

The Scourges of the South?
Essays on “The Sickly South” in History,
Literature, and Popular Culture

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Edited by

Thomas Ærvold Bjerre and Beata Zawadka

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P U B L I S H I N G

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INTRODUCTION

THOMAS ÆRVOLD BJERRE
AND BEATA ZAWADKA

“I feel very badly.... I don’t know why.”
—Katherine Anne Porter, “Pale Horse, Pale Rider”¹

I

For every admirer of Katherine Anne Porter’s oeuvre, the source of the above quotation is not difficult to establish. These words are what the eponymous heroine of Porter’s famous *Miranda* series says to an intern from the county hospital arriving to carry her there because of her quickly progressing Spanish flu. Foreshadowed in the story title as the “pale horse, pale rider,” the flu—which became a pandemic in 1918 and decimated the world’s human resources much like World War I did—first of all stands for a stigma of fatality impressed onto the post-war generation by the experience of mass death. Such a stigma can be interpreted, as it has often been, as a realization that, along with the literally understood mass killings, the existing cultural order and its traditional divides were “exterminated,” too, thereby paradoxically offering possibilities of construing a renewed—or ailment-cleansed—system.

In the story this “revitalizing” quality of disease is highlighted in many ways, such as a “war-like” stream of consciousness narration. Through most of the story, Miranda is delirious from high fever, which is mirrored in the slanted, third-person singular narration. This narrative technique, then, might imply her as a “spokesperson” for a system whose chief trait seems to be that it remains “at war” with itself, or else one whose order is perceived as being constantly renewed. Contrived to endlessly re/designing itself, such an “ill” system, once recognized, keeps offering

¹ Katherine Anne Porter, *Pale Horse, Pale Rider: Three Short Novels* (New York: Harcourt Brace & Company 1967), 191. All following quotations from the story “Pale Horse, Pale Rider” are from the same edition of the book.

its participants diverse opportunities for re/inventing themselves in the ways that suit them best, or, as Porter puts it, it gives them “time for everything.”² However, for the twenty-four-year old Miranda Gay—a southern girl reared to ignore the symptoms suggesting that the “old mortality” of her system might be “unwholesome”—the revelation, via flu, of its diseased constitution is difficult to discern, let alone acknowledge. This learned tunnel vision as regards *status quo* might therefore be a reason why Miranda, even on the way to the hospital, cannot but assess her already critical condition by merely saying, “I feel very badly... I don’t know why.”³

Yet, despite such “critical blindness,” Miranda not only manages to live through her illness; by the end of the story she stands ready, it seems, to harness the same blindness in the service of her renewed “healthy” condition. Accordingly, in the parts of the cycle to follow, Miranda resorts to the impaired (“ill”) vision of the system she represents so as to come to terms with her past (*The Old Order*) as well as to reorganize the perception of her present (“Holiday”). In this way, by instinctively forging what brought her suffering and pain into an “art of living,” Miranda first and foremost demonstrates that even allegedly “ill” heritage can be productively orchestrated and that individual “beneficiaries” of such heritage need not passively accept it as it is. Instead, they can deal with it, be it intuitively, until the moment they feel that the former monolithic construct has been split into many an authorial creation. Since the latter transformation is a harbinger of an “ill” system undergoing democratic changes, it marks the first step towards making a conscious effort at understanding the nature of systemic “illness” and hence at working on maintaining the “culture of health.”

The very same idea must have been what guided the EAAS (European Association for American Studies) authorities towards organizing its 2012 biennial conference under the banner of “The Health of the Nation.” Held from March 30 to April 2 in Izmir, Turkey, the conference attracted so many scholars from Europe and beyond that it had to be arranged as 24 separate workshops to be further subdivided into panels, a complex structure which immediately suggested the significance of the topic for the contemporary global academic milieu. The variety of the workshop- and panel titles covering the question of health within the American context and referring it to diverse aspects of the American life could not but confirm the significance of the topic in question. Starting from the debates

² Ibid., 208.

³ Ibid., 191.

following the papers read within the frames of the workshop entitled “Physical Hygiene, Mental Health, and the Growth of a Nation: Literature in the Service of Advancing America,” to those which cropped up as a result of the discussions on “Hollywood and the Health of the Nation,” the notion of health in America was thoroughly examined indeed.⁴

One of the workshops—Workshop 19—entitled “The Scourges of the South” proposed and organized by the Southern Studies Forum of the EAAS discussed the question of health within the context of the American South. For the scholars dealing with the region, the so-called “healthy South” has never been an easy topic. One reason for this might be that, like Miranda in Porter’s stories, we have been taught to approach so formulated a topic no further than to the point when it turns out it is a contradiction in terms. On one hand, there is much in the southern history and present situation that indeed justifies such an approach. The region has long been struggling against manifold health issues which still demonstrate as far more serious in the South than in other American regions. Among those issues, physical health problems such as obesity, diabetes and methamphetamine addiction are only the latest to plague the South. Yet, not only that; the South has also been made to bear a lot of metaphorical baggage related to illness. This includes, to name just a few examples, private/public/social/political/cultural/racial/ economic health realized as all types of (un)healthy customs, traditions, manners, morals, rituals, histories and the (un)like southern practices. With all this “misery” in mind, one cannot but consent to Allison Graham’s claim that the South continues to function primarily as a “repository of national repressions”⁵ and hence a basically “scourge” system.

On the other hand, the same long history of pinpointing the South as a bottomless pit of national ills offers (non)scholars who deal with this field occasions galore to probe into what we have been made to perceive solely as an abyss of America’s cultural problems⁶ from a host of perspectives. The recent years in particular have seen the appearance of publications on

⁴ The full list of the workshops and panels organized within the 2012 EAAS conference in Izmir, Turkey can be seen here: http://www.eaas.eu/images/stories/events/2012/eaas-workshops_izmir-nov_11_2011.pdf

⁵ Allison Graham, “The South in Popular Culture,” *A Companion to the Literature and Culture of the American South*, eds. Richard Gray and Owen Robinson (Malden, MA: Blackwell Publishing, 2007), 349.

⁶ For an extended discussion on the question of the South as America’s national problem see e.g. *The South as an American Problem*, eds. Larry J. Griffin and Don H. Doyle (Athens: The University of Georgia Press, 1995).

and of the South which tackle the region's various, allegedly still "ill," aspects as not only an entirely "bad" phenomenon. Rather, a tendency has emerged to posit such "bad" aspects of southern life within what economists today refer to as the space of "endless crisis" and whose consequences they believe are a crucial factor in shaping future generations.⁷ Accordingly, the "ill" southern notions such as the prevalence of certain literal and metaphorical, diseases and their "epidemiological patterns;" or natural, literal and metaphorical, "disasters" (e.g. how Katrina/nature/climate but also urbanization, or industrialization have influenced southern "health patterns"); or else the question of mental health in the South including the South's own "midlife crisis," as John Shelton Reed refers to the recent changes in the region,⁸ have already received a chance to be "excavated" as not so much problems but the country's cultural opportunities. This, in turn, (re)positions the "scourge" role of the South in American culture in terms of this culture's bountiful gift.

II

This book continues the discussions on the "healthy South" which began in Izmir by exploring the above-mentioned "scourge" role of the region as America's attempt at reinventing her past problems as chances. The discussion on the (un)sickly South is divided into three subsections. Part One ("Bodily Diseases") which interprets illness as a bodily (dis)order comprises essays by Renata Nowaczewska (Szczecin University), Marcel Arbeit (University of Olomouc) and Jan Nordby Gretlund (University of Southern Denmark) respectively. This part of the book opens with Nowaczewska's essay entitled "From 'Gospel of Wealth' to 'Gospel of Health: The Rockefellers in the South.'" The selection of this particular article as a sort of a "pilot" for the entire essay collection is not accidental. Analyzing the activity of the Rockefeller Sanitary Commission for the Eradication of Hookworm Disease (1909-1915) that originally worked only in the South, Nowaczewska's paper demonstrates how that activity, designed as a set of preventative measures to be taken against a strictly

⁷ One fascinating discussion on the subject of the endless crisis is in: Robert Bellamy Foster and Robert W. McChesney, *The Endless Crisis: How Monopoly-Finance Capital Produces Stagnation and Upheaval from USA to China* (Washington: Monthly Review Press, 2012).

⁸ See John Shelton Reed, "The South's Midlife Crisis," *Bridging Southern Cultures: An Interdisciplinary Approach*, ed. John Lowe (Baton Rouge: Louisiana State University Press, 2005), p. 254-64.

medical (bodily) problem on a local level soon became an undertaking aimed at improving the knowledge of the pandemic diseases such as hookworm all over the world.

Since that undertaking has been continued till the present day, with other private foundations supporting the program and getting not only state, regional or national authorities but transnational organizations involved as well, it might be considered as explanatory with regard to the knowledge of the entire process of falling “ill.” Not only that; the workings of such a process involving means from education to financial aids employed so as to reach the end in question—the “health” of the nation—also metaphorically demarcate the South as a complex, demanding and hence difficult notion having little to do with the region’s still commonplace perception as the land of “moonlight and magnolias.”

Marcel Arbeit, the author of “Flannery O’Connor’s ‘The Enduring Chill’ as a Medical Tale,” the next essay in the collection, seems to confirm that this picture of the American South, with its “defiant” stereotypes, is a persisting discernment of the region. This is visible in Arbeit’s decision to interpret the story of the physical and mental health troubles of southern writer Asbury Fox—and of the South that this man represents in the story—as a “medical” rather than a theological case. In this way, Arbeit first and foremost re/reads the “southern situation” in late 1950s American culture as one that, if approached with a healthy dose of rationality, might turn out to be a springboard to the South’s hopeful future rather than a continuation of its fate as the national outcast. Thus going against the region’s common interpretational grain, Arbeit immediately offers us a way to “heal” its most troublesome “sickness,” that is, the general conviction that, in terms of culture interpretation, the South has already been doomed to represent a “lost cause.”

The rehabilitative “treatment” of, yet another, southern “lost cause” culture is also the concern of Jan Nordby Gretlund’s paper entitled “Years of Discretion: Clyde Edgerton on Old Age,” an essay which closes the first part of this book. The essay tackles the southern idea of old age as Clyde Edgerton, a contemporary writer and native of North Carolina, sees it. According to Gretlund, Edgerton perceives aging in the South primarily as an

extended period of losses: the loss of memory, the loss of skills, the loss of mobility, the loss of respect, the loss of dignity, the loss of manners, the loss of quality in living, the loss of influence (even on your immediate family), the loss of healthy food, the loss of privacy, the loss of control of your finances, the loss of personal hygiene, the loss of the ability to keep

clean your much reduced living space, and the loss of the self through the interference of *strangers*.”⁹

Added to the questionable gains that old age has in store for the fictional dwellers of Edgerton’s South, all these deprivations constitute a fine reason for a culture critic to take a closer look at old age as a “lost cause” indeed.

Gretlund does it by cleverly intertwining in his essay his own analysis of Edgerton’s “old age” prose with the actual comments the writer made on it in the course of interviews that he gave to Gretlund in 1996 and 2010. The interviews show that Edgerton’s interest in the process of ageing fall back on basically three kinds of stories: those his family told him, those he read, and the ones he observed as a participant in the southern public institution system. Of all these “story sets,” none seem to have ever been underwritten by the “happy ending” principle; a blind-eye treatment, as Edgerton himself admits it, only too obviously prompted him to “even up the score”¹⁰ by making old age the leitmotif of his artistic creation, thereby also making ageing a form of art itself. In juxtaposing such an art with the life in the form of making an interview with the presently soon-to-be seventy writer himself a part of a critical analysis of his prose, Gretlund additionally endows this prose—and, with it, the process of ageing—with the power to transcend its “lost cause” status in favor of culturally representing a very “live,” or else, “reality-checked” force.

Part Two of this book, titled “Psychological Disorders,” deals with the illness understood as mental disturbance, and consists of three essays by Thomas Ærvold Ærvold Bjerre (University of Southern Denmark), Gérard Préher (Université Catholique de Lille), and Susanna Delfino (University of Genoa). The first of these essays entitled “Southern Evil, Southern Violence: Gothic Residues in the Works of William Gay, Barry Hannah, and Cormac McCarthy” by Thomas Ærvold Bjerre introduces the topic of southern madness via an analysis of the Gothic elements in the works of the said southern writers. Bjerre understands these elements collectively as the evil inherent in the region itself that in turn makes itself known to the outside world through the violence of the antagonists. Bjerre further claims that a particular form of this violence, typical for a given

⁹ Gretlund, Jan. “Years of Discretion: Clyde Edgerton on Old Age.” *The Scourges of the South? Essays on “The Sickly South” in History, Literature, and Popular Culture*, eds. Thomas Ærvold Bjerre and Beata Zawadka (Cambridge: Cambridge Scholars Publishing 2014), 69.

¹⁰ *Ibid.*, 65.

protagonist, corresponds to a particular problem the contemporary southern society suffers from. Yet, not only that; put together, the various types of violence become a collective reason why the South has lost any sense of spirituality.

Starting with the analysis of William Gay's 1999 novel *The Long Home* which introduces to the reader the character of Hardin, the "walkin' dead man,"¹¹ through the analysis of Barry Hannah's 2001 novel *Yonder Stands Your Orphan* featuring the predatory Man Mortimer indicative of a larger southern "zombie culture" of which he is a part; to Cormac McCarthy's well-known novel-made-film *No Country for Old Men* (2005) whose fictional world, permeated by psychopath hitman Anton Chigurh, will "kill you in a heartbeat,"¹² Bjerre leaves the reader no doubt as to what causes the southern mental disturbance: it is the lack of experience that makes one completely "alive," i.e. is meaningful. This (di)spirited state of contemporary "things southern" Bjerre paradoxically ascribes to the increasing role materialism plays in the culture of the region. The fact that he attempts interpreting this culture therefore becomes doubly significant: not only does its interpretation "give body" to what has long been alleged as culturally "incorporeal" but also makes such "(in)corporeality" the very substance of the contemporary southern psychological experience and hence a *sine qua non* of the region's mental (un)disturbance.

One reason why the health of southern mentality has been perceived in so elusive terms might lie in the region's difficulty in (re)inventing its own long gone ideals so that they also embraced the contemporary experience. The practice which, in the words of Louis D. Rubin, can be compared to "get[ting] out from under Faulkner"¹³ is the subject of the next essay in the book, Gérald Préher's "Joan Williams and William Faulkner United in Fiction: The Idiot-Connection." The essay analyses a novel and several short stories by Joan Williams, a poet and novelist who was also Faulkner's lover and friend of long standing and whose fiction, Préher claims, has been strongly influenced by Faulkner's oeuvre. Préher takes a particular interest in the influence Faulkner's use of his idiotic characters had on Williams's prose, for he believes that such an influence was a basis for establishing what, throughout his essay, he refers to as the "idiot connection" between the two writers. Since the connection literally rested

¹¹ William Gay, *The Long Home* (Denver, CO.: MacMurray & Beck, 1999), 113.

¹² Cormac McCarthy, *No Country for Old Men* (New York: Alfred A. Knopf, 2005), 271.

¹³ Louis D. Rubin, Jr., "The Difficulties of Being a Southern Writer Today: Or, Getting out from under William Faulkner," *The Journal of Southern History* 29, no. 4 (November 1963): 488.

on the fascination the two writers had with characters considered community outcasts, they metaphorically (re)wrote their own illicit and very tormented relationship—and along with it the relationship of the South to the early 20th century America—as a kind of a “world of [its] own,” to paraphrase Préher’s own phrasing, that is, a space having only so much connection to reality.¹⁴

Préher demonstrates this by exploring the figure of the loony as it appears first and foremost in Williams’s debut novel *The Morning and the Evening* (1961). The loony, Jake, is a retarded mute who is dissociated from the outside world. His muteness makes him unaware of the “difference between the morning and the evening,”¹⁵ as Faulkner himself explained this disability when he considered using the same title that Williams gave her novel for his short story “The Hamlet.” As a person with no fixed sense of reality, Jake is therefore an outsider, a position which Préher believes is, on the one hand, an obvious bow Williams took at Faulkner’s own loneliness of a writer; *ergo*, he indeed represents the South’s own sense of isolation in post-WWI America.

On the other hand, Préher claims that the same isolated perspective filtered through the teller whom Williams, contrary to Faulkner, uses as the story’s focalizer rather than narrator makes him and, by extension, the South, a perfect observer of the reality it is a part of. In this way, Jake’s—and the southern—“looniness” serves a greater purpose: it also deconstructs the American cultural norms of the time as “loony” because it ostracizes those whose mental patterns did not conform with the mainstream ideals.

Susanna Delfino’s essay “Susan P. Grigsby and the Psychological Dimension of Disease and Death in Antebellum and Civil War Kentucky” ends the section on the southern psychological disorders. Here Delfino suggests that the above-mentioned vision of the “loony” South—and the norms which created the vision—have not been limited to the early 20th century. The “loony” image of the region is a creation that extends back to the antebellum period when the South, then a slave region, managed to also come into existence in the national imagination as the “moonlight and magnolias” land. Popularized as a mental pattern, the “loony” double

¹⁴ Gérald Préher, “Joan Williams and William Faulkner United in Fiction: The Idiot-Connection,” *The Scourges of the South? Essays on “The Sickly South” in History, Literature, and Popular Culture*, eds. Thomas Ærvold Bjerre and Beata Zawadka (Cambridge: Cambridge Scholars Publishing 2014), 102.

¹⁵ Faulkner quoted in Joan Williams, “Faulkner’s Advice to a Young Writer,” *Faulkner and the Short Story: Faulkner and Yoknapatawpha, 1990*, eds. Evans Harrington and Ann J. Abadie. Jackson (Jackson: University Press of Mississippi, 1992), 256-257.

standard as regards “things southern” that such a split vision of the region entailed, found its realization in many walks of 19th century non/southern life. Delfino analyzes the ground she claims has still remained a veritable *terra incognita* as regards scholarly research: the mental life of white elite southern women.

It has long been highlighted that the everyday life of the woman known as the “plantation mistress” was hardly a bed of magnolia petals. Heavy responsibilities, physical wear, and, added to that, self-sacrifice, culturally expected from women of the planter class at the time in question, are now well-researched and long confirmed reasons for discerning their life as comparable to that of the “slave of the slaves.” Yet, few scholars have been occupied with researching the psychological strain that such a life all too obviously generated. Taking as her research material the “virtually untapped” writings of Susan Preston Grigsby, the granddaughter of Kentucky’s first governor Isaac Shelby, Delfino explores the devastating effects that the duties of the plantation mistress exerted upon Grigsby’s psyche, and how she responded to these tragedies.

Delfino demonstrates that, “repeatedly presented... with major trials such as the death of a child or other kin,”¹⁶ Susan Grigsby never lost control of her emotions even in the most adverse of circumstances such as the Civil War period. Yet, apart from advantages, this indomitable attitude had its price, too. Much as it contributed to her emergence in the postbellum southern reality as an independent woman, invincibility at the same time compelled Susan to disregard her individual sensibility and difficulties, bodily and other, in the name of family survival. This, however, led to her transforming the idea of genteel family respectability and pride into a notion depending on not so much the dynasty-like “illustrious origin” but rather on constantly reworking the meaning of gentility so that it remains tuned up to the outside reality. In so doing, Susan Grigsby—and Susanna Delfino after her—also demonstrated that, when understood as flexibility, the “loony” southern double standard need not be at odds with what we nowadays see and refer to as democratic norms.

In such an egalitarian context, the standard cannot be viewed within the bounds of a mere cultural “norm.” Instead it might be read as

¹⁶ Susanna Delfino, “Susan P. Grigsby and the Psychological Dimension of Disease and Death in Antebellum and Civil War Kentucky,” *The Scourges of the South? Essays on “The Sickly South” in History, Literature, and Popular Culture*, eds. Thomas Ærvold Bjerre and Beata Zawadka (Cambridge: Cambridge Scholars Publishing 2014), 130.

symbolically representing a larger entity—a system, perhaps—whose functioning rests and depends on how it utilizes its *modus operandi*: the “black/white” opposition principle. The third and final part of this book entitled “Metaphorical Affliction” approaches the notion of the southern scourges from precisely this metaphorical angle. This section comprises three essays: “Illness as Metaphor in the American South: Lillian Smith’s Diagnosis of a Schizophrenic Culture and a Metastasized Social Body” by Constante González Groba (Universidade de Santiago), “‘Don’t Turn the Light On!’: Tennessee Williams, Illness And Popular Culture” by Richard Hayes (Waterford Institute of Technology), and “The LGBTQ Message in *True Blood* and Charlaine Harris’s *Sookie Stackhouse* Novels” by Victoria Amador (American University of Sharjah). In the first of these essays disease as well as the uncleanness which suggestively results from it are discussed as southern political tools used to keep African Americans in line. Groba demonstrates this peculiar segregation practice to have been so pervasive with regard to the southern culture that by the end of the 1950s it eventually mentally underwrote southernness itself as a schizophrenic model.

This model of depriving southerners of an ability to creatively orchestrate the region’s cultural energy in a “totalitarian monolith” way rather than as a democratic entity was crying out for some reinvention. Taking as his research material Lillian Smith’s writings in which she compares segregation to a cancerous disease (from which she herself suffered for thirteen years), Groba not only metaphorically endorses the “body” of 1950s southern affairs as afflicted or cancerous. He also makes clear, much as Smith did, that in order to be effectively “treated” for such a quickly metastasizing condition as “cancer” (i.e. racism), this “body” must submit to the equally metastasizing, or totalitarian, treatment. Only then can there be a certainty that the system, having been “purged,” is ready to be democracy-settled.

Much as such totalitarian systemic treatment resembles infamous cleansing practices (ethnic and other), it also opens possibilities for various cultural groups in the South to voice their own “diseased” conditions. One such “unvoiced” sexuality, which in its repression is “diseased,” is the subject of the next essay, Richard Hayes’s “‘Don’t Turn the Light On!’: Tennessee Williams, Illness and Popular Culture.” Hayes interprets the said sexuality as it appears in the selected works of Tennessee Williams and via Susan Sontag’s theory of illness as a metaphor that kills. Accordingly, he first and foremost demonstrates how Williams’s protagonists’ inabilities to manage their own sexual potential in other ways than romantic leads to mental problems represented, in turn,

as a sundry of symptoms, from the fear of light to the love of cinema, *ergo*, darkness and the dark forces identified with sexuality.

Following Williams, Hayes pays special attention to the medium of cinema, seeing it as a ubiquitous vehicle that is capable of containing both the “Cinderella myth” and the “adventure of sex.” This ubiquity can help transform these apparently incompatible powers so that they would eventually crop up as an entity at once artistic and democratic. In choosing cinema as a way out of the double bind of the sexuality/romanticism loop, Hayes suggests a possible solution to the existing southern tension mentioned above; at the same time he addresses yet another question: that of equality that seems fundamental for the well-being of all cultural groups all over the world and hence for democracy itself, namely, “how to be both alone and companionable at the same time; how to [be] for oneself and an audience and satisfy both; how to treasure the populace and resist populism?”¹⁷

Victoria Amador’s essay entitled “The LGBTQ Message in *True Blood* and Charlaine Harris’s *Sookie Stackhouse* Novels,” which ends both this part of the book and the entire collection, might be considered as a further clarification of this question. This is because Amador reads the fantasy world of both Harris’s novels and HBO’s adaptation not so much as a fairy tale but rather an arena where various culturally charged issues are at play. Amador also perceives the popular culture context via which southern cultural politics are filtered as a “safety zone” enabling a discussion of uncomfortable subjects such as racism or homophobia which would otherwise be difficult or simply impossible to undertake. In the last part of her essay, Amador supports this vision of popular culture by providing examples of real life activism that the series and the books spawned. In thus reinventing the fantasy genre and popular culture to which it belongs as worlds with reality effects, and hence, against the grain, Amador also clearly demonstrates that, for the equality to become effective and, consequently, for the world to be “healed” we do not need to eliminate “disease;” we just need to learn to creatively approach it. This collection of essays has been designed as a minute step towards such an understanding of democracy.

¹⁷ Richard Hayes, “Don’t Turn the Light On!”: Tennessee Williams, Illness And Popular Culture,” *The Scourges of the South? Essays on “The Sickly South” in History, Literature, and Popular Culture*, eds. Thomas Ærvold Bjerre and Beata Zawadka (Cambridge: Cambridge Scholars Publishing 2014), 161.

Works Cited

- “EAAS Workshops, Izmir.”
http://www.eaas.eu/images/stories/events/2012/eaas-workshops_izmir-nov_11_2011.pdf.
- Foster, Robert Bellamy, and Robert W. McChesney. *The Endless Crisis: How Monopoly-Finance Capital Produces Stagnation and Upheaval from USA to China*. Washington: Monthly Review Press 2012.
- Graham, Allison. “The South in Popular Culture.” *A Companion to the Literature and Culture of the American South*, edited by Richard Gray and Owen Robinson, 335-351. Malden, MA: Blackwell Publishing 2007.
- Griffin, Larry J. and Don H. Doyle, eds. *The South as an American Problem*. Athens: The University of Georgia Press 1995.
- Porter, Katherine Anne. *Pale Horse, Pale Rider: Three Short Novels*. New York: Harcourt Brace & Company, 1967.
- Reed John Shelton. “The South’s Midlife Crisis.” *Bridging Southern Cultures: An Interdisciplinary Approach*, edited by John Lowe, 254-264. Baton Rouge: Louisiana State University Press, 2005.
- Rubin, Jr., Louis D. “The Difficulties of Being a Southern Writer Today: Or, Getting out from under William Faulkner,” *The Journal of Southern History* 29, no. 4 (November 1963): 486-494.
- Williams, Joan. “Faulkner’s Advice to a Young Writer.” *Faulkner and the Short Story: Faulkner and Yoknapatawpha, 1990*, edited by Evans Harrington and Ann J. Abadie, 253-262. Jackson: University Press of Mississippi, 1992.

PART I:

BODILY DISEASES

CHAPTER ONE

FROM “GOSPEL OF WEALTH” TO “GOSPEL OF HEALTH”: THE ROCKEFELLERS IN THE SOUTH

RENATA NOWACZEWSKA

There are several American private foundations, which have undertaken a variety of programs directed at the inhabitants of the southern states. In the past, their main goal, apart from “the elevation of humankind,” was to tackle such issues as education, support of Black colleges, health reform, or eradication of the most troublesome diseases as well as more controversial ones such as eugenics.

The Rockefeller Foundation (RF) has been an unprecedented leader in the field of medical research and medical education. Both the RF and other organizations and research institutes established and generously supported by the Rockefellers have become pathfinders in the improvement of medical training and services provided by doctors or nurses. The RF has pioneered in clinical research, searching for the cure for the niggling, debilitating and the most common illnesses that made entire societies dysfunctional while at the same time increasing and testing this knowledge of preventive measures.

The paper aims at presenting the activities of both the Rockefeller Sanitary Commission for the Eradication of Hookworm Disease (1909-1915), and its successor the International Health Board in the South.

With the help of his main advisor, Frederick Gates, John D. Rockefeller found a simple, workable way of utilizing his amassed fortune for what constituted the promotion of “the well-being of mankind throughout the world,”¹ or “relieving human suffering.”² He thus exercised

¹ “An Act to Incorporate The Rockefeller Foundation, Charter 488,” May 14, 1913, accessed March 22, 2014.

the Gospel of Wealth that had been so successfully preached as a vision of a rich man's obligations by Rockefeller's business competitor Andrew Carnegie. Spiritual in nature, Rockefeller's Gospel was repudiated by the community, media and public opinion. Apparently, Rockefeller's business practices "tainted" the money he offered to benevolent deeds, which resulted in the U.S. government initial refusal to incorporate the RF.³ In consequence any philanthropic undertaking pursued by the RF should have been as neutral in its scope of interest; as far detached from the Standard Oil Company business endeavors; and as much needed by the society at present and in future as possible.⁴ Within such a limited frame of reference, the problem of improving public health appeared to be an acceptable and neutral program. In the opinion of John D. Rockefeller "the best philanthropy involved a search for a cause, an attempt to cure evils at their source."⁵ Whereas, the above mentioned F. Gates considered philanthropy as a tool of helping those whose "weaknesses and disabilities erected from causes lying beyond them." Gates demarcated disease as the "supreme ill of human life... and the main source of almost all other human ills, poverty, crime, ignorance, vice, inefficiency, hereditary taint, and many other evils."⁶ Thus, the most straightforward way for the Rockefeller

<http://www.rockefellerfoundation.org/media/download/30ff1883-9e8f-44fd-9dd9-8bf2d6803578>, 3.

² Rockefeller Archive Center (RAC), Sleepy Hollow, NY, Rockefeller, John D., "Letter from John D. Rockefeller Sr. to Rockefeller Sanitary Commission board members, 1909 October 26," Office of the Messrs. Rockefeller records, series O, Box 52, folder 544. *100 Years: The Rockefeller Foundation*, accessed January 22, 2014, <http://rockefeller100.org/items/show/2162>.

³ The US Congress debated the charter for three years and despite many concessions the charter was finally withdrawn. President William Howard Taft disapproved of the establishment of the RF as well. RF charter was incorporated by the NY state legislature with no opposition or criticism. Waldemar A. Nielsen, *The Big Foundations* (New York: Columbia University Press, 1972), 50-52.

⁴ The popular charges that JDR's benefactions were planned as a "shield against public censure, ... and attempt to reestablish himself and ward off the abuse," according to Raymond Fosdick - an insider of the Rockefeller philanthropic organizations since 1913 and the long-time president of the RF, were not based on facts. He considered it a legend that the Ivy Lee, the public relations counsel, advised JDR to create philanthropic foundations as a "method of establishing himself in public esteem." The firm associated with the Rockefeller philanthropies in 1914, several years after the establishment of the Rockefeller Institute (1901), General Education Board (1903) and the Rockefeller Foundation (1913). Raymond B. Fosdick, *The Story of the Rockefeller Foundation* (New York: Harper, 1952), 4.

⁵ *Ibid.*, 22.

⁶ *Ibid.*, 23-24.

philanthropies should have led from the Gospel of Wealth to the Gospel of Health: controlling and eliminating communicable diseases to improve public health, first in the U.S. and later on in the entire world.⁷

Gate's views that "science and education [were] the brain and nervous system of civilization, [while] health [was] its heart,"⁸ corresponded with those of the modern social reformers. They believed that health conditions were dependent both on the scientific causes of diseases and social problems that lay at the very core of these diseases.⁹ The said problems comprised, among others: the lack of proper hygiene often corresponding to poverty, or the lack of knowledge or even ignorance. Therefore, it became clear that prevention and treatment of disease could put an end to poverty and vice. It seemed that the simple way to achieve this was by launching a major campaign educating the public about the causes and effects of certain practices of everyday life and of the lack of adequate hygiene in the households.¹⁰

Social reformers' belief in high value of public health education stood in opposition to the notion presented and heavily defended by advocates of eugenics who saw no direct advantages coming from such campaigns. They viewed southerners - the addressees of the campaigns as unproductive, solely responsible of the "degeneracy and disease," and as such, hopeless cases as regards any improvement or rehabilitation.¹¹ The proponents of

⁷ The Rockefeller Sanitary Commission conducted its work in the South, Latin America, the British Colonies, the Far East and the West Indies, while its successor, the International Health Board initiated its programs in over 80 countries. John Farley, *To Cast Out Disease: A History of the International Health Division of the Rockefeller Foundation, 1913-1951* (Oxford: Oxford University Press, 2004), 4.

⁸ Fosdick, *Story*, 23.

⁹ "Nineteenth-century hygienists emphasized the social and material environments in which disease developed and advocated both sanitary and social reform as the most effective public health measures." Ann E. Fowler La Berge, *Mission and Method: The Early Nineteenth-Century French Public Health Movement* (Cambridge: Cambridge University Press, 1992), 74.

¹⁰ For more on the concept of disease attributed to the social conditions and the lack of adequate knowledge, see also: Thomas McKeown and C.R. Lowe, *An Introduction to Social Medicine* (Oxford: Blackwell Scientific, 1974), 67-70; Constance A. Nathanson, *Disease Prevention as Social Change The State, Society, and Public Health in the United States, France, Great Britain, and Canada* (New York: Russell Sage Foundation, 2007); Renata Nowaczewska, *Dobroczynna Ameryka* (Warsaw: Warsaw University Press, 2009), Ch. 1.

¹¹ Matt Wray, *Not Quite White. White Trash and the Boundaries of Whiteness* (Durham and London: Duke University Press, 2006), 101-103. For the discussion

eugenics took their offensive particularly against poor southern whites, who were referred to as “dirt eaters,” or “white trash.”¹² The prevalent hookworm infection was interpreted as the cause for “the laziness and backwardness” of the southerners.¹³

The New South was supposed to represent a new quality, new values, or a new social standing of the South but most of all an idea capable of attracting the attention of prospective investors from the North.¹⁴ The only thing that stood in the way of the idea being realized was the 2 million of “Crackers,” a social group eternally, it seemed, suffering from the hookworm disease.¹⁵ The elites¹⁶ regarded the disease as a myth, even though in some rural areas even 90% of school children were infected.¹⁷ The article in *the New York Times* warned that the wealthy and educated southerners or their families were not immune to the disease, while no progress could be possible without “the enlightened classes carrying along

of eugenics practices in the South see: Edward J. Larson, *Sex, Race, and Science: Eugenics in the Deep South* (Baltimore: Johns Hopkins University Press, 1996).

¹² More on the notion of “white trash” or “dirt eating” see: Wray, *Not Quite White*, Introduction and Chapter 4.

¹³ Allen Tullos, *Habits of Industry: White Culture and the Transformation of the Carolina Piedmont* (Chapel Hill: UNC Press Books, 1989), 45; John Etting, *The Germ of Laziness: Rockefeller Philanthropy and Public Health in the New South* (Cambridge: Harvard University Press, 1981), 35-38. The South earned its “reputation for poor health” due to the reoccurring endemic and epidemic outbreaks that earned a well-deserved epithet “scourges of the South.” They were caused by various cultural and environmental factors that contributed to southern distinctiveness. Although they were well defined and known to the society and the medical profession, the lack of ability or financial resources thwarted reformers in their attempts to act. James O. Breeden, “Disease as a Factor in Southern Distinctiveness,” in *Disease and Distinctiveness in the American South*, ed. Todd L. Savitt, James Harvey Young (Knoxville: The University of Tennessee Press, 1988), 10-13.

¹⁴ The concept of the New South was not only historical, economic or political, but according to M. Wray it was a “set of narratives and myths that southern boosters, politicians, and entrepreneurs invented in order to sell the region to skeptical northern investors.” Wray, *Not Quite White*, 171n2.

¹⁵ “Two Million Have Hookworm,” *New York Times*, October 13, 1909. The number was of course more of a guess than a correct estimation.

¹⁶ These were not only average well-off southerners but also professionals—doctors, nurses, and health authorities that were so ignorant of the disease and the seriousness of the problem. Fosdick, *Story*, 30.

¹⁷ Robert Shaplen, *Toward the Well-Being of Mankind. Fifty Years of the Rockefeller Foundation* (Garden City, NY: Doubleday & Company, Inc., 1964), 20.

with them the less enlightened and unfortunate classes.”¹⁸ In one Virginia school, 38 out of 40 children were infected, while 45 others were too weak to attend school.¹⁹ The earning power of whole families, generation after generation was being reduced by as much as 50% due to the hookworm disease, which made the struggle for existence harder and more hopeless in the South.²⁰ The general lack of knowledge or awareness of the hazardous for health a condition could also be attributed to the press that commented upon “the lazy germ,” “the hookworm theory,” “the fad,” “the myth” or “the conception of ingenious [Yankee] minds for the injury of the South,” or even denounced the assertion that such a disease existed at all.²¹ Therefore the challenge lying before doctors, social reformers and public health officials who set out to cope with the disease seemed to be bigger than the disease itself.

The “History” of the Hookworm

The effects of the hookworm disease can be found as early as in ancient times; yet, an Italian physician, Angelo Dubini, discovered the disease itself only in 1838. Between this initial discovery and the year 1843 Dubini conducted several hundred autopsies that helped him identify and name the worm *Ancylostoma duodenale*.²² Similar observations complemented by descriptions of the possible effects of the hookworm, such as extreme anemia, were made in Egypt and Brazil simultaneously.²³ Since 1878 the hookworm disease was recognized not only at death of a patient during a conducted autopsy but also from ova passed in the feces. The first violent epidemic of anemia happened among men constructing a

¹⁸ *New York Times*, October 22, 1909.

¹⁹ Of the 300 examined college students 42% had hookworm. Similar examination conducted in three regiments of state militia revealed 36%, 58% and 32% respectively of infected individuals. Fosdick, *Story*, 30-31.

²⁰ Shaplen, *Toward the Well-Being*, 24.

²¹ RAC, Rockefeller Sanitary Commission for the Eradication of Hookworm Disease records, Wickliffe Rose, “Work of the Rockefeller Sanitary Commission,” August 13, 1914, series 1, box 2, folder 33, *100 Years: The Rockefeller Foundation*, accessed January 22, 2014, <http://rockefeller100.org/items/show/1874>.

²² Charles Wardell Stiles, *Report upon the Prevalence and Geographic Distribution of Hookworm Disease in the United States* (Washington: Government Printing Office, 1903), 31.

²³ The Rockefeller Foundation, International Health Board, *Bibliography of Hookworm Disease*. Publ. No. 11, (New York: IHB, 1922), xi; Leon Jacobs, “Hookworm Disease.” *The American Journal of Nursing* (Nov. 1940): 1191.

tunnel in Italy in 1880. When the malady took place many physicians who went there to examine hundreds of cases pointed to the adverse hygienic conditions as the reasonable cause of the disease.²⁴

Not until the discovery of 1,500 worms in the body of a deceased peasant woman in Milan had anyone held parasites to be responsible.²⁵ In 1913 observations similar to the Italian ones were made among miners in France, Germany, Holland, Belgium, Spain and Hungary. The then infection rate amounted to 13.1% in Germany and to as much as 80% in Spain.²⁶

The remedy was hard to find, as the larvae possessed an “enormous resistive power to most known chemical agents.”²⁷ The solution of thymol eventually brought some results allowing the infected patients to be cured after a repeated number of doses were taken. Yet, the process by which people acquired the infection remained unknown until an accidental discovery at Cairo by Professor Arthur Looss. The German scholar, educated in Łódź, Poland, made a serendipity discovery by infecting himself with the hookworm through the skin in 1898.²⁸ This finding made the control of the hookworm disease very simple. It was enough to avoid direct contact between bare skin, particularly soft places between fingers and toes, and infected mud or water. Thus, the hookworm disease prevention translated into simply avoiding walking barefoot. Prof. Looss published a major monograph on hookworm in 1911 summing up all the knowledge available at that time. He also suggested Thymol and Male Fern as possible, well-known and successful remedies for the disease.²⁹ In his book he also provided a comprehensive description of the life cycle of the hookworm larvae and its anatomy.

In the New World the first account referring to the new species of hookworm was recorded in 1808. It was Joseph Pitt who in his article discussed dirt eating and anemia cases among “lower class negro and white population” in the American South.³⁰ Since Pitt’s discovery, similar

²⁴ RF, *Bibliography*, xii-xiii.

²⁵ RF, *The Annual Report of 1917*, 81,

<http://www.rockefellerfoundation.org/about-us/annual-reports>.

²⁶ RF, *Bibliography*, xv-xvii; RF, *Annual Report 1917*, 147-149.

²⁷ RF, *Bibliography*, xiv.

²⁸ “The Death of Arthur Looss,” *American Journal of Public Health*, 13, no. 8 (August 1923): 659-659.

²⁹ RF, *Bibliography*, vii, xviii.

³⁰ Joseph Pitt, “Observations on the Country and Diseases near Roanoke River, in the State of North-Carolina,” *New York Medical Repository* 5 (1808): 340-1, quoted in: RF, *Bibliography*, xix

cases were reported and discussed in scientific literature until 1902 when Dr. Charles Wardell Stiles named the new species *Necator Americanus*, meaning "the American killer." Also known as "the American hookworm," the parasite was most probably carried to America from Africa by slaves.³¹ The first investigation of the massive cases of anemia was conducted in Puerto Rico in 1904.³²

The symptoms of being infected with the American hookworm included itching ("ground itch" or "dew itch") as larvae penetrated through the pulmonary tract, and severe anemia caused by the destruction of red blood cells by the adult worm attached to intestinal mucosa and because of the toxic substances introduced into the body either directly or indirectly by the parasite.³³ Generally, the appetite was increased, and there was a desire for bulky foods, which might have got perverted into a craving for eating earth and all sorts of unnatural things, such as paper, slate pencils, coffee grounds and ashes. Dirt eating was quite a common symptom of the hookworm disease and "pot bellies" resulting from this habit could often be seen in severe hookworm cases.³⁴ Other symptoms included dry and pale skin, palpitation, irritation of the larynx, headache, tiredness and exhaustion (confused with laziness).³⁵ "Eyes [were] without color or sparkle and expressions stupid and intensely melancholy," sex organs of the infected children were underdeveloped, mental growth hindered, males lost sexual power while females had irregular menstruation.³⁶

Also, dullness in school and a lack of desire to continue one's education were common among hookworm-infected children. In adults the mental attitude was one of apathy and melancholy, stupidity and lack of concentrative ability. Shiftlessness, laziness, lack of ability to understand and to improve themselves were the effects which were at least in part produced by the hookworm on people who would otherwise be progressive

³¹ RF, *Bibliography*, xix; Jacobs, "Hookworm Disease," 1191.

³² RF, *Bibliography*, xx.

³³ Mary Boccacio, "Ground Itch and Dew Poison: The Rockefeller Sanitary Commission, 1909-1914," *Journal of Medicine and Allied Sciences*, 27, no. 1 (1972): 31; Florence O. Gibbs, "Uncinariasis or Hookworm Disease," *The American Journal of Nursing*, 13, no. 6 (March 1913): 439; Tood L. Savitt, *Medicine and Slavery. The Diseases and Health Care of Blacks in Antebellum Virginia* (Urbana: University of Illinois Press, 1978), 70.

³⁴ Ettling, *Germ of Laziness*, 35.

³⁵ Martha M. Giltner, "Hookworm Disease: A Health Problem of the South," *The American Journal of Nursing*, 22, no. 10 (July 1922): 806-7; Jacobs, "Hookworm Disease," 1193.

³⁶ Savitt, *Medicine and Slavery*, 69-71; Gibbs, "Uncinariasis or Hookworm Disease," 440.

and strong. Going barefoot on land that had been contaminated with human feces was one of the main ways of acquiring the parasite.³⁷ The manner in which feces were disposed of in the South, meaning no or few box privies that were not properly taken care of, was the main reason why more infections were observed in rural areas.³⁸

A person once diagnosed could require treatment up to four times, so in many cases a patient would be given medicine in precise doses ascribed to his/her age together with the instructions how to use it at home.³⁹ As the treatment was a true nuisance, unpleasant and at times even painful (for it involved refraining from consuming alcohol, fat or oil, including milk and alcohol-containing medicine so as to avoid thymol poisoning, and was followed by frequent intestine evacuation with the help of Epsom salts) the treatment was advised to be conducted on Saturdays and Sundays as an average patient “could not afford losing several days’ wages.”⁴⁰

The Hookworm Campaign

The problem of the hookworm disease in the South was brought to the attention of the Rockefellers by an incident when President of the General Education Board⁴¹ Dr. Wallace Buttrick met Dr. Charles Wardell Stiles, who “put up the biggest proposition ever to the Rockefeller office.”⁴² The need to eradicate the debilitating disease and to set up new standards for

³⁷ Jacobs, “Hookworm Disease,” 1191-6.

³⁸ Stiles, *Report upon Hookworm Disease*, 50.

³⁹ Charles Wardell Stiles and George F. Leonard “Administration of Thymol in Hookworm Disease,” *Public Health Reports* (1896-1970), 26, no. 49 (Dec. 8, 1911): 1925.

⁴⁰ Stiles, *Report upon Hookworm Disease*, 86-89; Ch. W. Stiles, “The Treatment of Hookworm Disease,” *Public Health Reports* (1896-1970) 24, no. 34 (Aug. 20, 1909): 1191-1193.

⁴¹ Both JDR and his son John, Jr. had been interested in the “Negro problem” for a long time. The latter since his teens as his mother’s parents, Harvey Buel Spelman and Lucy Henry Spelman were actively involved in the Underground Railroad, while his mother, JDR’s wife, was an abolitionist herself. All Rockefellers pursued the aim of improving education for the Southern Blacks. For the purpose of improving educational system, with special emphasis on the South and the education of Blacks, the General Education Board was established in 1903. The Rockefellers also supported the Spelman College that was renamed in honor of Laura Spelman, JDR’s wife. Fosdick, *Story*, 9. For more on the General Education Board, see:

http://rockefeller100.org/exhibits/show/education/general_education_board.

⁴² Fosdick, *Story*, 10.

the public health led to the establishment of the Rockefeller Sanitary Commission in 1909.⁴³ It was only the "dramatic success" of the RSC in eliminating the hookworm disease in the South that made the RF establish International Health Board and extend the hookworm campaign to other parts of the world, in order to create "agencies for the promotion of public sanitation and the spread of the knowledge of scientific medicine."⁴⁴ Beginning with the West Indies and Latin America this program was eventually extended to 53 countries and 29 islands.⁴⁵ In 1916 the Board was expanded and renamed International Health Division, which eventually became "the world's most important agent of public health work before WHO was created."⁴⁶

Since the very beginning the Rockefeller Foundation seemed to be doomed to success. It got engaged in the programs combating the most common, but curable perils of contemporary society that till then had been left at the verge of any institution's, society's or authorities' interest.⁴⁷

⁴³ Except the campaign to eradicate the hookworm disease, the RSC was interested in organizing a well-funded public health network across the USA. In the South, where the issue was particularly neglected, there were only 3 state departments of health and very few full-time health officers. RAC, Rockefeller Foundation, Excerpt from Trustees Bulletin, "Development of Rural Health Services," December 1939, RG 3, Series 908, Box 14, File 149. *100 Years: The Rockefeller Foundation*, accessed January 21, 2014, <http://rockefeller100.org/items/show/2172>.

⁴⁴ RAC, The Rockefeller Foundation, "Resolutions Establishing the International Health Commission," June 27, 1913. Administration, Program and Policy, RG 3.1, series 900, box 18, folder 129. *100 Years: The Rockefeller Foundation*, accessed January 22, 2014, <http://rockefeller100.org/items/show/2159>.

⁴⁵ Jules Abels, *The Rockefeller Billions: The Story of the World's Most Stupendous Fortune* (New York: Macmillan, 1965), 330. The RF supported local health authorities in anti-hookworm programs in the US and in many foreign countries providing required financial resources and supervising the campaigns. RF, *Annual Report 1929*, 101. IHC operated in Latin America in countries as: Brazil, Mauritius, Colombia; in Europe: Spain, France, Holland, Germany, Belgium, Hungary, Italy, mostly in the mining districts. RF, *The Annual Report of 1917*, 150; *The Annual Report of 1918*, 35; *The Annual of Report 1920*, 139, 141, 143, 379; all available at: <http://www.rockefellerfoundation.org/about-us/annual-reports>.

⁴⁶ John Farley, *To Cast Out Disease*, 2. On the RF workings for the eradication of the hookworm disease (part 1), yellow fever, and malaria see: William Greer, *The Plague Killers* (New York: Scribner's, 1969).

⁴⁷ Several of the organizations and institutions, under the auspices of the RF or the mentioned GEB, were established for the purpose of improving general knowledge on causes, cure and prevention of common diseases, through public health reform,

These perils ranged from the debilitating hookworm disease, through deadly malaria, to industrial relations and problems of the ageing American society and the much-needed security at the old age.⁴⁸ The proposed campaign to eradicate hookworm disease was demanding due to a lack of any national programs, international standards or even public resources to fund, examine, and collect data on major public health threats and to conduct control, prevention and education programs.⁴⁹ The Rockefeller Foundation was the first to undertake the large-scope programs of health prevention and public health education.

Dr. Charles Stiles, a U.S. Public Health Service physician, had been trying for a long time to draw some attention to the role hookworm was playing in widespread lethargy among cotton mill workers in the southern states. While in the antebellum South hookworm was “mostly limited to slaves and a very small class of poor whites, the postwar poverty exposed growing number of southerners to hookworm infection, making it a major threat to regional health.”⁵⁰ Thus, when John D. Rockefeller asked several most noted medical specialists if there was a disease affecting large

medical research, public health education and training. The long list of sponsored programs and institutions includes: Rockefeller Institute for Medical Research, Johns Hopkins University School of Medicine, American Medical Association, The American Social Hygiene Association, National Committee for the Improvement of Nursing Services. The RF also helped improve medical and nursing education abroad, in China- Peking Union Medical College, in India- All India School of Hygiene and Public Health, and similar schools in Europe and other parts of the world: Zagreb, Lyon, Budapest, Warsaw, Tokyo, London, San Paolo. Compare: RF, *The Annual Reports* available at: <http://www.rockefellerfoundation.org/about-us/annual-reports> or the Rockefeller Foundation centennial at: <http://rockefeller100.org/>.

⁴⁸ On the RF's role in labor relations, social security act or the creation and financing of the Social Science Research Council, the Industrial Relations Section and the Industrial Relation Counselors, see: G. William Domhoff, *State Autonomy or Class Dominance? Case Studies on Policy Making in America* (New York: Aldine Transaction, 1996), Ch. 5, 117-149.

⁴⁹ The first health reform at the state level was initiated by the Progressives, though no national health programs were implemented until the first social welfare acts during the New Deal had been passed. Beatrix Hoffman, “Health Care Reform and Social Movements in the United States.” *American Journal of Public Health*. 93(1), (Jan., 2003): 75–85. On the lack of the federally sponsored programs, see: Alan Derickson, *Health Security for All: Dreams of Universal Health Care in America* (Baltimore: Johns Hopkins University Press, 2005), Ch. 3.

⁵⁰ James O. Breeden, “Science and Medicine,” in *Encyclopedia of Southern Culture*, ed. Charles R. Wilson and William Ferris (Chapel Hill: University of N.C. Press, 1989), 1340-41.