

# A Drive for Community Health Work

## The Rockefeller Sanitary Commission and Local Public Health Experts in the American South, 1909-1916

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Hookworm disease, one of the “diseases of laziness” along with malaria and pellagra, afflicted people in the American South until the first half of the twentieth century. Some local physicians paid attention to the prevention of this endemic disease after scientists, such as Bailey Ashford and Charles Wendell Stiles, discovered the pathogen “*ancylostoma*” in the soil in the early 1900s. However, the overall indifference and unwillingness to recognize the problem by physicians and lay people made the efforts for prevention sporadic.<sup>1</sup> The control of diseases required updated information, motivation, funds, and administrative support.

Massive efforts to control hookworm disease began in 1909, when the Rockefeller Sanitary Commission (hereafter “the RSC”) started its investigation in Southern states to improve people’s health and to give the southern districts an incentive for establishing local public health institutions. During this five-year program, the RSC conducted infection surveys and delivered education, followed by dispensary work and, eventually, intensive community health work that also covered maladies other than hookworm disease. After the RSC dissolved in 1915, the Rockefeller Foundation (RF) continued to support community health work through the International Health Commission (IHC) until federal funds were poured into the South in the New Deal era. Controlling hookworm disease was the beginning of the institutionalization of public health apparatuses

covering the health of the local people.<sup>2</sup>

Historians have studied the conditions in which the RSC's programs and activities were conducted, and if the programs really did improve the public health administrations in the Southern states. William Link placed the philanthropic groups' activities in the context of the Southern progressive movements at the turn of the twentieth century. He observed that outside reformers, who cooperated with the state officers, helped to modernize health and educational institutions in the community, though they faced strong resistance from the local traditionalists and were, therefore, compelled to revise or withdraw their initial plans.<sup>3</sup> In the field of public health, people would generally be reluctant to accept new measures, such as changing lifestyles, much less vaccination. The chief motive of the local public health experts should have been health improvement of the local residents, however, what they thought of outside reformers—cooperators, directors, or otherwise—is not clear in Link's argument. It seems the local experts were rather passive toward the residents' health improvement.

Focusing on the development of public health systems in the Southern states, Cheryl Elman, Robert A. McGuire, and Barbara Wittman argued that the RSC tailored its strategy to fit the circumstances, eventually supporting progressive districts with enthusiastic local elites. They also demonstrated that not all interventions were effective, and that population size, economic stability, and local leaders' attitudes influenced the results.<sup>4</sup> This argument resonates with other historians' discussions that the development of public health was closely tied with the level of political and economic modernization of the city or state.<sup>5</sup> For example, Judith Sealander points out that public health campaigns were effective if the balance of education and enforcement worked well.<sup>6</sup> Where public administration systems could support public health measures, philanthropic reformers were able to adjust their methods for intervention, and continue or increase its subsidy. The less developed districts did not fully utilize the help and

were eventually left out.

In the process of institutionalization, prior studies do not argue much on the role of local public health professionals who are described as subordinates of the RSC or as critics of the reform. Were they mere reactors to the reform campaigns? As Steven Stowe, Steven J. Hoffman, and other historians of the Southern health professionals have shown, there was an aggregation of local medical and public health professionals with modern medical education in the South, some of whom had trained in Massachusetts, New York, and even Berlin and Paris.<sup>7</sup> While it was true that many of the medical schools in the South were deemed inadequate in the Flexner Report in 1910, there were also suitable medical schools. Under severe budget restrictions, health officials with modern medical training struggled to improve or standardize their health systems, educate the local people, and promote sanitation and quarantines. What did the competent professionals do when the RSC deployed its personnel?

In this article, I argue that the RSC was, to a considerable extent, driven by the local public health professionals of states that had established relatively solid public health institutions before the RSC intervened. I also argue that the RSC was a Southern modernizing project operated by the Southerners using Rockefeller's funds, which invited mixed reactions from the RF commissioners, while also establishing inconspicuous policy cooperation with some states. Of the several states that accepted the RSC hookworm eradication teams, this article focuses on North Carolina and the other states that followed its example. The state of North Carolina had already established its permanent Board of Health when the RSC first arrived; its health officers helped to shape and reshape the RSC's activities, and later those of the Rockefeller Foundation's IHC.

## State Directors of the RSC: local public health experts

The appointment of Wickliffe Rose—a professor of history and philosophy at the University of Nashville, Tennessee—as Administrative Director of the Rockefeller Sanitary Commission in 1909 was intended to win over the Southerners. While Charles Wendell Stiles, of the Department of Agriculture, had promoted himself to Administrative Director, his lack of social skills led to his appointment as the RSC’s Scientific Director, keeping him away from public relations.<sup>8</sup> Rose was not an expert in public health or epidemiology. Rather, he was an excellent communicator with experience of an educational reform project through the General Education Board, another Rockefeller-funded philanthropic organization. Accordingly, Rose knew how the public may react to campaigns operated by the staff associated with a renowned big business, and how to gain cooperation from state officials.

The RSC initiated its work by asking the Southern states to appoint a state director of sanitation from among the local public health officers. Officially known as the “state director” and appointed through either the State Board of Health or the State Governor, this individual was responsible for conducting investigations and engaging with local physicians regarding hookworm disease. Each state director appointed three field directors and a laboratory staff.

This organizational design demonstrates two points. First, Rose was careful to make arrangements local, or at least give the impression that the arrangements were of local origin, so that the residents would accept the information without becoming unnecessarily resistant. Rose was particular about showing the public that the project originated in each state and that the RSC had been invited to help them. Replying to the inquiry from the state director of Arkansas as to whether he should conduct the hookworm campaign exclusively in the name of the State Board of Health, omitting any reference to the RSC, Rose wrote that:

this work should be done in each State in such a way as to direct attention toward the State Board of Health. To this end, all officers should be regarded as officers of the State Board of Health, as they really are.<sup>9</sup>

Residents or local physicians would have perceived the investigation as being conducted by a health officer from the State Board of Health. The Rockefeller name was noticed only if they happened to see the letterhead of the documents carried by the investigators, or if they carefully read the local newspaper.

Second, Rose designed the organizations to help local institutions and professionals accumulate positive and practical experiences, ensuring that they could assume responsibility for continuing the work after the RSC withdrew from the region. Benjamin Washburn, a field inspector appointed by State Director John A. Ferrell of North Carolina, wrote in his autobiography that the RSC was careful to utilize local existing organizations and to secure the support of local experts:

Throughout the South the campaign was conducted through existing agencies... This proved to be a most important arrangement since it encouraged Boards of County Commissioners to appropriate funds for health work, a thing they had never done before.<sup>10</sup>

Through the hookworm project, Rose aimed to help improve or establish (depending on the advancement of each state when the RSC arrived) a system of public health administrations in the Southern states. To Rose, this endeavor implemented the general rule set by John Rockefeller when he established the RSC—"to promote the well-being and to advance the civilization of the peoples of the United States and its territories and possessions..." —by helping to modernize the states' public health institutions.<sup>11</sup>

The appointed state directors were public health modernizers in

their own states. Arkansas State Director Morgan Smith, who graduated from a medical school in Little Rock and trained at Tulane University in New Orleans, had previously strived to establish a permanent public health board as a faculty of University of Arkansas Medical School. He took his appointment of state director of the hookworm project as an opportunity to realize his aim.<sup>12</sup> Tennessee's Olin West, Associate Professor of Chemistry at Vanderbilt University, became Secretary and Chief Executive of the Tennessee Board of Health in 1918 after serving as the State Director.<sup>13</sup> John A. Ferrell, a graduate of the University of North Carolina and North Carolina State University Medical School at Raleigh, was a County Superintendent of Public Health, and members of the State Board of Health were aware of his competence.<sup>14</sup> There were political appointments, such as that of the state director of Louisiana, which Rose initially opposed because of the appointee's limited skills, though he soon backed down. However, generally, states nominated qualified persons with sufficient local connections.<sup>15</sup>

Cooperating with state agencies, the RSC's state directors selected communities for investigation of hookworm infection and soil pollution, dispatched sanitary inspectors and laboratory engineers, and inspected schoolchildren, university students, orphans in asylums, and state militias. Their findings proved that hookworm disease was deeply rooted in the Southern communities. More than 90% of the inspected counties were polluted by hookworm eggs. Hookworm infection rates among the residents varied between 10% and 80%, and the results seemed to reflect the ratio of privy installations. The infection rates of black residents were generally lower than those of whites, and their symptoms were lighter.<sup>16</sup> The state and field directors instructed hookworm carriers to consult their physicians, while simultaneously providing local physicians with information and medicine to treat hookworm disease. Through lectures, bulletins, posters, inspections, and press conferences, the directors educated the public

and encouraged them to undergo examination and treatment by a local physician.<sup>17</sup> States were required to expend funds matching the RSC's contributions and implement sanitary policies into law. For example, Virginia and Louisiana both enacted a law requiring public schools to install privies.<sup>18</sup>

The first year results of the RSC's work were ambiguous. The residents enjoyed the lectures and lantern slides on hookworm disease, but the number of people examined was below expectation. In addition, many local physicians were reluctant to cooperate and refused to report the number of disease incidences they had diagnosed. "We still have many skeptical physicians, and no more irrefutable or convincing evidence as to the prevalence and severity of hookworm disease could be furnished than your annual report placed in their hands," C.W. Garrison of Arkansas grumbled in a 1912 letter to Rose.<sup>19</sup> Considering these results, the RSC decided to examine and treat the disease themselves through dispensaries—field hospitals that would focus on education rather than treatment.<sup>20</sup>

## Dispensaries and their Limits

Prior to the implementation of dispensaries, state directors presented mixed reactions about the plan's effect. Ferrell and his field forces, who appear to have first proposed the idea, enthusiastically formulated definite plans, from renting tents to publicizing the plan to North Carolina's citizens.<sup>21</sup> Others were worried that local physicians would not cooperate with the plan, based on their previous year's experience. Additionally, the dispensary plan required the community to appropriate funds to cover outlays such as microscopists' travel expenses, costs of tins and drugs, and printing expenses.<sup>22</sup> It was unlikely that communities with limited budgets would agree to fund projects that the residents did not support. Even Rose was "strongly of the opinion that the people would not come to dispensaries

for examination and treatment.”<sup>23</sup>

To make the dispensary plan workable, dedicated state and field directors smoothed the path by approaching key figures to sway local sentiments. They conferred with and sought endorsements from local newspapers and prominent people. They also engaged with existing organizations, such as women’s clubs, education boards, churches, mill owners, etc., asking them to advise their members to come to the local dispensary.<sup>24</sup> They prepared striking visual displays, such as worm specimens discharged from patients, photographs showing patient comparisons before and after the treatment, and a model sanitary privy. When the first dispensary was opened in Columbia, Mississippi, on December 15, 1910, the staff was surprised to see many locals. As other dispensaries were established in North and South Carolina, Georgia, Alabama, Louisiana, Mississippi, and Tennessee, newspapers that had previously been critical of the RSC’s projects started to publish positive reports about the work of the dispensaries.<sup>25</sup>

State directors exchanged information on the implementation of dispensaries and sought to maximize their educational function. Ferrell impressed upon other directors, besides Rose, that to gain the cooperation of local doctors, it was important to assure them that dispensaries would not infringe upon their interests as regards prescribing medicine, as the dispensaries would only be in place for a few weeks.<sup>26</sup> The state directors also reported that dispensaries had been successfully used in Puerto Rico and other locations to reduce incidents of hookworm disease, and persuaded local leaders to endorse the activity.<sup>27</sup> While implementing the dispensaries, the directors realized the importance of their wives’ role in attracting the attention of local women. Therefore, they arranged for their wives to develop good relationships with the locals and to advise them to bring specimens for examination.<sup>28</sup> The dispensaries operated for six to eight weeks in each community, outreached to as many people as possible, akin

to a missionary tour, and then moved to another community. State directors learned valuable lessons from the experience, developed new publicity skills, and shared both of these with each other.

In 1912, the RSC's works in states like North Carolina, Mississippi, and Georgia were generally supported by the local press, boards of education, schools, churches, women's clubs, and local physicians. The state and field directors of such successful states outreached to black communities too, and Ferrell even suggested hiring a black physician as a field director, which would enable him to visit schools, churches, and homes to educate the people. While hiring a black physician would "greatly strengthen the work of our forces," Ferrell explained to Rose in 1910, "the salary and travelling expense of such a man would not have to be as much as paid to the white" field directors.<sup>29</sup> Though not all counties in the Southern states supported and invited dispensaries, nor did all local leaders accept the proposed distribution of medicine to black residents, a cycle of publicity, investigation, participation, and treatment began to gain momentum, as the cured patients shared their experiences with their friends and neighbors, and the local press favorably reported the results.

States with less-functioning Boards of Health faced difficulties. Arkansas did not have a Board of Health until 1913. The RSC settled in Arkansas in 1910, i.e., before the establishment of the Board of Health. After the first state director, Smith, resigned due to financial reasons, the locally trained and enthusiastic W.W. Garrison assumed the position in 1912. He found that many of the measures that Ferrell reportedly implemented in North Carolina could not be properly undertaken in his state, given the lack of a system to support modern public health work. For example, Garrison wished to send pamphlets concerning hookworm disease to local doctors but there were no practitioners' lists—records that were usually maintained and updated by a State Board of Health—available. While investigating the infection rates, he personally corrected and re-corrected

the numbers, possibly because there were no personnel available with sufficient knowledge of statistics. The directors did not utilize the available infection information at the time of the dispensary's opening, leading them to establish it at a site with a comparatively low infection rate. Work on tackling hookworm disease impressed upon public health professionals in the South that a modern bureaucratic system of maintaining and utilizing records was needed, in addition to updated medical and public health knowledge.<sup>30</sup>

During the course of its five-year project, the RSC moved its focus from initial investigations of hookworm disease, public education, and treatment by local practitioners, to dispensary work, where both education and treatment were provided. However, Rose and the RSC state directors knew that the public's mindset changed in a limited number of localities, while many other communities were beyond the reach of the RSC's educational activities. Moreover, even in communities where awareness of the disease had increased, indifference could return at some stage unless the residents were regularly updated.

### **Community Health Work Promotion by Local Health Officials**

The endeavors to control hookworm disease revealed that a modern public health system, progressing beyond the establishment of a State Board of Health, was needed. The RSC state directors had pressed Rose to arrange for the RSC to support intensive community health work, which included education on hookworm disease but was not limited thereto. Rose was very prudent in handling such demands from the state officials and gave non-committal remarks. However, he accepted the need to act and persuaded his fellow RSC commissioners that the RF should allocate RSC funds for community health work. Eventually, delivering help for community health work prolonged the RF's presence in the South after the

RSC's term ended.

From the onset of the RSC projects in the South, the RSC state directors and state health officials introduced to Rose the importance of local health boards. Watson Rankin, Secretary of the North Carolina State Board of Health, stated that a community, or a region up to the size of a county, constituted a basic unit to implement state health laws, educate and supervise the local people, and collect data, such as vital statistics and details concerning ongoing disease cases. A full-time health superintendent in every county was necessary to conduct this work.<sup>31</sup> As early as 1910, Rose cooperated with the North Carolina State Board of Health in helping to launch a permanent county health board with a full-time health superintendent in Guilford County. The superintendent of Guilford County investigated the sanitation of public schools, demonstrated how to reduce typhoid fever, disinfected houses and public buildings, and collected vital statistics concerning the local residents.<sup>32</sup> These were definitely important practices to supervise and improve people's health. Nonetheless, for the RSC commissioners, especially Chairman Frederick Gates, these works were considered to have only a weak link to hookworm eradication. Why Rose undertook to persuade the commissioners to help this project—which should have been the responsibility of the State of North Carolina—requires some explanation.

In 1909, having just been appointed as Secretary of the North Carolina State Board of Health, Rankin was struggling to modernize the public health administration. Repeatedly quoting the Earl of Derby's phrase, "sanitary instruction is even more important than sanitary legislation,"<sup>33</sup> he demanded county superintendents to implement state health laws. The local governments, however, did not follow Rankin's lead due to indifference, lack of budget, or local pride that their people were healthy and robust. Support from the notable physicians of the North Carolina Medical Society was not enough to move the rank-and-file physicians and superintendents

of health in the countryside.<sup>34</sup> Rankin's perspective was that the state should comprehensively control the public health administration, as its head, and that the local governments—counties, cities, and towns—should implement the state's policies effectually. Without budget allocation from the state, however, it was difficult for the counties to follow his edicts. Rankin perceived that establishing a model county would be helpful; if health work was effectively conducted and reduced diseases in this model county, then other counties would follow suit.<sup>35</sup> It seems that Rankin may have thought the United States Public Health Service (PHS) should play the role of coordinating and subsidizing a model county project. In his letter to Surgeon General Rupert Blue, he drew Blue's attention to the subject as follows: "This piece of work is, in the very nature of things, a function of the Federal Government, or, more particularly, the United States Public Health Service."<sup>36</sup>

Before appealing to the PHS, Rankin had brought the idea to Rose in 1910. Rose decided to help community health work in Guilford County as a part of the hookworm eradication work. "Observation of the work in Guilford County," wrote Rose, "convinces me that with an effective county superintendent of health devoting his whole time to the work in any county, there is no reason why hookworm disease should not within reasonable time be stamped out and kept out..."<sup>37</sup> Following this cooperative work in Guilford, Rankin often raised the subject of community/county health work in his communication with Rose, demanding that the RSC should fund it. Rankin wrote to Rose that the purpose of both the North Carolina State Board of Health and the RSC was to educate the people and let them support their county health boards. Moreover, the money the RSC had spent in North Carolina—\$20,000 per year—could have been used more wisely if the RSC had allocated the funds to intensive local health work, rather than upon short-term dispensary work: "This short cut to our chief end, would, in my present opinion, make a ten times more valuable demonstration than

any other form of work which I have thought that we might pursue.”<sup>38</sup> Responding to Rankin, Rose explained that if he had a discretionary fund, he would not hesitate to use it as Rankin indicated; however, “the Commission would have authority to use its funds” and allocation had not yet been decided.<sup>39</sup> The fact that Rankin and other officials, such as Ferrell and J.L. Ludlow—a member of the North Carolina State Board of Health—sent similar letters to Rose at the time showed how eagerly they wished to cooperate with, or more precisely receive funds from, the RSC.<sup>40</sup>

The state directors and the public health officials preferred intensive community health work to dispensary work as the former would provide information and measures to prevent diseases in general, rather than only hookworm disease. Furthermore, it was expected to help local public health officials in two ways: first, it would provide a practical visualization of standard health work to the residents of neighboring areas, subsequently persuading them to adopt and fund similar work; second, it would provide means of persuading the general assemblies to enact new health laws. At least in North Carolina, the RSC staff was more aligned with their own state and did not contemplate Rockefeller or the RSC’s commissioners take on this matter.

As a former educational reformer, Rose recognized the importance of community health work but encountered difficulties in persuading his superiors, such as RSC Chairman Frederick Gates and John Rockefeller. Rockefeller and Gates had agreed from the program’s start that the endowment should end in 1914 as the program aimed to incentivize, rather than fully produce, the improvement of public health administrations in the South. Furthermore, providing help for community health work would risk the burdens of permanent supervision and funding, leading the states to become dependent on the RF.<sup>41</sup> Knowing the importance of community health work, but hesitating to inflame the debate, Rose managed to find a way to satisfy the RSC commissioners, state directors, and state health officials.

## Persuading the Rockefeller Foundation Commissioners for Community Health Work

As Gates became more interested in the field of international health and medicine, scientists and medical experts formed an influential collective in the Rockefeller philanthropy circle. When the RF launched the IHC in 1913, Gates proposed to close the activities in the South in 1914 as had been initially planned, and shift focus to the Caribbean, Latin America, and Asia. RF scientists were interested in developing vaccines and medicines, and exchanging medical information in Europe. With Rockefeller facing fierce criticism after the bloody Ludlow strike in the Rockefeller-owned Colorado mine in 1913-14, and RF's failure to obtain a charter from the Congress,<sup>42</sup> Gates was inclined to end support for health work in the U.S. From his perspective, the RSC had stimulated the Southern states to progress to establishing a permanent public health system, as many states now recognized that the hookworm disease was a real menace to people's health, and was curable. For Rose, however, the situation concerning the system of public health administration in the South was only in the infancy, and it needed to be stimulated through dispensary work and other initiatives.<sup>43</sup> Rose, as the RSC's administrative director and director of the IHC, looked for routes that would enable pursuit of the Rockefeller projects abroad, whilst simultaneously providing ongoing support in the South.

Earlier, Rose himself seemed to have been more interested in operating hookworm projects abroad. In 1910, he wrote to Surgeon-General Walter Wyman of the Public Health and Marine Hospital Service and asked him to gather information on hookworm infection in foreign countries by cooperating with the State Department.<sup>44</sup> After scrutinizing the findings, Rose drew Wyman's attention to Mexican immigrants, writing that they were responsible for "a considerable stream of hookworm infection coming into this country," and suggesting appropriate actions.<sup>45</sup> Without

the pressure to support intensive community health work, Rose would have withdrawn completely from the South and concentrated entirely on international work.

One reason for Rose's decision to continue supporting the South was that he came to share deep concerns with his state directors through everyday communication—the Boards of Health of each state were generally subject to severe budgetary limitations and needed subsidies to conduct basic administration duties, such as collection of vital statistics and laboratory work.<sup>46</sup> Enhancing health work in communities was far more important than temporary dispensary work to educate people and improve their health.<sup>47</sup> The local physicians needed to be educated first, followed by curriculum improvement of local medical schools.<sup>48</sup> State directors and field staff wished to improve health conditions using scientific practices but had failed to do so due to local politics, indifference, prejudices, and budget scarcity. During their struggles, the RSC had suddenly appeared, helping to activate the pursuit of their objectives, and actually realizing some of them. Rose's personal views may have resonated with such voices.

By supporting community health work, Rose had understood that continuous support was necessary to help improve public health administration in the Southern states. The hookworm project pushed the movement forward, but setbacks would surely follow as state budgets were generally limited and local politics could lose interest in public health, potentially leading to the dissolution of the recently born local health boards. Such observations led Rose to implore Gates that “the county health service can be made effective. At present this is the weakest spot in the state system.”<sup>49</sup> It would take time to ensure the smooth functioning of the health system, a view that was shared by all the state directors.<sup>50</sup> Rose sought to induce the IHC to focus on the system as a whole, rather than upon a single disease. Therefore, he selected several communities to which to provide funds for the purpose of hookworm control. In 1913, community

health work became the focus of Rose's activities, thereby prolonging the endowment from Rockefeller to the South.

Rose continued to persuade Gates and the other commissioners to support intensive community health work. However, the outcome was not very favorable: "After an all day conference with Mr. Gates concerning the work which we are opening up, it seems to be necessary to postpone action for the present looking toward the full time county health officer."<sup>51</sup> Community health work had already started in Guilford, North Carolina, and some other states were showing interest in this type of work. Rose not only reported the significance of supporting intensive community health work at the commissioners' meeting, but also created a *fait accompli*, writing to Ferrell in the following terms:

You will be free to cooperate with Dr. Rankin in any way that seems advisable to Dr. Rankin and yourself. I hope you will succeed in getting the work organized on an effective basis. Personally, I regret that there is anything to prevent our giving you the cooperation, which I indicated at our conference the other day.<sup>52</sup>

Eventually, this accumulation of facts would influence the commissioners' decisions.

The appointment of Ferrell as Rose's assistant director in July 1913 was a definite step taken by Rose to further persuade the RF commissioners to support community health work. Ferrell had been state director of the hookworm eradication project in North Carolina for two and a half years, a dedicated planner and an effective coordinator who administered the dispensary work, and an enthusiastic supporter of community health work. He had proved through his work as a state director that he had a high level of competence, and Rose had personally introduced him to Stiles and Rockefeller as a promising health worker.<sup>53</sup> By appointing Ferrell, Rose ensured that work could be undertaken both overseas and domestically.

Rose focused mainly on operations in foreign countries, while Ferrell concentrated on activities in the South. In fact, after the IHC was launched, Rose was assigned to travel around the Caribbean and Latin America as Director of the IHC, and around Europe in coordinating war relief on behalf of Rockefeller, while Ferrell remained in Washington, D.C. to support community health work and hookworm investigations.<sup>54</sup>

If Rose had not appointed Ferrell, the RSC's projects would have remained confined to investigation and dispensary work, and no other demonstration of community health work would have been conducted. Ferrell was a competent health official with unbounded ideas, and he led communications and conferences among other state directors. He took the initiative by converting activity plans for dispensary and community health work into tangible programs, which the other directors admired.<sup>55</sup> Ferrell maintained close communication with Rankin and shared his outlook on how local public health administration should develop. When Rankin learned of Ferrell's appointment, he wrote to Ferrell "the Lord is on our side and we are going to win out any way" on community health work. To Rankin, it seemed that he had sent his subordinate, Ferrell, to realize cooperation with the RF.<sup>56</sup>

After a long debate among the commissioners over whether the RF would continue or terminate support, and whether the support would cover research and control of hookworm disease only or other diseases also, the RF decided to subsidize community health work after the RSC concluded its five-year-program on eradicating hookworm disease. Community health work was the project that state health officers had moved Rose, and that Rose made use of to ensure that the IHC stayed in the South after the RSC was terminated. The pilot project on Knotts Island, North Carolina, was symbolic as its success—hookworm disease was completely eradicated from the island and diseases such as typhoid and malaria were successfully controlled—persuaded the IHC commissioners to extend their help in the

South. If the RSC's administrative director had been Charles Stiles, who Gates had initially considered for the role, the RSC's termination would have been the end of the RF's support for public health in the South, as Stiles seemed only to have been interested in tackling hookworm disease.<sup>57</sup>

## Conclusion

The RSC for hookworm eradication was terminated in mid-1915, and from 1916, cooperation in the provision of community health work formally began. The states were required to select counties/communities to be involved in the programs, gain consent from the residents—in truth, the prominent residents—of the municipalities, and allocate matching funds to receive the subsidies from the IHC. The provision of help to community/county health work in the Southern states, and later in some Midwestern and Western states such as Michigan, Ohio, California, Oregon, and others, would last until the New Deal, when matching funds for improving public health administration were injected by the federal government. Up to the end of 1932, 748 counties had established a health board, and the RF aided 442 of them. Mostly due to the Great Depression, 176 county health boards were not operational as of December 31, 1932. Among them, the RF had aided 109 at some point in time.<sup>58</sup>

It is possible to summarize the significance of the joint activities of the RSC and the Southern states as follows: First, rather than an external, interventionist agency, the RSC could be characterized as a collective entity of local health professionals. The State Boards of Health appointed RSC state directors, while the field directors were selected from among local public health experts with knowledge of scientific medicine. These local professionals had opportunities to pursue initiatives consistent with the policies they wished to realize, while Rose played the role of mediator between the RF and the state public health officials. Rose proficiently

handled dealings with the press and correspondence with state directors and commissioners; he expressly instructed the state directors not to use the Rockefeller name but to use only their own state's name when they delivered education or operated dispensaries, which made the RSC's local directors feel more state-oriented. Because of Rose's framework, the RSC's state directors felt connected to their own State Board of Health. While they followed instructions from the RF's commissioners delivered via Rose, they also influenced and shaped the RF's policy on how they should be helped.

Second, the RSC's involvement was more beneficial for states that had already institutionalized their public health bureaucracy, contrary to Rockefeller and Gates' wish to improve the "slower" states. As explained above, the RSC aimed to establish and improve state health administrations through the hookworm campaigns, with the longer-term objective of ensuring sustainable health services for residents. However, in practice, the states that had already established a modern administration system, including a personnel-training system, were those that accepted the cooperative work suggested by the RSC, and, therefore, succeeded in improving their preexisting health administrations. In North Carolina, Rose smoothly negotiated with Rankin on who should be appointed as the state director of the hookworm eradication project, which counties to investigate, how to share costs, and how to manage dispensary work. Furthermore, cooperative work with school boards, churches, local leaders, and local women's clubs was effective compared to other states' experiences. In Alabama, for example, implementing community health work was difficult due to limited number of personnel with appropriate knowledge and skills, and organizations that would be able to cooperate with the RSC were scarce.<sup>59</sup> The social conditions required to accept and support a bureaucratic system had already been developed in North Carolina, thus reinforcing the argument of Elman, McGuire, and Wittman that counties with greater population densities, higher school attendance rates, and greater economic

development were likely to cooperate well with the RSC.<sup>60</sup>

While North Carolina enjoyed favorable conditions, the directors of less favored states urged for improvement and gained workable ideas and moral support through communication among state directors. They shared complaints regarding the RSC's budgets, the states' scarce appropriations, local physicians' indifference, and the residents' forgetfulness, accompanied by constructive discussions on subsequent steps. Their activities to improve the residents' health gradually changed the stance of once-indifferent local leaders, influencing them to invite dispensaries and support intensive community health work.

Neither the state directors nor Rose openly discussed how they should cooperate with black physicians. State and field directors investigated black residents, opened dispensaries, and diagnosed and treated those who were infected. They contemplated hiring black physicians to save costs. Black physicians and medical students would have been happy to cooperate had they been asked, as the latter were eager for practical training. In the segregated South, black medical experts were excluded from both white and black hospitals.<sup>61</sup> Stiles would have been able to challenge this, though the outcome would most likely not have been as favorable.

The RSC, and later the IHC, continued to provide help well beyond 1915 when the RSC was dissolved, until the New Deal subsidies for public health came to the Southern states. Under the World War I pressures, Spanish influenza, and the 1920s rural economic hardship, how did the state public health officials improve their states' institutions and raise residents' awareness by requesting support from philanthropic organizations and the PHS? What were their views on the trend of feminization in public health, especially public health nurses supported by the Sheppard-Towner Act or the Red Cross? By expanding the considered duration of the Rockefeller men's activities to the 1920s, many questions arise, offering opportunities for future research.

## Notes

1. The history of hookworm disease control has attracted prior scholarly attention. John Ettling, *The Germ of Laziness: Rockefeller Philanthropy and Public Health in the New South* (Cambridge: Harvard University Press, 1981); E. Richard Brown, *Rockefeller Medicine Men: Medicine and Capitalism in America* (Berkeley: University of California Press, 1979); Edward H. Beardsley, *A History of Neglect: Health Care for Blacks and Mill Workers in the Twentieth-Century South* (Knoxville: The University of Tennessee Press, 1987); Alan I. Marcus, "Physicians Open a Can of Worms: American Nationality and Hookworm in the United States, 1893-1909," *American Studies* 30, no. 2 (Fall 1989).
2. Steven Palmer, *Launching Global Health: The Caribbean Odyssey of the Rockefeller Foundation* (Ann Arbor: University of Michigan Press, 2010), 25. Palmer observed striking similarities in the patterns of recognizing the disease, conducting research, delivering treatment, and establishing public health apparatus.
3. William A. Link, *The Paradox of Southern Progressivism 1880-1930* (Chapel Hill: The University of North Carolina Press, 1992). Link focused on reform movements, such as health, education, pedagogy, and race relations. Consequently, references to the RSC are not the focus of his discussion.
4. Cheryl Elman, Robert A. McGuire, and Barbara Wittman, "Extending Public Health: The Rockefeller Sanitary Commission and Hookworm in the American South," *American Journal of Public Health* 104, no. 1 (January 2014).
5. Steven J. Hoffman, "Progressive Public Health Administration in the Jim Crow South: A Case Study of Richmond, Virginia, 1907-1920," *Journal of Social History* 35, no. 1 (Fall 2001); Daniel Sledge and George Mohler, "Eliminating Malaria in the American South: An Analysis of the Decline of Malaria in 1930s Alabama," *American Journal of Public Health* 103, no. 8 (August 2013).
6. Judith Sealander, *Private Wealth and Public Life: Foundation Philanthropy and the Reshaping of American Social Policy from the Progressive Era to the New Deal* (Baltimore: The Johns Hopkins University Press, 1997), 62-64.
7. Sarah Hudson Scholle, *The Pain in Prevention: A History of Public Health in Arkansas* (Arkansas Department of Health, 1990); Hoffman, "Progressive Public Health Administration in the Jim Crow South"; Steven M. Stowe, *Doctoring the South: Southern Physicians and Everyday Medicine in the Mid-Nineteenth Century* (Chapel Hill: University of North Carolina Press, 2004).
8. Washburn recalled that Stiles caused troubles with local doctors and leaders, sometimes with "ladies," and therefore had "never received the credit he deserves for the part he played in the relief of hookworm disease." B.E. Washburn, *As I Recall: The Hookworm Campaigns Initiated by the Rockefeller Sanitary Commission and the Rockefeller Foundation in the Southern United States and Tropical America* (New York: The Rockefeller Foundation, 1960), 171.
9. Rose to Morgan Smith, 1/29/1912, Rockefeller Sanitary Commission for the Eradication of

Hookworm Disease (RSC) Records, Reel 3, Series 2: Field Offices, Box 4, Folder 86, Arkansas-General, Rockefeller Archive Center, Sleepy Hollow, New York.

10. Washburn, *As I Recall*, 5.

11. Raymond B. Fosdick, *The Story of the Rockefeller Foundation* (New Brunswick: Transaction Publishers, 1989), 15, 22-23.

12. Scholle, *The Pain in Prevention*, 27.

13. "News from the Field," *American Journal of Public Health*, vol. 36, (June 1946), 691.

14. Rose to Gates, 2/9/1910, RSC Records, Reel 6, Series 2: Field Offices, Box 8, Folder 141, North Carolina-General.

15. Sealander, 64.

16. The disputes over whether the infection rate difference between the races should be publicized reflected Stiles' scientific attitude and Rose's consideration of social conditions. Ettlind, 172-173.

17. The Rockefeller Sanitary Commission for the Eradication of Hookworm Disease, *Organization, Activities, and Results up to December 31, 1910* (Washington, D.C.: Offices of the Commission, 1910), 7-13, and attached maps.

18. *Organization, Activities, and Results*, 22.

19. C.W. Garrison to Rose, 2/9/1912, RSC Records, Reel 3, Series 2: Field Offices, Box 4, Folder 86, Arkansas-General 1912.

20. The Rockefeller Sanitary Commission for the Eradication of Hookworm Disease, *Second Annual Report* (Washington, D.C.: Offices of the Commission, 1911), 17-18.

21. Rose to Gates, 8/14/1911, RSC Records, Reel 6, Series 2: Field Offices, Box 9, Folder 144, North Carolina General.

22. Washburn, *As I Recall*, 6-7.

23. *Second Annual Report*, 21.

24. Robert P. Wood, "Narrative Report," 10/14(?)/1914, Rockefeller Foundation (RF), RG 5, Series 2, Box 2, Folder 16, Rockefeller Archive Center.

25. *Second Annual Report*, 17-22.

26. Ferrell to Rose, 3/10/1911, RSC Records, Reel 6, Series 2: Field Offices, Box 8, Folder 143, North Carolina-General.

27. Ferrell to R.H. Duffy, 5/16/1911, RSC Records, Reel 6, Series 2: Field Offices, Box 8, Folder 143, North Carolina General.

- <sup>28</sup>. Ferrell to Rose, 3/10/1911. Similar comment on a wife's role can be seen on Geo. B. Adams, "Intensive Community Health work," 10/21/1914, RF, RG 5, Series 2, Box 11, Folder 59.
- <sup>29</sup>. Ferrell to Rose, 8/8/1910, RSC Records, Reel 6, Series 2: Field Offices, Box 8, Folder: 142, North Carolina-General. Ferrell expressly asked Rose to reply to his idea; however, nothing on this topic was written in Rose's subsequent correspondence. Interestingly, four years after writing this letter, Ferrell, as Rose's assistant director, received a similar suggestion from the state director of Arkansas. After the meeting of state and field directors in New Orleans, Garrison reported that, "a number of prominent colored representatives were there and it would have surprised you to have listened to some of their papers." Garrison believed that cooperation with black physicians would have been especially valuable. No reply from Ferrell was found in the records. Garrison to Ferrell, 4/27/1914, RSC Records, Reel 3, Series 2: Field Offices, Box 4, Folder 89, Arkansas-General.
- <sup>30</sup>. W.W. Garrison to Rose, 2/9/1912, 10/1/1913, Garrison to Ferrell, 11/15/1913, The RSC records, Reel 3, Series 2: Field Offices, Box 4, Folder 86, Arkansas-General.
- <sup>31</sup>. Rankin to Rose, 1/15/1912, RSC Records, Reel 7, Series 2: Field Offices, Box 9, Folder 145, North Carolina-General.
- <sup>32</sup>. *Second Annual Report*, 27.
- <sup>33</sup>. *Thirteenth Biennial Report of the North Carolina State Board of Health 1909-1910* (Raleigh, North Carolina: Edwards & Broughton Printing Co., 1911), 10.
- <sup>34</sup>. *Thirteenth Biennial Report*, 11, 21-22.
- <sup>35</sup>. Watson Rankin to Surgeon General Rupert Blue, 10/15/1915, RG 90, United States Public Health Service (PHS), Central File, Box 215, File 2240, National Archives, College Park, Maryland.
- <sup>36</sup>. Rankin to Blue, 10/15/1915.
- <sup>37</sup>. *Second Annual Report*, 27.
- <sup>38</sup>. Rankin to Rose, 1/15/1912, RSC Records, Reel 7, Series 2: Field Offices, Box 9, Folder 145, North Carolina-General.
- <sup>39</sup>. Rose to Rankin, 1/16/1912, RSC Records, Reel 7, Series 2: Field Offices, Box 9, Folder 145, North Carolina-General.
- <sup>40</sup>. Ferrell to Rose, 1/6/1912; J.L. Ludlow to Rose, 1/23/1912, RSC Records, Reel 7, Series 2: Field Offices, Box 9, Folder 145, North Carolina-General.
- <sup>41</sup>. John Farley, *To Cast Out Disease: A History of the International Health Division of the Rockefeller Foundation 1913-1951* (New York: Oxford University Press, 2004), 30-31.
- <sup>42</sup>. Gaining a charter from Congress symbolized recognition by the federal government of the legitimacy of an organization's purposes, governing structure, and powers. It was an honorable award without any practical value. Because the General Education Board and other foundations,

such as the Carnegie Institution, had gained charters, Rockefeller did not doubt that the Rockefeller Foundation would also be granted one.

<sup>43.</sup> Farley, 4-6; Fosdick, 25-29; Ettling, 180-196.

<sup>44.</sup> Rose to Wyman, 12/29/1910, RG 90, PHS, Box 118, File 1265.

<sup>45.</sup> Rose to Wyman, 3/17/1911, RG 90, PHS, Box 118, File 1265.

<sup>46.</sup> The record shows local directors reported details of political, financial, and social situations to Rose. As an example, state director of Arkansas wrote about a debate on a public health bill, "...The appropriation of the health board has practically been killed and there is the faintest fighting chance only to get a very small appropriation and only one more day in which to get it. Dr. Smith has practically given up his time and attention to the passage of the bill and the appropriation and it now looks as if he is going to be defeated in not receiving the necessary appropriation....," Garrison to Rose, 3/12/1913, Reel 3, Series II: Field Offices, Box 4, Folder 87, Arkansas-General 1913.

<sup>47.</sup> *Second Annual Report*, 26.

<sup>48.</sup> Chas. T. Nesbit, "Memorandum," 1915(?), RF, RG 5, Series 2, Box 2, Folder 13.

<sup>49.</sup> Rose to Gates, 11/22/1911, RG 5, Series 2, Box 17, Folder 95. While sending this remark to Gates, Rose remained neutral to the local RSC staff.

<sup>50.</sup> Geo. B. Adams, Utility field director of Louisiana, "Intensive Community Health Work," 10/21/1914, RF, RG 5, Series 2, Box 11, Folder 59.

<sup>51.</sup> Rose to Ferrell, 5/30/1913, RSC Records, Reel 7, Series 2: Field Offices, Box 9, Folder 146, North Carolina-General.

<sup>52.</sup> Rose to Ferrell, 5/30/1913.

<sup>53.</sup> J.Y. Joyner to Rose, 3/10/1910, RSC Records, Reel 6, Series 2: Field Offices, Box 8, Folder: 141, North Carolina-General.

<sup>54.</sup> Rose to Ferrell, 6/23/1913, RSC Records, Reel 7, Series 2: Box 9, Folder 144, North Carolina-General.

<sup>55.</sup> Washburn, *As I Recall*, 31.

<sup>56.</sup> Rankin to Ferrell, 11/28/1913, RSC Records, Reel 7, Series 2: Field Offices, Box 9, Folder 146, North Carolina-General.

<sup>57.</sup> Ettling, 103.

<sup>58.</sup> Summary Table, Full-time Counties—Up to 12/31/1932, RF, Accession No. 3, John A. Ferrell Collection, Box 1, Folder 19.

<sup>59</sup>. Dinsmore to Ferrell, 10/30/1914, RSC Records, Reel 3, Series 2: Field Offices, Box 4, Folder 79, Alabama-General.

<sup>60</sup>. Elman, McGuire, and Wittman, "Extending Public Health," 56.

<sup>61</sup>. Vanessa Northington Gamble, *Making a Place for Ourselves: The Black Hospital Movement, 1920-1945* (New York: Oxford University Press, 1995), Chapter 3.