“Know Your Enemy” demonstrates the central role that the USSR played in twentieth-century American thought. Many of the terms that described and defined American thought and policy in the Cold War took shape through intellectual encounters with the Soviet Union. These encounters began in the 1930s, remote from their ultimate political applications. In describing the intellectual history of mid-century America, this project offers a counterpoint to recent scholarship analyzing the Cold War’s impact on academic disciplines. Many recent works describe how the American-Soviet conflict shaped intellectual life: Cold War scholars, housed in Cold War universities, generated Cold War ideas. This literature, however, has too often depicted academic disciplines as passive respondents to the demands of specific Cold War institutions or unspecified national-security imperatives. Questioning this tendency towards “Cold War determinism” – in which every event or idea between 1945 and 1989 is blamed on American-Soviet conflict – “Know Your Enemy” instead demonstrates how academic intellectuals and the foundations that supported them both created and challenged the Cold War.

The history of Soviet studies in the United States has never received a thorough historical treatment. Some scholars in the field have written memoirs or reviews of the literature, which are indispensable primary sources but lack the detachment or perspective to put Soviet studies in the context of American intellectual and diplomatic history. A few attacks on the field (especially for its connections to classified research) have generated more heat than light; neither the attacks nor the rebuttals have relied on significant archival sources. This is a shame, given the richness of archival resources on the topic, at the Rockefeller Archive Center (RAC) and elsewhere.

Well before the first modern area studies programs were founded after World War II, Rockefeller Foundation (RF) officers and grant recipients were busy conceptualizing, shaping, and laying the groundwork for interdisciplinary scholarship defined by a subject – a geographic region – rather than by an approach – a discipline. The RF archives contain proposals, interviews, and internal correspondence about some of these preliminary efforts. Some of these were sponsored directly by the RF, and others by the RF through the American Council of Learned Societies (ACLS) or the Social Science Research Council (SSRC). By the mid-1930s, for instance, the ACLS had begun an experimental program of intensive summer instruction in the Russian language; this innovative approach later became the hallmark of both the U.S. Army and Navy language training programs during World War II.

In the midst of the war, RF activities in area studies both widened and deepened. Holdings in the SSRC archives (both accessions 1 and 2) document the work of the SSRC’s Committee on World Regions, which sought to define the wartime and postwar orientation of regional or area studies. The RF did not rely solely on these major councils, however, but engaged in a great deal of work on its own. Officers from the Humanities and Social Science divisions – but especially the former – convened conferences on area studies in general and Slavic studies in particular. Materials in the RF Archives,
Record Group 2 (RG 2) detail the workings and results of the conferences. Internal discussions, the records of which are kept in RG 3 (Program and Policy files), also describe the initial aims of the area studies program. One of the greatest surprises here is the extent to which the RF conceived of area studies as a contribution to international understanding rather than national interest, “knowing the enemy,” or “winning hearts and minds.” As befits the wartime alliance between the United States and the Soviet Union, this generalization applied especially to Slavic studies.

The RF did not just study the question of area studies, it also took direct action to establish some pilot programs, especially in Slavic studies, at American universities. Most significant among these was the Intensive Program in Soviet Civilization, established at Cornell University for the summers of 1943 and 1944. The program quickly attracted controversy: “Red-baiters” attacked Cornell, and especially director Ernest Simmons, for appointing instructors with intellectual and political ties to the USSR. RF efforts to reshape the program by converting it into a joint operation with Harvard University quickly fell victim to inter-institutional squabbling. As RF materials – especially the “National Security” file in RG 3 – indicate, the controversies long outlasted the program itself. Others involved in the program were mentioned in and occasionally subpoenaed by various Congressional committees investigating “un-American activities.”

Other wartime activities of the RF sought to parlay the US-Soviet military alliance into closer cultural and intellectual ties. Humanities Division
officers and staff, toward that end, invited Soviet scholars to visit the United States and sought to send American scholars and especially librarians to the USSR. These efforts met with little success – often without receiving so much as an official rejection from Soviet authorities.

The most significant and lasting RF contribution to Russian studies came in 1946, with the start of its major support for the Russian Institute at Columbia University. Columbia’s program was the first successful Russian studies program in the United States; now housed in the renamed and expanded Harriman Institute, it is still a leading program for training and research on Russia and its neighbors in both Asia and Europe. Materials in RF Archives, RG 1.1 and 1.2, document the intimate working relationship between Columbia faculty members and RF staff, especially during the institute’s first quinquennium. This relationship was strengthened by Columbia’s appointment of historian Philip Mosely, a long-time consultant and one-time staff member of the RF. The archival materials, however, also point to a gradual decline in both good feeling and financial support after this period. Most frustrating to RF staff was the Institute’s inability to launch a major research program, even after a major grant in 1947 for precisely that purpose. While its training program was unexcelled in the United States – Harvard’s Russian Research Center focused on research, not teaching – the combination of personalities and teaching obligations conspired to limit the scholarly output of Columbia faculty members in the Russian field. Defections to Harvard, by linguist Roman Jakobson in 1948 and economist Abram Bergson in 1956, did not help matters in this regard.

The Rockefeller Foundation’s support for Russian studies did not stop with Columbia – in spite of the fears of university leaders like Robert Sproul at the University of California. Indeed, the RF took a special interest in building up Slavic studies at universities and colleges west of the Rockies.

Files in Record Group 1.1 and 1.2 detail grants to the universities of California, Colorado, and Washington, to a consortium of colleges in Claremont, California, and to Stanford University. The programs covered both “Far Eastern” and Russian studies, suggesting a different geo-political map – but also allowing the grants to be promoted as “studying the Far East in the Far West.” Advertising aside, though, these grants were much smaller than Columbia’s, reflecting in part the limited potential that RF staff saw in creating major programs at western universities. The RF made a special effort to build up Stanford’s program in Slavic studies, to make it worthy, as one memorandum put it, of the top-notch Slavic and East European holdings of the Hoover Institute for War, Revolution, and Peace.

Aside from these specific grants, the RF records contribute to an understanding of the overall history of Slavic and Soviet studies in wartime and postwar America. The files in RG 3 (Program and Policy) and especially RG 2 (General Correspondence) contain a great deal of correspondence with leading scholars, government officials, and staff of other foundations relating to the general shape of regional-studies programs as well as particular attempts to establish such programs. Of particular interest here is material in RG 2 related to a Eurasian Research Center, proposed by State Department officials (including George Kennan) as well as wartime intelligence chief William (“Wild Bill”) Donovan.

The RAC’s holdings on Slavic studies also include materials in the SSRC Records. The minutes, correspondence, budgets, and grants of the Joint (SSRC/ACLS) Committee on Slavic Studies are without doubt the most significant here. They trace the history of one crucial organ for the support of Slavic studies from its creation in 1948 to its dissolution in 1971. These papers – supplemented by materials from the RF Archives – recount the trials and tribulations of American Slavic and East European Review (later renamed Slavic Review), the development of the American Association for the Advancement of Slavic Studies (AAASS), the ebb and flow of financial resources, and the domestic and international politics of Soviet studies.

The RF and SSRC were not the only major players in the formation of Slavic studies. The Carnegie Corporation of New York established...
The Child Health Demonstration’s final objective was ambitious. According to a CF press release of June 29, 1922, “The program will comprise safe-guarding the health of the mother-to-be, laying a good health foundation for children in the early sensitive and formative period of their growth and health supervision and the formation of the essential health habits in school children.” The potential benefit of the program was couched in increasingly dramatic terms. Herbert Hoover, then president of the American Child Hygiene Association, which would initially be responsible for the preventive health portion of the demonstration, asserted, “[T]his [will be] the greatest step so far undertaken toward building up the soundest manhood and womanhood for this country, especially from the physical standpoint.” In a 1923 report to the annual meeting of the American Child Health Association, the leaders of the project asserted that the current state of prenatal, infant and early childhood care “rival[ed] those of medieval days of witches and sorcerers.” According to another press release from the same year (eventually published in Public Health Nurse), the Child Health Demonstrations would provide the means for ending the United States’ poor performance in international infant and maternal mortality comparisons. “The demonstration program is based upon a fairly simple creed,” it asserted. “No mother should die or be injured in childbirth because of lack of knowledge on her part of proper medical and nursing attention. Every baby should be born under circumstances that insure a healthy and vigorous start in life, as far as possible. Every child should have the advantages of health supervision which will maintain freedom from defects and facilitate sturdy development. All boys and girls should learn those habits and acquire those ideals and attitudes which will contribute most to the making of strong bodies and minds and the preparation for greatest usefulness to their fellow citizens and to their country.”

The rhetoric in which the entire program was steeped – from the effort to convince physicians, politicians, educators and working-class people that prenatal and well-child care was essential...
From the Annual Report of the Athens-Clarke County (Georgia) Child Health Demonstration for 1927. The list of laments ran for a page and a half, while the staff found three pages of reasons to rejoice.
to health through the filming and screening of parades of schoolchildren who had earned perfect health scores – aimed at leading the American public toward seeing the bodies of mothers and children in a new light, as sites of potential illness even when they were disease free. In her review of the proposed program S. Josephine Baker, then director of the Bureau of Child Health for the City of New York and member of the Board of Directors of the American Child Health Association, raised concerns about the cost and procedures of the proposal. But she wholeheartedly endorsed its overall purpose, which she described as “Health education for the betterment of child health [that] must include not only methods for interesting children but education of the community as a whole.” She ended her analysis with a rallying cry: “back of all of these and furnishing the motive power for such a program must necessarily be the vision which clearly sees the well child rather than the physically defective child as the point of attack.” [Emphasis added]

This effort to perceive small bodies with new eyes certainly reveals the extension of the modern disciplining of the body to the lower classes that Michel Foucault so ably described in 19th century France. As Foucault noted in his discussion of the evolution of prisons and punishment, “The body… is caught up in a system of constraints and privations, obligations and prohibitions.” In Foucault’s example this disciplining of the body took place in varied settings – prisons, army barracks, hospitals, medical practices and schools – but in each followed the same pattern of examination, observation, and use of a pedagogy of normalization to implant the conception of the human body as a site of discipline. These techniques of the modern disciplining of the body were present in all aspects of the Child Health Demonstrations. Still, they were most ably wielded in the health and hygiene education program for schoolchildren that was the subject of my research in the autumn of 2002.

Though personnel at each demonstration site were encouraged to develop curriculum particularly suited to their regions, for the most part the content and pedagogy of the preventive health curriculum produced a standard approach to the subject based on nationally available textbooks, including one from pediatrician Dr. L. Emmett Holt, one of the original proponents of the demonstrations and president of the Child Health Organization of America in 1922. Health educators also relied on free or inexpensive materials provided by such organizations as the American Tuberculosis Society and the Cleanliness Institute (the educational arm of the American Soap and Glycerin Producers).

I am convinced, however, that the use of materials from such sources does not necessarily reveal a conspiracy between elitist reformers and medical and cleanliness hucksters, as earlier research has suggested. Instead the records of the Commonwealth Fund seem to show that all of these organizations sought out individuals and materials that represented the “best” thinking on the subject of health and hygiene in the period. They sought these to develop scientifically sound preventive health programs, pedagogically sound health and hygiene instruction, and to sell soap. What develops is an interlocking directorate of health and hygiene advocates who move easily from one setting to another in their effort to spread what they saw as the progressive message of preventive care.

The career of Sally Lucas Jean well illustrates the process by which some individuals came to be regarded as experts in the field of health and hygiene education and thereafter were drawn into activities with a variety of progressive private and public agencies. Jean began her professional career as an army nurse during the Spanish-American War. She then became a health social worker in Baltimore and began a career as a health education consultant in the 1920s. Her participation in the Child Health Demonstrations arose from her position as director of the Child Health Organization of America and of the Health Education Division of the American Child Health Association when the two prominent child health organizations merged (a process that appears to have been accelerated by pressure from the director of the Commonwealth Fund). Jean also served as a health education supervisor for the
Jean's status as a health consultant made her a natural candidate for service with groups that promoted health and hygiene for profit. These included service on the advisory education group of the Metropolitan Life Insurance Company and work with the Cleanliness Institute. Like Jean, many of those who worked for the Child Health Demonstrations moved in and out of social service or missionary work into the Child Health Demonstrations and from there into health and education departments of colleges and universities with occasional employment by companies or organizations that sought to make a profit from health and hygiene.

It is no wonder then, that this interlocking group of reformers produced fairly standard health education materials and practices throughout the U.S. These reformers taught parents and children first to see the body of the well child in a new way and then to discipline that body through health and hygienic practices. Beginning in Fargo, North Dakota the Child Health Demonstrations examined well students in specific grades to determine the “defects” in health each possessed. These defects were recorded on a health record card by the nurse, doctor or teacher and used to compare with the student’s progress in correcting “defects” by the end of the year. The annual report for 1926 from Rutherford County, Tennessee included 43 categories of abnormalities for which each child in the study was examined. Defects included standard medical assessment of the body, with considerable attention to eyesight, hearing and standard height, weight and posture, but they also attended to speech, nervousness and personal hygiene.

One of the most interesting debates concerning well-child examination of school-age children revolved around the question of whether or not parents should be present when their children were examined. Many of the demonstration medical directors complained vociferously about working-class parents who would not take the time to “attend” the examination with their child. In Marion County, Oregon the Commonwealth Foundation consultant, W.F. Walker, noted that from 1926 to 1927 there was a sharp drop in the participation of parents. He perceived this decline as ominous since “it would seem wise to encourage this participation on the part of parents in school examinations, as the most effective teaching in connection with the correction of physical defects is probably done at the time of examination, if the parent is present.” He noted that the presence of the parents did prolong the examination period (which was on average eight minutes long) but asserted that in the long run this saved time because “of the educational effect upon the parent.” The presence of the parent was necessary not to protect the child from potential medical misconduct, but so that the parent could be taught to see the “defects” of the child and thereby seek to correct them.

In Athens-Clarke County, Georgia the Health Education Director produced a questionnaire for parents that served the dual purpose of measuring students’ adherence to what was being taught concerning hygiene in school and of encouraging parents to reinforce this instruction in the home. This survey was sent to the homes of all the white children in the study and all the “colored” children who were able to read or whose parents were known to be literate. The results of the survey indicated that those hygiene practices that could be practiced at school were most likely to be followed at home. Practices that depended on parents alone were less often followed.

To the reformers it seemed particularly difficult to draw parents into these new perceptions of the child’s body. As a result, the focus of much of the effort shifted to convincing the children. Two years after his initial survey in Marion County, Walker had moderated his concern about the parent’s presence at the time of examination. He still thought it necessary for small children because an adult would have to make the arrangements with a doctor or dentist to repair defects that were found. Walker concluded that for school-age children, “It is unquestionably an objective of the school health services, however, to develop a sense of responsi-
bility in the individual child for his physical fitness and to encourage him to take the initiative in securing the correction of defects and the modification of health habits as may be necessary for improved physical condition. For this reason parental attendance in the latter years may not be necessary and may to a degree defeat one of the purposes of the health service.”

One device for training students in the health habits introduced fairly early in the Fargo demonstration, and duplicated in all of the subsequent projects, was the Daily or Weekly Health Record. Each child in the program was to keep an honest record of his or her health activities. These records were to be overseen by the teacher. Classmates in some cases were expected to report their classmates if false information was presented by a peer. The cards for Athens-Clarke County, Georgia were typical of those in use. Students were expected to report how much milk, fruit, cereal, and vegetables they had consumed; how long they had slept and if the windows were open; that they had bathed that week; that their clothes were clean; that they washed their hands before eating; that they drank four glasses of water a day; that they had “body elimination daily”; that they played outdoors, brushed their teeth daily, chewed their food well, did not eat candy, did not put a pencil or their fingers in their mouth, had their own drinking cup, practiced good posture, did not drink tea or coffee and covered their mouth when sneezing and coughing. Though many of these practices are indeed good for your health, a significant number of them are more clearly about teaching children to adhere to middle-class social standards.

Nonetheless, the daily or weekly health “inspection,” as it was frequently called, became a common experience for school children throughout the United States. This inspection conveyed a clear message to children that they would be judged on their appearance and how closely they conformed to the medically determined norm for their age group. Indeed, teachers were expected to evaluate each student on this basis. In a memorandum from Athens, Georgia we learn that “a form called the ‘standard child’ has been prepared, presumably for use by the teacher in rating the children.” In Rutherford County, Tennessee teachers used these reports as evidence for establishing the student’s “health” grade that was communicated to parents via the monthly report card.

The demonstration personnel faced some resistance from teachers in implementing the daily inspection, and they readily used the weight of their influence and resources to make certain it became thoroughly established in the schools. Maud Brown, one of the first health educators to work for the program in Fargo and the author of a book on the Fargo Health Education effort, wrote on this subject to Courtney Dinwiddie, director of the Commonwealth Fund. As part of her 1930 assessment of the current state of health education in Fargo, Brown noted that the battle to implement daily inspection was largely won. “With the exception of a few teachers who are not using the health records, every room is carrying out the fundamental routines. The case studies are so thoroughly a part of the school system that they never can be uprooted (sic) … The morning health inspection and health behavior checking, the weighing and measuring, the morning and afternoon milk service, are routinely carried out. Only a few old teachers are there now – but the pattern remains.” She went on to say, “They are using the child as the laboratory in keeping up the six sided routine, but they doubtless do not know that is what they are doing. The thing I think it indicates is, that we really have achieved a self-perpetrating (sic) formula.”

Many teachers and students found these inspections oppressive. Brown noted this in her report to Virna Johnson, the director of Health Education in Fargo in 1930: “The one thing I do hope you’ll not let go of is the report card that carries the youngsters (sic) health habit report. I worked it out to make the teachers work – not to save them. It is the best way I ever struck to insure their keeping familiar with the youngsters’ health records. They don’t like it very well I suspect.” If my paternal grandmother is representative, Brown was correct. As a young teacher in a one-room schoolhouse in upstate New York, Persis Fitchette was required to make a daily hygiene inspection of each child. She was still
complaining about the practice sixty years later. A number of my co-workers at Luther College tell similar stories about the humiliation that accompanied the morning ritual for many children. But as Brown observed, once the routine was established, it was difficult to uproot. In the Midwest it lasted as a practice in local rural schools well into the 1950s.

Another of the common programs for school children encountered less resistance. These might be described as health child competitions. Schools, classrooms and individual children entered contests aimed at producing “defect free” children. The general standards for winning this honor were fairly consistent. A letter to parents in Salem, Oregon in 1927 outlined them:

1. A general average grade of ‘B’ in the regular school work.
2. Satisfactory conduct in school.
3. Reasonably cooperative in the practice of health habits: Food, exercise, cleanliness, sleep, fresh air, and posture.
4. Free from physical defects that can be remedied.
5. Having been vaccinated against smallpox – within five years.
6. Having had three doses of toxin anti-toxin against diphtheria.

In Marion County, Oregon the competition was entitled the Health Honor Role Campaign and children who succeeded in meeting the standards were dubbed “Heralds of Health.” Successful entry into the Heralds of Health brought with it some interesting benefits for the child, all of which furthered the propaganda purposes of the reformers. Students who succeeded in meeting the standard were celebrated through pageants, masquerades and parades in which they were encouraged to wear costumes depicting historical heroes. In several places these parades of school children down local thoroughfares were filmed, and a carefully edited version was shown throughout the county for the edification of proud parents and as a goad to others who had not made the grade. In the health child contests, the body of the well child becomes the object of examination and observation in ways heretofore undreamt of, and many children were eager to become part of this program.

The sense that these contests made children’s bodies into objects of scrutiny is reinforced in the naming of such events in the southern demonstrations. In both Tennessee and Georgia winners among white children were called “Blue Ribbon Children.” Here not only did individual children compete for the right to march down main street dressed as knights and crusaders, but schools competed to win a trophy for having the largest number of prize children. There were similar contests for “colored” schools, but the “blue ribbon” designation was not applied. It is unclear if this was the result of resistance on the part of leaders in the black community to having their children treated like cattle at the county fair or if it reflected a white Southern idea that children of color could never win a “blue ribbon”.

These Blue Ribbon campaigns were widely publicized by the demonstration personnel and the Commonwealth Fund. As a result, schools that were not part of the demonstration project began to adopt the practice. The 1936 report of the Division of Public Health of the Commonwealth Fund noted, “The Blue Ribbon program for school children grew out of an effort in Rutherford County to present in tangible form some of the primary objectives of the public health administration as they concern children of the school age group. The Blue Ribbon program has now been adopted in all of the counties in Tennessee with full-time public health departments and the number of children meeting annually the standards for a Blue Ribbon has increased in a period of ten years to more than 64,000.”

What are we to make of these contests? For one thing, they seem to have been more successful in drawing parents into the process than routine physical examinations. Public health consultants understood that they were necessary for this express purpose – spreading the word about child health and dramatizing it for the public. But they also feared that contests took
attention away from good solid education in health habits and led children who didn’t stand a chance of winning to give up. Doctor of Public Health W. F. Walker reported to the Commonwealth Fund in 1934, “Though criticisms are frequently heard of the giving of awards on the basis of physical fitness or correction of physical defects, as is employed in the Blue Ribbon program, … it is doubtful if any other device would have been as effective in developing the child’s interest in sound health and the correction of physical defects, or crystallizing community interest in the whole public health program.”

One thing is certain: these health education efforts, combined with the messages of soap and plumbing advertisers, were influential in shifting the way Americans saw their bodies. Even healthy bodies were now under scrutiny. Children learned in school and through the media that you could judge a book by its cover. Much of the health instruction, and certainly the daily inspections, confounded personal appearance with being a good and healthy person. The standards for the health contest stated outright that social conformity, as well as vaccination, diet and exercise, were essential components of becoming a health crusader, a blue-ribbon child.

Clearly, the structure and effect of the health education curriculum, daily health records, and healthy child contests closely parallels the methods for inculcating modern “discipline” that Foucault outlines. Authorities established normative standards for behavior and performance of even the most mundane activities, individuals were examined first to determine how far below the standard they fell, and later to determine how well they had learned to conform to the standard. The use of daily charts of progress, parades of prizewinning children, and the filming and subsequent repeat showing of these events certainly parallels the constant scrutiny of Bentham’s Panopticon. The title page photograph in Maud Brown’s monograph, Teaching Health in Fargo, reinforces this impression. The caption tells us that the model breakfast tray the child holds is not the best health exhibit; instead it is the child herself.

Yet, I remain somewhat uncomfortable with describing this effort in Foucault’s terms. Such an interpretation would carry with it a pejorative tone. Foucault himself saw this process as one in which the powerful coerced the powerless into conforming to behaviors that served the interests of the dominant class. If that is so, then the community leaders and parents of African-American children in Tennessee and Georgia and Chinese children in Oregon who fought to get demonstration personnel into their children’s schools become dupes of the powerful. And the four children who walked six miles through rural Oregon to participate in the physical examination and vaccination program become fools. It strikes me that these instances reveal that though the demonstrations did serve the desire of powerful people to create healthy workers for American industry, they also served the interests of the working people whose children participated. I hope that as I get deeper into the records I can more fully sort out what those complementary interests were. 

From the Commonwealth Fund Archives
Looking for the Southern Child

by Anne C. Rose

My research subject is the development of mental health care in the Jim Crow South, focusing on how twentieth-century southerners began to think about the mind in terms provided by psychiatry and psychology. Using the Rockefeller Archive Center’s vast collection of documents produced by the General Education Board’s southern initiative, I quickly realized that the philanthropy contributed to an awareness of subjectivity through its aid to schools. After World War I, GEB funds purchased psychology books for normal schools, supported IQ and personality tests, and underwrote teachers’ workshops covering the role of affect in learning. The child became a vehicle for the region’s appreciation of individual complexity, scientifically conceived. Yet approaching these children closely, to get a sense of how they interacted as personalities with psychologically informed adults, has been hard. The difficulty is not simply that children generate few records that ever leave a parent’s scrapbook. Rather, there is an inevitable disjunction between a foundation’s strategy of institutional assistance and mental health’s concern with the person. Although the GEB’s goal was the well-being of children, the real southern child, black or white, probably eluded GEB officials as much as me. Still, they may have wondered about their philanthropy’s human objects, and their memos, correspondence, and reports can help with the puzzle of the psychology of the southern child.

There is plenty of information about the physical condition of school children. Imagination may begin to envision them by considering the facts. Many of the South’s poor children, especially black ones, had no school buildings and met for class in churches, lodges, homes, or barns, served by privies and without electricity, into the 1940s. Some country children, usually white, rode to school in publicly funded wagons; but lack of transportation helps explain why just two-thirds of Virginia students in 1914 were in school on a given day and why, again, one-third of the state’s school-age children were not enrolled at all. Poor health kept others home and hampered the learning of those in attendance. A survey of more than 2,000 black children in the Mississippi Delta during World War II found only one-quarter to be healthy. Inflamed tonsils, enlarged glands, skin diseases, poor teeth, and defective vision were commonplace. During the same decade, North Carolina operated a special school where malnourished white children could be properly fed. Low achievement accompanied inadequate classrooms, ill health, and hunger. In the 1910s, Virginia reformers called the state’s illiteracy rate, in a black-white ratio of two-to-one, a “stigma of ignorance,” and Mississippi vowed to abolish white illiteracy by 1920.

Despite widespread disadvantage, race determined southern childhoods. Although more black than white school-age children lived in Mississippi in 1940, taxes funded white schools at a rate of ten dollars to one. Twenty-five counties had no black public high school, 92 per cent of black teens were not students, and about 1,000 received a high school degree in 1939 in a pool of 115,000 black youth who might be in secondary schools. Black elementary teachers taught reading with magazines passed down by white patrons, and, in South Carolina in 1937, they made galoshes from “old inner tubes” for a lesson on health. From one end of the South to the other, white supervisors stressed teaching the basics to black children in a simple way. This litany grew not only from the meager opportunities and hence proficiency of both students and teachers, but belief in racial inferiority. We hear it in the report of a South Carolina principal of a black teachers’ summer school, saying the lessons were “plain and practical,” and in the letter of a Mississippi official to black college deans, insisting that their teacher-training programs become less like “educational monasteries.” Although the goal of elementary competence worked to equip and restrict black
children at once, a minority excelled at the region’s elite black colleges. With the GEB’s encouragement, the president of Fisk University vowed in 1928 to “stick strictly to our guns of becoming a real liberal arts college” instead of a vocational school. Diversity within black education, however, did not remove the color line.

The GEB retained a dogged optimism about education despite dismal reports about southern schools. Its faith seemed typically Progressive, and, more to the point of my interest in children, the foundation’s image of the child was Progressive as well. At least in comparison to many contemporaries, educators connected with the GEB pictured each child as a tabula rasa. They did not voice ideas of biological racialism, an American commonplace at the turn of the century, or see the child as a sinner, as might Christian evangelicals. Freudian language about sexual drives is all but absent in documents about southern schooling. Instead, individualism and environmentalism were principal themes. Abraham Flexner of the GEB was enthusiastic after World War I about giving intelligence tests not only to the South’s white children, but, he insisted, black, too. The project’s assumptions were democratic, for the time: children’s natural capacities varied individually, as well as racially, and all might be helped to improve. Although the Slater and Rosenwald Funds were more focused than the GEB on the construction of pleasing and healthful schools, the GEB concurred that a pupil’s environment was crucial to success. A conference at the women’s college of the University of North Carolina in 1942 went so far as to consider this discussion point: “curriculum adjusted to individual child.” Now both school and child seemed malleable in the hope of furthering progress. However realistic, the GEB assumed that southern children, given the right conditions, could acquire intelligence and happiness.

Southern teachers who were exposed to up-to-date theories understood this view. Psychological concepts in particular, appearing in GEB-sponsored programs, pictured schools as instruments of child development. Teachers so trained would enter classrooms with feelings of responsibility and opportunity. In Nashville in the 1920s, George Peabody College for Teachers, with more than 3,500 white students, asked the GEB to help implement a curriculum crowded with courses on testing and child psychology. Across town at Fisk, the same subjects dominated library books purchased with foundation funds. Twenty years later, black teachers from the Mississippi countryside attending a conference ranked their interest in lectures on mental health second only to talks about syphilis. They took home a reading list featuring titles on mental hygiene, the idea that insanity can be averted by early detection and treatment. How deeply this reformist faith penetrated southern teaching is unclear. The 1932 estimate of a white official that only half of Mississippi’s black teachers had completed high school may be too low; but many teachers, black and white, had little chance to study education. Race, too, put separate stamps on segregated schools in ways that betrayed Progressivism’s open-ended vision. In a unit on Africa in 1936, white children in Oxford, Mississippi, learned first about “crude tools, weapons, and farm implements such as natives use” and then how “man is increasing his control of Nature.” Lessons here about black primitivism and the satisfactions of mastery are not hard to find. No southern teacher could forget that in this region, children of the two races were not the same.

In practice, GEB officials were also attentive to race, marking allocations to schools “white” or “Negro” at the top of the page. They were less comfortable with the South’s piety, so much that their distaste brings southern childhood into focus by contrast: education and salvation were allied. Our image of southern conflict between religion and science, shaped by the Scopes trial, betrays their day-to-day intimacy. When the principal of a South Carolina summer school discovered a Baptist Association meeting nearby, he invited a delegate, an expert on agriculture, to speak to his class. This temper seemed backward to GEB visitors. A representative considering aid to Vanderbilt Medical School in 1931 noted that he returned to his “hotel ‘with a radio in every room’ and a lugubrious and
fanatical choice of hymns for Sunday music.” Scarritt College for Christian Workers, also in Nashville, felt frustrated in the early 1940s at being the city’s only college not receiving GEB funds and worked to revise its seminary image. The GEB did change its mind, both because this was “the one institution in Nashville where Negroes and whites can sit down to lunch together” in 1942 and because it taught anthropology and sociology seriously, albeit as background for missions. In light of the evangelical roots of the GEB’s founders, the foundation was not hostile to religion, although now scientism in the home office was a competing force.

Still, the inevitability of the southern link between education and faith – the norm for these children – was unappreciated in New York. Teachable, redeemable, unequal: these were core assumptions about southern children. But what were their personalities like? They may be approached through the adults who served them. Two groups stand out in GEB records: white school administrators, limited and harried, and classroom teachers of both races, proud and determined. By custom, whites ran virtually all southern school systems until the Civil Rights era, and although they helped guard the status quo, their position between the races was uncomfortable. Good men were hard to find. No sooner did the state supervisor of Mississippi’s black schools, paid by the GEB, take his post in 1916 than the local papers and then courts accused him of embezzlement. Even if the intent of the charge was to block reform, it seems certain he had a drinking problem and mismanaged funds. One northern scholar evaluating a black college for the GEB in 1934 said its president saw blacks as “an inferior race,” and another agent described the president of Florida Normal and Industrial College in 1948 as having “very little business ability.” The difficulty of recruiting superior white talent for black schools did not preclude sincerity or diligence. Thomas Jones, president of Fisk from the 1920s to the 1940s, was a Quaker who approached his job as a matter of principle and solicited donations from other Friends. His commitment was not unique among administrators; nearly all engaged in tedious correspondence to raise funds. In a scenario familiar today, however, they were preoccupied with money and politics and worked at a distance from children.

Teachers in contact with the GEB, in contrast, exuded enthusiasm against nearly impossible odds. Summer workshops reinforced a high notion of their calling. Whites at a North Carolina conference in 1942 heard that students’ success began with “better mental hygiene for teachers,” provided by good pay, benefits, and “a respected place in [the] community.” Only then could they “recognize mental hygiene problems” in children and work with families to solve them. Special black Jeanes teachers resembled latter-day circuit riders, dispatched “to show the teacher how to get her hands on the pulse of the community and get the people aroused.” In South Carolina in 1937, The Jeanes Teacher reported Beaufort County “wide awake” and praised a music teacher in Florence County who “acted much as a ‘successful revival.’” Progress was concrete: schools “wearing a fresh coat of paint” and rural basketball players giving “the City team a good thrashing.” Black teachers especially needed grit along with idealism. Florence Alexander, in charge of black teacher training in Mississippi, lobbied the GEB for a decade in the 1930s for funds to observe northern schools. Without question, southern public school teaching was trying. Although GEB programs energized the region, their effectiveness depended on the teachers’
tenacious commitment. The indirect lesson children learned from their teachers was the capacity to survive.

Who, then, was the southern child, psychologically speaking? I found only one account of a specific child. In a class of white pupils lacking “confidence in themselves” on the whole, the teacher helped a twelve-year-old girl overcome shame. At first “placing her head on the desk” every time she made an error, she gained assurance by mastering simple exercises, until she finally “asks to go to the board.” Whether or not the teacher could have identified this strategy as behavior training, the story encapsulates the GEB’s approach to southern children. The teacher’s method was simple, hopeful, and personal, and although I might protest that this mood was inadequate to obstacles such as segregation and poverty, I believe confident effort must at least have had a psychological effect. The lessons conveyed by GEB aid to schools were that children were important to society’s future and childhood crucially nurtured adults. Perhaps southern children, the ultimate beneficiaries, felt a little more that they mattered. Not surprisingly, white children were better cared for, not necessarily because of funding inequities but the huge disadvantages of black schools. In 1952, five years after the GEB made a grant to Florida Normal and Industrial College to build a childcare center for the families of returning GIs, an agent drove through campus anonymously and saw that the building was “never completed” and everything “a bit run down.” Although the GEB bore a share of responsibility for the failure, a college with an endowment of $852 at the project’s outset needed substantial help, more than it got. Adults let these children down, and race made a difference.

Just when GEB funds were nearly gone in the early 1960s, the agency aided one of the first direct inquiries into the psychology of southern children by the Harvard psychiatrist Robert Coles. Written at a moment when the mental sciences came of age and schools began to desegregate, Coles’s *Children of Crisis* (1964) portrayed children showing signs of both long-term neglect and nurture, the legacy, to an extent, of the GEB’s well-meant but inevitably inadequate assistance. Cheerful classrooms and peppy teachers, instruments of Progressive faith in the capacity of schools to shape character, had not kept black children from feelings of worthlessness and anger. Education could not work miracles so long as the color line was unchallenged. Yet neither were these children pathological. Although young blacks suffered injustice, they retained resilience and individuality. So, too, a white child instructed by parents to shun black classmates might still play with them, in the elementary grades, or feel sympathy for their social isolation in high schools. Reflecting a darker picture of children’s psyches than emerges from the bulk of GEB records, Coles’s view remained essentially bright, with a deep faith in children’s capacity for healthy adaptation. Perhaps, as the GEB’s founders had hoped but in ways they could not have foreseen, they had laid groundwork in the South for happier children.

History of Malaria in Modern Greece

by Katerina Gardikas

My research at the Rockefeller Archive Center (RAC) is part of an extensive project on the history of malaria in modern Greece, an area in which the disease had established itself since the Neolithic era. As my research at the RAC has made clear to me, the work of the small number of staff members that the International Health Division (IHD) of the Rockefeller Foundation (RF) sent to Greece in the 1930s may have been of a very short duration and may not have cleared the country of malaria, but it contributed to the ground work for the eventual eradication of the disease after World War II. This outcome was the work of several scientists and organizations – operating separately, in common or, occasionally, in conflict – in their efforts to take on malaria locally or on a wider scale.
My broader study will also look at material from the League of Nations, UNRRA and the World Health Organization, the Wellcome Trust and the London School of Hygiene and Tropical Medicine, and, of course, archival as well as a large amount of printed material and technical reports in Greece itself, particularly at the National School of Public Health. Today this institution, formerly the Athens School of Hygiene, which the International Health Division had helped create, fund and staff, is in charge of surveillance work aimed at keeping malaria out of the country.

By the late 19th century, according to contemporary accounts, Greece became known as the most malarious country in Europe. After visiting Greece in 1906, Ronald Ross wrote that he witnessed splenic rates comparable only to what he had seen in sub-Saharan Africa. Statistical data collected locally by medical and philanthropic associations revealed that, on average, one in every three Greeks was infected each year. Yet, even these distressing statistics greatly underestimated actual infant mortality. The discovery of the etiology of the disease alerted the medical community, military authorities and an enlightened, if paternalistic, social elite to the severity of malaria as one among several grave, yet preventable, public health problems. A small number of doctors began to study malaria both as a medical and a social issue and tried to learn primarily from the publications and experience of their French and Italian colleagues.

As elsewhere, drainage of marshes as an anti-malarial measure preceded the discoveries of Alphonse Laveran and Ronald Ross. Greek physicians also prescribed quinine to some extent after the mid 19th century. After the turn of the century, however, quinine became increasingly popular as a method of treatment, especially after the Greek government in 1908 adopted a system of state purchases and distribution of quinine, after the Italian model, in order to secure pure and reasonably priced supplies of the drug. Quinine prophylaxis also became an issue of medical debate. Statistics indicated that during the year 1909 Greece consumed 3.2 grams of quinine per capita. The severity of the disease largely depended on local variations of spring rainfall each year. However, as a result of state action, a new contributing factor appeared: a community’s access to state quinine.

In times of peace the June harvest was the period when new infections increased sharply, spreading to non-immune seasonal laborers from islands or mountain areas. These parts of the country were deficient in grain, and from them a large number of field hands went to work in the malarious plains of mainland Greece, returning home with their annual share of grain in their packs and malaria gametocytes in their blood stream. This pattern of transmission was indeed common in the Mediterranean.

As was the case throughout most of Europe, the effects of the Great War on public health in the country were severe, particularly after Greece lost its war against Turkey and received over one million refugees between 1922 and 1923. The settlement of these refugees in underpopulated malarious parts of the countryside brought on a true humanitarian crisis, far beyond the capacity of the Greek state to handle.

Throughout the ensuing period of political instability marked by frequent military coups, little international health aid arrived in Greece, besides emergency relief from the International Red Cross and the American Near East Foundation. In 1923 the Rockefeller Foundation
was invited to consider aid to Greece. However, political instability rendered the country ineligible for RF programs.

When some measure of political stability returned to the country in 1928 under the liberal government of Eleftherios Venizelos, Greece first turned to the Health Organization of the League of Nations for assistance in laying out and implementing a comprehensive sanitary reorganization scheme. The principles laid out in the agreement stipulated an adequately funded system, free of political interference. In the eyes of the Scientific Directors of the Rockefeller Foundation’s International Health Division, the agreement between Greece and the Health Organization on a public health plan justified a commitment of RF resources to Greece. This decision was reached in June 1929 and the following month George K. Strode, head of the Paris field office of the IHD, visited Athens to offer RF scholarships for technical personnel training. The Greek Prime Minister, who was directly involved in the sanitary reorganization plan, further requested the RF’s expertise and support in the country’s anti-malaria campaign. The reputation of the RF in this field had reached Greece thanks to malaria work already under way in neighboring Yugoslavia, Bulgaria and Albania. Since the Malaria Commission of the League of Nations had already sent a research team to Greece to assess the malaria situation, the IHD felt that it should pursue this operation through League mediation. Thus the Paris field office received the official Greek invitation for collaboration in fighting malaria through Dr. Ludwik Rajchman, Medical Director of the Health Organization of the League of Nations. The demarcation lines between League and IHD responsibilities and jurisdiction in the fight against malaria in Greece became a frequent source of friction and strain between the two organizations and their representatives on the ground. The IHD files document the organization’s determination to defend its authority every time the League officials challenged it in the least. They also report G.K. Strode’s visits to the country at least once a year for a first-hand assessment of scientific, no less than political and administrative matters.

Following a decision of the IHD Scientific Directors in December 1929, and Greek official approval in January 1930 of a bi-lateral five-year agreement, the malariologist Marshall C. Balfour was sent to Greece in March 1930 as director of the Malaria Division of the Athens School of Hygiene. His job was to conduct field studies for controlling malaria, advise the government in its own anti-malarial campaign and teach malariology at the school. In April the RF sent a sanitary engineer, Daniel E. Wright, as head of the Sanitary Engineering Division of the school, who would serve as expert technical advisor to the government in his field, carry out sanitary demonstration projects and also teach at the school.

Both Balfour and Wright submitted quarterly and annual reports of their activities. The reports also contain accounts of the occasional scientific staff meetings in some of the field stations within the country, attended by IHD malariologists and engineers serving in the region. These reports are invaluable for our appreciation of their work and the problems they came across. They also reflect the atmosphere of open exchange, friendship and camaraderie shared by the IHD men in Europe. They all appear inspired by the energy of their field office chief George K. Strode, and looked up to Lewis W. Hackett, whom they acknowledged as the supreme authority in malariology. The business of these meetings was to discuss on-going research in malariology by IHD staff. Balfour, as well as malariologists Marshall A. Barber and Justus B. Rice and entomologist Raymond Shannon, all three working in northern Greece on brief projects involving climatology and anopheles behavior, presented papers to their IHD colleagues.

Upon arrival Balfour began his investigation, basing his research on data already collected by Greek scientists and made available to him by the Ministry of Health. He toured the country and selected his first two typical sites for research work: a rural community in the south of the country and a town in the north. He also selected two corresponding control sites, which were to receive no anti-malaria treatment.

Although IHD statistician Persis Putnam...
disputed the significance of Balfour’s results when he submitted his first studies for publication, this was the first application of the scientific method in malaria studies in Greece; measurements of results taken from treated sites were compared to measurements from untreated sites. Indeed, simply on ethical grounds, no Greek authority or institution could afford to select a community for exemption from treatment with some anti-malarial measure, so as to comply with basic rules of research. The only comparative work carried out in the country previously had been across malarial seasons. In other words, scientific experiment had never before been isolated from the day-to-day fight against the disease. I suspect that it was on such politically sensitive grounds that Balfour tried to keep his own field work independent from the Greek government’s anti-malaria campaign, which was committed to serve the entire country, with no exceptions in the name of scientific experiment.

Wright’s work in Greece was of a more general scope, far less experimental in nature, as he had to tackle a variety of sanitary engineering projects, ranging from drainage, sanitary installations to urban sewerage systems. However, Balfour and Wright tried to integrate their work in such a way that sanitary engineering projects in drainage would complement malaria field work in the sites selected by Balfour and that on-the-site training of students would be taken into consideration by both. As to their everyday behavior, Balfour, unlike Wright, was particularly careful not to tread on Greek medical toes. Wright, perhaps more desperate than Balfour to forestall catastrophic mistakes, was quite outspoken in his criticism of some Greek sanitary engineering projects.

The work of the IHD staff was fast becoming popular. The effects of drainage and screening projects in particular were greeted with enthusiasm. Rural communities were cooperative and provided labor, sand and lumber, while the Sanitary Engineering Division budget provided equipment, cement and other supplies. In appreciation Balfour received an award from the Academy of Athens, and a number of communities that had received RF attention declared John D. Rockefeller their honorary citizen.

Late in 1932 the liberal party of E. Venizelos lost the elections and the royalists came to power, a development that forebode much political upheaval and a reversal of liberal policies in many fields. Yet the royalists were at the same time populists and would not, on principle, cancel earlier anti-malarial work, particularly if it had become so widely acknowledged. Whereas Balfour expected a troubled relationship with the new cabinet, in 1933 he was confronted with the impossible request that the IHD take on the country’s entire anti-malarial campaign!

The work at the Malariology and Sanitary Engineering Divisions of the Athens School of Hygiene began with IHD funding. However, gradually the native Division staff became government employees, as the state assumed the cost of their salaries. The degree to which this occurred became a measure of success of IHD work in Greece for the Scientific Directors in New York. This was in tune with the broader principle behind Rockefeller Foundation policy, namely to offer aid only to those projects which promised soon to become self-supporting. In this respect the RF’s involvement in Greece was only a partial success. It appears that when eventually the IHD’s association with the School of Hygiene came to an end in 1938 and the school relied totally on state funding, Greek public spending regulations stifled the capacity of the school to carry out malaria research. Thus a period of slow decline had already set in even before the Nazi occupying forces entered Athens in April 1941.

Perhaps the most lasting legacy of the IHD for the fight against malaria in Greece consists in the people it trained, an extensive network of diligent scientists, lab and field staff. This it achieved against an unfavorable social environment created by the country’s medical establishment, which afforded a low occupational rating to medical practitioners in public health and hygiene. After the IHD staff pulled out, the men and women who had received IHD training, whether through scholarships in the US or at the Athens School of Hygiene Divisions of Malariology and Sanitary Engineering, continued the work after liberation from Nazi occupation.
in October 1944. They were at once available to go to work in the field and lab within the post-WWII organizational set up.

The Rockefeller Foundation was not officially involved in the anti-malarial campaign in Greece after WWII. However, a number of IHD officials and staff members contributed to the campaign. Andrew J. Warren, who had succeeded Strode in the Paris field office in 1938, became active in the Lehmann Committee, the forerunner of UNRRA during the war, and expressed particular concern over malaria in occupied Greece. Immediately after liberation, Wright, who was the driving force behind the DDT spraying operations, served with UNRRA on loan from the RF. Moreover, prominent RF malariologists, such as Frederick Soper and Paul F. Russell, paid brief visits to the country in an advisory capacity to UNRRA or the Greek government.

In retrospect, the scope of the enterprise that the IHD had undertaken in Greece was open-ended: to contribute to the control of malaria in a trial and error spirit shared by a network of IHD malariologists in Asia, Europe and the Americas. The staff it committed to the task in the 1930s in Greece was not numerically adequate to deliver the country from malaria, nor did they have the technical means to achieve this. If perhaps they were trying to emulate Hackett’s and Missiroli’s accomplishments in Italy, or if the Greeks expected this of Balfour, the Greek situation was different in many respects. The state did not have the technical and material resources to carry out bonification schemes on the Italian scale, nor did its scientists carry anything like the Italian tradition in parasitology. In contrast to the state’s comprehensive yet unrealistic approach, Balfour’s perception of his role in the campaign was by necessity selective, experimental and guided by what he deemed feasible. Entire regions of heavily malarious lands, Thessaly in central Greece for instance, remained therefore beyond the foundation’s compass. However, the effect of the IHD presence in Greece in the fight against malaria should be evaluated in the long, or medium, run, taking into account post-WWII developments. I intend to explore this success story in the next stages of my research.

My dissertation research focuses on malaria control programs in Argentina from approximately 1890 to 1950. One of my major arguments is that the early failure to control malaria in Argentina, despite the investment of rather large sums, resulted from an embrace of imported models of malaria control that were inappropriate for the malarial environments of Northwest Argentina, the region most afflicted by the disease. These models, particularly the Italian model of bonifica, were influential because they promised to transform the Northwest into a productive agricultural region through the reclamation of marshy landscapes. While archival resources found in Argentina shed much light on the Italian model and its influence on Argentina’s malaria control program, less information is available on the involvement of North American institutions in the malaria campaign and other public health work in the region. Documents available at the Rockefeller Archive Center help address several important research questions. First, what theory and practices did the Rockefeller Foundation (RF) malaria control demonstrations bring to Argentina’s campaign? Second, to what extent did this model of malaria control diverge from the Italian-inspired strategy that was so prominent in Argentina? Finally, what lasting effect did the Rockefeller demonstrations have in the country?

By the turn of the 20th century, Argentina’s northwest provinces had become increasingly marginalized from the process of national economic growth and social progress. Argentina’s dramatically successful integration into the world economy was focused on the country’s core region of Buenos Aires and the Pampas, which
received a vast flow of European immigrants, established modern transportation and communication networks, and made notable advances in education, public health, and social welfare. The Northwest, meanwhile, stagnated, and among the many obstacles to its development, from the perspective of regional elites, were public health problems, particularly malaria.

Malaria was endemic to the humid, subtropical environments of the Northwest’s plains and foothills. The presence of the disease had been noted since the early colonial period. The disease was taken for granted as a fact of life in the region, without notable attempts to control or prevent it until the 1890s, when Eliseo Cantón, a young physician and member of the aristocracy of Tucumán province, wrote a medical treatise on “Malaria and its Medical Geography in Argentina.” This study initiated an awakening in malaria studies and focused political attention on this public health issue. Spurred by the important discovery of the mosquito’s role in malaria transmission around 1900, and simultaneous outbreaks of malaria on the fringes of its traditionally endemic area in the Northwest, federal legislation was enacted in 1907 to create an organized effort to combat the disease.

This federal law created a malaria service within the National Department of Hygiene, headquartered in Buenos Aires, and with regional offices within the endemic zone. The law established the free distribution of quinine for prevention and treatment, the mandatory reporting of malaria cases, and fines for creating “malaria hazards.” The malaria service dedicated early efforts to surveying and measuring the scope of the malaria problem in the Northwest and conducting limited experiments with control, which focused primarily on drainage of marshy areas. In general, however, the malaria service was able to accomplish very little in its first years: major obstacles to success included conflicts over federal authority in the provinces, a lack of funding for expensive drainage projects, and a lack of full-time personnel. Although the disease declined in the Northwest’s major cities, this was probably a serendipitous result of other advances in public health and economic development. In the region’s vast rural areas and small towns, the disease persisted as ever.

In this context of slow progress against malaria in the Northwest, Argentineans turned to the Rockefeller Foundation for assistance. In February of 1919, Juan B. Terán, the founder and president of the University of Tucumán, wrote to the RF requesting its intervention. Terán was not directly associated with the National Department of Hygiene’s campaign against the disease, but was an important progressive leader in the province. He was a tireless advocate for improving the social pillars of regional economic development, particularly in the arenas of public health, education, and labor conditions. In his letter to the RF, Terán praised U.S. efforts to combat malaria in Cuba, Panama, and the Philippines, and remarked that his request for assistance was sent in the spirit of “American friendship, of furthering the spirit of the United...
States, and of intelligent and humane philanthropy.”

For more than a year, Terán and other officials in Argentina exchanged letters with the foundation’s officers. Initially, the RF expressed enthusiasm for a demonstration project in Argentina, but hesitated. The RF’s International Health Board (IHB) had been carrying out malaria demonstrations in the U.S. South for only a short time, after the clear success of the hookworm campaigns, and moreover, the foundation was awaiting a request from the “proper authorities” in Argentina before work would begin. Terán enlisted the aid of Tucumán’s governor, Juan Bascary, and the Argentine ambassador to the United States, Tomás Le Breton, whose sanction convinced the IHB to send two representatives to conduct preliminary surveys in early 1921.

When Dr. H. A. Taylor, an IHB officer and public health official from Louisiana, arrived in Argentina with his assistant Jerome Mieldazis, plans for conducting a preliminary malaria survey immediately ran into difficulty. Governor Bascary had been replaced by a federal “interventor” by decree of populist president Hipólito Yrigoyen, the first president elected in Argentina under universal male suffrage and a politician notorious for heavy-handed political maneuvers in favor of his Radical party. Yrigoyen had recently built a bacteriological laboratory for his close friend, Dr. Alois Bachmann, in Tucumán; rather than intervene on behalf of Terán or the RF, Bachmann informed Yrigoyen’s delegate in Tucumán that RF assistance was unnecessary. Nevertheless, Taylor and Mieldazis were able to carry out rushed, cursory surveys of four towns in Tucumán province. In his report, Taylor remarked on the squalid living conditions of the poorest neighborhoods, as well as the general ignorance of the population in matters of public health, ascribing the vacant looks and dispirited demeanor of the locals to malaria.

With political circumstances having cut short Taylor’s Argentine survey, the country fell off the IHB’s agenda for the next few years. In the meantime, hookworm and malaria demonstrations were undertaken in neighboring Paraguay and Brazil. RF interest in Argentina was sparked again in 1923, with Enrique “Harry” Ewing, an official of the international YMCA, serving as mediator between the RF and public health advocates in Argentina, including Terán and Gregorio Aráoz Alfaro, the president of the National Department of Hygiene. These men assured RF officials such as George K. Strode and Frederick F. Russell that recent political changes in the country presented favorable conditions for RF demonstrations in Argentina. Yrigoyen’s term had ended in 1922, and his successor, Marcelo T. de Alvear, was less distrustful of foreign institutions. After the earlier disappointment, the RF insisted on an official request for assistance from the highest federal authorities.

By September of 1925, the IHB and Argentina’s National Department of Hygiene had established a cooperative agreement for malaria work. The terms were similar to many of the agreements the IHB made at the time. The IHB would supply a director and initial working capital, as well as half of the malaria demonstration service’s budget for the first full year, 1926. Gradually, the IHB’s share of the operating budget would decline, until the Argentine government would provide 90 percent of funding by 1930, the projected last year of the agreement. Malaria control would take place in selected towns of Northwest Argentina and proceed in three phases: survey, campaign, and maintenance. With the southern hemisphere summer and malaria season fast approaching, the IHB began work immediately, in October 1925, under the direction of Dr. Nelson C. Davis. A graduate of the University of California, Berkeley, and a member of the IHB since 1922, Davis had only participated in malaria work since the year before, while posted in the IHB’s Brazil office.

The first locales chosen for the Board’s malaria demonstrations were Medinas and Concepción, two small towns in the south-central part of Tucumán province, an area dominated by sugar cane cultivation and refining. The government’s malaria service had undertaken drainage work about ten years before, but this was not maintained. By the time the RF’s involvement began, the only means of malaria control in these towns was free distribution of quinine. Davis’s first step
was to survey and map both towns, with special attention to rivers, canals, and marshy areas, and to calculate malaria indices through blood and spleen measurements. It was decided to begin active malaria work in Medinas and leave Concepción until the following year, which would serve in the meantime as a kind of experimental control.

In the next few years, the RF-sponsored malaria service concentrated on the drainage and sanitation of malaria hazards in the landscape on the outskirts of Medinas, Concepción, and other towns of the Northwest. Diverse strategies were used. In many instances, existing irrigation or drainage canals were cleared of vegetation, deepened, or widened to prevent blockages that would cause water to back up in the canals. Such backed-up water could either stagnate in the canals or overflow their banks, creating marshy pools where mosquitoes could breed. In some areas, subsoil drainage tiles were installed in fields; this method was believed to be more effective in the long run than open canals, because they required less vigilance and maintenance, but the initial cost of installation was much higher. Some malaria hazards could not be effectively mitigated through these drainage strategies. For example, pits left behind by excavation to produce bricks often filled with water and became mosquito breeding grounds, but were difficult to drain; in such instances, chemicals such as Paris green or petroleum were used to treat water surfaces, thus killing mosquito eggs and larvae.

Perhaps more important, in the long run, than these control works were original entomological experiments carried out by RF scientists in Northwest Argentina. For two years the RF lent the services of Raymond Shannon to the National Department of Hygiene as full-time staff entomologist. Shannon, Davis, and E. R. Rickard, Davis’s replacement as director, conducted several important studies of local mosquitoes. It had long been suspected that *Anopheles pseudopunctipennis* was the main, if not the only, vector for malaria in Northwest Argentina, and this theory was confirmed by the capture and dissection of mosquitoes found in homes. Although other *anopheline* mosquitoes were more numerous in the area, *A. pseudopunctipennis* was practically the only one found in homes or with human blood in its gut. Rickard made an important discovery by staining mosquitoes near their breeding sites and then making home captures; in this manner, it was determined that *A. pseudopunctipennis* had a flight range of as much as four kilometers, significantly more than previously thought. This indicated the need for control of mosquito breeding areas far outside of urban zones, and helped explain some past failures in malaria control. A final significant finding was that rice fields were not important breeding grounds for this mosquito species, and that malaria cases in rice-growing areas could be explained by the proximity of other malaria hazards in the landscape.

As early as 1927, the RF’s assistance in malaria control in the Northwest began to bear fruit, with a lowering, generally speaking, of fever, blood, and spleen indices in the towns where work took place, as well as a decline in the number of mosquitoes. Moreover, the malaria service claimed to have successfully rehabilitated numerous acres of wetlands, turning them into productive farm land. By 1929, control works and experiments had been expanded to Ledesma and San Salvador, in Jujuy province, and preliminary surveys were conducted in locales in Salta province.

In spite of steady progress and measurable success, the agreement between the RF and Argentina quickly unraveled in 1929. While Rickard was on leave in the U.S. the political situation changed dramatically, with the re-election of Hipólito Yrigoyen as president. Meanwhile the chief of the National Department of Hygiene, Gregorio Aráoz Alfaro, a staunch supporter of the RF, was replaced by Dr. Manuel Bataglia, who questioned the terms of the agreement between the two parties, which that year required the Argentine government to pay 80 percent of the cost of the malaria demonstration program. According to foundation officers in South America, the real culprit was Yrigoyen: Soper referred to Argentina as a “one man Government” and a “voluntary dictatorship”
because of Yrigoyen’s zealous and overbearing governing style. No minister could make an important decision without his consent. Thus for a time the continuation of the cooperative agreement was delayed by indecision, and in the meantime mutual suspicion grew. In addition, Yrigoyen’s contentious nationalism had become even more pronounced over time, causing him to declare that foreign institutions could not participate in government public health functions. At the same time, Yrigoyen was engaged in a battle with Standard Oil Company over oil rights in Salta province. Years later, Lewis W. Hackett speculated that Yrigoyen suspected that the RF was a front for Standard Oil, but there is no evidence that Yrigoyen believed this, much less that it was actually true. Whatever the motivations, it was clear that the political support in Argentina to continue the demonstration program was non-existent; the agreement was terminated and RF personnel withdrew from Argentina at the end of September, 1929.

The RF’s interest in Argentina was revived by the international political situation in the years leading up to World War II. Wary of the “strong economic and cultural penetration by fascist countries rapidly undermining existing good will toward [the] U.S.A.” in Latin America, the foundation decided to undertake a more prominent role in the promotion of science, medicine, social science, and humanities in these countries. To this end, the RF established in Buenos Aires the office of the Río de la Plata and Andean Region, from which programs for all of Spanish-speaking South America were administered. Lewis W. Hackett was transferred from his post in Europe to direct this office. Perhaps indicative of the foundation’s attitude toward the Argentine public health authorities after earlier, disillusioning experiences, this office had no official role in the promotion of public health in Argentina. During the 1940s, the Buenos Aires office initiated malaria campaigns in Ecuador, Peru, and Bolivia, but Hackett was only an unofficial advisor to malaria control in Argentina. Hackett’s expertise in this field was well-known, since he had led the RF malaria campaigns in Italy, Albania, and Egypt, and had written *Malaria in Europe: an Ecological Study* (1937).

Hackett established a friendship with Carlos Alberto Alvarado, who had taken over the Argentine malaria service in the mid-1930s. Hackett made occasional visits to Tucumán, often while on route to other South American destinations, to observe and advise on malaria control activities. In turn, Alvarado frequently offered Hackett a frank insider’s insights into the increasingly incoherent political situation in Argentina, punctuated by the ascent of the authoritarian Juan Perón. Hackett was also called upon to offer expert testimony on malaria legislation before the Argentine national senate in July of 1941. In his testimony, he challenged several key elements of the new legislation, meant to reform and reinvigorate the malaria campaign; the law was never passed.

Under Alvarado’s leadership, the malaria control campaign achieved great success, particularly after the introduction of DDT house spraying after World War II. This resulted in a rapid and complete reorganization of the campaign, and by 1949 malaria had been practically eradicated from Argentina. That same year, the RF decided to suspend operations in Buenos Aires because of the increasingly difficult political situation. Once again, the RF blamed inflammatory nationalist ideology and lack of government cooperation, a disheartening situation that led Hackett to remark, “Certainly we should not remain much longer in a country where we are not wanted.”

It would be hard to argue that the RF had the impact on malaria control in Argentina that it had in other Latin American countries such as Brazil, Peru, and Bolivia, due to the relatively short time the RF worked in Argentina and because of a manifest lack of political support. Nevertheless, documents available at the RAC shed great light on the internal politics of malaria control and public health in Argentina in the early 20th century, information which is surprisingly scarce in Argentina itself. Above all, these documents lead to the conclusion that malaria control strategies were, more often than not, shaped by larger political circumstances and often petty
political rivalries, rather than based on entomological and epidemiological research.

Returning to the research questions outlined in the introduction, the IHB methods of malaria control used in Argentina did not diverge, superficially, from practices that prevailed in Argentina at the time, since they focused mainly on engineering projects of drainage or filling of marshy areas and maintenance of existing canal works. However, the IHB did place a special emphasis on methodical planning and execution, taking care, for example, to record malaria indices before and after control work in order to judge its effectiveness, and making careful economic calculations of the costs and benefits of particular strategies. The IHB’s model of malaria control did diverge from the Italian-inspired model insofar as social considerations, such as creating conditions for rural agricultural development, were secondary rather than integral to their campaign. The IHB’s assessment of malaria hazards in the landscape, however, was much the same as that indicated by the Italian model. RF-sponsored research had begun to offer a more nuanced picture of mosquito biology and malaria epidemiology in Northwest Argentina, especially in terms of location of breeding areas and mosquito bionomics, but the suspension of activities there meant that the further exploration of these ideas was delayed by some years. Perhaps the most lasting impact of the RF involvement in malaria control in Argentina was this original scientific research which, in published form, helped to guide research inquiries in the generation of Argentine malaria scientists that followed.

David C. Engerman teaches American history at Brandeis University. He is the author of Modernization from the Other Shore: American Intellectuals and the Romance of Russian Development (Harvard University Press, 2003), and has also worked on two edited volumes. He was a coeditor and contributor to Staging Growth: Modernization, Development, and the Global Cold War (University of Massachusetts Press, 2003) and wrote a new introduction for The God That Failed (Columbia University Press, 2001). He is currently working on a history of Soviet Studies in America since World War II, the subject of his most recent research at the Rockefeller Archive Center. His email address is engerman@brandeis.edu.

Katerina Gardikas is Assistant Professor of History at the University of Athens. She earned her Ph.D. at King’s College, University of London. The author of Protection and guarantees [Prostasia kai engyiseis] (1999) and articles on Greek political history, she is now at work on a study of the history of malaria in modern Greece. She can be reached at kgardika@arch.uoa.gr.

Anne C. Rose is Professor of History, Religious Studies and Jewish Studies at Penn State University. The author of four books, including Transcendentalism as a Social Movement, 1830-1850 (1981) and Beloved Strangers: Interfaith Families in Nineteenth-Century America (2001), she is now at work on a study of “The Rise of the Psychological Sciences in the American South, 1896-1965.” Inquiries can be sent to her at acr5@psu.edu.

Jacqueline S. Wilkie teaches U.S. history and women’s and gender studies at Luther College. She authored The History of Health and Medicine, a textbook for secondary schools, and co-authored with Peter Stearns Work and Leisure in History for the Project on Social History. She served as director of the Mayo Foundation Nursing History Committee’s Oral History of Nursing project. She has published a number of articles on cleanliness, health, and hygiene. Her work at the Rockefeller Archives was part of her ongoing project to uncover the means that led women and children in the United States to change their daily hygienic behavior. She can be reached at wilkieja@luther.edu.
Gerold T. Robinson, professor history and director of the Russian Institute at Columbia University, lecturing to a class in 1945. The Rockefeller Foundation provided significant support to help develop the Columbia program as well as other Russian, Soviet, and Slavic studies programs. See David C. Engerman’s essay, “Know Your Enemy: American Sovietology and the Making of the Cold War,” pp. 1-3.