Agents of Change?: the International Health Division in Cuba, 1935-1942

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In 1935, after years of unofficial visits and discussions, the Rockefeller Foundation's International Health Division (IHD) was at last formally invited by the Cuban government to participate in a cooperative project on the island. The IHD anticipated a fruitful endeavor based on their optimistic interpretations of the changes taking place in the Cuban political landscape and in the official sanitation branch: "We believe that a real renaissance in public health work generally is taking place in Cuba, manifested by the real interest shown by public health officials in improving and enlargening [sic] their Services and by the active desire of the public generally for health work."[1] Seven years later, despite the success of its two cooperative projects (of all the IHD's local health units, the one launched in Cuba was deemed "the best in the Americas"[2]), the IHD saw no hope for future effective ventures and transferred their local representative from

Cuba to another post in Latin America. On his departure, he commented that working in Cuba was "the hardest job [he] ever had."[3]

This paradox is central to the narrative of the IHD's efforts in Cuba: the renowned success, even beyond national borders, of the IHD's Cuban projects took place in a national context that posed great obstacles to IHD and Cuban public health officials pushing for wider public health reform. In an effort to reconstruct this account, I conducted research for my dissertation at the Rockefeller Archive Center from May 12 – June 6, 2014. Although I consulted a wide range of sources, I found the information in the officer diaries (mostly in RG 12, but I also found a relevant diary in RG 1.1, Series 420) and in the routine reports (RG 5, Series 2) to be the most useful. The former provided a more "off-the-record," colorful commentary on events within Cuba; the latter not only provided the official annual and semi-annual reports, with corresponding statistics, but also allowed for a comparison between what IHD representatives were saying "privately" (through the diaries) and what was being communicated publically. The information found in the regional series (420-Caribbean) was much more useful than the country-specific sources (315-Cuba).

While my dissertation is primarily focused on the issue of tuberculosis in Cuba from the late 1920s through the 1950s and the efforts of the state to extend effective and efficient tuberculosis health services to its citizens, I am also interested in (a) the wider public health structure in Cuba beyond the state-run *Consejo Nacional de Tuberculosis* (National Tuberculosis Council), and (b) the role of international influence and transnational actors in Cuba's national public health sector. I previously gathered documents published by the Cuban state, press, and medical class at the National Library of Medicine (Bethesda, MD); the Library of Congress (Washington, D.C.); the Cuban Heritage Collection at the University of Miami (Coral Gables,

FL); the Archivo Nacional de la República de Cuba (Havana, Cuba); the Biblioteca Nacional de Cuba "José Martí" (Havana, Cuba); the Museo de Historia de las Ciencias en Cuba "Carlos J. Finlay" (Havana, Cuba); and the Archivo de la Oficina del Historiador del Ministerio de Salud Pública (Havana, Cuba). The documents held at the RAC provide an invaluable complement and counterpoint to these Cuban-authored sources. After perusing the sources from the Rockefeller Foundation's IHD, I suggest—as other historians in the last ten years have emphasized—that the outcome of the IHD's projects in Cuba were heavily mediated by local and national factors, despite any overarching strategy of the International Health Division in New York.[4] In Cuba, despite a more-than-adequate amount of governmental funding, a highly successful local health unit demonstration, and the deep esteem with which most Cubans in positions of power held the Rockefeller Foundation, the efforts of the IHD were not enough to uproot and reform an entrenched and highly politicized public health structure.

Optimistic Beginnings

In May 1935, IHD representative Henry P. Carr arrived in Havana to initiate the IHD's first cooperative project, the Malaria Commission (MC), co-directing it with Dr. Aristides Fernández of Havana. Province by province, the MC planned to survey malarial incidence, categorize mosquito type, and then demonstrate how to control their breeding. Beyond the narrow issue of malaria, the IHD hoped that the success of these demonstrations and increased interaction with local people would result in the foundation of a model local county health unit, whose success would then prompt the spread of more units throughout the island, constituting a reorganization of an antiquated public health organization from the local level up. The local health unit was to focus on preventive medicine, the training of public health officials for full-time technical work, and popular education, all judged by the IHD to be the most pressing long-

term public health problems in Cuba in the 1930s.[5] While both Cubans and IHD officers agreed that malaria was the preferred starting project, a more simple initiative before the more substantial local health unit venture, the two groups had differing understandings of why an entering wedge was necessary.[6] Cubans highlighted political factors, while the IHD emphasized Cubans' lack of knowledge about modern public health. The former felt that the political situation was not stable enough or primed for the launching of a local health unit, while IHD professionals surmised that full-time country health departments were "too foreign to Cuban background for real comprehension. The ground work has to be built up."[7] Contradictory interpretations about why Cuban public health officers required the presence of the IHD on the island and for what they needed their help characterized the seven-year tenure of the IHD in Cuba.

Marianao, a populous suburb of Cuba's capital, was chosen for the site of the MC's first survey. It possessed both the rural characteristics that the IHD preferred and proximity to the center of political power. By 1937, with the malarial survey and demonstration work drawing to a close, it was determined that its success had readied Marianao for a model full-time health unit, similar to the county health department in the United States. Thus, the Marianao County Health Unit (*Unidad Sanitaria de Marianao*) (MHU) was founded with the objective of taking over the malaria control efforts of the MC, expanding activities to include health and education services (vaccinations, x-rays, etc.) and training public health men and nurses for work throughout the island. IHD representatives again made assumptions about the level of Cubans' understanding of public health, stating that the malaria project was so successful because it led to the "recognition" on the part of government officials and leading citizens of the "importance of public health work."[8] Cuba's great need, in the IHD's opinion, was not the control of any one

disease, but for "an efficient demonstration in modern health work conducted from an educational standpoint."[9] The IHD, at least in their first years of work on the island, thought Cubans were simply unaware or uneducated about the superiority of modern, technical public health work.[10] Cubans, on the other hand, commented on the need for IHD resources and their power—both material and symbolic—as they tried to reform their public health organization. In 1943, Domingo Ramos communicated to Porter J. Crawford, "[A]s Colombia needs yellow fever work or Trinidad malaria studies, so does Cuba need most of all the stabilizing influence of the Rockefeller Foundation."[11]

The Marianao Health Unit was a resounding success -- locally, nationally, and internationally. Citizens participated heavily in its activities, civic groups throughout the island called for their own *unidad sanitaria,* and the IHD brought other Latin Americans involved in IHD projects to train at the unit. It was co-directed by IHD representative Carr and Dr. Pedro Nogueira. Unlike other governmental health units in Cuba, the staff was full-time and had been adequately trained, oftentimes in the US through IHD fellowships. The annual reports of the unit boasted a high level of interaction with the population of Marianao, both at the MHU and in schools and homes. The unit published a bulletin focused on hygienic education: large numbers were distributed in Marianao's schools and requests came from throughout the island for copies of this bulletin. In four months of 1943 alone, 40,000 bulletins were distributed.

Despite the enthusiasm for and reputation of this health unit, the IHD and its Cuban counterparts were continually thwarted in efforts to expand its success and launch a second *unidad sanitaria* (in contrast, the malarial survey and control demonstration was undertaken in every province by 1943). The operation of a *unidad sanitaria* necessitated that the current municipal health organization—the *jefatura local de salubridad*—be closed or merged with the

unidad sanitaria.[12] The *jefaturas*, even the more reputable ones, were still part-time and often preoccupied with tasks that the IHD believed to be the purview of the Public Works Ministry, such as garbage collection and street cleaning.[13] The worst of these health centers had absent and inattentive *jefes de salubridad*, who engaged in corruption and collected a salary without fulfilling their duties (and were protected from losing their jobs as long as the politician who appointed them stayed in power).

And, the IHD's frustrations in Cuba went beyond the failure to establish a second health unit. Rockefeller Foundation men were continually baffled during their tenure in Cuba by the inability of the Cubans to pass and implement legislation to reform their public health structure and to extricate public health from politics. The IHD regional director of the Caribbean identified the most critical problems: failure to pass a national budget; short tenure of health ministers; the part-time nature of all public health positions; and, the predominance of political connection, not technical training, in determining appointment to public health positions. Although observations are not unanimous on this issue, most IHD officers noted that the amount of money available to public health posts was not the problem; instead, the issue was the manner in which it was dispensed (or pocketed). For example, in 1939, it was estimated that $0.50 per capita was spent on public health nationally; while this was not an extravagant amount, it should have been enough, for the MHU was running effectively on $0.30 per capita.[14] In discussions for a proposed second health unit in Santiago, the IHD representative reported that 92,000 pesos were appropriated to Santiago's *jefatura de salubridad*; only one-third of this was needed for health, and the remaining two-thirds could go towards drainage and sanitation. He wrote, "There is no lack of funds for health work in places like that city."[15]

By 1941, after six years of hoping and working towards national and local public health reform, the IHD prepared to turn over the MC and MHU to the Cuban government by the next year. They quietly communicated to their Cuban liaisons that without any real change in the Health Ministry, acceptance of new projects would not be approved in New York. News that the IHD was leaving Cuba prompted an outburst of criticism and anxiety amongst Cuban politicians and citizens. In a rash of articles, the national and local press lambasted the Cuban government for failing to do their part to keep the IHD pleased with Cuban progress. Senators and ministers visited the IHD regional office in Havana, begging to know who was to blame and what could be done to keep a representative assigned to the island. In Marianao, civic organizations and citizens came together to protest their withdrawal. Cubans employed in cooperative projects worried about their future employment stability and some sought new jobs in anticipation of being replaced by more politically connected men. Key Cuban public health players lamented that all the advances achieved in their sector over the last six years were certain to fall apart. They argued that the reputation of the IHD – more than actual money or projects – was essential as they tried to launch national reforms. Cubans needed the political capital of the IHD men, who were viewed roundly as non-political and non-corrupt, to successfully lobby Congress and the President for radical change. In 1941, Rolla B. Hill, the new IHD representative to Cuba, summarized, "At times during the past six years, the Foundation has been almost the only stable force in the Health Department, and the value of this contribution, among others we have made, cannot be overestimated."[16]

Despite many declarations of Cuba's dependence on the IHD for alleviating their health problems, the IHD remained firm in their intention not to start any new cooperative projects. Publically, they disputed rumors that they were "leaving": the regional office was staying in

Havana (although there would be no IHD representative assigned to Cuba), and they were simply conducting business as usual, turning over cooperative projects to the host government. Privately, their letters and diary entries revealed great frustration over the Cuban situation and behavior of government officials. While the current health minister, a friend of the IHD, had a plan for full-time health units hanging on his office wall, there was not enough chance of change:[17] Cuba desperately needed to "pu[t] the local house in order," before any outside agency, including the IHD, could be of any use in *permanent* change.[18] To yet another new health minister in June 1942, Hill penned, "Any aid by a private organization can only be relatively small. In the final analysis, it is the people, their government and the technical men who must have the responsibility for their own health and their own institutions."[19] Although the IHD maintained its regional office in Havana until the late 1940s, there were no new cooperative projects in Cuba for the remainder of the IHD's existence. Although small public health advances had been made and the MHU was still running effectively and efficiently, the goal of establishing a modern public health organization had not been reached. Success had been achieved only in a narrow sense.

Throughout the 1940s and 1950s, the same problems identified by the IHD officers continued to plague the Cuban public health structure. Every several years, the Cubans courted the "moral support" of the Rockefeller Foundation in attempting to reform the public health structure, but the IHD declined any formal involvement in Cuba, still not seeing any likelihood of long-lasting change.[20] In 1947, one of Cuba's former IHD representatives gloomily concluded, "It is unfortunate that a country with the resources and possibilities of Cuba should be so corrupt and contented."[21]

[1] "Cuba-Malaria, Annual Report, 1935", p. 14, Folder 1639, Box 139, Series 315I, RG 5.3, International Health Division records, Rockefeller Foundation records, Rockefeller Archive Center.
[2] "Caribbean Region Annual Reports, 1941", p. 3, Vol. 3, Folder 2010, Box 164, Series 420, RG 5.3, International Health Division records, Rockefeller Foundation records, Rockefeller Archive Center.
[3] Porter J. Crawford Diary, 1942, p. 2, Folder 2, Box 1, Series 420, RG 1.1, International Health Division records, Rockefeller Foundation records, Rockefeller Archive Center.
[4] Steven Palmer, "'The Demon that Turned into Worms': the Translation of Public Health in the British Caribbean, 1914-1920," *História, Ciências, Saúde – Manguinhos* 13, no. 3 (July-Sept. 2006): 15-32; Ann Zulawski, *Unequal Cures: Public Health and Political Change in Bolivia, 1900-1950* (Durham: Duke UP, 2007); Rosemarijn Hoefte, "The Difficulty of Unhooking the Hookworm: The Rockefeller Foundation, Grace Schneiders-Howard, and Public Health Care in Suriname in the Early Twentieth Century," in Juanita De Barros, Steven Palmer, and David Wright, eds., *Health and Medicine in the circum-Caribbean, 1800-1968* (New York: Routledge, 2009), 211-226; Steven Palmer, *Launching Global Health: The Caribbean Odyssey of the Rockefeller Foundation* (Ann Arbor: University of Michigan Press, 2010).
[5] "Semi-Annual Progress Report: Malaria Commission of Cuba: January to June, 1939," Folder 1646, Box 139, Series 315I, RG 5.3, International Health Division records, Rockefeller Foundation records, Rockefeller Archive Center; Henry P. Carr, "Report of the Cooperative Public Health Work in Cuba during 1939," p. 10, Folder 2000, Box 163, Series 420, RG 5.3, International Health Division records, Rockefeller Foundation records, Rockefeller Archive Center.
[6] Benjamin E. Washburn to Frederick F. Russell, November 8, 1934, Folder 788, Box 100, Series 315, RG 2, International Health Division records, Rockefeller Foundation records, Rockefeller Archive Center.
[7] Andrew J. Warren to Frederick F. Russell, November 19, 1934, Folder 10, Box 1, Series 315, RG 1.1, International Health Division records, Rockefeller Foundation records, Rockefeller Archive Center.
[8] "Local Health Departments," October 29, 1936, p. 36221, Folder 9, Box 1, Series 315, RG 1.1, International Health Division records, Rockefeller Foundation records, Rockefeller Archive Center.
[9] "Cuba-Mariano County Health Unit – Budget and Designation," December 6, 1937, p. 37372, Folder 9, Box 1, Series 315, RG 1.1, International Health Division records, Rockefeller Foundation records, Rockefeller Archive Center.
[10] By the early 1940s, IHD officials had modified their understanding about the Cuban situation, highlighting the entrenched politicization that stymied public health reorganization. Still, a certain measure of disdain for perceived Cuban backwardness ran as an undercurrent in Foundation reports: Cubans, according to one IHD representative, was "handicapped by politics and traditions in taking over responsibilities for full-time, well developed public health activities." Porter J. Crawford to Andrew J. Warren, April 10, 1941, Folder 12, Box 2, Series 315, RG 1.1, International Health Division records, Rockefeller Foundation records, Rockefeller Archive Center.

[11] Porter J. Crawford Diary excerpt, July 23, 1943, p. 227, Folder 1, Box 2, Series 420, RG 1.1, International Health Division records, Rockefeller Foundation records, Rockefeller Archive Center.
[12] In Marianao, however, the *jefatura* continued to exist during the MHU's operation. It is probable that in establishing the first health unit, the IHD and its Cuban partners did not want to politicize the situation by annexing or shutting down the Marianao *Jefatura de Salubridad.* However, for more efficient use of limited funds, future health units would need to replace the *jefaturas* in order to use their budgetary designations and not run duplicate services.
[13] Critiques of these corrupt local health branches filled the popular press throughout the 1940s. For example, see José Chelala, "El Monumento Nacional de Bayamo," *Bohemia* 39, no. 3 (January 19, 1947): 57.
[14] Henry P. Carr, "Report of the Cooperative Public Health Work in Cuba during 1939," p. 5, Folder 2000, Box 163, Series 420, RG 5.3, International Health Division records, Rockefeller Foundation records, Rockefeller Archive Center.
[15] Henry P. Carr Diary entries, June 28, 1939- June 30, 1939, Box 58, RG 12, International Health Division records, Rockefeller Foundation records, Rockefeller Archive Center.
[16] Rolla B. Hill, "Memorandum on Work in Cuba," October 8,1941, p 1, Folder 1527, Box 219, Series 315, RG 2, International Health Division records, Rockefeller Foundation records, Rockefeller Archive Center.
[17] As of 1943, this proposal had passed the House, but was shelved by the Senate. Porter J. Crawford Diary entry, April 21, 1943, p. 149, Folder 1, Box 2, Series 420, RG 1.1, International Health Division records, Rockefeller Foundation records, Rockefeller Archive Center.
[18] Excerpt from Rolla B. Hill's diary in Porter J. Crawford Diary, February 28, 1942, p. 122, Folder 2, Box 1, Series 420, RG 1.1, International Health Division records, Rockefeller Foundation records, Rockefeller Archive Center.
[19] Ibid., July 1, 1942, p. 264.
[20] Andrew J. Warren Diary entry, July 10, 1945, p. 75, Box 490, RG 12, International Health Division records, Rockefeller Foundation records, Rockefeller Archive Center.
[21] Rolla B. Hill Diary entry, February 13, 1947, p. 13, Box 219, RG 12, International Health Division records, Rockefeller Foundation records, Rockefeller Archive Center.