

Unhooking the Hookworm: The Rockefeller Foundation and Mediated Health

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In the beginning of the 20th century, a wide array of progressive-era projects aimed at improving and modernizing metropolitan everyday life. These didactic initiatives, working top-down, brought together a cross section of civil movements at a time when many federal and municipal organizations were still in the bud. These uplift and reform campaigns zoomed in on sanitation, working conditions, childcare, education, and recreation. Initially, the campaigns mainly had a local focus such as clean-up campaigns, milk, and child care campaigns, but their range gradually expanded with the aspiration to engage with localities across the U.S. and eventually outside American borders.

My research project “Cinema and Uplift: Health Discourses and Social Activism in the U.S. 1910-1930,” concerns the emerging role of cinema as a medium for social activism, especially in the context of public health discourses, with a focus on prominent civic organizations in the U.S. The aim is to investigate the manners in which visual aids—especially moving pictures—were used in campaign work to raise sanitary and civic awareness. The non-profit organizations were pioneers when it came to social and medical activism. Their main goal was to reduce the considerable gap in education levels, which, according to the acclaimed historian Eric Hobsbawm, was one of the decisive changes in history from 1914, the very year my study starts, until today.¹ Even though the cause and motivation for the projects was founded on a wish to improve living conditions, especially for

the poor and uneducated, and bring the standardization of ideals and knowledge of modern society to those still on the edge, it was never a neutral process. Irrespective of well-meaning intentions among animating organizations and individuals, education, information, and striving towards uniform standards and cultural cohesiveness always has a flipside. Thus in my examples, the political implications are considerable.

Progressive era ventures often came with an Americanization slant that targeted Americans in the making. In the case of the Rockefeller Foundation (RF), the aim was to spread the “scientific model” of medicine and public health that had emerged in Europe and the U.S. and make it a universal norm. In the process a swath of mutually reinforcing media was mobilized to spread medical awareness on a global scale as a civilizing project: Hookworm disease, initially the target for Rockefeller’s national as well as international campaigns, was associated with crime, degeneracy, and laziness. According to *the Atlanta Constitution*’s alarmist prose, hookworm disease was a “menace and an obstacle to all that makes for civilization.”²

The RF was an important organization in the American tradition of social activism that was established in the name of the industrial tycoons in the late 19th century. In the case of Rockefeller, the fortune was amassed from the Standard Oil Company, founded in 1870, which had become the dominant force on the international oil market and was often described by the metaphor “octopus.” In 1891 Frederick Gates became John D. Rockefeller’s principal adviser in philanthropy and turned the focus towards medicine.

The Rockefeller Sanitary Commission for the Eradication of Hookworm Disease (RSC) was founded in 1909 with a donation of one million dollars by John D. Rockefeller, Sr. A five-year campaign was planned for eliminating hookworm in the Southern States by educating the public, especially school children, but also through improved public health agencies and future coordination between the medical profession, public health officials,

schools, civic organizations, and the press. Visual media such as skiopticon images, moving pictures, charts, models, articles, and ads were widely used for advertising events, as well as to disseminate information.³ One of the main reasons to choose hookworm and the so-called “laziness epidemic” in the rural south was because it was an “easily identifiable, treatable, and preventable disease” that called for public health initiatives.⁴ The RSC’s first director, Wickliffe Rose, announced that it might not be possible to wipe out the worms, but that the campaign could be used to create “consideration of the whole question of medical education, the organizing of systems of public health, and the training of men for the public health service.”⁵

Therefore, the aim was to reach out to both victims of hookworm, as well as to those able to build a public health infrastructure. The RSC started its activities in Virginia, in 1910, but the Hookworm disease was not a plague painfully present only in the Southern States of the U.S., but also in the worldwide equatorial belt, or as it was called the “hookworm belt,” from 36° north to 30° south. In January 1913, the secretary of RF, Jerome Greene, published an article in *New York Times* where the need of extending the hookworm campaign beyond the South was made clear: “for its eradication must ... be made a world campaign—not for altruistic motives, but because no one country can be safe until all have been cleared of this pest.”⁶ One problem was immigrants bringing the disease to the U.S.

Before the founding of the World Health Organization (WHO) in 1948, the International Health Board—and later the International Health Division—was the world’s leading agency for public health work. The International Health Board (IHB) succeeded the responsibilities of RSC in 1914 and its initial efforts were directed towards the British West Indies. These international campaign strategies aimed at eliminating differences in sanitary and social conditions and standards worldwide.

The IHB started its work with the task to control or eradicate hookworm as part of its goal to strengthen a public health infrastructure.⁷ The IHB would soon engage in international campaigns against malaria, yellow fever, as well as tuberculosis in post-war France. The work was undertaken in four areas: the southern U.S.;⁸ Latin America; the British colonies in the Far East and in the West Indies.⁹ The international campaign work started in British Guiana in 1914, later moving on to other parts of the British colonial territories in the West Indies such as Trinidad and Jamaica. The crusades against hookworm continued, now on an international scale using the infrastructure of the British colonial powers to reach out to local populations and health agencies. A majority of the field workers in charge had already organized campaign work in the American south and the strategies used in the health campaigns in the U.S. were passed on to the international campaigns, and the same visual material was used. They also brought along their life styles and outlooks. Correspondence between field officers and the main office shows that at least some of them had quite some trouble adjusting to the “lack” of standards in the colonies.

Hookworm remained the target. In its Seventh Annual Report, IHB states: that even if Hookworm disease was one of the most serious of the disabling diseases, this was not primarily why it was selected. The disease, easily justifiable on its own account, was much more important as a means to a larger end. The disease lends itself readily to purposes of demonstration: “It affects fundamentally the welfare of mankind over vast regions, and yet in its cause, its cure, its mode of transmission, and means of prevention, it is so simple and tangible that the layman—even the illiterate—may be made to see and understand it.”

Usually RSC/IHB employees would start a campaign with several lectures illustrated by photographs and charts comparing meticulously labeled hookworm victims with a healthy person of the same age. The victims were often depicted in front of their homes. Another recurring motif was more or less sanitary privies. Locally recruited sanitary inspectors

trained in microscopy would then collect samples of feces that were examined for hookworm eggs. At least in Jamaica, certificates were handed out to verify that the person in question was not infected with hookworm. Such documents could be vital for the inhabitants in the West Indies to get a job on the plantations.

One of the key educational tools produced by the IHB was the 1920 moving picture *Unhooking the Hookworm*. The film became a centerpiece of the organization's efforts in medical education and the multiple scripts neatly illustrate their search for a formula that would have an international appeal and would work in trans-cultural contexts for diverse audiences.

The pedagogical might of motion pictures and their potential for civic education infused high hopes for the work to raise awareness about modern society and its social and sanitary evils. This didactic was particularly prominent in the U.S. during the Progressive Era from 1910 to 1930. The emergence of educational film coincides with the growing domination of the American fiction film on the international market. Combined, both strands of cinema spread American values and life styles that influenced global audiences in a mix of genres. The ability of the film medium to reach a wide audience underpinned an array of campaigns, and was used for large-scale, but heterogeneous informational and educational projects managed primarily by private organizations. The educational strategies and tools used in the international campaigns originated from earlier campaigns in the U.S., such as the New York Health Department's campaigns that gathered large audiences in free outdoor exhibitions in the city parks from the summer of 1912, including screenings of health-related moving pictures.¹⁰

As early as 1913, the IHB staff devised a script for an educational film about the dangers of hookworm. The filming of scenes began during that summer. Initially, the film was planned for exhibition in southern rural communities in the United States, but during 1920 it

was clear that the film would be used world-wide, and the script became subject to a series of reviews and revisions by educators, scientists, and health officials. Subtitles were translated into Spanish, French, and Portuguese. Still, with a few exceptions, the scenes were all distinctly American.

As in the campaign work the film combined several kinds of visual media to get the story across: maps, animated diagrams, microscopic images, charts, photographs of victims, and sanitary privies. Here, however, a dramatic story was included. By way of subtitles and editing the microscopic images, the life cycles of the worm and other scientific images were arranged to be relevant for the audience in their everyday life.

The film consists of three parts: First a description of the dangers of hookworm, starting with a world map showing the international spread of the disease. Then the cure is displayed: go to the doctor—get treatment. In conclusion, prevention with a happy ending in a sanitary home, seemingly the prerequisite for a happy and prosperous life.

Already in a March 12, 1920 memo, the problem of operating with one and the same film for a world-wide audience was recognized, and revisions were made several times. Responses and comments from people in the public health field both in the U.S. and abroad noted that the key problem was the absence of “local color” or connection to “local conditions”—what we today call glocalization. Revisions were suggested in this spirit. For example: football would be a better example than swimming in Brazil. The subtitle: “Our Southern Cotton Field” should be replaced for use in Ceylon, and “if the improved family conditions of a colored family were shown, it would leave a stronger impression than the white man’s house in the closing picture.”

The Educational Films Corporation was recommended as producer of part of the film. “The rest of the hookworm story might probably be prepared independently in each country in which the film is to be used.”¹¹ According to RF’s annual report of 1920, the film

Unhooking the Hookworm "is now being sent out for use in different countries and will doubtless be modified as a result of actual tests in the field."¹² But this solution would not be applied. Even with this "openness" to adjust to cultural diversity the goal seems to have been one and only one film that would accommodate all suggestions offered.¹³

The one reel drama was finished late 1920 and ready to be used by 1921. In a memorandum from April 1921 it was suggested that an effort be made to substitute local scenes at every point in the film where this was necessary. These changes would be made at the Rockefeller Foundations home office for every particular country.¹⁴ Although records show that occasionally parts of the film were cut out locally when they were not considered applicable for a specific audience.¹⁵ Moving images were also taken by local field agents in, for example Trinidad, and in Puerto Rico an independent film was made.

Comments and suggested revisions continued. In 1922 W.C. Hausheer, in Dutch Guiana, sent a letter to Dr. Howard in regard to the hookworm film from a field worker's point of view.¹⁶ Hausheer divided his criticisms into four parts: Sanitation, Race, Treatment, and Appeal. According to Hausheer the sanitary section should have been more instructive and applicable to tropical conditions. The importance of sanitation was not made clear to the local audience when the latrine shown in the film looked in better shape than the ones used locally, and also did not correspond to the types used in tropical areas. More importantly, the writer claimed that the fact that only white people were shown in the picture could distract the audience from the point being made, because it "brings down a roar of laughter." Furthermore, the appeal of a "happy childhood" would not be as great to the local audience in Dutch Guiana as the "bread winner" would have been.¹⁷

A considerable proportion of the film was, according to the IHB, distributed to foreign countries. To them it was apparent that in many parts of the world in which hookworm disease was a serious problem, the film could be used to good advantage. Wherever "movies"

have become an established institution and are commonly used for education and entertainment, the hookworm film was recommended. However, the attempt to use the film in “backward” countries, where the motion picture theater had not yet been developed on a commercial basis, was, on the other hand, considered unwise. Mainly because of the necessity to provide a portable projection apparatus, as well as the film itself, lantern slides, charts, and other propaganda material already available, would produce results as good as the film.¹⁸

Also, the purchase of a portable generator by field agents to permit the use of the film in regions where electricity was not available was discouraged due to the expense,¹⁹ but wherever moving pictures had become an established institution and were commonly employed for education and entertainment, its use seems to be entirely practicable. In this case, it was recommended that local moving picture theaters be utilized as far as possible.²⁰ With the development of 16 mm equipment these problems more or less diminished.

Even though the IHB was a pioneer in bringing motion pictures to rural communities worldwide this was not their main objective. Nevertheless, not only the medium itself together with its educational content was exported, but also an American exhibition was set up. The health programs in Jamaica for example, resembled the vaudeville shows in the U.S. with moving pictures mixed with live performances such as songs, recitations, and theater plays; all of which addressed health issues.

Not only were the exact number of people examined, treated and cured, but also the exact number reached by different kinds of visual material was accounted for, and in reports the cooperation of the inhabitants, or the lack of it, was currently noted.

Motion pictures and lantern slides proved to be the most effective campaign tools and the topics gradually became more varied. In 1926 the Bureau of Health Education took over the educational work of the Jamaica Hookworm Commission and immediately acquired two film

projectors, magic lanterns and slides, and other educational material for use by medical officers of health and others in giving health lectures and demonstrations.²¹ The objective continued to be the development of public health consciousness among the people by the use of lantern slide lectures and motion picture demonstrations. Sets of lantern slides were prepared to illustrate lectures on malaria, tuberculosis, sanitation, smallpox, school hygiene, and child hygiene. These magic lanterns and slides were available for the use of teachers, ministers, physicians, and interested societies.²²

The documentation at Rockefeller Archive Center (RAC) provides invaluable insight into the overall strategies used in the health campaigns as well as the problems encountered by health officers in the southern U.S., as well as abroad, but very little is said of the local reception of the health campaigns organized or the visual aids used, including motion pictures. The campaign work and its media strategies rested on the premise of the superiority of U.S. health standards. The campaigns hoped to win over local audiences. Political and ideological undercurrents loomed large and had to be negotiated in societies dominated by British colonial powers. How a multi-million dollar American philanthropic foundation was perceived by inhabitants in the West Indies, many of them working for United Fruit, is not clear. If the process generated more tensions or ushered in mindsets affiliated with reconciliation is not obvious. The spirit underlying the campaigns had such goals as epiphenomena to the hope-for success of building health infrastructures by focusing on primarily one curable disease.

Hence, the mission to establish western medicine as a world norm and to demonstrate the possibilities of preventive medicine predictably met with obstacles. One of the problems was related to the film *Unhooking the Hookworm*. The film had been particularly successful in domestic use in the Southern states especially for white audiences. In a letter to Dr. Ferrell in 1936 an example is taken from the work in Mississippi, "We soon gained the impression that

the exhibition of this film to rural negro audiences made very little impression. The technical features were above their heads and the human interest continuity based on a scenario dealing with whites made little impression.”

Its success was, however, even more limited in other countries. The work to produce an educational film for a global audience proved to be fraught with complications way beyond informing and influencing American immigrants, children and illiterate Americans. To spread ideas, influence behavior, and illustrate cause and effect mandated taking into account local cultural protocols. Behavior in modern American society needed cultural translation beyond the mere translation of subtitles.

The correspondence and memos from the 1930s about the RF hookworm film and their *Malaria* film from 1925 shows that the RF still believed the film medium to be a particularly effective tool when it came to matters of disease prevention, but at the same time the medium had limitations as it was in principle impossible to make a single film that would work with global audiences. Even if the film at times caused more or less a rush to the local laboratories or to the physicians for examination the main problem with the film was that the scenes were insensitive to cultural differences.

By 1931 the film was considered to be obsolete, in 1935 terribly out of date. In 1936 it was decided not to sell any more copies or make any revised copies, and in 1937 the negative of *Unhooking the hookworm* was offered to the Public Health Service in Washington DC to make the footage available for possible future films on the subject.

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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 Eric Hobsbawm, *Age of Extremes: The Short Twentieth Century 1914-1991*. London: Joseph, 1994.
- ² Unsigned, "Unhooking the Hookworm," *The Atlanta Constitution*, November 12, 1922, B2.
- ³ John Ettling, *The Germ of Laziness: Rockefeller Philanthropy and Public Health in the New South 1981*. Cambridge, Massachusetts: Harvard University Press, 1981; Raymond B. Fosdick, *John D. Rockefeller, Jr.: A Portrait*. New York: Harper & Brothers, 1956.
- ⁴ Benjamin B. Page, "Evaluation and Accountability: With a Case Study of the Early Rockefeller Foundation," In Benjamin B. Page and David A. Valone, editors, *Philanthropic Foundations and the Globalization of Scientific Medicine and Public Health*. Lanham, Maryland: University Press of America, 2007, p. 5.
- ⁵ Ibid.
- ⁶ *New York Times*, January 18, 1913, John Farley, *To Cast out Disease: A History of the International Health Division of the Rockefeller Foundation (1913-1951)*. U.K.: Oxford University Press, 2004, p. 4.
- ⁷ John Farley, *To Cast out Disease. A History of the International Health Division of the Rockefeller Foundation (1913-1951)* U.K.: Oxford University Press, 2004, p. 2.
- ⁸ They would pick up the work made by the Rockefeller Sanitary Commission (RSC) that closed down in December 1914.
- ⁹ Farley, p. 4.
- ¹⁰ Marina Dahlquist, "Health Instruction on Screen: Campaigns, Expositions, and Sanitation Work under the Auspices of the Department of Health in New York City, 1909-1917." In Marta Braun et al, editors, *Beyond the Screen: Institutions, Networks and Publics*. New Barnet, U.K.: John Libbey, 2012.
- ¹¹ Rockefeller Foundation (RF), Record Group (RG) 1, Series 100, Box 5, Folder 40.
- ¹² The Rockefeller Foundation Annual Report 1920, New York: The Rockefeller Foundation, p. 49.
- ¹³ See for example letter concerning proposed revisions of the film *Unhooking the Hookworm* to Dr. Ferrell, IHB, dated December 17, 1923. Film reports 1917-1927.
- ¹⁴ Memorandum No. 3 is for the information of purchasers of the film located in foreign countries. RF, RG 1 Series 100, Box 5, Folder 40.
- ¹⁵ Suggestions for the improvement of the hookworm film. RF, RG 1, Series 100, Box 5, Folder 40.
- ¹⁶ Letter signed by Hausheer to Dr. Howard, December 2, 1922, Ankylostomiasis Commission, Dutch Guiana. RF, RG 1, Series 100, Box 5, Folder 41.
- ¹⁷ Ibid.
- ¹⁸ "Unhooking the hookworm," RF, RG 1, Series 100, Box 5, Folder 40.
- ¹⁹ "Unhooking the hookworm," RF, RG 1, Series 100, Box 5, Folder 40, p. 2.
- ²⁰ Memorandum No. 3 is for the information of purchasers of the film located in foreign countries. RF, RG 1, Series 100, Box 5, Folder 40.
- ²¹ Jamaica Preliminary Annual Report—1926 Narrative & Statistical, RF, RG 5, Series 3, Box 181, Folder 2249, p. 2.
- ²² Jamaica Preliminary Annual Report—1926 Narrative & Statistical, RF, RG 5, Series 3, Box 181, Folder 2249, p. 13.