

# **The Limitations of International Health Campaigns: Mexico's Experience with the Rockefeller Foundation, 1940-1950**

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The rapid development of Mexico's national health administration throughout the 1920s and 1930s owed much of its success to the Rockefeller Foundation's public health initiatives.

Resulting advancements included disease eradication, sanitation campaigns, and health education programs. However, by the 1940s, these projects remained understaffed, underfunded, and therefore underdeveloped. Correspondence by Rockefeller officers reveals their perpetual frustration with inadequate library and laboratory resources, lack of personnel supervision, insufficient space, inconsistency in medical education, scarcity of well-trained health officials, ineffective health networks and administration, and difficulties with acceptance in the local communities. My research explores the domestic and international obstacles to establishing a well-developed public health initiative in Mexico during the 1940s and 1950s and will offer new insight into the limitations of international health campaigns by the Rockefeller Foundation.

The Mexican Revolution (1910-1920) provided a platform from which Mexico's ruling middle class expanded the rights and privileges of the citizenry. Among the rights guaranteed in

the 1917 Constitution was universal access to healthcare. However, the political and economic climate continued to be unsteady well after the violent phase of the Revolution. Mexican officials eagerly sought to develop a bureaucratic administration capable of providing adequate health care and treatment to the masses, but had limited resources and institutional frameworks in place to fulfill this goal. They welcomed the Rockefeller Foundation's assistance in establishing disease eradication campaigns as well as improving medical education, disease prevention, and organizational development.

My interest in the relationship between the Rockefeller Foundation (RF) and Mexico's developing health care system during the 1940s and 1950s led me to the Rockefeller Archive Center (RAC). Although I was originally hoping to study RF programs in the indigenous regions of Oaxaca, Mexico, the collections provided significantly more detailed accounts of work conducted in the national development of medical training centers throughout the country. This topic raised several research questions regarding the adaptation and negotiation of authority between the RF and Mexican bureaucrats. How much adapting did the officers from the Rockefeller Foundation actually do with regard to existing Mexican medical practices, and in contrast, how much did the Mexican government incorporate the U.S.-centric scientific knowledge of the foundation? Did officials from the two groups view each other as colleagues or competitors? Did they share the same goals, or just use the same channels in an attempt to achieve their own set of goals? Were programs more successful when completed collaboratively or independently?

The RF archives contain a wide variety of documents that speak to the topic of medical education and training in Mexico. Mary E. Tennant's assessment of nursing programs and Alan Gregg's surveys of medical education programs, conducted as part of the RF's larger evaluation of its international health campaigns, provided detailed accounts of the foundation's involvement

in Mexico's development during the 1920s and 1930s.<sup>1</sup> Although RF officials originally attempted to incorporate local Mexican needs into their national public health campaigns and to provide an alternate role for traditional healers in the community, the reports of Tennant, Gregg, and others drew attention to the variance in skill and knowledge of Mexican doctors and nurses in contrast to their U.S. counterparts. The evaluators expressed concern that, unless Mexican health officials conformed to the standards and practices of U.S. medical education, the Mexican public health system would not be able to sustain modern scientific advances.

The evaluation reports initiated an intensified U.S. training program for Mexican authorities. In 1936, Charles A. Bailey led a RF-sponsored trip of select Mexican doctors and health officials to distinguished U.S. public health facilities. The tour included visits to the medical, public health and nursing schools at Johns Hopkins University, Toronto University, Cornell University, and Vanderbilt University; state, county and city health departments in Maryland, New York, and Tennessee; New York Hospital; the Rockefeller Foundation offices; the American Public Health Association offices; milk pasteurization and water filtration plants; and a surprise opportunity to meet President Roosevelt in Washington, DC. At the completion of the tour, Charles Bailey concluded, "It is believed that this study trip has been most valuable and profitable, particularly so to General Siurob [Mexico's Chief of the Federal Health Department]. He has a completely changed concept of health organization and activities."<sup>2</sup> RF officials hoped that convincing Mexican authorities that the U.S. public health system surpassed other models would encourage policymakers and educational supervisors in Mexico to advocate for additional resources to train top officials in the United States. This knowledge, they believed, would then trickle down into local health facilities and thereby revitalize existing regional training centers.

For a while, Mexican reliance on U.S. authorities and RF officials for scientific knowledge and medical institutionalization seemed successful. George C. Payne's

correspondence to the RF reflects favorably on progress made in the 1940s. In his 1940 year-end report, he commented, “By establishing friendly relations with the health department personnel and by living in the community for several weeks at a time and participating in the work of each organization as a member of the staff, the [IHB] instructor has striven to help the health officers build up sound programs, instruct their personnel, and obtain additional funds from local or Federal sources for extending the program where the possibility of effective expansion could be shown.”<sup>3</sup>

Bailey’s 1941 report noted, “The benefits derived from the system of regional instruction became so obvious that the Department of Health agreed to extend the method to another group of states and also to include, as soon as possible, a nurse in each instruction group. The changes were included in the program for 1942.”<sup>4</sup> While noting that the downside to the new medical training structure in Tacuba is that it does not adequately accommodate the ever-growing number of students eager to participate in the program, he seems pleased with the overall arrangements and speaks highly of the nutritional studies, cooperation with government agencies, and general administration of training conducted at the center. In total, Payne’s assistance with the development of health units in Mexico appears to be based on a series of collaborative relations with Mexican health and welfare departments and local staff.

However, according to RF officers, medical training continued to incorporate only minimal scientific information and, as late as 1950, health workers trained in local clinics received only rudimentary lessons. Upon visiting a training clinic in Celaya, Wilbur Downs noted, “It is obvious that presentation must be elementary since many of the nurses and sanitary inspectors get confused over the simplest concepts.”<sup>5</sup> Clearly the legacy of internationally-trained clinicians passing on their knowledge to nurses and engineers was far-fetched.

Furthermore, local doctors, nurses, and sanitary inspectors were still being taught in the same

classroom. Doctors were permitted to skip the classroom lessons in favor of clinical training, but nurses and sanitary inspectors were required to participate regardless of its relevancy to their specific tasks and educational background.

Although relations between the RF and Mexico's Department of Public Health remained collaborative until the RF retired its programs in the mid 1950s, developments in medical education were minimal. What caused these programs to gain only nominal improvements between the 1920s and 1950s while continuing to attract a rapidly growing number of students? Were RF motivations for public health initiatives different in Mexico than in other nations, and if so, how did this affect RF program assistance and evaluations? In what ways did the very systems established by the RF counteract the foundation's objectives in Mexico? These issues will be explored in both my current and future research projects.

In response to initiatives by the Mexican government to establish the Institute of Tropical Medicine and School of Hygiene in 1941, R.A. Lambert concluded, "The undertaking is just another instance of an effort to build a beautiful church tower before a solid foundation for the church itself is laid."<sup>6</sup> My research will attempt to address why, after twenty years of active involvement in Mexico's public health and medical education development, RF officials felt that the established infrastructure was insufficient to successfully carry out new and existing projects. It will investigate the RF's inability to incorporate preexisting and concurrent public health programs and medical education developed by the Mexican state into their larger public health agenda. Finally, it will demonstrate that without this larger contextual view, the RF limited its progress in Mexico and hindered future public health development there.

## ENDNOTES

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<sup>1</sup> Mary Elizabeth Tennant's officer's diary, February 17-March 10, 1936, RG 12.1, Rockefeller Foundation Archives, RAC. Mary Elizabeth Tennant, "Summary of the Nursing Program," 1941, folder 134, box 13, series 903, RG 3, Rockefeller Foundation Archives, RAC. Alan Gregg, "Medical Education in Mexico," 1923, folder 95, box 13, series 323A, RG 1.1, Rockefeller Foundation Archives, RAC.

<sup>2</sup> Bailey to Ferrell, May 20, 1936, folder 1006, box 134, series 323, RG 2-1936, Rockefeller Foundation Archives, RAC.

<sup>3</sup> "Mexico: Oficina de Especializacion Sanitaria. Summary of Report for Year Ending December 31, 1940," p. 4, folder 1733, box 146, series 323J, RG 5.3, Rockefeller Foundation Archives, RAC.

<sup>4</sup> "Mexico, Summary of Activities for 1941," p. 2, folder 1735, box 146, series 323J, RG 5.3, Rockefeller Foundation Archives, RAC.

<sup>5</sup> Wilbur G. Downs officer's diary, May 3, 1950, RG 12.2, Rockefeller Foundation Archives, RAC.

<sup>6</sup> R.A. Lambert, "Visit to Mexico, March 1-14, 1941," p. 5, folder 95, box 13, series 323A, RG 1.1, Rockefeller Foundation Archives, RAC.