

The Rockefeller Foundation and the Administration of the Philippines

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Civilian control of the Philippines emerged early in the era of American administration, diminishing the authority of the military and facilitating Filipino participation in the regime. Throughout this period American public servants relied on Filipino collaboration, cooperation, and eventually permission to accomplish their tasks. Many Americans found this dynamic frustrating. They were supposed to be the experts in charge of creating a modern state on these Pacific islands. Administrators, civil servants, educators, and public health officials embraced a progressive agenda that relied upon efficiency, technology, and expertise to develop the Philippines. From the beginning of the Insular Government, structural limits constrained Americans' ability to implement reforms. Filipino demands for independence shaped policy in Washington and confined colonial development within boundaries established by the colonized elite.

America's tentative formulation of colonial policy empowered Filipino elites in their demands for independence, and Filipinization programs simultaneously frustrated and demoralized Americans in public service positions. Public statements against Philippine independence constituted an unpardonable sin. For most Filipino elites, political independence remained the litmus test for notable government positions. Americans who spoke negatively on the subject faced retribution. Positions within all aspects of the government became linked with political independence. Filipinization represented a focal point that led from governing to government.

American public servants emerged from a bureaucratic-minded middle class. Robert Wiebe argues in *The Search for Order* that a new middle class embraced the ideals of associations and scientific methods to form a bureaucratic society. These professionals in medicine, law, economics, and social work, as well as specialists in business, labor, and agriculture distinguished themselves by their expert status.[1] Resistance to these reformers' intentions led to impatience with existing systems and the slow pace of change. Wiebe insists on the importance of bureaucratic approaches for the middle class.[2] The placement of self-imagined experts within an American colonial bureaucracy locates these servants well within the progressive frame.

Americans developed programs intended to uplift the majority of Filipinos but often encountered an elite political oligarchy that insisted upon political independence as a priority. Their progressive agenda mirrored many of those in the United States, including efficient government, secular education, and public health. Sanitation and public health initiatives attended to the physical development of the population. American doctors, nurses, and sanitation experts sought transformation in the Islands. These reformers often found that Filipino leaders rivaled big-city politicians back home in steering the development agenda towards partisan objectives.

Public health officials acted within the early twentieth-century framework of social progressivism. They believed that by doing good they would benefit the general population of the Islands. An overarching faith in problem solving and the impartiality of scientific methods drove these individuals forward in their endeavors. America's colonial project of developing the Philippines offered numerous opportunities to apply scientific principles, especially towards the elimination of malaria and hookworm. Health officials utilized their experiences in America as a basis for tackling these two diseases. Significantly, the newly formed Bureau of Science established a bastion for experts to insulate themselves within a scientific enclave in Manila. American experts often found their paths to problem solving strewn with political obstacles tied to autonomy and independence.

The Rockefeller Foundation (RF) supported public health initiatives in the Philippines under the rubric of self-help. The RF typically funded projects as a cooperative program with the government. They shared expenditures on an equal basis during the first year with proportionally less support during subsequent years.^[3] The following review of the RF's activities provides context for the specific discussion of their progressive agenda.

The RF's International Health Board conducted a survey of health conditions in 1913 that helped formulate specific programs that appeared useful in developing the Philippines. The RF appointed Dr. Victor Heiser to oversee activities seen as "stimulating them to self-help." The first such program in 1915 consisted of a hospital ship envisioned as a traveling dispensary, or clinic, that traversed the southern islands. The RF terminated the project after a few unsuccessful years characterized by high costs and few patients. During the 1920s a number of valuable programs addressed the Islands' health status, including a nurse training program, public health laboratories, malaria control projects, and education. Advisors assisted the Philippine Government in efforts to improve the status of the College of Medicine at the University of the Philippines. In tandem with insular programs, the RF supported a fellowship program whereby students from the Islands studied in America.^[4]

Specific projects directed towards eliminating hookworm and malaria dominated the RF's focus during the mid-1920s. Additionally, the RF funded the Bureau of Science in Manila, which pursued theoretical and practical solutions to tropical diseases. For example, a biological

laboratory at the Bureau conducted primary research on typhoid. This led to a number of malaria control projects in Pampanga, Laguna, and on the island of Mindoro. After these initial grant-based projects proved their merits, the Philippine Health Service assumed overall program responsibility.[5]

The RF funded two visiting professors for the University of the Philippines. A grant of over \$37,000 supported Robert W. Hegner of Johns Hopkins, a professor of parasitology, and William B. Wherry of the University of Cincinnati, a professor of bacteriology and immunology, at the School of Hygiene and Public Health. At a more basic level, the RF initiated sanitation studies under the direction of Dr. Clark Yeager, which sought "to determine the type of sanitary latrine best adapted to locality." Programs that focused on malaria control, local sanitation, and fellowship grants continued into the 1930s. However, the anticipated independence and increased Filipino demands for practical application of these programs accelerated the RF's desire to complete the projects and leave the Islands.[6]

The Public Health Service shifted its personnel as Filipinization programs proceeded. Public health positions initially included many Americans in higher grades of the Service. "Up to 1913, the chiefs of hospitals were all Americans, with the exception of that of Butuan. Of seventeen medical inspectors, but two were Filipinos, the rest, Americans." During the period from 1909 to 1913 there were nine junior medical inspectors, all Filipinos, and twenty-seven district health officers, five of whom were Americans.[7] Filipinization goals under Governor-General Francis B. Harrison induced some of these Americans to reconsider their careers.

Dr. Heiser directed the Bureau of Health in Manila prior to joining the RF as Director for the East of the International Health Board. IHB projects included the broad efforts to control smallpox, cholera, and plague as well as the reduction of amoebic dysentery and malaria. Heiser often worked in his office until midnight or later and was widely regarded as an effective bureaucrat. "He has been particularly successful in dealing with the Filipino officials. He gets what he goes after, and does it not by driving but by tact, unruffled good humor, and everlasting persistence." After thirteen years in the Islands, Heiser decided to leave government service. He grew discouraged with the Harrison administration which allowed "the native politician freer rein and thereby to impair the efficiency of the Government service." He viewed the future apprehensively. Heiser earned a combined salary from the Philippine Government and the U. S. Public Health Service of \$10,500, but considered abandoning his retirement allowance and accepting a smaller salary "in case of service that would not keep him continuously in the tropics." [8]

The Philippine Health Service created programs for the general population based upon prevailing medical practices. By 1920 public dispensaries provided free medical assistance to the poor including over one hundred in Manila and 830 in the provinces. The Service developed reports

recommending improvements where necessary. For example, the "Report on the Typhoid Situation in Manila during 1924" included detailed records illustrating sound experimental procedures and the application of statistical analysis. The report traced variations of the number of monthly typhoid cases based upon mean, standard deviations, and coefficient of variations. They discovered that typhoid occurred most frequently among Filipinos (237 per 100,000) while Americans maintained the lowest rate (64 per 100,000).[9] The specific causes of typhoid outbreaks remained complex. The committee's 1925 report attributed typhoid in Manila to several sources including unsanitary handling of the water, defective sewage disposal, flies, unsanitary and crowded living conditions, and the presence of carriers engaged in food handling occupations.

Locally supplied produce posed an area of concern, especially for Americans living in the Islands. Fresh vegetables in Manila appeared suspect during the 1920s. Therefore, the Service initiated a research program investigating truck gardens, operated for the most part by Chinese farmers, as a possible source of contamination. The report found no application of human or animal waste as fertilizer since farmers preferred nutrients supplied by vegetable products such as copra and soy. Farmers often utilized shallow wells for irrigation and washing of the produce.[10]

While little contamination of fresh vegetables appeared at the point of production, frequent handling during transportation and at the markets posed a highly probable source of infection. Findings indicated, "in many instances water was obtained from the horse trough in the street rather than from the faucet available for that purpose." Still, the committee found no evidence to believe consumption of produce was a major source of typhoid, dysentery, or other intestinal diseases. However, they urged greater care of washing and handling vegetables in the markets.[11] These findings generated increased inspections of city markets and programs regulating the handling of produce from farm to consumer.

Philippine health initiatives developed from traditions established in America. Concepts and approaches first implemented in the rural south underpinned those in the Islands. Progressive social programs extended beyond urban centers, often cited as the focus of social projects. In his 1992 book, *The Paradox of Southern Progressivism*, William A. Link explains how paternalism and reform shaped social policy. He argues that two conflicting views influenced Southern progressivism; traditionalists from small communities who clung to their local values vs. progressive reformers seeking solutions through state intervention. The anti-hookworm crusades supported by the Rockefeller Sanitary Commission blended education and health reform during the 1910s.[12] Early attempts to shape public opinion regarding improved hygiene generated mixed results.[13] A crusade centered on county dispensaries, however, proved effective in demonstrating the effects of the disease and the methods of control.

Malaria and hookworm proved particularly troublesome in the Islands. Public health initiatives may have built upon past experience but developed according to local conditions. Americans and Filipinos identified the problems and implemented solutions that may appear today as both hazardous and environmentally irresponsible. However, at the time they constituted a multifaceted approach in hopes of eliminating or at least controlling these two diseases.

Early in the American Era both military and civilian projects focused on eliminating standing water as a means of malaria control. These efforts targeted mosquito breeding grounds but offered only part of the solution. Civil engineering projects sought to eliminate standing water near homes and alter streams to minimize slow-moving water. Individuals contracted malaria independent of income level. An investigation in Laguna Province suggested that malaria occurred among both rich and poor. Quinine offered the most practical means to minimize the number of malaria cases, reduce mortality rates, and protect the public.[14] In spite of these traditional methods, the climate, topography, and agricultural landscape posed continued challenges to malaria control.

Rice remained an important crop in much of the Philippines with over four million acres under cultivation. Filipino rice workers usually lived in barrios of between ten and one hundred homes and obtained their water from artesian wells. Malaria constituted a pervasive disease in rice producing provinces. Mortality figures for the period between 1915 and 1924 suggested that for a population in these areas of 3.1 million people, deaths from malaria ranged between eight and fourteen thousand per year. During this period experimental applications of Paris Green (Arsenious Oxide) larvicide proved promising as a supplemental control program. Studies suggested that cultivated rice fields generated few mosquitoes whereas the canals used for irrigation served as breeding grounds for dangerous malaria carriers such as *A. Minimus* and *A. Ludlowi*. [15]

The International Health Board informed the Philippine Sugar Association of the benefits and procedures required for malaria control programs at the centrals and plantations. By 1925 experiments suggested that the anopheles mosquito, primary carrier for Malaria in the Islands, breeds in running streams during the dry season. Therefore, they recommended beginning control efforts immediately after the rainy season.

Mosquito control programs focused on attacking the larvae in the water. Certainly, eliminating standing water constituted a major factor in control, but this failed to address the various streams and ponds found in the region. Oil remained a common method, but required a complete film over the water surface, which proved ineffective on streams due to excessive vegetation along the water's edge. Mixtures of cresol and water offered a solution for small areas. However, experiments at Del Carmen confirmed the effectiveness of Paris Green as a larvicide in the Philippines. This poison killed the larvae as it fed on the particles. Applying a mixture of Paris

Green and fine road dust provided an economical mixture for the water's surface.[16] Although commonly used at the time, Paris Green also remained widely recognized as a deadly poison.

Public health officials faced wide-ranging problems associated with the prevention and treatment of hookworm. For much of the period, few individuals lived in homes with flush toilets. Most people either used privies, public midden sheds, or defecated along riverbeds and open ground.[17] People often made no effort at disposal, relying on pigs and sometimes chickens to feed on the night soil.[18] Health and sanitation workers created public education programs, in part through the school system, that encouraged building bored-hole latrines, a solution particularly suited to the soil conditions in the Islands. The bored-hole latrine consisted of a vertical shaft approximately twelve feet deep. An augur cut through the surface soil and then a series of blast holes dynamited through the adobe sub-soil. Occasionally, another charge of dynamite was exploded at the hole's base in order to increase capacity by creating a series of fissures several feet outward from the central hole.[19]

In order to facilitate the building of latrines, a grant of 300 pesos provided seed money for an easy payment plan demonstration system in the municipality of Navotas. At an estimated cost of 15 pesos per latrine, private accommodations remained comparatively expensive for many Filipinos. The local auditor suggested the account's title as the "Rockefeller Toilet Funds" but other titles proved more suitable including the "Sanitation Revolving Fund" and "Toilets-by-Installment." The fund allowed homeowners to make twelve to fourteen monthly payments until the cost was fully repaid. Private latrines offered improved sanitation compared to "constructing public midden sheds which are expensive and unsatisfactory." [20]

Treatment options for hookworm included relatively dangerous medications. Dr. Charles N. Leach commended the work performed in Cebu by Health Service workers. He reported no fatalities out of 26,000 cases treated with carbon tetrachloride as a result of the quality of the drug and the denial of treatment to any patient exhibiting liver disease. "This record is one of which the Philippine Health Service should be proud, as they are the only organization on record who can show no fatalities after twenty five thousand treatments with carbon tetrachloride." Carbon tetrachloride offered an inexpensive solution, costing an average of 5 centavos per dosage.[21]

The Service initiated an island-wide campaign against hookworm. The department expected all inspectors to commence a screening program to ascertain the level of infestations. In 1923 doctors administered carbon tetrachloride at a dosage of 1 cc to each 7 kg. of body weight. The Philippine Health Service limited medications to those re-purified by the Bureau of Science. Guidelines cautioned to only take this treatment under the supervision of a doctor, which included a minimum observation period of five hours.[22]

Americans working in the Islands often felt unfulfilled. Dr. Leach longed to return to America after working in the Islands for three years. Already in 1924, a general concern about withdrawal of support for the Islands affected these professionals. Leach commented, "Our failure to accomplish more has been due largely to the unsettled political situation and a growing movement of non-cooperation of the native towards Americans generally." He explained, "This has been most marked towards the efforts of Gov. Gen. Wood, which of course is reflected in their relations with the members of the Foundation staff." Leach believed that Filipinos were so focused on independence that it was not wise to pursue public health projects.^[23]

The Bureau of Science operated as a branch of the Philippine government and served as a central source for laboratory and scientific work. In 1915 Bureau personnel provided virtually all biological and pathological work for the Bureau of Health, chemical tests for Customs Service, testing required under the Food and Drug Act, the manufacture of vaccines and serums, material testing, assaying, as well as original research. Heiser noted that "the old employees, whose experience in the Philippines is a great asset, are leaving rapidly owing to the threatened reduction in salaries and the hostility of research work." He believed this institution served as a unique outpost in the Pacific. "With the possible exception of the laboratory of the Japanese Government in Tokyo and the laboratories in Australia, the laboratory of the Bureau of Science in Manila is the only fully equipped institution in the entire Orient." Known throughout Europe and America, it contributed to the progress of medicine, sanitation, and economic development of the Islands.^[24]

Filipinization altered the composition of Bureau personnel. By 1925 the number of employees stood at twenty-one persons, all but two of whom were Filipinos, Prof. Haughwout, an American protozoologist, and Dr. Schoble, a European temporarily in charge of the Biological Department. The position of head of this department remained vacant after Dr. Gomez left the Bureau. Politics influenced the replacement process since government officials resisted appointing an American. George Lacy reported on current conditions: "At present, it seems to me that little can be done toward getting an American because there has been a strong movement to discontinue granting other special contracts." He continued, "Anyone employed at a salary of more than 6,000 pesos must be employed on special contract basis, since that amount is the maximum salary paid by the Civil Service." Most nominations originated from Filipinos since those initiated by the Governor-General appeared doomed for rejection.^[25]

Virtually any program that involved selection of individuals for a position of note turned political. For example, Heiser attempted to treat the fellowship program in a non-political manner. "It is well to remember that the situation in Manila is always loaded with dynamite," he cautioned, "and that even a disinterested desire to be of help may be misunderstood and be swept into the ever turbulent political sea." He continued with his metaphor: "The men in responsible government administrative posts in the Philippines are pulled here and there by the fierce

political currents, and sometimes it may appear that they are not carrying out exactly the promises made with regard to future employment of those to whom we have granted fellowships." Heiser cautioned that in spite of the politics, the fellows usually moved into responsible positions. He generally "first took up with the Filipino officials, and later secured the acquiescence of Vice-Governor Gilmore."[26]

Politics led to the reduction of philanthropic assistance in the Philippines. After an investigative trip around the Islands, Selskar Gunn recommended termination of RF funding. Evaluating RF-funded projects, he assessed the malaria project under the School of Public Health useful and the rural sanitation programs relatively successful. However, a great deal of internal bickering apparently existed: "The Filipinos fight so much amongst themselves that work is made extraordinarily difficult." "Just how long it will be worthwhile for the Foundation to cooperate with the Filipino Bureau of Health will depend on the success of the present undertakings," Gunn concluded. Furthermore, the Bureau of Science continued to atrophy. Gunn regretted its change from research to one of "applied science." He noted its decline, stating that it "will become poorer as the few remaining American scientists are chiseled out of their jobs by the Filipinos." While the professionalism of the School of Hygiene at the University of Philippines continued to impress him, the bureaus of Health and Education appeared wanting. Gunn expressed his overall disappointment of the current state of the Islands, blaming much on the continued Filipinization programs. "I can only repeat that it seems to me a tragedy that these people should already have been given so much independence with the possibility of their getting full independence before many years have elapsed." Although the RF tended to provide program specific support for a set number of years, perceptions similar to Gunn's may have terminated this funding sooner than expected in the Islands. As Gunn concluded, "Under existing conditions, I would not advocate any extension of the present Foundation program."[27]

Change at the Bureau of Science may be indicative of the conflicting goals of American philanthropists and Filipino administrators. Americans viewed this Manila institution as a facility for experts to study tropical disease, creating a scientific bastion in the Pacific. Filipinos expected results that could be directly applied to their society. As Filipinos increasingly replaced Americans in all facets of government and private institutions, their visions prevailed at the Bureau. This example mirrors what Progressives faced in many environments back home in both urban and rural settings. Experts may have had science on their side, but unless their programs actuated clear benefits for the people, they ultimately failed.

Transitions from theoretical to applied science created disappointment within the Bureau. Dr. Paul F. Russell worked at the Bureau of Science from December 1929 to 1934. Russell complained of the dissection of the Bureau in order to provide practical results. "Such plans leave very little place for pure research and the simple fact that years of theoretical study may have been required to make possible the production of one usable device seems to be almost

entirely ignored." For example, organic chemistry merged with inorganic under the umbrella of industrial research. Even the buildings no longer retained their exclusivity, but operated under the generic "Science Buildings." Russell cast a dubious eye on the future and complained, "If Under-Secretary Vargas has his way it is certain that the Bureau of Science as you knew it, and as it was planned, will no longer exist." He predicted a far more mundane institution. "It will be a fourth-rate museum, a testing and measuring laboratory, an uninspired manufactory of serums and vaccines, and a place where men will play at industrial research." Russell regretted its destruction at the hands of local politicians. "There are few places where there are better opportunities or larger needs." [28]

American experts in public health learned that local politics often trumped science in a colonial environment. Successful programs that combated typhoid, malaria, and hookworm proved beneficial to the Philippine population. However, experiments frequently suggested solutions that created cures through potentially deadly means. One marvels at the controlled administration of Paris Green and carbon tetrachloride and its apparently benign effect on patients. Medical experts faced the same realities that other civil servants found so vexing; Filipino politicians often prioritized programs based upon autonomy and independence. Their long-term goals ignored short-term benefits regardless of the problems at hand.

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ENDNOTES

1. Robert H. Wiebe, *The Search for Order 1877-1920*. New York: Hill and Wang, 1967, p. 112.
2. *Ibid.*, 166.
3. "Preliminary Report of the Cooperative Health Work of the Rockefeller Foundation,

Philippine Health Service and the Province of Rizal," by Clark H. Yeager and Marcelino A. Asuzano, 1932, folder 857, box 70, series 242, Record Group 5, Rockefeller Foundation Archives, Rockefeller Archive Center, Sleepy Hollow, New York (RAC).

4. "Outline of Rockefeller Foundation Activities in Philippine Islands," by Clark H. Yeager, 1913-1935, pp. 1-2, folder 12, box 1, series 242, RG 1.1, Rockefeller Foundation Archives, RAC.

5. Ibid., 3-5.

6. Ibid., 6-8.

7. "Memorandum on Sanitary Activities in the Philippine Islands (1909-1921)," by V. Jesus, p. 1, folder 128, box 20, series 242, RG 5, Rockefeller Foundation Archives, RAC.

8. "Visit to Manila (June 1-7, 1914)," folder 121, box 20, series 242, RG 5, Rockefeller Foundation Archives, RAC.

9. "Report of the Typhoid Situation in Manila during 1924," 1925, p. 10, folder 125, box 20, series 242, RG 5, Rockefeller Foundation Archives, RAC.

10. "Report on the Committee on Sanitary Survey of Truck Gardens in Manila," 1924, p. 1, folder 126, box 20, series 242, RG 5, Rockefeller Foundation Archives, RAC.

11. Ibid., 3.

12. William A. Link, *The Paradox of Southern Progressivism, 1880-1930* (Chapel Hill, NC: University of North Carolina Press, 1992), 142.

13. Ibid., 147.

14. "Findings of the Malaria Investigation within the Four Selected Zones in Laguna Province," by R. G. Padua, 22 January 1923, p. 21-23, folder 124, box 20, series 242, RG 5, Rockefeller Foundation Archives, RAC.

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17. "Preliminary Report of the Cooperative Health Work of the Rockefeller Foundation, Philippine Health Service and the Province of Rizal," Chapter III, by Clark H. Yeager and Marcelino A. Asuzano, 1932, folder 857, box 70, series 242, RG 5, Rockefeller Foundation Archives, RAC.

18. "Report on Health Agencies and Health Conditions," International Health Commission, Response by J. Andrew Hall, 24 February 1915, folder 343, box 23, series 242, RG 5, Rockefeller Foundation Archives, RAC.

19. "Steps for blasting a bored-hole latrine," photos by Dr. Yeager, 1930, folder 1316, box 56, series 242, Rockefeller Foundation Photograph Collection, Rockefeller Foundation Archives, RAC.

20. "Sanitation Revolving Fund," by Clark H. Yeager and Marcelino A. Asuzano, folder 857, box 70, series 242, RG 5, Rockefeller Foundation Archives, RAC.

21. "Memorandum Regarding Inspection Trip and Survey of the Southern Islands," by C. N. Leach, 10 May 1923, folder 122, box 20, series 242, RG 5, Rockefeller Foundation Archives, RAC.

22. "Memorandum on Hookworm Campaigns to all District Inspectors," by V. Jesus, 3 July 1923, folder 126, box 20, series 242, RG 5, Rockefeller Foundation Archives, RAC.

23. Charles N. Leach to Dr. Heiser, 2 January 1924, TLS, folder 2383, box 184, series 242, RG 5, Rockefeller Foundation Archives, RAC.

24. "Memorandum for the International Health Commission, Re Bureau of Science, Manila, P. I.," by Victor G. Heiser, 1 March 1915, folder 121, box 20, series 242, RG 5, Rockefeller Foundation Archives, RAC.

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27. Selskar Gunn to Max Mason, 13 October 1933, TLS, folder 4, box 1, series 242, RG 1.1, Rockefeller Foundation Archives, RAC.

28. P. F. Russell to V. G. Heiser, 11 October 1933, TLS, folder 2, box 1, RG 1.1, Rockefeller Foundation Archives, RAC.