Intervention by Other Means:
The U.S., Cuba, and The Rockefeller Foundation International Health Division, 1929-1946

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ABSTRACT

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A thesis presented to the Department of History

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This thesis explores the work of the Rockefeller Foundation International Health Division in Cuba from 1929-1946. During these critical years, U.S.-Cuban relations experienced dramatic changes. The Platt Amendment, which had granted the U.S. sweeping powers to intervene in Cuba to control disease and preserve independence, was abrogated in 1934 and a subsequent Cuban-American Treaty was signed that same year removing many of the Amendment’s most odious provisions. Set against the backdrop of this shifting diplomatic landscape, the Rockefeller Foundation became entangled in the bilateral relations of Cuba and the United States. It served as a way for the U.S. to maintain its control over the island without direct government intervention, as well as a way for the Cuban government to claim sovereignty by taking ownership over its public health program—a domain historically linked with direct U.S. intervention. Rejecting traditional interpretations that view the Rockefeller Foundation International Health Division as a mere handmaid of U.S. imperialism, this paper presents the complex role of the Rockefeller Foundation as a transnational agent caught between the U.S. desire to promote its policy of nonintervention following the start of Franklin Roosevelt’s Good Neighbor policy and the Cuban government’s desire to protect its own sovereignty through public health programs. In trying to
satisfy its own institutional interests of offering cooperative assistance to foreign governments, as well as the politically-charged interests of the US and Cuban governments, the Rockefeller Foundation’s public health work in Cuba ultimately failed in 1941 with its final attempt to straddle both interests by proposing to launch a malaria control program at the Guantánamo Bay Naval Base.
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Introduction

Between 1929 and 1946, the Rockefeller Foundation undertook a series of ambitious public health campaigns in the nation of Cuba. These campaigns brought together U.S. and Cuban doctors, Foundation officials, and attracted the close attention of U.S. and Cuban diplomats. In this relatively short period, the work of the Foundation became an integral component of the more general Cuban public health system and was touted by U.S. State Department officials as a model program for cooperative public health work in Latin America. Observing and often collaborating in this public health work, U.S. and Cuban diplomats and political leaders understood the far-reaching importance of the Rockefeller Foundation’s work. For the U.S., such work represented a powerful method of maintaining influence in Cuba in an era when direct intervention was becoming increasingly untenable. For Cuban political leaders, the Foundation’s work offered a way to demonstrate Cuban competence in the field of public health and deliver vital services to Cuban citizens. In each case, public health, despite the Rockefeller Foundation’s own institutional tenets highlighting the apolitical nature of its work, was never disentangled from politics and was almost always at the center of them.

*Intervention by Other Means* traces the shifting diplomatic relations between the U.S. and Cuba and shows how the public health work of the Rockefeller Foundation became central to advancing, sustaining, and legitimizing the cooperative rhetoric of the two countries. The 1930s marked the beginning of a new era of U.S.-Cuban relations—embodied in Franklin Roosevelt’s Good Neighbor policy—that promoted a rhetoric of mutual cooperation and the U.S.’s
commitment to nonintervention in Cuba affairs. The Rockefeller Foundation’s public health work was a means for both U.S. and Cuban political leaders to support these new diplomatic and political objectives. As a result, the success of the Foundation’s work was dependent upon whether or not its work proved useful to negotiating the bilateral relations between the U.S. and Cuba or as a way of bolstering domestic legitimacy.

Understanding the Rockefeller Foundation’s public health work in Cuba, then, provides a new way of understanding the local dimensions of the Good Neighbor policy and helps to highlight the central role of non-governmental organizations like the Rockefeller Foundation in carrying out such work. Indeed, the two central tenets of the policy—nonintervention and mutual collaboration—were deeply embedded into the Rockefeller Foundation’s own institutional philosophy. These shared values made the Rockefeller Foundation an exemplar of a new, collaborative chapter in U.S.-Cuban relations. In working with local medical professionals, political leaders, and Cuban citizens, the Foundation’s work offered tangible examples of what could be achieved when the rhetoric of the Good Neighbor policy was put into action. At the same time, the local dimension of the Foundation’s work also suggests the difficulty of carrying out the ideals of the policy and satisfying the often competing interests of the U.S. and Cubans governments.

Furthermore, it suggests a much longer history of the relationship between public health and U.S.-Cuban relations. Such a relationship began with the threat posed by yellow fever to U.S. troops stationed in Cuba during the U.S. Military Government (1898-1902) and was concretized in the sanitation clause of the Platt Amendment, which compelled Cubans to maintain their public health system or face direct U.S. intervention. This looming threat of U.S. intervention cemented the link between public health and Cuban sovereignty, making it a central
preoccupation for Cuban political leaders. By extending the narrative to the years following the abrogation of the Platt Amendment in 1934, this thesis shows the persistent role that public health played in shaping U.S.-Cuba relations even after the official threat of direction U.S. intervention was removed. In doing so, it suggests that the Rockefeller Foundation played an essential role in defining a post-Platt era of U.S.-Cuban relations.

Thus, the story of the Rockefeller Foundation’s work in Cuba provides a window onto the complex and shifting relations between the U.S. and Cuba during this turbulent period. While official diplomatic relations between the U.S. and Cuba reveal quite a bit about the changes that occurred during this period, they do not provide a full picture of how such policy was implemented and the local factors within Cuba that complicated such goals. As a non-government organization, the Rockefeller Foundation provides a means of looking at both official diplomatic dimensions of U.S.-Cuban relations during this period and also allows for a more nuanced understanding of how these relations played out.

Context in Scholarship

*Intervention by Other Means* situates the Rockefeller Foundation’s work in Cuba within two larger historiographies: the historiography of public health and U.S. foreign relations. It contributes to these two historiographies by showing how public health served as a central component of U.S. diplomacy during the period between the start of World War One and then end of World War Two.

First, it does so by exploring how public health served as an important political domain that allowed for both the U.S. and the nations it interacted with to bolster domestic and international policy objectives. A growing literature on public health has examined how cooperative health
programs served to promote a rhetoric of mutual collaboration and cross-cultural exchange. The important work of historians such as Anne-Emmanuelle Birn and Steven Palmer, in particular, has done much to probe the local dimensions of this work and the ways in which cooperative health programs allowed the U.S. to put its support behind political regimes that proved favorable to supporting U.S. interests. Birn’s monograph *Marriage of Convenience* examines how the cooperative health programs of the Rockefeller Foundation in post-revolutionary Mexico served as critical to establishing the legitimacy of Mexican political leaders and delivering upon the lofty promises of the Mexican Revolution. Palmer’s monograph *Launching Global Health* similarly explores the grassroots dimensions of the Rockefeller Foundation’s early work in Central America, stressing the complex series of negotiations that occurred to shape these programs and how these programs proved critical to local and national political leaders in the region. Taken together, this body of scholarship has done much to reveal the central importance of public health as a political domain and shows how it was constantly used to articulate the international and domestic policy aspirations of governments.¹

Second, this thesis builds on the work of historians of U.S. foreign relations by paying attention to the complex ways in which American philanthropic institutions became increasingly entwined in U.S. diplomacy during the twentieth century. Recent work on U.S. foreign relations has highlighted the ways in which such organizations have been used to bolster, expand, and legitimate U.S foreign policy interests in other nations. While many of these works have focused on how such organizations facilitated cultural exchange through international education

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programs and U.S.-sponsored cultural institutions, a burgeoning body of literature is beginning to focus specifically on how public health programs of American philanthropic institutions have similarly contributed to U.S. influence abroad. Important recent works by historians such as Liping Bu have greatly revealed the close relationship between American philanthropic organizations and the development of public health systems throughout Asia. This important work has expanded the traditional understanding of U.S. diplomacy to include a wide-range of non-governmental actors. In doing so, it has dramatically enhanced our traditional understanding of the dynamics of U.S. foreign relations and the range of interests that they often served.

The most recent work by historians of Latin America has done much to bring these two important historiographies together. This innovative work has focused on the way in which American technocrats from organizations like the Rockefeller Foundation and the Ford Foundation facilitated the development of public health, agriculture, and education throughout Latin America. These studies have analyzed the important role of experts in shaping local politics in Latin America and their larger relations to advancing U.S. foreign policy interests. Furthermore, this work has grappled with the question of how these experts integrated themselves into local political structures and the long-term effects of their work. Thus, this work has continued to foreground the role of American non-governmental institutions in serving as essential actors in U.S. foreign policy.

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In bridging these two traditionally separate historiographies, this thesis contributes to the existing literature in three ways. First, it focuses specifically on the work of the Rockefeller Foundation in Cuba, a country that has traditionally been ignored or used as part of a larger comparative study of the Rockefeller Foundation’s work in Latin America. By focusing specifically on Cuba, it shows how the Foundation’s work tied into a long history of public health and U.S.-Cuban relations. Placing the work of the Rockefeller Foundation within four decades of complicated U.S.-Cuban relations shows how the work of the Rockefeller Foundation fits into a longer narrative of public health threatening Cuban sovereignty and providing the U.S. a recurring justification for intervention. Second, it shows how the institutional goals of the Foundation to remain apolitical and the desire of the U.S. and Cuba to use public health for political ends resulted in a constant source of frustration for the Foundation. Such attention to the institutional dynamics of the Rockefeller Foundation helps to reveal the complicated relationship between non-governmental organizations and the governmental officials that they collaborated with to carry out their work. Third, it takes the role of local doctors and politicians seriously in trying to tell the story of the Rockefeller Foundation in Cuba. Rather than viewing the work of the RF as being strictly imposed on the local actors, this essay shows the high degree of collaboration between local doctors, politicians, and Rockefeller Foundation officers in managing public health campaigns.

The combined benefit of these three contributions, then, is to tell a story of the Rockefeller Foundation that goes beyond the traditional imperial interpretation. Instead, covering the RF’s work from this more nuanced perspective highlights the agency of local actors, the Foundation’s intense concern for maintaining its public image as a highly collaborative organization, and the lasting influence of the Foundation’s work in Cuba. The story that emerges from this approach is
one that takes the literature on the Rockefeller Foundation and imperialism seriously, but at the same time views the work as a type of two-way exchange between American doctors and Cuban doctors. The process was far from simple and often involved a diverse range of contradictory motivations on the part of Foundation officers and local Cuban elites.

Note on Sources

*Intervention by Other Means* draws on three primary source bases. The first is the Rockefeller Archive Center (RAC), which has allowed me to trace the main contours of the Foundation’s public health work in Cuba during these critical interwar years. Working with officer’s diaries, Foundation reports, correspondence, and a number of other sources in this collection has allowed me to capture the personality and motivations behind the Foundation’s projects in Cuba. These sources offer a complicated depiction of a group of ambitious reformers that grappled with competing desires of trying to spread U.S. scientific and medical practices, while at the same time paying great attention to the public perception of the Rockefeller Foundation in Cuba.

The second source base is a series of confidential U.S. diplomatic post records. This material allows for a look at how U.S. State Department officials viewed and interacted with the work of the Rockefeller Foundation in Cuba. Consisting of a series of memoranda, confidential reports, and newspaper clippings, these records help to show the way in which State Department officials envisioned the Foundation’s work as fitting into wider foreign policy objectives and the high degree of interaction between the two groups.

The third source base is the papers of two key Rockefeller Foundation directors: Alan Gregg and Wilbur A. Sawyer. Gregg served as member of the International Health Board and
later became the Assistant Director of the RF’s Division of Medical Education. Sawyer served as director of the Rockefeller Foundation International Health Division from 1935 to 1944. These papers offer yet another perspective of the Foundation’s work and show how the work in Cuba connected with other projects of the Foundation’s in other parts of Latin America.

Taken together, this source base presents a rich portrait of the work of the Rockefeller Foundation in Cuba. Rather than viewing Cuba as an isolated case, this thesis draws on these three source bases as a means of depicting the more global reach of the Rockefeller Foundation’s work in and how the ideas flowed from one country to another.

Outline

This thesis is organized chronologically into three chapters. The first chapter begins by chronicling the Rockefeller Foundation’s early work in Cuba during the late 1920s and situates this work within the larger context of U.S.-Cuban relations. The Foundation’s work in public health was born out of a larger legacy of the U.S. Army’s successful eradication of yellow fever on the island in 1902 and in many ways drew inspiration from this important moment. The second chapter examines the Rockefeller Foundation’s public health campaigns on malaria in Cuba from 1935-1940. A key focus of this chapter will be to examine the way in which the Rockefeller Foundation’s public health work became part of a larger “New Deal for Cuba,” and how such work served to bolster the rhetoric of the Good Neighbor policy. The final chapter examines the Rockefeller Foundation’s final attempt to expand its public health clinic to other parts of Cuba, including the Guantánamo Bay U.S. Military base. Despite initial success in working with the Cuban government, the Rockefeller Foundation’s public health work in Cuba
was ultimately considered a failure and its projects did not continue to operate after the Foundation left the island.
Chapter 1:

“What We did in Cuba"

On March 2, 1929, Robert A. Lambert, an officer with the Rockefeller Foundation International Health Division, sailed to Havana aboard the *SS President Roosevelt*. The purpose of Lambert’s trip was to study the state of medical education in Cuba. A cursory tour of the facilities of the University of Havana gave him most of what he needed. In his diary, Lambert determined that the facilities were “hopelessly inadequate” and the students “obviously immature.”¹ The anatomy department was even worse. Lambert “had not expected to see anything quite so bad” and later concluded that the decrepit “buildings reflect so well the mind of the people that a very accurate survey of the University might be made…without asking a single question.”²

Such a scathing assessment from the Rockefeller Foundation came as a surprise considering the long history of public health acclaim in Cuba. Indeed, a little more than two decades earlier, Cuba had been the site of one of the most storied events in the annals of American public health: The U.S. Army’s successful eradication of yellow fever. Combining elements of heroism, martyrdom, romance, and adventure, the fabled moment captivated the American public and became a continuing source of inspiration for a generation of doctors that followed. The event also catapulted Cuba into international spotlight as a potential model for

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¹ Diary of Robert A. Lambert, March 2-5, 1929, Folder 2, Box 1, series 315, RG 1.1, Rockefeller Archive Center, Tarrytown, NY. (hereafter RAC)
² Memorandum on The Faculty of Medicine, University of Havana, Robert A. Lambert, March 5-10, 1929, Folder 2, Box 1, series 315, RG 1.1, RAC.
future public health work and the boundless possibilities of modern medical science. Despite this initial acclaim, public health would soon come to serve as a recurring threat rather than source of pride for Cubans. Two years following the successful eradication of yellow fever in Cuba, American political leaders—fearful of the potential for another outbreak of the disease—claimed the right to intervene in Cuban affairs under the terms of the Platt Amendment. Appended to the 1902 Cuban constitution, the Platt Amendment gave the U.S. broad powers to intervene in Cuban political, social, and economic affairs, but for many Cubans, it was the sanitation clause, Article V of the document, that proved most frustrating. In this way, public health and Cuban sovereignty had become closely intertwined terms from the beginning. If Cubans could not demonstrate excellence in their public health system, they would have to face repeated intervention from the U.S. and continue to live under the compromising Platt Amendment.

By the time of Lambert’s visit in 1929, the public health system in Cuba was in serious trouble. Hoping to benefit from the prestige of the Rockefeller Foundation, the Cuban government invited the Foundation to the island to help it improve the broken medical education system. Borrowing from its experiences around the world, the RF’s medical survey of Cuba would be the first step in what would become a decade-long medical and public health project on the island. Starting in 1935, the work focused on attempting to combat the spread of malaria and establishing public health clinics throughout Cuba. Yet even as early as 1929, RF officers like Robert Lambert sensed the beginning of a much larger relationship between the RF and the Cuban government. He later wrote that “because of the close social and commercial relations, it is inevitable that the U.S. ideal will in time greatly influence Cuban education, particularly in medicine, business and agriculture,” concluding that there was “justification for facilitating this
influence when, as in the present case, guidance is sincerely sought.” In this brief medical
survey of the island, Lambert was doing more than just identifying the inadequacies of the Cuban
medical education system. His observations served as a blueprint for a new period of U.S.-Cuban
relations that would place public health at the center of politics.

This chapter attempts to understand how public health became so closely linked with
Cuban sovereignty and how Cuba came to be essential to the Rockefeller Foundation
International Health Division’s institutional narrative. By paying careful attention to the legacy
of the U.S. Army’s yellow fever campaigns and the U.S. government’s repeated instances of
intervention, this chapter argues that the Rockefeller Foundation represented a way for Cubans to
prove their legitimacy to the U.S. by working with an independent transnational organization. At
the same time, this chapter will argue that Cuba formed a vital part of the Rockefeller
Foundation International Health Division’s larger institutional narrative and served as an
important source of inspiration and demonstration of success.

The “Romance of Medical Martyrdom”

With the start of the U.S Military Government (1898-1902), yellow fever—a disease most
Cubans were immune to—posed a seemingly insurmountable health threat to Americans in
Cuba, as well as an economic threat to nearby U.S. port cities vulnerable to contagion. Success
came in 1901 when a team of U.S. and Cuban Army doctors discovered a way to eradicate the
disease after a series of daring experiments. Immediately after this moment and continuing more
than two decades later, the event gripped the American public, but more importantly, served as a
recurring justification for the well-intentioned nature of U.S. foreign policy in Cuba.

3 Ibid., 10.
Yet, the fact that Cubans themselves were not especially vulnerable to yellow fever infection highlights the mostly self-serving nature of the entire episode. From the beginning, the team of U.S. Army doctors, led by Walter Reed and consisting of physicians Jesse Lazear and James Carrol, mostly ignored the input of Cuban doctor Carlos E. Finlay. Years earlier, Finlay had posited that yellow fever was spread by infection from mosquitoes. Despite having published the findings of his experiments in a widely-read 1881 paper, most U.S. doctors simply ignored or dismissed Finlay’s findings. With the arrival of Reed and the rest of his team, the U.S. army hoped to conquer yellow fever on its own terms.4

Eventually, Jesse Lazear decided to test out Finlay’s theory. Disregarding Reed’s skepticism, Lazear began to experiment with mosquitoes by allowing them to bite yellow fever patients, nonimmune patients, and later to bite himself. In essence, Lazear was replicating the earlier experiments of Finlay in an attempt to bolster the legitimacy of this unconventional theory of yellow fever transmission. Lazear then persuaded other members of the team to submit to the experiment. James Carrol, still skeptical, was the first to agree and in four days began showing signs of the disease. The next subject was William H. Dean, a U.S. Army private who agreed to take part in the experiment. Since Dean had not been in contact with yellow fever previously, his diagnosis with yellow fever after being bitten by the mosquito served to significantly support the mosquito theory of transmission. In a final twist, Lazear subjected himself to a mosquito bite and soon died from yellow fever.5

Still skeptical of Lazear’s research, Walter Reed nonetheless carefully reviewed Lazear’s meticulous notes about his experiments and wrote up the findings of this research, later

presenting at the annual meeting of the American Public Health Association. Upon returning from the conference, Reed launched a new series of experiments that built on the earlier work of Lazear. A new experiment complex, named Camp Lazear, was established in the environs of Havana and a fresh group of nonimmune volunteers were bitten by mosquitos. All but one contracted yellow fever. Three additional experiments further strengthened the support for the mosquito theory.

By February of 1901, the U.S. Military Government (1898-1902) abandoned its previous approach to yellow fever, which emphasized sanitation, and instead developed one based on the findings the Reed commission. Under the direction of Chief Sanitary Officer William Gorgas, the U.S. Military Government implemented a new strategy focused on killing mosquitos in homes of diagnosed yellow fever victims and in various breeding places across the city. The measures proved successful and represented a dramatic improvement over previous yellow fever control measures. By April of 1901, cases of yellow fever had dropped to nearly zero. It was clear that the new approach produced consistently impressive results and that yellow fever no longer represented a formidable threat on the island.

Over two decades later, the story of the Reed commission’s successful eradication of the disease was fresh in the minds of many Americans. Time transformed this impressive feat into a nearly mythical tale of American public health ingenuity. Newspaper commemorations and features were common in the 1920s and often presented captivating and highly dramatic narratives of the work of the Reed commission. One particularly gripping article in the *New York Times* from 1927 lauded Reed for “sav[ing] the lives of millions of people,” and “triumph[ing] over an enemy centuries old.” It went on to declare that Reed had “made it possible for white

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men to go into parts of the tropics where they could not have lived before” and “accomplish the
work of civilization.”

Another article from *The Washington Post*, detailed the “romance of medical martyrdom.” Recounting the heroic details of the story, the article affirmed that “no discovery known to medical science… quite equals in importance as a contribution to humanity that made by the Reed commission.” In this retelling, Reed emerged as the undisputed hero—an exemplar of the benevolent and exceptional nature of American public health. The involvement of Cubans in the project was mostly ignored in the article. Dr. Carlos Finlay, the Cuban doctor who had first proposed the mosquito theory of disease in 1884 was described as a “good-natured crank” and Astrides Agramonte was given only passing attention. In addition to frequent newspaper coverage, the yellow fever story also became an inspiring children’s story. One such book titled *America First; One Hundred Stories from Our Own History*, published in 1920, provided a melodramatic account of Reed’s triumph over yellow fever. Yet more than a hagiography of Reed, the children’s book foregrounded the way in which the conquest of yellow fever embodied the noble values of American interactions with Cuba more generally. As with the rest of the stories of the book, the yellow fever chapter aimed to provide children with an understanding of the exceptional nature of U.S. history and how it represented a force of moral good in the world.

Such frequent newspaper coverage of the Reed commission’s success buttressed U.S. diplomatic interests in Cuba in two important ways. First, the event highlighted the essentially benevolent nature of U.S. relations with Cuba and provided a way to contrast U.S. interventions

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8 Ibid., 423–27.
in Cuba from Spanish colonialism. This rhetoric depicted American interests in Cuba as undeniably selfless, intended to save Cubans from the ravages of disease, starvation, and political chaos. Unlike greedy and backward Spanish colonialism, American relations with Cuba represented a force of humanity and progress. The Reed commission embodied all of these elements. The innovative experiments that the commission used in attempting to eradicate yellow fever reflected the transfer of advanced American scientific knowledge to the island and the death of people involved with the early experiments, such as Jesse Lazear, served as evidence of the sacrifice that such a project required. Second, the Yellow Fever Commission’s work affirmed the inability for Cubans to keep their own public health infrastructure under control. In this way, public health became reflection of the Cuban people. An inability to prevent the spread of epidemics and build a modern public health system emphasized the need for a continued guiding U.S. presence in Cuba.

Thus, the cultural and political legacy of the Reed commission’s work set the tone for U.S.-Cuban relations for the next two decades. The domain of public health became one of the most important areas for diplomatic relations between the U.S. and Cuba and would represent a constant threat to Cuban sovereignty.

*The Platt Amendment, Cuban Public Health, and Sovereignty*

Following the end of the U.S. Military Government in Cuba (1898-1902), the Platt Amendment ensured that Cuba would enjoy only provisional sovereignty and that public health would be one of the recurring justifications for U.S. intervention in Cuban affairs. Nearly every aspect of U.S.-Cuban relations was structured and defined by the document’s eight articles and it was constantly invoked as a means to defend U.S. economic and political interests on the island.
Three of the articles, in particular, posed the most direct threat to Cuban sovereignty: Articles III, V, and VII. Article III, one of the most capacious, allowed the U.S. to “intervene for the preservation of Cuban independence” and “the maintenance of a government adequate for the protection of life, property, and individual liberty.” Article V of the amendment required that Cuba maintain a robust sanitation system, and Article VII established the terms that allowed the U.S. to lease the Guantánamo Bay Naval Station. Each of these provisions clearly posed a significant threat to the sovereignty of Cuba and granted the U.S. nearly arbitrary power to intervene at any moment.  

Although many historians have emphasized the importance of Articles III and VII of the Platt Amendment, Article V, regarding sanitation, has almost completely been ignored. Historian Mariola Espinosa has been one of the first scholars to illuminate the wide-ranging and long-lasting effects of the Article V on U.S.-Cuban diplomatic relations. For Espinosa, public health served as one of the most important factors in shaping U.S.-Cuban relations during the early twentieth century.

The full text of Article V, though brief, granted the U.S. far-reaching power to use public health as a justification for U.S. intervention into Cuban affairs. The exact language of Article V required:

That the government of Cuba would execute, and as far as necessary extend, the plans already devised or other plans to be mutually agreed upon, for the sanitation of the cities of the island, to the end that a recurrence of epidemic and infectious diseases may be prevented, thereby assuring protection to the people and commerce of Cuba, as well as to the commerce of the southern ports of the United States and the people residing therein.

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9 Although the bulk of the historiography on the Platt Amendment has emphasized the way in which it bolstered U.S. hegemony in Cuba, more recent work in legal history has tried to understand the more complex visions of law expressed in the Platt Amendment and the Cuban Constitution. In particular, see Christina Burnett, “Contingent Constitutions: Empire and Law in the Americas” (Ph.D Diss., Princeton University, 2010).

10 Espinosa, Epidemic Invasions.
For more canonical treatments of the Platt Amendment, see Louis A. Pérez Jr, Cuba under the Platt Amendment, 1902–1934 (University of Pittsburgh Press, 1986).
Although seemingly ambiguous, the wording of Article V reflects the asymmetrical power relationship that is a defining feature of the Platt Amendment. For instance, Article V not only required Cubans to maintain a robust sanitation and public health system moving forward, but also required that they continue to keep U.S. Military Government sanitation programs in place. Additionally, the Article V explicitly noted that such sanitation measures should be adopted not only for the protection of Cuba, but also for the “commerce of the southern ports of the United States and the people residing therein.” Much like the Reed commission’s work, Article V, though attempting to claim the mutual benefit, highlights the self-serving nature of the public health measures. Indeed, most Cubans continued to be immune to yellow fever and thus the disease was only a menacing threat to Americans who did not boast such protection from the malady.

One gets a further sense of the importance of Article V of the Platt Amendment and the centrality of public health from the vigorous debate generated in the U.S. Senate. Early supporters, such as Richard W. Parker, a Republican Senator from New Jersey, argued that the clause was a “necessity” and “above all law,” concluding that “sanitation [was] humanity to the people of Cuba as well as ourselves.” Congressman Townsend Scudder of New York posited that the provision was justified because of the “considerable expense of life and money” that the U.S. invested in improving sanitary conditions in Cuba. He went on to hypothesize that “if the Cubans ever get to control things absolutely it is not unreasonable to assume that, in the light of the past, all of the sanitary improvements which have been introduced will quickly go by the board.”

Yet, Article V was also met with opposition. Congressman Robert Davis of Florida noted the hypocrisy of the sanitation clause. “We are about to say to them that their health laws must
be made to suit us before we will remove our soldiers from their midst. And yet here at home we regard the right to make laws for the preservation of public health as one of the reserved rights of the States.”

Charles E. Littlefield, a Republican Senator from Maine, also highlighted the particularly compromising effects that Article V of the Platt Amendment would have on Cubans, pointing out that “in case of any change as to sanitation, they have no power to make it except with our consent, thus being clearly subordinate to our control in this particular.”

Despite this debate, Congress passed the Platt Amendment, with Article V intact, by a vote of 43 to 20. Following this, the Amendment was sent to the 1901 Cuban Constitutional Convention for ratification. Citing the threat that Articles V and III posed to Cuban sovereignty, the delegates of the convention plainly rejected the Platt Amendment. Hoping to assuage Cuban fears, Elihu Root, one of the principal architects of the Amendment, conferred with the delegates of the Cuban Constitutional convention and explained each article of the amendment in detail. The so-called “Root interpretation” of the Platt Amendment that resulted from this meeting stressed that the Amendment’s articles—III and V in particular—were not tantamount to U.S. domination and the relinquishing of Cuban sovereignty. This new explanation proved persuasive as the delegates of the Constitutional Convention and the new version of the Platt Amendment with Root’s annotations was swiftly approved.

11 Congressional Record, 56th Cong., 2nd Sess, 1901, 34; 3343.
12 Ibid., 3381. Italics are mine.
13 Pérez, Cuba under the Platt Amendment, 1902–1934, 53.
14 Espinosa, Epidemic Invasions, 80 to 81 and 83.

Root’s success at disabusing Cubans of the threatening nature of the Platt Amendment proved to be problematic. After speaking with Root about each article of the Amendment, members of the Constitutional Convention created their own annotated version of the Platt Amendment with their interpretation of Root’s explanation of each of the document’s articles. This version, which significantly watered down many of the powers granted to the U.S., was the one that was passed with great alacrity. Concerned about the potentially weakening effect of these Cuban annotations, Root expressed great disappointment and frustration, eventually convening with Senator Platt and President McKinley to discuss the matter. Yet, Root proved powerless in being able to modify the Amendment and was thus stuck with the more ambiguously worded annotated version.
It did not take long, however, before public health threatened Cuban independence. Many feared that Cubans would not stick to their promise of keeping public health under control. For instance, a *New York Times* editorial from 1902 doubted the long-term traction of American sanitary reforms, echoing Congressman Scudder’s earlier concern. It predicted that the “surrender of such matters to civil authorities before municipal cleanliness is established as a habit will probably be followed by more or less complete relapse into former conditions, and a steady increase in death rate,” surmising that “the habits of two centuries are not easily changed.”\(^{15}\) Similarly, U.S. Army General Fitzhugh Lee felt that in addition to the general and political unrest in the new Cuban Republic, sanitation in particular was “destined soon to perish,” noting that “if the money is not forthcoming, the sanitation of the cities must inevitably be neglected and the great work of the United States Government in that line be practically lost.”\(^{16}\)

These early fears about the inadequacy of the Cuban government’s public health measures soon materialized in the form of the U.S. Provisional Government of Cuba in 1906. The fledgling Republic’s first president, Tomás Estrada Palma, proved to be an ineffective leader. The rigged 1905 Presidential election he engineered plunged Cuba into political unrest. Yet, aside from the more general political instability, U.S. officials were also troubled by the threat of another yellow fever outbreak reaching the southern coast of the U.S. and thus made public health a central focus of the Provisional Government. Under Provisional Governor Charles E. Magoon, the new U.S. occupation government imposed a quarantine on the island and installed a new sewage and waterworks system, both procedures that the Cuban government was obligated to comply with under Article V of the Platt Amendment. These public health and

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\(^{15}\) “Sanitation in Cuban Cities”, *New York Times*, March 27, 1902, 8.
sanitation projects ultimately proved successful. When the U.S. Provisional Government ended in 1909, U.S. officials, such as Magoon, could tout the great success of the U.S. directed sanitary reforms with the eradication of yellow fever from the island and new sewage system in place.

Thus, the Platt Amendment served to solidify the link between Cuban sovereignty and public health. American perceptions of the inability of Cubans to maintain their own public health system—stemming largely from the legacy of the Reed Commission’s eradication of yellow fever—constantly associated a strong public health system with political legitimacy and the absence of one with the need for U.S. occupation. Article V of the Platt Amendment outlined the terms upon which the U.S. would be able to intervene in Cuban domestic affairs and further emphasized the need for Cubans to make public health a top priority. Although political and economic instability represented other key areas of anxiety for Cubans when it came to the threat of U.S. intervention, public health took on a particularly menacing quality. For Cubans, public health came to serve as a metonym for sovereignty. Of course, proving the adequacy of the Cuban public health system would require considerable expense and would involve complying to a distinctly American ideal of modernity and sophistication.

*Intervention by Other Means*

With the end of the U.S. Provisional Government in 1909, U.S.-Cuban relations had been marked by two direct armed interventions and a persistent rhetoric of Cuban unfitness for self-government. The fledgling Cuban Republic seemed to have little ability to move outside of the powerful influence and control of the U.S. The Platt Amendment provided nearly limitless instances in which the sovereignty could be sharply curtailed or entirely lost. As successful as this policy of direct armed intervention had been, however, a new chapter of U.S.-Cuban
relations was needed to accommodate the demands of U.S. capital penetration in the Caribbean. Armed intervention—which seemed to be almost a reflex for the U.S.—had outworn its usefulness. Moving forward, the key concern for U.S. foreign policy was to promote stability within Cuba and in doing so protect U.S. financial interests on the island. Embodied in the policy of “Dollar diplomacy”, a strategy articulated by President William Howard Taft, such an approach hoped to “substitute dollars for bullets.” 17 To do this, a higher level of political control in Cuba was needed. Indirect forms of intervention, such as supporting pro-U.S. political forces and increasing control over the Cuban economy, represented the surest way to maintain the stability that was necessary for the protection of U.S. commercial interests on the island. 18

In promoting this new rhetoric of Dollar diplomacy, public health proved essential. Not only did public health carry manifold positive associations that tied directly into the U.S.’s desire to reject accusations of imperialism, but it also provided the stability needed to allow U.S. financial sector to thrive. As had been the case in earlier years, public health carried a great symbolic weight that painted the U.S. as an anti-imperial power providing tangible benefits to Cubans in desperate need of assistance. Of course, such benevolence quite clearly benefited U.S. interests on the island. The recurring threat of an epidemic in Cuba and the potentially devastating effects it would have on American financial interests on the island provided a clear motivation to enlist public health within the broader reticulation of U.S. foreign policy represented by Dollar diplomacy.

Created in 1913, the Rockefeller Foundation provided a model for this new type of foreign policy with Cuba. Born out of one of American capitalism’s greatest success stories, the Rockefeller Foundation symbolized the marriage of U.S. capital and the burgeoning field of

17 William Howard Taft, State of Union Address 1912
18 Pérez, Cuba under the Platt Amendment, 1902–1934, 115–17.
global philanthropy. Hoping to rescue his much tarnished image as one of the Gilded Age’s robber barons, J.D. Rockefeller began his new role as philanthropist by endowing the organization with $3.2 million dollars. The organization’s great wealth soon increased with a further donation of $100 million from Rockefeller. By the end of 1913, the Rockefeller Foundation’s boasted $36 million dollars in assets. Such institutional largess was matched by an equally ambitious motto of “promoting the well-being of humanity throughout the world.”

Shaking of the negative associations of his earlier success with Standard Oil was not a simple process, but would prove essential if the organization was to serve an important role in U.S. foreign policy. In the earliest years of its existence, the Rockefeller Foundation was subject to repeated accusations of trying to dominate yet another industry and reap the associated profits. Indeed, this fear of the corrupt influence of “big business” was so pervasive that member of the Twentieth Century Club, a Boston-based society composed of academics and philanthropists, felt the need to address the matter at length during their 1914 meeting. As an influential member of the elite organization, former Harvard President and Rockefeller Foundation trustee Charles W. Eliot came to the defense of Rockefeller and hoped to quell the fears of the public “There is a common prejudice against corporations. Because there have been evils in management of some corporations we have come to suspect all corporations…but we have lost sight of the real fact that corporations are the greatest and most efficient means of carrying on business—business in great variety.” He continued in his effort to disabuse the public of their negative view of Rockefeller by noting that the billionaire had been “carrying a bright light all over the world”

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and that the success of his company represented “one of the best things a human being can do for the face.”

While Eliot’s encomium of Rockefeller and big business did not definitively end public suspicion of the organization’s intentions, the careful design of the overall Foundation did work to address many of these concerns. In its earliest years, the Rockefeller Foundation emphasized its willingness to fully disclose its finances to the public. In the first two years of the Foundation’s creation, a stream of newspaper articles reported the latest expenditures of the organization and the size of its growing endowment. These reports were highly-detailed, often listing not just the amount of money spent by the Rockefeller Foundation in a given year, but also the sources of large donations and security holdings of the organization. Thus, despite the careful scrutiny from the press, the strategic maneuvering of the Foundation allowed it to escape any crippling attacks on its intentions and institutional largess.

The Rockefeller Foundation’s institutional structure was divided into three elements: the General Education Board, the International Heal Division, and the China Medical Board. Each of these wings of the Foundation aimed to address what were considered to be the most important humanitarian issues around the world: health and education. The International Health Division, a consolidation of an earlier organization known as the Sanitary Commission, which focused on hookworm in the American South, quickly became the Rockefeller Foundation’s most well-

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21 Ibid.
known project. Focusing first on launching public health projects in Europe, the International Health Division quickly expanded throughout Latin America.

Almost immediately following its creation, the Rockefeller Foundation International Health Division became involved in protecting U.S. foreign policy interests in Latin America. The opening of the Panama Canal in 1914 created a clear opportunity for the nascent organization to demonstrate its utility to defending U.S. economic interests while also providing the Foundation the ability to test out public health practices. In this way, the larger shift in U.S. foreign policy during these years greatly widened the scope of U.S. diplomacy to include the non-governmental organizations as critical foreign policy actors. The Rockefeller Foundation’s International Health Division was an exemplar as it worked to address a critical need that could not only work to provide tangible benefits to local populations through public health campaigns, but also protect vital U.S. economic interests in these regions. The legacy of an earlier policy direct armed U.S. intervention in public health in Latin America further allowed the Foundation to gain the government support it needed.

Although it did not initially receive the most support, Cuba was deeply embedded within the larger institutional narrative of the Rockefeller Foundation. The success of the Reed commission served as a proof of concept of what could be done in the field of international public health.²³ For this reason, Cuba served as an important symbol that constantly served to inspire much of the early work of the International Health Division in Latin America.

A clear example of the lasting importance of the Reed commission’s work is the creation of the Rockefeller Foundation’s Yellow Fever Commission in 1915. The Commission had the lofty goal of eradicating yellow fever from the remaining parts of the world. Yet, beyond this

idealistic explanation for its creation, strong economic impulses also made yellow fever a top priority. The opening of the Panama Canal in 1914 raised concerns about the potential for a massive yellow fever outbreak and the new pathways for contagion. As with the earlier yellow fever campaign in Cuba, the renewed interest in eradicating yellow fever was also motivated by the fear that the new trade routes created by the Panama Canal would result in an outbreak of yellow fever in the U.S. For the nascent International Health Division, the opportunity to significantly expand its work and build on the work of the Reed commission represented an important step in establishing itself as an important player in global health.

The International Health Division’s Yellow Fever Commissions reflected a strong colonial pedigree. William C. Gorgas, the U.S. Army doctor responsible for implementing the new yellow fever eradication technique envisaged by Reed over a decade earlier, was the director of the new Rockefeller Foundation Yellow Fever Commission. Other members of the Commission included Henry R. Carter, of the United States Public Health Service, Cuban Dr. Juan Guiteras, and U.S. Army physicians T.C. Lyster and Major E.R. Whitmore. This fusing of old U.S. government health figures and new Rockefeller Foundation public health experts proved to be critically important to the early success of the International Health Commission. The significant support that the Foundation received from the U.S. government allowed it to quickly penetrate many parts of Latin America. Beginning in Guayaquil, Ecuador, the Yellow Fever Commission’s work soon extended to Brazil, Mexico, and Peru.

Thus, the early work of the International Health Division on attempting to eradicate yellow fever represented a transition from an era of direct U.S. intervention into public health in Latin America to a new era that depended upon the Rockefeller Foundation to carry put this type of work. Such a strategy had clear benefits. Perhaps the most obvious was that it shielded the U.S.
from being accused of meddling in the affairs of Latin American nations, while at the same time providing continued U.S. influence in these important nations. Additionally, this strategy was significantly cheaper than establishing a direct U.S. Army presence in nations throughout Latin America. In this new system, the Rockefeller Foundation’s institutional largess represented a significant cost-saving measure for the U.S. government. For all of these reasons, the transition from what might be called colonial-style public health to private, non-governmental organization public health was a boon to the U.S.

*A Medical Survey of Cuba*

By the 1920s, US-Cuban relations were becoming increasingly strained and the specter of direct armed U.S. intervention still haunted many. These years were defined by high degrees of U.S. influence in Cuban political affairs. Such intervention worked to fundamentally alter the Cuban political system to accord to U.S. interests and in this way further solidify the hegemony of the U.S. in Cuba. Political instability naturally resulted in a public health system that failed to meet the standards required by Article V of the Platt Amendment. This weakness left Cuban public health officials in a position that required a high degree of collaboration with U.S. public health organizations like the Rockefeller Foundation’s International Health Division. In this era defined by political instability, public health proved to be one domain that could offer stability to the country.

One of the most important events that accounted for this new U.S. designed political system was the 1917 “February Revolution.” The reelection of Cuban President Mario G. Menocal in 1916 drew powerful accusations of fraud and corruption that eventually exploded into revolution. The political instability brought on by this power struggle between
Conservatives and Liberals left the U.S. State Department uneasy about the potentially devastating effects that such a revolution might have on U.S. commercial interests in Cuba.

Wishing to avoid another full-scale intervention like 1906, State Department officials pursued a pragmatic diplomatic strategy that sought to bolster Menocal’s Conservative party by publicly condemning the actions of the rival Liberal party in the Cuban press and provided arms to help the Cuban army quell the rebel forces. As the revolution was beginning to turn violent in mid-February, Secretary of State Robert Lansing instructed U.S. diplomats in Cuba to issue a statement to the Cuban press that plainly expressed U.S. dissatisfaction with the revolt in Cuba and its support for the “governments established through legal and constitutional methods.”

The strategy ultimately proved successful. Menocal remained in office and Cuban politics were stabilized.

In the aftermath of the February Revolution, another political crisis soon followed just three years later. The 1920 Cuban presidential election had ended inconclusively on November 1, 1920 and yet another crisis emerged. The two candidates, José Miguel Gómez and Alfredo Zayas y Alfonso, both claimed victory. Matters became worse as the candidates hurled threats at each other and social instability continued to grow. Washington appointed General Enoch Crowder to attempt to solve the problems with the election and to undertake an extensive reform of the Cuban electoral system in the following years as Special Representative to the President. Many in Cuba suspected that Crowder’s mission to reform the electoral system was likely another attempt by the U.S. to control Cuban politics, as had been done in the previous three elections. As historian Louis Pérez has characterized it, “this was a government paralyzed and susceptible to the imposition of political authority from abroad and an economy prostrate and

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24 FRUS, 1917, 356.
vulnerable to increased foreign capital penetration."²⁵ By March 15, new partial elections settled the 1920 election and Zayas became Cuba’s new leader. Crowder still had a significant amount of work to do. In the following years, Crowder began to shape Cuban fiscal policy to be more appealing to U.S. economic interests. Eventually, the Zayas administration was at the mercy of the U.S. for a $50-million-dollar loan to keep the Cuban economy in good standing. With the loan, however, came a number of stipulations that further extended Crowder’s power to reform the Cuban political system and economy. By mid-1922, Crowder had gotten what he wanted. President Zayas reorganized his cabinet to satisfy U.S. demands.²⁶

The final important political change came in 1924 with the election of Gerardo Machado as President of Cuba. With Machado came a platform that promised to launch Cuba into the future and revive the great national spirit that had seemingly been lost. Machado called it the “Platform of Regeneration” and promised to end political corruption, improve education, and modernize many aspects of Cubans society. His lofty platform for national renewal caught on. He soon won the endorsement of many of Cuba’s most important political figures. Despite this initial enthusiasm, Machado’s administration quickly became autocratic. Machado assembled a constitutional convention in April of 1928. Two items were on the agenda: the first abolished the office of the vice-presidency, and the second extended his term by another six years without reelection.²⁷

As Machado’s presidency devolved into a dictatorship, U.S. officials started to feel increasingly uneasy. The Senate Foreign Relations Committee considered a resolution that directly acknowledged Machado’s corruption. Yet, owing to the considerable American

²⁶ Ibid., 206-211.
economic holdings in Cuba, many prominent members of the American business community protested against the tyrannical depiction of Machado that the resolution sketched. The Senate’s resolution consequently failed to get anywhere.

It was against this backdrop of political uncertainty that the Rockefeller Foundation’s International Health Division began its earliest public health work in Cuba. The first phase of work in Cuba was focused on medical research. As with other countries, the beginning of any International Health Division project involved a detailed survey of the recipient nation’s medical system. Such surveys were conducted frequently in the 1920s. The International Health Division surveyed a total of 15 Latin American countries between 1916 and 1926. The model was in many ways based upon earlier Progressive Era models that placed great importance of conducting extensive social surveys before conducting any work.\(^{28}\)

In Cuba, Rockefeller Foundation officer Robert A. Lambert was tasked with carrying out the medical survey of Cuba. Like many International Health Division officers, Lambert boasted an impressive resume. Receiving his M.D. from Tulane University in 1907, Lambert had achieved considerable success before joining the organization as a professor of pathology at Columbia University and Yale University. He first became involved with the International Health Division in 1922 to survey medical conditions in El Salvador. After this initial assignment, Lambert quickly became climbed the ranks of the Rockefeller Foundation’s institutional ladder. By 1929, Lambert has been appointed associate director of the Medical Sciences Division of the Rockefeller Foundation.\(^{29}\)

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\(^{29}\) Ibid., 6–7.
Lambert’s survey provides a glimpse into the assumptions and attitudes that informed the International Health Division’s earliest work in Cuba and highlights the importance of public health for Cuban sovereignty. Upon arriving in Havana, Lambert quickly made contact with elite Cuban doctors Astrides Agramonte, Carlos E. Finlay (son of the discoverer of mosquito theory of yellow fever transmission), and Solano Ramos. Agramonte had been part of the legendary group of doctors who had been part of the Reed Commission over two decades earlier. Now, as a professor of bacteriology at the University of Havana, Agramonte was once again collaborating with U.S. doctors, but in this case they were from the Rockefeller Foundation rather than the U.S. Army.\textsuperscript{30}

Lambert’s visit generated significant interest and quickly got the attention of Cuban President Gerardo Machado. On March 7, Lambert, along with Dr. Agramonte and Dr. Finlay arrived promptly at the Presidential Palace at 8am. After waiting a half-hour, they were called in to have their meeting with Machado. Lambert, sensitive to the potentially offensive tone of his words, attempted to broach the subject of the inadequacy of the medical education system with as much tact as possible. He explained to Machado that the medical schools in Cuba were in desperate need of adequate buildings and equipment, more teaching faculty, and full-time laboratory teaching. Feeling that Lambert had not stated the problems frankly enough, Dr. Agramonte interjected by saying that if the medical schools were to be assessed on a numerical scale, they “should be rated at zero.” Such a remark caused Machado to became quite offended and a sense of tension was palpable for the remainder of the meeting.\textsuperscript{31}

Lambert’s meeting with President Machado reflects the continuing importance of public health as a politicized domain in Cuba. For Machado, the negative observations about the state

\textsuperscript{30} Diary of Robert A. Lambert, March 2-5, 1929, Folder 2, Box 1, series 315, RG 1.1, RAC.
\textsuperscript{31} Ibid.
of medical education in Cuba threatened to undermine not only his own presidency, but also served as a threat to the larger Cuban attempt to maintain sovereignty. In this new era of U.S.-Cuban relations, the Rockefeller Foundation’s International Health Division assumed the role that had previously been filled by the U.S. Army. The medical survey conducted by Lambert carried significant weight as it represented a judgement of not just the Cuban medical system, but more damagingly, it served as evidence for the persistent inability of the Cuban government to keep its public health system under control.

Although generating great anxiety for Machado, the Rockefeller Foundation International Health Division’s medical survey of Cuba also represented a valuable opportunity for Cuba to reassert its competency with its medical system. Past experiences with U.S. direct intervention in the Cuban public health system had worked to compromise Cuban sovereignty rather than safeguard it. The International Health Division, as a non-governmental organization, seemed to present Cuban leader like Gerardo Machado with an opportunity to gain the respect of the U.S. government. By working with the Rockefeller Foundation, Machado would be able to both receive external validation of the Cuban public health system from the prestigious international organization as well as bolster his national political legitimacy by providing important services to the public.

For elite Cuban doctors like Astrides Agramonte and Carlos E. Finlay, working with the International Health Division provided an opportunity to regain great success represented by the Reed commission’s 1902 eradication of yellow fever. Indeed, both men had deep connections to the moment. Agramonte had been directly involved in the pioneering research as part of the Reed commission. Finlay, while not directly involved in the project, had a clear interest in ensuring
that his father’s legacy would continue to be part of the narrative. Establishing a strong relationship with Rockefeller Foundation officers like Robert Lambert provided a means of preserving the legacy of his father by collaborating with an organization that was among the most prestigious public health organizations in the world.

For the Rockefeller Foundation’s International Health Division, Cuba not only presented an opportunity for the continued expansion of its projects, but also a chance to engage with a country that carried great symbolic power. As discussed earlier, Cuba assumed a highly important role within the larger Rockefeller Foundation institutional narrative and in this way attracted a great deal of interest for the organization. More than two decades after the breakthrough moment of the Reed commission’s work, the International Health Division was in an ideal position to rehabilitate the Cuban public health system and in this way protect its larger intuitional narrative that positions Cuba as the epitome of the possibilities of represented by scientific research and public health.

Following the medical survey of Cuba in 1929, the International Health Division began to fund a series of fellowships that allowed Cuban doctors and nurses to travel to the U.S. and study at top medical schools. Further efforts to launch a more ambitious public health work, however, failed to gain traction in these early years. The instability brought about by the Machado regime did not present a stable environment for the International Health Division to launch major public health projects on the island. Despite this, Cuba was constantly appearing in Rockefeller

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32 Interestingly, in 1924, Carlos E. Finaly’s other son, George H. Finlay, had voiced his discontent with the tendency of many to leave Finlay’s contributions out of discussions of the eradication of yellow fever. In a New York Times letter to the editor, George Finlay noted that: “Now, for some reason utterly incomprehensible to his family and friends, his name no longer appears in the Encyclopedia Britanica.” He also observed that “there [was] an omission in a resume of the conquest of yellow fever which appears in the recently issued annual report of the most admirable institution of the Rockefeller Foundation.”
Foundation annual reports and a clear sense of optimism for the future of public health work in Cuba was noticeable.

It was becoming clear that the Platt Amendment was starting to outwear its usefulness. The threat posed by Article V for public health and Article III for political sovereignty more generally generated increasingly hostile protests from Cubans as well as Americans. To many, it seemed clear that moving forward it would be necessary to pursue a new policy with Cuba that did not depend upon the Platt Amendment as the foundation of U.S. power in Cuba. During the early 1930s, the U.S. had reached a policy crossroads with Cuba. At this juncture, U.S. policy could either continue unchanged, or enter into a new era that eschewed the use of intervention in Cuban political, economic, and social affairs. In either case, the Rockefeller Foundation’s International Health Division would be an essential part of American foreign policy in Cuba.
Chapter 2
A New Deal for Cuba

In 1935, just one year after the abrogation of the Platt Amendment, the Cuban government invited the Rockefeller Foundation International Health Division to start a cooperative public health program on the island.¹ The shifting political landscape in Cuba gave Rockefeller Foundation officials cause for great optimism. An early report noted the “renaissance in public health work in Cuba” and the “real interest shown by public health officials in improving and enlarging their services” joined with the “active desire of the public generally for health work.”² The cooperative work between the Rockefeller Foundation and the Cuban government would consist of two parts: to establish public health clinics in Mariano, a suburb of Havana, and to launch a nationwide malaria survey. The next seven years were defined by a string of promising cooperative public health programs that were continually impeded by the evolving political interests of the Cuban and U.S. governments. In this way, Cuba—for years a source of inspiration for the nascent International Health Division—came to represent one of the organization’s greatest failures.³

This chapter attempts to understand the paradoxical nature of the Rockefeller Foundation International Health Division’s work from 1935-1940 by situating the organization’s work within

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¹ “Cuba Authority to Develop Program Granted”, April 28, 1934, RG 315, Folder Yellow Fever 1934-38, Rockefeller Foundation Archives, Tarrytown, NY (hereafter RAC)
² “Cuba-Malaria, Annual Report, 1935”, Folder 1639, Box 139, Series 315I, RG 5.3, 14. RAC
³ I am indebted to Kelly Urban for helping me identify this central paradox of the Rockefeller Foundation in Cuba. Part of my framing here is drawing from her dissertation-in-progress “Tuberculosis, Public Health, and Political Change in Cuba, 1900-1958”
the shifting diplomatic landscape of US-Cuban relations. In particular, it pays close attention to
the way in which the abrogation of the Platt Amendment changed the Rockefeller Foundation’s
work by making it increasingly difficult for the organization to straddle U.S. interests to maintain
influence over Cuban politics and the Cuban government’s desire to assert clear control over its
public health system. In finding itself caught in this uncomfortable position, the Rockefeller
Foundation’s International Health Division ultimately could not carry out its projects in Cuba
and would have to walk away from an otherwise successful seven-year venture.

The End of an Era

The beginning of the Rockefeller Foundation’s cooperative health work came in the
aftermath of two years of important political changes in Cuba. The 1933 Cuban Revolution
represented the flashpoint of years of political and economic turmoil in Cuba. President Gerardo
Machado’s increasingly autocratic presidency served as the focal point of a wave of discontent
that soon generated violent protests. Once a rising politician who gained the admiration of
Cubans for his message of change, Machado had devolved into an oppressive dictator by the
early 1930s. Intense political repression and polarization set the divisions within Cuban society
into sharp relief. Despite these divisions, it was clear that most Cubans possessed the shared
desire for radical change. For this to happen, Machado would have to go.4

4 Louis A. Pérez, Cuba and the United States: Ties of Singular Intimacy (University of Georgia Press, 2003), 186–
States Policies in Latin America, 1933-1945 / Irwin F. Gellman, Johns Hopkins University Studies in Historical and
Political Science ; 97th Ser., 2. (Baltimore: Johns Hopkins University Press, Baltimore : Johns Hopkins University
Press, c1979), 16–21.

As Gellman points out, Roosevelt’s commitment to avoid military intervention gave rise to an arguably more
troubling policy of nonrecognition. This was clearly seen with Roosevelt’s refusal to recognize the Grau presidency
that came after the one-month presidency of Carlos Manuel de Céspedes (August 12, 1933-September 5, 1933). The
policy of recognition, as Gellman notes, served to greatly shape the political future of Cuba, eventually leading to
the successful rise of Fulgencio Batista.
The 1933 Revolution reached its climax in August of 1933. By this time, Havana was in a state of chaos, and its streets were jammed with angry mobs calling for Machado’s resignation. The timing of the Revolution’s climax was particularly important, occurring just months after President Franklin Roosevelt announced his “Good Neighbor” policy. The idea behind this new policy was to establish a better relationship with Latin American nations by pledging to avoid direct U.S. intervention and facilitate closer diplomatic relations. Cuba became the first test case for this noninterventionist rhetoric. Roosevelt responded to the Revolution by sending diplomat Sumner Welles to offer “friendly mediation” to the Cubans. Welles’ diplomatic strategy combined familiar tactics of political manipulation with Roosevelt’s new rhetoric of nonintervention and cooperation. Indeed, Welles repeatedly brandished direct military intervention while also couching his work in the Good Neighbor language of mutual cooperation. By August 12, Welles had achieved precisely what Roosevelt desired; Machado stepped down and Cubans celebrated with great joy on the Prado, Havana’s main thoroughfare.

The abrogation of the Platt Amendment in 1934 represented the second major change in Cuban-American relations. The Amendment had been the thorn in Cuba’s side for nearly two decades because it granted the U.S. the right to intervene in Cuban political, economic, and social affairs. As historian Louis Pérez has observed, “the Platt Amendment addressed the central elements of the United States’ hegemonic aspirations in Cuba as shaped in the course of the nineteenth century,” serving “to transform the substance of Cuban sovereignty into an extension of the U.S. national system.” In the domain of public health, the Platt Amendment had a

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7 Pérez, Cuba Under Platt Amendment, 49.
particular resonance with many Cubans familiar with the repeated instances of U.S. intervention in Cuba during the Spanish-American War, the U.S. Military Government (1898-1902), and again in 1906, 1912, and 1917. Article V of the Platt Amendment, which demanded that Cubans maintain sanitation and public health or face U.S. intervention, cast a long shadow over the new era of cooperative public health work. Yet there also seemed to be reason for Cubans to be optimistic. The new Cuban-American Treaty agreement nullified many of the Platt Amendment’s most odious provisions, most notably Article II, which allowed the U.S. to intervene in economic affairs if the Cuban government accumulated public debt, and Article III, which granted the U.S. the right “intervene for the preservation of Cuban independence, the maintenance of a government adequate for the protection of life, property, and individual liberty.” Article VII, which allowed the U.S. to lease the Guantánamo Bay Naval Station from Cuba, remained in effect and a new article in the Cuban-American Treaty of 1934 granted both the U.S. and Cuba the right to block access to ports in the event of the outbreak of disease. Despite these lingering provisions, it seemed, at least initially, that a new era was about to begin in which Cubans could take control of their economy, public health, and begin to escape the pull of the U.S.

In the immediate aftermath of these two landmark events, Roosevelt promised a “New Deal” for Cuba that would consist of a series of more favorable trade agreements between the U.S. and Cuba as well as other forms of assistance to the new Cuban government. At its core, the New Deal for Cuba was about ensuring that U.S. business and economic interests would be protected. To do this, it would be essential to stabilize Cuban society and the Cuban economy. Such an approach tied directly into the Good Neighbor rhetoric first advanced in March of 1933.

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and marked a new approach that highlighted the need for organizations that could advance this goal of stabilizing Cuban society.9

A “New Deal” for Cuba

In attempting to put Roosevelt’s “New Deal for Cuba” into action, the Foreign Policy Association, a New York-based think tank, assembled a team of experts to produce a comprehensive report on Cuba at the request of Cuban President Carlos Mendieta. The group, which became known as the Commission on Cuban Affairs, brought together a mix of American academics, public health researchers, government officials, and foreign policy researchers. The report, which was published as Problems of the New Cuba in 1935 and funded entirely by the Rockefeller Foundation, set forth ten recommendations to guide Cuba into this new era of its history.10 One of these called for the “development by the Cuban Government of a program of agricultural education, public health nursing, medical research and social welfare.”11 Indeed, the findings of the report made it clear that public health continued to represent a formidable challenge for Cuba. The report put it bluntly: “The medical situation in Cuba at the present time is in about as bad condition as can be imagined. A large proportion of the people of the interior receive little or no medical or hospital care.”12 As a way to remedy this problem, the Commission advocated decentralizing the existing Cuban health structure to allow for greater

The total cost of the report was $35,000 according to the 1934 Rockefeller Foundation Annual Report.
12 Problems of the New Cuba, 121
levels of access to local Cuban populations and called for “a new group of young men” to “seize the blazing torch” of Cuban public health.”

The Foreign Policy Association’s report was also critical of the continuing U.S. meddling in Cuban affairs. It asserted that the “fundamental obstacle to good relations between Cuba and the United States is the widespread belief in Cuba that the American State Department attempts to make and unmake governments.” As a result, “many Cubans doubt whether the termination of the Platt Amendment marks the end of American intervention in their affairs.” The authors of the report strongly recommended that the U.S. should be “particularly careful in maintaining an impartial attitude toward disputes involving capital and labor and in cultivating friendship of every political and social group in Cuba.” Like many members of the press, the panel of experts that formed the Commission on Cuban Affairs identified a clear gap between the rhetoric of a new era of friendly Cuban-American relations and the status quo. With the threat of U.S. intervention still fresh in the minds of many Cubans, the report’s call to pursue a more convincing policy of nonintervention in Cuba seemed vital. The type of overt intervention and meddling that had defined the Platt era was no longer a viable option. In a post-Platt era, nonintervention and mutual cooperation became two indispensable concepts. U.S. imperial ambitions would need to be couched in the language of nonintervention and Good Neighborliness rather than blatant U.S. economic and political interests.

Sensitive to Cuban and American public opinion of U.S foreign policy in Cuba, US. diplomats showed clear concern about the accusations advanced the Foreign Policy Association’s

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13 Ibid.
14 Ibid., 498.
15 Ibid., 489.
Jeffersons Caffrey, U.S. Ambassador to Cuba (1934-37), was particularly distressed by the section of the report that criticized U.S. foreign policy in Cuba for being imperialistic. A summary of the report that Caffrey sent to Secretary of State Cordell Hull noted that the report reflected the “distrust of certain members of the Commission toward the influence of the American Government, and in particular American diplomacy in Cuban affairs.” It further noted that the “action of the United States in abrogating the Platt Amendment received only grudging tribute.” Within this uncertain political environment, U.S. diplomats were especially sensitive to the Foreign Policy Association’s findings and how they might weaken the cooperative, noninterventionist rhetoric of the Good Neighbor policy. The report, which generated significant coverage in the American press, proved to be an influential statement about the difficulty of converting Good Neighbor rhetoric into action. Indeed, one article in *The Washington Post* concluded that the “first fruits of New Deal diplomacy in Cuba have ripened and…are now sour.” It went on to applaud the Foreign Policy Association’s report for its “pointed comments on American diplomacy” and its “conscientious research and constructive advice.” Other articles discussing the Association’s report similarly emphasized the failure of American diplomacy in Cuba and the destructive effect of U.S. ongoing U.S. intervention in Cuban domestic affairs.

For American diplomats, then, the Foreign Policy Association’s report could not be ignored.

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There was not unanimous agreement on the report’s forceful objection to U.S. foreign policy in Cuba. At least one member of the Committee on Cuban Affairs, C.C. Zimmeran, thought the claim that the U.S. was to blame for meddling in Cuban affairs was “childish thinking.” He further argued that this type of assertion was “not only very naive but very harmful.” He concluded by stating that he was not “endorsing all that the American Government has done in Cuba,” but that he believed Caffrey was “doing the things that any intelligent and influential person with a grain of public responsibility should be inclined to do.” (Frame 892)


To close the gap between lofty rhetoric and tangible results, the Foreign Policy Association’s report argued that the use of experts would be essential. Understanding the historically problematic reputation of such experts, the report was careful to state that “numerous objections to the employment of foreign experts have been raised in the past, and we sympathize with these objections,” noting that “some of these experts were indirectly representatives of the American government or powerful financial interests, and their advice was consequently suspect.” The report went on to emphasize that despite these problematic past experiences, groups like the Rockefeller Foundation—particularly the International Health Division—could serve as useful, neutral alternatives to the dubious experts of Cuba’s past.20

The shifting political and diplomatic environment, then, put much of the attention on the Rockefeller Foundation International Health Division to serve as an important diplomatic tool for both countries in a post-Platt era. Although it was clear that many Cubans were worried about the potential of outside experts to quickly take advantage of the already vulnerable political system, the Rockefeller Foundation’s reputation in public health allowed for a much lower profile and an improved cooperative spirit between the two countries. Such a reputation not only convinced Cuban government officials that cooperation with the Rockefeller Foundation International Health Division was worthwhile, but also helped support the new model for collaborative relations between the U.S. and Cuba outlined in the Good Neighbor policy. In this way, the work of the Rockefeller Foundation promised to be essential to both U.S. and Cuban diplomacy, as it offered evidence of a new foreign policy grounded in cooperation, as well as a way for the Cuban government to begin taking control of its public health infrastructure.

20 Problems of the New Cuba, 494-495.
The Rockefeller Foundation and A New Deal for Cuba

The U.S. government’s idea of using the Rockefeller Foundation to serve as a way to carry out a new type of foreign policy in Cuba seemed promising in many ways. While the history of public health in Cuba was certainly politically-charged and filled with instances of direct U.S. intervention through the Platt Amendment, it also represented a new opportunity for improving U.S-Cuban relations. The International Health Division’s work fit neatly within the type of reform that groups like the Foreign Policy Association suggested. A successful public health system—often identified as a hallmark of a modern nation—had the potential of further bolstering the cooperative rhetoric of Roosevelt’s Good Neighbor policy, as well as serving to legitimize the Mendieta-Batista regime in Cuba.21 For the Rockefeller Foundation itself, public health work in Cuba built on an already mythical past of successful disease control measures and offered a new opportunity to expand their work to Cuba.

The Rockefeller Foundation’s self-conceptualization as a private, independent agency that was not beholden to any government and sensitive to local needs made it well-suited to providing important expertise. In many of the Foundation’s annual reports, this language was more or less repeated verbatim. For instance, in the Foundation’s 1926 annual report, the International Health Division’s purpose is described as being “to promote public health and prevention of disease by assisting governments in the development of their own official public health agencies,” emphasizing that this work should be “suited to local customs, needs, traditions, and conditions.”22 Similarly, the Foundation’s 1928 annual report also foregrounded the principle of cooperation: “Acting on the premise that public health is a function of

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21 For more on the connection between public health and national sovereignty, see Mariola Espinosa, Epidemic Invasions: Yellow Fever and the Limits of Cuban Independence, 1878-1930 (University of Chicago Press, 2009).
government, the Foundation has undertaken programs *only upon the request* of the responsible
government authority which will be charged with their permanent execution.”  

This type of language was a perennial part of Rockefeller Foundation reports. In large part,
this obsession with emphasizing the cooperative nature of the Foundation’s work was a result of
a legacy of attacks on the intentions of the organization. The public distaste for the robber baron
figures like J.D. Rockefeller made the organization especially cognizant of the need to assuage
any fears that its public health work with the International Health Division was just another way
to control another industry and reap the associated rewards.²⁴ Additionally, the Progressive-era
fascination with expertise—in all of its forms—helped to foreground the Rockefeller
Foundation’s work as a desirable model to follow.

Another important element of the Rockefeller Foundation’s institutional vision was its
identity as a highly flexible transnational organization. In the Foundation’s 1933 annual report,
this characteristic was clearly noted: “Foundation research differs…from government research in
that it is *not limited by national boundaries*. The Foundation is not committed to any one country
or place. It can follow a problem wherever that problem develops and thus gain experience in
handling situations under a great variety of conditions.”²⁵ For the International Health Division,
this type of transnational flexibility served as a way to move between nations seamlessly and
portray itself as an organization solely interested in the eradication of disease. The International

Foundation), 29.

²⁴ Erin Long, “The Rockefeller Foundation and the Public’s Perception of Its Trustworthiness: 1911–1913” (M.P.A.,
University of Delaware, 2007), http://search.proquest.com.resources.library.brandeis.edu/docview/304860303/abstract/856B029EF0CD4263PQ/1.

Foundation) 21.
Health Division, in this depiction, was not merely a quasi-governmental organization, but rather one that fiercely guarded its independent nature.

Alan Gregg, director of the Rockefeller Foundation International Health Division’s Medical Education program (1930-1951), echoed many of these points in his own writings. A keen observer of the Foundation’s institutional role, Gregg credited the Foundation’s decidedly cooperative and low-key style as essential to its success. As he noted in a speech from 1949, “Private organizations and individuals can collaborate most effectively and economically with government by taking an initiative that supplements but does not take the place of the government’s actions.”26 He added that the Foundation preferred to give to governments in this way because it “postpones, complicates, and limits the government’s tendency to control us,” concluding that “to take initiative is an act of liberty, not the loss of it.”27 As for publicity, Gregg made it clear that “the Rockefeller Foundation leaves the announcement of its gifts to the recipients and discourages the use of commemorative plaques, publicity, and representation at ceremonies concerned with its gifts.”28 Gregg’s reflection suggests that the Foundation’s method of starting projects but planning on having local governments finish them was ultimately a strategic one. By taking the initiative to start projects, the Foundation felt that it could have greater institutional flexibility and enhance its ability to carry out its work around the world.

Gregg also found it essential that the Foundation receive an invitation from local governments to conduct International Health Division work rather than approach governments directly. For Gregg, waiting for a government to invite the foundation further contributed to the

26 Alan Gregg, “Foreign Exchange-And of What?”, 12, Box 30, Folder 1, MS C 190, Alan Gregg Papers, National Library of Medicine History of Medicine Division, Bethesda, Maryland (hereafter NLM).

The context in which this talk was given is not clear. The speech has no date (although Gregg mentions 1949 in the text) and no information about the venue. Nonetheless, the themes expressed similarly appear in other writings.
27 Ibid., 13.
28 Ibid., 14.
sense of cooperation that was so essential to the Foundation’s public image. Perhaps even more importantly, the policy on waiting for an invitation also helped the Rockefeller Foundation protect itself from unsavory comparisons to British colonial medical work. To Rockefeller Foundation executives like Gregg, the role of the Foundation was truly transnational in its design. Foundation officials paid careful attention to preventing local governments and the larger public from thinking that the International Health Division functioned simply to assume the former place of the imperial government. 29 Rather, the Foundation positioned itself as totally and utterly concerned with its lofty tenet of “promoting the well-being of humanity throughout the world.”

In beginning its first full-fledged campaign for public health work in Cuba, the Rockefeller Foundation’s International Health Division followed many of the same principles that had allowed it to succeed in other countries. Among the most important of these principles was an important preoccupation with how projects were initiated—by local governments rather than the Foundation directly—and that these projects operate in a cooperative fashion, featuring little to no publicity. Each of these approaches formed a type of standard operating procedure that allowed the Foundation to carefully distinguish itself from the earlier British and American colonial public health apparatus. This attention in the design of public health programs did much to boost the Foundation’s reputation with host governments and facilitated much of its work. As work began in Cuba, just a year after the abrogation of the Platt Amendment, these principles took on a particularly important new meaning. They would serve to exemplify Roosevelt’s in Good Neighbor policy and would in this way ensure that public health would be an important testing ground for Cuban sovereignty.

29 Ibid., 10.
A “Renaissance in Public Health Work in Cuba”

The International Health Division’s work in Cuba began in May of 1935 when Henry P. Carr, a seasoned doctor with the division, started his position as the field representative. The first project would be implementing a malaria survey of the island, starting in Mariano, and the second would be creating a health clinic in the same town. Rockefeller Foundation officers were optimistic about what was possible in Cuba from the beginning. An early Malaria Commission report from December 1936 predicted that the malaria survey would eventually be “extended to other parts of the Island until the whole Republic had been thoroughly surveyed”, which they figured would “require several years for its completion.” Such hyperbolic optimism is telling of the Rockefeller Foundation’s own tendency towards self-aggrandizement in these type of reports, but also suggests a more palpable sense that public health work had real potential in Cuba. Public health seemed to offer the Cuban government an opportunity to assert its ability to keep disease under control and avoid the possibility of direct U.S. intervention. For the Rockefeller Foundation, returning to Cuba and starting a public health project provided an opportunity to revisit the country that formed a central part of its identity. The optimism of these early reports, then, suggests not just an attempt to present a rosy picture of a difficult situation, but rather a more significant window onto how Cuba became a way for all parties to articulate and project their own aspirations.

In many ways, this model for Cuban public health work was a familiar one. The ultimate goal of any Rockefeller Foundation health project was three-fold: the first consisted using the success of a given health project to gradually encourage the host country to take on greater and

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31 “Cuba-Malaria, Annual Report, 1935”, Folder 1639, Box 139, Series 315I, RG 5.3, p 1, RAC.
greater financial responsibility, the second in demonstrating the success of a particular health program to local elites, and the final was a direct appeal to encourage local citizens to incorporate public health practices into everyday life. Historian Stephen Palmer has referred to these three elements as the “demonstration effect”, which he argues was one of the key tenets of the International Health Division’s work. 32

Indeed, Rockefeller Foundation Annual reports from the 1920s and 30s made constant mention of these guiding principles embodied by the demonstration effect. The 1924 Rockefeller Foundation Annual report stated that the International Health Division “withdraws entirely from a project as soon as this has become self-directing and self-supporting. The International Health Board ordinarily expects to bring its part in a demonstration of hookworm or malaria control or of country health work to end within a short and limited period,” and added that “The board’s share of the cost steadily grows less as the government takes over more and more of the burden. The project is regarded as a success when the public funds bear the whole cost.” 33 A later annual report from 1933 also affirmed the importance of successful demonstrations followed by the local government gradually taking on more of the project’s cost, observing that “the fight against disease is a never ending one. It can properly be waged on a permanent basis only by authorities who have the power of taxation and law enforcement.” 34

With these larger institutional concerns in mind, the Cuban malaria public health projects fit neatly into the larger Rockefeller Foundation’s aims. The Mariano Health Unit, as it would later be called, would serve as an important method for demonstrating the success of the projects

to local elites who visited the clinic, as well as inculcating public health practices into the daily routines of Cubans visiting the clinic. Thus, in these early stages, the program in Cuba represented another manifestation of the mostly successful Rockefeller Foundation “demonstration” method that initially used the institutional largesse of the Foundation to start projects, but emphasized the need to hand over control of such projects to local governments as soon as a degree of success was demonstrable to local governments.

The earliest interactions between the Rockefeller Foundation’s International Health Division and the Cuban government on the malaria projects seemed particularly auspicious. The malaria project’s two component parts—the malaria survey and the Mariano Health Clinic—closely aligned with the International Health Division’s new approach under the direction of F.F. Russell (1928-1935) and continued under W.A. Sawyer’s (1935-1944) tenure as Director of the International Health Division. This new approach to international health emphasized the need for new research and the practical implementation of this research in the field.\textsuperscript{35} The malaria projects in Cuba embodied this new approach. The malaria survey represented an ambitious research project that would in turn be used to inform the public health work conducted at the Mariano Health Unit. In this respect, the work in Cuba seemed highly promising.

In its first year of work in Cuba, the Rockefeller Foundation transformed the landscape of rural Mariano and embedded itself within the local community. Foundation officials began to install mosquito traps in the Almendares River valley, located on the Western part of the island, and drain brackish swamp water. Both of these efforts aimed at reducing the numbers of mosquitoes in the region and in turn help slow down the spread of malaria. In addition to these efforts, Foundation officers created a lab designed to process the field samples generated by the

\textsuperscript{35} Frederick F. Russell, “Memorandum to Raymond B. Fosdick regarding the International Health Division”, July 9, 1931 RG 1.1, series 100, box 11, folder 91, RAC.
roaming group of International Health Division doctors. The doctors consisted of a mix of Foundation officials and specially trained Cuban doctors. Involving local Cuban doctors in the projects had a clear strategic purpose. Aside from the logistical advantages of not having to transport American doctors to Cuba, the decision to staff labs with Cuban doctors allowed the Foundation to deflect accusations of forceful entry into the Cuban public health system. By involving local doctors, the Foundation could instead tout the collaborative nature of its work and the enthusiasm of Cuban medical professionals.36

Another central aspect of the malaria control program was the series of rural public health programs designed to gain the trust of Cubans and showcase the cooperative nature of the International Health Division’s work. To achieve this, Foundation officials equipped a station wagon with a makeshift portable projector that was intended to be used for screening educational films about malaria. According to at the 1936 Malaria Commission report, the projector was also important in allowing the “doctor and the inspector to secure the full cooperation of the people.”37 Home inspections similarly were well-received by Cuban residents. The report noted that the cooperation received from homeowners in carrying out these inspections had been “highly gratifying.”38 Additionally, the public health education programs extended to Cubans schools. The Malaria Commission’s 1936 Annual Report boasted that educational lectures and motion pictures were making their way into the school curriculum and were being well-received by the public. Indeed, one public health activity highlighted in the 1936 report had Cuban school children write a composition and sketch a corresponding picture about malaria control. One of

36 “Cuba-Malaria, Annual Report, 1935”, Folder 1639, Box 139, Series 315 I, RG 5.3, p 13-14 RAC
37 A later report from 1936 noted that the use of larva sides like Paris green was to be discouraged and a policy of permanent mosquito control measures.
38 “Cuba-Malaria, Anual Report, 1936”, Folder 1640, Box 139, Series 315 I, RG 5.3, p 2, RAC.
39 Ibid., 6-7.
the images was an idyllic drawing of a member of the International Health Division’s Malaria Commission spraying insecticide on soil. To the left of the image the child wrote “The mosquito is fought by killing it in its hideout. This man uses petroleum.”

Another drawing depicted a similar figure with the caption “A man removing the grass in order to drain the water so that mosquitos don’t breed.” The report mentioned that “the school children take great interest in this kind of instruction and indicate that public health educational measures will be very successful here.”

Such a level of success was vitally important to the International Health Division’s goal of demonstrating the success of the program in hopes of eventually turning the project directly over to the Cuban government. Furthermore, these public health programs—often targeting children and mothers—were essential in allowing the International Health Division to gain the trust of Cuban citizens. Engaging children on multiple levels—whether it be in the classroom or in the more intimate setting of the home—contributed to the Division’s goal of establishing itself within Cuban communities and making the case for needs it served.

The first annual report from the Rockefeller Foundation’s International Health Division’s Malaria Commission similarly reflected an optimistic tone. While it noted various practical problems in carrying out some of the research—chiefly of a scientific nature—it nonetheless remained optimistic about the level of cooperation and assistance it was receiving from the Cuban government. The concluding section of the report highlighted the project’s “great progress” and that the Cuban government was “giving active and enthusiastic aid and cooperation and are complying cheerfully and promptly with every part of their agreement.” It went on to point out the “sincere desire on the part of those and other Cuban officials to advance the health of the Cuban people.” The report concluded that it believed that “the cooperation

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39 “Malaria Commission of Cuba-Annual Report-1936”, Folder 1641, Box 139, Series 315 I, RG 5.3, RAC.
40 Ibid.
which the Foundation is giving to the Cuban Health Department will be of aid in fomenting and strengthening this growing in desirable health work.”

By 1936, the Malaria Commission’s first semi-annual report was even more direct: “The cooperation and interest shown by the Government is splendid. The recent changes in the executive branch of government has resulted in no difficulties whatever in the Health Department, and one feels hopeful for the future of public health in Cuba.”

The report was alluding to the recent political changes that brought Federico Laredo Brú (1936-40) to power. Brú was the puppet of Fulgencio Batista, the charismatic colonel who promised to return order to Cuba. Indeed, Batista’s rise to political prominence and power was facilitated by the active support of Washington. Batista provided a way for the U.S. to ostensibly maintain the appearance of sticking to its policy of nonintervention that was a fundamental part of the Good Neighbor policy, while still having the active support of politicians like Batista. Leveraging the appeal of populist rhetoric, Batista quickly became a powerful leader in Cuban politics and served to keep Washington happy with what appeared to be a new era of ostensible political stability—a seemingly marked change from the decade of political turbulence that had proceeded it.

By 1937, the political context of the Rockefeller Foundation’s work was beginning to change and took on a new meaning. During this critical year, Batista announced his Triennial Plan. Modeled on Roosevelt’s New Deal, the plan set forth a wide-ranging agenda for social and economic reform, including tighter state control of the sugar and tobacco industries, a new currency system, new labor legislation, redistribution of state-owned land, and a comprehensive

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41 Ibid., 14.
42 Ibid., 8.
43 Thomas, Cuba, 737–738.
public health program. Historians writing about the Triennial Plan have typically focused exclusively on its sugar and land reform aspects and have mostly ignored the sweeping public health and sanitation measures it outlined. Yet, the plan’s public health section, titled “Sanitation and Charity”, is one of the longest in the entire Triennial Plan, consisting thirty-one points. These included the improvement of city health conditions, rural health conditions, a study of intertropical diseases with the Finlay Institute, and a goal of increasing participation in international sanitation. Paying attention to the public health measures in Batista’s Triennial Plan highlights the continuing importance of public health as a key area of political legitimacy. A successful reform and improvement of public health on the island would work to further legitimize Batista’s regime and grant him the support of the public.

The plan was undoubtedly ambitious. Reacting to the plan, an article from the New York Times opined that the success of the Triennial would hinge upon “the extent to which he [Batista] is prepared to use the power which, as head of a military clique, he has been building up for the past four years.” An editorial in the Washington Post was more cynical about Batista’s plan, taking note of the comparable Russian five-year plan, Hitler’s four-year plan, and Mexico’s six-year plan. It went on to note the financial difficulty in enacting such a plan in light of the current Cuban budget deficits. The editorial ended on markedly pragmatic note: “It is an extremely ambitious program. It arises, in part, out of real needs. But its execution cannot easily be envisaged. And there is danger that the government’s efforts to accomplish the impossible may drive Cuba deeper into the morass of dictatorship.”

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44 Frank Argote-Freyre, Fulgencio Batista: From Revolutionary to Strongman (Rutgers University Press, 2006), 246-249. Indeed, Argote-Freyere called it a document of “youthful idealism.”
calling Batista Cuba’s “strong man”, highlighted the populist nature of the program and mapped Batista’s rise from an impoverished son of farmers to one of the “supreme force in Cuba’s government.”47 For the American press, Batista’s Triennial Plan was merely another example of his dictatorial control of the island and something that was unlikely to be done successfully without blunt force.

American diplomats also took great interest in the plan and wondered what it might mean for U.S.-Cuban relations. The plan represented a possible remedy to the present political instability in Cuba. The social and economic measures were seen as essential to stabilizing Cuban society and avoiding another revolution on the island. Indeed, a letter to U.S. State Department official Laurence Duggan made it clear that Batista envisaged a key role for the U.S in helping to carry out the Triennial Plan, writing that Batista was “counting very much on our help (through the financial mission now in Washington and otherwise).”48 In his conversation with Colonel Batista, American Chargé d’affaires in Cuba H. Freeman Matthew emphasized that Batista viewed the Triennial Plan as “of the utmost importance for the country” because without such measures “there is considerable danger that the ‘extreme elements (as he describes them) of the country may obtain control of the situation…and bring a return of conditions similar to those prevailing in the Grau San Martín days and the adoption of much more radical programs.” In this sense, Batista’s Triennial Plan was a means of ensuring that Batista’s political opponents would not be able to succeed in trying to undermine his authority. For the U.S., Batista’s concern that a lack of this type of sweeping reform would lead to a lack of the potential implementation of more “radical programs” represented a potential threat to U.S. economic interests on the island

and its political influence. In this way, the support of the U.S. for the Triennial Plan was essential in ensuring that U.S. interests would continue to be protected. At the same time, U.S. diplomats were also concerned about what might happen if the plan proved to be merely chimerical. Chargé d’affaires H. Freeman Matthew put it directly: “What will be the reaction of those elements if the ambitious program of far-reaching changes and reforms outlined therein boggs [sic] down? If Cuba’s industrial and real workers are led to expect the millennium through the Three Year Plan and once more—as has happened so often with promises in the past—find their hopes of greatly improved standard of living defrauded their reaction and disillusionment may well be severe.”

The Rockefeller Foundation’s International Health Division work represented a potential model that would allow Batista to eventually fulfill his seemingly chimerical plan. The institutional largess and prestige of the Rockefeller Foundation served as a clear example of the type of public health work that Batista wanted to carry out in part to legitimize his regime. As Armando Solarzano has shown in his study of the International Health Division’s work to eradicate Yellow Fever in Mexico during the Revolution, the Rockefeller Foundation was willing to giving credit for the success of its programs to political regimes in order ensure the continued success of their programs and make the work easier. Batista’s populist appeal hinged upon his ability to offer tangible example of social and economic reform to Cubans. The domain of public health, one of the most extensive sections of the plan, represented an area that could be used to showcase this reform and allow Batista to gain further support among the Cuban public.

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50 Marcos Cueto, Missionaries of Science: The Rockefeller Foundation and Latin America (Indiana University Press, 1994), 60-61.

Within the context of Batista’s Triennial Plan, the second component of the Malaria Commission’s work, the Mariano Health Unit, began operation. In many ways, the Mariano Health Unit embodied many of goals set forth in the Triennial Plan. It offered vital services to Cubans such as educational lectures, pre-natal care, and support groups for new mothers. It also included a component that aimed to offer examination of school children in rural areas. A large building with Creole-Cuban colonial architecture was selected to house the Unit and was located one block from the center of town. The facilities consisted of examination rooms, a lecture hall, laboratory, and a large yard that provided space for the large playground. The impressive facilities attracted a substantial interest from the public, frequently drawing three hundred adults and children each day.\(^\text{52}\)

Aiming to adapt the Health Unit’s work to the local population and hoping to avoid an overly foreign feel, Rockefeller Foundation International Health Division staff were careful to use local Cuban doctors and nurses. For instance, the Director of the Mariano Health Unit was prominent Cuban Doctor Pedro Nogueira, who had previously studied in the U.S. on a Rockefeller Foundation fellowship. The Health Unit’s four nurses were also Cubans and received 18 months of training in the U.S. and Canada. The other 12 sanitary inspectors that were employed by the Health Unit received training from Nogueira and the U.S. trained nurses.\(^\text{53}\)

Thus, one clearly sees the attempt of the Foundation to adapt health work to local communities by employing a mostly local staff, typically overseen by elite doctors like Nogueira. Yet, despite the ostensible local nature of the health work, techniques and training were distinctly foreign. The Rockefeller Foundation’s fellowship program ensured for a higher level of control that

\(^{52}\) "Malaria Commission of Cuba, Annual Report, 1937", Folder 1643, Box 139, RG 5.3, Series 315 I, RAC.

resulted in a level of standardization in medical practices, scientific principles, and research
techniques. As historian Steven Palmer has written, “by its very design, the International
Health...program was not about imposing models from outside and coercively treating people,
but rather about educating host states, and host populations, to consent to new forms of
biomedical regulation, organization, and conduct.”

One of the most important focuses of the Marino Health Unit was instilling public health
and hygiene practices into children. As the Malaria Commission’s 1937 Annual Report
highlighted, focusing on creating programs “among this impressionable and most important
group of the population” would allow for “establishing contact with people in the area and make
it possible for the physicians, public health nurses and sanitary inspectors quickly to gain the
confidence of the children and mothers and fathers in the community and secure entrée into the
homes.” Rockefeller Foundation International Health Division personnel secured this trust and
confidence of children and the wider public through a wide-array of programs. For example,
International Health Division doctors would perform medical examinations in Cuban schools in
front of a crowded room full of children carefully watching the process. In rural areas, these tests
were set against the backdrop of thatched-roof homes and dirt roads. Children watched with
expressions of awe as the white-robed International Health Division doctor needled children to
test for tuberculosis and other diseases. The Health Unit also produced a monthly education
bulletin titled Salud y Sanidad (Health and Sanitation). The bulletin was distributed throughout
Cuban public schools, reaching an average of 9,800 school children each month, and contained
numerous anecdotes and fictionalized stories about malaria control. In addition to these in-class

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54 Steven Palmer, “‘The Demon That Turned into Worms’: The Translation of Public Health in the British
56 Ibid.
exercises, the Mariano Health Unit also sought to build relationships with children and parents through a popular playground located at the facility, which “[served] as the first contact for the Unit with many families,” as well as a vegetable garden that aimed to get Cuban children into the practice with the end goal of teaching them about nutrition and improving dietary habits.\(^5^7\)

The reach of the Health Unit was considerable. According to a report from 1938, the Mariano Health United organized 759 talks in 116 schools throughout the country. Attendance at these lectures was approximately 4,250. Physicians of the Unit examined 1,442 children in 19 schools and the follow up work by Unit nurses totaled 1,639 visits to homes. These numbers suggest that the Mariano Health Unit became a visible part of the Mariano county and proved to be an influential part of the larger public health infrastructure in the area. Indeed, Rockefeller Foundation officers were quite satisfied with the influence of the Health Unit. “In the short time which it has been functioning, the Unit has come to fill a real need in the community. The public generally has recognized this in a surprising degree and one notes an increasing interest in the Unit on the part of the public and an increasing inclination to call upon the Unit for help in problems of family and community hygiene and sanitation.”\(^5^8\) Such an intense concern with public perception of the program fit into the overwhelming interest in the Foundation’s desire to have a successful demonstration effect. As discussed earlier, this notion of trying to convince the public and elites of the effectiveness of the International Health Division’s work was absolutely essential to the Foundation’s standard way of operating. The Mariano Health Unit, in a very direct way, helped to gain the confidence of the public. The various workshops, public health

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The Health Unit’s work represented a very significant of the overall spending in Mariano. According to the 1938 report cited above, its spending was $0.36 per capita. The total per capital spending of the whole island was $1.00 to $1.25.


\(^5^8\) Ibid., 5.
lectures, pre-natal care, and other programs worked to convince the Cuban public that the Foundation’s work was essential and should eventually be expanded throughout the island.

The Mariano Health Unit, then, is a clear example of how the Rockefeller Foundation International Health Division’s work simultaneously bolster the legitimacy of the Cuban government’s public health efforts as well as allow for the implementation of a uniform, American model of public health practices. By hiring Cuban doctors and nurses to run the clinic and perform public health work in the Mariano community, Rockefeller Foundation ensured that there would not be widespread resistance or fears of the unfair imposition of medical practices from an external force. Yet, at the same time, the Foundation’s fellowship program allowed for more a more comprehensive inculcation of American medical and scientific practices. At the same time, the Unit served the needs of Batista’s populist desire to gain the support of local people as well as the desires of the Rockefeller Foundation to have a successful demonstration effect that would eventually allow for an island-wide expansion of the Health Unit and a corresponding spreading of the American model of public health.

A Bad Turn

Despite the great success of the programs of the International Health Division in Cuba during 1935 through 1938, the sense of optimism that had dominated earlier years seemed to deteriorate starting in in 1939. Correspondence between Rockefeller Foundation officer Henry P. Carr and other Rockefeller Foundation officials began to reflect this sense of worry about the future of the program. In a letter to Rockefeller Foundation International Health Division Director W.A. Sawyer from 1939, Foundation officer P.J. Crawford expressed his concern over the fact that work would become increasingly difficult to carry out and sustain in Cuba due to the turbulent political environment in Cuba:
The difficulty in Cuba is that the present Congress, because of political conditions, has not been able to secure a quorum for many months and new legislation has to be done by decree. Because of this, the Minister of Health finds it difficult to meet the conditions of the agreement between the Health Department and The Rockefeller Foundation for the cooperative health work to be taken over financially by Government. This is the real difficulty which the Minister has to face and it may not be possible for him to secure increased appropriations from the Cuban Government for the cooperative work.\footnote{P.J. Crawford to W.A. Sawyer, January 26, 1939, Folder 12, Box 2, RG 1.1, Series 315, RAC.}

The same concern for the inability of the Foundation to have a reliable budget was echoed throughout 1939. Carr became increasingly troubled by the inability of the Cuban government to provide reliable support for the International Health Division’s work. Writing to B.E. Washburn in January of 1939, Carr noted that after meeting with Cuban Director of Public Health Dr. Peña, a new budget was still not able to be secured and that a “crisis” was narrowly averted through the leftover money from the 1938 budget.\footnote{Henry P. Carr to B.E. Washburn, January 29, 1939, Folder 12, Box 2, RG 1.1., Series 315, RAC.} Carr was also frustrated by the lack of understanding on the part of the Cuban government about the nature of the Rockefeller Foundation’s work. As Carr wrote to Washburn, “the program is so commonsensical and so practical that anyone who desires solution of the public health problem of the country would approve it,” going on to reaffirm that “the matter of increasing Cuban contribution must be recognized as the only manner of preparing the work to be able, eventually, to be turned over to the Government.”\footnote{Ibid.}

In an attempt to rescue the International Health Division’s work from this bleak political situation, Carr composed a memorandum to the Cuban government that forcefully restated the terms of the Rockefeller Foundation’s original agreement. It emphasized that the Foundation’s work consciously attempted to avoid setting up an “exotic or foreign” organization and for this reason made sure that medical personnel were native Cubans.\footnote{Henry P. Carr, Draft Memo to Cuban government, January 29, 1939, Folder 12, Box 2, RG 1.1., Series 315, RAC.} Another important element that
was deemed to be essential to the Foundation’s work was the “selection of native personnel being only based on the fitness for the work and that no kind of personal influence is to be employed in selecting them.” Finally, the memorandum framed the relations between the Foundation and the Cuban government as being a type of “gentleman’s agreement,” stressing that “more important than complicated, legalistic contracts is an understanding on the part of local officials of the desirability of the program and a conviction of mutual confidence as to the beneficence of the objective being sought by The Rockefeller Foundation.”

Carr’s memorandum captures many of the Rockefeller Foundation’s institutional tenets and also suggests difficult position the International Health Division found itself in during this time. More specifically, the memorandum’s concern with selecting native personnel, ensuring that the selection process was free of family or political consideration, and that the nature of the Foundation’s work was more of a friendly agreement rather than a “complicated, legalistic” contract, highlights the increasingly difficult task of the International Health Division of trying to keep its work free from political influence. The highly politicized environment in Cuba at this time made it nearly impossible for Rockefeller Foundation officers like Henry Carr to avoid becoming embroiled in the political side of the public health on the island. Yet, despite this desire to continue operating as a totally independent transnational actor, it became increasingly difficult for the Foundation to fulfill this goal of political neutrality and also continue to expand and improve their public health work. At this moment, it was becoming clear to Rockefeller Foundation officers that the future of their work would not be as it had been just a few years

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It should be noted that the version of the memorandum discussed and cited here is a draft. The final version that was sent out to the Cuban government may have included changes as Carr explicitly asked for feedback on the document. Nonetheless, what is discussed here gives one a sense of the original, raw language of the document and more fully captures the level of frustration felt by Carr.

63 Ibid.
64 Ibid.
earlier. The rise of Batista—and the U.S. government’s increasing support for his autocratic regime—put the Rockefeller Foundation in the middle of a triangle that allowed both the U.S. and Cuba to benefit from the public health work on the island. For Cuba, the work fulfilled a serious need to improve the health situation on the island, but perhaps equally as importantly it further legitimized Batista’s regime—success of the Rockefeller Foundation’s International Health Division meant success for Batista. In a similar way, the U.S., which was in the process of signing a new economic agreement with Cuba at this time, hoped that the International Health Division’s continued work would further stabilize the Cuban public health sector and ensure that Cuba would remain a viable and lucrative trade partner. In such a situation, the Rockefeller Foundation’s work seemed to be in severe jeopardy.

By April of 1939, the political situation in Cuba continued to worsen, but some Rockefeller Foundation officers remained hopeful about the future of the work. Writing to Foundation Director W.A. Sawyer, Washburn cheerfully observed that “It is pleasing to find the cooperative work in Cuba making satisfactory process in spite of the financial unrest and general upheaval existing in the country at the present time.” He noted that the Cuban Congress had still not been able to pass a budget for the next year, but that the previous year’s budget would remain in effect until then. Writing again in August of 1939, Washburn reaffirmed his sense of relative optimism by writing that he hoped that the constitutional convention in Cuba in October would bring political conditions in Cuba back to normal.\(^65\) Indeed, he went so far as to observe that the present conditions, despite being comparatively unstable, actually improved because of the new Minister of Health Juan de Moya, who he described as being a “very practical man” who appreciates the “necessity of freeing health work from political domination.”\(^66\)

\(^{65}\) B.E. Washburn to W.A. Sawyer, August 10, 1939, older 12, Box 2, RG 1.1., Series 315, RAC.

\(^{66}\) Ibid.
Under this pall of political uncertainty, Rockefeller Foundation officers like B.E. Washburn and Henry Carr were left trying to carry out work in Cuba within a turbulent political environment. In many respects, the program in Cuba had been a remarkable success for the past four years and was desired with a wide-range of superlatives. The Rockefeller Foundation’s annual reports from these years cited success and high standards of the program. Yet, Batista’s regime and the tradition of politicization of the public health sector in Cuba cast a dark shadow. The future of the Foundation’s work in Cuba—after years of storied success—now hung in the balance. It was becoming nearly impossible for the Foundation to continue to standee its own institutional tenets of acting independently and without political interference, the U.S. government’s economic and political interests in public health, and the Batista regime’s interest in leveraging public health as a legitimizing tool of populist rhetoric. Unsure of what might happen in the future, Washburn summed up the feeling of the situation in Cuba to W.A. Sawyer in a letter from August of 1939: “The situation in Cuba is more complex than in other countries of the Caribbean Region and a longer period of demonstration work is necessary. I think that Dr. Carr and his staff are to be congratulated upon their patient and persistent efforts which are slowly but surely being recognized and are becoming more influential in Cuba.”

Foundation officers would have to wait for the 1940 Cuban Constitution and subsequent election to truly get a sense of what the future of public health work on the island might mean.

67 Ibid., 2.
The year 1940 marked the fifth anniversary of the Rockefeller Foundation International Health Division’s public health work in Cuba. In this short period, the Foundation had launched a full-time health clinic in Mariano, organized a malaria survey throughout the island, and hosted many successful public health demonstrations in Cuban public schools. Working closely with local Cuban doctors, the Foundation had assumed an integral role within Mariano’s health infrastructure. Local residents came to trust the Foundation and made frequent use of the Mariano Health Unit. By all outside assessments, Cuba seemed to represent exactly how all successful International Health Division projects were supposed to operate.

To Foundation officials, however, the great hope of extending its public health work on the island seemed utterly impossible. Despite the apparent promise of a new era of Cuban politics, the Foundation ran up against the same problems that had frustrated its work in the 1930s—the polarization of public health and shifting diplomatic relations between the U.S. and Cuba. In this way, the new decade marked the organization’s final attempt to extend its public health work in controlling malaria on the island by establishing a new branch of its Health Unit in Guantánamo, the site of the U.S. Military’s Naval Base. A symbol of continued U.S. hegemony over the island, Guantánamo became the last project that the Rockefeller Foundation’s International Health Division attempted to launch in Cuba.
This chapter attempts to understand the final years of the Rockefeller Foundation’s public health work in Cuba between 1940-1946. It argues that despite the seemingly important political changes that defined this decade, the continued politicization of the Rockefeller Foundation’s work made it impossible for the organization to advance its own interests of neutrality while also serving the interests of the American and Cuban governments. In this way, the Guantánamo project encapsulated the problems the Foundation faced in Cuba for years and served as a final reminder of the impossibility of cooperative public health work on the island.

The Promise of Democracy

In the months immediately leading up to 1940, Rockefeller Foundation officers—and the Cuban public alike—had great hopes about the political changes that were rumored to take place over the next year¹. From the beginning, 1940 offered every indication that it would not be like the decade that had come before it. The first sign of this was the drafting of a new, highly progressive Cuban Constitution. Modeled after the Spanish Constitution of 1931 and the Weimar Constitution of 1920, the 1940 Cuban Constitution’s 286 articles embodied many of the political and social aspirations that had been a central part of national debate in the 1930s. In particular, the Constitution outlined a new series of social programs that the government would provide such as comprehensive social insurance, accident compensation, a minimum wage, and pensions.²

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¹ B.E. Washburn to W.A. Sawyer, August 10, 1939, older 12, Box 2, RG 1.1., Series 315, RAC. In his letter to Sawyer, Washburn noted that he expected the 1940 Constitutional Convention and the 1940 election to return Cuba to “more nearly normal conditions.”

Like the Triennial Plan that had come before it in 1937, the 1940 Cuban Constitution foregrounded the importance of public health. Article 80 of the Constitution provided for assistance to the poor through the Ministry of Health and Assistance, calling for the creation of new positions within the state in hospitals and public health work more generally. Yet unlike the Triennial Plan, which was merely a rough sketch of the goals of the Batista regime, the 1940 Cuban Constitution carried much greater symbolic weight. Healthcare was deemed a fundamental right in the new constitution, rather than a negotiable afterthought. Such important rights set a new tone of political discourse in the country. As Louis Pérez has written, the 1940 Constitution “provided the foundations for legitimacy and consensus politics for the next two decades.”

Following the ratification of the 1940 Cuban Constitution, the democratic elections held on July 15 provided another sign that the public health work of the Rockefeller Foundation might become easier in the new decade. After years of puppet presidents controlled by Batista, the need for a fundamental political change had come. In a surprising move, Batista resigned from his position as head of the Cuban army so that he would be eligible to run for presidency in the election. His contender would be former president and physician Ramón Grau (1934-1935). Batista and Grau ran energetic and aggressive campaigns. Initially the odds seemed against a victory for Batista. Yet, his adept political skill allowed him to eventually gain the support of the ageing former president of Cuba Mario García Menocal, who wielded considerable political power and promised a victory for Batista in the election. Even with this in his favor, Batista

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3 Pérez, *Cuba*, 282.
pursued an exhausting campaign, putting much of his own money—a substantial resource—into media, an extensive tour of Cuba on train, and a personal staff to accompany him on his campaign stops. Election day came on July 14 and Batista’s tireless campaigning paid off. The final vote count was 805,125 for Batista and 573,526 for Grau.  

To American observers, the election of 1940 marked a welcoming change to years of political instability on the island. An editorial from the Chicago Defender emphasized the peaceful nature of the elections and the great public admiration for Batista. Praising Batista for his “knowledge of the psychology and yearning of his people” and his “natural ability to deal with distressing situations,” the editorial concluded by predicting that “under Batista, four million or more Cubans will have a new deal in line with their democratic aspirations.” Another editorial from the Washington Post took notice of the fact that Batista and Grau had been key figures in the overthrow of the Machado dictatorship seven years earlier and that their views on political issues were largely similar. Summing up the results, the editorial observed that although “the road toward real democracy in Latin America” had proven difficult, Cuba offered a clear sign that such a task was not entirely impossible.

By all accounts, then, Cuban politics had seemed to escape from the cycle of revolution and chaos that had defined the previous decade. The tensions leftover from the 1933 Revolution had finally been put to productive use in crafting the a new, progressive constitution and holding democratic elections. Determining the true efficacy of these lofty reforms, however, would be the true marker as to whether or not politics had actually changed in Cuba. Rockefeller Foundation officers would have to proceed as they had in the past, carefully attempting to

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5 “The Idol of Cuba”, The Chicago Defender, November 2, 1940.
balance the interests of both the U.S. and Cuban governments in order to carry out their public health work.

Guantánamo and Defending American Soldiers

While the political changes taking place in Cuba relieved some of the existing anxieties of U.S. State Department officials, they also raised important concerns about the future of the Guantánamo Bay Naval Base and the increasing threat of malaria to soldiers stationed there. In particular, U.S. diplomats were concerned about what the new Cuban Constitution—which included an article stating that Cuba would not “ratify any pacts or treaties which in any manner limit or lessen national sovereignty or territorial integrity”—might mean for the base. State Department official Philip Bonsal worried that this provision in the 1940 Constitution would make it necessary for the U.S. to seek the approval of the Cuban Senate to continue leasing the territory, and thus risk the U.S.’s ability to continue leasing the base.7 Indeed, the base, originally leased to the U.S. under Article VII of the Platt Amendment and continuing with Article II of the Cuban-American Treaty of 1934, represented the last vestige of an earlier era of U.S. foreign policy in Cuba and a continued threat to Cuban sovereignty. The existence of the base had been the source of repeated protest in Cuba and to many the base’s existence was clear evidence of the disingenuous nature of U.S. foreign policy in Cuba.8

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8 The scholarship on Guantánamo, and American overseas military bases more generally, has been growing at a fast pace in recent years. For recent studies on Guantánamo, see Jana K. Lipman, Guantánamo: A Working-Class History Between Empire and Revolution (University of California Press, 2009); Jonathan M. Hansen, Guantánamo: An American History (Farrar, Straus and Giroux, 2011). For more general accounts of American overseas bases, see Christopher T. Sandars, America’s Overseas Garrisons: The Leasehold Empire (Oxford University Press, 2000); Mark L. Gillem, America Town: Building the Outposts of Empire, 1 edition (Minneapolis: Univ Of Minnesota Press,
Leveraging the rhetoric of the Good Neighbor policy, the Roosevelt administration attempted to pitch the idea of Guantánamo as a clear example of the spirit of mutual cooperation between the U.S. and Cuba. By this logic, U.S. use and future expansion of Guantánamo was highly advantageous to Cubans because it would result in added security for the Cuban people from foreign attack, offer job opportunities to Cubans, and stimulate the local economy through the presence of U.S. military personnel. A $37-million-dollar construction project beginning in 1940 employed ten thousand Cubans, Jamaicans, and West Indians. Initially, the Good Neighbor rhetoric of the U.S. seemed quite convincing. Yet, a record of low-wages, labor strikes, and misconduct of U.S. navy personnel made the Guantánamo Bay Naval Base a source of agitation for Cubans. Many Cuban workers on the base began to demand the right to unionize and call for higher pay. The symbol of mutual cooperation and Good Neighborliness soon became a source of ongoing dispute between the U.S. and Cuba. With the Japanese attack on Pearl Harbor on December 7, 1941, however, the Cuban government promptly granted the U.S. permission to continue using Guantánamo and further granted permission for the U.S. to use a number of Cuban military bases. For the foreseeable future, then, Guantánamo would continue to be under U.S. control.

Yet, even with the issue of the U.S.’s lease on Guantánamo settled, the increasing buildup of the facility and frequent contact between U.S. navy personnel and Cuban laborers allowed for

the perfect conditions for the spread of disease. Frequent trips by navy officers into the city of Guantánamo would involve visits to bordellos, local night clubs, and other venues that involved a close degree of contact between Americans and Cubans. Not surprisingly, venereal disease became a major problem, although official navy policy attempted to keep this problem out of the public eye. The other issue of malaria—attributed to the unsanitary conditions of Guantánamo’s water supply—resulted in the navy’s commitment to stop the spread of the disease.  

For the U.S. government, the greatest concern with Guantánamo was controlling the spread of disease while simultaneously allaying Cuban fears of blatant U.S. imperialism. Past experience had shown that satisfying both of these desires was difficult, especially given the legacy of the sanitation clause of the Platt Amendment, which bound these the two concepts together. Rooting out malaria from Guantánamo and protecting U.S. soldiers, then, would have to be the undertaking of a non-governmental organization that would not generate suspicion among Cubans.

In trying to balance these interests, Captain Charles S. Stephenson of the U.S. Navy contacted Wilbur A. Sawyer, Director of the Rockefeller Foundation’s International Health Division, to propose an expansion of the Division’s Mariano Health Unit into Guantánamo. Soon Rockefeller Foundation officer Henry P. Carr took a trip to the town, east of Santiago, to determine the state of the medical situation there. Carr quickly found that the sanitation in the city of Guantánamo was “very bad” and that the spread of disease was being facilitated by the trips that U.S. naval personnel made into the city. Such visits exposed naval personnel to “polluted water, venereal disease, and contaminated food,” Carr reported.  

To solve this

12 Diary of Wilbur A. Sawyer, April 14, 1941, RAC.
problem, Carr envisaged setting up a new cooperative health project that would take the successful elements of the Mariano Health Unit and apply them to Guantánamo.

In just six years, the Rockefeller Foundation International Health Division had gained considerable clout on the island. According to International Health Division officer P.J. Crawford, Henry P. Carr’s work in Mariano had “gained [him] many friends” and had resulted in Cubans holding him in “high esteem.”\(^{13}\) In the sector of public health, the International Health Division had become an influential part of the overall public health work in Cuba and in this way its voice carried great weight. The Foundation’s commitment to having a successful demonstration effect had done what it was intended to do: gain the trust of local elites and the general public. Here one sees how powerful this reputation could be in helping the U.S. Navy advance its own goal of protecting U.S. soldiers from disease on the Guantánamo Bay Naval Base. By highlighting the benefits offered by its previous work at the Mariano Health Unit, Foundation officers could serve to convince Cuban politicians and public health officials of the value of such services and in turn protect the interests of the U.S. in protecting its soldiers from disease.

Rockefeller Foundation International Health Division officers clearly understood how the Guantánamo project could benefit the interests of both the U.S. and Cuban governments. In assessing the potential of the project, International Health Division officer P.J. Crawford noted that he could only recommend the establishment of a Guantánamo health unit if “it is important to the Navy’s base (and I believe it is) or as part of Government’s extension of health units following the example set by the Mariano Unit.”\(^{14}\) Indeed, throughout the initial round of discussions regarding the proposed health unit, Foundation officers attempted to balance these

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\(^{13}\) P.J. Crawford to Andrew Warren, April 10, 1941, Folder 12, Box 2, Series 315 I, RG 1.1, RAC, 1.

\(^{14}\) Ibid., 4.
two competing interests. For instance, in writing to Cuban prime minister Carlos Saladrigas, Foundation officer Andrew Warren emphasized the benefits that such a health unit would offer to the greater Guantánamo community, while not mentioning the much more obvious benefits that the unit would offer to U.S. military personnel. The carefully crafted letter emphasized the “great success” of the Mariano Health Unit in controlling malaria, offering infant and maternal hygiene services, and promoting the general health of the community.\footnote{Andrew J. Warren to Carlos Saladrigas, April 16, 194, Folder 12, Box 2, Series 315 I, RG 1.1, RAC, 2. Original letter written in Spanish. Translation in my own.} It went on to outline the basic structure of the proposed Guantánamo health unit. Like the existing Mariano Health Unit, it would be overseen by a Cuban doctor and employ a full-time staff of “Cuban citizens of high capacity and training” paid a generous salary. In funding the project, the Rockefeller Foundation would be willing to contribute as much as $40,000.\footnote{Ibid.} Warren’s decision not to mention that the idea for the project had originally come from the U.S. Navy rather than from the Foundation itself suggests that he was interested in downplaying how essential the project would be to protecting U.S. soldiers at Guantánamo Bay. Drawing on the successful elements of the Mariano Health Unit, Warren strategically used the favorable reputation of the International Health Division in Cuba to advance a project that would mostly benefit the U.S. military.

Perhaps even more importantly, the Guantánamo project represented the International Health Division’s last attempt to overcome some of the previous difficulties it had experienced in Cuba. For all its success, the Mariano Health Unit, after six years of existence, was supposed to have already been taken over by the Cuban government and no longer be under the direct control of the Foundation. Political and economic instability in Cuba had made sustaining the work of the Rockefeller Foundation in Cuba incredibly difficult. As an opportunity to build on the
successes and start anew, the Guantánamo project appealed greatly to Rockefeller Foundation officers as a way of potentially rescuing its public health work in Cuba from fading away.

Indeed, the Guantánamo project was so important to the Rockefeller Foundation that it would be the determining factor in deciding whether or not Henry P. Carr would remain in Cuba as the International Health Division’s premier representative or return back to the United States. Writing to W.A. Sawyer in April of 1941, Foundation officer Arden E. DuBois noted that the decision to keep Carr in Cuba for another year was based on conversations with Cuban authorities that had resulted in the feeling that “the proposed malaria control project and health unit in Guantánamo will be favorable for cooperation” and thus necessitate Carr’s services.\(^\text{17}\)

While matters were still uncertain, a clear sense of optimism continued to dominate the discussions regarding the project at Guantánamo. As late as May of 1941, Carr cheerfully reported to Sawyer that the “outlook for this project looks good.”\(^\text{18}\)

By June of 1941, however, it was becoming clear that the likelihood of establishing a full-scale health unit in Guantánamo was quite low. Capturing this sense of pessimism, Carr wrote a letter to Sawyer explaining the latest developments with the project:

> I have been waiting to write because I have been hoping to have something positive and favorable to report regarding the Guantánamo proposal. There is, however, little to report yet. A part of the difficulty is, I believe, the person in the Health Department about whom I spoke to you, and certain tendencies which he has but part of the difficulty arises from certain characteristics of the general set-up here. You may be assured that everything possible is being done and that nothing is being overlooked...to a considerable extent the fate of this project, like many other things nowadays, is dependent upon the play of forces and problems over which we have no control.\(^\text{19}\)

Carr’s euphemism about “certain characteristics of the general set-up here” likely refers to the politicization of public health in Cuba and the associated corruption that came along with it. Just

\(^{17}\) Arden E. Du Bois to W.A. Sawyer, April 21, 1941, Folder 12, Box 2, Series 315 I, RG 1.1, RAC
\(^{18}\) Henry P. Carr to W.A. Sawyer, May 8, 1941, Folder 12, Box 2, Series 315 I, RG 1.1, RAC.
\(^{19}\) Henry P. Carr to W.A. Sawyer, June 19, 1941, Folder 12, Box 2, Series 315 I, RG 1.1, RAC
as the Mariano Health Unit was unable to secure adequate funding from the Cuban government in the 1930s and often struggled to find reliable support within the government, the Guantánamo project similarly became caught up in this complex political system.

Carr’s letter also reflected the breakdown of ongoing negotiations between the U.S. and Cuban governments to sign a cooperative defense agreement. Fully aware of the public perception of the Guantánamo Bay Naval base as a violation of Cuban sovereignty, U.S. State Department officials cleverly pitched the proposed expansions of the Guantánamo Bay facility as an opportunity for mutual collaboration and protection between the U.S. and Cuban governments. Put in these terms, the U.S. desire to substantially expand the base was not an act of self-interest, but rather a means to offer protection to the Cuban people. Likely aware of the way this rhetoric could be used to quell the fears of the Cuban people, Batista initially agreed to such a plan and seemed to believe that it could work in his own self-interest even if it also clearly benefited the U.S. As negotiations continued, however, the possibility of such a mutual agreement seemed increasingly unlikely.

Hoping find a way around the tense political situation, Carr proposed that the Guantánamo project could be modified and limited in scope. Carr suggested to Sawyer that one way of saving the project might be to focus on only launching a malaria control program rather than a full-scale public health unit. As Carr was well-aware, such a program would only serve the needs to the U.S. Navy and thus not offer any benefits to the public who had a “right to expect” such services. Yet, this smaller-scale program would likely “be easier to get acceptation on part of the government.” Even with these clear setbacks, Carr concluded his letter to Sawyer
that he “believe[d] that the project will be accepted and will be put into effect…before the end of the year.”

From a broader perspective, Carr’s proposed idea of only setting up a malaria control unit on the Guantánamo Naval Base highlights the difficult position that the International Health Division found itself in. As with its work in the Mariano Health Unit, the Foundation’s programs were designed to operate in a cooperative way and stay more or less removed from politics. With Guantánamo, the project was highly politicized from the beginning. On the one hand, the International Health Division’s assistance offered great benefits to the U.S. Navy insofar as it could protect U.S. soldiers from life threatening disease. Additionally, the organization’s reputation and prestige on the island—acquired through six years of cooperative health work in Mariano—shielded the U.S. from accusations of imperialism. On the other hand, the possibility of establishing a full-time health unit in greater Guantánamo would provide a way for Batista—newly elected in a historic democratic election—the ability to follow through on the lofty ideals outlined in the 1940 Cuban Constitution and deliver valuable healthcare services to Cuban citizens. Thus, just as it had attempted to straddle the interests of the U.S. and Cuba with its first cooperative health project in the Mariano, Guantánamo presented another instance of the International Health Division being caught between two different interests.

Straddling the interests of both the U.S. and Cuba, however, soon became an impossible task for the International Health Division when it came to the Guantánamo project. On June 25, 1941, W.A. Sawyer wrote to U.S. Navy Commander Charles S. Stephenson to inform him about the impossibility of carrying the Guantánamo project forward:

The proposals we made in Cuba were not accepted and there seemed to be no prospect of early favorable consideration...under the circumstances we have decided to withdraw the offer to collaborate with the Cuban authorities in malaria control and health unit at

20 Ibid., 1.
Sawyer’s letter in many ways reflects the nadir of the International Health Division’s work in Cuba. The dejected tone of the letter also suggests the sense of frustration that Sawyer likely felt with the project. Months of planning and seemingly promising negotiations with the Cuban government had resulted in failure nonetheless. In this way, the Guantánamo project was the final sign that sustaining public health work in Cuba would be utterly impossible moving forward. Indeed, Sawyer’s decision to transfer Dr. Carr out of Cuba further shows that the failure of the Guantánamo project to come to fruition marked the clear end of the Foundation’s ability to carry forward any other type of public health work on the island. Without Carr, it would be unlikely that any new projects would be able to move forward or that any real progress could be made in trying to establish the Guantánamo project.

With the Guantánamo project unlikely to come into fruition, International Health Division officials began to make plans for ending their public health work in Cuba. Rather than simply pulling out of Cuba entirely, the Foundation was careful to make it seem as if its presence would continue in Cuba despite transferring Carr to other Caribbean countries. To do this, Rola B. Hill was appointed as the new International Health Division officer on the island. Hill’s appointment in Cuba was only planned for one year, ending in 1942. After this point, the Foundation’s work was supposed to be fully handed over to the Cuban government. It seemed clear, however, that if this handoff was made that the projects—most notably the Mariano Health Unit—would not be able to continue on. To members of the International Health

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21 W.A. Sawyer to Charles S. Stephenson, June 25, 1941, Folder 12, Box 2, Series 315 I, RG 1.1, RAC.
Division, the Cuban government was simply not prepared to take on the public health work on their own.

Members of the U.S. State Department followed the actions of the International Health Division closely and were quite disappointed about the end of the Foundation’s work in Cuba. In a letter to Secretary of State Cordell Hull from April 7, 1942, Cuban Charge d’Affaires Ellis O. Briggs, drawing on his conversation with Rockefeller Foundation officer Roland B. Hill, informed him that the Foundation had decided that if the Cuban government decided to hand over control of the Mariano Health Unit it would promptly withdraw from Cuba. For Rockefeller Foundation officers like Hill, the possibility that the Mariano Health Unit would be turned over to local authorities rather than federal authorities would jeopardize the future success of the program and subject it to a highly politicized public health environment.²² Normal Rockefeller Foundation International Health Division procedure insisted that interactions would take place between the Foundation and the Federal government, not local governments. According to Briggs, Hill feared that handing over the Mariano Health Unit to local authorities would “result in the injudicious use of funds and a breakdown of the excellent malaria control activities which the Foundation has established and cooperate in maintaining.” Briggs went on to mention that Dr. Domingo Ramos, the Cuban Minister of Public Health, felt similarly apprehensive about handing over the public health work in Mariano to local authorities and would he would resign his position of such an event did indeed happen. Briggs commented that Dr. Ramos was a “sincere friend of the Foundation and of the United States”, but that he was ultimately “ineffective” and “exercise[d] very little influence on government policy.”²³

²² Ellis O. Briggs to Cordell Hull, April 7, 1942, Microfilm.Reel 80, frames 773-774. ed. Lester and Ksaris, Confidential Diplomatic Post Records, Central America, Cuba, 1930-1945.

²³ Ibid.
By June of 1942, the Cuban government had changed its position and agreed to hand over the public health work to federal rather than local authorities. Writing to Briggs, U.S. diplomat Robert H. McBride provided further details on the future of the Foundation’s work in Cuba and the apprehensions associated with it. In trying to account for the sudden change of plans of the Cuban government to hand over authority to federal rather than local authorities, Hill told McBride that he believed “the people of Cuba were very anxious to have a good and honest public health service,” and that it was this “popular outcry which caused President Batista” to abandon his plans to hand over control to local authorities. Hill provided a specific example that attempted to describe just how serious these problems with corruption of local health authorities were in Cuba. According to Hill, out of a staff of 200 laborers on the payrolls of the Department of Sanitation, only 48 could be “induced to do any work whatsoever.” He went on to note that he deeply lamented the fact that “it was impossible to do further constructive work because of the complete rottenness of the governmental set-up in the country.”

Even with this bleak assessment of the state of public health in Cuba, Hill wished to ease Cuban fears that the Foundation was completely abandoning the island. In his conversation with McBride, Hill stressed that the Foundation would remain committed to Cuba and give consideration to future projects. As proof of this, Hill noted that Rockefeller Foundation officer P.J. Crawford, Regional Director of the Caribbean, was in fact setting up a new office in Cuba. Yet, he was also quick to admit that Crawford’s work would mostly be of an administrative nature and that he would likely be traveling to other parts of the Caribbean quite frequently. Hill’s desire to reject any accusations that the International Health Division was abandoning


25 Ibid.
Cuba was likely a strategic one. The clear problems existing in Cuba made it nearly impossible for the Foundation to continue its work in the country, but they nonetheless wanted to make it seem as if there was some degree of hope left. The decision to keep Crawford in a nominal position in Cuba suggests that the Foundation did not in fact have a real commitment to entertaining the possibility of further work in Cuba, but rather wanted to ensure that its image would be protected and that it could dodge accusations of simply leaving the country. Indeed, State Department officials were also concerned that a sudden departure of the Foundation could cause Cubans to become uneasy. To avoid this, McBride suggested that the Foundation issue a press release on the island stating that it did not in fact have any intentions of leaving Cuba and that it would be receptive to the possibility of launching public health projects in the future. Even in this final stage of the Foundation’s direct public health work on the island, one sees the intense concern with ensuring that U.S. interests would be protected by ensuring that Cubans would not feel that the Foundation’s work had ended on bad terms.26

With the end of the Foundation’s public health work in Cuba, came a great sense of anxiety from the State Department about what the future of public health work in Cuba might be like without the work of the International Health Divisions. In a memorandum to Cordell Hull, U.S. Diplomat Spruille Braden expressed his clear concern about what might be at risk. “My concern is that with the development of airplane travel, contagious disease may spread more easily than heretofore and…conditions might suddenly become serious with prejudice not only to Cuba, but also to the United States.”27 Here one sees just how critical the Rockefeller Foundation’s work was to U.S. strategic interests in Cuba. Braden’s letter shows how vital the

26 Ibid.
Foundation’s work was to easing U.S. government fears that another disease outbreak—such as the notable yellow fever outbreak that had occurred two decades earlier—would threaten the public health system in the U.S. For U.S. state department officials, it would now be harder to promote Good Neighbor rhetoric and protect American public health interests at the same time. Moving forward, State Department officials would have to find a new way to balance these two interests.

A Final Survey

Despite the fact that formal public health work had ended in Cuba in 1942, Rockefeller Foundation International Health Division officers still maintained great interest in the state of public health on the island in following years. In 1946, Robert A. Lambert—who had been in Cuba in 1929 to conduct a medical survey—returned to the island. Much like his earlier visit, Lambert arrived to Cuba with hopes of providing Foundation officials with an account of the current state of Cuban medical education. Although traveling to Cuba in an “unofficial” capacity, Lambert’s second visit to Cuba suggests the continuing fascination of Foundation officials with Cuba and the persistent importance of public health more generally for U.S.-Cuban relations.

Upon arriving in Cuba on March 24, 1946, Lambert quickly began to tour the medical facilities on the island, paying careful attention to how things had changed from his previous medical survey. Assessing the condition of the city, Lambert observed that “the effect of General Wood’s 1899-1900 yellow fever clean-up is gradually wearing off.”28 As the sole remaining Foundation officer in Cuba, P.J. Crawford served as Lambert’s guide through his stay on the island and introduced him to both old and new contacts in Havana. For instance, Dr. Domingo

28 Diary of Robert A. Lambert, March 24, 1946, Folder 2, Box 1, Series 315, RG 1.1, RAC.
Ramos, the former Minister of Health and Sanitation, met with Lambert during his stay.

Although Lambert’s trip to Cuba proceeded in much the same way as it had more than a decade earlier, he was quick to point out that his visit to the island was “informal and observational” and that no “official reception was to be expected.”

Even with this explicitly unofficial nature of the visit, Lambert and Crawford was nonetheless received by President Ramón Grau San Martín at the Presidential Palace. Lambert must have felt a sense of déjà vu upon entering the Presidential Palace and waiting in its impressive reception room for the second time. Yet, it was obvious from the very beginning of his meeting with Grau that the similarities ended with the architecture. As Lambert pointed out in his diary, President Grau was a “suave gentleman” and therefore a striking contrast to Machado, whom he described as “the crude soldier type.” Indeed, Grau’s surprising victory over Batista’s hand-picked successor Carlos Saladrigas in the 1944 election could in many ways be explained by his great charm and ability to call back to the heady days of 1933, when he had served as part of the 100 days’ government. Yet, by the time of Lambert’s trip in 1946, the Grau administration, and the associated Aúntentico party, had been widely accused of corruption.

Hoping to float the possibility of another cooperative health venture in the future, Crawford told the President that the International Health Division stood “ready to cooperate with the Government if and when a suitable opportunity arises.” According to Lambert, the Grau replied “graciously” to this comment. While one might understand Crawford’s comment as a type of empty offer—a mere pleasantry—it also suggests the continuing importance that Cuba played in the Foundation’s own vision of itself, as well as the larger strategic interests in keeping Cuba’s health system under control. Given the highly problematic and often frustrating experience that Rockefeller Foundation officers like Crawford had in Cuba just a few years
earlier during the final days of their cooperative health work on the island, it does seem surprising to find that they would be willing to make such an offer to try this kind of work again. Yet, Cuba remained vitally important to U.S. strategic interests and Foundation officials continually hoped that changing political environment in Cuba might offer better conditions for the type of public health work they envisaged in Cuba.

One gets an event clearer sense of Lambert’s concern for Cuba and its importance for the Foundation more generally in the brief medical survey that he composed after visiting the island for six days. Much of what Lambert reports is that the medical education system in Cuba had gotten worse since his first trip to the island. Like the 1929 survey, the two biggest problems that Lambert identified were the over enrollment of students and lack of full-time professors. Aside from these specific problems, Lambert also spent a considerable amount of time in the report commenting on what these problems of the Cuban medical system might mean for the greater organization: “I should like to end this summary report on an optimistic note, but there is a discouraging conclusion which in all honesty has to be recorded. It is that, in spite of the noteworthy progress here and there in Latin American medicine in the past two decades, the overall differences between South American and North American institutions have not lessened. Havana affords an illustration of this disappointing fact.” Continuing, Lambert considered whether or not this vast difference between the state of North American medicine and Latin American medicine should constitute a significant expansion of the Foundation’s efforts in the region. Interestingly, he posited that it would not in fact be appropriate nor prudent to do so because of the “opportunities in war-damaged Europe promise much greater return on the investment,” emphasizing that the organization’s work in Latin America over the past two
decades had shown that “long-term planning and patience” were essential to making any kind of progress.

Thus, the tension between the Rockefeller Foundation International Health Division’s continuing interest in Cuba and realization that cooperative health work would ultimately end in failure highlights the perennial importance of Cuba. Throughout Lambert’s report, a contradictory sense of hopelessness and optimism for future collaborative health work in Cuba dominates. In assessing the medical education system, Lambert notes how the inadequacy of the system is symptomatic of wider issues in the country between the influence of politics on many of the most important aspects of the public health system. Nonetheless, it seems that Lambert regrets the fact that political problems prevent the Foundation from returning to Cuba for another cooperative health project.

From a broader perspective, the mixed record of success and failure in Cuba made the island a constant object of desire and fascination for the Rockefeller Foundation. Its final attempt to launch a public health project at the Guantánamo Bay Naval Station, however, had highlighted the long-standing and seemingly unavoidable nature of the problems encountered in Cuba. The extensive involvement of the U.S. Navy in trying to coordinate the establishment of a health unit in Guantánamo, however, threw the difficulty of the Foundation’s work into even sharper relief. In trying to satisfy the strategic concerns of the U.S. Navy in protecting its soldiers from disease in Cuba, while at the same time trying to offer valuable health services to the Cuban public in Guantánamo, Foundation official such as W.A. Sawyer, Henry Carr, and P.J. Crawford quickly realized that the Guantánamo Bay project, and all of the other public health work on the island, would be impossible to carry out moving forward.
Conclusion

The brief public health work of the Rockefeller Foundation in Cuba from 1929-1946 serves as an important way of understanding what has been a traditionally misunderstood period in U.S.-Cuban relations. These were the years of political upheaval in Cuba when every element of Cuban society seemed to be in flux. These were also the years of a dramatic changes in the ideas that underpinned the diplomatic reactions between the two countries. The shift from the era of the unabashed direct U.S intervention into Cuban domestic affairs under the Platt Amendment to the measured, non-interventionist rhetoric of the Good Neighbor policy opened up new spaces for non-governmental organizations to advance U.S. interests in Cuba without arousing the suspicion of the Cuban government. The Rockefeller Foundation’s public health work represented a model of how both U.S. and Cuban diplomats and political leaders could advance their own interests, while at the same time promoting a rhetoric of mutual cooperation.

Thus, integrating the Rockefeller Foundation’s work into the traditional narrative of U.S.-Cuban relations during these years dramatically changes our conception of U.S. foreign policy. Rather than having to accept the often empty rhetoric of the Good Neighbor policy at face value or having to reject it outright, the domain of public health offers another perspective on what a pivotal moment in in U.S.-Latin American relations. Acknowledging the Rockefeller Foundation’s instrumental role in articulating, sustaining, and justifying this rhetoric, then, adds a new level of complexity to an otherwise misunderstood story.
Additionally, this thesis has aimed to show the central place of public health in structuring U.S.-Cuban relations during the first four decades of the twentieth century. Beginning with the work of the Reed Commission in 1901 to eliminate the threat of yellow fever from harming vulnerable U.S. soldiers in Cuba and continuing with the Rockefeller Foundation’s work in the 1940s, public health stood at the center of U.S.-Cuban relations. Throughout these decades, public health was closely linked to larger questions of Cuban sovereignty and also served to allow both U.S and Cuban political leaders to legitimize their own objectives.

While the Rockefeller Foundation’s work in Central America, Europe, and Asia has been extensively written about by historians, the story of how Cuba fits into this larger narrative of global health has received comparatively little attention. Yet, this thesis has attempted to show the value of inserting Cuba within this story and grappling with the challenges it presents to traditional understandings of U.S.-Latin American relations during this era. Further investigations into the public health work of U.S philanthropic organizations might attempt to understand how ordinary Cuban citizens felt about the work of organizations like the Rockefeller Foundation and how they understood its place within the larger Cuban public health system. Such work would contribute to the existing literature by showing how public health work served to bolster the legitimacy of domestic politics in Cuba as well as its relations with the U.S.

Another potential path for future research might be to investigate the way in which local communities dealt with the departure of organization’s like the Rockefeller Foundation International Health Division. In other words, these future studies could explore the long-lasting impact of this public health work on communities and the consequences it had on local governments.
From a broader point of view, the story of the Rockefeller Foundation International Health Division’s work in Cuba in the 1930s and 1940s highlights the importance of looking beyond traditional forms of diplomacy when studying this period of U.S.-Latin American relations and paying attention to the role of non-governmental institutions. The domain of public health, in particular, provides an illuminating way of tracking the way in which the Good Neighbor policy played out in local communities and its appeal to both U.S. and Cuban political leaders. The picture that emerges from this new conception of U.S. diplomacy, then, is one in which highlights the complicated series of interactions that shaped U.S.-Cuban relations during this era and the often large gap between cooperative rhetoric and the actual policies that were pursued. Such a picture, then, helps us better understand the “ties of singular intimacy” that have bound Cuba and the United States together throughout the nineteenth and twentieth centuries.
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