

# The Role of the Rockefeller Foundation in the Origins of Treponematoses Control in Haiti, 1915-1927

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# The Role of the Rockefeller Foundation in the Origins of Treponematosi Control in Haiti, 1915-1927

There has been a surge of interest in the history of colonial public health of Haiti.<sup>1</sup> This body of recent scholarship has shed light on the general construction of US colonial public health,<sup>2</sup> humanitarianism during the US occupation,<sup>3</sup> yaws/treponematosi control campaigns,<sup>4</sup> and hegemony.<sup>5</sup> While it is generally understood that the treatment of treponematosi played an outsized role in the performance of enlightened US medical modernity,<sup>6</sup> what is less well described is how treponematosi became the central target of US and Rockefeller Foundation efforts to solidify the legitimacy of the US colonial state. This report will argue that there existed a wide variety of infectious diseases, some of which the US occupation believed that they could treat or eradicate, including smallpox, intestinal protozoa, dysentery, malaria, hookworm disease, and treponematosi. As a result of several material and pragmatic concerns, treponematosi became the central focus of the US occupation. With regard to the prioritization of treponematosi, the operations of the Public Health Service in Haiti can be divided into at least two periods, the first spanning from the formation of the Public Health Service in 1919 to the initiation in 1924 of the General Disease and Sanitary Survey of Haiti. The second period spans from 1925, at the end of the Survey of Haiti, to the beginning of 1930, when the Public Health Service began to be dismantled and the US influence began to wane. The first period had a more general concern with public health in Haiti, while the second period became acutely focused on eradication and treatment of treponematosi. Understanding how treponematosi came to be a priority requires understanding its social significance for both the US occupation and the Haitians communities afflicted by it. This paper will argue that treponematosi had widespread symbolic significance within Haiti. Together with its relative ease of treatment, diagnosis, and evidence of success, this disease was selected by the US occupation for eradication because it was believed that it would most clearly demonstrate the superiority of US biomedicine and culture.

## Beginnings

An important place to begin this analysis is with the 1915 report by US Navy surgeons H. A. May and P. E. Garrison.<sup>7</sup> The report was a general survey of the public health and sanitary conditions of Haiti and focused on four topics: “Maritime [sic] quarantine, Sanitary condition of Port au Prince [sic], Medical treatment of the indigent sick, and Prevalence of contagious diseases.” The report was concerned about the possibility of epidemic outbreaks of smallpox, yellow fever, typhus fever, and bubonic plague. The risk of smallpox existed because the Haitian population had not been systematically vaccinated in over thirty years, and thus a new generation of people had grown up unvaccinated; the risk ultimately manifested itself with the smallpox outbreak in 1920.<sup>8</sup> In response to the outbreak, an estimated one million Haitians were vaccinated against smallpox. Among the endemic infectious diseases, May and Garrison reported that leprosy and syphilis were the most concerning, and that “Haitian physicians...agree that syphilis is probably the most frequent [sic] and most serious single disease in Haiti.”<sup>9</sup> Historian Anthony Stewart notes that despite leprosy being a prevalent and concerning illness in Haiti (though possibly conflated with yaws) that “leprosy management offered little reward for those wishing to pursue public health policy as an aid to military rule and its desires” because of a lack of available treatment.<sup>10</sup> However, in 1915, May and Garrison problematically conflated yaws, a closely related, infectious, and non-venereal disease, with syphilis and concluded that the high prevalence of yaws was a result of the Haitians “loose living,” playing into racist tropes regarding the sexuality of the Black Haitians.

During the 1920s, two separate diseases, yaws and syphilis, were frequently conflated. This was in part due to a similar presentation of the lesions caused by the diseases and the highly related nature of the causative agents. The bacterium *Treponema pallidum pertenue* causes yaws while *Treponema pallidum pallidum* causes syphilis. Yaws is transmitted through skin-to-skin contact, while syphilis is typically transmitted by sexual contact or through vertical transmission during pregnancy. During the 1920s, it was impossible to distinguish between *Treponema pallidum pertenue* and *Treponema pallidum pallidum* using

bacteriological assays; they were only distinguished based on presentation of the disease itself. During this period, the US occupation would lump both these diseases under the category of treponematosi s. In general, yaws had a far greater prevalence than syphilis and was the predominant form of treponematosi s in Haiti.

Of relevance to this paper are the specific recommendations that May and Garrison made. As I have argued previously, ignorance was a central trope used by the occupation to understand the Haitian public.<sup>11</sup> May and Garrison noted in the beginning of the recommendations section that “the fundamental difficulty lies in the ignorance and apathy of the Haitian people regarding public health matters” and that to enforce sanitation on “such an ignorant and careless people requires not only adequate authority, but a large measure of tact and discretion.”<sup>12</sup> The most effective way to remedy this situation was to have “American officials” placed in the Haitian government with “full power of decision in public health and sanitary matters.” However, both May and Garrison recognized that “successful results in sanitary matters in Haiti cannot be achieved by pure exercise of authority... [because] such a method would require the full authority of actual military rule. The real problem will be to secure the voluntary adoption of measures, so far as possible, without recourse to authority.” This document provides an illustration of the mentality of the US occupation, and its desire to find ways to coerce an acceptance of US sanitary norms and colonial rule through persuasion. However, despite syphilis being one of the most “pressing issues” in Haiti, it did not come to be seen as a priority of the US occupation. This was likely due to the conflation of yaws with syphilis.<sup>13</sup> Indeed, the “daily spreading [of] it by means of promiscuous sexual habits, is a question that we are not prepared to enter upon at this time.”<sup>14</sup> How the treatment of yaws came to be the means of persuading Haitians will be explored for the remainder of this paper.

## **The Origins of Treponematosi s Control**

On February 19, 1917, the sanitary engineer of Haiti, Dr. N.T. McLean, wrote to the Rockefeller Foundation asking for aid to support the provision of public health

of Haiti.<sup>15</sup> McLean's letter is helpful in that it highlights the priorities of the US occupation in 1917, two years after the 1915 report. While McLean noted that hookworm and syphilis (again, conflated with yaws) was important, in this letter, he asserted that malaria was the primary source of morbidity with tuberculosis and malnutrition being the likely candidates for the second most important causes of illness in Haiti. While the funding request was denied by Wickliffe Rose, Rose raised the possibility of the International Health Board providing aid in hookworm control.<sup>16</sup> A second letter written in 1922 by John H. Russell, the US High Commissioner of Haiti, was sent to the International Health Board, again asking for aid for the public health service.<sup>17</sup> Russell stated that "The masses are ignorant, superstitious, disease ridden, and under-nourished," living in the worst situation and with bad "customs and habits" with regard to housing and waste disposal. He then claimed that it was impossible to allocate more funds to the sanitary division and that they needed more money externally to support them, a position I have criticized elsewhere.<sup>18</sup> He noted that the most prevalent diseases were syphilis, malaria, intestinal parasites, and malnutrition, while noting the presence of hookworm disease. Wickliffe Rose, in response, declined to support the project of the occupation, noting that the IHB did not at the time offer support in the treatment of venereal diseases (e.g. syphilis) or help in the control of malaria.<sup>19</sup>

## **Evidence of Two Periods of Public Health in Haiti**

Prior to 1923, treponematosi s was not a priority for the US occupation or for the Rockefeller Foundation's International Health Board. Historian Anthony Stewart has argued that yaws became a priority for the US occupation in 1924 after it was made "innocent" by the newly appointed director of the Public Health Service of Haiti, Captain Charles. St. John Butler, who differentiated it from syphilis and lumped them together as treponematosi s.<sup>20</sup> However, there were other reasons for why treponematosi s became a priority for the US occupation, and strong evidence that it occurred between 1924 and 1926. The Forbes Commission's 1930

report on the US occupation of Haiti provides a striking chart (figure 1-3, table 1) that displays a rapid increase around 1925 in the number patients treated by the Public Health Service and in the proportion of them treated for treponematosi. The increase in the number of patients treated was a result of expansion of the acquisition and construction of new hospitals and the creation of the free rural dispensary system.<sup>21</sup> Between 1919 (the earliest recorded data) and 1924, there were about 5 injections for treponematosi for every 20 patients treated. However, in the period of 1926-1929 there were 12 injections for every 20 patients treated. The year 1925 represents a transition year of sort in between the two periods. Events that occurred between 1924 and 1926 explain how and why this rapid change in the priority of treating treponematosi occurred - and they are my focus for the next section of the paper.

## **The 1924-1925 General Disease and Sanitary Survey of Haiti**

### **Conducting the Survey**

While the Rockefeller Foundation (RF) generally opposed providing direct aid to Haiti, it proved open to collaborating with the US occupation in conducting a “General Disease and Sanitary Survey of Haiti.” The medical survey of Haiti was in part the result of lobbying by the American Chamber of Commerce of Haiti which called on the RF to partially fund the survey in 1923 and highlighted “The crying need of such a survey” to help generate a “programme for the eradication of certain diseases.”<sup>22</sup> Hector. H. Howard, who was then the director for the West Indies of the Rockefeller Foundation’s International Health Board (IHB),<sup>23</sup> responded to the call for help positively stating that “I have unofficial information to the effect that our Board looks with favor upon the survey.”<sup>24</sup> Ultimately the planned survey was approved by both the US occupation and the International Health Board and began in 1924.

Correspondence between H.H. Howard of the IHB and C.S. Butler (Chief Sanitary Engineer of the US occupation) presented the intents and goals of the survey. On June 20, 1924, H.H. Howard wrote “The object of the survey is to determine nearly as possible the chief cause of disability among the people of Haiti, and in doing so to shape our investigations with the view of facilitating the elaboration of a plan for the relief and ultimate control of the disease which produce this disability.”<sup>25</sup> Alongside this survey, Howard wrote that he “hoped that a mobile dispensary may be organized for the treatment of the more obvious ailments in order to maintain the interest of the people in the survey area,” illustrating the use of medical treatment to persuade people to participate in the survey. The formal “Outline of General Disease and Sanitary Survey of Haiti” presents similar principles to those suggested by Howard, noting that “Previous experience points to the necessity of offering some relief in the form of treatments for the more prevalent and obvious ailments of the people to maintain their interest and cooperation in the survey work.”<sup>26</sup> In this regard, “giving treatment for such diseases as malaria, intestinal parasites, and yaws” was seen as focusing on the most “advantageous” diseases to treat.

Reports on the actual material progress of the survey are instructive of how the members of the RF (Dr. George Payne) and the US Navy (Dr. Edwin Peterson) interacted with the rural Haitians they surveyed. <sup>27</sup> Members of the Haiti Survey would frequently note the difficulty they experienced in gaining compliance from skeptical Haitians who would view, quite reasonably, the RF and its Haiti Survey as an extension of the Haitian state and the US occupation. As a result of this perception and de facto reality, political opposition to the survey occurred frequently.<sup>28</sup> The director of the survey, George Payne, wrote the US High Commissioner that “The co-operation of the people during the month of September was all that could be desired. The chief difficulty which was encountered was in finding the people at home. In a few cases this was due to suspicion and fear. It was supposed by some that the survey was a surreptitious way of collecting internal revenue.” An important part of the Haiti Survey was, in fact, census-taking and the recording of names, which was crucial the establishment of a effective state apparatus that was able to leverage taxes.<sup>29</sup> Refusal to provide the Rockefeller Foundation with names was not the only source of opposition to the survey. While the Haitians with whom the surveyors

interacted would be more open to providing blood samples, acquiring fecal samples for investigation of intestinal parasites proved significantly more challenging. According to the surveyors, Haitians believed that feces were symbolically charged and closely linked to the people who produced them, and if they fell into the wrong hands, could result in malfeasance. Thus, not only did people not provide samples of feces to the surveyors, but they would make great effort to hide where their feces were.<sup>30</sup>

From Payne's perspective, suspicion of the motivations of the survey had to be overcome through time-consuming trust building exercises that explained the disinterest of the Rockefeller Foundation in collecting internal revenue. When these explanations of the goals of the survey proved ineffective, he resorted to more physical measures: the strategic deployment of biomedicine. "In order to maintain the interest of the people of the area in the survey and in order to obtain from the[m] help and information which is necessary for accurate results[,] it was found necessary to offer treatment for some of the illness found...This is not an effort to control any of these diseases" but rather merely to gain assent to the survey.<sup>31</sup> Despite the coercive leveraging of biomedicine, many Haitians refused or moderated their participation. In one district "nearly half of the people failed to co-operate with us. Some left their houses when they knew that the census-takers were coming, some flatly refused to give their names."<sup>32</sup> This "tendency toward disappearance" frequently slowed their surveying and census-taking, rendering it "unusually difficult."<sup>33</sup> Indeed, the relationship between the RF's survey and its participants was frequently tense. Writing to H. H. Hoffman in August, Dr. Payne noted that "We have had much resistance and the slightest false move would stop the work there," highlighting the limited trust the survey was able to garner.<sup>34</sup> Despite the explicit presence of political objections to the Haiti Survey by rural Haitians, their political agency and objections were instead depoliticised and dismissed by Dr. H.H. Howard's racist framing of them as a "very primitive and suspicious people." Given how closely aligned the RF Haiti Survey was with the US occupation's goals, it was in bad faith to suggest that the results of the survey and census taking by the RF would not be used by the US occupation to support the expansion of the colonial state. A priority of the US occupation was developing Haiti into a modern state, like the United States,

where healthcare was privatized and closely tied to employment. The US High Commissioner was opposed to the free provision of healthcare, though he recognized its relevance to generating a “modernized” Haiti.<sup>35</sup>

## **Results of the Survey**

The full report of the Haiti Survey would not be available until 1927.<sup>36</sup> However, interim results completed in late 1925 were sent to the RF and to the US occupation in early 1926.<sup>37</sup> Moreover, due to the presence of members of the US occupation, progress reports during 1924 and 1925 were likely sent also to the US occupation. However, there are no documentary records of these reports at the Rockefeller Archive Center. The significant amount of time that the staff of the Haiti Survey spent with rural Haitians allowed for a modest level of insight into the social worlds of Haitians, albeit one skewed and distorted by racism and white supremacy. One of the primary findings of the Haiti Survey was the establishment of the prevalence of treponematosi and the social significance of the disease. In the preliminary report, Dr. George C. Payne observed that “there is a marked shame attached to the lesions of yaws” and that this shame resulted in individuals with yaws frequently being pushed to the peripheries of their communities.<sup>38</sup> Payne also found that yaws produced significant disability and morbidity for the Haitians, producing lesions that impaired mobility and labor. Payne was also sensitive to the economic burden of such a disease. He believed that its eradication would contribute to the economic development of the island, a belief shared by the US naval officers of the Public Health Service.<sup>39</sup> However, as Payne noted, there were many infectious diseases, such as malaria, that also caused significant morbidity and mortality. While malaria was also seen by the US occupation as an impediment to economic development, it was instead primarily framed and measured by the US occupation as threat to US bodies, instead of a threat to the Haitians.<sup>40</sup>

However, US representations of the relative social significance of malaria and yaws to rural Haitians differed greatly. Whereas Dr. Payne highlighted the social significance of yaws, he downplayed that of malaria. In his report, Payne noted that malaria in some communities was apparently seen as normal rather than as

pathological. “These incidents were not unusual and they show that the fact of fever is too unimportant in the life of the peasant to cause it to be remembered, even if it is noted at the time.”<sup>41</sup> Observing the relative social importance of various treatable infectious disease was significant for the US occupation and for the RF, because it was believed that by eradicating one charismatic disease in particular, it could serve as a powerful object lesson for the rural Haitians of the superiority of US biomedicine.

At the end of the survey, in a letter to Dr. Hector H. Howard, the director of the IHB’s West Indies branch, Dr. Payne “outlined three proposed activities in which it appears to me that our facilities and experience are adapted for service to the Republic [of Haiti].”<sup>42</sup> Payne’s first proposal was titled “Method by which International Health Board might assist the Republic of Haiti in public health work.” Dr. Payne framed his proposal dramatically:

The first step in the health education of the masses of rural Haiti must be a striking demonstration of the superiority of modern medicine over the methods of the local charlatan, be he voodoo priest, herb-doctor or former hospital aid of the Haitian Army... In Haiti there is present a disease with obvious lesions, striking and prolonged disability, a subject of shame to the peasant, which can easily be relieved...I refer to treponematosi.<sup>43</sup>

He then proceeded to outline a strategy of greatly reducing the number of cases of treponematosi noting that “It is upon this theory that the Service d’Hygiene is now working in the development of its dispensaries and rural clinics which are directed primarily against treponematosi.” This statement highlighted that the US occupation had by the beginning of 1926 transitioned to primarily focusing on the treatment of treponematosi.

Upon receiving and reading the letter from Payne, H.H. Howard then relayed the information up the IHB chain of command to Dr. Frederick. F. Russell, the general director of the IHB, observing that in Haiti, “The great mass of the rural population are utterly ignorant and indifferent to the service of modern medicine and will remain so until it is carried to them in their villages and homes in the form of relief from some prevalent and easily recognizable disease.” He noted that

“As Dr. Payne states[,] the people must be weaned away from the practices and superstitions of more than a century.”<sup>44</sup> For members of the IHB, the treatment and eradication of treponematosi s was seen as a moment of possible “enlightenment” and conversion given its social importance, while the US occupation viewed it slightly differently.

## **The Need for a Charismatic Disease: The Turn to the Treatment of Yaws in 1924-1926**

Resistance to what was from the perspective of the US occupation a humanitarian intervention was concerning. By September 4, 1926, the head of the Public Health Service, Captain C.S. Butler USN disclosed in an interview with Dr. O’Connor of the Rockefeller Foundation’s Division of Medical Education about anxieties over the legitimacy of the US occupation and feared a general revolt against them. O’Connor reported, “Butler feels that the Americans may be thrown out at any time.”<sup>45</sup> Since 1922, the US occupation had initiated a system of rural dispensaries that provided free care to Haitians with common infectious diseases.<sup>46</sup> The popularity of these dispensaries was revealed firsthand to members of the US occupation and to the RF during the 1924 Haiti Survey. While these dispensaries treated several common infectious diseases, including malaria and intestinal parasites, one disease would later come to dominate the focus of these rural clinics: treponematosi s.

The disease stood out for many reasons. First, it had considerable symbolic importance to the rural Haitians as the visual lesions it produced were obvious and stigmatized. Second, it produced significant disability within communities “Syphilis is by all odds the most damaging disease that we have to deal with in the Republic.”<sup>47</sup> Third, yaws was seen as an impediment to economic development “The economic damage done by treponematosi s cannot be measured in any terms which are now available... It is measured rather in very much larger numbers of cases of disability which impedes the worker but does not prevent him from

engaging in some sort of occupation.”<sup>48</sup> Fourth, it was a source of medical fascination for the US occupation given yaws’ close bacteriological and pathological relation to that of syphilis.<sup>49</sup> Finally, the US occupation had a straightforward, stable and cheap treatment for it that would rapidly reduce the symptoms of the illness.<sup>50</sup> For these reasons treating yaws would be an attractive target for the US occupation and would become the focus of disease control in Haiti from 1925 onwards.

Sensitive to the precarity of the US occupation, C.S. Butler was concerned about establishing a positive image for the Public Health Service. Between 1922 and 1923, the first rural dispensary in Haiti was built and began serving the local community.<sup>51</sup> As noted earlier, these clinics aimed to treat all widespread infectious diseases. However, in 1925 a remarkable prioritization of the treatment of treponematosi s occurred. This transition was enabled in part by a 45% increase in 1924 of the funding of the Public Health Service of Haiti and a 55% increase the following year.<sup>52</sup> It was also facilitated by the use of a therapeutic agent—sodium-potassium bismutho-tartrate—that was stable and one hundred-fold cheaper than the more expensive and more effective arsenicals like nearsphenamine and sulpharsphenamine.<sup>53</sup> However, how that funding was directed was influenced by the Haiti Survey and its results. Writing in late 1925, C.S. Butler reported that “This survey has helped us to a better understanding of the magnitude of our public health problems, and helped us to break through the armor of superstition and voodooism which affects all too many communities in Haiti.”<sup>54</sup> C.S. Butler and E. Peterson (of the Public Health Service) wrote later in 1926 that “Some two years ago it was decided by the Public Health Service that the only practical way to handle the question was to devise a method of carrying treatment into every settlement in the Republic and by treating with every means obtainable every Haitian who could be found suffering from the disease.”<sup>55</sup>

A long quote from this report illustrates how the US occupation came to understand the prioritization of the treatment of treponematosi s in Haiti:

The results obtained from the treatment of treponematosi s alone stands out and is appreciated even by the most ignorant peasant. When the clinic at Leogane was opened two years ago, the first

patients that presented themselves were the vagabonds of the town; they all suffered from marked skin lesions and bone lesions of treponematosi. Even in Leogane they were considered social outcasts. After a few doses of sulpharsphenamine<sup>56</sup> a marked improvement was seen. The patient knew he was going to get well. The rumor spread throughout the county. The attendance on the clinic increased by leaps and bound...The patients were men and women and what is very encouraging also, a large percentage were children...What will be the influence of the “Papa Loi” amongst these people after he has treated his patients for months and months without results and the patient finally wanders into the clinic and after a couple weeks of treatment improves with all prospects of getting well? Naturally the influence of the “Papa Lois” will wane and the staunch supporters of the Public Health Service will increase. It is by these means that the medical conscience of the people will be awakened.<sup>57</sup>

## Conclusion

In this report, I have provided a synthetic explanation of how the targeted mass treatment of treponematosi came to be prioritized by the US occupation. From the beginning of the US occupation of Haiti, members of the US Navy Medical Corps believed that it was essential to develop within Haitians a voluntary acceptance of US medical authority, and finding a highly visible and socially charged disease like treponematosi to treat offered an ideal solution. C.S. Butler and his fellow members of the US Public Health Service made several decisions between 1924 and 1926 to prioritize the treatment of treponematosi, using cheaper and less effective treatments of sodium-potassium bismutho-tartrate. However, I pushed the analysis further by incorporating a broad set of contributing factors. These included the relative ease and low cost of treatment, the increases in funding, the discovery of its widespread social significance, the US desire to persuade skeptical Haitians of the value of the US occupation, and the novelty of the disease to illustrate how all contributed to making treponematosi the disease targeted by the US occupation.

## Appendix

GRAPH NO. 12

### SERVICE D'HYGIÈNE

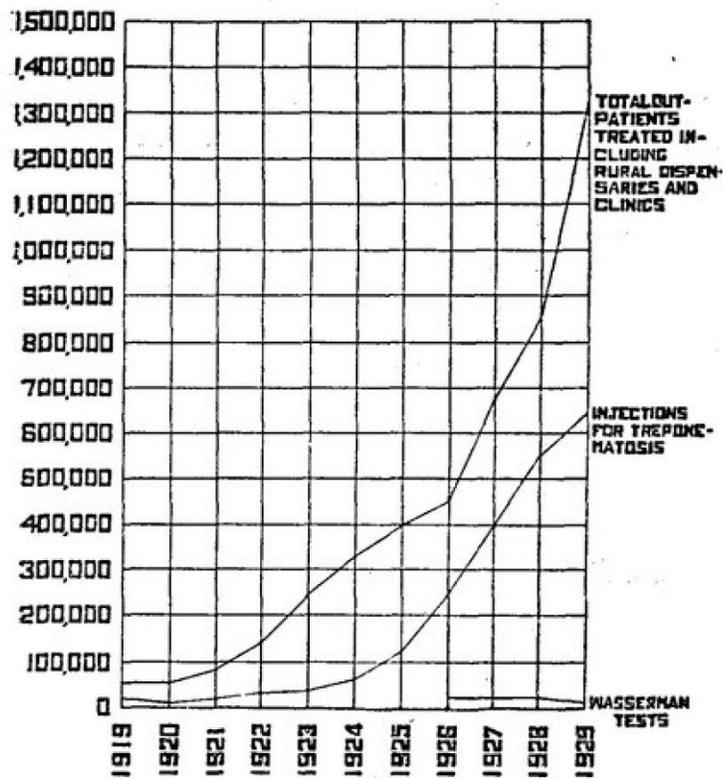


Figure 1 Graph No. 12 Taken from Forbes Commission Report 1930 on the US occupation of Haiti<sup>58</sup>

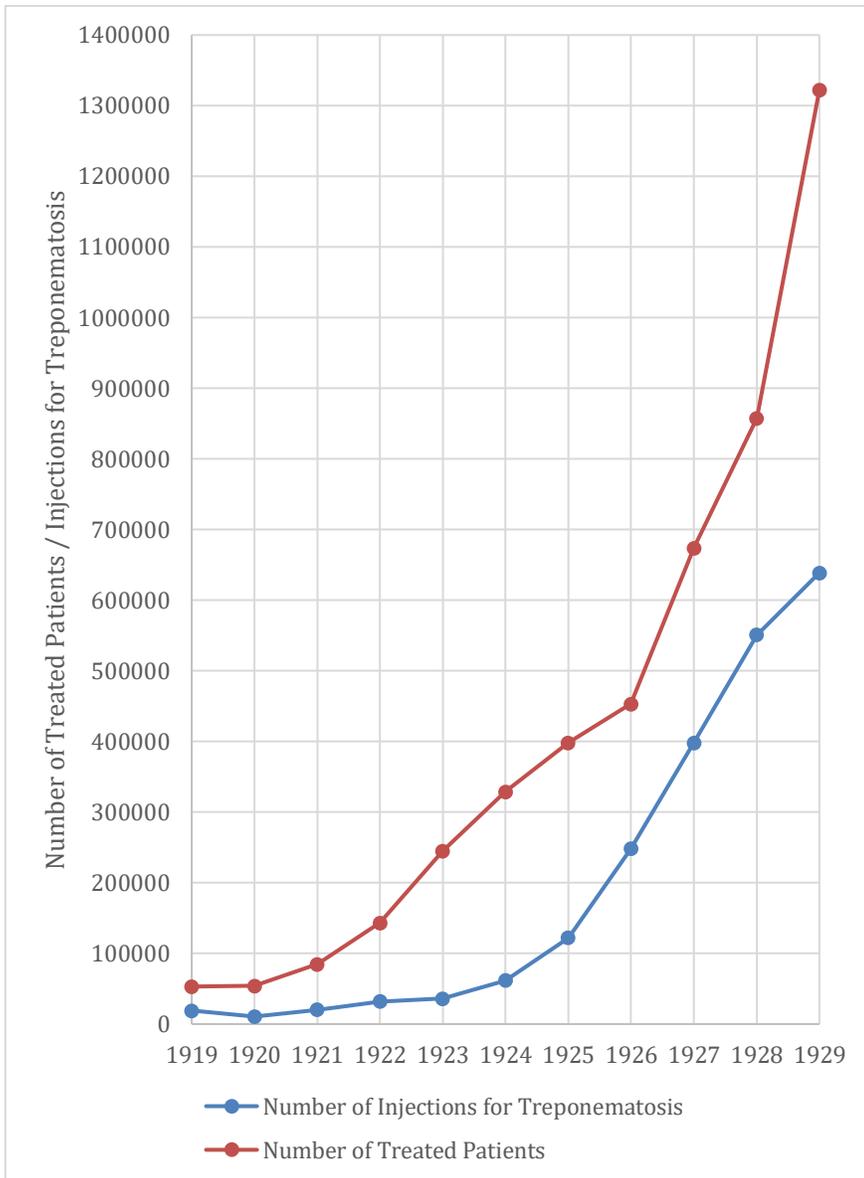
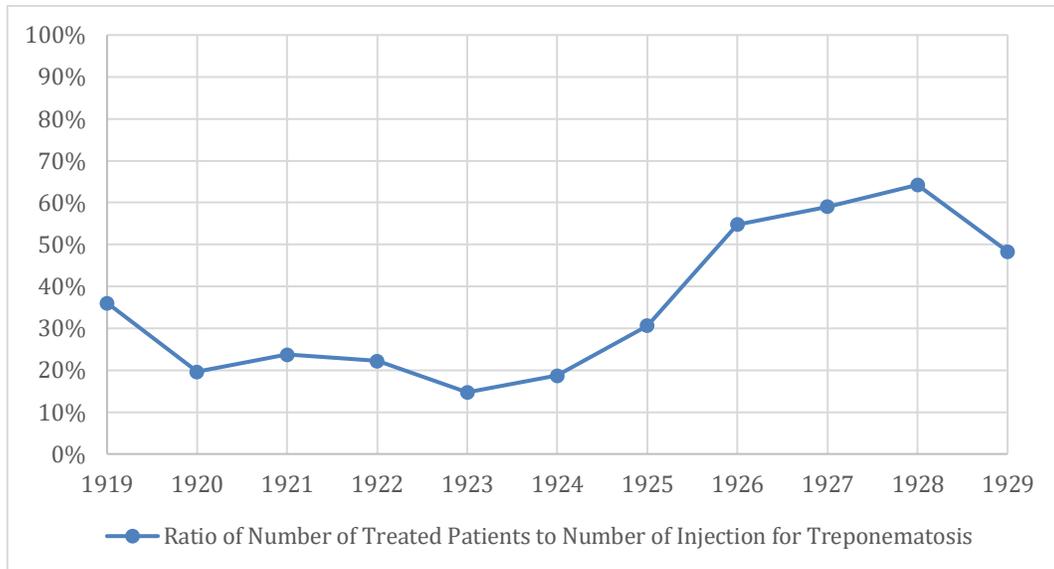


Figure 2. Recreation of Figure 1



*Figure 3 Ratio of Number of Treated Patients to Number of Injection for Treponematosi using data from Figure 1*

Table 1:

<b>Year</b>	<b>Number of Injections for Treponematosi (x)</b>	<b>Number of Treated Patients (y)</b>	<b>Ratio X:Y</b>
1919	19102	53061	0,36
1920	10612	54123	0,20
1921	20163	84898	0,24
1922	31837	143266	0,22
1923	36082	245144	0,15
1924	61551	328981	0,19
1925	122041	397961	0,31
1926	248327	453144	0,55
1927	397961	673880	0,59
1928	550777	857472	0,64
1929	638859	1322290	0,48

## Endnotes

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<sup>1</sup> Elliott M. Reichardt, “To Awaken the Medical and Hygienic Conscience of the People’: Cultivating Enlightened Citizenship through Free Public Healthcare in Haiti from 1915–34,” *Medical History* 64, no. 1 (January 2020): 32–51, <https://doi.org/10.1017/mdh.2019.75>; Patricia J Lopez, “Clumsy Beginnings: From ‘Modernizing Mission’ to Humanitarianism in the US Occupation of Haiti (1915–34),” *Environment and Planning A: Economy and Space* 47, no. 11 (November 1, 2015): 2240–56, <https://doi.org/10.1177/0308518X15598262>; Antony Dalziel McNeil Stewart, “An Imperial Laboratory: The Investigation and Treatment of Treponematoses in Occupied Haiti, 1915-1934,” *História, Ciências, Saúde-Manguinhos* 24, no. 4 (October 2017): 1089–1106, <https://doi.org/10.1590/s0104-59702017000500013>; Cooper Scherr, “Medicine Infected by Politics: The American Occupation of Haiti, 1915-1934,” *Library Undergraduate Research Award*, April 19, 2019, [https://scholarcommons.scu.edu/lib\\_ugrad\\_research/5](https://scholarcommons.scu.edu/lib_ugrad_research/5); Matthew Davidson, “Empire and Its Practitioners: Health, Development, and the U.S. Occupation of Haiti, 1915-1934” (M.A. thesis, Petersborough, Ontario, Trent University, 2014).

<sup>2</sup> Reichardt, “To Awaken the Medical and Hygienic Conscience of the People.”

<sup>3</sup> Lopez, “Clumsy Beginnings.”

<sup>4</sup> Stewart, “An Imperial Laboratory.”

<sup>5</sup> Davidson, “Empire and Its Practitioners.”

<sup>6</sup> Ibid.; Reichardt, “To Awaken the Medical and Hygienic Conscience of the People”; Stewart, “An Imperial Laboratory.”

<sup>7</sup> “Preliminary Report Upon the Sanitary and Public Health Conditions in Port au Prince, Haiti, and its Environs.” (October 18, 1915), H.A. May & P.E. Garrison, Box 142, Folder 1684, Record Group 5, Series IHD/B, Rockefeller Foundation Records (FA115), Rockefeller Archive Center (hereafter RAC).

<sup>8</sup> Reichardt, “To Awaken the Medical and Hygienic Conscience of the People.”

<sup>9</sup> “Preliminary Report Upon the Sanitary and Public Health Conditions in Port au Prince, Haiti, and its Environs.” (October 18, 1915), H.A. May & P.E. Garrison, Box 142, Folder 1684, Record Group 5, Series IHD/B, Rockefeller Foundation Records (FA115), RAC. See also Stewart, “An Imperial Laboratory.”

<sup>10</sup> Stewart, “An Imperial Laboratory,” 1094–95.

<sup>11</sup> Reichardt, “To Awaken the Medical and Hygienic Conscience of the People.”

<sup>12</sup> Ibid.

<sup>13</sup> Stewart, “An Imperial Laboratory.”

<sup>14</sup> “Preliminary Report Upon the Sanitary and Public Health Conditions in Port au Prince, Haiti, and its Environs.” (October 18, 1915), H.A. May & P.E. Garrison, Box 142, Folder 1684, Record Group 5, Series IHD/B, Rockefeller Foundation Records (FA115), RAC. See also Stewart, “An Imperial Laboratory”.

<sup>15</sup> “Letter to the Rockefeller Foundation,” (February 19, 1917), N. T. McLean (Note letter incorrectly spells his name S.T.), Box 47, Folder 709, Record Group 5, Series 1.2, Rockefeller Foundation Records (FA115), RAC

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- <sup>16</sup> “Letter to the N.T. McLean,” (March 15, 1917), Wickliffe Rose, Box 47, Folder 709, Record Group 5, Series 1.2, Rockefeller Foundation Records (FA115), RAC.
- <sup>17</sup> “Letter to the International Health Board” (April 14, 1922), John H. Russell, Box 136, Folder 1812, Record Group 5, Series 1.2, Rockefeller Foundation Records (FA115), RAC.
- <sup>18</sup> Reichardt, “To Awaken the Medical and Hygienic Conscience of the People.”
- <sup>19</sup> “Letter to the John H. Russell” (May 17, 1922), Wickliffe Rose, Box 136, Folder 1812, Record Group 5, Series 1.2, Rockefeller Foundation Records (FA115), RAC.
- <sup>20</sup> Stewart, “An Imperial Laboratory.”
- <sup>21</sup> For more on the rural dispensary system see Reichardt, “To Awaken the Medical and Hygienic Conscience of the People.”
- <sup>22</sup> “American Chamber of Commerce of Haiti Resolution on the Haitian Medical Survey” (October 19, 1923), H. P. Davis, Box 161, Folder 2098, Record Group 5, Series 1.2, Rockefeller Foundation Records (FA115), RAC.
- <sup>23</sup> “The Rockefeller Foundation Annual Report” (61 Broadway, New York: The Rockefeller Foundation, 1924).
- <sup>24</sup> “RE: American Chamber of Commerce of Haiti Resolution on the Haitian Medical Survey” (November 3, 1923), H.H. Howard, Box 161, Folder 2098, Record Group 5, Series 1.2, Rockefeller Foundation Records (FA115), RAC.
- <sup>25</sup> “Letter C.S. Butler outlining the Haiti Health Survey” (June 20, 1924), H.H. Howard, Box 191, Folder 2457, Record Group 5, Series 1.2, Rockefeller Foundation Records (FA115), RAC.
- <sup>26</sup> “Outline of General Disease and Sanitary Survey of Haiti,” (1924?), Box 32, Folder 190, Record Group 5, Series 2.2, Rockefeller Foundation Records (FA115), RAC.
- <sup>27</sup> “Haiti Survey – Report for the Quarter ending September 30, 1924” (November 4, 1924), George C. Payne, Box 32, Folder 189, Record Group 5, Series 320 / Series 2.2, Rockefeller Foundation Records (FA115), RAC.
- <sup>28</sup> “Letter to Dr. H.H. Howard regarding Haiti Survey” (August 4, 1925), George C. Payne, Box 225, Folder 2868, Record Group 5, Series 1.2, Rockefeller Foundation Records (FA115), RAC.
- <sup>29</sup> James C. Scott, *Seeing Like a State: How Certain Schemes to Improve the Human Condition Have Failed* (New Haven: Yale University Press, 1998).
- <sup>30</sup> “Letter to H. H. Howard regarding Haiti Survey” (June 19, 1925), George C. Payne, Box 225, Folder 2868, Record Group 5, Series 1.2, Rockefeller Foundation Records (FA115), RAC.
- <sup>31</sup> Ibid.
- <sup>32</sup> “Haiti Survey, Report for work completed to October 31, 1924” (December 13, 1924), George C. Payne, Box 32, Folder 189, Record Group 5, Series 320 / Series 2.2, Rockefeller Foundation Records (FA115), RAC.
- <sup>33</sup> Ibid, 2; “Letter to Dr. H.H. Howard regarding Haiti Survey” (January 1, 1925), George C. Payne, Box 225, Folder 2868, Record Group 5, Series 1.2, Rockefeller Foundation Records (FA115), RAC.
- <sup>34</sup> “Letter to H.H. Howard regarding Haiti Survey” (August 26, 1925), George C. Payne, Box 225, Folder 2868, Record Group 5, Series 1.2, Rockefeller Foundation Records (FA115), RAC.
- <sup>35</sup> Reichardt, “To Awaken the Medical and Hygienic Conscience of the People,” 49.
- <sup>36</sup> “Haiti Survey” (1927?), George C. Payne, Volume 49, RF Records (Field Staff), Series 6.2 (Blue Volumes), Rockefeller Foundation Records (FA 487), RAC.

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- <sup>37</sup> “Preliminary Report of Field Work of Haiti Survey,” (January 20, 1926), George C. Payne, Box 32, Folder 190, Record Group 5, Series 2.2, Rockefeller Foundation Records (FA 115), RAC.
- <sup>38</sup> “Preliminary Report of Field Work of Haiti Survey,” (January 20, 1926), George C. Payne, Box 32, Folder 190, Record Group 5, Series 2.2, Rockefeller Foundation Records (FA 115), RAC.
- <sup>39</sup> Stewart, “An Imperial Laboratory”; Reichardt, “To Awaken the Medical and Hygienic Conscience of the People.”
- <sup>40</sup> Reichardt, “To Awaken the Medical and Hygienic Conscience of the People,” 42.
- <sup>41</sup> “Preliminary Report of Field Work of Haiti Survey,” (January 20, 1926), George C. Payne, Box 32, Folder 190, Record Group 5, Series 2.2, Rockefeller Foundation Records (FA 115), RAC.
- <sup>42</sup> “Letter to Dr. H.H. Howard,” (February 4, 1926), Dr. George C. Payne, Box 256, Folder 3266, Record Group 5, Series 1.2, Rockefeller Foundation Records (FA115), RAC.
- <sup>43</sup> “Letter to Dr. H.H. Howard,” (February 4, 1926), Dr. George C. Payne, Box 256, Folder 3266, Record Group 5, Series 1.2, Rockefeller Foundation Records (FA115), RAC.
- <sup>44</sup> “Letter to Dr. F. F. Russell,” (September 20, 1926), H. H. Howard, Box 256, Folder 3266, Record Group 5, Series 1.2, Rockefeller Foundation Records (FA115), RAC.
- <sup>45</sup> “Interview with C. S. Butler,” (September 4, 1926), O’Connor, Box 1, Folder 3A, Record Group 1.1., Series 320A, Rockefeller Foundation Records (FA386b), RAC.
- <sup>46</sup> Reichardt, “To Awaken the Medical and Hygienic Conscience of the People,” 44.
- <sup>47</sup> “Treponematosi s as a Public Health Factor” (1926), C. S. Butler & E. Peterson, Box 1, Folder 3, Record Group 1.1, Series 320, Rockefeller Foundation records (FA386b), RAC.
- <sup>48</sup> Ibid.
- <sup>49</sup> Stewart, “An Imperial Laboratory.”
- <sup>50</sup> “Treponematosi s as a Public Health Factor” (1926), C. S. Butler & E. Peterson, Box 1, Folder 3, Record Group 1.1, Series 320, Rockefeller Foundation Records (FA386b), RAC.
- <sup>51</sup> Reichardt, “To Awaken the Medical and Hygienic Conscience of the People,” 44.
- <sup>52</sup> W. W. Cumberland, E. A. Colson, and J. S. Stanley, *Haiti: Annual Report of the Financial Adviser-General Receiver for the Fiscal Year October 1926-September 1927*, 1927, <https://www.haiti-now.org/wp-content/uploads/2017/05/Haiti-annual-report-1926.pdf>.
- <sup>53</sup> I. Apted, R.D. Harding, and M. Gosden, “A Clinical and Serological Follow-up of Yaws Cases Treated by Acetylarsan and Bismuth Sodium Potassium Tartrate,” *Transactions of The Royal Society of Tropical Medicine and Hygiene* 42, no. 1 (July 1, 1948): 55–64, [https://doi.org/10.1016/0035-9203\(48\)90350-2](https://doi.org/10.1016/0035-9203(48)90350-2).
- <sup>54</sup> Charles S. Butler, “The Medical Needs of the Republic of Haiti at the Present Time,” *United States Naval Medical Bulletin* 24, no. 2 (1926): 269–79.
- <sup>55</sup> “Treponematosi s as a Public Health Factor” (1926), C. S. Butler & E. Peterson, Box 1, Folder 3, Record Group 1.1, Series 320, Rockefeller Foundation Records (FA386b), RAC.
- <sup>56</sup> Given their statement elsewhere of their preference of avoiding the use of arsenicals in favor of cheaper alternatives, we should be cautious of their claim of using sulpharsphenamine here.
- <sup>57</sup> C.S. Butler and E. Peterson, The Public Health Service of Haiti: its origin, organisation and present system of administration, 5 Oct. 1926. Rockefeller Foundation Records, Record Group 1. 1, Series 320, Rockefeller Foundation Records (FA386b), RAC.
- <sup>58</sup> United States and W. Cameron Forbes, Report of the President’s Commission for the Study and Review of Conditions in the Republic of Haiti: March 26, 1930 (Washington: United States Government Printing Office, 1930).