

“In the Times of Shots and Shells”: Early Contacts between the Rockefeller Foundation and the Dominican Republic, 1911-1946¹

By Neici M. Zeller

Assistant Professor, Department of History
William Paterson University, New Jersey

nzeller22@yahoo.com

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The Rockefeller Archive Center holds a large number of documents pertaining to the years between 1920 – the time of the first visit by an International Health Board/ Division (IHB/D) staff member, Dr. John Grant – and 1946 – the year in which the Dominican government signed a cooperative agreement with the Rockefeller Foundation (RF). There are also a large number of documents for the period after World War II, the Cold War years, which were also crucial to the development of public health and sanitation in the Dominican Republic with input from various international agencies, including the RF. This report will sketch out the earlier period of the relationship between the Rockefeller Foundation and the Dominican government, as background to the very complex role that the RF came to play in the transformation of the structure of the health-care system in the Dominican Republic from a mostly private endeavor to an exclusively state-managed system in the decades between 1930 and 1960. This is strictly a preliminary overview, because more research still needs to be

conducted in the Dominican archives, as well as in the National Archives in Washington, D.C., especially on some of the issues dealing with the Office of Inter-American Affairs during World War II.

The earliest documents in the Rockefeller Archive Center relating to the Dominican Republic date back to July 1911, when an International Health Board officer wrote to the National Department of Health in Santo Domingo requesting data on the prevalence of hookworm. Over the next few months, the U.S. consuls in Puerto Plata and Santo Domingo responded with data they had collected from local doctors, both native and foreign. Both agreed that the population suffered from a high infestation rate; however, “no agencies, public or private, are attempting to combat the disease, and its existence receives little attention.”² There is no other record for this period of inquiries from the RF officers to the Dominican authorities, or vice versa.

From 1906 until 1911, the Dominican Republic had enjoyed a period of relative stability under the elected authoritarian regime of Ramón Cáceres. The economic and political chaos that ensued after Cáceres’ assassination led the United States, as the country’s largest creditor, to impose a military government between 1916 and 1924.³ The purpose of the occupation was to protect present and future U.S. investments by subduing political unrest, setting up an infrastructure for transport and communication, and spreading “American ideals and standards of personal honor and morals.”⁴ There was also an interest in promoting health and sanitation, as expressed in a letter from the Military Governor, Rear Admiral Thomas Snowden, to Victor G. Heiser of the RF’s International Health Board. In this letter of 26 August, 1919, Snowden asked for “the Rockefeller Institute to send a representative to this country to investigate the practicability of the Institute starting work here towards the treatment and eradication of

prevalent diseases, such as hookworm, venereal disease, etc.” Then Secretary of the Navy Franklin D. Roosevelt also sent a letter to the IHB supporting Snowden’s request and emphasizing the importance of work “on the eradication and amelioration of the disease brought on by hookworm.” Heiser’s response indicated that the IHB had no available staff to send to Santo Domingo, but suggested that the American Red Cross might be of help.⁵

However, in March 1920, Heiser wrote again to Roosevelt, this time requesting that the Navy issue a letter of introduction for Dr. John B. Grant (an IHB field staff member⁶) for a visit to Santo Domingo. Grant had completed a hookworm survey in Puerto Rico the previous year, and discovered that the U.S. possession was “apparently one of the worst hookworm infested spots in the world.” The IHB was now eager to extend its study to neighboring Dominican Republic, where hundreds of Puerto Rican farm laborers and other workers migrated every year. Such migration held the possible threat of exacerbating hookworm infestation in the areas where U.S. companies were expanding their sugar mills.⁷

Grant presented his “Report on Hookworm and General Health Survey of the Republic of Santo Domingo” to the International Health Board on January 15, 1921. The three-part report drew primarily for its general description of the country from a book by Otto Schoenrich; for the public health activities he excerpted from a booklet prepared by the U.S. Military Government.⁸ The hookworm survey (undertaken by the RF “on the invitation of the military government of the Republic”) included data from 11 provinces and statistics “gathered by the medical staff attached to the 4th Regiment in the northern district,” as well as figures “supplied by the Harvard Yaws Commission of Monte Plata.” Grant and his team examined 1,986 people, of whom 1,125 were infected with hookworm, for a rate of 56.5% infection.⁹

It would appear, however, that the IHB was interested purely from a research perspective and had no intention of starting an anti-hookworm program in the Dominican Republic at that time. In October of 1920, governor Snowden wrote again to the Rockefeller Foundation requesting assistance “to better the sanitary conditions in the Republic.” The U.S. government could do no more since it was “much hampered from lack of sufficient funds and especially a lack of sufficient trained medical men.” Besides the RF, only Harvard’s School of Tropical Medicine had heeded the Navy’s pleas for help.¹⁰ In spite of the military government’s requests and the express interest of U.S. sugar companies in the Dominican Republic, the Rockefeller Foundation did not include the country in its Caribbean programs. According to a letter from Tulio M. Cestero, Dominican ambassador to Chile, the RF had expressed a reluctance to work in the Dominican Republic until the U.S. occupation ended.¹¹ The U.S. Marines left the country in July of 1924, after giving its approval to the newly elected president, Horacio Vásquez. The new administration tried to follow the advice of Dr. Ortiz, Health Commissioner of Puerto Rico, to the effect that “the Dominican Government invite the cooperation of the Foundation.” The U.S. Minister supported this initiative, and asked the Secretary of State, Frank B. Kellogg, to write to the RF directly. This request – “not at the request of the Dominican government,” according to Kellogg – set off a flurry of memoranda within the RF in order to determine whether a visit might be in order.¹²

The consensus was that, although the Dominican government was financially capable of funding a health intervention, the RF would “have to say that we were not in a position to send a representative and that we could make no definite promise.” The foundation was willing to allow one of its staff members who was stationed in Puerto Rico at that time “to undertake to act as advisor to the Dominican Republic in the organization of its health department.”¹³ The general

policy at that point was not to expand activities in the Caribbean, unless “an unusual opportunity” were to present itself.¹⁴

The Trujillo Dictatorship, 1930s and 1940s: Local and International Contexts

The government of President Vásquez failed to deal with the repercussions of the worldwide economic crisis. Reduced income from agricultural exports caused a severe fiscal deficit. Plagued by corruption, the Vásquez administration easily gave way to the authoritarian figure of General Rafael Trujillo in 1930. This young leader sought to attract new constituencies, such as the peasantry and the petit bourgeoisie, ignored or alienated by previous governments. From the beginning of his regime and as part of his populist platform, Trujillo entertained the idea of a general welfare plan for the neediest among the population.

For example, in 1937, seeking to emulate Roosevelt’s New Deal and Batista’s social reform plan in neighboring Cuba, Trujillo laid out a program known as the *Plan de Mejoramiento Social* (Plan for Social Improvement) which included housing, health care, education, and other projects to raise living standards for the peasantry and the growing urban proletariat.¹⁵ War conditions produced a paradoxical combination of bounty and scarcity. Fuels, raw materials, sea and air transport, tires and machinery were in short supply, causing a contraction in the incipient manufacturing sector. However, higher demand for the Dominican Republic’s main exports (sugar and other crops) increased their value and promoted the development of agriculture. The regime emphasized dietary self-sufficiency through a plan for agricultural import substitution to cover internal consumption, especially for rice and peanuts – as well as to provide for the expanding export market.¹⁶ The U.S. market offered yet another incentive for increased investments in agricultural production through the Lend-Lease program, which bought Dominican corn, peanuts, and other crops for distribution in the Caribbean. The

regime benefited greatly from the worldwide shortage of foodstuffs, obtaining a favorable agreement with the U.S. that lasted until 1945.¹⁷

The expansion of irrigated lands for rice production and the presence of numerous canals caused the expected side effect of vastly increasing the cases of yellow fever, malaria, and water-borne parasites. The number of people receiving aid and the number of cases of diseases increased during the 1940s – a dreary picture which the regime sought to disguise at the local level. However, international attention to tropical endemic diseases had sharpened during the war and deception beyond the borders of the Dominican Republic was increasingly difficult – especially since the regime was intent on attracting foreign migrants.¹⁸

In the early 1940s, the Brookings Institution conducted a study in the Dominican Republic to determine if the country could offer safe haven for refugees fleeing the Nazis. The report brought out the fact that many Dominicans were suffering major health and nutrition problems, and that professional attention was vital if the deficiencies were to be addressed properly.¹⁹ The results of the report appalled Trujillo and those among his inner circle who were allowed to read the document. The regime certainly did not wish to appear in the international eye as an impoverished, disease-ridden country.

Part of the strategy to repair damage to the Dominican Republic's image involved participating in conferences, exchange programs, and entering into treaties in an effort to attain international standards of health and sanitation. According to Eric Roorda, Trujillo's foreign policy had the "goal of enlarging the presence of the Dominican Republic and its leader in the international public eye."²⁰ We can place the relations between the Trujillo regime and the Rockefeller Foundation within this context of international networking for image-building. But we must place the local dynamics within the global context. Marcos Cueto identifies the use of

international health as a political instrument in the post-WW II period, as part of “the development of modernization schemes directed at preventing the emergence of social movements and communism.”

By the time the Cold War became a reality, the Dominican state was far into its neutralization schemes to combat class conflicts. The reforms in health and social assistance provision – particularly those recommended by the international agencies – allowed the regime to consolidate its political patronage system by pushing out civil society groups from the beneficent sphere in favor of medical professionals. This effort allowed the Dominican Republic to stand among the nations following the modernization paradigm that became popular during the Cold War years, and that ensured United States support of the Trujillo regime.²¹

The RF programs – as well as others conducted at the same time by the Office of Inter-American Affairs, by the Pan American Sanitary Bureau, and by the American Red Cross – gave the Trujillo regime a degree of legitimacy and international standing through its purported progress towards modernization of the nation’s public health system. This accolade, whether overt or deliberately crafted by the regime, was then used for the purpose of connecting the Dominican medical community not only to the U.S. but also to an entire Latin American network of research and debate on issues of child and maternal health, welfare, and social security.

The Rockefeller Foundation and Trujillo: Background to a Relationship

The first contact between the Trujillo administration and the RF came about in the aftermath of the San Zenón hurricane of September 1930, which leveled the city of Santo Domingo. The Dominican legation in Washington requested that the Pan American Union provide assistance in health and sanitary matters, and the Union’s director, Leo S. Rowe, forwarded the request to Frederick F. Russell of the IHD. In an internal memo,

Dr. Hector H. Howard of the IHD expressed his suspicion that what the Dominican government wanted was “the donation of a considerable sum of money without any strings tied to it,” rather than a full-blown cooperative program.²²

A year later, in October 1931, Rowe once again recommended that Federico Llaverías, a member of the Dominican legation, visit the RF to inquire about possibilities for collaboration. Howard interviewed this Dominican diplomat and informed him of the procedure that the RF followed in establishing cooperation with foreign governments.²³ It would seem that these first overtures came from Washington-based diplomats who thought they could perhaps add a feather to their caps by initiating a relation between the Dominican government and the RF. There was apparently no real desire on the part of the executive to start up a program at the time.

It was not until 1934 that the Dominican administration took more concrete steps to approach the RF formally. In response to a request for information from the Dominican Minister, Howard once again indicated that an invitation from the president of the country would be necessary “to make a study or survey of conditions to the end that it may be ascertained in what way our organization can render the best service.” He also indicated that IHD staff was committed for the rest of the calendar year, but that “it might be arranged for a member of our medical staff to visit the Dominican Republic later on in the year.” Within the month, president Trujillo had written to the RF extending the required invitation for a survey visit, with a view toward “drafting a plan of cooperation with the Dominican Health Department.” Howard responded positively but without giving a definite date.²⁴ It was necessary to find the right staff member to pay the visit, preferably someone already stationed in the Caribbean. There was also a passing mention in the correspondence that, should cooperation be established with the

Dominican government, Henry P. Carr would be available since the political situation in Cuba precluded his prolonged stay.

In spite of a direct invitation from President Trujillo, a visit was not possible until September 1935. At that time, B.E. Washburn paid a three-day visit to the Dominican Republic and was “impressed with the efficient manner in which these institutions [of Health and Welfare] are conducted.” The activities that Washburn saw fit to recommend were mosquito control through drainage, the reorganization of the public health laboratory, training for yaws work, and organization for tuberculosis work. In this first formal visit, the RF representative was already calling attention to the fact that all government personnel in the Ministry of Health – with the exception of the Minister – were part-time employees.²⁵ But the decision was final: no training could be offered to staff unless they were full-time employees – that was RF policy. The only other possibility would be to send someone as a fellow to receive training with the understanding that he would be hired full-time by the Ministry of Health upon his return to the Dominican Republic.²⁶

It would appear that the Trujillo administration was not willing to concede to the RF on this point. Other agencies also came to the Dominican Republic to conduct preliminary surveys; for example, the Pan American Sanitary Bureau conducted a province-wide malaria survey in 1941. But the RF continued to show limited interest in starting up activities. In 1941, P.J. Crawford – then Caribbean representative for the RF – visited the Dominican Republic and once again, in response to entreaties from the Minister of Health, countered with the requirement for full-time personnel.²⁷

Not until 1944, when Crawford visited the Dominican Republic again did the situation begin to look more favorable for a cooperative agreement. The United States had shown

considerable interest during the war years in making improvements in Caribbean public health systems. The Office of Inter-American Affairs had begun work on a public health laboratory in 1943, with a Major James Caldwell as its resident representative. Also, the U.S. Children's Bureau had sent a doctor and two nurses in 1943 and 1944 to study the situation of maternal and infant health in the country.

But the tipping point came from within, when a U.S.-trained doctor, Luis F. Thomen, was designated Minister of Health in December of 1944. Thomen had studied Tropical Medicine in Tulane University and received a Pan American Sanitary Bureau fellowship for a doctoral degree in public health from Johns Hopkins. He had written to various staff members of the RF to indicate his willingness to promote the work of the Foundation and to follow its guidelines.²⁸ Finally in 1946, the RF and the government of the Dominican Republic signed a cooperative agreement, and Dr. Henry P. Carr arrived in Ciudad Trujillo as RF resident representative, a post he would hold until 1954.

ENDNOTES:

¹ The phrase comes from a 1917 letter by Dr. G.B. Larkeque of San Pedro de Macorís, Dominican Republic, to Wickliffe Rose, Rockefeller Foundation, International Health Board. Unless otherwise indicated, all documents cited are at the Rockefeller Archive Center (RAC), Rockefeller Foundation Record Group 5, Series 1.2, Sub-series 335 Dominican Republic, Box 48, Folder 726.

² The July 1911 letter of inquiry and the response from Charles M. Hathaway, Jr., U.S. Consul in Puerto Plata, dated 27 December, 1912, can both be found in RG 5, Series 1.2, Sub-series 335 Dominican Republic, Box 10, Folder 136. The report by General F.M. Endicott, U.S. Consul in Santo Domingo, is located in RG 5, Series 2, Sub-series 335, Box 37, Folder 222. The quote is from Hathaway's letter.

³ A fuller account of the process can be found in Calder, Bruce. *The Impact of Intervention: The Dominican Republic during the U.S. Occupation of 1916-1924*. Princeton, New Jersey: Markus Wiener Publishers, 2006.

⁴ U.S. Military Government of Santo Domingo. *Santo Domingo: Its Past and Its Present Condition*, Santo Domingo: n.p., 1920, (p. 6).

⁵ RAC, RF, RG 5, Series 1.2, Sub-series 335, Box 81, Folder 1144.

⁶ For more information on John B. Grant see Farley, John. *To Cast out Disease: A History of the International Health Division of the Rockefeller Foundation (1913-1951)*. New York: Oxford University Press, 2004, (pp. 80, 299, 308).

⁷ RAC, RF, RG 5, Series 1.2, 335, Box 98, Folder 1342, Heiser to Roosevelt, 3 March 1920.

⁸ Schoenrich, Otto. *Santo Domingo: A Country with a Future*. New York: The MacMillan Company, 1918; U.S. Military Government. *Santo Domingo* (see above). Schoenrich had traveled to the Dominican Republic in 1905 and 1906 as part of an official U.S. commission.

⁹ RAC, RF, RG 5, Series 2, 335, Box 37, Folder 222, "Report on Hookworm and General Health Survey of the Republic of Santo Domingo from July 27, 1920 to August 25, 1920 by John B. Grant, M.D."

¹⁰ RF, RG 5, Series 2, 335, Box 37, Folder 222.

¹¹ RF, RG 5, Series 1.2, 335, Box 228, Folder 2894. The letter is dated 19 February, 1925. To date I have been unable to find any RF documents that state this policy.

¹² RF, RG 5, Series 1.2, 335, Box 260, Folder 3298, Kellogg to Vincent, 29 July, 1926, and Box 298, Folder 3774, Young to Vincent, 1 December 1927; also, Howard memo to Sawyer, 20 December, 1927.

¹³ RF, RG 5, Series 2 (1928), Box 9, Folder 73. Memo from H.H.H. (Howard?) to Russell, 2 February 1928.

¹⁴ RF, RG 5, Series 1.2, 335, Box 298, Folder 3774, Sawyer memo, 21 December, 1927.

¹⁵ Agencia Dominicana de Publicidad, *Génesis, labor y proyecciones del Partido Dominicano*. Ciudad Trujillo: Editora Montalvo, 1945, (pp. 5-10); Uribe, Max. *Función del Partido Dominicano en la Era de Trujillo*. Ciudad Trujillo: Impresora Dominicana, 1959, (pp. 143-157).

¹⁶ For more details on these processes, see Cassá, Roberto. *Capitalismo y dictadura*. Santo Domingo: Editora UASD, 1982, (pp. 55-61).

¹⁷ Atkins, G. Pope and Larman C. Wilson. *The Dominican Republic and the United States: From Imperialism to Transnationalism*. Athens, Georgia: The University of Georgia Press, 1998, (pp. 81-82).

¹⁸ Marcos Cueto, ed. *Missionaries of Science: The Rockefeller Foundation and Latin America*. Bloomington: Indiana University Press, 1994, (p. xiii).

¹⁹ Brookings Institution, *Refugee settlement in the Dominican Republic, a survey conducted under the auspices of the Brookings institution*. Washington, D.C.: Brookings institution, 1942. At the 1938 Evian conference, the Dominican Republic offered to take in Jewish refugees as a way to rehabilitate the country's image after the Haitian massacre.

²⁰ Roorda, Eric Paul. *The Dictator Next Door: The Good Neighbor Policy and the Trujillo Regime in the Dominican Republic, 1930-1945*. Durham, North Carolina: Duke University Press, 1998, (p. 125).

²¹ See Cueto, Marcos. *Cold War, Deadly Fevers: Malaria Eradication in Mexico, 1955-1975*. Baltimore, Maryland: The Johns Hopkins University Press, 2007, (pp. 17-33), for a general discussion of the Cold War context of international public health issues during this period.

²² RAC, RF, Series 2 (1930), Box 42, Folder 345, Rowe to Russell, 3 October 1930, and Howard to Russell, 6 November 1930.

²³ RF, Series 2 (1931), Box 58, Folder 477, Rowe to Russell, 3 October 1931, and Howard to Russell, 20 October 1931.

²⁴ RF, Series 1.1, 335, Box 1, Folder 3, Despradel to Rockefeller Institute, 19 March, 1934, Howard to Despradel, 18 April 1934, Trujillo to Howard, 11 May 1934, Howard to Trujillo, 31 May 1934. Russell to Washburn, 20 December 1934, Washburn to Russell, 27 December, 1934, Russell to Washburn, 31 December, 1934.

²⁵ RG 12.2 Officers' Diaries, B.E. Washburn 1934-36, Box 97, September 7-10, 1935.

²⁶ RG 1.1 335, Box 1, Folder 3, Sawyer to Washburn, November 14, 1935.

²⁷ RG 12.2 Officers' Diaries, P.J. Crawford 1939-41, and RG 1.1 Projects Series 420, Box 1.

²⁸ RG 2 1943, Box 254, Folder 1752.