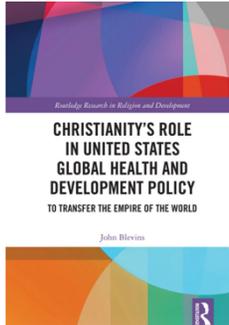


Note to the reader:



This text is edited content from the book *Christianity's Role in United States Global Health and Development Policy: To Transfer the Empire of the World* (Routledge, 2019). As the author of this text and the owner of the manuscript, I have created this edited content drawn from chapter three and chapter eight of the broader work. To orient the reader to the broader argument in both chapters, I have included the abstracts of each chapter submitted to the publisher when I originally wrote the manuscript.

The content from chapter three included here lays out a “case study” of the influence of the Rockefeller family and the Rockefeller Foundation on global health practice. The text demonstrates the ways in which such influence was grounded in the Protestant Christian worldview of John D. Rockefeller, Sr. I have included the full text of chapter eight (the short, concluding chapter to the book) to provide the summary of some critical issues related to the use and misuse of social power (including but not limited to religious power) in the field of global health.

Chapter Three

The new century begins: 1900-1948

Abstract: From the turn of the century to the end of the Second World War, American Protestantism exerted tremendous influence on American society, especially through programs of social reform known as the Social Gospel. The Social Gospel movement sought to “Christianize the social order” and key aspects of the movement influenced public health programs and policies, both in the United States and in global contexts. A robust program of foreign missions influenced global health and development practices in the era and also contributed to a number of non-religious initiatives through government and civil society that would set the stage for global health and development efforts in the latter half of the twentieth century.

At the same time, however, disagreements on various social issues led to the fragmentation of a unified vision among a broad cross-section of American Protestants. The reforms of the Social Gospel would not be sustained under that name and liberal Protestantism would wrestle with a crisis of confidence. Nonetheless, many of the Social Gospel ideals would find various institutional homes to influence the United States government’s foreign policy priorities.

The chapter concludes with a case study of the Rockefeller family as a way to trace these shifts over the decade of the early-to-mid twentieth century and to demonstrate the ways in which American Protestantism played a significant role in establishing the field of public health and the federal government’s foreign aid programs.

The Social Gospel Embodied in the Rockefellers

He was a faithful leader at Cleveland’s Euclid Avenue Baptist Church in the early 1900s, giving generously in support of the church’s ministries and its operating budget. Though he was a hard-working businessman, religious practice in the form of pietistic devotion to this church community grounded his life. He taught Sunday School for decades and even served as Superintendent for a time. Many of his Saturday afternoons consisted of sweeping the chapel floors, replacing candles in the sconces, or stacking the stove in the corner (the only source of heat in the building) with wood—all in preparation for the next day’s worship. He always dressed in coat and tie, not only at church but during the work week; his wife and children dressed similarly in clothes that were respectable but not ostentatious and he stated that they would always “wear their Sunday clothes to work and school as a sign of Christian pride.”¹ He and his family always sat in the same ninth-row pew. Euclid Avenue was a working-class

¹ Ron Chernow, *Titan: The Life of John D. Rockefeller, Sr.* (New York: Vintage, 1998), 52-53.

congregation where “all but a half-dozen of the families were of limited means.”² His children each presented their offerings to the church on a weekly basis, and their father was clear that the money “will be earned by the sweat of their brows, pulling weeds and the like.”³ As a young adult, he went for a period of time without any place to live and walked the streets of Cleveland looking for work. He often referred to that time in his life when teaching Sunday School, expressing gratitude for finding a part-time job as bookkeeper for a dock warehouse. An artefact from that job—an account ledger—took on religious significance for him: “The little book is most significant. No wonder, as he once told his Sunday-school class, holding up [the ledger] to their attentive eyes: ‘You could not get that book from me for all the modern ledgers in New York, nor for all that they would bring. It almost brings tears to my eyes when I read over this little book, and it fills me with a sense of gratitude I cannot express.’”⁴ This man was the picture of Protestant piety and propriety—an object lesson on the importance of hard work, fiscal restraint, and familial commitments to faithful devotion to Jesus Christ. He was also the richest man in the world at the time-- someone whose personal wealth equaled about two percent of the total annual economic output of the United States and someone whose wealth today would equal about \$280,000,000,000 or about three times the wealth controlled by Bill Gates.⁵ He was John D. Rockefeller, Sr., the founder of Standard Oil Company.

The story of this man, his son John Jr., and grandson Nelson offers a clear case study of Social Gospel ideals being taken up in the structures of government and civil society from 1930-1980. The senior Rockefeller’s gifts to colleges and universities across the country (most of them founded and supported by Baptists) is well-documented. Without question, the gift that is best known was his initial gift of \$600,000 (the present-day value would be over \$25,000,000) toward the founding of the University of Chicago in 1890⁶. While that gift is significant, it was by no means the first⁷. That distinction goes to Kenyan College, which was the recipient of a \$5.00 donation from Rockefeller in 1864. Far more substantial gifts to various schools followed. Rockefeller gave \$22,500 to Denison University (founded by Baptists in

² *Ibid.*, p. 189.

³ *Ibid.*

⁴ Ida M. Tarbell, “John D. Rockefeller: A Character Study,” in *McClures* 25, no. 3 (1905): 233.

⁵ John Steele Gordon, “John D. Rockefeller Sr.” Philanthropy Roundtable: Strengthening our Free Society, accessed 16 February 2018. http://www.philanthropyroundtable.org/almanac/hall_of_fame/john_d._rockefeller_sr

⁶ Robert Moats Miller, “Harry Emerson Fosdick and John D. Rockefeller, Jr.: The Origins of an Enduring Association,” in *Foundations: A Baptist Journal of History and Theology* 21, no 4 (1978): 294.

⁷ All references to Rockefeller’s donations to colleges and universities unless otherwise noted in a separate endnote come from Kenneth W. Rose, “John D. Rockefeller, the American Baptist Education Society, and the Growth of Baptist Higher Education in the West” (presentation, Great Lakes American Studies Association, Cleveland, OH, October 13, 1990). Online: <http://rockarch.org/publications/resrep/rose1.pdf>.

Granville, Ohio) in five separate donations between 1868 and 1882. He gave a small donation to Chicago University, the predecessor to the university he later helped endow.⁸

Rockefeller support was essential for establishing a number of colleges for African-Americans and Native Americans in the United States. A donation to A.C. Bacone in 1881 led to the founding of Bacone College, a Baptist undergraduate institution for Native Americans in Oklahoma. An 1862 donation to Sophia Packard and Harriet Giles allowed the Atlanta Female Seminary to establish its own campus; the school's trustees changed the name of the college to Spelman, the maiden surname of Mrs. Rockefeller, in honor of her abolitionist family whose home was a stop on the Underground Railroad⁹. Rockefeller provided a series of donations to the Atlanta Baptist Seminary, including a donation in support of its move from Augusta, Georgia to Atlanta that provided the land for the school's campus; the seminary was re-named for Henry L. Morehouse, who was Executive Secretary of the American Baptist Home Mission Society. Today, Spelman and Morehouse anchor the Atlanta University Center, a consortium of historically black colleges just west of downtown Atlanta.¹⁰

The University of Chicago received the personal \$600,000 donation from Rockefeller (his total donations to the university would eventually total approximately \$35,000,000, or over \$875,000,000 today¹¹); it also received financial support from the American Baptist Education Society, an official ministry office of the American Baptist denomination. In fact, the office only existed because of Rockefeller's financial support¹². From 1890 to 1914, the Society, with Rockefeller as the only significant contributor paid out over \$800,000 to thirty-four different schools.¹³ The relationship

⁸ This earlier school was also known as the University of Chicago or Chicago University. The school operated between 1856 and 1886 but was never on sound financial footing. When a new university was chartered in 1890, the trustees of the original institution legally changed the name of the school to the Old University of Chicago.

⁹ Vada L. Avery, *Philanthropy in Black Higher Education: A Fateful Hour Creating the Atlanta University System* (New York: Palgrave Macmillan, 2013), 40.

¹⁰ Other schools in the Atlanta University Center include Clark-Atlanta University, the Morehouse School of Medicine, Morris

¹¹ Anthony Gokianluy, "Storied beginnings and strong foundations," *The Chicago Maroon*, last modified February 14, 2012, <https://www.chicagomaroon.com/2012/02/14/storied-beginnings-and-strong-foundations/>

¹² For example, in 1892, the Society listed "sundry contributions of \$684 and a single contribution from Rockefeller for \$165,000. See Rose, p. 9.

¹³ Of those schools, 18 are still open today. They are Baylor University, Bucknell University, California College (today, the American Baptist Seminary of the West), Carson-Newman College, the University of Chicago, Colby College, Franklin College, Furman University, William Jewell College, Kalamazoo College, Keystone Academy (today, Keystone College), Mercer University, Mississippi College, Ottawa University, Southwestern Baptist University (today Union University), Spelman Seminary (today, Spelman College), Stetson University, and Williamsburg Institute (today, University of the Cumberlands). For a complete list of the schools, see Rose, endnote 2.

between Rockefeller and the Society established a precedent the family built on of contributing to an independent philanthropic entity which would reflect the family's commitments and priorities. Upon the death of John D. Rockefeller, Sr. in 1937, the *New York Times* reported that he had donated over \$530,000,000 through four foundations: the Rockefeller Institute for Medical Research, the Rockefeller Foundation, the Laura Spelman Rockefeller Memorial, and the General Education Board (which was the non-religious, independent entity that grew out of the American Baptist Education Society).¹⁴

John D. Rockefeller, Jr. continued his father's legacy of religious piety and charitable giving. He was a faithful member of Park Avenue Baptist Church in Manhattan until he decided to establish and endow The Riverside Church, a non-denominational Protestant congregation in the upper west side Manhattan neighborhood of Morningside Heights in 1925.¹⁵ Riverside became the guardian of the Social Gospel tradition from the moment it was founded up to the present. The stained glass and statuary in the church memorialized in its statues and stained glass honor Charles Darwin, Mohammed, Buddha, Albert Einstein, Abraham Lincoln, and Booker T. Washington along with Biblical and religious figures.¹⁶ Its founding pastor, Harry Emerson Fosdick, "carried the social gospel banner into the midcentury."¹⁷ Fosdick believed that Riverside Church would "help the younger generation discover its divine vocation and say, 'Here I am, send me. If wherever soldiers of the common good are fighting for a more decent international life and a juster industry, they should feel behind them the support this church, which ... has kept its conviction clear that a major part of Christianity is the application of the principles Jesus to the social life, and that no industrial or international question is settled until it is settled Christianly.'"¹⁸

In the 1920s, Rockefeller provided over \$1,000,000 to the Union Theological Seminary in the City of New York, the Protestant Seminary most closely associated with the Social Gospel.¹⁹ Under the auspices of the Foundation and the General Education Board, Rockefeller funded theological education for historically black seminaries and

¹⁴ "Rockefeller Gifts Total \$530,853,632," *The New York Times* (New York, NY), May 24, 1937, p. 1, 10. *The New York Times* devoted the upper right columns of its front page to Rockefeller's death in three different stories. That day's edition also included three full pages of coverage of Rockefeller's life and death on pp. 8-10.

¹⁵ Miller (1978), p. 302.

¹⁶ Mark Tooley, "'Fundamentalism' Invades Manhattan," *American Spectator*, August 31, 2009, <https://spectator.org/40992-fundamentalism-invades-manhattan/>, accessed March 17, 2018.

¹⁷ Robert Moats Miller, *Harry Emerson Fosdick: Preacher, Pastor, Prophet* (New York: Oxford University Press, 1985), viii.

¹⁸ Dana L. Robert, "The First Globalization: The Internationalization of the Protestant Missionary Movement Between the World Wars," in *International Bulletin of Mission Research* 26, no. 2 (2002): 53.

¹⁹ Robert Moats Miller, "John D. Rockefeller Jr.: An Exchange," in *New York Review of Books* 51, no. 12 (2004), <http://www.nybooks.com/articles/2004/07/15/john-d-rockefeller-jr-an-exchange/>

minority seminarians, including donations to the Interdenominational Theological Center, the largest historically black seminary in the world²⁰, and special endowments to the Forum for Theological Education to provide scholarship support for racial and ethnic minority communities²¹.

But John D. Rockefeller, Jr. did not limit his attention or his charitable giving to religious institutions. For that matter, neither did his father. From its founding, the Rockefeller Foundation supported a variety of international health initiatives. One of the first initiatives following the founding of the Foundation in 1913 was the funding of the Chinese Medical Board whose goal was to establish two medical schools in China by 1920 with another to follow thereafter. To carry out this objective, the Foundation initially relied on the medical missionaries already established in the country:

The decision to establish two medical centers, the one at Peking and the other at Shanghai, will lay a base line along the coast from which other centers may be established at a later date under the auspices of the Foundation, through missionary initiative, or as government enterprises.... The Commissioners [of the Rockefeller Foundation] referred to are quoted as saying in effect to missionary educators, 'We are thinking of the interests of China as a whole... Will you join us and make a happy combination, and be as keen on Christianity as we are on medical science?... The Foundation has the financial resources with which to do in laboratory, class room, and hospital what no one Board, nor half a dozen Boards with their obligations, could possibly do...Scientifically qualified men are required, but Christian men of equal qualifications are preferred. Let men offer for such service, secure the best preparation there is to be had, and... train a body of Chinese physicians and surgeons who can in turn not only man mission and government hospitals, but become the influential factors for moral purity and religious life in the institutions of the country²².

At the time of its inception, the Rockefeller Foundation established partnerships with foreign medical missions organizations to carry out its work. By the early 1930s, public health had become a priority for the Foundation. The International Health Commission was established by the Foundation in 1913 (the name was changed to the International Health Board in 1916 and the International Health Division in 1927), the year the Foundation was founded. This body would become "the most powerful and influential international-health organization during the first half of the twentieth century."²³ The International Health Division of the Rockefeller Foundation exercised tremendous influence within the League of Nations Health Organization (LNHO), the predecessor

²⁰ <https://www.itc.edu/about/history/>

²¹ <http://fteleaders.org/about/history>

²² Walter R. Lambuth, *Medical Missions: The Two-fold Task* (New York: Student Volunteer Movement for Foreign Missions, 1920), 185-186.

²³ Randall M. Packard, *A History of Global Health: Interventions into the Lives of Other People* (Baltimore: Johns Hopkins University Press, 2016), 32.

body to the World Health Organization. The LNHO faced chronic budget shortfalls during the global economic depression of the 1930s and the Foundation provided over a third of its total budget. In return, the Foundation influenced priorities within the LNHO, establishing a focus on scientific and organizational issues and minimizing social and economic factors on poor health.²⁴

The Foundation focused on building public health education globally. In the United States, it endowed the School of Hygiene and Public Health at Johns Hopkins University in 1918, and in 1921, it endowed both the School of Public Health at Harvard and the School of Public Health at the University of Michigan.²⁵ Globally, the Foundation eventually funded the London School of Tropical Medicine and Hygiene and 20 other schools or programs of public health across the globe over the next two decades.²⁶

After the end of World War II, the Rockefellers played key roles in establishing both religious and governmental global health and development institutions. The Foundation funded the establishment of the Ecumenical Institute of the World Council of Churches in 1946, a global Protestant Christian body that has been active on health and development programs and advocacy for over seventy years.²⁷ John D. Rockefeller, Jr. purchased 17 acres on the east side of Manhattan for \$8.5 million in 1946 and then donated the land to serve as the headquarters of the newly-formed United Nations.²⁸ Finally, in 1959, John D. Rockefeller, Jr. provided the land and funds for building the Interchurch Center of the National Council of Churches (NCC) on Manhattan's upper west side just south of Riverside Church and Union Theological Seminary. Twenty thousand people lined the streets and President Dwight Eisenhower delivered the opening address at the opening of the center.²⁹

The NCC wielded a great deal of social and political power at the time by articulating the social policy positions of mainline Protestant denominations on domestic

²⁴ *Ibid.*, p. 54.

²⁵ "Our History," *The Rockefeller Foundation*, accessed February 17, 2018.
<https://www.rockefellerfoundation.org/about-us/our-history/>

²⁶ *Ibid.*, p. 43. Packard does not cite the schools but the Foundation's website describes notes that notes that it spent over \$25 million between 1921 and 1941 to establish schools of public health in "Prague, Warsaw, London, Toronto, Copenhagen, Budapest, Oslo, Belgrade, Zagreb, Madrid, Cluj (Romania), Ankara, Sofia, Rome, Tokyo, Athens, Bucharest, Stockholm, Calcutta, Manila and São Paulo. The total contribution to schools of public health amounts to \$357 million in current dollars." See "Our History."

²⁷ Marianne Jehle-Wildberger, *Adolph Keller: Ecumenist, World Citizen, Philanthropist* (Eugene, OR: Cascade Books, 2013), 236.

²⁸ Charlene Mires, *Capital of the World: The Race to Host the United Nations* (New York: New York University Press, 2013), 213-214.

²⁹ Thomas Robbins, *In Gods We Trust: New Patterns of Religious Pluralism in America* (New York: Routledge, 2017), 169.

and global issues and working with the World Council of Churches in Geneva. Mainline denominations also housed the headquarters of their respective offices in domestic and foreign missions, social action, and development in the Interchurch Center. Finally, the Rockefeller Foundation was influential in setting the priorities of various agencies within the United Nations through its direct contributions to the body and by providing grant funding to those agencies for specific programs.³⁰

The last example of the Rockefellers' influence is seen in the career of Nelson Rockefeller, son of John D. Rockefeller, Jr. Nelson did not remain involved in the business interests of his father and grandfather (though he helped to manage the fortune made off of those interests) but opted for a career in government, serving as Assistant Secretary of State for American Affairs for President Roosevelt during World War II and President Truman after the war; Undersecretary of the Department of Health, Education, and Welfare under President Eisenhower; Governor of New York State; and Vice President to Presidents Ford. The following description of Nelson Rockefeller's efforts to implement health and development initiatives in Latin America as part of the work of the U.S. State Department during World War II demonstrates the extent to which the Social Gospel legacy of the generations before him had become inculcated into his work in the government's foreign policy initiatives:

The attempt to make permanent improvements in the health of other peoples represented for [Nelson] Rockefeller a unique conjunction of national and family history. The types of aid programs he proposed had originated with Christian missionaries in the late nineteenth century. These individuals preached the gospel of modern science and medicine as well as that of Christ. John D. Rockefeller, Sr., the greatest supporter of missionaries in his generation, expanded and secularized this tradition with the creation of the Rockefeller Foundation, the first significant private nonsectarian institution to provide assistance in medicine and public health to developing nations. His grandson played a prominent role in making that tradition an accepted part of the U.S. foreign policy establishment.³¹

Some background into these Latin American initiatives offers insight into the ways in which In the Rockefeller family influenced American foreign policy.

In the course of the second world war, the United States realized that government and civil society perceptions in countries in Central and South America were causes of concern. Germany had established a foothold in the French colonies of West Africa with the establishment of the Vichy government in France. Analysts in the U.S. believed that German aircraft capabilities from the western reaches of the African continent put them in striking range of northeastern Brazil; were the Nazis to establish a base there, the Panama Canal in Central America would be at risk. Economic factors

³⁰ Inderjeet Parmar, *Foundations of the American Century: The Ford, Carnegie, & Rockefeller Foundations in the Rise of American Power* (New York: Columbia University Press, 2012). See chapter four, "Promoting Americanism, Combating Anti-Americanism, and Developing a Cold War American Studies Network."

³¹ Claude C. Erb, "Prelude to Point Four: The Institute of Inter-American Affairs," in *Diplomatic History* 9, no. 3 (1985): 253.

aligned with this military scenario against the United States; countries in Central and South America had lost their trading partners in Europe—the primary engines of the nations' economies— because of the war and there were some factions in the countries pushing for a German victory.

Committed to a united Western hemisphere under the leadership of the United States, President Roosevelt gave Rockefeller as Coordinator for American Affairs tremendous authority to coordinate the Institute for Inter-American Affairs (IIAA) in Latin America. Initially, the scope of the Institute was rather limited: provide economic incentives through direct infrastructure investments; establish trade deals between the United States and countries in the region; formulate American propaganda to counter pro-Nazi views in the region; and implement cultural exchange initiatives.

Rockefeller expanded the role of the IIAA while simultaneously answering concerns that the initiative was draining off financial and personnel resources that could better be used directly in the European or Pacific theatres of the war. He suggested that the American military furnish the IIAA with the locations of likely bases as part of their strategic planning to push back against Nazi efforts in the region should they coalesce. In response, the IIAA would coordinate infrastructure building of hospitals, sanitation and water systems, communication facilities, and transportation networks. Some of the identified strategic sites were located in areas with poor health infrastructure and high disease incidence. Rockefeller set out not only to build infrastructure but also to improve the health of the people in those locations.

As part of those efforts, the IIAA provided health education through radio broadcasts, print media, and movies. Walt Disney created animated shorts on such topics as infant care, proper precautions against insects that might transmit diseases, and the hazards of contaminated water. The most popular was *Winged Scourge*³², which used the Seven Dwarfs to teach about transmission of malaria. Another, *Defense Against Invasion*, taught about the science behind vaccination using the metaphor of disease as invading enemy and vaccination as the weapon to ward off the menacing threat.³³

Many in the War Department wondered how the work of the IIAA, which included production of cartoons to relay health information, contributed to the country's efforts to defeat the Axis Powers. In Congressional testimony, General George Dunham, a member of the U.S. Army Medical Corps who had been named Chief Physician in the European theater before being selected to head the public health efforts of the IAA, joined Rockefeller in front of the House Appropriations Committee in 1943 to testify that these efforts had a direct connection to the nation's defense:

MR. O'NEAL [a Congressional representative]: Is there is a direct relationship between the location of every dispensary [in support of malaria control] and the Allied war needs?

³² *Winged Scourge*, directed by Bill Justice and Bill Roberts (Walt Disney Picture, 1943), online: <https://archive.org/details/gov.archives.arc.47063>, accessed February 18, 2018.

³³ *Defense Against Invasion*, directed by Jack King (Walt Disney Pictures, 1943), online: <https://archive.org/details/DefenseAgainstInvasion>, accessed February 18, 2018.

GENERAL DUNHAM: Every place where there is need.

MR. O'NEAL: But you have no dispensaries for the general health of the community.

GENERAL DUNHAM: Oh yes; we have, and must have, to fulfill our cooperative agreements with those countries.

MR. O'NEAL: What is the underlying reason for that?

GENERAL DUNHAM: To improve the general public health.

MR. O'NEAL: Without any relationship to the war effort?

GENERAL DUNHAM: It has a general relationship.

MR. O'NEAL: To have a stronger Allied country, but you cannot relate it specifically to any direct contribution to the war effort except the general effect.

GENERAL DUNHAMW: We do that. The public health cannot be restricted to one area. That sort of development could be applied to any part of the world.

MR. O'NEAL: Would you say everything we have done there has something directly to do with the war effort?

MR. ROCKEFELLER: Absolutely.³⁴

The project continued through the war but many in the State Department and the War Department thought it a waste of time and resources. There seemed little chance that the work of the IIAA would continue after the war, but Rockefeller was determined. In 1944, he was promoted to Assistant Secretary of State and in that position, he wrote President Roosevelt a memorandum outlining his approach to Latin American engagement, detailing long-term cooperation in "public health, nutrition and food supply, education, science, culture, information, transportation, economic development and modernization of agriculture." Roosevelt strongly backed the proposal, swayed by Rockefeller's reasoning that: "These are the basic factors which contribute to the development and dignity of the individual, a rising standard of living and growth of democracy. Only in this way can we hope to have economic, social, and political stability among the nations of this Hemisphere-- without which we can never realize the permanent unity of the Americas."³⁵

Roosevelt died on April 12, 1945 before acting on the memo and before seeing Germany's surrender less than a month later. With support from ambassadors in Latin

³⁴ Quoted in Erb, pp. 265-266.

³⁵ *Ibid.*, pp. 266-267.

America, the IIAA project was extended for 3 years but was to be shuttered in 1950. It likely would have been, except for the efforts of a speechwriter in the new administration of President Truman named Benjamin Hardy. Hardy had worked for Rockefeller in carrying out IIAA efforts in Brazil and he included a reference to the project in Truman's inauguration speech, but the State Department removed it. Hardy called a colleague at the White House and left a memorandum outlining the program. Truman read the memorandum and liked the idea; he sent the speech back to the State Department for revision, instructing that the principles included in the outline memorandum be included.

On January 20, 1949, Harry Truman was inaugurated as the 33rd President of the United States. His inauguration speech outlined four priorities of his administration. The fourth point related to foreign affairs and international development:

Fourth, we must embark on a bold new program for making the benefits of our scientific advances and industrial progress available for the improvement and growth of underdeveloped areas. More than half the people of the world are living in conditions approaching misery. Their food is inadequate. They are victims of disease. Their economic life is primitive and stagnant. Their poverty is a handicap and a threat both to them and to more prosperous areas.

For the first time in history, humanity possesses [*sic*] the knowledge and skill to relieve suffering of these people. The United States is pre-eminent among nations in the development of industrial and scientific techniques. The material resources which we can afford to use for assistance of other peoples are limited. But our imponderable resources in technical knowledge are constantly growing and are inexhaustible.

I believe that we should make available to peace-loving peoples the benefits of our store of technical knowledge in order to help them realize their aspirations for a better life. And, in cooperation with other nations, we should foster capital investment in areas needing development.

Our aim should be to help the free peoples of the world, through their own efforts, to produce more food, more clothing, more materials for housing, and more mechanical power to lighten their burdens. We invite other countries to pool their technological resources in this undertaking. Their contributions will be warmly welcomed. This should be a cooperative enterprise in which all nations work together through the United Nations and its specialized agencies whenever practicable. It must be a worldwide effort for the achievement of peace, plenty, and freedom.³⁶

Truman's speech became known as the "Point Four" speech. It laid out for the first time America's approach to health and development aid as an aspect of the nation's overall foreign policy. Point Four led to the eventual creation of the U.S. Agency for

³⁶ Harry S. Truman, "Inaugural Address" (speech, Washington, DC, January 19, 1949), The American Presidency Project, <http://www.presidency.ucsb.edu/ws/index.php?pid=13282&st=inaugural&st1=>, accessed February 18, 2018.

International Development. Nelson Rockefeller's efforts through the IIAA were a catalyst for embedding international health and development programs as part of the nation's foreign policy strategy.

Across three generations and through diverse mechanisms such as personal donations, foundation activities, and political leadership, the Rockefellers played a key role in transitioning the Social Gospel from a theological vision articulated by a group of influential Protestant leaders at the end of the nineteenth century to some of the central principles of U.S. and global governmental bodies. They embody, in other words, an effort to transfer the empire of the world from a specifically Christian framework into a secular context. Their efforts reflect the ways in which a distinctly American and Christian notion of a Christianized social order became secularized and internationalized. The next chapter develops this idea of a secularized Christianity being taken up in a variety of global health and development efforts.

Chapter Eight: Not “either/or” but “both/and:” On Seeing International Health and Development as a Tragic Profession... and Why That Should Give Us Hope

Abstract: In this, the book’s last chapter, we review the complex ways that religion has intersected with global health and development efforts with mixed results. In recounting various instances touched on earlier in the book, the chapter lays out the argument that the current research interest in religion, health, and development needs to more fully and critically examines religion’s varied effects on health and development programs and policies. The chapter also explores the idea that global health and development practice is an inherently tragic enterprise because at times it places practitioners in the field in complex situations in which there is no option to carry out the good without also enabling negative consequences. The chapter argues that in such instances, the fields of public health and development studies are ill-equipped to examine the impact of our work because the primary criteria employed for determining whether a project is right are the good effects it produces. Thus, when a project also carries negative consequences, the fields are unsure what to do. The chapter asks whether one important and distinctive contribution that religion might make in such circumstances would be its ability to provide a history of the limitations of our efforts and the inescapable possibility of tragic outcomes.

The reader who has plowed through the last seven chapters has been privy to a dizzying array of vignettes illustrating the relationship between American Protestant Christian and global health and development. Those relationships are complex and contradictory. I would ask that those who have only undertaken a more cursory read grant me a moment to recount just a few of those vignettes to give some context to this last chapter.

Anne Hutchinson, that skilled midwife of the Massachusetts Bay Colony, was banished from her community in 1638 for daring to question the authority of the male religious leaders of her church by describing the nature of God’s grace for their tastes. As it developed in the United States, that same religious tradition provided a place for women to assume key leadership in the only context in which global health could be practiced for decades—foreign missions. Dr. Clara Swain was the first woman sent by Protestant Americans on medical mission; she was sent to India in 1869 where she established a nurses colleges that graduated its first class in 1873. Dr. Lucinda Combs followed not long after in 1872, traveling to China where the medical facilities she established were credited with saving the life of a senior Chinese leader. With these first leaders, the “doors were thrown open [to women in medical missions] and thousands of others followed.”³⁷ By 1910, 55% of all the American staff involved in Protestant medical missions were women.³⁸ Women working today in global health and development, regardless of their religious faith or absence of faith, are connected to the “both/and” of this history of Protestantism if, indeed, the main thesis is correct in claiming that

³⁷ I am not citing the sources for these vignettes since those sources were cited in the earlier chapters. The only citations will be for elements in the vignettes not originally recounted in the earlier sections of the book. Walter Lambuth, *Medical Missions: The Two-Fold Task* (New York: Student Volunteer Movement for Medical Missions, 1920), 136-137.

³⁸ William R. Hutchison, *Errand to the World: American Protestant Thought and Foreign Missions* (Chicago: University of Chicago Press, 1987), 101.

present-day global health and development institutions and practices have been influenced by a secularized “in-depth Christianity” carried forth by these very missionaries.

In 1721, Puritan minister Cotton Mather, called for all British inhabitants of Massachusetts to be inoculated against smallpox. “Anti-vaxxers” were in force even then; one of them throw a small explosive device into Mather’s home (it didn’t explode) yelling, Cotton Mather, you dog, dam you! I’ll inoculate you with this; with a pox to you!” Public health advocates who would cheer Mather’s foresight must also remember his words about the Native Americans whose land he and the follow colonist had stolen—Mather believed “that it would be the most unexceptionable piece of justice in the world for to extinguish the offending savages.”

The earliest and most ardent religious champions of contraception were the religious leaders of liberal Protestant denominations. These leaders were clear supporters of the Social Gospel—and of eugenics. Their moral commitment to addressing social, economic, and health inequity also led them to support making contraceptive technologies to racial minorities, the poor, and “the feeble-minded” while also exhorting the husbands and wives in their all-white congregations to have more children all in an effort to prevent the “race suicide” of the Anglo-Saxon people. These same racist opinions are found both in the Social Gospel writings of Josiah Strong and in the words of John Shaw Billings, early public health pioneer and one of the founders of the American Public Health Association.

British Protestants who came to America spoke eloquently about religious freedom but when the nation’s first national congressional body, the Continental Congress, convened for the first time in 1774, the body’s first act was to condemn the British Parliament for granting Catholics in the Quebec Province of Canada the freedom to assemble and worship. George Angier Gordon, pastor at Old South Church in Boston, preaching a sermon entitled “The Gospel for Humanity” at the 1895 meeting of the American Board of Commissioners for Foreign Mission said that, “Jesus must prove himself a better ruler to Japan, a nobler Confucius to China, a diviner Guatama to India; the whole sacred past must reappear in Him utterly transfigured and carried utterly beyond itself..... He must come as the consummation of the ideals of every nation under Heaven.”³⁹ Religious freedom and tolerance, it seems, were largely reserved for Christians, and only certain kinds of Christian at that.

In 2010, William Jenkins, a public health legend in America who has provided leadership on health initiatives for African-American communities for decades, described to the participants at the Annual Meeting of the American Public Health Association the elements of a longitudinal epidemiological study that demonstrated ideal characteristics of community-based participatory research. Public health practitioners who are committed to feasible, sustainable public health models that value and respect communities insights, resources, capacities, and contributions will be dismayed to know that Dr. Jenkins was describing the Tuskegee Syphilis Study.⁴⁰ Jenkins’ point, obviously, was not to praise the study but to remind us that our current approaches to public health practice are not immune to the kinds of violent dehumanization characterized by the four decade study.

The message of America’s civil religion justified the Spanish-American War as Social Gospel leaders proclaimed, “that if it be the will of Almighty God that by war the last trace of this inhumanity of man to man shall be swept away from this Western hemisphere, let it come!” The same religious rhetoric of America’s destiny to be an instrument in God’s plan for the salvation of the world was repeated in the “progressive imperialism” that justified the occupation of the Philippines and other former Spanish territories, even after the citizens there rose up in rebellion against our presence and fought against American forces—a conflict that cost 200,000 Filipino

³⁹ *Ibid.*, p. 106.

⁴⁰ William Jenkins, “Opening Plenary of the American Public Health Association” (speech, Denver, CO, November 7, 2010), <https://www.youtube.com/watch?v=BragfuSDoow>, accessed March 15, 2017.

their lives. That same rhetoric provided a rationale for the nation to commit to a comprehensive, sustained public health and education initiative in the nation.

Researchers with the U.S. Public Health Service carried out the Tuskegee experiments and a similar set of experiments in Guatemala to better understand the etiology, prevention, and treatment of syphilis. In Guatemala, public health researchers intentionally exposed people who weren't infected to syphilis in an effort to search for an effective prevention approach for American soldiers.

These examples briefly recounted here serve as reminders that religion, health, and development are all serious endeavors. As sources of knowledge and foundations for practice, each of these things call those of us who place our trust in them to make wagers fraught with moral weight about the best ways to organize our institutions and societies to eradicate disease, make opportunities more widely available, level the playing field, and move us toward a more just and humane world. The reason such wagers are fraught is not because of the intentions behind them but because of the very real possibility of our delusion. Such possibilities of delusion are real because the examples of such delusions are abundant in each of these fields, as the vignettes above illustrate. So what, pray tell, do we do about our delusions?

In chapters four and five, I developed the concepts of the social evangelist, the social engineer, and the social reconstructionist to describe the ways in which a secularized Social Gospel had helped to establish key elements of global health and development work. Those two chapters provided seven short case studies of the evangelist, engineer, reconstructionist, evangelist/engineer, evangelist/reconstructionist, engineer/reconstructionist, and evangelist/engineer/reconstructionist. In reality, of course, such separations may not be very helpful. The fact is that the people profiled in each of those examples moved across each of the positions of the reconstructionist, the evangelist, and the engineer.

The fields of global health and development and the newly-emerging sub-discipline of religion and public health desperately need to adopt a tri-focal lens of evangelist, engineer, and reconstructionist. On an ongoing basis. And simultaneously. Such adoption needs to be across the fields and not merely as a focus of random clusters of individuals researchers or practitioners; in other words, we all need to gain some capacity to function in these roles. We need to adopt these lenses precisely because the social networks upon which global health and development are built are marked by intricate, intersecting interests and priorities. Religion resides within those networks, as do other social and political forces. We need to spot when power is operative within these networks that will thwart health rather than further it. Perhaps more importantly, we need to spot when power is operative within these networks to improve circumstances for some (including health and economic opportunity) by compromising it for others. And when we sport such power, we need to resist and refuse it.

This may sound rather self-evident and straight forward. It isn't. In fact, it is inordinately difficult, especially for fields such as global health and development which are so reliant on revenue streams from governments and civil society to carry out essential work and keep hard-working, dedicated, idealistic people employed. Such funding always comes with strings—political interests or research focuses and methodologies that may be at odds with the people who will be the subjects of project. Saying no to such power is difficult, even when we prospectively see it. Finding ways to extricate ourselves from that kind of power when we're already directly implicated in it is exponentially harder. This is why we need the prophetic call of the reconstructionist to call out misplaced priorities and self-deluded justifications. It is why we need the engineer to help us develop feasible, sustainable, relevant programs that will actually reflect the needs and priorities of local communities. It is why we need the evangelist to remind us what our commitments are as we go up against so many distracting forces.

Standing in the intersection of these three frameworks is a tall order. It will likely drive the evidence-driven engineer crazy. How can you ever do that? Is it feasible? Where's your proof of the need? What method would you employ? How would you evaluate the process, the

outcomes, the impact? Such questions are legitimate but beyond the scope of this book. Nonetheless, I would argue that such an approach is needed because *what we're doing isn't working*. At least, it's "not working" far too often.

The engineer is not the only one with reservations. The reconstructionist is wary of taking things to scale, suspicious of becoming part of the systems and structures and mechanisms, afraid of being co-opted. Again, this reservation is understandable. And while I would argue that the iconoclastic reconstructionist can avoid certain ethical compromises by staying out of such entanglements, in my experience more of us want to employ the rhetoric of the reconstructionist even while strolling through the halls of power. The would-be reconstructionists among us must be honest about the subject position we occupy and ask ourselves whether we are really, truly that iconoclastic. Many of us drawn to the reconstructionist frameworks delude ourselves regarding the extent and purity of our radicalism even as we stay ensconced in institutions of social power and privilege with their attendant salaries.

Finally, the evangelist may resist this call because she simply wants to share the good news of health. The problem with such an approach alone is that it is naïve. Public health and development happen at social scale beyond the individual and for those of us from cultures such as the US, they involve an intervention into another culture (think about that word for a moment—intervention) at a societal level. From our point of view, we may be bringing good news even as those who are the "target populations" of our intervention see our work as the newest chapter in the saga of empire. Global health and development initiatives—whether faith-based or secular—can have elements of either; most of the time they have elements of both.

When liberal Protestants adopted the roles of social reconstructionist, social evangelist, and social engineer to implement elements of the Social Gospel in secular institutions during the middle decades of the twentieth century, their social power decreased. The same may occur for global health and development practitioners—not because we have nothing to say but because we may say things that most people don't want to hear.

To gain some perspective to see through all three lenses simultaneously global health researchers and practitioners need to acknowledge our own cultural particularity. We travel halfway around the world and carry out formative research to gather insights into the cultures of the places where we work but we rarely articulate the cultural assumptions underwriting our own efforts. Most of us are victims of the social iatrogenesis described by Illich (see chapter 4) in which we've lost other narratives to make sense of our work outside of the frameworks of modern public health and development practice. Further, any effort to remember those other narratives will require us to interrogate our own cultural iatrogenesis also described by Illich—we'll have to recognize that many people in many societies in many parts of the world already live in and operate out of different narratives of health from the ones that purport to tell those of us in global health research and practice the truth.

Finally, we would do well to remember that our health and development practices sometimes place us in tragic positions. In saying that, I am not only referring to the fact that global health and development work means experiencing illness, poverty, and disparities playing out not only in individuals' lives but across societies, sometimes in places with glaring health, social, and economic challenges. Rather, I am referring to the tragedy that is hard-wired into the fundamental goal of health for all people in all societies. We have set for ourselves this impossible goal and we find ourselves working mightily to achieve it. The impossibility of our goals could only be achieved by working across myriad social and political institutions that are by their very definition at odds with one another. In short, they really are impossible; that doesn't mean we don't stop striving.

The systems within which we operate will at times place us a position where the health and social benefits we so desperately desire can only be achieved in a significant portion of a population by another part of the population paying a price. Finding ourselves in such instances

in which somebody pays that price because of our work is what I mean by the tragic nature of global health and development practice. In such circumstances, some system of intense moral reflection would be immensely helpful. Of all the contributions that the new-found interest in religion could provide to the field of global health and development, this may be the most profound and the most needed.

This is not to say that religious traditions are the only systems through which one may be schooled in the methods for moral reflection—there are certainly others. It is not to say that such a religious system is qualitatively better in providing moral honesty and clarity than a secular one—there is no way to measure that *a priori*. But it is to say that any tradition by its very nature is a source of knowledge that contains a history and takes that history seriously. As such, it will contain narratives over the course of its history that speak to this conundrum, this paradox. And yes, this tragedy. Global health and development would do well to read such narratives—many of which will be religious—and learn from them because we only want to tell the history of our work in the glossy pages of annual reports that show smiling mothers and well-fed children.

Even when we demonstrate a frightening capacity to carry out an intervention or study that in retrospect is unconscionable in its assumptions as in the case of the Tuskegee study, we assume that new methodologies of ethical review and clearance—new mechanisms and steps in our SOPs—will prevent us from repeating such violence. We are ill-equipped to acknowledge the tragic dimensions of our work because we are part of a culture within health and development practice that can't tell those aspects of our own story. Religious traditions that tell the truth of their own tragic collusion with power and violence—collusion that was rationalized and justified in the name of God—could give us some courage to face our own truths.

Sometimes our health and development practice will produce both good and bad consequences at the same time. Under such circumstances we simply don't have the ways to reflect on whether the choice to undertake the action is right or wrong; the tradition of bioethics that ground most public health ethics is employed in mechanistic frameworks that simply can't account for this scenario. This is what we can't disentangle: good and right, bad and wrong. We can't disentangle these things because we can't acknowledge that our practices might result in bad consequences. The failure to acknowledge this leaves us in a dangerous situation.

One step in addressing such a failure would include creating communities within global health and development that tell a fuller, better, more accurate and true story of what's at stake than what is currently possible through our logic models enumerating impacts, protocols spelling out our efforts to shield vulnerable subjects from risk, outcome evaluations that show us what we accomplished, and retrospective assessments of unexpected outcomes that would have been foreseeable.

In short, perhaps the first step in our work would be to quit pretending that success in Health for All 2000, or Healthy People 2020, or the Millennium Development Goals, or the Sustainable Development Goals, or HIV Fast Track, or Partnership for an HIV-Free Generation is the necessary precursor to the promised land of a medical and social utopia. What would happen if we acknowledged that we have never met such goals and objectives and that we can't meet them for all people in all places at all times—which doesn't mean that our efforts expended toward those goals have failed to contribute to improved health and social outcomes. What would happen if we gave up on the criterion of (impossible) success and opted instead for sticking with communities not through the duration of our funding stream but as the hallmark of true relationships? What if we gave up on the idea of transferring the empire of the world to America or to other countries through the exceptional role that America is destined to play? What if we gave up on the idea of empire and its transfer altogether?

The possibility of giving up on empire in the social and political systems that comprise our world today is as illusory as achieving 100% compliance to the Sustainable Development Goals. This is why we need a way to narrate the tragic aspects of our work to keep us honest

and avoid the tendency to see ourselves as modern saints. The failure of the Social Gospel to Christianize the social order required liberal Protestants to develop a strong and vibrant strand of reconstruction in the aftermath of its tragic collapse. That collapse was not the same as its failure. In the aftermath, various theological traditions of social analysis and critique emerged, as we discussed in chapter five. This reconstructionist strand is desperately needed within the field of global health and development. By providing a social history of religion and health and demonstrating that such history is riddled with instances of complexities and contradictions, of tragedy and tenacity, perhaps this book will make a small contribution in that regard.