to assume an infection rate of 100\% and give every employee and
their dependents two treatments. Examinations of patients’ fecal matter were only made after the
second treatment.\textsuperscript{128} Miller, who for years had been criticized by the home office for the
inaccuracy of his reported statistics, was admonished by the home office for his failure to keep
scientific statistical records to justify the use of this mass treatment system. Apart from his poor
record keeping, and inability to ensure his subordinates maintained good records, the home
office was quite impressed with the system that Miller and the Junta Consultiva had devised.\textsuperscript{129}

\textsuperscript{127} Frederick A. Miller, \textit{Report for the 3\textsuperscript{rd} quarter – 1923, Narrative and Statistical} (RAC, RFA, RG 5, Ser. 3, SS 311H, Box 133, Folder 1568), p. 1
\textsuperscript{128} Frederick A. Miller, “Letter to C.C. Williamson,” Barranquilla, 3 December 1923, in \textit{Report for the 3\textsuperscript{rd} quarter – 1923, Narrative and Statistical} (RAC, RFA, RG 5, Ser. 3, SS 311H, Box 133, Folder 1568)
As far as the foundation home office was concerned, Miller had performed his duties well, established the nucleus from which Colombian public health infrastructure would be developed, and had begun an impressive propaganda campaign that created cultural openings for his successor, D. Bruce Wilson, to begin the real sanitary work, which to the campaign staff and home office meant obtaining more latrines that were not only constructed, but also used. The work that followed, however, was not what the home office had envisioned, but it was considered necessary by American directors and Colombian assistant directors.

3.2 “A more or less widespread treatment orgy”: Dr. D. Bruce Wilson’s Directorship, 1924-1927

Miller’s replacement as director, Dr. D. Bruce Wilson, arrived in August 1924 and took over leadership of the department in September of that year, while Miller was transferred to the Colombian government’s yellow fever service. Wilson’s arrival also coincided with the Department of Uncinariasis’ transfer to the Ministry of Public Instruction (and Public Health, a distinction made the following year), which was likely a result of changing government priorities toward public works construction under President Nel Ospina. While in the Ministry of Public Instruction, the department worked separately from and in competition with the newly-created Department of Public Health, which was the public health arm of the ministry.

When Wilson arrived, he had no illusions that the sanitary branch of the work needed an overhaul. He immediately began dismissing inefficient employees, implemented a more comprehensive system of supervision, and implemented a system of bonuses that he had overseen successfully in Honduras. The new 5-year contract signed in 1925 granted greater powers to the Foundation regarding personnel decision for the sanitary corps in exchange for Foundation finances contributing to the sanitary branch’s funds. Formerly, the Colombian

131 D. Bruce Wilson, Report on work for the RELIEF AND CONTROL OF HOOKWORM DISEASE IN COLOMBIA From October 1 to December 31, 1924, D. Bruce Wilson, M.B., Director (RAC, RFA, RG 5, Ser. 3, SS 311H, Box 134, Folder 1570), no page numbers
The government had sole responsibility for financing and staffing this branch of the work. Later in the year Wilson sought to flip the relationship between the curative and sanitary branches of the Department of Uncinariasis. Previously, campaign workers saw the position of sanitary inspector, and the sanitary branch in general, as being entry-level, low-respect positions, and most sought transfer into the curative section. Elite disdain for work that involved manual labour, even though it may be scientific and adhere to the popular ideas about how to develop Colombia, was not limited to just the Rockefeller work, as Chardón encountered similar obstacles in his attempts to reform agricultural science and education.

Wilson continued Miller’s approach to the curative work, although he applied a more systematic and statistical approach to the mass treatment system, making greater efforts to obtain representative sample sizes of infected and non-infected groups, in case anyone critical of the campaign were to demand justification, demands which Miller had not been able to satisfy. Wilson’s Department of Uncinariasis was dispensing so many treatments that the campaign in Colombia set the world record in RF operations for number of hookworm treatments given. Over half a million treatments were given in each 1925 and 1926, and this number was only slightly reduced to 422,653 treatments in 1927. In contrast to Miller, however, Wilson’s approach to mass treatment did not come at the expense of the sanitary work.

By 1925, Colombia had returned to a condition of “general prosperity” which, in addition to the problems it created regarding the unattractiveness of the Department’s low salaries, returned the coffee workers to the same position in which they found themselves in 1920, not terribly poor but still experiencing a rising cost of living. By 1926 this prosperity had created a “high cost of living” which had become “exceedingly acute,” which only compounded the

132 D. Bruce Wilson, Report for the 2nd quarter – 1925, Narrative and Statistical (RAC, RFA, RG 5, Ser. 3, SS 311H, Box 134, Folder 1572), p. 6
133 Ibid., pp. 10-11
134 Bevier, “Evolution,” p. 5
135 D. Bruce Wilson, Annual Report – 1925, Narrative and Statistical (RAC, RFA, RG 5, Ser. 3, SS 311H, Box 134, Folder 1573), p. 2
inability of many coffee workers to afford latrines, and so the campaign’s aims remained hampered.\(^{136}\)

Given the period of general prosperity prevalent in 1925 Colombia, it is no surprise that campaign workers felt that “the coffee men are beginning to realize the value of the treatments and the dividends in dollars and cents,” and more concrete organizational support from the cafeteros was being considered.\(^{137}\) In March of that year, an editorial appeared in *El Espectador* that suggested imposing a tax on each coffee load exported and forwarding the revenues from these funds toward the hookworm work.\(^{138}\) This plan was not enacted, as no reliable federal body, acceptable to the cafetero community, existed at the time. But organized agricultural communities were undoubtedly beginning to recognize the importance of the work.

The Society of Agriculturalists of Colombia approved a resolution on 8 August 1925 thanking Jesus del Corral, Wilson, and the Rockefeller Foundation for their work. Further, they made Wilson an honorary member of the society and sought an autographed portrait of John D. Rockefeller to display in the central foyer of the Society’s headquarters.\(^{139}\) It is no coincidence that estate owners’ renewed interest in the work coincided with an increase in their revenues. They would be able to pay for the sanitary improvements that the department mandated and was able to enforce by law. No longer would landowners be harassed for not having achieved sanitation satisfactory to the department, instead their improving fortunes enabled them to be active participants.

The Department of Uncinariasis also encountered political opposition from some physicians. For instance, both Miller and Wilson encountered an obstructive attitude from Dr. Pablo Garcia Medina, chief public health physician in Colombia, throughout the first four or five

---

\(^{136}\) D. Bruce Wilson, *Report for the 2nd quarter – 1926, Narrative and Statistical* (RAC, RFA, RG 5, Ser. 3, SS 311H, Box 134, Folder 1574), p. 1

\(^{137}\) D. Bruce Wilson, *Report for the 1st quarter – 1925, Narrative and Statistical* (RAC, RFA, RG 5, Ser. 3, SS 311H, Box 134, Folder 1572), p. 3


\(^{139}\) Resolution of the “Society of Agriculturers of Colombia,” translated by RF staff in New York, in *Colombia, A-Z, 1925* (RAC, RFA, RG 5, Ser. 1.2, Box 223, Folder 2842)
years of the campaign. According to their letters and reports, it seemed Garcia Medina was rather afraid of being replaced by the American doctors as the senior public health authority in the country and did not actually oppose the work. It is more likely, however, that Garcia Medina shared the same concerns as Charles V. Chapin and other American public health authorities; many physicians were understandably wary of an unaccountable, privately-funded organization directing national health priorities and methods. By 1925, the American physicians had convinced him sufficiently that they did not seek to replace him and broadly shared his priorities. As a result, he remained a steadfast ally of the campaign until his retirement in 1934.

Another important physician in the world of Colombian public health, Dr. Enrique Enciso, the first Chief of Sanitation prior to the IHB’s arrival and the first IHB-funded Colombian Fellow to study in the United States, also obstructed the work during the first few years. Upon his return from Johns Hopkins in Baltimore, the Department of Uncinariasis was unable to find him a job, given a lack of available appointments. A second reason given by the American directors was that Enciso had adopted a superiority complex from having studied in the United States, and therefore was not getting along with his Colombian colleagues. In this way he was not unlike the American directors. The Americans, however, wanted to remain in charge and preferred to work with physicians they felt would not disagree with them.

During the 1924 Fall session of the Colombian Senate, Wilson also expected significant opposition from a certain “Senator Duran,” a physician who had received his medical training in England. Like many Colombians, Duran had been in favour of the campaign during the early days, but later his support waned. However, his eventual opposition was for a very personal reason Wilson had heard reports that an employee of the Department had been “paying considerable attention to the Senator’s wife,” and that ever since Duran had become a “bitter enemy” of the department. Whether or not this story is true, it is indicative that the American

---

142 Wilson, “Letter to F.F. Russell,” 22 September 1924
directors were not suitably adept at the personal politics necessary to achieve policy goals in Colombia. Wilson later improved at engaging with Colombians. For example, a significant moment in the softening of García Medina’s attitude toward the department was achieved by inviting him and his daughters to a fundraising dance held for the Red Cross of Colombia.\(^\text{143}\)

In the same year, 1925, Wilson was in charge of negotiating the next 5-year contract with the Colombian government. He made sure that going forward the Rockefeller Foundation would assist in financing the sanitary branch of the work, thereby gaining the right to engage and dismiss employees as the campaign director saw fit.\(^\text{144}\) As part of this drive to reanimate the sanitary work Wilson rehired Ricardo Bonilla as Chief of Sanitation. By 1926 these reforms had become effective and the sanitary work went forward with renewed vigour. Wilson also undertook political work and sent the assistant directors to the various departmental legislatures in order to secure their financial cooperation. Wilson recognized the need to reduce the size of the campaign but was unable to do so, because of the valuable propaganda role it played, and because of the resentment that would have occurred if treatments were suddenly pulled from the various outlying departments.\(^\text{145}\) It is unclear where Wilson was reassigned to, but he reappears in the 1930s working with Fred Soper on setting up yellow fever commissions.\(^\text{146}\)

The campaign’s turnaround under Wilson and the Colombian assistant directors is impressive when one considers that the first two years of his directorship coincided with the latter two years of Nel Ospina’s presidency. During Wilson’s tenure, the home office appeared pleased with his progress, both in curation and sanitation. However, it became clear during the directorship of his successor, Dr. George Bevier, that RF headquarters considered his approach to curation directionless and expensive, especially at a time when the IHD was reorienting itself away from hookworm and toward yellow fever and malaria. An internal home office memo to IHD Director F.F. Russell, on the subject of the high quality of Bevier’s quarterly reports,

\(^{144}\) Wilson, Report for the 2nd quarter – 1925, p. 6
\(^{145}\) D. Bruce Wilson, Annual Report – 1924, Narrative and Statistical (RAC, RFA, RG 5, Ser. 3, SS 311H, Box 134, Folder 1571, p. 3
\(^{146}\) Farley, To Cast Out, p. 140
referred to the period under Wilson as a “more or less wide-spread treatment orgy.” Wilson’s “treatment orgy,” however unnecessary it may have seemed to the home office, was considered an important step by his successors and Colombian assistant directors.

3.3 Reorganization and Intensification: Dr. George Bevier’s Directorship, 1927-1934

The final phase of the campaign began when Dr. George Bevier assumed directorship of the Department of Uncinariasis in March of 1927. For a brief period, Bevier continued to operate the department under much the same organization as Wilson. However, Bevier felt more strongly than Wilson that the campaign should be contracted in breadth and intensified in depth. The financial crisis of 1929 enabled Bevier to do just that, and he drastically reduced the size of the department and returned to the “intensive method” that Enrique Enciso had begun in 1920, prior to the official inauguration of Rockefeller involvement. Bevier did not blame the earlier directors for having turned from the intensive method, as he felt that without the years of mass treatment functioning as propaganda rural Colombians would not have been sufficiently aware of the benefits of being free from hookworm. Bevier did, however, fault earlier iterations of the department for their shoddy record-keeping and failure to properly vet employees, failures which permanently tarnished the campaign’s reputation. Bevier’s greatest successes came in Caldas, where he had assigned a Colombian assistant director to set up a demonstration area, and to negotiate with the Colombian interests there.

The campaign had worked in Caldas on and off beginning in 1926. Caldas, by this point, was the leading coffee producer in Colombia and was largely composed of small- to medium-

---

147 H.H. Howard, “Memorandum to Dr. Russell,” in, Report for the 3rd quarter – 1929, Narrative and Statistical (RAC, RFA, RG 5, Ser. 3, SS 311H, Box 135, Folder 1581)
148 George Bevier, Report for the 1st quarter – 1930, Narrative and Statistical (RAC, RFA, RG 5, Ser. 3, SS 311H, Box 135, Folder 1583), p. 1
149 George Bevier, Report for the 3rd quarter – 1927, Narrative and Statistical (RAC, RFA, RG 5, Ser. 3, SS 311H, Box 134, Folder 1576), p. 1
150 George Bevier, Report on the work for the relief and control of hookworm disease in Colombia for the year 1928 (RAC, RFA, RG 5, Ser. 3, SS 311h, Box 135, Folder 1579), p. 4
sized land owners. It was not until Bevier, at the suggestion of IHD Associate Director H.H. Howard, assigned assistant director Dr. Carlos Franco to set up a model area at Palestina, that the work there began in earnest. This moment also marks the beginning of concerted opposition to the campaign in Caldas.

While Bevier’s first report as director notes that “some physicians objected to mass treatment,” it was only in 1930 that a group of politicians, large land owners, and private practice physicians began to communicate with each other and organize attacks against the Department of Uncinariasis in the Departmental Assembly and regional newspapers. The physicians that were in opposition had developed a treatment strategy that they were willing to organize by touring the Caldas haciendas on the weekends and administering treatments and providing shoes for free. While they neglected latrines as an important part of a preventive program, it is equally true that the campaign neglected footwear as part of their preventive strategy. Perhaps not coincidentally, the organized attacks by elite members of Caldas society overlap with the time that the campaign staff felt they were truly beginning to get popular support for the model area in Palestina, which emphasized latrines rather than shoes.

In 1928, the department had begun to consider re-extending its operations into rural areas and away from larger urban centres. Ricardo Bonilla, who had been promoted to third assistant director, a position created specially for him due to the high regard afforded him by Bevier, prepared a set of guidelines for determining which rural areas to work in. Despite his frustration with the owners of coffee haciendas, which stemmed from his long experience with the hookworm campaign, these guidelines appear to be largely directed toward the coffee community.

151 Palacios, Coffee in Colombia, 181
152 It is also possible that Bevier was the first of the RF appointees to truly note popular opposition, rather than just outline the challenges posed by federal politics.
153 George Bevier, Report for the 2nd quarter – 1927, Narrative and Statistical (RAC, RFA, RG 5, Ser. 3, SS 311H, Box 134, Folder 1576), p. 4
Bonilla wrote that for a rural community to receive the campaign’s aid, it ought to fulfill four requirements. First, the area should have a high per capita income. Second, the rural area’s economy should be devoted to agriculture, and not cattle or mining. Third, this agricultural community should be based around a “nucleus of respectable and influential [sic] proprietors. And last, the area worked should already have a developed system of municipal inspectors. Given the structure of rural Colombian economy at the time and given the uneven history of developing municipal inspector systems, these guidelines point almost exclusively to coffee communities (some communities whose economies were based on sugar may have fit these patterns, but often in these communities the hacienda owners were either foreign or absentee).  

In 1929, the municipality of Palestina in Caldas, was chosen due to its character as a coffee producing region, which was considered to be representative of the coffee communities around the country, and on August 9 the work there began. With the exception of Bonilla’s suggestion that rural areas should already have sanitary inspectors, Palestina fit all of the recommended criteria for selecting rural areas in which to work. Indeed, the Palestina training and demonstration area was a microcosm of Colombian coffee towns, for not only was the physical and political organization of the municipality representative of Colombia’s coffee producing regions, but the problems encountered there were excellent examples of the problems encountered throughout the country as a whole.

By the second half of 1929, the campaign had been “transformed from a more or less wide-spread treatment orgy into something much more satisfactory,” a characterization made by IHD home office staff. This was due in large part to the reforms effected by Wilson and Bonilla, reforms that continued during the directorship of Bevier. Bevier, like Wilson, had to deal with the uncinariaisis campaign being shuffled from ministry to ministry as new Colombian Presidents entered office and reoriented government priorities.

---

155 Bonilla, “Report,” p. 100
156 H.H. Howard, “Memorandum to Dr. Russell,”
The 1929 opening of the model demonstration and training area at Palestina, Caldas, was a turning point for the department’s relationship with the coffee community. From the beginning of this demonstration area, the campaign directorship envisioned it as a form of live-action propaganda for the “Coffee Producers Federation and the Caldas Agricultural Society, who have often expressed an interest in our work,” and it seems to have worked remarkably well. Roughly two years following the inauguration of the demonstration area at Palestina, assistant director Carlos Franco, who was in charge of the demonstration area, and Bonilla were invited by the Agricultural Society to collaborate on a public health plan for the future. Though nothing came of this meeting, for reasons discussed in the next section, it was, in the opinion of the campaign leadership, a positive first step in the department’s relationship with organized agricultural interests, who had thus far restricted their support to public congratulations. The success of the Palestina demonstration area was soon dampened, however.

The Great Depression of 1929 harmed Colombia’s coffee workers especially. Bevier noted that even Caldas, formerly quite prosperous, experienced “particularly severe” effects from the financial crisis. All over the country, there was a “marked decline” in the number of latrines constructed over the year of 1929, compared to the previous year. The coffee regions felt the crisis “most severely,” and their troubles continued throughout the early 1930s, including a period of “marked aggravation of the financial and economic crisis” in 1931. In 1932, the department was able to mitigate the income effect, at least in Caldas and Cundinamarca, on small land owners’ ability to purchase latrine construction materials by the inauguration of local manufactories producing the required elements. In general, however, the majority of coffee labourers and small land owners still found latrine materiel to be prohibitively expensive.

---

158 George Bevier, *1929 Annual Report (including 4th q statistical reports), Narrative and Statistical* (RAC, RFA, RG 5, Ser. 3, SS311H, Box 135, Folder 1582), pp. 2, 9
160 Bevier, *Annual report 1932*, p. 6
The earliest opposition to the sanitary work in Caldas was expressed solely as intransigence on the part of a few wealthy large land owners, in a state largely composed of small land owners, to pay for latrines on their properties, similarly to large land owners throughout the country.\textsuperscript{161} These land owners were “dealt with rather drastically” before they began to actually construct latrines, but already the state of affairs had begun to discourage the employees there.\textsuperscript{162} The “drastic” measures imposed were simply fines against nine landowners, and threats to fine an additional thirty-eight.\textsuperscript{163} However, for a group that was used to being above the law,\textsuperscript{164} it seems that the threat of actual monetary penalties were sufficiently intimidating. By the third quarter of 1930, the campaign staff felt that sanitation was finally getting on, and the small land-owners were cooperating with the Department of Uncinariasis, and beginning to approach its sanitary inspectors on their own for assistance.\textsuperscript{165} This popular support was undoubtedly limited to smaller land-holders and campesinos however.\textsuperscript{166} For, according to Carlos Franco’s special reports from Palestina, rich land-owners were already beginning to gather support from other elites.

The first instance of assistance given to rich landowners, a distinction made by campaign directors, by other members of the Palestina and Caldas elite began at the municipal level. To start, the alcalde of Palestina was wary of incurring the displeasure of the few large land-owners in the town and consequently, while not directly opposing the campaign, withheld his official support from the campaign. For example, many of the renters, who were “virtually economic slaves” to the haciendas sought to build their own latrines, even where it posed financial difficulties, which was almost always the case, and only if they were allowed a free day in which to construct latrines, which was rarely the case.\textsuperscript{167} According to law that the hookworm

\begin{itemize}
\item \textsuperscript{161} George Bevier, 1929 Annual Report, pp. 8-9
\item \textsuperscript{162} George Bevier, Report for 2\textsuperscript{nd} quarter – 1930, pp. 8-9
\item \textsuperscript{163} George Bevier, 1930 Annual report, Narrative and Statistical (RAC, RFA, RG 5, Ser. 3, SS 311H, Box 135, Folder 1584), pp. 9-10
\item \textsuperscript{164} Bevier, “Letter to H.H. Howard”, Bogotá, 11 July 1930 (Hookworm), 1919-1920, 1923, 1928-1936
\item \textsuperscript{165} George Bevier, Report for 3\textsuperscript{rd} quarter – 1930, p. 3
\item \textsuperscript{166} George Bevier, Annual Narrative Report on Work for the Control of Hookworm Disease in Colombia, 1932 (RAC, RFA, RG 5, Ser. 3, SS 311H, Box 136, Folder 1591), p. 4
\item \textsuperscript{167} George Bevier, Letter to H.H. Howard, Bogotá, 4 October 1929 (Colombia 1929, RG 2, Ser. 311, Box 24, Folder 197)
\end{itemize}
campaign was able to have passed in most departments, any renters who constructed these improvements were to be recompensed. However, the local municipalities were usually under the influence of the big land owners and consequently routinely gave such low valuations to these improvements “that the renter again looses [sic],” and so many renters were discouraged from attempting sanitation in the first place.\textsuperscript{168}

The large land owners in Caldas that were opposed to the campaign, primarily based on their desire to avoid spending money on latrines in a period of economic crisis, later found ready allies in a group of doctors the campaign leadership dubbed “politico-physicians”\textsuperscript{169} that sought to position their own private practices as the chief departmental sanitary agencies. The campaign leadership referred to any doctors that opposed the campaign as “politico-physicians,” failing to recognize that any physicians who supported the campaign were equally as political as those in opposition.

The physicians who opposed the campaign in Caldas had, on their own, developed a vermifuge that they sought to administer and consequently be reimbursed for by the departmental government.\textsuperscript{170} The campaign, as a foreign-led endeavour, was seeking to disrupt their livelihoods. Fortunately for the hookworm campaign, Dr. Daniel Gutierrez y Arango, the Governor in Caldas during the years of the campaign’s presence there, was a physician well-disposed to the campaign. His unwavering support in the face of opposition from a group of prominent land-owners and physicians led to his home being attacked by a stone-throwing mob in 1933.\textsuperscript{171} Bevier accused the doctor leading the opposition, a Dr. Guillermo Londoño-Mejia, of leading the mob in addition to the political campaign.\textsuperscript{172}

\textsuperscript{168} George Bevier, \textit{Narrative report for the soil sanitation and hookworm control in Colombia. Quarter ending March 31, 1934} (RG 5, Ser. 3, SS 311H, Box 136, F1594), p. 2
\textsuperscript{170} George Bevier, \textit{Report for the 1st quarter – 1930}, p. 12
\textsuperscript{171} George Bevier, “Letter to H.H. Howard,” Bogotá, 2 May 1932 \textit{(Hookworm), 1919-1920, 1923, 1928-1936} (RAC, RFA, RG 1.1, Ser. 311H, Box 7, Folder 73)
\textsuperscript{172} George Bevier, “Letter to H.H. Howard,” Bogotá, 24 May 1933, \textit{(Hookworm), 1919-1920, 1923, 1928-1936} (RAC, RFA, RG 1.1, Ser. 311H, Box 7, Folder 73)
To make matters worse for the campaign, the local priest was from a rich land-owning family, and so he actively opposed the Department of Uncinariais' work, both as private citizen and as religious community leader. Given that some mention was made of the importance of the Church in nearly every Annual Report, even half-hearted support from the clergy could be damaging to campaign momentum. This all became compounded when the Municipal Council of Palestina, “at first enthusiastic,” equivocated in their support for the campaign when they learned that they, too, would be expected to pay for sanitary improvements on their own properties.\textsuperscript{173} From that time on, the elite opposition in Caldas only grew in strength.

The activities of the physicians in opposition were at first limited to newspaper attacks against the campaign. From the departmental capital of Manizales, they began publishing attacks against the campaign, as well as editorials suggesting that their own plans for hookworm control were superior. The first concrete plan of this group was to propose that they, in cooperation with the Caldas Agricultural Society, could get the work done for 6,000 pesos, a sum lower than the departmental appropriation to the Department of Uncinariais. Their plan consisted of simply providing free shoes to coffee workers and having teams of physicians tour the haciendas on Sundays, giving “free” treatments of the vermifuge that they had developed, while entirely avoiding the issue of constructing sanitary infrastructure.\textsuperscript{174} This plan was undoubtedly attractive to producers of all sizes, who had been greatly affected by the global depression. It is unclear if the Agricultural Society had given their consent to these plans, for in the first quarter of 1931, they invited assistant directors Franco and Bonilla to collaborate on a hookworm plan. This plan fell through due to a lack of Departmental Assembly support.\textsuperscript{175}

The tone and substance of the newspaper attacks by physicians seem to have changed many times throughout the period, attacking any part of the campaign that they felt might gain public support. For instance, at first, they attacked the campaign for focusing on urban areas and

\textsuperscript{173} Carlos Franco, “The Demonstration Area and Training Station at Palestina,” in Bevier, \textit{Report for 2nd quarter – 1930, Narrative and Statistical} (RAC, RFA, RG 5, Ser. 3, SS 311H, Box 135, Folder 1583), pp. 11-14
\textsuperscript{174} George Bevier, \textit{Report for 3rd Quarter – 1930}, p. 4
\textsuperscript{175} Carlos Franco, \textit{Report for the 1st quarter – 1931, Narrative and Statistical} (RAC, RFA, RG 5, Ser. 3, SS 311H, Box 135, Folder 1585), p. 3
ignoring the vast rural populations of Colombia.\textsuperscript{176} However, at times they seemed to praise the campaign’s excellent work, but that they should in fact stick to the cities and leave the \textit{hacienda} work to local physicians.\textsuperscript{177}

The elite framed their opposition to the campaign as concern for Caldas’ impoverished by arguing that they were too poor to afford to construct latrines. However, this concern is belied by the fact that Bevier claimed that in the four years since the Palestina demonstration area was set up, and the seven years since the department first entered Caldas, “No really poor person has ever been fined” for failure to comply with sanitary laws and regulations.\textsuperscript{178} For, as a matter of principle, Bevier and the IHD Associate Director Howard were opposed to coercing those unable to afford their own latrines. Otherwise, they had no qualms about enforcing the existing laws against any land owner “who wishes to make an income from property without providing reasonable protection for the health and life of the tenants” and to profit from their labor without housing them.\textsuperscript{179}

That the collaboration between the Department of Uncinariaasis and the Agricultural Society of Caldas fell through was likely due to the political connections that the physicians and limited number of large owners had obtained. By 1932, the wealthy land-owners opposed to the campaign could count the President of the Caldas Coffee Association, Pedro Uribe-Mejia, among their ranks despite his organization’s repeated support for the department.\textsuperscript{180} Even though the campaign was receiving greater support at the federal level, from the National Federation of

\begin{flushleft}

\textsuperscript{177} George Bevier, “Letter to H.H. Howard,” Bogotá, 4 January 1932 (RAC, RFA, Colombia – Bevier, Dr. George, 1932. RG 2, Ser. 1932/311, Box 71, Folder 580)

\textsuperscript{178} George Bevier, “Letter to H.H. Howard,” Bogotá, 15 March 1933 \textit{(Hookworm), 1919-1920, 1923, 1928-1936} (RAC, RFA, RG 1.1, Ser. 311H, Box 7, Folder 73)


\textsuperscript{180} George Bevier, “Letter to H.H. Howard”, Bogotá, 2 May 1932, \textit{(Hookworm), 1919-1920, 1923, 1928-1936} (RAC, RFA, RG 1.1 Ser. 311H, Box 7, Folder 73)
\end{flushleft}
Coffee Growers, and from the first Liberal Party president in the twentieth century, they still struggled politically in Caldas.

Later, the group opposed to the campaign won the popular elections for the Caldas legislative assembly. During their time in legislative power, the group led by Londoño-Mejia was able to create a departmental hygiene service, with its own autonomous executive, in parallel to the federal Department of Uncinarias. They were able to divert funds that the Caldas Assembly had appropriated to the uncinarias campaign to fund their parallel agency. Further, they created municipal director of health positions answerable only to this organization, which Bevier believed to be an attempt to get as many Caldas doctors as possible on their payroll and, consequently, under their patronage. It seems that the campaign directors, in coordination with the National Director of Hygiene, a former IHD Fellow named Dr. Enrique Enciso, were able to politic their way into having a physician amenable to the campaign in charge of the Caldas parallel organization. What was evidently an attempt to set up an independent health agency whose priorities would be determined by regional rather than foreign authorities, was nevertheless taken over, if indirectly, by the foreign agents that the Caldas political community had hoped to avoid.

The campaign staff also failed to take into account the economic realities faced by many Colombians and the ongoing debates about land reform that resulted from their precarious economic positions. That the economic conditions of 1930s Colombia made it more difficult for lower income Colombians, especially those involved in coffee, to afford latrine materiel was obvious. In fact, the issue of latrine construction became a focal point in political conflict in Cundinamarca. The poor valuation given to sanitary improvements by municipal authorities, under the influence of large land owners, led to violence throughout the country, but especially in Cundinamarca where many of the coffee estates were large holdings, whose owners were “often absentee land owners.”¹⁸¹ While elite Colombians were wont to blame this unrest on

¹⁸¹ George Bevier, *Narrative report on the hookworm work in Colombia for the year 1933* (RAC, RFA, RG 5, Ser. 3, SS 311H, Box 136, Folder 1593), p. 7
“communism” and “foreign agitators,” the hookworm campaign directorship felt that it was due, in fact, to the labourers of Colombia having become cognizant of the value of sanitation.\footnote{Bevier, Narrative Report, Quarter ending March 31, 1934, p. 2}

The dispute between large land owners and renters on the coffee estates inevitably hampered the work and, as in Viotá where there was a violent six year conflict over issues of land ownership, sometimes these disputes even necessitated dropping the sanitary work altogether.\footnote{Bevier, Narrative report 1933, p. 7} The law was clear that landlords were to reimburse renters for sanitary improvements, but the large cafeteros of Cundinamarca had been used to avoiding law enforcement and exerting their influence on municipal authorities.

What was not so clear in this instance was that the large estate owners of Cundinamarca were in a state of crisis. Unlike the coffee regions of Caldas, Quindio, and Valle del Cauca, which had all largely been settled by waves of Antioqueño colonization whose egalitarian tendencies Palacios credits with the predominance of small, rather than large, landowners in those regions, coffee production in Cundinamarca was based on the colonial hacienda model. The Bogotá-based merchants and elites who owned these large haciendas had only half-heartedly adapted them to the progressive and forward-thinking environment of twentieth century Colombia. Palacios notes that the economic, entrepreneurial, and social contradictions of the large coffee hacienda in modern Colombia brought the entire hacienda institution “to a dramatic collapse” in the 1930s.\footnote{Palacios, Coffee in Colombia, p. 77} Moreover, the sanitary infrastructure policy mandated by the hookworm campaign contributed to an ongoing and violent debate over land tenure reform on the great haciendas.

In an effort to increase latrine construction, the foundation had convinced federal lawmakers that any latrine constructed and paid for by tenants on large estates was to be compensated for by the estate owner to the tenant who constructed the improvement. What the foundation did not know was that there was an ongoing movement to grant land ownership to any tenant who constructed improvements worth more than the land they were built on. With the
support of the campaign then, low-income and landless workers were effectively able to stake legal claims to land ownership by constructing latrines. The new Liberal presidencies of Olaya Herrera and Lopez Pumarejo were also increasing government support for workers and small-scale farmers at this time, after decades of Conservative hegemony. Halfway into Lopez Pumarejo’s presidency, the concept of improving land giving a viable legal claim to ownership became law in 1936 as part of his regime’s land reform platform.185

Beyond the flaws of the campaign, Bevier’s tenure as director was still subject to changing political contexts that he could do nothing about. On 5 January 1931, the uncinariasisis campaign became a subsidiary section of the newly organized national Department of Hygiene, known as the Section of Uncinariasisis.186 Later that year, the broader Department of Hygiene was removed from the Ministry of National Education and attached directly to the President’s office where it enjoyed a great degree of autonomy.187 However, for political reasons, the department was again returned to the Ministry of National Education.188 President Enrique Olaya Herrera was similar to Suarez, in that he was very friendly to U.S. interests, having spent the eight years prior to his presidency as Colombian ambassador to Washington. He even refrained from appointing a new Minister of Industry until his candidate was approved both by the U.S. government and United Fruit representatives in Colombia.189 Olaya Herrera was keenly interested in an amicable relationship with the U.S. and so it is possible that moving the campaign into his office’s purview was an expression of this. It is also equally likely that the move back to the Ministry of National Education was prompted by Conservative party opposition to Olaya Herrera’s overly-close ties to the U.S.190

185 Ibid., p. 117
186 “Law I: Creation of National Department of Hygiene and Public Assistance,” 5 January 1931, in Colombia – Bevier, Dr. George, 1931 (RAC, RFA, RG 2, Ser. 1931/311, Box 57, Folder 471)
187 George Bevier, 1931 Annual and 4q statistical, Narrative and Statistical (RAC, RFA, RG 5, Ser. 3, SS 311H, Box 136, Folder 1587), p. 1
188 George Bevier, “Letter to H.H. Howard,” Bogotá 8 October 1931, in Colombia – Bevier, Dr. George, 1931 (RAC, RFA, RG 2, Ser. 1931/311, Box 57, Folder 471)
189 Bushnell, The Making of Modern Colombia, p. 184
190 Randall, Colombia and the United States, pp. 138-148
During the period in which the department was a part of the President’s office, Olaya Herrera appointed a personal friend of his, Joaquin Cano, as lay administrator of the Department of Hygiene with “supreme authority in all of the hygiene service.” The medical community, both within and without the department, wholly objected to this, and eventually Enciso, the former IHB Fellow who replaced Garcia Medina as the Director of the National Department of Hygiene, was given authority in all technical health matters.\(^{191}\)

By 1932, the public support from the organized coffee community had evolved into true organization-to-organization cooperation, the result of the increasing organization of Colombia’s coffee growers. The National Federation of Coffee Growers (FEDECAFE) was officially formed in 1927 after years of discussion, and quickly developed agricultural science education group that assisted farmers in implementing new coffee growing techniques. It also functioned as a single purchaser and exporter for Colombian coffee growers and as an important source for agronomic research, even setting up various coffee schools and experimentation stations.\(^{192}\)

As part of the inter-organizational cooperation between the department and FEDECAFE, the campaign offered a regular course of lectures on sanitation at the “coffee growers school” at La Esperanza in Cundinamarca, at the National Federation of Coffee Growers’ request. By 1933, the department was giving these courses at the FEDECAFE installation in Caldas, as well as Cundinamarca, and the federation was reproducing and distributing hookworm campaign propaganda throughout all the regions where FEDECAFE members operated.\(^{193}\) In June of 1932, FEDECAFE commissioned a bust of John D. Rockefeller for permanent display at the Palacio de Higiene in the capital city. Dr. Mariano Ospina Perez, at the time Director General of FEDECAFE and later President of Colombia, gave an oration in which he mentioned the debt owed by Colombian *cafeteros* to Rockefeller.\(^{194}\)

---

\(^{191}\) George Bevier, “Letter to H.H. Howard,” Bogotá, 1 December 1931, in *Colombia – Bevier, Dr. George, 1931* (RAC, RFA, RG 2, Ser. 1931/311, Box 57, Folder 471

\(^{192}\) Palacios, *Coffee in Colombia*, pp. 217-220

\(^{193}\) Bevier, *Annual Narrative Report on Work for the Control of Hookworm Disease in Colombia, 1932*, p. 4

\(^{194}\) George Bevier, *Narrative Report for the Hookworm Work in Colombia for the Second Quarter, 1932* (RAC, RFA, RG 5, Ser. 3, SS 311H, Box 136, Folder 1589), p. 3
Organizational support soon extended into political work on behalf of the campaign. Once the opposition from Caldas’ physicians had largely subsided, their influence in the organized bodies of Caldas began to wane as well. In August 1933, the “Agrarian Assembly of Caldas,”195 passed a resolution urging the Governor of Caldas, which was no longer the friendly Dr. Gutierrez y Arango, to provide more support to the Department of Uncinariasis. The Assembly proceeded to publish this resolution, and other statements supporting the campaign, in *La Patria*, a daily newspaper in Manizales which had formerly been the chief publishing source for the group opposed to the campaign.196 Evidently the major interests in Caldas had come to value and support the work enough to urge the Government to provide more assistance. Whether or not this was because they had ultimately decided that supporting the campaign was the cheapest way for them to avoid the expense of building their own sanitary infrastructure is unclear. However, even if that was the case, that they now believed the work should be handled by the department, instead of a group of private practice physicians, assisted the reputation and operation of the campaign.

Ultimately, the campaign in Caldas was a success, despite the concerted efforts of the large land owners in cooperation with Caldas’ physicians. Though the opposition had the support of a prominent group of Caldas elites, Caldas had an extensive community of “prosperous, active” small land owners, “all of whom have coffee to sell,” and it was toward these *cafeteros* that the campaign focused its efforts.197 The success obtained by the campaign in the model demonstration and training area at Palestina led to the establishment of a second model demonstration and training area at Pereira, also in Caldas.198 Evidently, the campaign had been encountering success at the municipal level and with the small land owners, enough to consider the considerable expenditures necessary to have two demonstration and training areas operating.

195 It is unclear if this is another name for the Agricultural Society or if this is a separate entity.
196 George Bevier, “Letter to H.H. Howard,” Bogotá, 16 August 1933, in *Colombia, 1933* (RG 2, Ser. 1933/311, Box 84, Folder 672)
198 George Bevier, “Letter to H.H. Howard,” Bogotá, 5 December 1933, *Colombia, 1933*. (RAC, RFA, RG 2, Ser. 1933/311, Box 84, Folder 672)
at the same time. In contrast, there is no indication that they were ever able to overcome the intransigence of the large land owners.

The chief political problems that remained for Bevier to solve was the universal trouble that the department, and technocrats in general, had in convincing large land owners to cooperate, and in convincing municipal councils to pass legislation making their sanitary inspectors full-time employees, not subject to the politics that so often hampered municipal sanitation.\textsuperscript{199} In the same time period, Carlos Chardón, also a technocratic foreigner in Colombia, encountered similar troubles in reorganizing agricultural education and attempting to place it above electoral politics.\textsuperscript{200} As his attempt to solve the problem with the municipal councils, Bevier focused much of the Section of Uncinariaisis’ efforts on the success of the model demonstration and training area at Palestina, and later at Pereira, in Caldas. Years later, they established similar areas in Norte de Santander.\textsuperscript{201} Many politicians, from all levels of Colombian governance, were brought through the training area at Palestina in order to demonstrate to them the benefits of treatment coupled with sanitation.\textsuperscript{202} As a technocrat working in 1930s Colombia, Bevier sought to convince politicians, not only of the practical benefits of his work, but also of his belief that the work would be best performed if freed from political accountability.

Finally, by the last year of the campaign’s operation as a Rockefeller Foundation enterprise, the National Federation of Coffee Growers was assisting the campaign, now known as the Section of Rural Sanitation, in financial and policy terms. The tax on coffee that had been discussed as early as March of 1925 was finally approved and FEDECAFE was still a mostly democratic federation, empowering the voices of small-producers who were largely favorable to the campaign. The government became responsible for collecting the tax on exported coffee,
which it would then turn over to FEDECAFE to be spent as it saw fit. A “considerable percentage” was earmarked by FEDECAFE for assisting rural sanitation in the coffee areas, under the management of the Section of Rural Sanitation.  

When Wilson first mentioned the idea of taxing coffee, he accurately predicted that the cafeteros would oppose the measure, but in a few years’ time, after seeing the value of the campaign, would come to recognize the benefit of such a tax. It took roughly nine years for this happen, but Wilson’s prediction was correct, and the National Federation of Coffee Growers eventually came to support the campaign in more than just words.

Support from the cafetero community in Colombia underwent a long and slow evolution that experienced both ups and downs, in the opinion of the RF representatives in Colombia. In the beginning, landowners large and small expressed eager support and willingness to expend their own funds to ensure the success of both the curative and the sanitary work. Their active and energetic cooperation was soon tempered, and throughout the early 1920s was mostly limited to public statements of support and active cooperation with only the curative branch of the campaign. Following the appointment of Wilson as Director of the Department of Uncinariasis in 1924 and the implementation of his reforms beginning in 1925, the campaign once again gained traction with the cafeteros. Various agricultural societies began issuing resolutions thanking the RF for their work in the country, and some made Wilson an honorary member of their societies. In 1925, an editorial in El Espectador was published on the idea of funding the sanitation work through a tax on coffee exports, though nothing happened.

The inauguration and successful experience with the model demonstration and training area in Palestina, Caldas, was the true turning point for official support from the coffee community. Once the coffee and agricultural societies saw the work being done there, official statements urging political support for the campaign began to appear more regularly. The National Federation of Coffee Growers even began organizational collaboration with the campaign. FEDECAFE was reproducing and distributing campaign literature to its members,

---

203 George Bevier, “Extracts from special report,” Bogotá, 1934, in Colombia, 1934 (RAC, RFA, RG 2, Ser. 1934/311, Box 100, Folder 787)
was including instructions on hygiene and sanitation in their technical instructions on growing coffee and had even invited campaign workers to run a series of lectures at its two coffee "experimentation stations" in Cundinamarca and Caldas.

Finally, in 1934, FEDECAFE approved plans for a "considerable percentage" of the tax on exported coffee to be directed to rural sanitation. It only took fourteen years, but the campaign had finally received true collaboration with the organized coffee community, composed of landowners who had organized nationally in 1927. However, support from organizations did not necessarily mean that the campaign did not face extensive and intensive opposition from segments of the coffee community. In fact, while the campaign was almost always supported by small-scale coffee planters, its relationship with the large scale cafeteros, fewer in number but politically powerful, was often fraught with difficulty.

In the last year of the campaign, the Section of Rural Sanitation, as it was now known, had overcome most of the country-wide problems of the previous fourteen years. It had effective and responsible curative and sanitary units, the organization was finally positioned within a larger, permanent Department of Hygiene/Health, most of Colombia’s regions had passed laws mandating the appointment of full-time, municipal sanitary inspectors, and foundation representatives felt enough of the country had been sufficiently introduced to the curative work that latrine construction would be effective, if not exactly greeted with enthusiasm, among rural and impoverished Colombians. While the foundation representatives attributed their later success to changes among Colombians, they failed to note that their later successes were also due to the fact that they had begun listening to more Colombians and their concerns. However, even in the last year of Bevier’s authority over the Section, “the sanitation of the large haciendas has been a problem which remained unsolved,” and considering the campaign was largely limited to Caldas and Cundinamarca by then, it is safe to assume Bevier was referring to the large coffee estates.

---

204 Bevier, *Narrative Report, Quarter ending March 31, 1934*, p. 1
3.4 The Nationalization of the Hookworm Campaign, 1935 –

The Rockefeller Foundation ceased to exercise direct authority over the hookworm work, now carried on by the Section of Rural Sanitation, a subsidiary part of the Department of Hygiene, by 1935. Bevier’s directorship ended at the end of 1934, and on 1 January 1935 administrative control of the Section was transferred to the Colombian government.

This transition was one of the foundation’s original goals in Colombia. In 1934 the President-Elect Alfonso Lopez Pumarejo requested that the National Academy of Medicine create a report on the future of healthcare development in Colombia. The Academy formed a commission made up of prominent Colombian physicians that drew up short-term and long-term plans regarding how the work was to continue. Of the four members of the commission, two had direct links to the campaign. Carlos Franco had been assistant director for close to a decade and supervised the model demonstration area Palestina, and Pedro Jose Almanzar studied at Johns Hopkins on a Rockefeller Foundation Fellowship, before being appointed as the director of the national laboratory, purchased as part of the government’s anti-hookworm commitments. The other two members of the commission, Luis Patiño-Camargo, National Director of Health, and Adriano Perdomo, founder of the Colombian Red Cross, had long maintained friendly relations with the campaign leadership. 205

Bevier felt that the plans recommended by the commission were “in complete accord” with the plans that the Rockefeller-led Section of Rural Sanitation had formulated. 206 The political aims of Lopez Pumarejo were undoubtedly a great boon to the transfer of the department from the foundation to the Colombian government. The Revolucion en marcha (Revolution on the move) that he initiated is considered to be a Colombian equivalent of

205 George Bevier, “Special Report,” October 1934, in Colombia, 1934 (RAC, RFA, RG 2, Ser. 1934/311, Box 100, Folder 787), pp. 6-7
206 Ibid., 7
Roosevelt’s New Deal, extending government services and the welfare state to previously unserved and underserved citizens.\textsuperscript{207}

Despite earlier claims that the campaign should continue to be led by a Rockefeller representative for the next five years or beyond, by the end of 1934 Bevier felt that the Colombian medical and sanitary community was sufficiently socialized into the Rockefeller-style of public health to be able to manage the Section on their own. This socialization occurred through the imposition of American ideas about government-run medical service, prohibiting (against the advice of the Colombian assistant directors) department employees from engaging in private practice simultaneously with public health work, and through sponsoring numerous Colombian medical students to study in the United States. While the number of Fellowships granted to Colombians never equaled those granted to Mexican students, there was a sufficient corps to staff the future Colombian public health agency and the overall process of exporting American ideas abroad through Fellowships in the United States was the same as that described by Birn in the Mexican context.\textsuperscript{208}

The Colombian-led Section of Rural Sanitation was to inherit a cultural, political, and economic context more amenable to sanitation than when the Rockefeller Foundation first arrived. Instead of newspaper articles criticizing the government for forcing poor people to expend money on latrines, the most common newspaper coverage of the campaign were complaints that not enough areas had received latrines yet. The initiatives of Lopez Pumarejo’s New Deal-like \textit{Revolución en marcha} helped to foster this more favorable environment. In addition to the political climate, Bevier credits the mass treatment and propaganda, both in homes and in schools, of the years 1924-1928 as having prepared the way for widespread and enduring sanitation. He particularly lauded the magazine \textit{Salud y Sanidad}, edited by Ricardo Bonilla and first distributed in 1932, for its role in disseminating knowledge about hookworm prevention.\textsuperscript{209} \textit{Salud y Sanidad} was a monthly magazine that featured simple explanations for the

\textsuperscript{207} Randall, \textit{Colombia and the United States}, p. 136, 150
\textsuperscript{209} Bevier, “Special Report,” October 1934, p. 3; Bevier, \textit{Annual Report 1932}, p. 3
sanitary improvements required by the department and diagrams and instructions regarding how

to build them. The magazine also included anecdotes from people who had encountered the
campaign, and schoolchildren’s drawings selected from national competitions. The magazine
was very popular; the campaign needed to print an additional 4,000 copies to meet demand in its
first year, and by 1933 had increased the year’s initial output to 15,000.210

However, Bevier also noted that his directorship had “neglected, perhaps too much,” the

curative side of the work, having focused most of the campaign’s resources in developing “an
efficient sanitary inspection service in rural, particularly coffee-producing, areas,” and as a result
the Colombian-led Section would have to reinvest in curative efforts. Bevier also noted that the
system of municipally-hired sanitary inspectors that the campaign had so desired in the past was
not actually the most effective organization.211 It was too difficult for these positions to be
separated from municipal politics, and so Bevier was inclined to believe that this responsibility
be vested in the hands of the departmental governors or legislatures.212 In all though, Bevier
seemed comfortable with the situation that would be left to Colombian leadership.

In 1935, all the Colombian hookworm work was transferred to the responsibility of Dr.
Fred Soper. It is unclear what amount of involvement Soper had in the hookworm work, as the
contract signed between the foundation and the Colombian government in 1936 stipulated only
one position for a Rockefeller Foundation representative, that of head of the Section of Special
Studies. This head’s only responsibilities were related to epidemiological work regarding yellow
fever and malaria, and the selection of personnel and salary rates.213 The contracts for the
following years were essentially the same in division of responsibilities, the only significant
variations being in the amount of money contributed by the foundation.

---

210 Bevier, Narrative Report 1933, p. 5
211 D. Bruce Wilson, Report for the 1st quarter – 1927, Narrative and Statistical (RG 5, Ser. 3, SS 311H, Box 134,
Folder 1576), p. 3. Wilson wrote “it is our firm belief that the problem of sanitation will finally [sic] be solved in this
country through the medium of the permanent municipal sanitary inspector.”
212 Bevier, “Special Report,” October 1934, p. 3
1.1, Ser. 311, Box 2, Folder 11)
By 1936, then, the Rockefeller Foundation no longer had any connection to the hookworm and rural sanitation work in Colombia. Over the course of fourteen years and under the leadership of three Rockefeller Foundation directors, four if interim director Monroe is included, the anti-hookworm campaign underwent a dramatic evolution. It had begun according to the routine “intensive method” that Miller was familiar with from his time working in Honduras, a method which Miller learned too late would not work in Colombia. The campaign then switched to a system of mass treatment, wherein the sanitary work was allowed to decay, in order to introduce Colombians all over the country to biomedical medicine, which was formerly limited to doctors’ offices in department capitals, and demonstrate to them what life freed from hookworm disease and tropical anemia was like.

The second director, D. Bruce Wilson, continued Miller’s system of mass treatment, but began to build up the sanitary branch of the work once again, with the assistance of Chief of Sanitation, later third assistant director, Ricardo Bonilla. When the third director, George Bevier, arrived in 1927, the campaign’s work was reoriented back toward the “intensive method,” where curative and sanitary units worked in tandem. The global financial crisis of 1929 allowed Bevier to drastically reduce the scope of the campaign and focus the efforts of the campaign in small areas over long periods of time.

By the end of Bevier’s directorship, the campaign had become part of the newly organized Section of Rural Sanitation, which itself was a part of the newly organized National Department of Health/Hygiene,214 and was operating in a context of relative political stability, compared to the previous fourteen years when the campaign was bounced around from ministry to ministry. The campaign was also receiving concrete support from the organized agricultural and coffee communities, and the Colombian physicians and technocrats in charge of Rural Sanitation expressed priorities largely similar to the foundation’s priorities and pursued these goals in the manner that the Rockefeller representatives had hoped for. In 1936, all the hookworm work in Colombia was solidly in the hands of Colombian physicians and

---

214 The source material uses “Hygiene” and “Health” in equal measure.
administrators, and the Rockefeller representative in the country served in a mostly advisory role related to the ongoing yellow fever and malaria campaigns.

The Department of Uncinarias’ experiences with land-owners was best summed up in a letter from Bevier to H.H. Howard. He wrote that “The little land owner builds his latrine to protect his family; the big land owner talks enthusiastically about health in coffee congresses, but objects to providing his peons with latrines.” While it ignores the economic hardships faced by the big land owners, this characterization of the difference between land owners is an apt description of the campaign’s experience in Colombia. Later descriptions of large haciendas likened them to “feudal estates” to which “the peons are more or less economically bound.”

4 Common Difficulties Among Campaign Stages

Though the specific challenges each director faced were different, it is possible to link these challenges thematically. Overall, these challenges stemmed from the changing political and economic circumstances in Colombia over fifteen years, and from the campaign’s character as a soft-power tool for propagating U.S. imperialism and the inability or unwillingness of the campaign’s early staff to recognize this until the later stages of the campaign.

The most obvious challenge that faced the campaign, and the one that was not possible for the campaign staff to control or mitigate was the changing political landscape of Colombia. The campaign was bumped around from ministry to ministry many times throughout its existence, each change reflecting the priorities of different presidential regimes. From 1920 to 1924, it was a dependent of the Ministry of Agriculture and Commerce, because it was originally conceived of by Jesus del Corral, who held that portfolio in 1920, and supported by President Suarez as part of his Doctrine of the Polar Star. In 1924 the department was transferred to the Ministry of Public Instruction, which in the following year was rebranded the Ministry of Public


\[216\] Bevier, Narrative Report, Quarter ending March 31, 1934, p. 1
Instruction and Public Health. While this Ministry included a “Department of Public Health,” the Department of Uncinariasis remained separate from this, and from the Department of Lazaretos.

This change was due to the relatively apathetic attitudes of Presidents Nel Ospina and Miguel Abadia Mendez toward welfare, as they were much more concerned with improving the country’s transportation infrastructure. The positioning of the campaign within this department was a curious arrangement which the campaign directors felt contained both advantages, for example the minister was a doctor and sitting member of the department’s Junta Consultiva, and disadvantages, such as parallel organizations and lack of communication between the different health departments.217

In 1927, the previous arrangement changed slightly when the ministry became the Ministry of National Education. The Department of Uncinariasis remained formally a part of the Ministry, but in effect had complete autonomy.218 This period of complete autonomy may be what allowed the reforms of Sawyer and Bonilla to be created and become effective. Later, in 1931, President Olaya Herrera removed the Department of Public Health, of which the Section of Rural Sanitation was a part, from the Ministry of Education in and attached it to his own office, hoping to stimulate the work and demonstrate his openness to working with the United States. He also installed a close friend and lay administrator, Joaquín Cano, to reorganize the various sections. Ultimately, he transferred the department back to the Ministry of National Education, likely under pressure from his political opponents over what they felt was his overly-close relationship with the U.S.

In addition to being moved from ministry to ministry, the federal government’s budgetary health was also an issue for the campaign. The recurring budgetary crises in the Colombian federal budget, from which the sanitary inspectors received the totality of their pay, meant that

217 Bonilla, “Report,” p. 58
sanitary inspectors would often go months without receiving any sort of pay, and so were forced to accrue debts to the very people they were asking to expend money on latrine construction.\textsuperscript{219} Over the course of 1921, the campaign lost 7 field directors and 65 inspectors from the sanitary branch, as these workers were either laid off, or simply could not afford to live any longer without a pay cheque.\textsuperscript{220} The problem continued into 1922, as interim director Monroe noted that salary delays meant that many inspectors “were obliged to evade their just debts.”\textsuperscript{221} Further, the issue of low salaries for sanitary inspectors seems to have plagued the department, as decisions regarding sanitary corps salaries were at first handled by the national government, and then later by the IHD home office. Each director, Miller, Wilson, and Bevier, complained to home office that the low salaries that they were forced to pay to sanitary inspectors attracted employees of a lower calibre than the directorship would have liked. In some cases, the campaign was even forced to hire upper-year medical students in place of licensed physicians and technicians.\textsuperscript{222} In these situations, the campaign directorship could not help but feel that the “low quality” of these hires harmed the campaign’s relationship with the Colombian people they were treating.

Beyond the financial explanations for the antagonism experienced by sanitary inspectors, the Chief of Sanitation who replaced Enrique Enciso when he left to pursue his Fellowship at Johns Hopkins, a Dr. Meoz, contributed to the alienation of the inspectors by the attempt to “force a way by routine methods over insurmountable obstacles.”\textsuperscript{223} Further, due to delays between the arrival of a sanitary unit and the later arrival of curative units, which was the practice during Miller’s directorship, many townspeople had “forgotten” about the sanitary lessons they had learned. The idea that they had “forgotten” about the sanitary lessons, however, is more likely an excuse given by later directors who were unwilling to admit that foundation

\begin{itemize}
\item \textsuperscript{219} Frederick A. Miller, \textit{Report for the third quarter – 1921, Narrative and Statistical} (RAC, RFA, RG 5, Ser. 3, SS 311H, Box 133, Folder 1564), p. 1. In 1921, the sanitary inspectors went close to six months without receiving a government pay cheque.
\item \textsuperscript{220} Miller, \textit{Annual Report – 1921}, p. 2
\item \textsuperscript{221} Monroe, \textit{Annual Report – 1922}, p. 6
\item \textsuperscript{222} Bevier, \textit{Annual report for 1927}, p. 6
\item \textsuperscript{223} Bonilla, “Report,” p. 57
\end{itemize}
policy in the early years was inflexible and often unsuited to local conditions, both environmentally and financially. The frequent changes of political patron, funding, and physical office space presented countless logistical issues for the department. Ultimately, though, the greatest impediments to the campaign came from the campaign itself.

The belief that the Rockefeller Foundation was an agent of U.S. imperialism was one that pestered the campaign throughout its existence. That the issue kept arising year after year, from Colombians and foreigners alike, speaks to the ability of Colombians to recognize that it was a projection of United States soft power. While the fact that the campaign was explicitly non-partisan is largely true, there is no doubt that the organization’s presence in the country served to advance American agricultural and oil interests both within and without Colombia. The specifics of these accusations ranged from perfectly cogent and accurate to alarmist and conspiratorial.

Many Colombians viewed the penetration of the Rockefeller Foundation in Colombia as a soft-tool for American imperialism. It is important to remember that in the early twentieth century, the Roosevelt Corollary to the Monroe Doctrine had just been formulated, and the United States was engaging in military interventions throughout Latin America, including occupations in Revolutionary Mexico and newly-independent Cuba. Colombians did not need to look to other countries to see American interventionism, however, given their own recent experience with the U.S. Navy’s role in obstructing Colombians forces during Panama’s independence struggle, and subsequent control over the Panama Canal. It is obvious why many Colombians were wary of the foundation.

In most instances, the assertion that the foundation was advancing American interests was correct; in others, anti-American sentiment led to odd ideas about the campaign’s goals. The most intense feeling of this kind that the campaign encountered in the early years was in the town of Pacho, in Cundinamarca. Pacho was not a coffee district, nor was it terribly productive in comparison to the rest of Cundinamarca, but the townspeople became convinced that the Department of Uncinariasis “was trying to poison them to take away their land.” Instances of fatal poisoning occurred every year, and so it requires no imagination to understand why many Colombians developed the idea of the campaign staff as the “official poisoners,” however there
was no precedent for the foundation or department using the campaign to appropriate private property.

In most years there were a handful of cases of fatal intoxication resulting from treatment. The treatment for hookworm was the oral administration of a vermifuge meant to expel violently from the digestive tract adult hookworms and hookworm larvae. The specific chemical compound used changed over the course of the campaign, at first it was thymol, later oil of chenopodium, and in the final years, carbon tetrachloride, but each iteration of the vermifuge had the same violent expulsive effects. While it is obvious where people developed the idea that the campaign was poisoning people, it is unclear where they got the idea that the ultimate goal was to take their land, especially given that the campaign was generally more interested in high-production coffee areas. Eventually, the parish priest and the municipal authorities were able to convince those opposing the work that the Rockefeller Foundation was not trying to poison them for its own purposes or the federal government’s.224 Elsewhere in Cundinamarca, the campaign workers encountered beliefs that the work was being done “to weaken the people in order that their country can be taken over by some foreign power.”225 This idea was not without basis, for it had been less than twenty years since the United States assisted Panama in separating from Colombia. In general, however, the curative workers were greeted with great enthusiasm by workers and estate owners alike.

The belief that the campaign was trying to poison people was also spread intentionally and unintentionally by many of the medical “irregulars” in the country. In 1920, there were instances in Cundinamarca of “teguas” or “curanderos” presenting themselves as representatives of the department and then selling “specifics,” of questionable content, to people seeking reprieve from hookworm disease. In three cases, the Governor of Cundinamarca approved of jail terms ranging from thirty to sixty days.226

224 Miller, Annual Report – 1921, p. 18
225 Miller, Annual Report 1920, p. 18
226 Ibid., p. 23
Later, in a 1924 letter, Wilson commented that an editorial had appeared in *El Tiempo*, at the time the biggest mainstream daily, which called upon Pablo Garcia Medina to crack down on “herb doctors” that were spreading propaganda against the campaign. Apparently, these “herb doctors” were convincing people within their spheres of social influence that any patient who took a vermifuge or other treatment from the Department of Uncinariasis would die within six months; the few fatal poisonings that occurred most years did not help to dispel this idea.

Wilson felt that Garcia Medina would not be the most ideal person to crack down against non-academic healers because he, during the process of formalizing government control over the medical community, echoing Palmer’s observations in Costa Rica, had given these herb doctors legal status. They were licensed to sell herbal medicines as substitutes for those administered by physicians and pharmacists, and in some cases municipal authorities had even appointed some of these “quacks” as local health officers, as Colombian law allowed for this where no academic physician existed.\(^{227}\)

Ideas about the soft-power role of the foundation in spreading American imperial and capital interests did not dissipate with time. Even in 1927, articles appeared accusing the campaign of being “an agent for peaceful [American] penetration in the interests of oil.” Nor were these ideas limited to Colombians who had encountered the project. According to Bevier, an important source of propaganda against the department arose from German employees who were dismissed by the government’s newly acquired lab, the Samper-Martinez Laboratory. Bevier claimed that the Germans changed their opinion once they were invited to tour the department’s Central Office in Bogotá.\(^{228}\) However, given that this was not the first nor the last time these ideas arose in Colombia, the supposedly disgruntled German employees could not have been, contrary to Bevier’s insistence, the main instigators of this anti-imperialist opposition.

Colombians had good reason to associate the Rockefeller Foundation with U.S. imperialism, especially during the late 1920s. The foundation had set its main sights on

\(^{227}\) D. Bruce Wilson, “Letter to F.F. Russell,” Bogotá, 4 December 1924 in *Colombia – Wilson, D.B., 1924* (RAC, RFA, RG 5, Ser. 1.2, Box 190, Folder 2447)

\(^{228}\) George Bevier, *Report for the 2nd quarter – 1927*, pp. 5-6
Colombia’s coffee economy at the same time that the position of the United States as Colombia’s main coffee market meant that coffee dependency constituted the main leverage between the two countries in political and trade negotiations. Moreover, the Colombian government was also renegotiating and re-legislating the organization of the nation’s oil industry. One of the biggest oil companies in the country operated on a government concession, and it just so happened that this petroleum company, the Tropical Oil Co., was a subsidiary of the Standard Oil Co., owned by the same family that determined the Rockefeller Foundation’s international development priorities. Even more alarming still, for Colombians, was the fact that numerous Americans were involved in the redrafting of oil legislation.

In 1927 the Colombian government contracted various American construction companies to handle large infrastructure projects. As a result, the Rockefeller Foundation, as one of the most visible American presences with whom millions of Colombians had interacted, was attacked as an agent of American penetration. That the Foundation, IHB, and Department of Uncinariaasis had nothing to do with these contracts was immaterial to the accusation. Colombians had rightly identified the foundation’s role in American foreign policy.

Accusations against the foundation as an agent of American imperialism continued into the next quarter of that year. This second round of accusations in 1927, however, were closer to the mark than the previous ones. Some German employees who had been dismissed from the Samper-Martinez Laboratory had begun to publish articles criticizing the campaign as an agent for “peaceful penetration in the interests of oil.” While these employees would not have ever had direct contact with the directorship of the campaign, as the laboratory was owned by the Department of Public Health which was not yet autonomous and was a parallel organization to

\[\text{References:}\]

229 Randall, Colombia and the United States, p. 111
230 Randall, Colombia and the United States, p. 118
231 Ibid., p. 129
232 D. Bruce Wilson, Report on Work for the Relief and Control of Hookworm Disease in Colombia From January 1 to March 31, 1927, D. Bruce Wilson, B.A., M.B., Director (RAC, RFA, RG 5, Ser. 3 SS 311H, Box 134, Folder 1576), p. 4
the Department of Uncinariasis, they nevertheless did considerable work on behalf of the campaign.\textsuperscript{233}

Bevier, in his first quarter as director, claims to have convinced the workers otherwise after he invited them to visit the uncinariasis central office and cites the fact that their attacks ceased following the visit as evidence. However, it is equally as likely that their accusations against the campaign stopped because they simply left Colombia. The campaign had no direct links with U.S. oil interests, and in some instances was hampered by this. For example, they struggled to obtain oil at reasonable prices to act as larvicide in privies.\textsuperscript{234} In any case, though the campaign had no official direct links with American oil interests, it still engaged with them. The campaign certainly treated oil workers, who would have been far from the coffee plantations that the campaign was focusing on, and one of the few Colombian physicians sent on a Fellowship to the United States, Dr. Moreno Perez, had been company physician at the Tropical Oil Company’s “petrol mines” at Infantas.\textsuperscript{235}

That the campaign worked to assist Tropical Oil Company employees is no secret. While the campaign was forced to say to John Flinn, who had requested their assistance in 1917, that they only cooperated formally with state governments, they made sure to work at his station soon after the inauguration of the campaign. One of the very first towns worked in Antioquia was Barrancabermeja, “the river port of the Tropical Oil Co., a subsidiary of the Standard Oil Co.”\textsuperscript{236} That the Department of Uncinariasis was so quick to work in an oil port, especially one that belonged to a subsidiary of the Rockefeller family’s oil legacy, gives some credence to the Colombian claims that the foundation was there acting on behalf of American oil interests.

\textsuperscript{233} George Bevier, \textit{Report for the 2nd quarter – 1927}, pp. 5-6
\textsuperscript{234} D. Bruce Wilson, \textit{Annual Report – 1926, Narrative and Statistical} (RAC, RFA, RG 5, Ser. 3, SS 311H, Box 134, Folder 1575), p. 19
\textsuperscript{235} D. Bruce Wilson, \textit{Report for the 4th quarter – 1926, Narrative and Statistical} (RAC, RFA, RG 5, Ser. 3, SS 311H, Box 134, Folder 1574) p. 1
\textsuperscript{236} Frederick A. Miller, \textit{Report for the first quarter – 1922, Narrative and Statistical} (RAC, RFA, RG 5, Ser. 3, SS 311h, Box 133, Folder 1556), p. 2. While Barrancabermeja is currently a part of the Department of Santander, the various campaign reports list as being a town in Antioquia during the time of the campaign.
At the same time that the campaign was finding its footing and reorienting itself toward the intensive method, which included intrusive home visits by campaign staff, there were numerous labour disruptions by Colombian workers who were employed on exploitative terms by American-owned companies. The most infamous of these occasions was the massacre by government forces of striking workers and their families at Santa Marta. The repressive government response to the strikers was an attempt by President Abadia Mendez to ease American concerns about the security of their investments in Colombia. Labour disruptions continued into the 1930s, and by 1935 Tropical Oil was paralyzed by labour disputes and strikes.

For many, it was impossible to separate the peaceful, but no less pernicious, penetration of the foundation’s American-oriented ideas about science, education, and government responsibility from the violent penetration of American agricultural and oil interests, which did indeed bear connections, even if not officially, to the Rockefeller Foundation. The campaign staff was unable to see these connections themselves, and so dismissed legitimate Colombian concerns as mere opposition based on cultural backwardness and reluctance to change long-standing defecatory habits.

It is ultimately unclear to what extent the Foundation advanced American interests in oil, if at all, but it is clear that they maintained connections with Standard Oil Co. subsidiaries while in Colombia. It is plausible to conclude that their approach to treating and sanitizing oil areas was borne out of the same drive that led them to work at ports and coffee plantations all over Colombia – to ensure the stability and health of international commerce, regardless of whose interests the capital was in. For example, in 1930 the foundation was invited to set up a model training and demonstration area on an American-owned sugar plantation, “La Manuelita,” at Palmira in the Valle del Cauca. The plantation owner, Phanor Eder, claimed that it was the largest sugar plantation in the country, and the largest agricultural development of any kind in Colombia, after the United Fruit properties. Even though the plantation was American-owned, it
was not enough incentive to overcome the department desire to limit the hookworm work to a geographically manageable radius.\textsuperscript{237}

While the curative staff were usually greeted with great enthusiasm despite concerns about the foundation’s role in spreading American influence, the sanitary staff of the campaign seldom experienced the same sense of appreciation. Widespread wariness to the sanitary branch of the work continued long after the curative branch was accepted. Many saw the demands to build latrines as “acts of violence against their liberty, their convenience, their tastes and their pocketbooks,”\textsuperscript{238} an attitude that persisted from the beginning of the campaign until after its gradual transformation into the Rural Sanitary Section. While campaign staff never penalized people it considered poor, the definition of “poor” was based on American stereotypes about peasant farmers. Consequently, each director was insensitive to the financial hardships faced even by the large estate-owners, and so continued to engage antagonistically with them.

To compound this issue, the campaign had issued standardized latrine construction instructions to the sanitary corps, and in many cases the latrine suggested was unsuited to the local soil. As a result, people who had come into contact with the sanitary units could, with complete justification, say they were not using their latrines because they were either falling apart or sinking into the soil.\textsuperscript{239} Worse still, according to a municipal level sanitary worker whose report was included in the 1922 Annual Report, the failure of the sanitary corps to engage meaningfully and flexibly with Colombians meant that it was easy for curative work and ideas about prevention to be discredited “by the gullable [sic] countrypeople” of rural Colombia.\textsuperscript{240}

It did not help that many rural Colombians’ only experiences with government inspectors coming to rural districts were for quite coercive purposes. Typically, government inspectors only reached these regions to collect taxes, draft a town’s youth into armed service, or shut down

\textsuperscript{237} Phanor J. Eder, F.F. Russell, Various letters in 1930/1931, in (Hookworm), 1919/1920-1923, 1928/1936 (RG 1.1, Ser. 311H, Box 7, Folder 71)
\textsuperscript{238} George Bevier, \textit{Report for 2\textsuperscript{nd} quarter – 1930, Narrative and Statistical} (RAC, RFA, RG 5, Ser. 3, SS 311H, Box 135, Folder 1583), pp. 8-9
\textsuperscript{239} Unknown, “\textit{Report on Arbalaez},” in Monroe, \textit{Annual Report – 1922}, p. 12
\textsuperscript{240} Unknown, “\textit{Report on Arbalaez},” p. 19
contraband liquor trades. The hookworm department was merely one more government agency coming to enforce laws that required people to spend money on things they may not have wanted. Heightening anxieties about the intrusive presence of the department, this was an agency that did not even come at the behest of the Colombian government but rather according to priorities imposed by Americans spending Colombian tax revenues. As a result, and even after Wilson and Bonilla’s sanitary branch reforms, there were “many prejudices to overcome” before inspectors would be greeted with the same warmth as the curative units.\footnote{Ricardo Bonilla, “Report,” p. 99}

Ricardo Bonilla, the man credited with revitalizing the sanitary section so well that he was promoted to third assistant director, a position made specially for him, lays the blame for the poor progress in sanitation at the feet of the first Chief of Sanitation without any Rockefeller association, Dr. Meoz, and at the constraints imposed upon the Department of Uncinariasis by the federal government. He remarked that when he took over as Chief of Sanitation in 1921 that complaints “filled the desk every day,” that he received almost wholly inaccurate reports of sanitation, and that practically no inspector was aware of the campaign’s objectives, or even how to do their own jobs. Bonilla later quit this position citing his belief that institutional restraints made his job impossible, only to regain the position in 1925 when Wilson sought to make the sanitary work the main part of the campaign.\footnote{Ibid., pp. 54-56} Bonilla’s remarks about the problems that filled his desk everyday, combined with the deaths of three children at Viotá in 1921, paint a picture of a poorly trained staff and a department leadership unable or unwilling to remedy this.

Many sanitary inspectors made these problems worse for themselves. Often, they misrepresented themselves toward the townspeople with whom they worked. In Valle del Cauca and Caldas, Assistant Director Rafael Martinez, a Colombian physician, found it necessary to have all microscopists and sanitary inspectors sign a pledge swearing that they would “refrain from posing as physicians, from prescribing medicaments, and from recommending certain drug stores to persons coming to the laboratories for treatments.”\footnote{George Bevier, \textit{Hookworm Disease Control, Report for Fourth Quarter 1927, Narrative and Statistical} (RAC, RFA, RG 5, Ser. 3, SS 311H, Box 134, Folder 1576), p. 3} In a later report, Bonilla remarked
that the “considerable ridicule” these sanitary workers received when townspeople discovered their true roles in the department “probably harmed the reputation of the campaign a great deal.” While Bonilla blames this on the sanitary workers themselves, it is plain that their desire to be seen as part of the curative branch arose from the “caste distinction” that was left unchecked by Miller, Monroe, and the Colombian assistant directors for the first five years of the campaign.

Further, in 1931, Pablo Garcia Medina was campaigning politically to become director of the newly autonomous Department of Hygiene. The foundation was accused of helping his campaign, which they denied, and in fact they had wanted Enrique Enciso to be appointed director, because it was thought that he would assist them in carrying out “certain activities” related to American oil interests. Bevier believed this to be an attempt “to stir up the never-dying belief that the foundation is an instrument of the Standard Oil Company,” because the Colombian Congress was concurrently drawing up new laws regarding oil extraction in the country.

One aspect of Rockefeller Foundation imperialism/colonialism that Colombians did not recognize, or at least not criticize publicly, was its role in disseminating American ideas about the body, health, government services, and sanitation. I argue that this interest was not in simply extending “Western” or biomedical medicine to Colombia. The foundation’s representatives desired that Colombia’s medical community have an explicitly American-orientation, as both Wilson and Bevier lamented the European influences on the medical community, and elite in general, of Colombia. As Espinosa argues in Epidemics of Invasion, the diffusion of American ways of understanding science and health was in many areas part of a broader effort to foster pro-American sentiments among citizens of host countries, facilitating the spread of American interests.

244 Bonilla, “Report,” p. 52
245 George Bevier, “Letter to H.H. Howard,” Bogotá 9 January 1931, in Colombia – Bevier, Dr. George, 1931 (RAC, RFA, RG 2, Ser. 1931/311, Box 57, Folder 471)
By the arrival of George Bevier in March 1927 as the final RF-appointed director for the Department of Uncinariasis, the reforms created by Wilson and implemented by Bonilla had begun to work. In his last report, Wilson noted that both inspectors and the Colombians with whom they worked were desirous of “really permanent latrines” instead of the rather temporary “palm-thatched privy” that had become popular under Miller’s directorship. Some problems still existed, such as people building model privies to avoid fines only to “refuse” to use them, but on the whole the sanitary work of the campaign had started to receive cordial, if not exactly enthusiastic, welcomes from the towns where they worked. Bevier had proven to be much more flexible than his predecessors, a characteristic no doubt assisted by the great geographic reduction in the size of the program, from its peak of six departments at once in 1926 to focusing mostly on two or three in the final years.

5 Conclusion

In summary, the Rockefeller Foundation’s anti-hookworm campaign in Colombia was part of larger histories of both the foundation and Colombia. Colombian physicians had been aware of hookworm in their own country for almost thirty years before the Rockefeller campaign. They had been well aware of the causes, symptoms, and treatments for hookworm, had clear ideas of how a future anti-hookworm campaign should unfold, and emphasized the harmful effect that hookworm’s prevalence on coffee plantations was having on Colombia’s national and economic development. They turned to the Rockefeller Foundation for assistance in the 1910s, the first formal invitation having been received in 1919 after numerous unofficial communications, because the physical geography, transportation infrastructure, and political realities of the First World War period made the administration of government services difficult, and President Suarez, elected in 1918, espoused a pro-U.S. Doctrine of the Polar Star. The circumstances in Colombia were ideal for the Rockefeller Foundation.

246 D. Bruce Wilson, Report for the 1st quarter – 1927, p. 4
The Rockefeller Foundation had begun its hookworm campaigns in the American South, and later expanded them to Latin America and British Colonies in Asia. The aim of the foundation’s flagship hookworm program was to introduce people around the world to biomedical science, public health, and government services while at the same time ensuring the stability of international commodity supply chains, the health of ports involved in international exchange, improving bilateral relations with developing countries, and the implantation of American ways of understanding science and governmental responsibility. The foundation was an inherently imperialist organization and, aside from political and economic circumstances outside the foundation’s control, this proved to be the main obstacle to achieving success. Only the final director, George Bevier, was sufficiently adaptable to local conditions and able to listen and heed the advice of the Colombian assistant directors working under him. By the end of Bevier’s tenure, the foundation felt sufficiently comfortable with the state of Colombian public health infrastructure and the socialization of Colombian physicians into American ways of science to cede formal control of the hookworm campaign and leave it to the progressive government of Alfonso Lopez Pumarejo.

The practice that developed over the course of the campaign in Colombia, of introducing communities to treatment as a form of enticement to sanitation, fits to some extent with a pattern that Mariola Espinosa identifies in colonial and imperial efforts at public health. These were efforts to convince people of their own inferiority at dealing with health issues, and therefore the desirability of continued foreign intervention. However, in the case of the hookworm campaign in Colombia, this “foreign intervention” was not necessarily American, but rather the intervention of urban, academically-trained (and in the eyes of the IHB, hopefully American-trained) physicians, whose beliefs and medical practices were just as likely to be foreign to rural Colombians as were those of the Rockefeller representatives in the country. It was the continued hope of the American directorship of the Department of Uncinariasis that not only would they be able to leave the infrastructure they developed under the leadership of Colombian physicians, but

that the materials necessary to produce sanitary infrastructure, the capability of performing epidemiological examinations, and the drugs used to combat hookworm would all be procured domestically, by Colombians, in Colombia, for Colombian use.248

The methods used by the Rockefeller Foundation in distributing treatments, ensuring the construction of sanitary infrastructure, and in spreading sanitary propaganda were not nearly as encompassing or oppressive as those employed by the United Fruit Company Medical Department on its plantations. Where the UFCMD sought to enforce and police their notions of “basic sanitation,” the Department of Uncinariasis did everything in its power to avoid seeming oppressive or authoritarian. By the time that George Bevier had assumed directorship of the department, the idea that “in Colombia everybody does just like his neighbour” was part of the guiding ethos for the operation of the campaign. It affected how areas were chosen, whether or not there existed a nucleus of well-known and respected citizens who would influence their neighbours. This idea also served to limit the abuse of authority, as opposition to heavy-handed measures were quick to spread, even in Caldas where the campaign enjoyed popular support from the small landholders.249

The campaign opposed the use of police as the basis for a sanitary corps, on the grounds that their use of coercion would harm the campaign’s reputation, and no lasting sanitation would be obtained.250 The campaign directorship lamented whenever a municipal council resorted to adding sanitary inspection duties to their local police force, a common occurrence in Antioquia, for the same reason.251 Bevier and Bonilla felt that the role of the Department of Uncinariasis, and later Section of Rural Sanitation, was to teach rather than to enforce. In any situation where someone, whether a campaign worker, government official, or newspaper, referred to the

248 D. Bruce Wilson, “Letter to W.A. Sawyer, Bogotá, 4 June 1926 in Colombia – Wilson, D.B., October – December 1926 (RAC, RFA, RG 5, Ser. 1.2, Box 225, Folder 3255). Wilson was excited about the prospect of a locally-produced vermifuge, as the use of this sodium sulphate-based drug would spur the domestic economy and reduce their reliance on imported drugs.
249 Wilson, Report for the 1st quarter – 1927, p. 4
250 Wilson, Report for the 1st quarter – 1925, p. 5
251 Bonilla, “Report,” pp. 75-77
sanitary inspectors as “sanitary police,” the campaign was quick to correct them that they were in fact “teachers, rather than law enforcers.”

This approach to the work, however, was one that had to develop over the course of time. When Louis Schapiro first performed the initial country survey, he recognized that the strongest efforts of the campaign would have to be in education, but he also argued that in order to be effective, the sanitary branch of the work would need to have access to coercive power and would need to exercise that coercive power.

The Rockefeller representatives in Colombia were aware of their position as pioneers in international development and as potential agents for the expansion of US soft power throughout the world. However, the complex relationship that the Department of Uncinariasisis, and later Section of Rural Sanitation, had with the cafetero and medical communities of Colombia makes it difficult to label them clearly as forces for direct US empire in Latin America. Instead, the foundation’s actions in Colombia served to advance American cultural imperialism, through the imposition of American ways of understanding the body, of dealing with human waste, and of organizing government services and by increasing bilateral connections between the two nations.

The foundation entered the country during a time when Colombian-American relations were on the mend. However, the practices of other American imperialist groups, such as the United Fruit Company and Standard Oil Company, both of which the Rockefeller Foundation had extensive, if not official, connections with led to increasing anti-Americanism, and violence, in Colombia at the end of the 1920s and which continued into the 1930s. The foundation failed to consider itself as one of these groups, and so it dismissed Colombians’ legitimate concerns about its ties to them as mere anti-Americanism.

Colombians were well aware of the foundation’s motives, and many Colombians opposed or declined to engage with the campaign. Colombian doctors echoed concerns raised by American public health physicians during the Rockefeller Sanitary Commission in the American

______________

South; both medical communities were alarmed by the prospect of an unaccountable, privately-owned and privately-funded organization determining government health priorities and expending tax revenues to do this, often at the expense of their own practices. Many Colombians of all classes opposed the inflexible methods used by the campaign in the early years, as the latrines they mandated were often unsuited to local conditions, and so became an unnecessary expenditure that could even make other health problems, such as malaria, worse.

Additionally, the campaign failed to take into account the economic reality faced by many of the large coffee estate owners, who were at first viewed as the campaign’s greatest potential allies, and later viewed as the campaign’s enemies, based on their own greed and apathetic attitude toward worker health. While frustration with absentee landlords’ lack of concern about worker health was real and corroborated by Colombian physicians, the landlords’ ability to meet these needs had changed by the time the Rockefeller Foundation entered the scene. In reality the entire institution upon which large coffee estates were based, the hacienda, was under attack and headed for a dramatic collapse. The foundation’s own latrine policies, requiring landowners to compensate tenants for latrine construction, fed into an ongoing and sometimes violent debate about land tenure reform, a debate that ended at the expense of large land owners, the same people that the foundation had been antagonizing and in whose demise they had now assisted.

While it is true that the campaign encountered some obstacles outside of its control, such as difficult Colombian geography and changing governments and economic circumstances, ultimately, the Rockefeller Foundation’s hookworm campaign in Colombia was its own worst enemy. Even though its aim of developing a sufficiently Americanized public health infrastructure was eventually accomplished, the length and size of the Colombian mission dwarfed every other hookworm campaign and continued long after the International Health Board had sought to move away from hookworm control. The enormous amount of time and resources that were necessary to achieve this were largely the result of foundation officers’ inability or unwillingness to adapt to local conditions and to heed the concerns of parties affected by its actions, as patients, as landlords, as coworkers, and as competitors.
BIBLIOGRAPHY

Primary Sources


———. Report for the 1st quarter – 1927, Narrative and Statistical. RAC, RFA, RG 5, Ser. 3, SS 311H, Box 134, Folder 1576.

———. Report for the 2nd quarter – 1927, Narrative and Statistical. RAC, RFA, RG 5, Ser. 3, SS 311H, Box 134, Folder 1576.


———. Hookworm Disease Control, Report for Fourth Quarter 1927, Narrative and Statistical. RAC, RFA, RG 5, Ser. 3, SS 311H, Box 134, Folder 1576.

———. Hookworm Disease Control, Annual Report for 1927, Narrative and Statistical. RAC, RFA, RG 5, Ser. 3, SS 311H, Box 134, Folder 1577.

———. Report on the work for the relief and control of hookworm disease in Colombia for the year 1928. RAC, RFA, RG 5, Ser. 3, SS 311h, Box 135, Folder 1579.

———. 1929 Annual Report (including 4th q statistical reports), Narrative and Statistical. RAC, RFA, RG 5, Ser. 3, SS311H, Box 135, Folder 1582.


———. 1930 Annual report, Narrative and Statistical. RAC, RFA, RG 5, Ser. 3, SS 311H, Box 135, Folder 1584.


———. 1931 Annual and 4q Statistical, Narrative and Statistical. RAC, RFA, RG 5, Ser. 3, SS 311H, Box 136, Folder 1587.


———. Annual Narrative Report on Work for the Control of Hookworm Disease in Colombia, 1932. RAC, RFA, RG 5, Ser. 3, SS 311H, Box 136, Folder 1591.


———. “Letter to H.H. Howard.” Bogotá, 16 August 1933, in Colombia, 1933. RAC, RFA, RG 2, Ser. 1933/311, Box 84, Folder 672.

——. *Narrative report on the hookworm work in Colombia for the year 1933*. RAC, RFA, RG 5, Ser. 3, SS 311H, Box 136, Folder 1593.

——. *Narrative report for the soil sanitation and hookworm control in Colombia. Quarter ending March 31, 1934*. RAC, RFA, RG 5, Ser. 3, SS 311H, Box 136, F1594.


——. “Special Report,” October 1934, in *Colombia, 1934*. RAC, RFA, RG 2, Ser. 1934/311, Box 100, Folder 787.


———. "Memorandum to Dr. Russell." Report for the 3rd quarter – 1929, Narrative and Statistical. RAC, RFA, RG 5, Ser. 3, SS 311H, Box 135, Folder 1581.


Miller, Frederick A. Report for the third quarter – 1920. RAC, RFA, RG 5, Ser. 3, SS 311H, Box 133, Folder 1561.


———. Report for the third quarter – 1921, Narrative and Statistical. RAC, RFA, RG 5, Ser. 3, SS 311H, Box 133, Folder 1564.

———. Annual Report – 1921, Narrative and Statistical. RAC, RFA, RG 5, Ser. 3, SS 311H, Box 133, Folder 1565.

———. Report for the first quarter – 1922, Narrative and Statistical. RAC, RFA, RG 5, Ser. 3, SS 311h, Box 133, Folder 1556.

———. Report for the second quarter – 1922, Narrative and Statistical. RAC, RFA, RG 5, Ser. 3, SS 311H, Box 133, Folder 1566.


———. Report for the 3rd quarter – 1923, Narrative and Statistical. RAC, RFA, RG 5, Ser. 3, SS 311H, Box 133, Folder 1568.

———. Preliminary Annual Report 1923, Narrative and Statistical. RAC, RFA, RG 5, Ser. 3, SS 311H, Box 133, Folder 1569.


Rose, Wickliffe. “Memorandum on Dr. Roberto Franco F.” Colombia, 1916. RAC, RFA, RG 5, Ser. 1.2, Box 28, Folder 448.


———. *Uncinaria Infection Survey of the State of Cundinamarca, Republic of Colombia, from December 22, 1919 to January 31, 1920*. RAC, RFA, RG 5, Ser. 2.311, Box 27, Folder 160.


———. *Report on work for the RELIEF AND CONTROL OF HOOKWORM DISEASE IN COLOMBIA From October 1 to December 31, 1924*. D. Bruce Wilson, B.A., M..B, Director. RAC, RFA, RG 5, Ser. 3, SS 311H, Box 134, Folder 1570.


——. *Report for the 2nd quarter – 1926, Narrative and Statistical*. RAC, RFA, RG 5, Ser. 3, SS 311H, Box 134, Folder 1574.

——. *Report for the 4th quarter – 1926, Narrative and Statistical*. RAC, RFA, RG 5, Ser. 3, SS 311H, Box 134, Folder 1574.


——. *Report on Work for the Relief and Control of Hookworm Disease in Colombia From January 1 to March 31, 1927, D. Bruce Wilson, B.A., M.B., Director*. RAC, RFA, RG 5, Ser. 3 SS 311H, Box 134, Folder 1576.


Secondary Sources


Wilkinson, Lise. “Burgeoning visions of global public health: The Rockefeller Foundation, the London School of Hygiene and Tropical Medicine, and the ‘hookworm connection.’” *Studies in History and Philosophy of Science* 31, no. 3 (2000) 397-408