



Steven Palmer. *Launching Global Health: The Caribbean Odyssey of the Rockefeller Foundation*. Ann Arbor: University of Michigan Press, 2010. xi + 301 pp. \$70.00 (cloth), ISBN 978-0-472-07089-3.

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Negotiations in Paradise: Rockefeller Health and the “Culture of Experimentalism”

Before the Rockefeller International Health Board (IHB) sent its emissaries of modern medicine into places like Brazil, Mexico, and the Philippines, the organization initiated several pilot programs in small and politically friendly locations scattered throughout the Caribbean. Steven Palmer has written a compelling study of early Rockefeller health work that focuses collectively on six places “as an ensemble ... a laboratory” from which the IHB initiated its global campaign against hookworm disease: British Guiana, Trinidad, Costa Rica, Guatemala, Nicaragua, and Panama (p. 1). In an analysis that in some ways is a reversal of north-south technology transfer, Palmer argues that the IHB initiated its international work in this periphery because local medical professionals had already established hookworm programs and research initiatives on which the U.S. organization could build its own public health project.

Palmer’s thesis is sure to spark significant debate. He challenges the consensus in recent Rockefeller scholarship by authors Warwick Anderson (*Colonial Pathologies: American Tropical Medicine, Race, Hygiene in the Philippines* [2006]), Anne-Emanuelle Birn (*Marriage of Convenience: Rockefeller International Health and Revolutionary Mexico* [2006]), John Farley (*To Cast Out Disease: A History of the International Health Division of the Rockefeller Foundation, 1913-1951* [2004]), and others (including contributors to Marcos Cuerta’s edited collection *Missionaries of Science: The Rockefeller Foundation & Latin America* [1994]), all of whom argue that Western elites universally imposed their particular brand of medicine in a top-down, donor-driven process that often conflated disease and race. According to the author, local actors and indigenous medical programs were central to the construction of public health in the region. Rather than imposing a clear-cut set of health policies and practices on the people of these Caribbean nations, the IHB operated what Palmer called “a culture of experimentalism” (p.

210). He convincingly argues that the IHB’s work was a highly negotiated process, not only between Rockefeller field workers and local populations, but also between the IHB officials and the region’s medical officers and politicians. According to Palmer, early programs initiated throughout the Caribbean were adaptations of both the host countries’ practices and the institutional prerogatives of the IHB. Rather than being wholly Western or wholly indigenous, the programs reflected a synthesis of the two.

The narrative’s focus on the grassroots pushes the discussion beyond the top-down, institution-driven perspective the author acknowledges contributed to “a certain homogeneity in the scholarly literature on Rockefeller public health philanthropy” (p. 246). His work draws on the manuscript collections of the Rockefeller Archive Center, the National Archives of Great Britain, and several other institutional and private paper collections. What really sets this work apart, however, is extensive research in the national archives of Costa Rica and Guatemala and his exploitation of a rich collection of Spanish-language manuscripts, local and regional periodicals, and medical and scientific journals. In addition to showing how indigenous medical professionals actively shaped early programs, these documents also provide insight on the cultural and political meanings local people ascribed to U.S. health efforts and to the diseases that ravaged native populations.

Cooperative arrangements were a hallmark of the Rockefeller philanthropies and often enmeshed field personnel in local politics and policy squabbles. Field administrators frequently acted in a diplomatic capacity meeting with heads of state, even accepting appointments within the health system of the host state to accomplish their goals. Rockefeller personnel adapted easily to local social, cultural, and political conventions, even if at times their work bore little resemblance to their institutionally

approved corporate models and goals. Palmer demonstrates handily that in more cases than not, local influences trumped those of the IHB. Nonetheless, Rockefeller physicians, throughout the Caribbean, drew significantly on models first developed in the U.S. South, where scholars like William A. Link and John Ettling have shown that Rockefeller representatives also followed local conventions of culture and race and involved themselves in provincial politics as necessary.[1] Perhaps, then, the question Palmer's account raises is whether we have built up an artificial wall between health policy development in the metropole and colony. This question deserves further research; as Palmer's account ably demonstrates, more studies are also needed on how policy played out at the local level.

Palmer contributes a much-needed comparative perspective to this growing body of scholarship, which previously has been dominated by single nation studies. One of the most compelling comparisons he draws is not between Caribbean countries, or even between host countries and the United States, but between the medical personnel of the United States and Great Britain. His inclusion of British colonial possessions illuminates the somewhat contentious rivalries between British and American medical personnel and the way in which World War I acted as an engine of change. His narrative suggests that as American physicians replaced British personnel called home to serve on the Western Front, "even if only in this one limited domain of public policy—[the effect] registered an early passing of the imperial baton" (pp. 88, 206). Palmer intriguingly posits that British and American approaches to hookworm treatment reflected the political character of their respective state apparatus. British treatment of hookworm disease entailed repeated small doses of Thymol (the substance used to treat hookworm infestations) over an extended period of time, whereas the preferred IHB treatment used stronger, sometimes potentially fatal, doses that effected a cheaper and more immediate cure. Palmer suggests that the slower process used by British physicians reflected their long-term, historically coercive, colonial relationship to the indigenous population. The Americans preferred instead to map the population of a region and quickly move methodically across a geographic grid. According to Palmer, this systematization reflected the IHB's policy for planned obsolescence in health projects, and also signaled a more democratic, corporate, managerial, and mass-produced approach to health that sought to exploit economies of scale.

Although not an environmental history per se, Palmer's work—particularly the first chapter—fits com-

fortably among recent studies by Linda Nash, Gregg Mitman, and Paul Sutter that examine the intersections of environmental change and health. Citing construction of St. Gothard's Tunnel and the Panama Canal as examples, Palmer locates the spread of hookworm disease at sites where capitalist trade networks intersected with large-scale technological disruptions of socio-ecological systems. The author tracks hookworm along global trade networks where concentrated populations provided labor for export agriculture; industrial capitalism; and the construction of rail systems, tunnels, bridges, and canals. As in Panama, American personnel operating in tropical regions often failed to account for environmental differences, and their actions sometimes produced unintended consequences.[2] Similarly, Palmer explains how the number of malaria cases in Costa Rica increased following the building of privies as part of public health efforts to combat hookworm disease. The newly installed latrines attracted mosquitoes and tended to flood during the Costa Rican rainy season. Public health officials had failed to take the region's abundant rainfall into account, thus creating a different, but equally insalubrious, situation for residents. The local people reacted to the new problem by destroying the vaults after public health officials moved on to their next destination.

In his conclusion, Palmer does not attempt to address the success or failure of the programs. Rather, he looks for patterns of what worked and what did not, and the adaptations that grew out of a negotiated range of practices and treatment procedures. In so doing, he concludes that IHB personnel developed "a repertoire of international institutional methods and knowledge" (p. 210). I thought this choice of assessment was satisfying and in keeping with his larger argument that hookworm and public health programs which developed in these earlier pilot programs were the product of a negotiated process, rather than simply imposed on local populations. Moreover, the ability to adapt to local conditions gets to the heart of what made the Rockefeller philanthropies a major player in the construction of global public health throughout much of the twentieth century. While individual programs varied in method, what stayed constant was the ability to work well with local socioeconomic conventions, the ability to be flexible in terms of institutional objectives, and the willingness to engage significantly in local politics. This volume is a welcome contribution to the growing body of literature on the Rockefeller philanthropies and will be important for early twentieth-century scholars studying the history of medicine, public health, capitalism, labor, and empire.

Notes

135-151.

- [1]. William A. Link, *The Paradox of Southern Progressivism, 1880-1930* (Chapel Hill: University of North Carolina Press, 1992), 212-222; and John Ettling, *The Germ of Laziness: Rockefeller Philanthropy and Public Health in the New South* (Cambridge: Harvard University Press, 1981),
- [2]. Paul Sutter, "Nature's Agents or Agents of Empire: Entomological Workers and Environmental Change during the Construction of the Panama Canal," *Isis* 98, no. 4 (December 2007): 740.

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