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Medicine Infected by Politics: The American Occupation of Haiti, 1915-1934

Cooper Scherr

“I will keep them from harm and injustice... whatever houses I may visit, I will come for the benefit of the sick, remaining free of all intentional injustice.” — Oath of Hippocrates

During a 1927 speech at the annual meeting of the Association of American Medical Colleges, C.S. Butler, having recently finished his tenure as the Sanitary Engineer of Haiti, commented on the role of physicians in the American occupation of Haiti:

We physicians have failed to appreciate the enormous importance of our calling in helping governments to confer the benefits of civilization upon backward races... When a physician cures the complaints of an individual, he nearly always captures the friendship of that individual at the same time. So it is with governments in relation to the masses.¹

The overarching tenet of medicine and the sworn mission of all physicians is to do no harm to the patient. Yet, such as all goals, the goal of medicine can sometimes become perverted. Doctors and patients do not exist in a vacuum, and thus all sickness and healing occurs within certain social, personal, and even political contexts. Yes, political. Desirable though it may be to separate health from politics, illness and death are ubiquitous to the human experience, and thus, treatment of the sick lies within the realm of social and political influence. Therefore, medicine is a tool that can

¹ C. S. Butler, “Coordination of Medical Problems; Medical Education; Public Health and Hospitals in the Republic of Haiti,” *Academic Medicine* 3, no. 1 (1928): 48.

be both wielded and *shaped* by politics. Various social and political factors can affect how, when, and for whose benefit medicine is practiced, and thus distort the humanitarian purpose of medicine itself. Such was the case during the American occupation of Haiti from 1915-1934.

America opened the 20th century intent on controlling the Western hemisphere and assuming a role as a global economic power. This surge of American imperialism fed into the Spanish-American War at the turn of the century and subsequent U.S. efforts to maintain control of its territorial acquisitions in the Pacific and Caribbean. Throughout this period, the United States carefully sought to portray its expansionist aims as beneficent rather than imperial. After all, the nation's ethos was one of liberty and democracy, and the advent of America itself was characterized by the overthrow of foreign colonial rule. Therefore, the United States attempted to convince the world—and itself—that American imperialism differed from the colonial endeavors of Old World powers. Economic expansion? No, this was democratic pioneering. Imperial conquest? Try humanitarian uplift. Thus, the United States painted itself as a physician come to cure a patient plagued by illness; by administering the medicines of democracy and capitalism, the backwards colonies could be saved from their literal and metaphorical diseases.

Haiti was one such patient that fell under the “care” of the United States. Rife with political turmoil and saddled with debt to American investors, Haiti posed an opportunity for the U.S. to cure yet another blight in the Western hemisphere. Following the assassination of President Vilbrun Guillaume Sam in 1915, the U.S. jumped at the chance to “save” Haiti. American troops—stationed just off the coast—immediately landed in Port-au-Prince and set about implementing the U.S. intervention in Haiti. For the next two decades, the Americans would prescribe whatever remedy they deemed necessary for Haiti. However, treatment of Haitian ills was compromised by the ulterior motives of the United States, and what was best for American interests was misconstrued as being

best for Haiti. By 1934, upon U.S. withdrawal from Haiti, the American intervention had left a complicated legacy of both harm and good.

In analyzing the American occupation of Haiti, it is crucial to distinguish how the faux humanitarianism of the U.S. government impacted the genuine humanitarian goals of medicine. America was primarily interested in Haiti because it wished to preserve its political influence in the Western hemisphere and acquire Haiti as a new market for U.S. investors. However, the multitude of problems plaguing Haiti—including political instability, widespread poverty, and poor public health—allowed the U.S. to disguise its invasion as a humanitarian intervention. In reality, Haitian benefit was always of secondary concern to the U.S. government. While American politicians employed humanitarianism as a front for the occupation, American physicians genuinely sought to improve the well-being of the Haitian populace. Recognizing the positive impact that medicine could have on Haitian health, the American doctors set about treating disease—both physiological and cultural—as they saw fit. However, the imperialism of the occupation distorted the humanitarian goals of medicine in Haiti.

The political objectives of the occupation meant that medicine was employed for a variety of purposes. First, medicine served as a means of protecting the American occupation force from disease and death in the tropics. Following the establishment of American control in Haiti, the function of medicine changed from a tool of pacification to a tool of propaganda. As the U.S. looked to justify its presence in Haiti, the American treatment of diseases such as malaria, yaws, and syphilis was held up as a bright spot of the occupation. U.S. doctors were not only improving the health of Haitian citizens, America argued, but also restoring the vitality of the country as a whole. However, the failure of occupation medicine to dramatically improve overall Haitian health subsequently cast doubt on the motives behind U.S. medical relief. Had the Americans sincerely sought to improve the lives of

Haitians, or had they simply wielded medicine as a political tool for their own benefit? The American occupation of Haiti highlighted the susceptibility of medicine to political aims and left a blemish on the record of medical humanitarianism. The U.S. had entered Haiti preaching of a miracle cure but left its “patient” perhaps worse off than before.

Historiography

Historians have been quick to decry the Americans’ stated humanitarian aims when invading Haiti. According to Hans Schmidt, “the immediate objectives of American expansion were to achieve hegemony in the Caribbean and the Pacific”—Haiti was no exception.² Throughout the late 1800s, the United States had been in competition with European powers for lucrative overseas trade routes and strategic military objectives, and the 19th century culminated with U.S. victory in the Spanish-American War. The resulting Treaty of Paris in 1898 brought the U.S. new territories in both the Pacific and the Caribbean, and the construction of the Panama Canal in 1914 officially linked the two regions of America’s imperial interests.³ Having established control over the Americas, the U.S. was keen on keeping Europe out of its transoceanic empire. The primary threat to U.S. influence in the Caribbean, according to Schmidt, was Germany.⁴ With its powerful navy and an economic foothold in Haiti, Germany stood poised to capitalize on the instability of the Haitian state in 1915. Therefore, following President Sam’s assassination, the United States acted to preserve its Caribbean dominance by landing troops in Haiti. Contrary to characterizations of an American Open Door policy in the early 20th century, Schmidt claims that the occupation

² Hans Schmidt, *The United States Occupation of Haiti, 1915-1934* (New Brunswick: Rutgers University Press, 1995), 4.

³ *Ibid.*, 3-5.

⁴ *Ibid.*, 4.

of Haiti demonstrated the Americans' "closed-door, sphere of influence diplomacy."⁵

In addition to U.S. political interests, American economic involvement in Haiti also played a significant role in the decision to intervene. Jeffrey Sommers notes that "as early as 1910, five years before the U.S. occupation of Haiti, United States banking interests obtained partial ownership of the National Bank of Haiti."⁶ With American capital tied up in the Haitian bank, the U.S. was willing to forcefully intervene in order to protect American investments from the growing unrest in Haiti. According to Patricia J. Lopez, the Americans' "big stick diplomacy" in Haiti built off the precedent set by Haitian-American relations of the 19th century. From 1849-1913, the U.S. had made a habit of sending troops into Haiti, intervening on over two dozen occasions.⁷ Leading up to the invasion of 1915, American involvement in Haiti had increased even further, with ten landings of U.S. troops in Haiti during 1914 alone.⁸ Lopez states that prior to the occupation, the U.S. was also interested in obtaining Haiti as a potential market for American land ownership and railroad development.⁹ Thus, in the eyes of the U.S., Haiti was a fruit waiting to be plucked, and the instability of the Haitian state in 1915 provided the perfect excuse to expand into a new economic market.

Most historians argue that racial paternalism also played a part in the United States' blatant disregard for Haitian autonomy. Schmidt states that, in dealing with the Haitians, the Americans believed them to be "inherently inferior," and "approached [them]

⁵ Ibid., 6.

⁶ Jeffrey W. Sommers, "The U.S. Power Elite and the Political Economy of Haiti's Occupation: Investment, Race, and World Order," *Journal of Haitian Studies* 21, no. 2 (2015): 57.

⁷ Patricia J. Lopez, "Clumsy Beginnings: From 'Modernizing Mission' to Humanitarianism in the U.S. Occupation of Haiti (1915-1934)," *Environment and Planning A*, 47 (2015): 2243.

⁸ Ibid., 2243.

⁹ Ibid., 2243-2244

with ethnic and racial contempt.”¹⁰ In *Taking Haiti*, Mary Renda expands upon this idea, stating that paternalism was in fact the driving force of the occupation as a whole.¹¹ U.S. Marines, Renda states, considered themselves father figures to the Haitians, and were convinced that the occupation was of great service to Haiti.¹² In the words of Marine General Smedley Butler: “We were all [imbued] with the fact that we were the trustees of a huge estate that belonged to minors.”¹³ This characterization of the Haitians as incompetent minors stemmed from racist preconceptions in the United States. For example, the Secretary of the Navy, Josephus Daniels, compared the Haitians to the American “negroes in the South,” while Rear Admiral William Caperton, seeking to justify U.S. presence in Haiti, portrayed the people as dark cannibals in need of firm guidance.^{14,15} In this way, America established a clear power dynamic with Haiti. As a father figure to the “orphaned nation,” the U.S. espoused concern for Haiti’s well-being, yet was justified in exercising authority over—and even disciplining—the smaller nation.¹⁶ Thus, when faced with the stark contradiction between the occupation of Haiti and the national values of freedom and democracy, paternalism—a veneer for racism—offered Americans a convenient explanation for the discrepancy.

This discrepancy was on full display in the U.S. takeover of the Haitian government. Believing the Haitians to be incapable of self-government, the U.S. imposed the Haitian-American Treaty of 1915, which outlined a “partnership” between the two nations that condoned an American presence in Haiti until 1936. According to Schmidt, the treaty was morally and legally binding only at U.S.

¹⁰ Schmidt, *The United States Occupation of Haiti, 1915-1934*, 10,15.

¹¹ Mary Renda, *Taking Haiti: Military Occupation and the Culture of U.S. Imperialism, 1915-1940* (Chapel Hill: University of North Carolina Press, 2001), 15.

¹² *Ibid.*, 13.

¹³ *Ibid.*, 13.

¹⁴ Schmidt, *The United States Occupation of Haiti, 1915-1934*, 69.

¹⁵ Sommers, “The U.S. Power Elite and the Political Economy of Haiti’s Occupation,” 56.

¹⁶ Renda, *Taking Haiti: Military Occupation and the Culture of U.S. Imperialism*, 15.

convenience; the Americans “frequently cited [the treaty] as justification for continuing the occupation,” that is until uprisings in Haiti prompted an early U.S. withdrawal in 1934.¹⁷ In the meantime, America operated without any regard for the Haitian democratic system, ramrodding the Haitian Constitution of 1918 into effect. The new constitution suspended the Haitian legislature, legalized American martial law, and—most symbolically—removed the ban on white, alien land ownership in Haiti (this law was a testament to the slave history of Haiti, and had been intended to preclude any future of white dominion over Haiti).¹⁸ When the Haitian government refused to ratify the constitution, the U.S. disbanded the legislature and appointed its own Council of State. The puppet government obediently installed the American-sponsored constitution and was not assembled again until the occurrence of anti-American riots in 1929.¹⁹

The paternalistic aims of the U.S. also meant that medicine, with its positive impact on individual health, proved to be a key symbolic component of the occupation. According to Antony Stewart in “An Imperial Laboratory,” Haiti had a reputation as a den of sickness and filth, contributing to the perception of its being a backwards nation. Thus, as the Americans entered Haiti, medicine offered an obvious means of uplifting the Haitians from their apparently substandard existence.²⁰ In addition to Stewart, many other historians have commented on the various functions of medicine during the occupation. Beyond basic improvements in health, historians have noted the Americans’ use of medicine to exert control over Haiti, pacify Haitian citizens, and justify the U.S. presence to the outside world.²¹ However, although the effect of medicine on the occupation has been acknowledged, the

¹⁷ Schmidt, *The United States Occupation of Haiti, 1915-1934*, 11.

¹⁸ *Ibid.*, 11.

¹⁹ *Ibid.*

²⁰ Antony Dalziel McNeil Stewart, “An Imperial Laboratory: The Investigation and Treatment of Treponematoses in Occupied Haiti, 1915-1934,” *História, Ciências, Saúde—Manguinhos* 24, no. 4 (2017): 1091-1092.

²¹ *Ibid.*, 1091-1093.

historiography fails to recognize the reciprocal effect that the occupation had on medicine. Indeed, U.S. motives in Haiti shaped the goals of medicine and how it was employed during the occupation.

Medicine in the Hands of the Military

In the beginning years of the occupation, medicine became a tool for conquest that was selectively practiced in accordance with U.S. objectives. In the hands of the military, medicine's primary goals were: 1) to keep U.S. troops healthy; 2) to control and pacify the populace. Historically, the tropics had been considered the "white man's graveyard"; in Haiti for example, yellow fever had ravaged both the French and British ranks during the Haitian Revolution. The U.S. was well aware of this history, and anxious not to repeat it.²² However, due to its forays into Panama, Cuba, Puerto Rico, and the Philippines, the U.S. had plenty of experience with tropical medicine prior to 1915. Having "[tamed] the tropics" previously, the Americans knew how to employ medicine strategically in Haiti.²³ Thus, before the Marines even set foot on Haitian soil, medicine played a role in opening up Haiti for U.S. intervention.

Once in Haiti, the occupation quickly became militarized. Despite easily establishing military control in Port-au-Prince and other coastal cities in 1915, U.S. forces were not received warmly by the Haitians. In urban areas, people would glare at the Marines and pour household refuse onto American patrols that walked under their windows.²⁴ Meanwhile, in the countryside, U.S. troops were opposed by Haitian guerilla forces, or *cacos*. Faced with hostility from the populace, Admiral Caperton admitted that the occupation began to be defined by military objectives, and "the

²² Butler, "Coordination of Medical Problems," 48.

²³ Stewart, "An Imperial Laboratory: The Investigation and Treatment of Treponematoses in Occupied Haiti, 1915-1934," 1092.

²⁴ Schmidt, *The United States Occupation of Haiti, 1915-1934*, 68.

‘human’ in humanitarian was reduced to ‘combatant.’”²⁵ Thus, from 1915-1922, U.S. Marines set about eliminating rural pockets of resistance in a series of campaigns termed the First and Second Caco Wars. These “wars” proved extremely one-sided, as Haitian casualties totaled more than 2,000 dead by 1922, compared to only a couple dozen American dead.²⁶ In addition to decimating the cacos, the American occupying force treated the Haitian citizenry with a marked degree of brutality. In 1919, Brigadier General George Barnett wrote to Colonel John H. Russell to complain about the “practically indiscriminate killing of natives” occurring in Haiti, eliciting an investigation into abuses by the Americans and Haitian gendarmes—Haitians conscripted into service with the U.S. military.²⁷ Out of 52 cases later brought before a court of inquiry, only 18 were found to contain punishable offenses—the rest were dismissed as the “casualties of ‘savage warfare.’”²⁸

The Americans’ heavy-handed approach towards the Haitians also negatively impacted medical efforts in Haiti. First, medicine was rationed in favor of the American occupation force, and only practiced for the benefit of the Haitian populace when conducive to American military aims. This prioritization of American health over Haitian health was evident in an anti-malaria campaign conducted by naval medical officers in late 1922. Since arriving in Haiti, U.S. troops had been hampered by a high frequency of malaria in their camps, despite the best efforts of the medical officers to sanitize the U.S. posts. For a seven-month period spanning from 1921-1922, 687 cases of malaria were reported among the Americans—indicating a rate of nearly one case per soldier.²⁹ The poor health of the Marines equated to exceedingly large treatment costs and decreased military efficiency, and thus

²⁵ Lopez, “Clumsy Beginnings,” 2247.

²⁶ John J. Tierney Jr., “America’s ‘Black Vietnam’: Haiti’s Cacos vs. The Marine Corps, 1915-22,” *Lincoln Review* 2, no. 3 (1981)

²⁷ Lopez, “Clumsy Beginnings,” 2246.

²⁸ *Ibid.*, 2247.

²⁹ “Antimalaria Campaign Conducted in Haiti by Naval Medical Officers,” *Public Health Reports (1896-1970)* 38, no. 46 (1923): 2721.

prompted preventative efforts to treat malaria among the locals.³⁰ Medical officers proceeded to treat Haitians living within a one mile radius of Marine posts with quinine; during the quininization campaign, the Marines reported only 237 cases of malaria over a seven-month period.³¹ Thus, the Americans treated the Haitians for disease, but “solely as a prophylactic measure for the [M]arines.”³²

In addition to preserving the health of the Americans, medicine also offered a means of stabilization and pacification. When the Americans seized Port-au-Prince in late July 1915, they discovered “a large population of sick and practically starving people” suffering amidst the chaos of the Haitian state.³³ To compound the problem, the cacos cut off food supplies to urban areas in the hopes that the resulting food shortage would hinder the U.S. forces. Faced with a destitute population in need of food and medical care, the naval medical staff distributed food supplies and cared for the medical needs of transient individuals in Port-au-Prince.³⁴ At face value, this was a humanitarian gesture to the conquered populace. However, had the Americans let the Haitians die of starvation and disease in the streets, they risked fuelling further Haitian hatred and resistance towards the occupation, making the island nearly ungovernable. The U.S. would also have been compromising its identity as white savior to the poor, backwards nation.

Although medicine proved to be a key tool for the military, lack of funding for widespread medical services demonstrated the ways in which the politics of the occupation interfered with medical work. Under the control of the military, healthcare in Haiti was clearly not a priority, as the Americans did not establish a Haitian public health service (*Service d’Hygiène Publique*) until

³⁰ *Ibid.*, 2721-2723.

³¹ *Ibid.*, 2722.

³² *Ibid.*

³³ Schmidt, *The United States Occupation of Haiti, 1915-1934*, 69.

³⁴ *Ibid.*

1917—two years after invading.³⁵ In the meantime, Admiral Caperton had attempted to establish a sanitation program with a budget of \$76,000;³⁶ in contrast, the Americans set aside \$3,000,000 of Haiti's \$8,000,000 yearly income to pay off Haitian debt to the U.S.³⁷ Evidently, at the outset of the occupation, there was little impetus “to build up sanitation and public health beyond what would benefit U.S. troops.”³⁸ Therefore, the medical budget from 1915-1917 merely provided for a street-sweeping service, minimal medicines and vaccines, medical treatment primarily for U.S. forces and the gendarmes, and the remodeling of some Haitian clinics and hospitals.³⁹ Conditions improved in 1917 with the creation of the Public Health Service and the appointment of Norman McLean as Sanitary Engineer in Haiti. McLean set about organizing a public health system for Haiti and bolstered the medical budget to nearly \$180,000, yet these improvements still proved inadequate considering the needs of the Haitian populace. With only five U.S. physicians and a handful of medically-trained corpsmen and gendarmes, McLean could only provide medical relief in urban districts—this only accounted for an estimated 5-10% of the Haitian population.⁴⁰ Thus, not only did medicine function as a tool in the hands of the U.S. military, but its goals morphed from patient health and well-being to order and control *via* health. Under the supervision of the military, medicine was practiced selectively, normally in line with U.S. strategic objectives.

Reorganization of the Occupation

Though successful in establishing order in Haiti, martial law did little to advance the condition of the populace, contrary to U.S.

³⁵ Lopez, “Clumsy Beginnings,” 2245.

³⁶ Ibid.

³⁷ Butler, “Coordination of Medical Problems,” 53.

³⁸ Lopez, “Clumsy Beginnings,” 2245.

³⁹ Ibid.

⁴⁰ Lopez, “Clumsy Beginnings,” 2245-2246.

portrayals of the occupation. With World War I dominating news headlines from 1914-1918, the beginning years of the occupation passed largely unnoticed by the American people. In fact, from 1917-1918, the *New York Times* did not have a single entry regarding Haiti.⁴¹ Therefore, as the Wilson administration focused its attention on Europe, American policy in Haiti was left up to the discretion of U.S. personnel on the ground. Lacking clear policy directives from Washington, American civilian and military officials clashed over how to best govern Haiti.⁴² While the civilian advisors worked to restructure the Haitian government and operate according to the Haitian-American treaty, the Marines set about eliminating local resistance and establishing martial law. The resulting conflict among the occupation's leaders rendered the American administration in Haiti ineffective and directionless, to the point where Wilson considered an American withdrawal in the aftermath of the Great War.⁴³ In contrast with actual conditions on the ground, the news that reached the American public continued to paint a rosy image of the progress being made in Haiti. Thus, prior to 1920, Americans largely supported the intervention, with vehement objections from only a few journals and publications.⁴⁴

However, following the outbreak of the Second Caco War in 1918, more journalists began to uncover the harsh U.S. treatment of the Haitians, prompting protests of the occupation back home. One of the most prominent accounts regarding the true nature of the occupation came from James W. Johnson of the NAACP, who visited Haiti in 1920. During his trip, Johnson met with Haitian elites and political activists, noting, "All the Haitians I talked to complained bitterly of conditions."⁴⁵ Meanwhile, Johnson found the Marines to be shockingly dismissive of the Haitians, with one

⁴¹ Schmidt, *The United States Occupation of Haiti, 1915-1934*, 109.

⁴² *Ibid.*, 116.

⁴³ *Ibid.*, 118.

⁴⁴ *Ibid.*, 120.

⁴⁵ James W. Johnson as quoted in McBride, David, *Missions for Science: U.S. Technology and Medicine in America's African World* (New Brunswick: Rutgers University Press, 2002), 85.

saying, “The trouble with Haiti is that these n*****s down here with a little money and education think they are as good as we are.”⁴⁶ When Johnson returned to the U.S., he proclaimed the oppression of the Haitians, sparking fierce public criticism of the newly-exposed American imperialism in Haiti. However, Woodrow Wilson’s bid for reelection in 1920 forced the president to double-down on the Americans’ commitment to the occupation. As U.S. atrocities in Haiti came into the public consciousness, the Republicans quickly acted to turn favor against Wilson during the election campaign, with Warren G. Harding denouncing the “rape of Haiti.”⁴⁷ Popular approval thus swung against Wilson, as many Americans decried the irony of authoritarian rule in Haiti when considering Wilson’s Fourteen Points and calls for self-determination at the conclusion of World War I.

In response to the public outrage regarding American imperialism in Haiti, the Senate conducted an investigation of the occupation from the fall of 1921 to early 1922, led by Republican Senator Medill McCormick.⁴⁸ In November 1921, McCormick’s committee visited Haiti, where they met with local Haitian elites and listened to various testimonies detailing atrocities committed by Americans during the occupation. Although the committee dismissed many accounts as inconsistent and untrustworthy, its final report reflected the need for change in the occupational administration; rather than withdrawing, McCormick and his fellow senators recommended the reorganization of American leadership in Haiti.⁴⁹ According to McCormick, “We are there, and in my judgment we ought to stay there for 20 years.”⁵⁰ By restructuring the administration, the U.S. hoped to bury claims of American brutality under a renewed narrative of humanitarianism

⁴⁶ McBride, *Missions for Science: U.S. Technology and Medicine in America’s African World*, 86.

⁴⁷ Schmidt, *The United States Occupation of Haiti, 1915-1934*, 118-119.

⁴⁸ *Ibid*, 121.

⁴⁹ *Ibid*, 122.

⁵⁰ *Ibid*.

in Haiti. As the U.S. worked to cast the occupation in a more humane light, medicine shifted its focus from conquering the Haitians to civilizing them instead.

Based on the recommendations of the McCormick committee, the State Department ended martial law in Haiti and appointed a “High Commissioner” to oversee all aspects of the occupation. Despite the occupational reorganization, the Americans remained intent on maintaining control in Haiti, and thus kept the Marine garrison stationed on the island. In fact, by appointing a military officer as High Commissioner of the occupation, the U.S. clearly indicated that it had no interest in relinquishing power to the Haitians. The new appointee, General John H. Russell—a Marine commander in Haiti since 1917—was granted total control over civilian treaty officials in addition to the Marines and gendarmes, and served as the direct link between the U.S. State Department and the puppet Haitian government.⁵¹ Russell himself was a personification of the new policies he was tasked with implementing. Though he worked tirelessly “in supporting progressive policies in educational and economic uplift... he did not hold the Haitians in high regard,” considering them more or less to be a mix of children and savages.⁵² Similarly, U.S. policies in Haiti would henceforth focus on material and social improvements in Haiti, with the purpose of civilizing what was deemed a backwards nation. Thus, Russell’s appointment as High Commissioner alleviated the tension between the dueling civilian and military components of the administration and was intended to signal the occupation’s transition from pacification to uplift. Whereas the early years of the occupation had focused on stabilizing the tumultuous nation and quelling resistance among the “natives,” the Americans now sought to bring the benefits of capitalism and civilization to Haiti.

⁵¹ Ibid, 126.

⁵² Ibid., 124-125.

Moving forward, medicine promised to play a key role in emphasizing the humanitarian aspects of the occupation and, therefore, American medical services in Haiti underwent a transition similar to that of the occupational administration. First, in 1923, the U.S. recruited the aid of the International Health Board (IHB) of the Rockefeller Foundation—a philanthropic organization—in improving Haitian health services. Throughout the early years of the occupation, members of the occupational administration had reached out to the IHB requesting their assistance in transforming conditions in Haiti.⁵³ However, the IHB had repeatedly denied these requests, stating that they lacked the personnel necessary to add Haiti to their list of humanitarian projects.⁵⁴ Finally, in 1923, following the urging of the U.S. State Department, the IHB agreed to assist with American public health efforts in Haiti.⁵⁵ Henceforth, IHB representatives “conducted extensive health surveys and disease vector studies, along with a survey of the medical education program.”⁵⁶ On the one hand, the collaboration with the IHB served as a sound publicity move for the U.S. as it worked to restore the image of the occupation as a humanitarian endeavor. On the other hand, there were sincere hopes among American medical personnel that the Rockefeller Foundation’s involvement would ensure that medicine fulfilled its humanitarian objectives in Haiti.

In conjunction with the Rockefeller Foundation’s recent involvement in Haiti, in 1924—two years after the appointment of Russell as High Commissioner—Dr. C.S. Butler was named head of the Haitian Public Health Service.⁵⁷ A naval medical officer who had served in the U.S. occupation of the Philippines, Butler arrived in Haiti prepared to revamp the nation’s sputtering public health program, and would serve as Sanitary Engineer in Haiti

⁵³ Lopez, 2248.

⁵⁴ *Ibid.*

⁵⁵ *Ibid.*

⁵⁶ *Ibid.*

⁵⁷ Lopez, “Clumsy Beginnings,” 2249.

until 1927.⁵⁸ As director of health services, Butler's goal was to "turn over a public health machine, as perfect in type and as smooth in its running as it [was] possible to make" to the Haitians by the time the Americans withdrew.⁵⁹ In addition to Butler's appointment in 1924, the Americans—after gradually increasing medical funds in 1922 and 1923—significantly bolstered the Public Health Service's budget, allowing Butler to add personnel and expand health services in Haiti.^{60,61} Armed with a robust budget and ample staff, Butler set about implementing the objectives of medicine under the reformed U.S. occupation.

The Public Health Service and U.S. Medical Practice in Haiti

Prior to Butler's arrival in 1924, Haiti had been divided into three health districts in 1918—north, south, and central—each with its own hospital, naval medical officer (physician), and chief pharmacist or chief pharmacist's mate.⁶² In 1919, the establishment of the Public Health Service and the resulting boost in medical funds allowed for the construction of new hospitals and the further division of Haiti into nine districts. The larger regions—Port-au-Prince, Cap Haitien, Aux Cayes, and Jacmel—were overseen by a physician, whereas the smaller regions—Saint Mare, Gonaives, Port-de-Paix, Petit Goave, and Jeremie—fell under the supervision of a pharmacist.⁶³ Upon its expansion in 1924, the Public Health Service added a tenth district—Hinche—and succeeded in staffing each region with a physician and assistant pharmacist.⁶⁴ Medical duties in the districts fell into two

⁵⁸ Stewart, "An Imperial Laboratory," 1096.

⁵⁹ Butler, "Coordination of Medical Problems," 54.

⁶⁰ Stewart, "An Imperial Laboratory," 1098.

⁶¹ Rockefeller Archive Center, Sleepy Hollow, New York: Rockefeller Foundation Records [hereafter RFR], 1.1.320. RG 1.1, 5: C. S. Butler and E. Peterson, "The Public Health Service of Haiti: Its Origin, Organisation and Present System of Administration," (1926): 5.

⁶² *Ibid.*, 3.

⁶³ *Ibid.*, 4.

⁶⁴ *Ibid.*, 5.

categories: hospital activities and sanitation work, supervised by physicians and pharmacists, respectively. Butler himself operated out of Port-au-Prince—home to the main office of the Public Health Service and the Haitian General Hospital—with a physician and two chief pharmacists as his assistants.⁶⁵

The General Hospital in Port-au-Prince, being “modern and ideal in every way,” functioned as the epicenter of all medical work in Haiti.⁶⁶ With 350 beds, the hospital had the capacity to treat nearly twice as many patients as the next largest district, Cap Haitien, with 200.⁶⁷ The General Hospital held the most advanced treatment and diagnostic technologies, as well as the most specialized medical services. For instance, while each hospital had its own small laboratory, the General Hospital housed the Central Public Health Laboratory of Haiti.⁶⁸ It also was one of only three hospitals with an x-ray machine, and the only hospital with an eye, ear, nose, and throat department and specialist.⁶⁹ Therefore, although other hospitals were able to offer general treatment to the patients of their districts, Port-au-Prince’s General Hospital offered the most advanced, comprehensive care in Haiti. However, the hospitals’ relatively urban locations made it difficult for the Public Health Service to reach the rural populace.

In addition to geographical access, the Americans considered Haitian voodoo and traditional practices a major obstacle to their medical mission. According to Butler, most of the population believed in voodoo and trusted in priests and priestesses—“Papa Loi” and “Mama Loi”—for healing; convincing people whose “idea of preventive medicine [was] to tie a string with a bunch of [asafoetida] attached to it around the neck” would prove

⁶⁵ Ibid.

⁶⁶ Rockefeller Archive Center, Sleepy Hollow, New York: Rockefeller Foundation Records: Excerpts from Richard M. Pearce’s diary of his trip to Haiti, December 1926.

⁶⁷ Butler and Peterson, “The Public Health Service of Haiti: Its Origin, Organisation and Present System of Administration,” 8.

⁶⁸ Ibid, 9.

⁶⁹ Ibid, 8.

difficult.⁷⁰ Therefore, given the reluctance of rural Haitians to stray from traditional healing practices, the Public Health Service “[developed] an extensive rural clinic service” designed to “awake[n] the medical and hygienic conscience of the people.”⁷¹ In weekly and monthly intervals, the American physicians would set out into the countryside to treat the Haitian peasants at over 100 rural dispensaries scattered among the health districts.⁷² These clinics often drew hundreds of patients per visit, with two physicians reportedly having treated 950 Haitians on one occasion.⁷³ According to Butler, only town outcasts had visited the clinics initially, but as word spread regarding the effectiveness of the Americans’ medicine, attendance exploded to nearly 35,000 patients per month.⁷⁴ While Butler himself admitted that the medicine being practiced en masse outside the hospital was not “medicine of the highest order,” he maintained that the Americans’ strategy of mass treatment was better than leaving the people to their own colloquial practices.⁷⁵ Encouraged by the success of the clinics, Butler and the Americans hoped that their practice of rural medicine would erode the influence of the “Papa” and “Mama Loi” and treat what they viewed as the Haitian “disease” of ignorance. To the Americans, the juxtaposition of Western medicine with Haitian voodoo reinforced the perception of Haitians as a backwards people and validated the notion that they required civilizing. Medicine therefore legitimized U.S. hegemony over the Haitians by emphasizing American superiority and portraying the Americans as white saviors curing Haiti of its cultural ills.

This image manifested in a literal fashion, as the Americans set about treating the myriad of actual diseases plaguing Haiti. In

⁷⁰ Ibid, 7.

⁷¹ Ibid, 9.

⁷² Butler, “Coordination of Medical Problems,” 56.

⁷³ Butler and Peterson, “The Public Health Service of Haiti: Its Origin, Organisation and Present System of Administration,” 11.

⁷⁴ Butler, “Coordination of Medical Problems,” 55.

⁷⁵ Butler and Peterson, “The Public Health Service of Haiti: Its Origin, Organisation and Present System of Administration,” 11.

“Haiti: An Experiment in Pragmatism,” Ulysses G. Weatherly cited American reports that “over 50 per cent [of Haitians were] afflicted with worms, at least 50 per cent [were] tubercular, and more than a third [had] malaria.”⁷⁶ In addition, the populace was plagued by dysentery, typhoid fever, leprosy, various water-borne pathogens, and a host of other diseases, resulting in a high morbidity rate that took a distinct toll on the Haitian population.⁷⁷ For instance, the American Marines were forced to lower the training standards for the Haitian gendarmerie due to the recruits’ poor physical stamina, and further medical examinations revealed that “95% of [the recruits] had blood diseases and 85% had intestinal worms.”⁷⁸ To combat a wide array of the pathologies afflicting Haiti, the Americans first addressed sanitation issues in Haitian cities. Newly-instituted street-sweeping services kept the cities relatively free of garbage, gendarmes went about ticketing citizens for health violations, such as basins of standing water or “improper nightsoil removal,” and the health service capped springs and chlorinated water supplies.^{79,80} To combat malaria specifically, the Americans: drained low-lying swamps or filled them with garbage or oil; cleared underbrush; utilized mosquito netting at night; and distributed quinine among U.S. Marines and some Haitian residents.⁸¹ According to Butler, the U.S. also established a “quarantine station, asylum for insane and a hospital for lepers.”⁸² As if to summarize the nation’s great public health push, Haiti ratified the Pan American Sanitary Code in 1926.⁸³

⁷⁶ Ulysses G. Weatherly, “Haiti: An Experiment in Pragmatism,” *American Journal of Sociology* 32, no. 3 (1926): 360.

⁷⁷ Butler, “Coordination of Medical Problems,” 55.

⁷⁸ Schmidt, *The United States Occupation of Haiti, 1915-1934*, 87.

⁷⁹ Lopez, “Clumsy Beginnings,” 2246.

⁸⁰ K.C. Melhorn, “Public Health in Haiti: A Resume of Ten Years’ Work.” *Naval Medical Bulletin* 27, no. 3-4 (1929).

⁸¹ “Antimalaria Campaign Conducted in Haiti by Naval Medical Officers,” 2721.

⁸² Butler, “Coordination of Medical Problems,” 55.

⁸³ *Ibid*, 55.

Among the spectrum of health issues facing Haiti, however, the primary disease target of American physicians was “yaws”—a close relative of syphilis that could be detected using the same blood test. Characterized by bone infections and painful skin lesions that could result in disfigurement and disability, yaws was the scourge of Haitian health when the U.S. invaded in 1915.⁸⁴ Yet at the outset of the occupation, the Americans had largely misdiagnosed yaws, conflating the Haitians’ skin lesions as signs of leprosy and tertiary syphilis.⁸⁵ Physicians’ inability to cure leprosy at the time, coupled with the stigma surrounding sexually-transmitted diseases such as syphilis, meant that yaws went largely untreated prior to Butler’s arrival in Haiti in 1924.⁸⁶ While working in the Philippines, Butler had begun lumping yaws and syphilis together under a single diagnosis: “treponematosis.”⁸⁷ Despite their distinct origins—yaws is a non-sexually-transmitted, rural disease prevalent in youth, whereas syphilis is a sexually-transmitted disease that affects adults and urban populations—Butler cited the two diseases’ identical progression and treatment (arsenic therapy) as justification for their diagnostic association.⁸⁸ Once in Haiti, Butler argued that the “innocent” yaws had been largely confused for its more scandalous cousin, syphilis.⁸⁹ He thus advocated heavily for the treatment of both treponematoses in Haiti, which he estimated as affecting approximately 70% of Haitians throughout their lifetime.⁹⁰ As the Public Health Service began to diagnose and treat treponematosis via arsenic therapy, the disease proved to be extremely prevalent, with the Port-au-Prince rural clinic reporting 3274 cases in July 1926—64% of the clinic’s

⁸⁴ Stewart, “An Imperial Laboratory,” 1093.

⁸⁵ *Ibid.*, 1094.

⁸⁶ *Ibid.*, 1094-1095.

⁸⁷ Robert P. Parsons, *History of Haitian Medicine*, (New York: P.B. Hoeber, Inc., 1929), 161.

⁸⁸ *Ibid.*, 161-162.

⁸⁹ Stewart, “An Imperial Laboratory,” 1096.

⁹⁰ Butler, “Coordination of Medical Problems,” 55.

patient volume.⁹¹ Therefore, under Butler's leadership, the Americans significantly expanded the reach of medicine and public health in Haiti. All in all, U.S. efforts to improve Haitian public health were quite extensive, and "were often highlighted by even the most [skeptical] observers."⁹²

Nonetheless, the efficacy of U.S. medicine in Haiti was frequently overblown, as evidenced by the smallpox epidemic of 1920. According to Butler, this outbreak infected about 60% of the Haitian populace and prompted the newly-formed Public Health Service to initiate a vaccination campaign.⁹³ The Americans reportedly vaccinated between 850,000 and 900,000 Haitians, crowing that only vaccinated Haitians had avoided contracting smallpox.⁹⁴ In this way, the Americans cast themselves as valiant defenders of Haitian health, a rosy characterization at best. In fact, U.S. officials had failed to enforce mandatory vaccination laws prior to the 1920 outbreak, and the manner in which smallpox tore through the country highlighted the shortcomings of American public health efforts in Haiti.⁹⁵ While the vaccination campaign had indeed succeeded in reaching an impressive number of Haitians, the Americans conveniently glossed over the less flattering details of the epidemic. This evidenced American tendencies to propagandize medical work in Haiti, as well as the progress of the occupation as a whole.⁹⁶

Justification and Uplift Through Medicine

Although the reorganization of the occupation had placed an increased emphasis on Haitian public health, the benevolent veneer

⁹¹ Butler and Peterson, "The Public Health Service of Haiti: Its Origin, Organisation and Present System of Administration," 10.

⁹² Stewart, "An Imperial Laboratory: The Investigation and Treatment of Treponematoses in Occupied Haiti, 1915-1934," 1090.

⁹³ Butler and Peterson, "The Public Health Service of Haiti: Its Origin, Organisation and Present System of Administration," 4.

⁹⁴ *Ibid.*

⁹⁵ *Ibid.*

⁹⁶ Weatherly, "Haiti: An Experiment in Pragmatism."

of the occupation was belied by its racist undertones, which subsequently caused the racialization of medicine in Haiti. Occupational racism largely stemmed from the attitudes of U.S. leadership in Haiti, as many officials had roots in the American culture and institutions of Jim Crow. Admiral William B. Caperton was a “child of the Civil War South” who believed the intervention was “liberal and fair” given the supposed inferiority of Haitian government and culture.⁹⁷ Meanwhile, High Commissioner John Russell, originally from Georgia, supported racial segregation and privately considered most of the Haitian populace to be “bordering on a state of savagery.”⁹⁸ Woodrow Wilson himself was a Southerner deeply shaped by the racial ideology of the Jim Crow era. Therefore, in subordinating the Haitians, the U.S. drew on a number of racist, black stereotypes. Comparing the American and Haitian “negroes,” Charles Chapman characterized the Haitian as “more subdued, simple, and well-mannered” than the American, yet with a “far greater burden to throw off before he can take his place among the civilized peoples of the earth.”⁹⁹ Considering Haiti to be the equivalent of a “happy-go-lucky” child, the Americans assumed a racially paternalistic attitude towards the Haitians that manifested in a number of ways.¹⁰⁰ Primarily, the Americans deemed the Haitians incapable of operating their own country, and thus the grounds that had served to justify the invasion of 1915 also established the racial hierarchy of the occupation. During the occupation, white Americans held all positions of ultimate authority, originating in the office of the High Commissioner and disseminating into the lower ranks of the administration.¹⁰¹ In the gendarmerie, not a single Haitian

⁹⁷ Sommers, “The U.S. Power Elite and the Political Economy of Haiti’s Occupation,” 55-56.

⁹⁸ Schmidt, *The United States Occupation of Haiti, 1915-1934*, 125.

⁹⁹ Charles Chapman, “The Development of the Intervention in Haiti,” *The Hispanic American Historical Review* 7, no. 3 (1927): 303.

¹⁰⁰ Sommers, “The U.S. Power Elite and the Political Economy of Haiti’s Occupation: Investment, Race, and World Order,” 48.

¹⁰¹ Henry Prather Fletcher, “Quo Vadis, Haiti?,” *Foreign Affairs* 8, no. 4 (1930): 536.

advanced past the white Marine officers in rank, and only five Haitians had been promoted to the rank of captain by 1929.¹⁰² The Americans also conferred special treatment to the lighter-skinned, elite *mulatto* class of Haiti, installing them as puppet rulers.¹⁰³

Medicine itself also served to further entrench occupational racism. In the Public Health Service, all the hospitals were run by white naval medical officers, while Haitian doctors, nurses, and technicians—comprising a majority of the staff—assumed subordinate positions and carried out menial tasks. Racism also played a factor in the American reluctance to treat syphilitic patients in Haiti. Prior to C.S. Butler’s categorization of yaws and syphilis under the same diagnosis, treponematosi, all patients infected with *Treponema* were diagnosed as syphilitic.¹⁰⁴ This played into “derisive, longstanding stereotypes of uncontrolled black promiscuity,” and rationalized American refusals to treat the Haitians for syphilis due to the supposedly “insurmountable biological and cultural defects among Haitian society.”¹⁰⁵ Thus, racist ideologies caused American physicians to view their Haitian patients as subhuman, and fed into the perceived “moral obligation of the white races... to assist [the] little Caribbean republic to her feet.”¹⁰⁶ Haiti symbolized not only the white man’s burden, but more specifically, the physician’s burden as well.

The racial paternalism of the occupation meant that, even following occupational reform, the humanitarian vision of medicine in Haiti remained tarnished. Namely, medicine’s primary goals in the latter half of the occupation were: 1) to revive the Haitian economy by improving the health of individual Haitians; 2) to civilize the Haitians; 3) most importantly, to justify the continued American presence in Haiti. With regards to U.S.

¹⁰² *Ibid.*, 547.

¹⁰³ Patrick Bellegarde-Smith et. al, “Haiti and Its Occupation by the United States in 1915: Antecedents and Outcomes,” *Journal of Haitian Studies* 21, no. 2 (2015): 23.

¹⁰⁴ Stewart, “An Imperial Laboratory,” 1095.

¹⁰⁵ *Ibid.*, 1095-1096.

¹⁰⁶ Butler, “Coordination of Medical Problems,” 48.

capitalist aims, C.S. Butler himself advertised medicine as the remedy to Haiti's economic woes, stating:

By elevating the standard of health, [the government] increases the earning capacity of the laborers... [E]xperience... in the Caribbean... and western Tropics shows that it is best for generals of commerce and industry, as well as for military generals to 'purchase this big thing from the physician.'¹⁰⁷

Butler's statement made evident the aims of the restructured U.S. occupation. Following the reorganization of the administration in Haiti in the early 1920s, it soon became clear that the occupation's focus had simply shifted from military conquest to economic uplift. In 1927, for example, the United States continued to exert total control over Haitian finances, funneling \$2.68 million—\$1 million more than necessary—towards paying off Haitian debt to U.S.-based creditors.¹⁰⁸ In comparison, public health received only \$0.68 million of the Haitian budget, indicating that health remained less of a priority than U.S. economic interests in Haiti.¹⁰⁹ Therefore, the economic motives of the U.S. occupation meant that increased medical outreach was mainly for the purpose of keeping Haitian workers healthy and improving Haitian agricultural productivity.¹¹⁰ As the U.S. sought to revitalize the Haitian economy, medicine transitioned from treating Haitians as combatants to treating them as the means of production.

In addition to improving the Haitian economy, the U.S. saw medicine as a means of raising the Haitians from their seemingly uncultured, ignorant existence. According to Hans Schmidt, "Americans, as representatives of an advanced, modern, industrialized nation, felt that they could transform backward,

¹⁰⁷ Ibid., 48-49.

¹⁰⁸ Schmidt, *The United States Occupation of Haiti, 1915-1934*, 168.

¹⁰⁹ Ibid., 168.

¹¹⁰ Stewart, "An Imperial Laboratory," 1094.

underdeveloped Haiti with American technology and practical ingenuity.”¹¹¹ These sentiments were espoused by Ulysses B. Weatherly, who in his article, “Haiti: An Experiment in Pragmatism,” insisted that “intelligent guidance from without may sometimes accelerate the process of national growth and save much waste.”¹¹² American disdain for Haitian capabilities applied to medicine as well, with C.S. Butler remarking: “With politics in such a shocking condition... what could we expect from [Haiti] for medical education or sanitation or for hospitals...?”¹¹³ In the eyes of Butler, “from 1804 to 1915, the medical side of Haiti’s story [was] not long to tell,” and America had “a moral obligation... of rendering to backward peoples... much-needed medical assistance.”¹¹⁴

In order to bestow the “gift” of Western medicine upon the Haitians, Butler and the Americans considered a modern medical education system of chief importance in Haiti.¹¹⁵ Towards this aim, in 1926, the Haitian government allocated \$50,000 for the construction of a new medical school in Port-au-Prince. The medical school would initially be run by the naval medical officers, who would train classes of 15-20 Haitian medical students over a period of four years, after which they would complete a one-year internship.¹¹⁶ To ensure a high quality education for the Haitian students, the Americans secured an extra \$30,000—three yearly installments of \$10,000—from the Rockefeller Foundation to furnish the school with new medical equipment.¹¹⁷ Finally, the Rockefeller Foundation also provided Haitian doctors with

¹¹¹ Schmidt, *The United States Occupation of Haiti, 1915-1934*, 155.

¹¹² Weatherly, “Haiti: An Experiment in Pragmatism,” 363.

¹¹³ Butler, “Coordination of Medical Problems,” 51.

¹¹⁴ *Ibid.*, 50, 48.

¹¹⁵ RFR: Letter from C. S. Butler to Richard M. Pearce, Port au Prince, Haiti, October 5, 1926.

¹¹⁶ RFR: Minutes of the Rockefeller Foundation, February 23, 1927.

¹¹⁷ *Ibid.*; RFR: Haiti National School of Medicine and Pharmacy Records, December 1926.

fellowship opportunities in the United States and Europe in order to enhance their training.¹¹⁸

Although of undeniable benefit to the Haitians, the emphasis on improved medical education did not spring from a place of beneficence on the part of the Americans, but rather of necessity. Indeed, up until the late 1920s, the Haitians had operated solely as subordinates to the American physicians—this was due in large part to the Americans’ racist preconceptions regarding the competence of Haitian medical personnel.¹¹⁹ For instance, when K.C. Melhorn called the Dean of the Haitian Medical School into his office to brief him on the intricacies of the Public Health Service’s budget, “the Dean’s eyes ‘fairly bugged out’ for... ‘he had not realized all the other elements entering into the Sanitary budget.’”¹²⁰ Therefore, had the deadline for the American withdrawal from Haiti not been fast-approaching, the Americans would likely never have considered fully training Haitian physicians. However, facing the imminent U.S. withdrawal, the Americans had no choice but to pass the reigns of their public health machine to the Haitians and hope that “the foundations for a Haitian medical personnel... [would] be able to carry on according to the plans laid down by their American friends.”¹²¹

The primary function of medicine in the later years of the occupation, however, was to legitimize American control over Haiti. Following reports of U.S. Marine brutality in the early years of the occupation, the Americans were desperate for favorable propaganda surrounding their presence in Haiti; medicine provided them with the perfect justification.¹²² Richard Parsons raved that

¹¹⁸ RFR: K.C. Melhorn, Letter from K.C. Melhorn to Richard M. Pearce, Port-au-Prince, Haiti, May 8, 1929.

¹¹⁹ Butler and Peterson, “The Public Health Service of Haiti: Its Origin, Organisation and Present System of Administration,” 5.

¹²⁰ Clarence K. Streit, “Haiti: Intervention in Operation,” *Foreign Affairs* 6, no. 4 (1928): 623.

¹²¹ Butler and Peterson, “The Public Health Service of Haiti: Its Origin, Organisation and Present System of Administration,” 15.

¹²² Stewart, “An Imperial Laboratory,” 1092.

“the yaws work [stood] out as the most glowing chapter of all Haitian medicine... because of its tremendous accomplishments for the human and economic betterment of Haiti.”¹²³ Dr. Elwood Mead, after visiting Haiti in 1926, marveled at how the Public Health Service had succeeded in bringing “the benefits of modern medical science and sanitation” to the Haitians, stating, “Today Port-au-Prince is as clean and sanitary as Washington.”¹²⁴ Thus, medicine portrayed the Americans not only as benevolent, but infallible, and blame for any shortcomings of the occupation landed squarely on Haitian shoulders. For instance, when American attempts to eradicate yaws in 1929 failed, it was due to the “ignorance of the people.”¹²⁵ Similarly, concerns regarding the ability of Haitian nurses in Port-au-Prince stemmed from their lack of initiative and responsibility, not poor instruction.¹²⁶ Thus, medicine fed into U.S. propaganda regarding the occupation, and served to vindicate the takeover of Haiti by erasing American ineptitudes.

U.S. Withdrawal and Fallout

As the U.S. occupation wore on, it became increasingly difficult to ignore the growing discontent in Haiti. Contrary to U.S. public portrayals of the occupation, many Haitians had always resented the Americans running their country, and the puppet administrations installed by the Americans relied heavily on U.S. military might to keep them in power. For example, in 1915, the newly-established president, Sudre Dartiguenave, lasted a mere month before the U.S. felt it necessary to impose martial law in Haiti.¹²⁷ Backed by the U.S., Dartiguenave remained as president until 1922, when he refused to authorize the consolidation of

¹²³ Parsons, *History of Haitian Medicine*, 157.

¹²⁴ RFR: Department of the Interior Memorandum for the Press, 13 September 1926, 4.

¹²⁵ McBride, *Missions for Science: U.S. Technology and Medicine in America's African World*, 97.

¹²⁶ Excerpts from Richard M. Pearce's Diary of His Trip to Haiti.

¹²⁷ Schmidt, *The United States Occupation of Haiti, 1915-1934*, 74.

Haitian debt in the U.S.-owned Banque Nationale—a move that practically sold Haiti’s “soul” to U.S. creditors.¹²⁸ Over the years, Dartiguenave had grown resistant to U.S. objectives in Haiti, and therefore the Americans made sure Dartiguenave’s replacement, Louis Borno, would be more amenable to U.S. demands. Borno—who admired the Italian fascist leader, Benito Mussolini—was a proponent of U.S. authoritarian uplift in Haiti and a willing participant in the Americans’ anti-democratic machinations.¹²⁹ However, Borno’s continued refusal to assemble the Haitian Council of State and thus allow for presidential elections prompted student strikes in 1929, which soon developed into full-fledged riots by the political opposition.¹³⁰ Faced with growing tensions in Haiti, the Americans ousted Borno and conveniently sidestepped the electoral provisions of the Haitian Constitution to pronounce Eugene Roy—a candidate agreed upon by both Haitian parties—as the interim president.¹³¹ While the immediate collapse of the occupation was avoided, the political unrest of 1929 marked the beginning of the end of the U.S. occupation.

By 1930, Haiti had ceased to be worth the headache it was causing the Americans, and the U.S. began a slow exit from the island nation. With Europe no longer a threat to its hegemony in the Western hemisphere and the Great Depression’s devastating effect on the domestic economy, the U.S. had little interest in running a small Caribbean nation chafing against American authority. Unwilling to remain in Haiti until 1936—per the stipulations of the 1915 Haitian-American Treaty—yet recognizing that a hasty retreat would destabilize Haiti and reflect poorly upon the U.S., the Americans opted for a prolonged withdrawal.¹³² When the last remaining Marine detachment left Haiti in August 1934, the Americans spun their departure as “a positive affirmation

¹²⁸ Ibid., 127-128.

¹²⁹ Ibid., 128.

¹³⁰ Fletcher, “Quo Vadis, Haiti?,” 540.

¹³¹ Ibid., 544-546.

¹³² Renda, *Taking Haiti: Military Occupation and the Culture of U.S. Imperialism*, 30-31.

of the new Good Neighbor Policy in Latin America,” not an unceremonious retreat.¹³³ While the Americans pronounced their intervention a success, upon closer examination, the supposed benefits of the American occupation in Haiti could scarcely be found. While in Haiti, the Americans had controlled nearly all aspects of the occupation, leaving the Haitian government and civilian professionals starved of experience and education.¹³⁴ Following the American withdrawal, the Haitian government found itself further indebted to foreign creditors, Haitian technology lagged behind that of other Latin American nations, and a vast majority of the Haitian populace remained impoverished, unhealthy, and uneducated.¹³⁵ Thus, after nearly two decades of atrophy under U.S. rule, Haitian government and society struggled to operate effectively.

The abysmal fallout of the American intervention in Haiti subsequently brought the legacy of occupation medicine into question. Had the Haitians actually benefited from American aid? In the aftermath of the occupation, the Americans proudly proclaimed that U.S. medicine had treated droves of Haitians for disease and made massive improvements to the Haitian public health system. However, during the slow U.S. transition out of Haiti, “the health systems infrastructure was slowly dismantled—the budget was slashed, prescriptions were watered down, and Haitians were expected to pay for or provide their own bandages and oils, by order of the Sanitation Engineer.”¹³⁶ America’s callous exit exposed occupation medicine as no more than a travelling clinic, gone as fast as it had come. In the meantime, Haiti was still mired in disease and left unprepared to treat itself. “Haitian medical personnel had been starved of experience for nearly two decades,” and were unable to adequately address Haiti’s daunting

¹³³ Schmidt, *The United States Occupation of Haiti, 1915-1934*, 18.

¹³⁴ McBride, *Missions for Science: U.S. Technology and Medicine in America’s African World*, 99-102.

¹³⁵ *Ibid.*, 102.

¹³⁶ Lopez, “Clumsy Beginnings,” 2249.

public health challenges following the U.S. withdrawal.¹³⁷ American medicine thus caused Haiti to become increasingly reliant on foreign medical aid in the aftermath of the U.S. occupation. Although medicine addressed many of the immediate health issues facing Haiti, it failed to provide for the long-term health of its Haitian “patient.”

Conclusion

The U.S. occupation of Haiti demonstrated the susceptibility of medicine to political and social aims. As the U.S. sought to control Haiti in the early years of the occupation, American military and political objectives led to the selective practice of medicine on behalf of the Haitians. Medicine looked to stabilize Haiti by fostering an environment in which the American military could operate, and as a result, the Haitians were often viewed as combatants rather than patients. Once the brutal martial law imposed by the Americans was no longer acceptable in the public eye, medicine worked to cast the occupation in a more humane light. However, the lenses of racism and economic uplift distorted medicine’s view of the Haitians, reducing patients to little more than ignorant children and the economic means of production. Nevertheless, the treatment of disease and development of public health infrastructure in Haiti served as wonderful propaganda for the Americans, who highlighted medicine as a primary justification for the continued U.S. presence in Haiti. Ultimately, once the Americans lost interest in the Haitian project, the beneficent hand of American medicine was quickly retracted, and the Haitians were left perhaps worse off than before. Thus, the politics of the U.S. occupation drastically affected the goals of medicine and how it was practiced in Haiti. From the occupation, we can see that medicine in and of itself is not inherently good. Rather, it depends upon the context in which it is practiced and the aims that it serves.

¹³⁷ Stewart, “An Imperial Laboratory,” 1103.

C.S. Butler was correct in saying, “We physicians have failed to appreciate the enormous importance of our calling in helping [government].”¹³⁸ However, he failed to recognize the reciprocal impact that government had on him and his fellow physicians.

¹³⁸ Butler, “Coordination of Medical Problems,” 48.