



Dossier Connections and Networks of the Rockefeller Foundation in Latin America

Transnational History, Cultural Collisions, and Agency: Rockefeller Public Health Fellowships in Latin America, 1917-1940

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ABSTRACT

The Rockefeller Foundation and its subsidiary, the International Health Board, created a fellowship program that intended to provide education and training for public health students and officials across the world. This essay focuses on Latin American fellowships in the early twentieth century, considering the goals of the Foundation's program, the agency of the fellows, and the program's global impact. It draws on fellowship cards and annual reports from the Rockefeller Foundation, and analyzes them through transnational studies, which prioritizes relationships established between agents from different countries. The text concludes that the relationship between Rockefeller agents and local men was not without tension and that the international agency contributed significantly to the training of technical staff.

Keywords: Rockefeller Foundation; Professional Education; Transnational History; Circulation of Knowledge; Health

Historia transnacional, colisiones culturales y agencia: becas de estudio Rockefeller Public Health en América Latina, 1917-1940

RESUMEN

La Fundación Rockefeller y su subsidiaria, International Health Board, crearon un programa de becas que pretendía ofrecer educación y entrenamiento para estudiantes y autoridades de salud pública en todo el mundo. Este proyecto dio énfasis a las becas latinoamericanas a inicios del siglo XX, considerando los objetivos del programa de la Fundación, los becarios y el impacto global del programa. Fueron utilizadas como fuentes, carnés de becarios e informes anuales de la Fundación Rockefeller analizados por medio de los estudios transnacionales,

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que resaltan las relaciones establecidas entre agentes de diversos países. Se concluye que la relación entre los agentes de la Fundación Rockefeller y hombres locales no ocurrió sin tensiones y que la agencia internacional contribuyó significativamente para la formación de cuadros técnicos.

Palabras clave: Fundación Rockefeller; educación profesional; Historia Transnacional; circulación del conocimiento; salud

História transnacional, colisões culturais e agência: bolsas de estudo Rockefeller Public Health na América Latina, 1917-1940

RESUMO

A Fundação Rockefeller e sua subsidiária, o International Health Board, criaram um programa de bolsas que pretendia fornecer educação e treinamento para estudantes e autoridades de saúde pública em todo o mundo. Este ensaio dá ênfase às bolsas latino-americanas no início do século XX, considerando os objetivos do programa da Fundação, a agência dos bolsistas e o impacto global do programa. Foram utilizados, como fontes, cartões de bolsistas e relatórios anuais da Fundação Rockefeller, analisados por meio dos estudos transnacionais. Conclui-se que a relação entre agentes da Rockefeller e homens locais não ocorreu sem tensões.

Palavras-chave: Fundação Rockefeller; educação profissional; História Transnacional; circulação do conhecimento; saúde

The Rockefeller fellowships in public health that were awarded to Latin Americans in the early 20th century provide a story of transnationalism, remaking of science and medicine in the region, cultural collisions, and global impact. This essay will explore that history, drawing on a range of scholarship and archival documentation.

The Transnational Gaze

Transnational studies are based on the reality that all human endeavors cross the artificial lines drawn by governments across geography and culture. Such studies violate the structure of national histories that focus on origin stories, the legitimacy of their boundaries (which may in fact be the result of conquest) and emphasize the linguistic, racial and cultural cohesiveness of people within those boundaries. Those national myths obscure the realities of the constant diffusion of ideas, technology, and culture that have shaped human history.

Several scholars have discussed and defined this subject in ways important for this essay, approaches that may be characterized as requiring a transnational gaze. Akira Iriye, in his book *Cultural Transnationalism and World Order* argued that “cultural internationalism emerged as a significant force in the late nineteenth and early twentieth centuries”, at first in Europe and North America (Iriye, 1997, p. 13). Noting that few transnational thinkers included other regions of the world in their concepts, Iriye also pointed out that one of the first great transnational organizations of the twentieth century, the League of Nations, was strongly supported by Latin America, which provided a third of the founding members of the League (Iriye, 1997, p. 58).

Iriye also emphasized the role of individual actors in transnationalism. He argued for recognizing that “cultural internationalism was fostered by the interpenetration of individuals from different lands, as some of them shared lives, ideas and dreams together” (Iriye, 1997, p. 80). He went on to specify that these individuals included “educators, intellectuals, artists, musicians, and many others” who “envisioned a world in which the exchange of students and scholars, [and] collaborative intellectual enterprises” would supersede global militarization “as determinants of international affairs” (Iriye, 1997, p. 184).

Pierre-Yves Saunier gives us more detail about the framework of the subject in his book *Transnational History*. He notes that while the unit of the nation-state, a creation primarily of the last two centuries, has been “the methodological and narrative keyboard that we historians have used for the researching, writing and teaching of history”, that focus ignores the constant “circulations and connections between and across these units” (Saunier, 2013, n.p).

Saunier then defines transnational history as “the trends, patterns, organizations and individuals that have been living in and between and through these (...) units of historical research”. He argues that looking at these factors allows the recovery of “the history of projects, individuals, groups, concepts, activities, processes and institutions that often have been invisible or at least peripheral to historians” (Saunier, 2013, n.p). For the purposes of this essay, it is helpful to note that Saunier specifically points to the transnational actors who were “intermediaries, go-betweens, and brokers [who] lived and operated in-between large social and political constructions”, whose “traces are often peripheral” to typical nation-based histories (Saunier, 2013, p. 36).

A collaborative work, edited by Ludovic Tournès and Giles Scott-Smith, *Global Exchanges: Scholarships and Transnational Circulations in the Modern World*, brings even greater focus to our topic. The editors’ goal was to “insert [fellowship] programs into the construction and circulation of knowledge through the twentieth century” (Tournès; Scott-Smith, 2018, p. 5). They argued that international fellowships were “a powerful factor for creating transnational networks and constructing and transferring knowledge” (Tournès; Scott-Smith, 2018, p. 8).

Essays throughout the volume draw heavily on the experience of the Rockefeller Foundation's fellowship program of the early twentieth century. They emphasize how the program took promising individuals from a range of countries (and some colonies) across the globe, gave them one to three years of advanced education in their profession, and returned them to their home countries, usually to teach or hold administrative positions, roles that gave them the opportunity to initiate reforms and new directions.

Pierre-Yves Saunier (2018, p. 128-136), in an insightful chapter on the Rockefeller Foundation's global fellowship program for nurses, explained that through the advanced training and international travel opportunities that nursing fellows "from very different contexts" acquired a commonality of concepts and ideas. Their goals then transcended nationalities even as they returned to their home countries. They were bound in a "web of complicity" that compelled them to introduce similar nursing principles, acquired in their fellowships, in whatever capacity they served.

Rockefeller Fellowship Program

We may now move from general considerations to the specifics of the Rockefeller Foundation's fellowship program and even more concretely, its fellowships in public health.

Fellowships as a means of aiding scholars, researchers, and professionals to acquire deeper knowledge and skills beyond initial university degrees were developed in the late 19th and early 20th centuries in Europe and North America as a means of promoting specialization. While the fellowships often served as tracks toward advanced degrees, just as often they were opportunities for studying and working in new or contrasting environments that challenged the fellows to navigate or develop new ideas and methodologies. Typically fellowships fully funded studies, travel and living expenses for the awardee. A generic description of fellows in 1910 defined them as "holders of certain sums of money for a fixed number of years [who were] devoted to special study or research" (Encyclopedia Britannica, 1910-1911, n. p.).

The Rockefeller Foundation was an early exponent of fellowships as a means of promoting the development of the public health profession, and Latin America was an early focus of its fellowship program. The Foundation, created in New York state, and headquartered in New York City, was founded by John D. Rockefeller in 1913 with an 182-million-dollar endowment. While Rockefeller was known worldwide as developing a near-monopoly of the petroleum industry in the United States, and becoming the wealthiest person in that nation, he was less-known for his lifetime of philanthropic activities. He had a particular interest in higher education, although he did not have a university education himself. He had founded Spelman College in 1882, the first American college for Black women; the University of Chicago in 1889, one of the earliest research-oriented universities in the United States;

and the Rockefeller Institute for Medical Research established in New York City in 1901, modeled on leading European research centers such as the Pasteur and Koch institutes (Chernow, 1998, p. 240, 312-313, 470-473, 563-571). But Rockefeller was not done.

With his advisors Rockefeller conceived of a global philanthropy with the motto “For the Well-being of Mankind throughout the World”, an organization that would focus on promoting the latest strategies for improving medicine and public health. That new entity, named simply The Rockefeller Foundation, and a closely allied Rockefeller philanthropy, The International Health Board (which was merged with the Foundation in 1928), acted quickly to survey health conditions in Latin America, immediately sending visitors to nations in Central America, and starting an experimental hookworm-control project in British Guiana (Rockefeller Foundation, 1915, p. 52, 66).

Brazil and Latin America

The Foundation’s interest in Latin American public health, however, centered on Brazil. In its first public report it announced that a special commission was being sent to Brazil “to study and report on medical conditions and progress in that country”. The Foundation was already aware of Oswaldo Cruz’s effective work on yellow fever control but was interested specifically in extending its hookworm program to Brazil. The commission of Foundation representatives sailed in June 1916, with the understanding that the government of Brazil had “generously offer[ed] every facility for the presentation of the work” (Rockefeller Foundation, 1915, p. 71, 75).

The commissioners reported on their return to the United States that they recommended five years of support for a department of hygiene (essentially a public health department) in the São Paulo Medical School, that would be headed by an American. Marking the first offer of fellowships in Latin America, the commission specified that two “will be awarded to promising young Brazilians who will come to the United States for special training in hygiene and public health and then return to São Paulo to serve on the staff of the school”. In addition, the commission stated that a fellowship would be offered to the Belo Horizonte Medical School, with the recipient to “come to the United States in 1917 for special study, with a view on his return to...be the head of the department of pathology” (Rockefeller Foundation, 1917, p. 72). These were the first Rockefeller fellowships offered to Latin Americans. These and subsequent Latin American fellows were sent primarily to study at either Johns Hopkins University’s or Harvard University’s schools of public health: both schools had major financial support from the Rockefeller Foundation.

Thus, a program of transferring American-style public health work to Latin America was initiated. By 1921, as part of a rapidly growing fellowship program (157 Rockefeller

public health fellowships were awarded globally in that year), seven fellowships were offered to Brazil, two each to Costa Rica, Nicaragua and El Salvador, and one each to Colombia, Guatemala, and Mexico. The Rockefeller Foundation's annual report for that year stated that "the rapid multiplication of fellowships reflects the conviction that the training of men and women for leadership and for technical efficiency is fundamental to progress in preventative medicine and in medical education" (Rockefeller Foundation, 1922, p. 51-52). That "conviction" continued to underpin the Foundation's fellowship program throughout the 1920s and 1930s. By the end of those decades about 2000 fellowships had been awarded globally in public health (including nursing). One scholar found that 316 public health fellowships in that era went to Latin America (Cueto, 1995, p. 225).

While the fellowships were for the advanced training and education of individuals, the Foundation had a much broader vision of the purpose of the fellowships. First, on return to their countries of origin the fellows were expected to become changemakers – making the fellowship program what the Foundation described as "an investment in leadership" (Rockefeller Foundation, 1922, p. 146). Second, the fellows were expected to become part of an international network of public health experts who had shared values and strategies.

Exchanges of Knowledge

The Foundation emphasized that the "exchange of ideas concerning public health administrative procedures and technical methods is stimulating to health officials". And "to further such exchange of knowledge" Rockefeller grants were made to public health officials (many of whom were former fellows) "to visit countries other than their own for the study of health organization" (Rockefeller Foundation, 1927, p. 238, 241). In 1926, for example, those grantees included individuals from Brazil, Colombia, Mexico and Puerto Rico (That same year, awards to Latin America, combined with the Caribbean, accounted for 18% of the Foundation's public health fellowships). Moreover, the Foundation in that year collaborated with the League of Nations Health Section to fund "international interchanges of public health personnel and the development of the service of epidemiological intelligence and public health statistics" (Rockefeller Foundation, 1927, p. 88, 242).

The Foundation had a very positive and expansive, even self-congratulatory, view of its fellowship program. The president of the Foundation in 1923, writing to the chairman of the Foundation's board of directors, called the fellowship program a contribution to international "goodwill" – a hopeful expression for a world recently torn apart by a world war¹. In 1936 the Foundation declared that

¹ ROCKEFELLER FOUNDATION ARCHIVES, Sleepy Hollow. *G. E. Vincent to John D. Rockefeller, Jr.*, 9 nov. 1923. Record Group 1.2, series 100E, box 29, folder 217.

the Foundation has always been interested in encouraging the transmission of ideas and [the] interchange of experience, from one country to another... As a group though scattered across the world, they have a common experience... Although not the primary purpose of the fellowship program, one of its important by-products has been its contribution to international understanding (Rockefeller Foundation, 1937, p. 54).

One extraordinary instance confirming the reality of the Foundation's internationalist strategy comes from the experience of epidemiologist Oo-keh Khaw, a Malayan who was a professor at the Peking Union Medical College in Beijing, a Rockefeller-founded institution. In 1933 he received a Rockefeller fellowship to travel abroad to visit public health institutions and programs. In Europe he continually encountered Rockefeller-trained officials. His experience in Spain was typical. He reported that

One of the Divisional Inspectors – a Rockefeller Foundation Fellow of Johns Hopkins – came with me, so that besides being received with kindness... I saw not only anti-malaria work but other public health activities as well... carried out in approved American style as most of the heads [of the public health units] are R[ockefeller] F[oundation] fellows².

For Oo-keh Khaw the creation of goodwill and the growth of common knowledge claimed by the Rockefeller Foundation for its public health fellowship program were ratified by his experience.

American Attitudes

One must not assume that the Rockefeller Foundation's public health incursions into all nations and all institutions were always appreciated and respected. The reality was often a cultural collision. The Rockefeller field officers were almost without exception Americans who brought with them their country's prejudices. The experience of Lewis Hackett, as the first Rockefeller representative in Brazil, 1917-1924, is indicative.

Hackett certainly brought along cultural attitudes prevalent in the United States at the time. At a time when the Rockefeller Foundation's published annual reports could casually describe some Latin Americans as "half-breeds", "mixed-breeds", "illiterate", superstitious, "shiftless" or "primitive", it is not surprising that Hackett's personal correspondence was laced with racist and ethnocentric remarks (Rockefeller Foundation, 1915, p. 66, 68;

² PEKING UNION MEDICAL COLLEGE ARCHIVES, Beijing. *Oo-keh Khaw to Roger Greene*, 6 jun. 1933. v. 1312.

Rockefeller Foundation, 1916, p. 56; Rockefeller Foundation, 1917, p. 9, 93, 94, 154-55). In one letter he remarked that

Brazilians, like other Latins, I suppose, do not take naturally to American administrative systems, partly I think through a lack of courage in matters of discipline, partly through a different philosophy of life which leads them to rate other satisfactions higher than those of the strenuous life, social service and efficiency in organization. I believe that their desire for reform is purely theoretical³.

Two other examples are also suggestive. Henry Hanson, a Rockefeller officer assigned to Peru was “despised for what he perceived as the ignorance and resistance of the population” (Cueto; Palmer, 2015, p. 115). A fellow from Panama in 1936-37 who identified herself as “Negro” was labeled a “problem” by Foundation officer when it became known that she intended to (and eventually did) marry a man who was described as a “perfectly white” American citizen. The archival record, however, does not indicate that this unalloyed statement of American racism was followed by any prejudicial action by the Foundation⁴.

These attitudes were embedded in a broader sense of American hegemony over Latin America that had extended back to the so-called Monroe Doctrine of the early 19th century. The process of selecting fellows, announced early in the development of the Rockefeller Foundation’s fellowship program, and repeated regularly, was that the selection of the fellows was purely the responsibility of the Foundation. Normally, fellows were identified during the visits of Rockefeller officers to the nations of interest to them, or the Rockefeller officers posted there, often in collaboration with trusted local leaders. This pattern suggests that formally the process was entirely executive and dependent on the intent and goals of the Foundation.

Agency of the Fellows

However, recent scholars have found that the recipients of fellowships were important and influential actors in the process. Tournès and Scott-Smith have argued that histories of fellowships need to include “a bottom-up approach centered on actors”, and to demonstrate the extent to which “disciplines, institutions and national cultures” have been shaped by them (Tournès; Scott-Smith, 2018, p. 5). In the case of the Rockefeller Foundation’s public health fellowships in Latin America scholars Marcos Cueto and Steven Palmer, in *Medicine*

³ ROCKEFELLER ARCHIVE CENTER, Sleepy Hollow. *Lewis W. Hackett to W. T. Burres*, 25 nov. 1922. Lewis W. Hackett Papers, box 1, folder 2.

⁴ ROCKEFELLER ARCHIVE CENTER, Sleepy Hollow. *Fellowship Recorder Cards*. Record Group 10, Rockefeller Foundation Archives, 1936-1937 (Eusebia Ines Rodriguez).

and *Public Health in Latin America*, have insisted that “it is no longer possible to argue that the United States imposed a public health or biomedical model on Latin America as part of an imperial project... Instead, the history of international public health in Latin America and the Caribbean in the first half of the twentieth century must be understood as a reciprocal defining and creative engagement” (Cueto; Palmer, 2015, p. 108).

A review of the archival records of twelve fellowships in public health awarded to Latin America in 1936 is indicative of the nations’ and the fellows’ involvement in shaping their entry into and progress through the Rockefeller program, as well as the degree to which they met its expectations.⁵ Apparently without any input or recommendation from a Rockefeller officer, four of the fellowships were awarded solely because the prospective fellows had expressed “a wish” to study at one of the favored destinations for fellows in the United States – either Johns Hopkins University, Harvard University or Cornell University. Another three of the 1936 fellows were recommended solely by Rockefeller contacts in their home countries, not by Rockefeller officers.

It is instructive to consider the agency and control revealed in the archival record of one of the fellows. Alayde Borges Carneiro, a recent graduate of the Anna Nery School of Nursing in Rio de Janeiro, was recommended for a year-long fellowship in 1936 by Bertha Pullen, dean of the school, in the expectation that Borges Carneiro would eventually succeed her as director. Pullen went so far as to plan out the fellowship program, recommending that Borges Carneiro attend the nursing school at Teachers College in New York City, visit the Providence City Hospital in Rhode Island, and “get a good course in Ethics & Hist[ory]”.

Although Borges Carneiro’s fellowship at Teachers College ended after six months because of a family illness, she sought and was granted a second fellowship the next year. On her return to Brazil she declined a position at the Anna Nery School, instead working at a psychiatric hospital in Rio de Janeiro where she organized its nursing service, and then moved to a position at the Oswaldo Cruz Institute. The archival record concludes with a note that in 1951 Borges Carneiro was teaching at the school of health in Belo Horizonte. Clearly she had navigated her own path, irrespective of the plan laid out for her.

Worldwide Impact

These microstudies indicate that the influence of the Rockefeller Foundation on Latin American public health in the early twentieth century should not be framed only in terms of the powerful northern neighbor’s imperialist and interventionist strategies. Cueto and Palmer

⁵ The following discussion is based on Latin American fellows listed in “International Health Division Fellowships – 1936,” folder 281, box 37, series 100E, Record Group 1.2, Rockefeller Foundation Archives, and the more detailed Fellowship Recorder Cards for each of those fellows, in Record Group 10, Rockefeller Foundation Archives, both at the Rockefeller Archive Center, Sleepy Hollow, New York, USA.

(2015, p. 5) concede that the Foundation, among other actors, “gradually restructured” medical education in the direction of public health “according to U.S. models promoted by an array of fellowships and training initiatives”.

But they suggest that something else was occurring at the same time. They argue that Latin American public health workers and institutions, in a symbiotic relationship with the internationalist strategies of the Rockefeller Foundation, created the “blueprints for the truly worldwide systems that would emerge after World War II” (Cueto; Palmer, 2015, p. 6). This refers specifically to the postwar endeavors of Pan American Health Organization, and of the World Health Organization, established in 1948. Equally important as a postwar model for global world health, however, was the Rockefeller Foundation itself, which showed in Latin America how a program of fellowships could be vital to promoting advanced training and education, and to establishing shared knowledge and goals.

It is thus not surprising that Marcolino Gomes Candau of Brazil, the second Director-General of the World Health Organization, who served in that role from 1953 to 1973, was a Rockefeller Fellow in public health at Johns Hopkins University in 1940-1941⁶. That symbolized that the Rockefeller Foundation’s globalist vision of its fellowship program, initiated in collaboration with Brazil in 1917, had been fulfilled.

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