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**Wats & Worms: The Activities of the Rockefeller
Foundation's, International Health Board in Southeast Asia
(1913-1940)**

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Wat Sansai was filled to the walls with the men of the Amphur, and even a few women had come inside the temple floor. Before them in the dim background a great gilded Buddha looked, smiling and complacent at the sea of dark faces. Beside one of the pillars at the front sat the chief priest with yellow robes and shaven head. Coming in as strangers from the heat and glare of the topical sun we notice first the refreshing shade and coolness of the dimly lit temple, the great image of Buddha, the tall pillars, the picture of soldiers and elephants, and the reverent audience in their quaint *penungs*, -the whole scene impressively oriental and pervaded a spirit of satisfaction with the things as they are. Then the eye fell on a most discordant element, hanging on the front of the pulpit was the Meyer hookworm chart, and on a small table were models showing how latrines could be made from native materials.

Wats and Worms: Accounts of Rockefeller Foundation's International Health Board officials Victor Hesier and Wilbur A. Sawyer in Siam 1921¹

Introduction: "The Discordant Element"

Staged against an exoticised Thai backdrop, this lecture by the Rockefeller Foundation's (RF) International Health Board (IHB) representatives would have had captivated their directors' imaginations at New York City. Between the 1910s to the outbreak of the Second World War, the Board provided extensive public health surveys, advice, mass treatments and educational campaigns as well as fellowships to their recipient territories of Southeast Asia. Such was part of the RF's global campaign of stimulating greater institutional commitment and general awareness of public health and hygiene.

Outside the American protectorate of The Philippines, the legacy of the Rockefeller Foundation in Southeast Asia before 1945 remains generally obscure and insufficiently theorised. With the largely unexplored primary materials from the Rockefeller Archives Centre, this article contextualises the philanthropy's role in

¹Rockefeller Archives Centre (Henceforth know as RAC). RG. 5. Series 2. SS-617 Box.56 Folder 358.

moulding the public health infrastructure and culture in the region. In the words of Morag Bell, the global significance of American corporate philanthropies rest in their “enormous power to define, produce, translate and circulate useful knowledge...[and therefore] acquires a distinctive moral authority.”² Writings on the RF's legacy range from celebration of American altruism to its polemical representation of US global hegemony. In the words of Hewa and Hove:

When Western philanthropy arrived in Asia during the 20th century, the region was largely under Western Colonial rule. The political institutions, the state bureaucracy and the social agencies introduced by foreign rule were based on a paternalistic attitude which has prevailed till this day. It was a conspicuous system of unequal relations in which the ruling agencies whether national government or local authorities assumed a custodial role over the masses by effectively eliminating long standing social relations. Therefore, one can hardly ignore the fact that the social and political conditions which Tocqueville recognised as the conducive to the proliferation of voluntarism has ceased to exist in Asia by the early 20th century. If there was anything which could sustain the bilateral cooperation of Western donors and their Eastern recipients, it was certainly not mutual trust and respect.³

In this respect, several yardsticks are proposed to assess the philanthropy's legacy in Southeast Asia more critically. They are namely, region's position in its global agendas, the Foundation's interactions with local players and its influence on the public health cultures of the concerned territories. It is hoped that the study of the RF in Southeast Asia can open new insights on the appropriation and global projection of modern biomedical discourses by American corporate philanthropy and the local responses towards this phenomenon

² Morag Bell. “American Philanthropy and Cultural Power”, in David Slater and Peter Taylor (eds). *The American Century: Consensus and Coercion in the Projection of American Power* (Oxford: Blackwell, 1999). p. 286

³ Soma Hewa and Philo Hove (eds). *Philanthropy and Cultural Context: Western Philanthropy in South, East and Southeast Asia in the 20th century* (University Press of Michigan, 1997) p.5.

“Retarding the progress of mankind”

The IHB's experiences in Southeast Asia can be placed along a spectrum of its public health activities. In general, the Board's plans in Asia came under the Far Eastern Directorate under the charge of Victor Heiser, a former public health official in The Philippines.⁴ Outside The Philippines, the areas receiving substantial Rockefeller investment in Southeast Asia were Thailand followed by British colonies of Malaya, Sarawak and North Borneo as well as the Dutch East Indies to a smaller extent. Between 1914 to the mid 1930s, the Board assisted actively in the development of the public health and medical infrastructure of these territories. These sectors came under the responsibilities of several prominent personalities like M.E Barnes, Paul Russell, Henry O'Brien and Clark Yeager. Collectively, they conducted extensive epidemiological surveys on health conditions, advice on the development of healthcare systems, facilitated the provision of financial assistance towards medical education, and effecting joint public health campaigns with local authorities. In the Dutch territories, the presence of the IHB official, John Hydrick was generally confined to a district of Java where he remained until 1942. The reach of the philanthropy was even more limited to preliminary surveys in British Burma, and was non-existent in French Indo-China.

Although their results varied, several common trends can be extracted from the diverse political and cultural environments that the IHB staff worked under. Even as they were considered outstanding and prominent personalities, the Rockefeller representatives not only shared similar worldviews, but were also bound by the specific terms of reference of the IHB. In this respect, a starting point for discussing

⁴ See Warwick Anderson. "Going through the Motions: American Public Health and Colonial "Mimicry"", *American Literary History*. Vol. 14, no. 4 (2002) pp. 686-719, and *Colonial pathologies: American medicine in the Philippines, 1898-1921*, (University of Pennsylvania: PhD Thesis, 1992).

Board's presence in the region concerns with how it attempted not just to actualise the foundation's global ambitions, but the perception of its representatives operating within these territories. Fundamentally, this was shaped deeply by both RF's commissioned public health programmes in the agrarian based Southern States of the USA and that of the experiences of its officials in The Philippines.⁵

The International Health Commission (subsequently renamed International Health Board) was formed on 27 January 1913 to promote "public sanitation and the spread of the knowledge of scientific medicine with the world."⁶ This body was inspired by the experiences of the Rockefeller Sanitary Commission established in 1909 in the United States. Within a couple of years, it claimed to have discovered more than two million people in the southern agricultural parts of the country being infected with ankylostomiasis or hookworm disease.⁷ In the course of treating of almost half a million persons, the Commission observed the significantly heightened public interest in medical matters. With such enthusiasm whipped up, the RF saw in its hookworm treatments as a vehicle for stimulating and mobilising greater government and societal participation in public health activities. Hence, the eradication of hookworm infection became enshrined as the Board's *modus operandi* where:

The relief and control of this one disease is an object-lesson in the relief and control of disease in general. This one is simple and tangible; the common man can easily understand what it is, and what it

⁵ See: Rodney J Sullivan and Reynaldo C. Itelo. "Americanism and the Politics of Health in The Philippines, 1902-1913," in Hewa & Hove (eds). *Philanthropy and Cultural Context*. p. 60.

⁶ RAC. International Health Commission. *First Annual Report, 1913-1914*. p. 12.

⁷ According to the clinical understanding of the IHB, ankylostomiasis is a communicable disease caused by a parasitic, pin size worm (uncinara) is able to live in a human intestine by the thousands. While the eggs are laid in the host, they could only be hatched outside when ejected from the intestines via excreta. Once hatched, the larvae remain in the soil until the opportunity for human contact arises, usually from exposed hands and feet. Without treatment, the worms are able to develop fully in the body at the expense of the host. Although the parasites alone are not considered fatal, serious infections lead to chronic anaemia and increasing vulnerability to other infectious diseases. RAC. IHB. *Fourth Annual Report*. 1917. pp.22-24.

means to him as a menace to his health and to his earning power; he knows its whole story; he knows its simple treatment and its one simple preventive measure. Having seen this one disease brought under control and having had the worth of the effort brought home to him, he is prepared to give heed when spoken to about the control of diseases that are less simple and less tangible. To repeat, then, for the sake of emphasis, this whole work is essentially educational and its best result is in securing the helpful cooperation of the people at work of bringing this disease and all other preventable diseases under control.⁸

In the words of the IHB's first Director, Wickliffe Rose, "that hookworm disease, in the light of our present knowledge, has ceased to be a local matter it is an international problem of endemic proportions."⁹ IHB officials were convinced that the American experience would be of relevance to the rest of the world, in particularly the tropical territories.

With this belief in mind, the RF set its eyes on the rest of the world. It announced this ambition of being "prepared to extend to other countries and peoples the work of eradicating hookworm disease as opportunity offers, and as far as practicable to follow up the treatment and cure of this disease with the establishment of agencies for the promotion of public sanitation and the spread of the knowledge of scientific medicine."¹⁰ The territories where the Board targeted fell within:

...a belt of territory encircling the earth for thirty degrees on each side of the equator, inhabited according to current estimates, by more than a thousand million people; that the infection in some nations rises to nearly ninety nine percent of the entire population; that this disease has probably been

⁸ Ibid. p.40.

⁹ The Rockefeller Sanitary Commission for the Eradication of Hookworm Disease. *Hookworm Infection in Foreign Countries*. 1911 (Wellcome Library, London, United Kingdom).

¹⁰ See: H.H. Howard. *The Control of Hookworm Disease by the Intensive Method* (New York: The Rockefeller Foundation, International Health Board, 1919).

an important factor in retarding the economic, social, intellectual and moral progress of mankind; that the infection is being spread by emigration; and that where it is most severe little or nothing is being done towards its arrest or prevention.¹¹

It was also on these soils that the IHB officials further reinforced the above impressions amidst their involvements with local societies. Within Southeast Asia, this came both in two levels, the indigenous populace and their governments. Regarding the former, the IHB surveys and individual perceptions were generally negative. From schoolchildren to peasants and coolies, its medical officials found high levels of anaemia, which they associated with prevalent hookworm infection.¹² This to them, was attributed to both basic ignorance about modern sanitary science and personal hygiene and “backward” traditional cultural habits.¹³

Harsher comments were however directed against the political cultures of these lands. In his diaries, Heiser attributed the disorganised and inertia of the Thai public health services to its apparently repressive feudal system.¹⁴ As for the colonial medical services of the rest of the region, he lamented they had “been united only in their laissez-faire policy towards the native populations, looking with suspicion upon one

¹¹ RAC. International Health Commission, *First Annual Report*, 1913. p. 8

¹² For details of impressions of indigenous populations by IHD officials, see: IHB. *Hookworm and Malaria in Malaya, Java and the Fiji Islands; Report of Uncinariasis Commission to the Orient, 1915-17* (New York City: The Rockefeller Foundation. International Health Board, 1920).

¹³ From its initial survey of the colony in 1915, the IHB had however a positive impression of the Burmese as “very cleanly people about their personal habits, and abhor coming in contact with human excrement or using it as a fertiliser or insecticide. However, the report attributed the poor state of public health to the migration of Tamil workers from Madras and the overpopulation of the lower parts of Burma. RAC.RG.5.S.2.B.50.F.310. Victor Heiser. “Memorandum on Uncinariasis in Burma.” July 1915. p.4.

¹⁴ RAC. RG.12.S. 12.1.B 27. “Officer’s Diaries Heiser’s Diaries” 28 January 1928. p.106.

another and jealously guarding their own secrets...They were still fretting over problems “which had already been successfully met in other lands.”¹⁵

Such observations reinforced the civilising missions the IHB representatives were entrusted to carry out. They seemed to place equal attention to educating the ignorant masses and enlightening local medical officials. Compared to the intentions of their European counterparts whom the IHB officials saw as being more interested in consolidating political power, the Americans perceived themselves to be disinterested parties harbouring no covetous agendas in the region.¹⁶

Patron & Partner

The actual programmes of the Board was however less consistent than its impressions and intentions on the region. Not contented to be just a charity, the IHB was keen to be more actively engaged with the development of the public health infrastructure and medical institutions of the recipient countries. At the same time however, it wanted to avoid assuming the entire responsibility from local authorities. Its involvement was meant to stimulate greater attention and investment in public health. As laid out by the IHB on its relationship with governments of recipient societies:

It is a generally accepted view that the care of the health of a people is one of the function of the state, and that a government may be judged in part by what it does in sanitation, hygiene and public health. Yet there is a recognised field for voluntary effort in promoting public health... [The voluntary agency] can and should keep ahead of official health practice in each locality, advancing steadily to newer fields as each of its demonstrations prove successful and the constituted authorities are ready to take

¹⁵ Victor Heiser. *An American Doctor's Odyssey. Adventure in Forty Five Countries* (New York: W.W. Norton, 1936) p. 291.

¹⁶ For details of Heiser's accounts of gaining the confidence of the Thai monarchy, see: Heiser. *An American Doctor's Odyssey*. pp. 480-502.

full responsibility for the activity. The International Health Board has been conducted on such principles and it does not feel that any demonstration has been successful unless its assistance ceases to be needed within a reasonable time. Any project which is not absorbed into the official health service is obviously unsuited to the time or the place.¹⁷

The IHB's intentions of being both the "patron and partner" had also a more pragmatic dimension. Except for The Philippines, American political influence in the rest of Southeast Asia during this period was peripheral. Regarded with suspicion and hostility in most territories, the Board found it expedient to play down its American origins by highlighting itself as a representative and promoter of a culturally odourless brand of modern medical science.¹⁸

But, determined to extract a more sustained commitment from the local medical services, IHB's participation was premised strongly on the willingness and ability of recipients to eventually continue these programmes independently. As such, Board officials frequently conducted preliminary assessments on the local public health infrastructures for such undertakings before making concrete commitments. A more difficult task came in securing the endorsement of a maze of players on the virtues of the IHB's philanthropic enterprises. Barnes reported IHB programmes were accepted in Siam after its displays caught the attention of the monarch in a highly formalised royal exhibition in Bangkok in 1917.¹⁹ The Americans discovered however quickly

¹⁷ IHB. *Tenth Annual Report*. 1923. pp.1-2.

¹⁸ Whenever necessary, the RF's or IHB's names were obscured or even removed by its officials anxious simultaneously to highlight their counterpart's presence over that of the Foundation. RAC. RG 5. S.1.2. Box 236, Folder 3016. 16 January 1925. Even in the provision of drugs for the anti-hookworm campaigns, the IHB was not eager to be seen as the dominant supplier. RAC. RG. 5. S.1.2. B.174, F. 2248. "Siam, O'Brien." Sept-Dec 1933.

¹⁹ RAC. RG.5. S.2. B.56. F:360. Barnes to Heiser. 11 January 1917.

that merely formal acknowledgements from central authorities in capital cities were insufficient to exact substantial cooperation from local bureaucrats.

Such only served to open the doors for further negotiations with the gauntlet of players in the localities involved, including governors, health ministers, medical officials and business and community leaders. Heiser, for example, was enthusiastically requested by the Dutch Governor General to conduct public health assessments in the East Indies. Upon arrival to Java, he was honestly told by the Chief Health Officer that “I am sorry you’ve come, and the original invitation was only sent because it was forced upon us by higher government officials.”²⁰ Highlighting the possible cause of such attitudes, Barnes suspected “neither France nor England desire to see America getting any more prestige in the East.”²¹

The situation was often complicated by significant socio-linguistic and cultural differences faced by the Americans. French Indochina was the clearest case of the absence of interest in the philanthropic enterprise.²² A more complex picture however prevailed within the other territories. The ideal case was presented in British North Borneo. In 1916, its Governor endorsed the IHB’s proposal for a joint anti-hookworm campaign in which the local medical services cooperated enthusiastically.²³ By 1925, Heiser wrote in his diaries on the success of the cooperation and the positive impressions made on the North Borneo authorities.²⁴

²⁰ Attributing this disinclination for Rockefeller aid to the “intense French jealousy of other nations,” Heiser “went there seldom” since he claimed “could bring little to the French in Indo-China and take little from them.” Heiser. *An American Doctor’s Odyssey*. p. 475.

²¹ RAC.RG.5. S.1.2. B. 146. F. 1928. Barnes. Report on Conference of Red Cross Societies. 19 Dec 1922.

²² Heiser. *An American Doctor’s Odyssey*. pp. 294-5.

²³ RAC.RG:5.3. Box:473H, Folder: 2598. Borneo Hookworm Report 1921-1922.

²⁴ Ibid.

The situation across in neighbouring Sarawak posed a greater challenge. In 1927, the Rockefeller representatives made a detailed report on the public health of the Brookes kingdom, with specific recommendations on reform of the medical and sanitary services.²⁵ Evidently impressed, the government proposed the appointment of an IHB representative as the territory's medical advisor. Even as the Board publicly extolled the apparently excellent working relations with the local medical services after several years, Heiser privately painted a less congratulatory picture.²⁶ Describing the kingdom as being backward from the white Rajas who had seemingly lost their British virtues of politeness to the reactionary outlook of medical officers,²⁷ he wondered "more and more do I question whether the RF should attempt to help countries as little advance as this..."²⁸ Nonetheless, as the IHB activities were folded up by the late 1920s, Heiser concluded that the Board "obviously have a stimulating effect" to the kingdom's public health infrastructure. Sensing that the IHB had gained the trust of the authorities, he wrote the "Raja was "much relieved to find there was no desire on our part to publish their shortcomings to the world as a club to force them to do things they might not favour."²⁹

With regard to the Malayan Peninsula, the IHB's experience was less scornful than the Brookes Dynasty. Aside from the extensive surveys of the Darling Commission in the colony, the Board provided generous financial assistance to various medical

²⁵ RAC.RG:5.3. S.12.1. B.211. F: 473. "Sarawak Public Health Works, Preliminary Report." 1927.

²⁶ From his observations, Heiser concluded: "Those in charge of Sarawak are said to take very little interest in health work. They refused to send a delegate to the first Singapore conference. Although foreign ships call nearly every day, the present governor refuses to avail himself of the League's Health reports. Dr Stokes (the Medical Official in Sarawak) would like to see us accept Sarawak's invitation, hoping that conditions might improve. He states the authorities are native and block nearly every health movement that is started." Ibid. 25 December 1925. pp.214-5.

²⁷ Heiser. *An American Doctor's Odyssey*. pp. 297-8.

²⁸ RG.12.S. 12.1, Box 27 Officer's Diaries Heiser's Diaries. Kuching. 28 February 1928.

²⁹ Ibid.

institutions. It also cooperated with the Straits Settlements medical services to conduct a three-year "Straits Settlements Sanitation Campaign". This entailed a series of anti-hookworm treatments and public health lectures as well as the establishment of Rural Health Centres outside the municipalities of Penang, Malacca and Singapore.³⁰ Behind the scenes were however a more frustrated picture of cold suspicion and subtle defiance by colonial health services and the colonial civil society in general. The IHB officials were blamed by European plantation owners for their falling fortunes in the rubber industry caused by American competition and deliberately humiliated by medical officers.³¹ Barnes complained of being given a shabby office space with little administrative support, and was also shunned in social events. Receiving this feedback, a worried Heiser doubting about the sustainability of the programme wrote:

The feeling against Americans in this country appears to be very strong. The *Straits Times* publishes vitriolic editorials daily. Dr Barnes has also worried over the illness of his wife and children and is considering sending them home in April. He states that it is great hardship to him to be separated from his family. He has been so depressed that at times he has even considered suicide.³²

Unlike the British colonial possession, the RF's reach seemed to be significantly limited in the Dutch East Indies. The original plans for cooperative work with the colonial authorities envisioned the development of anti-hookworm campaigns and public health infrastructure in Java and Sumatra to be overseen by Hydrick.³³ He was considered to be the longest serving representative in the Southeast Asia, being the

³⁰ See: RAC. RG.5. S.3. B.211. F: 2599. Paul Russell and Clark Yeager. *The Straits Settlements Sanitation Campaign. Annual Reports (1925-1928)*.

³¹ The planters in British North Borneo who blamed Americans synthetic rubber for bursting the rubber boom also expressed this sentiment. Heiser. *An American Doctor's Odyssey*. P. 297.

³² RAC. RG.12.S. 12.1, B:27 Officer's Diaries: Heiser's Diaries. 27 December 1925. pp.224-5.

³³ See: RAC.RG.5.S.1.2. b.310.F.3937. "Cooperative Health Work in Netherlands East Indies." 5 April 1927.

last Rockefeller official to leave Southeast Asia in the early 1940s. But, Hydrick's activities were mainly confined to a district within Java.³⁴ His presence in the administrative capital of Jakarta was not noticed by the Dutch authorities apparently "contended to leave the American advisor to work in the hamlets."³⁵ Overall, the Board recorded its most disappointing result in British Burma which Heiser regarded as "the most depressing cooperative spectacle of my entire trip" where little improvement was witnessed in spite of the three year commitment of an IHB personnel. Unsure whether it was the shortfall of his official, Dr Kendrick or the seemingly ingrained apathy of the Burmese, Heiser painted a dismal picture of the absence of even basic cleanliness in the areas he visited.³⁶ Hinting strongly at the fruitlessness of the venture, Heiser felt, "we should give serious consideration to withdrawing from Burma, especially if a further survey of India opens up a more promising field."³⁷

Of all the Southeast Asian territories, the most complex challenge seemed to be Thailand. On the surface, the IHB was welcomed in the kingdom. Thai officials were however cautious of the "real purpose" of Rockefeller generosity, compelling the Board to finance the initial campaigns almost entirely on its own to prove itself as a politically disinterested philanthropy.³⁸ Once those doubts were cleared for further

³⁴ Heiser attributed such limitations in Java to a disinclination of Dutch officials to engage in rural health work which was not well regarded among the local medical services, and with Hydrick's apparent inability to increase the prestige of RF programmes with senior political personalities in the colony. ³⁴RAC.RG.12.S. 12.1, B.27 "Officer's Diaries Heiser's Diaries." 14 February 1928.

³⁵ Hydrick also recorded in his diaries of the open opposition faced from Dutch medical officials which he felt had made RF works in Java significantly more difficult. RG.5. S.1.2 B.310 F: 3936.

³⁶ Ibid. 14 February 1933. p. 60.

³⁷ Ibid.

³⁸ RAC. IHB. *Sixth Annual Report*. 1920. pp.3-7.

cooperation, the Americans were compounded with the administrative and political entanglements within the Thai institutions.³⁹

To begin with, similar functions of the public health services in Thailand were carried out by both the Ministry of Local Government and well as the Interior Ministry, both headed by competing factions within the Thai monarchy.⁴⁰ This was further complicated by the presence of European technical advisors and other non-government organisations like the Red Cross that were generally unenthusiastic with the entry of the Americans. As Barnes reported: "A certain amount of antagonism has been displayed on national grounds, chiefly by some of the British...Their opposition has never been opened, which makes it harder to deal with."⁴¹ Nonetheless, it seemed that the Americans were able to fit themselves quietly into the political equation in Thailand without significant disruption to the status quo.

"Unhooking the Hookworm"

Upon gaining a firmer political foothold, the IHB proceeded to direct its resources and expertise on the host territories. Focusing on medical education and research, it financed the medical colleges in both Thailand and Singapore,⁴² provided different levels of fellowships to prominent local officials in addition to scholarships for female nursing officers to courses in the United States. Recognising the need for a regional agency in mapping out the international transmission of infectious diseases, the Board

³⁹ Warning New York about the rocky relationship with the individual government departments, Barnes mentioned several occasions where cooperation with the IHB was close to being severed. He attributed the tense situations mainly to the tactlessness of his predecessors as well as the conflicting political interests within the bureaucracy. RAC. RG.5. S1.2.. B. 235. F. 3009. From M.E. Barnes to F.F. Russell. 25 March 1925.

⁴⁰ RAC.RG.5.S.2.B56.F:356. "M.E. Barnes. "Memorandum of the Situation in Siam. 2 August 1923.

⁴¹ Ibid.

⁴² The IHB committed a total of \$350,000 Straits Dollars to endow lectureships in Bacteriology and biochemistry to the King Edward VII Medical College in Singapore. RAC.RG.5. B.1. F: 473. "Memorandum on Medical Education in Malaya." 8 July 1915.

also donated substantially to the establishment of the Singapore based League of Nations Far Eastern Epidemiological Intelligence Bureau in 1925.

The support of the various medical institutions were however a sideshow to the anti-hookworm crusade. Commencing with preliminary surveys, the Board intended to convince even the most cynical medical official about the prevalence of hookworm infections. This would be followed by highly publicised joint pilot campaigns with the local medical officials on anti-hookworm treatments.⁴³ It was during this process where the indigenous populations were given basic instructions on public health and hygiene.

This was propagated through a host of lectures and the distribution of simplified public health literature by both the IHB officials themselves or through local agents. An unprecedented measure undertaken was the introduction of the moving film to the rural heartlands of Southeast Asia by the Board. Originally catered for American audiences, the film "Unhooking the Hookworm" became widely adapted to local contexts and screened from the makeshift "lantern films" during village gatherings. Along with exciting the popular imagination was a corresponding effort by the Board to goad authorities to expand on their rural health infrastructure. Such included the provision of public latrines and rural health centres with general and maternal health services.

It was in these campaigns the IHB saw its initiatives being multiplied significantly where hookworm eradication campaigns brought heightened investments and

⁴³ See: Henry O' Brien. "Successful Hookworm control with Chenopodium Carbon Tetrachloride [in Thailand]", *Collected Papers by Members of the Staff of the International Health Board*. Vol.2, 1925. pp.1-4 (Wellcome Library).

priorities to public health education. However, it was faced initial difficulties of training junior medical health personnel in hookworm diagnosis, treatment and public health demonstrations. This was further aggravated by the reluctance of the populace to undergo the curative process, which entailed some level of discomforts and complications, some resulting in fatalities. Barnes reported a basic awareness of Thai villagers to apparently the harmful effects of hookworm infections and benefits of treatment even without the public health advertisements. However, they found the treatment process to be inconvenient and the medicines prescribed to not only repulsive, but suspected to bring about ill fortune. Women too, according to Barnes were reluctant to visit the anti-hookworm treatment centres without being accompanied by their husbands.⁴⁴

Against these odds, the IHB officials considered themselves relatively successful in influencing the public health cultures of the region. Their lectures and demonstrations attracted huge turnouts by villagers captivated by the spectacles of laboratory apparatus, extracted hookworms and moving film images. Moreover, the Americans managed to establish public latrines in hamlets in their campaigns and provided lessons on the economical and practical building methods of latrines.⁴⁵ The more important way of winning “hearts and minds” to the RF personnel was however

⁴⁴ RAC. No 7410. “Report on Work for the Relief and control of Hookworm Disease in Siam.” 7 Feb to Dec 31 1917. pp. 8-9. Hydrick complained about the “slow mental and optical adjustment” of Javanese villagers to the moving images, photographs and other public health illustrations. Printed pamphlets and papers were also of little use to these illiterate masses, who he felt were not interested to read through them without guidance. However, one of the greatest difficulties in the Javanese heartland encountered was the explanation of hookworm diseases through “microscopic views” where Hydrick lamented the locals did not understand basic principles of magnification. RAC.RG.5.S.1.2.B.270.F. 3412. Letter from John Hydrick to Victor Heiser. 19 October 1926. p. 4.

⁴⁵ See: RAC. R.G.5.3. S.473J.B. 211F: 473J. “Straits Settlements Country Health Work: Quaterly and Annual Report, 1928.

through convincing local individuals who would in turn help to spread the messages of the anti-hookworm treatments.⁴⁶

Overall, the RF representatives expressed satisfaction with its campaign efforts. In his tour to Java, Heiser reflected:

As I trudge through village mud and filth in each country often wondering how many more latrines I must see before there will be momentum enough to go ahead. This trip to the East has been a revelation in latrine use. After this long slow fight of years it is gratifying to see latrines used and become accustomed to oriental life. It was a worthwhile experience to see the interest aroused among the natives in the house demonstration lecture and the questions that were asked. In Java, there seems to be a general agreement among the higher officials that health education must replace force.⁴⁷

Aside from the masses, the anti-hookworm campaigns attracted substantial local scientific and community interests. Articles and discussions began to appear in local medical journals on ankylostomiasis, latrine constructions and soil pollution.⁴⁸ The same discussions also took place in the local media where the IHB's efforts received praise for spreading the fruits of modern science and medicine. As commented by the *Singapore Free Press*,

When the rising generations of this country, of all races and communities, have been freed from the curse of intestinal parasitism and from the ravages of malaria, future historians may find no cause to

⁴⁶ No 7410. "Report on Work for the Relief and control of Hookworm Disease in Siam". 7 Feb to Dec 31 1917. p. 14. In the case of British Burma, Heiser reported that the Karens and Burmese had to be coaxed and bribed with foodstuff and firearms permits into undergoing medical examinations and using public latrines which the locals regarded as doing a favour to the Public Health Department.

⁴⁶RAC.RG.12.S. 12.1, B.27 "Officer's Diaries Heiser's Diaries." 14 February 1928.

⁴⁷Ibid.

⁴⁸ See: W.L. Blakmore. "Bucket Latrines on Hardouin Estate, Province Wellesley South", in Vol 1: 1926, p. 151 Clarke Yeager. "Well Pollution and Safe Sites for Bore hole Latrines" in 6:1, 1931P 106-107, in *Malaya Medical Journal*.

deplore their slackness, their lack of physical and moral stamina, and a citizenship may be built up which will not only desire to but be able to undertake its own governance.⁴⁹

Added to this, the RF campaigns and the opening of Rural Health Centres were also public events graced by local community leaders, with one ethnic Chinese merchant Tan Kah Kee even supporting the programme in British Malaya by pledging several thousand shoes to propagate the virtues of footwear to prevent the entry of hookworms through the barefoot.⁵⁰ The biggest coup for the IHB however came in winning the commitment of the local officialdoms towards further institutionising and perpetuating these efforts.⁵¹ This came in the inclusion of hookworm diseases in official medical reports, increased medical examinations, expansion of rural health centres, and the emphasis on public health and hygiene education.⁵²

To a certain extent, in its anti-hookworm campaigns, the IHB was instrumental in popularising Western biomedical and public health discourses in Southeast Asia. The publicity generated through the film shows and other public lectures reflected the use of medicine as a tool for social mobilisation. In the hookworm, the Americans were able to objectify, visualise and simplify otherwise nebulous and clinicalised notions of infectious diseases. It seemed too, that they were more effective than local governments to whip up greater enthusiasm towards internalising the discourses of public health.

⁴⁹ *Singapore Free Press*. 14 June 1927.

⁵⁰ See: *Straits Echo*. 26 October 1927.

⁵¹ RAC.RG.5.S.2.B.56. F: 356.

⁵² RAC.RG.12.S. 12.1, B.27 "Officer's Diaries: Heiser's Diaries." 14 February 1928. p.164.

Conclusion: Rockefeller medical philanthropy across political fractures

On the surface, it is not difficult to interpret IHB's experience in Southeast Asia along the conventional frames of either Western led modernity or colonial hegemony. The activities of RF representatives in Southeast Asia could represent either American scientific progressivism and philanthropy or its cultural arrogance, corporate domination and political paternalism. Underpinning the generous commitment of resources towards disease eradication and public health improvement was also a belief in the civilising-mission of non-Western territories. The experiences of the Board officials in the region further reinforced their worldviews of supposedly backward and debilitating traditional societies managed by indifferent governments.

As this article has demonstrated, the above paradigms do not explain the actual donor-recipient relationship sufficiently. Whether in principle or practice, the IHB avoided engendering a culture of dependency from the countries it operated in. As such, its representatives also deliberately ensured their contributions were subsumed under local government initiatives as far as possible. While it financially assisted the development of local medical institutions, the Board made clear the ultimate responsibility of public health lay with the state. The philanthropic efforts were only meant as stimulus for deepening such commitments. In this respect, the criteria of its involvement in the individual societies in the region were based principally on the potential of its public health infrastructure to sustain the Board's initiatives.

A more complicating factor restraining the spread of Rockefeller philanthropy was the layers of political obstacles its representatives had to carefully negotiate. At every level, Board officials encountered suspicion and resistance from local authorities

apprehensive of Rockefeller agendas, which was associated with encroaching American influence. In the case of Thailand, it faced a political minefield of bureaucratic factions backed by competing elements within the Thai royalty and an assortment of European “advisors” as well.

Nonetheless, with the exception of French Indo-China, the IHB managed to make headways into most of Southeast Asia. Perhaps a significant aspect of the Rockefeller involvement was the pioneering of a potentially more participative public health culture in the region. Apart funding institutions of medical research and education, the IHB's anti-hookworm campaigns were designed to energise recipient societies to be more actively engaged with public health. To the Board's officials, it was far more effective to educate and mobilise the masses towards prevention of diseases rather than top-down mandatory measures that were often poorly understood and implemented. Through public health and hygiene lectures and film shows, the IHB had probably played a larger role in popularising the ethos of Western public health and hygiene than that of the local state medical services.

This aspect has unfortunately been sidelined by a historiography of medicine associating the evolution of modern medical cultures with the state apparatus instead of the influence of community and interest groups operating both locally and globally. In the same realm, the apparent differences between the American and European notions of public health cultures reveals the problematic assumption of “Western” medicine as a monolithic entity cast upon passive and hapless colonial subjects.

Given its significance, the survey of the IHB's legacy in the region is not merely about the narratives of several white American male personalities. The unprecedented global scale of the RF's philanthropic enterprise suggests the need for a more regionalised or transnational narrative that is currently fractured along the contemporary political boundaries of nation-states in Southeast Asia. This is particularly crucial given the need to develop a more nuanced appreciation of the multi-faceted influences of America in the region and the world at large. Unlike the readily identifiable and imposing presence of the American military, its corporations, film and music, the legacy of the IHB was comparatively (and deliberately made) to be politically colourless, culturally odourless and easily forgotten. Nevertheless, it is in this seemingly amorphous legacy in Southeast Asia that more dimensions can be unearthed into the understanding of the region's historical evolution as a whole. This should also serve to shape broader historiographical themes pertaining to the evolution of international corporate philanthropy and modern public health and medicine.