

# **“A Small Oasis in a Large Intellectual Desert”: Debates over Rockefeller Foundation Funding to Revolutionary Bolivia**

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The Bolivian National Revolution of 1952 that brought the *Movimiento Nacionalista Revolucionario* (National Revolutionary Movement, MNR) to power attempted profound social, economic, and political transformations of Bolivian society. Most accounts of the revolution’s impact stress nationalization of the mining industry, agrarian reform, and the implementation of universal suffrage as part of the MNR’s project to modernize Bolivia economically and politically. My project builds on the insights of these analyses and examines the cultural impacts of the MNR’s modernization campaign on the nation’s sizable indigenous population. It provides a unique interpretation of the Bolivian Revolution by using government-sponsored rural public health campaigns as a lens for analyzing the racial, class, and gendered interactions of the indigenous population with the revolutionary state.

The national government’s health and sanitation campaigns demonstrate state intervention in rural communities but also elucidate national discourses of modernity and international political and economic interactions. Locally, these campaigns aimed at controlling disease by controlling bodies and personal practices. To fit the MNR’s vision of Bolivian modernity, Bolivia’s indigenous population was vaccinated, taught about health and hygiene in rural schools, and persuaded to give birth in hospitals. Nationally, the MNR believed that modernizing indigenous communities would erase the “Indian” as an ethnic group and eradicate

a perceived impediment to Bolivia's national progress. Internationally, financial restrictions prompted the MNR to look to the United States for financial and technical support for their health programs. Therefore, this study is as much about international relations and U.S. framing of public health programs as it is about the ambitions and limitations of Bolivian state policies.

My interest in the international dimensions of Bolivia's national public health programs centers on international institutions' influence on local political and social conditions. These interests brought me to the Rockefeller Archive Center (RAC), where a variety of collections helped me address several important questions: What was the nature of the collaboration between the Rockefeller Foundation (RF) and the Bolivian government after the 1952 revolution? What were the prevalent U.S. opinions about Bolivia's revolution, and how did they shape international health collaboration? How did personal and professional relationships affect this collaboration? Finally, what steps did RF personnel think were necessary to transform Bolivia's health infrastructure, and how did they attempt to prepare Bolivian health workers and government officials for RF's eventual withdrawal in 1953?

My research at the RAC uncovered substantial early collaboration between the Bolivian government, U.S.-funded health organizations, and the Rockefeller Foundation, as well as the MNR's early interest in expanding its rural public health services. George Bevier's diary was particularly helpful for understanding the relationship between the RF personnel in Bolivia and the new revolutionary government. Bevier was the director of the RF's health initiatives in Bolivia from the 1940s until his retirement in 1953, and his diary for 1952 and 1953 not only contains his thoughts on the unfolding revolution, but also describes his conflicted opinions of Bolivia, its inhabitants, and the possibilities for establishing effective disease control programs. Of particular importance for my continued research on Bolivia's health programs was the long

list of names and organizations contained within his diary, as well as details about programs regarding yellow fever vaccinations along railroad construction sites in the Yungas area, typhus education and delousing programs in rural schools, and continued efforts to eradicate malaria in the nation's tropical regions.<sup>1</sup>

Bevier, like other RF officers, had tremendous respect for individual Bolivian doctors with whom he worked, but doubted the capacity of Bolivians as a whole to sustain a modern health infrastructure. J.H. Bauer's "A Survey of Medical Education in Bolivia" (1952) was instrumental for understanding RF officials' view of Bolivia's volatile political situation as a limitation to creating long-lasting reforms. Bauer deplored the state of health and disease programs in Bolivia, noting that most health services were largely limited to urban areas and births in rural areas were unattended by trained medical personnel, but highlighted the importance of the RF in helping control disease, especially commending the use of DDT to control typhus, described as widespread among the "Indian" population. In terms of the nation's capacity for medical education, he claimed only the University of Sucre made a good impression and stated that education at other institutions was merely a joke due to the students' greater interest in political activity and the faculty's communist sympathies. Ultimately, he concluded that there was little prospect for continued RF involvement in Bolivia due to the tumultuous political situation.<sup>2</sup>

However, the RF's closing of its Bolivia office and termination of the projects of the Division of Rural Endemic Diseases in 1953 did not mean that Bolivia disappeared from discussions of RF's future involvement in South American countries. RF officials continually weighed Bolivia's "obviously great needs" against its political climate. Kenneth Wernimont

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<sup>1</sup> RF, RG 12.1 Diaries, George Bevier, 1952-1953, box 19.

<sup>2</sup> J. H. Bauer, "A Survey of Medical Education in Bolivia," Lima: Peru, September 1952 (RF, RG 1.2, series 300A, box 2A, folder 6B).

claimed it “will be a land of strife for some time to come.”<sup>3</sup> Bolivia’s clear lack of a satisfactory medical infrastructure led one RF official to state, the “huge area made of Ecuador, Peru, and Bolivia is without adequate medical education facilities [although] I hate to mention Bolivia which must be one of the most backward countries in the world as far as medical education is concerned.”<sup>4</sup> This obvious need clearly did not outweigh RF concerns about its dearth of facilities and political problems, leading to the official decision to concentrate medical education efforts on Brazil, Chile, and Colombia.<sup>5</sup> Even a 1957 memorandum stating “Bolivia has a small group of enthusiastic medical educators and leaders [who] are struggling against almost insurmountable difficulties to improve medical education and to provide able leadership to public health and medical care programs”<sup>6</sup> did not produce a renewed RF interest in developing a program in Bolivia.

The general correspondence files for the years of my study demonstrated that Bolivia continued to occupy a place in the RF imagination in spite of a lack of institutional commitment. Bolivia, at least in theory, presented one of the clearest opportunities for intervention but lacked the basic infrastructure necessary to attract a sustained financial commitment. Even so, many Bolivian doctors, nurses, and health officials received grants and fellowships provided by the RF, Pan American Sanitary Bureau, and the World Health Organization that allowed for study abroad in a variety of health- and sanitation-related fields.<sup>7</sup> My study of the RF’s program and policy files helped situate RF’s ambivalence toward Bolivia in the larger Latin American context, explained by a recommendation for the RF to target a few worthy institutes in each country and

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<sup>3</sup> Excerpt from Kenneth Wernimont’s diary, Oct. 23, 1954 (RF, RG 2.1954, series 300, box 33, folder 232).

<sup>4</sup> Letter from John H. Janney to John M. Weir, Nov. 22, 1956 (RF, RG 2.1956, series 300, box 56, folder 368).

<sup>5</sup> Letter from John C. Bugher to John H. Janney, Nov. 29, 1956 (RF, RG 2.1956, series 300A, box 49, folder 324).

<sup>6</sup> Memorandum of a visit to the University of San Andrés Faculty of Medicine, La Paz, Bolivia, April 3-10, 1957. To: Harald S. Frederickson M.D., Director Health, Welfare and Housing Field Party Institute of Inter-American Affairs U.S. Operations Mission to Bolivia, From: Benjamin G. Horning M.P., Medical Education Consultant, U.S. International Cooperation Administration (RF, RG 2.1957, series 303, box 46, folder 338).

<sup>7</sup> RF, RG 2.1954 to 2.1961, series 200, multiple boxes and folders.

cultivate them rather than “fertilize a small oasis in a large intellectual desert.”<sup>8</sup> These institutional debates highlight the impact of pervasive cultural stereotypes and national political situations on international funding decisions, as well as demonstrate the importance of the RF’s desire to be affiliated with stable countries and successful health programs rather than revolutionary governments in the reality of a Cold War world.

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<sup>8</sup> Norman Buchanan, “A Note on RF Program for the Underdeveloped Areas,” Jan. 3, 1956, pg. 4 (RF, RG 3.2, series 900, box 63, folder 349).