

The Jamaica Hookworm Commission (1918-1920)

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In his final days as the Director of the Hookworm Commission in Jamaica, Dr. P.E. Gardner wrote to his superior Hector Howard about his experience in setting up the first public health demonstration campaign on the island. He lamented, "... it has seemed to me at times that my best efforts had produced very poor results ... It was not a satisfactory piece of work to me and at the same time it was the most difficult piece of work I have ever done."¹ Gardner was the second official from the Rockefeller Foundation's International Health (IHB) to take up work on the island since the arrival of the Rockefeller Foundation (RF) in 1918. He shared the pessimism of his predecessor Dr. M.E. Connor,² who held out little hope that the efforts of IHB in Jamaica would bear any fruit.

Despite the high hopes of Howard and the IHB's Director, Wickliffe Rose, that Jamaica would become the centerpiece of public health work in the Caribbean, the first two years of the work were disappointing and challenging. The commencement of public health work in Jamaica was all the more urgent because IHB's other campaigns in the Caribbean, begun several years earlier, had mostly stalled out, due to a lack of manpower or failed attempts to win the public and governments to the cause of investment in public health. Through the correspondence records and official reports of IHB officials in Jamaica the Rockefeller Archive Center's (RAC) collection reveals in striking detail the challenges faced by Gardner, Connor, and Howard in creating and sustaining a program of public health in Jamaica between 1918 and 1920. Despite

assurances from high officials, Howard and Gardner discovered that the government would not meet the terms of their agreement, costing the RF time and money, and frequently, the good will of the Jamaican people. While the IHB would eventually flourish in Jamaica, with a presence on the island until 1944, their first foray on the island was fraught with difficulty and almost ended as soon as it began.

Although the IHB began work in the British Caribbean in 1914 in British Guiana and quickly expanded into Trinidad and other locations throughout the circum-Caribbean, they had not committed to Jamaica, one of the most populous British possessions in the region, until 1918. Jamaica was certainly of interest to the IHB and was described in a letter from the Caribbean Director Hector Howard³ as, "... the largest and most important British Colony in the West Indies and offer[s] opportunity for a most impressive demonstration ..."⁴ This reluctance to begin work on the island, visited by Howard in 1915,⁵ was largely due to concerns about the organization of the island's government and the recognition that they would not be able to arrange control of sanitation to their satisfaction. By 1918 the central government and the Governor Sir William Henry Manning were so impressed by the IHB's work in other parts of the Caribbean that they eagerly promised to meet their conditions for work on the island.

The focus on hookworm as a "wedge" for public health efforts has been widely discussed in the scholarship on the IHB. Both Steven Palmer (who examined the very first international health programs in the circum-Caribbean) and John Farley agree that hookworm was selected as a disease because it afforded the opportunity to demonstrate the efficacy of minor public health investment. The first IHB director, Wickliffe Rose, was interested in using a single disease as a wedge by which IHB could show that investment in sanitation, clear record keeping, and public education could have a tremendous effect on mortality and morbidity. Hookworm was an

appropriate disease for this effort because it was caused by contact with filth (the worms entered the body through bare feet in contact with contaminated soil); the worms were just visible to the naked eye and were satisfyingly monstrous under the microscope and there was a clear course of treatment which rendered almost immediate relief from the anemia-induced fatigue associated with hookworm infection. Moreover, as Palmer has argued, almost every medical culture already associated worms with sickness and a variety of vermifuges and incipient treatment programs already existed. Finally, hookworm infection affected both laborers, who faced reduced wages due to fatigue, and employers whose sick workers cost them in efficiency and profit.

Hookworm infection was certainly known in Jamaica prior to the IHB's arrival in 1918. District Medical Officers,⁶ tasked with overseeing the health of the inhabitants of their district, were paid by the government to administer hookworm treatments from dispensaries. While these treatments might offer temporary relief from symptoms of fatigue, without better sanitation patients inevitably became re-infected, costing the state money. The "intensive method" pioneered by the IHB in British Guiana and other parts of the Caribbean offered a permanent solution to hookworm infection. It dramatically altered the scale of the public health apparatus and its interaction with the population by instituting a regime of surveillance, documentation and education that surpassed even the scrutiny of the plantation during the era of slavery. What the IHB brought to Jamaica was an approach to public health that promised, and frequently delivered, unprecedented access to health resources in exchange for surrender of control over one's body to the IHB's disciplined regime of sanitation. The intensive method was an introduction to the IHB's particularly American brand of public health.

As Palmer argues in his study of the earliest IHB programs in the circum-Caribbean, the IHB's intensive method paralleled the American approach to imperialism and differed from the

British system of colonialism in significant ways. The first was that the IHB wanted and expected to leave a country once their system of public health had been thoroughly adopted by the home country. In contrast, British colonial public health was rooted in the constant oversight and daily contact that had governed the slave plantation, and was translated into the sugar fields and banana plantations populated by free laborers. Through this intensive method the IHB hoped to effect a dramatic transformation in sanitation and the health of the population and win the backing of the government and the resident medical community, and then the IHB could leave knowing that their public health programs would receive continued funding and support from the local staff who had received training from the IHB.

In service of this goal, the IHB always chose to embed its campaigns in the apparatus of the local health system. For example, in Jamaica, the Director of the Hookworm Campaign was a part of the Island Medical Service and was officially subordinate to the Superintending Medical Officer. Moreover, the second in command and all of the staff: microscopists, clerks, nurses (all male) and sanitary inspectors, were all drawn from the Jamaican community. The IHB hoped to train a critical mass of young men in the American-style of public health and leave the island with a capable and invested cadre to carry on their work. In addition, as part of the contract that the IHB had with the Jamaican government, the funding of the Hookworm Commission would be gradually transferred from the IHB to the central government. Rather than setting up a permanent presence on the island as might be expected of an institution reflecting an ambitious young imperial power, IHB worked to expand its influence in more indirect ways: a sophisticated form of soft power that contrasted with the deliberately imperialist and military conquests of Cuba, Puerto Rico and the Philippines by the United States government.

Following an initial survey to estimate hookworm infection rates, the intensive method was implemented in each area targeted by the IHB. First, a team of workers, led by an IHB medical officer conducted a thorough survey of each individual and household, creating a gridded map of every house in the target area. To encourage cooperation, education work was done prior to the arrival of the survey team. This might include lectures with lantern slides, a public health film, or the posting of bills in public spaces. IHB staff also sought the support of local religious leaders, politicians, and educators. To determine infection, stool samples were collected from every person and deposited in tin cans. Next a microscopist, a trained person chosen from the island, would examine the samples for worms or eggs. Once a patient was identified as having any level of infection, the IHB doctor, who oversaw the hookworm campaign, would administer one of two powerful anti-helminthic drugs.⁷ The ingestion of the drug was accompanied by a purgative to avoid potentially life-threatening complications. Finally, in a follow-up visit, a staff member would collect and examine a second stool sample to determine if the patient was now worm-free. This method assured with a high degree of certainty that nearly every infected individual in the target area was identified and treated. Theoretically, the cycle of infection could be stopped if everyone in a given area was cured and did not pass any more worms in their excrement. However, the biggest obstacle to the eradication of the disease remained.⁸

After their work in Trinidad and British Guiana in particular, the IHB staff learned that attempting to conduct treatment campaigns while simultaneously building latrines and other forms of sanitation was a losing proposition. Once patients began to feel better and employers saw an increase in productivity, it became difficult to encourage investment in the building of latrines and re-infection became inevitable, which was a blemish on the IHB record. By the time

they reached Jamaica pre-sanitation was a non-negotiable condition for hookworm treatment campaigns.

Hector Howard, the director of operations for the Caribbean, visited Jamaica in early 1918, and after speaking with Governor Manning, the Superintending Medical Officer (SMO) Dr. Errington Ker, and both elected and nominated members of the Legislative Council, won the support of the island's leaders to begin hookworm work. Howard and the Board of Directors were quite specific in the terms of their agreement with the government. This caution reflected the lessons learned in other parts of the globe since the commencement of IHB work in 1913. They first stipulated that a Sanitation Department be organized under a Chief Sanitary Officer at an initial cost of £7000. The government was also expected to provide £2500 (approximately \$12,000) for drugs and stationary, and, "... that the sanitary work will begin with the survey, and if relief measures should be undertaken the areas in which the work is to be done will be sanitized in advance of the examination and treatment of the people."⁹ On March 28, 1918 the Legislative Council, with the Governor's approval, passed a measure inviting the IHB to begin hookworm work and agreed to a budget of £2000 for the first year. Howard expressed some concern to Rose that they had not received an official letter from the Governor, but only an informal communication from SMO Ker. Rose and the Board in New York agreed that the passing of the measure for the budget and the invitation from Ker were enough to proceed with the survey. This lack of definitive language would be costly in the future when a conflict erupted on the island over which governmental body had jurisdiction over sanitation.

In Governor Manning the IHB had found a passionate, but temporary, advocate for their work. Manning's speech to the Legislative Council in March 1918 summed up the need for pre-sanitation as follows, "In other words, as long as free and unchecked pollution of the soil is

allowed to continue, there can be no hope that the development of the Hookworm can be arrested as a polluted soil means the unchecked spread of the disease.” He also explained to the Council that, “It is the practice of the International Health Board ... to operate through existing Government Agencies as far as possible,” and consequently sanitation would be placed under the control of a superintending inspector who, “would be responsible to the Government alone through the Central Board of Health.” This was meant to address a specific recommendation of the Superintending Medical Officer of the Island Medical Service (the head of public health on the island), Howard to Ker in early 1918: that the Sanitary Inspector has authority over the Local Boards of Health and be the main person with whom the IHB would communicate and work. It was a position crucial to IHB’s success in Jamaica.¹⁰ Finally, Manning ordered that the Local Boards of Health should continue to be financially responsible for sanitary construction, although this did not include private residences. The Governor suggested that Central Government should foot the bill for the construction of latrines in homes where the residents were unable to afford the expensive facilities.

This speech, which was adopted without change by the Legislative Council, had three important elements for the future of public health in Jamaica. First, he strongly affirmed IHB’s stance that pre-sanitation was a pre-requisite to the success of any hookworm campaign and that a sanitary latrine system, “must be necessarily be (sic) installed before any satisfactory results can be expected from medical treatment.” Second, he clearly established that the Central Board of Health, whose members were appointed by the Governor, and the Chief Sanitary Inspector, had authority over Local Boards of Health, who were elected by the people. He also delineated, in somewhat vague terms, that Local Boards of Health were largely responsible for the construction of sanitation in their parish, with some help from Central Government to aid the

very poor. Finally, he explained that the IHB would be operating within the apparatus of the colonial government with the IHB leading the treatment campaign and making all decisions about where the work would be carried out.

Dr. M.E. Connor was selected to conduct the initial infection survey. He arrived in Jamaica in June 1918, and completed the survey by September of that same year. Howard and Rose believed that Jamaica was too important to entrust to a new recruit and Connor had years of previous experience in Central America.¹¹ Connor was able to recruit government agencies to the survey work and Howard was pleased that this, stating, “I will identify the Government with the work in its early stages, which is worth while (*sic*).”¹² Connor used District Constables to collect the tins of feces, lending the survey the legitimacy and power of the police force.¹³ However, he later revealed to Rose after the survey was finished that he had trouble with the Chief Constable who believed that the delivery and collection of feces was below the dignity of his officers. Connor explained that when he approached the officers directly he was able to get cooperation, but when they knew the chief’s views they would not help. He suggested that if the governor let the chief know his support for the hookworm campaign, the IHB directors could gain the valuable help of the constabulary.¹⁴

Connor’s report, “Hookworm Infection Survey of Jamaica (June 14-July 31, 1918),” became the basis for deciding where the hookworm campaign should begin. Fatefully, Connor and Howard agreed that Clarendon Parish should be the first area targeted for the intensive method. The reasons for the selection of the May Pen area of Clarendon were enumerated by Connor and SMO Ker. Many of the reasons given had little to do with scientific or public health considerations, such as level of infection, but rather with the need to garner support for the campaign from government officials. This tends to reinforce the view that demonstration, rather

than eradication, was the focus of the Hookworm Commission for IHB. May Pen was located near the rail line and was easily accessible from Kingston and in close reach of officials. Connor argued that, “This point should be given due weight, as many of the officials are still skeptical regarding the proposed campaign ... Their impressions will determine the future of sanitation in the island.”¹⁵

A second consideration was that the May Pen area was made up of large plantations and during his survey Connor had found higher rates of infection on the sugar and banana plantations which formed the backbone of the island’s economy. One result of this survey was to build support for the IHB with many of the planter class and the American-owned United Fruit Company, who already had a medical staff on their plantations in the May Pen area. Finally, Connor and Ker reported that the district of May Pen and the parish of Clarendon were eager and interested in hookworm work, assuring greater cooperation in this first and most crucial campaign. Connor acknowledged to Howard that Clarendon Parish did not have a high rate of infection, but he argued that the guarantee of cooperation outweighed the choice of a parish with higher rates of infection, but a weaker prospect of interest and cooperation from the local government.¹⁶ This promised cooperation would prove important in the subsequent struggle over authority when his successor, P.E. Gardner arrived in 1919.

Connor also offered further observations on conditions in Jamaica in a remarkably unguarded 1918 memo to his superiors in New York. Because this memo, which is only five pages long, but so filled with his impressions, and frank and revealing of the assumptions under which the IHB men operated, it is entirely worthwhile going into some depth at this point. In this informal report Connor offered advice for those who came after him and explained the best ways to avoid the pitfalls of working in another culture.

Connor explained that some, but not all parishes had a Medical Officer of Health (MOH), in addition to the District Medical Officers (DMO), who made suggestions to the Local Boards of Health about matters of sanitation, although they had no enforcement powers. Moreover, there were few funds allocated for sanitary inspections and, "... the position of medical officer of health is more or less of a sinecure and the official appointed for political reasons." However, Connor warned that the IHB director in Jamaica must approach these MOH's and get their cooperation for the hookworm campaigns. Foreshadowing many of the conflicts to come, Connor underscored the tensions between the Parochial Boards and the Superintending Medical Officer writing, "There is considerable feeling between," them, and that while the SMO could appeal to the governor for ultimate authority, they rarely did, and the governors were uninterested in rocking the boat by legislating against the wishes of the Parish Boards.¹⁷

Connor advised that in order for the IHB director to be successful he needed to get the political members of the parishes behind them. These included the member elected from each parish to the Legislative Council, the Custos and the privy counselor. Connor remarked that, "... if they are in sympathy with a project, that project goes ahead more rapidly and smoothly than it would if they were out of sympathy with it."¹⁸ According to Connor, it was also important for IHB officials to become friendly or win the support of the head dispensers of the government hospitals in order to gain community cooperation and support. He explained that the dispenser had become an important position because DMO's generally neglected their hospital duties and left the dispenser to actually prescribe drugs and treat patients. Connor warned that without the support of the dispenser, who he alluded to as someone looking out for personal and professional prestige, the work would suffer because, "... he is capable of interfering and even blocking the work by spreading false reports amongst the more ignorant of the population." Moreover, the

DMO's had little control over the dispensers because they received their pay directly from the Legislative Council and cultivated support with the local elected member.¹⁹

Connor also offered some revealing observations on race in Jamaica. He reported that of the estimated nine hundred thousand people in Jamaica, only five thousand, "were pure white." Connor "found that there is intense race feeling in the island, which is fostered and kept alive by the so-called 'colored population' who uses its prejudices for their own ends." It is probably correct to assume that Connor was here specifically referring to the mixed-race members of the Legislative Council elected from the small middle class. This is because they opposed attempts to subsume authority for sanitation under a central authority and this was a constant thorn in the IHB officer's side in their first several years in Jamaica.²⁰ Connor warned that IHB officers should expect to sleep in the house of "natives" while traveling throughout the island, but explained that most were hospitable. Connor suggested that the island's ministers were important potential allies once they were won over by demonstrations of the hookworm treatment, because they were highly competitive and, "ever on the alert to increase his congregation." He also suggested that the school teachers could be reached through their ministers and plantation owners.

Connor warned that opposition might arise from anti-American plantation owners, one of whom, Sir Ransford Slater, caught the ear of Governor Leslie Probyn and caused some problems for IHB directors Gardner and Washburn in the early 1920s. In addition, Connor revealed that while some doctors on the island might publically support the IHB's hookworm campaign, privately they could not be counted upon, because they were either skeptical of the intensive method or they refused to demonstrate to the lower classes that they would take part in the campaign by submitting stool samples. Connor explained that, "the lower classes are guided by

the utterances and actions of those who should guide them into the right channels.” In contrast, where Connor received the support of local medical authorities, he had almost total cooperation and collected large numbers of specimens.²¹

Finally, in two separate communications Connor suggested that the IHB man who took over the campaign be given some latitude as, “Conditions in Jamaica are rapidly changing, more especially with reference to labor.”²² This was in reference to his concerns that all terms of employment with “natives”²³ be written clearly down in order to avoid confusion or tension. Connor urged that before a microscopist was brought on he should sign a contract concerning the terms of his employment. This was to guard against potential trouble over pay, and termination. Connor explained that, “The strong card in Jamaica is for the native to get the elected member (of the Legislative Council) to write the Governor in his behalf, and the English custom is to give the native the benefit of the doubt ... and as you know the press will take the side of the native in every instance against the white man.” This intriguing statement reveals much about both the politics of race in Jamaica and the racial biases of Connor and Howard.

Palmer, in *Launching Global Health*, describes Howard showing a disdain for the work of Afro-Guianese and Afro-Trinidadians in his prior IHB work. Most of the IHB men who came to Jamaica were from the Southern United States and worked in constant and close contact with a local staff made up almost entirely of Afro-Jamaicans. Connor’s implicit disdain for the patronage system employed by “natives” in order to further their careers or in search of redress for wrongs was echoed by many of the IHB staff in Jamaica. It illuminates both a suspicion of the colonial system of government and a disregard for the professional and social barriers faced by educated and able men and women of color within the racial hierarchy of Jamaican society.

Following Connor's departure, the work of the Hookworm Commission properly began with the arrival of P.E. Gardner from his three year hookworm stint in St. Vincent. He arrived in January 1919 to begin his work. Unfortunately, despite assurances from Governor Manning and SMO Ker that sanitation would be completed in May Pen, Gardner arrived to discover that not only was the sanitation barely begun, but a battle was brewing between the central government and the local Parochial Boards over the control of health and sanitation on the island. Gardner learned that despite the 1918 agreement, the Central Board of Health (BOH) in reality had only advisory powers over sanitation. After the Superintending or Chief Sanitary Inspector and his subordinates conducted a house to house survey of sanitary conditions, they would report any unsatisfactory dwellings to the Local Board of Health. It was then up to the local Sanitary Inspector to serve notice and the Local BOH to enforce any fines on households.²⁴ This meant, in effect, that little or no sanitary work was carried out prior to Gardner's arrival and that his protests and exhortations to the central government were constantly deferred to Local BOH's, who in turn claimed poverty.

Gardner and his staff spent the next few months helping May Pen catch up. When the treatment campaign began on May 1, 1919, sanitation was still not completed, but Gardner was facing increasing pressure to do something and started the treatment work despite his grave concerns. He did this in part because the Chief Sanitary Inspector, Dr. Oliver Crosswell, assured him that by the time the treatment campaign began, he would have the remaining fifty percent of the construction complete. This inauspicious start also signaled the beginning of a contentious relationship between Gardner and Crosswell that brought larger issues of governmental authority and the battle between local parish government and the central government to the foreground.

In the records of the Jamaica campaign, Crosswell becomes a recurring figure, and it is worthwhile to briefly describe how his appointment came to be such a point of annoyance for Gardner and his successor Dr. Benjamin Washburn. Following the 1918 agreement by the government to elect a Chief Sanitary Officer to oversee the pre-sanitation of the May Pen district, the Acting Colonial Secretary appointed Crosswell to the position.²⁵ The IHB privately preferred Dr. R.S. Turton, and he had been offered the position prior to Crosswell.²⁶ The IHB staff had strong objections to Crosswell,²⁷ believing that he had little interest in the methods employed by the IHB in the construction of latrines, the surveying of sanitary conditions, and the implementation of the work with efficiency and haste. Despite these objections, and after a vigorous debate in which several of the elected leaders on the council argued that when Turton was first offered the position he was late in accepting it, and Crosswell was given the post instead.²⁸ However, this slight personnel issue became a public scandal, because Crosswell secured counsel and threatened to sue the government for breach of contract.

By January 1919, just prior to Gardner's arrival, Crosswell received his commission, but this inauspicious start soon grew into frustration and animosity between Gardner and Crosswell, and interfered with the sanitation of the first districts selected for demonstration campaigns. In this small example, the importance of local actors became central to the success of the RF's global health initiative. In fact, the deteriorating relationship with Crosswell became a central fact of the campaign, leading to costly delays, poor results and IHB staff so exasperated that the public health work in Jamaica was almost terminated. Had the IHB men been able to win over Crosswell, many of the other obstacles to their work, including the continuing battle between the Local BOH's and the Central BOH for authority over sanitation, would have been more easily overcome.²⁹

Moreover, the selection of May Pen, recommended by Connor for the reasons discussed above, proved to be a poor decision for a first campaign location. Gardner, unable to secure living accommodations in the May Pen area, traveled every day by rail from Kingston, as did many of the staff. Although the settlements were called “villages,” the population, which was made up of ninety percent Afro-Jamaican agricultural laborers, was scattered along the roadside for miles, making the census and outreach to every dwelling a challenge for the campaign staff.³⁰ More importantly, it was found once the campaign began that infection rates were around fifty percent, rather than the estimated eighty percent reported by Connor in his 1918 survey. This meant that the potential for May Pen to serve as a demonstration area to show the effectiveness of treatment was severely limited. Despite these setbacks, his staff of four microscopists, four nurses, (this number was expanded to six by the end of 1919) and two “caretakers,” spent the first weeks training in the techniques of hookworm detection and distributing handbills with educational material to villagers. Gardner conducted one public lecture with lantern slides, in order to encourage cooperation once the collection of samples began. Gardner reported that in the first month of work, including the collection of samples, little resistance was encountered and he mentioned that many of the villagers were, “anxious to be treated,” although in Gardner’s assessment, they were also passive and indifferent to adopting permanent measures in sanitation.”³¹

Gardner was severely disappointed with the sanitation work that had already been carried out, finding only one or two latrines in each of the five villages that met IHB standards.³² He described many of the existing latrines as being constructed from scraps of board and of very temporary construction.³³ Despite his many disappointments in the first months, there were some highlights. Gardner was able to garner public support in Kingston giving a lantern slide lecture to

many of the island's leading lights, including the Governor and the Imperial Agricultural Association, a group of prominent members of the planter class. He also distributed copies of "Hookworm Catechism" a pamphlet developed in the American South and used in other West Indian campaigns for school children. Public support and attendance upon a lecture did not translate to success in the field however, and Gardner's problems with Chief Sanitary Inspector Crosswell became an increasingly significant obstacle. By mid-1919 Gardner was despairing of the sanitation situation, writing to Howard, "With their organization as it exists at present, I do not believe that they will ever get results."³⁴

The staff of the hookworm campaign found the population in May Pen to be almost universally, "indifferent to the work."³⁵ In his 1919 annual report, Gardner attributed this lack of interest and enthusiasm to the overlap between the sanitation campaign and the treatment campaign. He argued that the sometimes coercive measures taken during the sanitation campaign tended to raise "ill feeling" and passive resistance to the subsequent treatment campaign. For this reason, Gardner and his successor, Washburn, demanded that all sanitation work be carried out before the arrival of the IHB staff, as had been originally stipulated in the 1918 contract between the IHB and the Jamaican government.

In frustration, Gardner attempted to work through the Central Board of Health and the Governor to force the Clarendon Parish Board (who were also the Local BOH) to complete sanitation in the May Pen area in September 1919 and used the proposed second campaign in the plantation district of Vere as a lever to get action. Quoting a communication from Howard, Gardner wrote to the CBOH, "I am to enquire if this district, May Pen, is to be sanitated (*sic*) as agreed or if the work is to lapse and the conditions remain so unsatisfactory. I am to enquire also upon what grounds we may be justified in expecting better results in sanitation in the next district

that has been selected than has been secured in the May Pen district.”³⁶ This somewhat pointed set of comments, directed through Gardner and conveyed by the Colonial Secretary, on behalf of the Governor and the Central Board of Health, to the Parish Board members, was no doubt a stinging rebuke. At a meeting of the local BOH in mid-September, Crosswell asked the Board to hire additional men to complete his work and received at least verbal confirmation.

Despite his publically stated support for hookworm work in Clarendon, Crosswell’s own frustration or perhaps indifference surfaced in a conversation with the Clarendon board just a few weeks earlier. He subtly undermined the work of the IHB when he told the members of the Board that, “It is not the intention of the Rockefeller people to complete any country; they carry out experimental areas and then leave the local government to finish up.” To which one Board member replied, “Then it is a dead thing, just as well to chuck it up.”³⁷ Crosswell’s comment and the subsequent response by the Board indicates a further problem encountered by Gardner, and later Washburn. The IHB men had to constantly remind Jamaican officials that they were there to conduct demonstration campaigns, in specific districts. The IHB was not going to cover every inch of a parish, though they would be thorough in the district selected for the intensive method, and they were not there on a permanent basis. In the first few years at least, cash-strapped Parish Boards and a culture that tended to ignore the importance of public health as an investment rather than a burden, meant that the road for IHB men was a difficult one.

It seemed that the IHB’s fears over Jamaica that had postponed their earlier involvement were well founded. Howard, despite his very firm stance on sanitation and adherence to the original agreement in his communications with the Jamaican government, privately mused to Gardner that they might have to “temporize” and hope that through education and demonstration of the treatment campaign, win over the public and government officials to their methods.³⁸

Gardner finally left Jamaica in December 1919 to return to the United States and his very ill wife. In one of his final letters to Howard he expressed his disappointment with his time in Jamaica, feeling as if his work had come to naught in the first demonstration campaign in May Pen. He lamented, "... it has seemed to me at times that my best efforts had produced very poor results ... It was not a satisfactory piece of work to me and at the same time it was the most difficult piece of work I have ever done."³⁹ With the treatment campaign in the Vere district underway and the sanitation left unfinished in May Pen, his replacement, Dr. Benjamin Washburn, who arrived in January 1920, was thrust immediately into the controversies and challenges faced by his predecessor.

This detailed account of the many obstacles faced by Gardner, Connor and Howard in securing the cooperation of the Jamaican government and the fulfillment of the promises they made in 1918, reveals that while many governments were eager for RF money, this did not translate automatically into an acceptance of their American public health creed. The RF did not simply hand over funds, nor did they take on the burden of permanent programs in public health. Rather, IHB officers implemented demonstration campaigns of limited geographical and temporal scope in order to win over governments and the public to their vision of the prevention of disease through sanitation. While this vision was a worthy one, it failed to recognize the dynamics of the local political structure and the cost-counting of the colonial government. The resistance encountered by IHB officers in Jamaica, while specific to the local context, elucidates many of the obstacles encountered by the RF in its attempt to promote a global vision of public health.

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The ideas and opinions expressed in this report are those of the author and are not intended to represent the Rockefeller Archive Center.

ENDNOTES:

¹ Rockefeller Foundation (RF) Archives, Record Group (RG) 5, Series 1.2, Box 83, Folder 1169.

² Connor had begun his work in Guatemala.

³ Howard was not one of the medical elite who later populated the ranks of the IHB. Instead he was a fundamentalist Christian doctor from Mississippi with a degree from one of the lesser known state schools. This information comes from Palmer. At forty-four years of age, Howard was an elder statesman. Gardner and Washburn were both in their early thirties when they arrived in Jamaica.

⁴ RF, RG 5, Series 1.2, Box 82, Folder 1162, Jamaica, Howard to Rose, August 29, 1919.

⁵ This invitation seems to have been largely within the context of World War I and the desire of the British Government for war aid, which the RF was not prepared to give.

⁶ A more detailed description of the medical system of Jamaica follows below.

⁷ The two treatments used in Jamaica were thyomol and oil of chenopodium. One bonus was that these drugs also worked on other intestinal worms, although they were not given to patients who did not also have hookworm disease.

⁸ There is some debate in the scholarship over whether eradication of hookworm was even the goal of these campaigns. Palmer and Farley argue that the demonstration of public health became equally important to the total eradication of the disease, while Anne-Emanuelle Birn contends that the failure to eradicate hookworm in Mexico is evidence of the failure of the IHB's goals there. In Jamaica it appears that the demonstration aspect was more important than eradication, although the promotion of sanitation and the use of the intensive method were certainly part of an attempt to eradicate the disease and win public support for other health programs. IHB staff had learned the hard way in campaigns prior to 1918 that total eradication was only theoretically possible, but was not likely, given that the total control necessary to produce eradication was not a possibility in international health work.

⁹ RF, RG 5, Series 1.2, Box 66, Folder 961, Jamaica, Rose to Howard, May 22, 1918.

¹⁰ RF, RG 2: Box 43, Folder 266, Jamaica, "Letter to Government resulting from conference with Governor and Dr. Ker," March 4, 1918.

¹¹ Following his short survey stint in Jamaica, Connor was posted in Ecuador to work on yellow fever.

¹² RF, RG 5, Series 1.2, Box 66, Folder 962, Jamaica, Howard to Rose, July 17, 1918.

¹³ RF, RG 5, Series 1.2, Box 67, Folder 962, Jamaica, SMO Lawson Gifford to Connor, October 18, 1918.

¹⁴ RF, RG 5, Series 2, Box 43, Folder 265, Jamaica, Connor to Rose, September 4, 1918.

¹⁵ RF, RG 5, Series 1.2, Box 67, Folder 963, Jamaica, Connor to Howard, September 3, 1918.

¹⁶ *Ibid.*

¹⁷ RF, RG 5, Series 2. Box 43, Folder 254, Jamaica, Connor to Rose, September 4, 1918.

¹⁸ *Ibid.*

¹⁹ *Ibid.*

²⁰ Ibid. Connor also explains that the term “creole” was the safest term to use in addressing any person of color, no matter the shade. This warning was no doubt useful for the subsequent directors who came from the American South and were most likely used to referring to all people of color as “mulatto”, “negro” or worse.

²¹ Ibid.

²² Ibid.

²³ The term “native” is used universally by IHB men to refer to Afro-Jamaicans. It does not refer to other groups of the local population which included whites, East Indians, Chinese and Middle Eastern communities.

²⁴ After Gardner’s repeated protests, the Chief Sanitary Inspector and his subordinates were finally given the power to serve citations on households without sanitary conveniences towards the end of 1919.

²⁵ The Acting Colonial Secretary was operating as both the Colonial Secretary, and for a brief time, as Governor in 1918 and 1919.

²⁶ This arrangement had been worked out by Connor and SMO Ker, both of whom were gone from the island by late 1918. Ker died on a trip to the United States, after receiving help from the RF in securing top doctors, while Connor had received a new posting in Latin America.

²⁷ Crosswell had been the Medical Officer of Health for Kingston prior to his appointment as Chief Sanitary Officer. RF, RG 5, Series 1.2, Box 83, Folder 1165, Letter from Gardner to Howard, February 28, 1919.

²⁸ “Is told to quit,” *Daily Gleaner*, December 20, 1918. The title of this article refers to a letter Crosswell received from the Governor, through the Colonial Secretary, asking that Crosswell give up the position in favor of Turton. Crosswell had already resigned as Health Officer for Kingston and served temporarily as the Superintending Officer for Influenza when the Spanish flu epidemic reached the Jamaican shores. It seems that Crosswell was in the right in demanding the position, but the situation created ill-feelings and resentment between Crosswell and the IHB for several years.

²⁹ To add insult to injury, the first two sanitary inspectors hired under Crosswell were not given allowances for travel expenses by the Central BOH and resigned their commissions. It took several years for the IHB to impress upon the government the need for decent salaries in order to attract dedicated and educated men. As Jamaican Medical Officer of Health, Dr. Glen Campbell argued in early 1918, it was almost impossible for a trained man to make a living in public health and sanitation in Jamaica.

³⁰ In 1919 the staff completed a census of 2935 people in 629 homes and collected specimens from ninety-seven percent of the people. They found that fifty-five percent of them had some level of hookworm infection, and eighty-seven percent of them were treated for the disease. It was determined by re-examination that seventy-nine percent had been cured following a course of treatment with Thymol. RF, RG 5, Series 3, Box 180, Folder 2246.

³¹ RF, RG 5, Series 3, Box 180, Folder 2246, “Report of the work of the Jamaica Hookworm Commission, May 1919,” by P.E. Gardner. It is also worth noting that the Commission conducted a treatment campaign at the Parish alms house for the indigent poor. Gardner noted in his 1919 annual report that the superintendent of the alms house had found some of the inmates so improved that he had discharged them. This may certainly have been the case, because Gardner found a very high rate of infection at the alms house. However, it might also be possible that the superintendent, having thinly stretched resources, used the treatment campaign as a pretext to thin out the number of inmates in the chronically over-crowded district almshouses.

³² Even worse, when Gardner arrived, he discovered that contrary to the agreement made between the IHB and the government, Crosswell had decided to begin sanitation inspections of Vere, the wrong district, rather than May Pen. Gardner had to remind the Central BOH of the agreement, and this no doubt contributed to the tensions between Crosswell and the IHB in subsequent months.

³³ Gardner was particularly bothered that none of the latrines were fly proof. The IHB officers knew that diseases like typhoid were fly-born, but this desire for a fly-proof latrine caused such confusion that the Colonial Secretary eventually telegraphed Wickliffe Rose to clarify the type of latrine needed. Small confusing matters such as these led to many delays and indicate that the IHB message of preventing ALL filth-borne diseases, not just hookworm, was not only lost on the general population, but frequently lost on local sanitary officials.

³⁴ RF, RG 5, Series 1.2, Box 83, Folder 1169, Gardner to Howard, July 9, 1919.

³⁵ RF, RG 5, Series 3, Box 180, Folder 2246.

³⁶ Quoted in "Hookworm Eradication Work in the Parish of Clarendon," *Daily Gleaner*, September 1, 1919, p. 13. In Howard's letter to Gardner, communicating these points, he did point out to Gardner that despite the continuing problems with sanitation, they had actually had better results in Jamaica than in their first year of work in Trinidad, St. Vincent, Grenada and St. Lucia!

³⁷ "Meeting of Parochial Board of Clarendon on Thursday" *Daily Gleaner*, August 16, 1919.

³⁸ RF, RG 5, Series 1.2, Box 83, Folder 1169, Howard to Gardner, July 22, 1919.

³⁹ RF, RG 5, Series 1.2, Box 83, Folder 1169, Gardner to Howard, December, 1919.