"Jamaica Advancing"?: The Rockefeller Tuberculosis Commission and the Tensions Between Research and Eradication

By Jill C. Briggs

Ph.D. Candidate, Department of History
UC Santa Barbara, California

jillbriggs@umail.ucsb.edu

© 2010 by Jill C. Briggs

The Rockefeller Foundation's International Health Board (IHB) first arrived in Jamaica in 1918 as part of an expansion of its work on hookworm in the American South, the British Caribbean and Central America. Using the methods perfected in British Guiana, Trinidad and Costa Rica of survey, education and mass treatment, known as the "American" or "Intensive Method", the Rockefeller Foundation (RF) was able to gain the support of both the colonial and local governments in Jamaica. It soon expanded its work into many other fields of public health and education. By 1928 International Health Division, under the direction of Dr. Benjamin Washburn, had created the Hookworm and Malaria Commissions, established a training school for sanitary inspectors, organized local health boards in each parish with trained medical personnel and instituted programs of nutrition and dental care in local schools. In addition the Bureau of Health Education, under the direction of Washburn, published the popular *Public Health Bulletin* to spread the message of sanitation to the masses.

The RF had an established presence and good reputation on the island due to their success in these programs and enjoyed the financial support of local and colonial government, as well as the support of the local news-press. This is evidenced in the praise and appreciation heaped on Washburn and any visiting RF officials at local meetings in honor of their work throughout the island. Writing on health work in Jamaica in 1928 a reporter from the *Jamaica*

Mail titled an article on the RF, "Rockefeller: Its world-wide activities in the cause of health. That helping hand. Effective work as the result of co-ordination with governments."[1] While another reported on an address presented to Washburn and his wife, saying, "…for your authorship of the Health Plays and bulletins being published from time to time and for directing the various surveys, campaigns, dental clinics, etc, the importance of which cannot be over-emphasised (sic)…No worthier personage than you could be found to represent the Rockefeller Foundation."[2]

It was into this rather celebratory atmosphere that Eugene Opie, a lead scientist and researcher from the Philadelphia-based Phipps Institute arrived in 1928 to begin a survey of tuberculosis on the island. My research examines how the Tuberculosis Commission changed the course of the relationship between the RF and the island between 1928 and 1940. I came to the Rockefeller Archive Center (RAC) to explore how differences in understanding arose between the island's medical and government officials, and populace at large and officials from the RF. While the first groups understood the Commission's work as a continuation of the successful public health work that had already been accomplished with a focus on control and even eradication, the RF had goals and aims that were incompatible with these views.

My research at the RAC was driven by several questions. How did the work of the Tuberculosis Commission differ from previous RF programs in Jamaica? Why did the Tuberculosis Commission fail to meet with the same kind of public support and success that had been seen in the Hookworm Commission? How did RF officials account for this failure or misunderstanding and the growing distrust of their public health work? What were the long-term consequences of the Tuberculosis Commission on the relationship between the RF and the Jamaican government and its people? I used several of the RAC's extensive holdings on the RF's work in Jamaica including general correspondence files, officer diaries and project files from the

Tuberculosis Commission to trace the changing dynamics between the expectations of Jamaicans and the aims of the RF under the directorship of Frederick Russell between 1928 and 1940.

My research at the RAC revealed that this misunderstanding had dramatic consequences for the presence of the RF on the island and also reflects larger shifts within the RF itself. I examined the dialogue between local developments in Jamaica and institutional changes in New York that tended to focus more on the laboratory and less on the public health demonstrations that had characterized much of the RF's work in Jamaica. I asked how these differences led to tensions in the work of the Tuberculosis Commission. In order to understand how the work of the Tuberculosis Commission differed from that of previous programs it is necessary to present a brief history of the RF's work on the island from 1918 to 1928.

Building on the success of the Hookworm Commission, the IHB had followed a similar pattern in their efforts to eradicate malaria and other maladies (yaws, yellow fever): first conduct a survey to establish the prevalence of the disease; then deploy a program of education to raise awareness of the disease and change the behaviors of the local population and gain their support; finally, engage in large-scale interventions.[3] These might include mass treatment with quinine or other drugs to destroy the parasites that caused malaria, yaws or hookworm. Alternatively, the IHB might promote a program of public works, for which they would partially fund or provide expert advice; these preventative interventions might include the use of Paris Green powder, the drainage of swamp land or the construction of pit latrines or chlorinated wells.[4]

This combination of survey, education and treatment or prevention methods first pioneered during the Hookworm Commission were met with, "immediate results in public health work, expressed in lowered death-rates and freedom from epidemics," despite dramatic setbacks that were often caused by the vagaries of weather conditions from drought to hurricanes and the uncertainty of consistent funding from the Colonial Office.[5] While the eradication of diseases

such as malaria posed great challenges to the IHB, their efforts were aided by a clear knowledge of the causative agents of many diseases and effective kinds of drug treatment that yielded impressive results within a fairly short time period.[6]

The diseases that the IHB chose to focus its efforts on in the years between 1913 and 1928 were those that were well understood; they had well-defined causes and well-defined cures. Most importantly, these diseases, while largely associated with poverty and a lack of sanitation, could be prevented through very simple measures, such as the construction of pit latrines to stop the spread of hookworm or the covering of wells to prevent debris from contaminating the drinking water. By changing a few simple behaviors and winning the cooperation of local populations, the IHB hoped to achieve the goal of disease eradication without having to become involved in the much more complex issues of poverty and social inequality, fundamentally characteristic of the colonial settings like Jamaica.

In contrast, when Opie arrived in 1928 at the invitation of the colonial government to conduct a survey of tuberculosis, the potential for prevention and treatment of the disease was far more limited. The tuberculosis bacilli had been isolated decades before by Robert Koch and further research by Charles Mantoux had revealed that people infected with the disease would have a sometimes difficult to diagnose skin reaction to killed tuberculin bacilli, now known as the Mantoux Test. However, researchers were still many years away from developing effective treatments beyond simple rest, clean air and good food.[7] One option was the surgical collapse of one lung called artificial pneumothorax and this treatment was practiced on a limited number of patients in Jamaica. At the time of Opie's arrival in Jamaica there were no drug treatments, few surgical options and little was understood about the seemingly random course the disease took in many patients, killing some with astonishing rapidity while leaving others symptom-free for years or even cured.

This lack of basic knowledge about the disease of tuberculosis was further compounded by its concentration in urban areas. While found in rural settings it was largely a disease of the city and of poverty. Contrary to malaria, hookworm or typhoid, it could not be eradicated by the building of latrines or the spreading of Paris Green powder and the draining of ditches. It did not have an insect vector to be avoided or destroyed, but was spread from person to person and family members, the primary care-givers of the sick in poor communities, were particularly vulnerable to infection. In addition, it was found across the economic spectrum, but was a devastating killer and chronic malady of the very poor in Jamaica who were crowded into tenement buildings surrounding common yards in the poorest parts of Kingston and other cities. The prevention of the disease in these circumstances would require huge investment in the development of basic housing and the long-term improvement of economic conditions in the difficult and complex context of the British Empire and a worldwide depression.

It is not surprising that the Jamaican government was eager to have the IHB become involved with tuberculosis. In the annual reports of the Island Medical Office between 1918 and 1928 District Medical Officers continuously lamented that tuberculosis was the number one killer in Jamaica and yet there existed almost no facilities for its treatment and almost no hope for those afflicted with this 'Captain of the Men of Death'.[8] Outside of the Kingston General Hospital there were no wards or hospital beds dedicated to tubercular patients; so these patients posed a very real threat to hospital staff and other patients. In addition, there were no drug dispensaries for outpatient treatment and no pubic health nurses to visit sick patients in their homes. The actual prevalence of the disease was unclear, and in reality the disease was widely under-reported. Sick individuals with no hope for treatment had little incentive to be tested for tuberculosis and face the social and economic stigma of being labeled a danger to their community.[9] In sum, in 1928 there was little to be proud of in Jamaica in terms of the

identification, isolation and treatment of people suffering from tuberculosis and the government was eager to have the RF's help with this intractable problem.

What does come as a surprise, however, is the RF's willingness to become involved with tuberculosis at all. The RF had only tackled the problem of tuberculosis once before in World War I in France, and this had proved to be such a complicated and untenable task that the RF had vowed to steer clear of the disease in perpetuity.[10] The obstacles of knowledge of the natural history of the disease, lack of effective treatment and the much larger social and economic conditions necessary to eradicate or even control the disease, were challenges that the RF's Intensive Method could not address. Yet by 1940 the RF had invested more time and resources into tuberculosis in Jamaica than in all of their previous programs of public health.[11]

The Jamaica Tuberculosis Commission appears to be an anomalous moment in the international health efforts of the RF and tends to muddy the clear picture historians have of the history of IHB.[12] One possible way to understand the involvement of the RF in tuberculosis is that contrary to previous public health work, IHB officers involved did not view their primary aim regarding the Commission to be eradication or treatment. Instead their aim was to gather basic scientific knowledge on what they viewed as the "special character" of the disease in a tropical location and in the tropical bodies of "native black Jamaicans."[13] This was contrary to all previous work by the RF in Jamaica. My research at the RAC has revealed how this led to serious tensions between government and health officials and RF officers. While many local government officials seem to have viewed the RF's work on tuberculosis as a continuation of their earlier work in hookworm and malaria eradication, RF officials appear to have held far different views.

Eventually in 1937, these tensions led the RF to largely remove its staff from the island and end its funding and involvement with many of the public health initiatives it had created.

Some of this may be attributed to a natural ending of IHB involvement and the takeover of public health work by the colonial government.[14] But the RF's archives reveal that disagreements between IHB staff on the island and the colonial Island Medical Service, along with local political figures, about the methods and aims of the Tuberculosis Commission led to a reluctance on the part of the RF to continue its funding of other public health efforts including the Yaws Commission and the proposal by the colonial government to conduct a survey and public health program for venereal disease.[15] While the IHB's work on tuberculosis, in particular their testing of possible vaccines on the island's population, continued through 1940 their positive relationship with many of the island's officials seems to have soured significantly.

My research at the RAC on the Tuberculosis Commission has revealed that this work occupied a transitional period in the history of the IHB; one which witnessed a shift away from the demonstration effect of the intensive method and towards an emphasis on the laboratory. By the mid-1940s the RF had largely withdrawn from public health demonstration work and instead put its funding into supporting medical research in laboratories and providing fellowships for promising individuals. Further research on the Tuberculosis Commission will reveal how this shift in focus and aims played out in the daily and long-term interactions between RF officials and local island officials and populations.

Editor's Note: This research report is presented here with the author's permission but should not be cited or quoted without the author's consent.

Rockefeller Archive Center Research Reports Online is a periodic publication of the Rockefeller Archive Center. Edited by Erwin Levold, Research Reports Online is intended to foster the network of scholarship in the history of philanthropy and to highlight the diverse range of materials and subjects covered in the collections at the Rockefeller Archive Center. The reports are drawn from essays submitted by researchers who have visited the Archive Center, many of whom have received grants from the Archive Center to support their research.

The ideas and opinions expressed in this report are those of the author and are not intended to represent the Rockefeller Archive Center.

ENDNOTES

[1] *Jamaica Mail*, October 9, 1928.
[2] "Welcome given Dr Washburn and wife in Falmouth Town" *Jamaica Mail*, October 20, 1928.
[3] The intensive method has been covered in several scholarly works, most recently: Palmer, Stephen. *Launching Global Health: The Caribbean Odyssey of the Rockefeller Foundation*. Ann Arbor: University of Michigan Press, 2010.
[4] Rockefeller Archive Center (RAC), The Rockefeller Foundation (RF) engaged in all of these types of programs and project files from RG 1.1, Series 437H, 437M, 437U and 437J contain descriptions and correspondence relating to this work.
[5] Jamaica Archives and Records Department, *Annual Report of the Island Medical Service*, 1932.
[6] Rockefeller Archive Center (RAC), RG 5.3, Series 437, Box 180, Folder 2244, pp. 1-10 and p. 45.
[7] Daniel, Thomas. *Captain of Death: The Story of Tuberculosis*. New York: Rochester University Press, 1997.
[8] Jamaica Archive and Records Center. *Annual Report of the Island Medical Service,*. 1919-26.
[9] RAC, RG 5.2, Series 437, Box 43, Folder 261. Opie, Eugene, "Report on Tuberculosis Work in Jamaica: Visit of May 5 to 13, 1932."
[10] 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.
[11] RAC, RG 1.1, Series 437T, Box 6, Folder 75.
[12] Palmer also comments on the need to break away from unifying narratives of the Foundation's decades of public health work, including those found in; Cueto, Marcus. *Missionaries of Science: The Rockefeller Foundation and Latin America*. Bloomington: Indiana University Press, 1994; Birn, Anne-Emanuelle. *Marriage of Convenience: Rockefeller International Health and Revolutionary Mexico*. New York: Rochester University Press, 2006.
[13] RAC, RG 1.1, Series 437, Box 1, Folder 5. "Itinerary of H.H. Howard, February 15-March 8, 1928". See also: Opie, Eugene "Visit to Jamaica to Investigate Prevalence and Character of Tuberculosis," 1928.
[14] RAC, RG 2, Series 437, Box 150, Folder 1111. "The Division Completes Its Program in Jamaica."
[15] These tensions are primarily revealed in the internal correspondence found in: RAC, RG 1.1, Series 437T, Boxes 5-9.