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The Long Arm of Medicine: Creation of the Turkish Medical Infrastructure, Legitimacy,  
Governmentality, and the Rockefeller Foundation

by

Eric Bossert

Honors Thesis

Submitted to:

History Department  
University of Richmond  
Richmond, VA

April 30, 2020

Advisors: Dr. Yücel Yanıkdağ and Dr. Sydney Watts



*"İbni Sina Campus Photo Gallery | School of Medicine," accessed December 8, 2019, [http://medicine.en.ankara.edu.tr/?page\\_id=170](http://medicine.en.ankara.edu.tr/?page_id=170).*

## ABSTRACT

During the early Turkish Republic, a goal of the new government was to set up systems that would help develop the country. One of these systems was their medical infrastructure which included medical education, public health, and hospitals. Ever suspicious of foreign investment since the events leading to the decline of the Ottoman Empire, the Turkish government decided to employ the help of the American aid organization, the Rockefeller Foundation because of their seeming lack of imperialistic goals. Turkish government and the Rockefeller Foundation sought to further their aims through cooperation. The Turkish government sought to gain legitimacy for its new state through medicine and extend the government's reach into the almost untouched rural provinces. The Rockefeller Foundation sought to spread American influence to bring American on to the world stage. This paper shows the reasons that each actor had for their goals as well as the particular shape that these interactions took.

## Acknowledgments

This thesis has been a long time in the making. I started thinking of the idea of using the Rockefeller Foundation to look at the medical institutions of Turkey in the Fall of 2018. Throughout that entire time, I have had many people who helped me get through my writing process. I would first like to thank the University of Richmond and its School of Arts and Sciences. It was through their summer fellowship program that I was able to conduct my research in New York. I would also like to thank the Rockefeller Foundation Archive Center and its staff for the tremendous amount of help they were in locating documents, as well as teaching me how the research process in an archive works.

Additionally, I would like to thank my family for the continued support they have given me by allowing me to lock myself in my room days at a time. Finally, I would like to thank the University of Richmond History department three people in particular. Dr. Sydney Watts, my honors history program coordinator. She has read through my paper many times, helping me find my writing ticks and organizing my paper, so it is readable. Dr. Tze Loo, who taught my Historiography class. Dr. Loo helped me, and the rest of the honors history program, realize how much work the creation of history is, and I do not think I would have had the ability to stick with my paper or the tools to make it a passable historical piece without her teaching. Finally, I want to thank my advisor Dr. Yücel Yanıkdağ. He was the first one who introduced me to the serious study of history and made me realize that I enjoyed the field. He has also guided me through this process for the past two years, advising on how to approach research, reading drafts, and telling me when I need to buckle down and do the work. Dr. Yanıkdağ is the one who introduced me to the study of Turkish history as well, and I do not believe that this thesis would exist today if he had not supported me the entire way. So, to all that I have named in this paragraph, thank you.

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## ❖ Introduction

In 1929 Dr. Refik Bey, the Turkish Minister of Health and a bacteriologist by training, came to America in order to observe some of its medical systems and see what Turkey could learn from them.<sup>1</sup> Dr. Refik Bey's visit was a continuation of cooperation between the Rockefeller Foundation and the Republic of Turkey that had started in earnest in 1926. For the most part, this was both an enjoyable and successful trip for Dr. Refik Bey.<sup>2</sup> At the same time, there was an incident that much embarrassed the representatives of the Rockefeller Foundation. At some point, Dr. Refik Bey deemed the distance too great to go to a particular malaria lab in Tennessee. The Rockefeller Foundation officers accompanying the Minister decided to instead go to a malaria research lab in Alabama. Dr. Refik Bey and the men accompanying him found that the director of the Alabama lab was almost entirely ignorant of how to research malaria in any way.<sup>3</sup> Dr. Refik Bey pointed out that there were not even the materials needed for research in the lab. It turned out that the International Health Division (I.H.D) of the Rockefeller Foundation was partially funding this lab.<sup>4</sup> The Rockefeller Foundation saw the poor state of the lab as enough of an incident to be included in a report summarizing the Minister's visit. Why was it so embarrassing for the Turkish Minister of Health to see an area where an American organization was lacking? The situation became embarrassing to the Rockefeller Foundation because they wanted to show the superiority of American medicine in order to spread American influence to Turkey. The incident at the lab in Alabama undermined the face that the Rockefeller Foundation

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<sup>1</sup> "Revised Itinerary for Minister Refik Bey and Doctor Assim Bey Arriving in New York May 21, 1929," Folder 12, Box 1, Series 805, RG 1.1, Projects, FA386b, Rockefeller Foundation Records (RF), Rockefeller Archive Center, 1.

<sup>2</sup> Russel to Strode, July 6, 1929, Folder 12, Box 1, Series 805, RG 1.1, Projects, FA386b, Rockefeller Foundation Records (RF), Rockefeller Archive Center, 1.

<sup>3</sup> Russel to Strode, July 6, 1929, 2.

<sup>4</sup> "Memorandum by Dr. Heiser: Luncheon for Dr. Assim Bey, Director of Hygiene in the Ministry of Public Health, and Dr. Refik Bey, Minister of Public Health, Turkey," July 3, 1929, Folder 12, Box 1, Series 805, RG 1.1, Projects, FA386b, Rockefeller Foundation Records (RF), Rockefeller Archive Center, 1.

was putting on for Refik Bey and the Turkish government. This paper seeks to show how the Rockefeller Foundation and the Turkish government helped and used each other to further their own goals.

The importance of medicine is vital to study in history due to the impact it has on people. Medicine has taken the form of religious healings, folk traditions, and, in the modern-day, science. To a state, medicine becomes increasingly important in times of crisis. In a crisis, when fundamental wellbeing is not assured, providing for the health of the people is a critical function of the state. The crisis can be in war, where the health of soldiers can make or break the outcome. In times of transitions of governments, health and medical policies can become important as a way to gain legitimacy. In this case, legitimacy is the populace's recognition of the state's right to govern over them. A state that is unable to keep its people healthy is more likely to face scrutiny from the people as well as from those outside the country. Ideas of legitimacy, defined as the influence a state can wield in interactions with others, at the time of the early Turkish Republic, is what this paper seeks to study.

The current literature in English on history of medicine and disease in Turkey is somewhat complex and varied. *Health, Culture, and the Human Body: Epidemiology, Ethics, and History of Medicine, Perspectives from Turkey and Central Europe*, a collection of conference proceedings, contains several approaches to the study of medical history.<sup>5</sup> For example, one can address disease and medicine as the direct subject of historical study like in

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<sup>5</sup> Ilhan Ilkilic, Hakan Ertin, Rainer Bromer, Hajo Zeeb, eds., *Health, Culture, and the Human Body: Epidemiology, Ethics, and History of Medicine, Perspectives from Turkey and Central Europe*, (Istanbul: Hayat Foundation for Health and Social Sciences, 2014).

“Syphilis Control in the Age of Abdulhamid II” by Nil Sari.<sup>6</sup> One can also approach how the way people think about medicine and diseases has developed over time, such as in “Psychological, Religious, Legal, and Folkloric Dimensions of Death” by Tugba Gencer and Ibrahim Basagaoglu.<sup>7</sup> Additionally, one can show how the ethics of a culture are reflected in the medical attitudes of the time, like in “Abortion According to the Turkish Law” by Hakan Hakeri.<sup>8</sup> All of these approaches have extensive literature, and one can see then that each event in medical history can be approached from several different angles.

The above studies exemplify great ways to start looking at the ways historians study medicine, but the approaches are not entirely applicable to this thesis. One limitation that prevents this is that the above articles focus on a single disease or the ethics of medicine at a specified time. This thesis seeks to look at the systems (education, hospitals, policy) that became the foundation of the ethics, and the types of disease that inspired the policies of education. So, while it is useful to know what diseases affected Turkey in 1926, how these diseases drove the Turkish government to look at medicine as a way to gain legitimacy and attempt to practice biopolitical control over its population is more applicable to this thesis. There is also not any sort of international element to these studies, a factor that is integral to this study. The authors do not claim that knowledge of diseases and the sciences comes only from Turkey; there is very little mention on how other countries’ policies may have inspired the policies of Turkey or how

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<sup>6</sup> Nil Sari, “Syphilis Control in the Age of Abdulhamid II,” in *Health, Culture, and the Human Body: Epidemiology, Ethics, and History of Medicine, Perspectives from Turkey and Central Europe*, eds. Ilhan Ilkilic, Hakan Ertin, Rainer Bromer, Hajo Zeeb (Istanbul: Hayat Foundation for Health and Social Sciences, 2014), 231-254.

<sup>7</sup> Tugba Gencer, Ibrahim Basagaoglu, “Psychological, Religious, Legal and Folkloric Dimensions of Death” in *Health, Culture, and the Human Body: Epidemiology, Ethics, and History of Medicine, Perspectives from Turkey and Central Europe*, eds. Ilhan Ilkilic, Hakan Ertin, Rainer Bromer, Hajo Zeeb (Istanbul: Hayat Foundation for Health and Social Sciences, 2014), 525-545.

<sup>8</sup> Hakan Hakeri, “Abortion According to the Turkish Law,” in *Health, Culture, and the Human Body: Epidemiology, Ethics, and History of Medicine, Perspectives from Turkey and Central Europe*, eds. Ilhan Ilkilic, Hakan Ertin, Rainer Bromer, Hajo Zeeb (Istanbul: Hayat Foundation for Health and Social Sciences, 2014), 483-493.



Turkey saw its health concerns on the international scale. Since this paper deals with two separate national entities, it must look at how Turkey looked at itself in the international context and where it looked to inspire its policies.

The use of sources from the Rockefeller Foundation gives a new lens to view the process in which medical policy took shape in Turkey. Through this lens, the creation of the medical infrastructure, as well as the medical policies of early Republican Turkey, becomes a ground in which the United States and Turkey interacted and cooperated. The currency and the stakes of these interactions were high, Turkey's government wanted to firm up and secure its establish legitimacy as the new political entity which replaced the Ottoman Empire. Obviously, it wanted this legitimacy over its populace; yet, having also "inherited," so the narrative put it, a land burdened by many diseases, it also wanted to cure its population to make the new nation a viable one for a long time to come. The United States, on the other hand, desired to assert itself as a presence on the world stage through its influence in Turkey; the Rockefeller Foundation would not only represent itself, but also the United States. From the sources of the Rockefeller Foundation, we see the personal thoughts of the actors in the creation of this new system. Through these actors, this paper hopes to shed some light on the interactions that helped shape the medical systems of Turkey.

Of course, the Rockefeller Foundation is not an entirely untapped resource. *America and the Making of Modern Turkey: Science, Cultural, and Political Alliances* by Ali Erken uses the Rockefeller Foundation archives, as well as other archives of philanthropic organizations, extensively. This book has all of the aspects that could be required for a model study for this thesis. It addresses the feelings of the Turkish government and the Rockefeller Foundation when they began their cooperation in earnest in 1926, it addresses the medical problems faced by

Turkey at the time and how they aimed to fix it with help from the Rockefeller Foundation, and it gives specific instances where both worked together to put into place large reaching changes in Turkish medical practice. In terms of purpose, however, *Making of Modern Turkey* is quite different from this study. Erken has written an excellent history of American aid and its effects on Turkey, but it is very much a political history of Turkey and America. That is, it gives a chronological account of how the relationship between Turkey and America changed and how the aid given to Turkey changed with the Turkish and American governments' desires. Erken makes a compelling argument about how these two governments' relationship changed over the years, but this is not the focus of this paper. For one, this paper's scope is much smaller. This paper focuses solely on medical aid in the period of 1926-1930 and its implementation in the 1930s, which was a time where the Turkish government and the Rockefeller Foundation were still trying to figure out what aid in Turkey would look like. This type of interaction had a remarkably different character than that of later decades when Turkey and American organizations knew how to interact with each other. Also, while Erken addresses that the Turkish government saw medicine as foundational to the creation of a westernized state, he does not address in detail what it is about medicine that made it so important. This paper seeks to answer that question with two terms, legitimacy and governmentality.<sup>9</sup>

Governmentality is the way in which a government tries to reach into the lives of its people. This paper seeks to show that to the Turkish government, medicine was a perfect way to have biological control over the populace. Medicine takes the doctor into some of the most intimate times of a person's life. If these doctors are part of the Turkish state, then the state is present at

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<sup>9</sup> Ali Erken, *America and the Making of Modern Turkey: Science, Culture and Political Alliances* (New York: I.B. Tauris and Company, 2018).

birth, at times of crisis, and at death. This paper argues that the Turkish government used a language of national survival and public health in order to justify its authoritarian policies. So, when reading the sources from the Rockefeller Foundation archives with this in mind, one can see the places in which the Turkish government shows its desire to reach into every aspect of its citizens' lives through medicine.

This paper is broken into three parts in order to show how the Turkish government sought legitimacy, wanted to heal, and practice biological control over its populace and how the Rockefeller Foundation and, by extension, the American government helped further these goals. The first chapter, titled "The State of Turkey," seeks to show the problems facing the Turkish government in creating a new medical system. The Rockefeller Foundation aimed to provide aid to the Turkish government by supplying financing and know-how to help overcome those obstacles. Overcoming these hurdles would then allow the Turkish government to gain legitimacy through the medical systems it used to care for its people.

The second chapter titled "Governmentality and Biopolitics" looks at three diseases that effected the Turkish Republic and how the government responded to these diseases. This chapter seeks to show how the approach of the Turkish government to the diseases affecting the country sought not only to fight the diseases, such as malaria, trachoma, and syphilis, but also to further other goals. Using the language of biopolitics and governmentality this chapter shows how the Turkish government extended its influence over the citizens of Turkey using public health policy.

The third chapter, entitled "Interactions, Why Americans, and Why the Rockefeller Foundation," seeks to show why the Turkish government picked the Rockefeller Foundation as a partner for development and why the Rockefeller Foundation chose Turkey to send aid to. This

chapter will also use discreet interactions between the Turkish government and the Rockefeller Foundation. Through these interactions this paper will investigate how the two entities “felt out” each other and how this shows their goals and cooperation. This chapter will demonstrate that while the two entities dealt with each other, they had their interests always in mind.

## ❖ Chapter One: The State of Turkey

Turkey was a new country during the time that the Rockefeller Foundation was active in its development. Due to Turkey's recent founding and the overwhelming opinion in the West and in Turkey itself that Turkey was an inferior Eastern country, the government began to build its legitimacy. The government needed to be respected at home and abroad to build legitimacy, for while legitimacy can come from within, many times, it also requires an acknowledgment from the outside. Increasing the effectiveness of its medical systems was one such way that Turkey sought to increase its legitimacy. This approach gave the Turkish government two distinct advantages. One, it allowed people's trust in the government to increase. If the people see the government as being capable enough to take care of its people, then resistance to its policies is considerably lessened. Extending medical services makes the people believe the government has their best interests in mind. An extension of medical services through a country allows people to see the government as protectors of their physical wellbeing. In a country that had been ravaged by war for the better part of a decade, the feeling that the government could protect its people was sorely needed. Secondly, the extension of medical services allowed the Turkish government to disprove its backwardness. While the Turkish government accepted the label of backwardness placed upon them by European powers, it took issue with the fact that this backwardness was simply the natural order of things. In the language of European orientalism, one of the things that made Turkey backward was how "dirty" and "uneducated" it was. By furthering its medical systems, Turkey could gain legitimacy in the eyes of the European powers by addressing the issues that they saw as plaguing it. To understand the need to gain legitimacy through medical means, this chapter will chronicle shortly the events leading up to the end of the Turkish War of

Independence. Then the chapter will move to address the medical state of Turkey during the period under study.

### ➤ **World War I and the Turkish War of Independence**

Between the Great War and the end of the Turkish War of Independence, the area of the world that would become the Turkish Republic was at war from 1914 until 1923. This number does not include the particularly ruinous Balkan Wars, where the Ottoman Empire lost nearly all of its landholdings in Europe. WWI was also particularly damaging to the Ottoman Empire. By the end of the war, the Ottoman Empire had been divided up between the Allies, leaving the empire with only a small amount of territory in the north-central part of Anatolia. Disease was a significant concern in WWI for both the Allies and the Central Powers. Dysentery and Malaria in the Levant, Typhus in the Caucasus, and Syphilis anywhere there was a large concentration of soldiers all took their tolls on the troops in the Middle East. The poor state of Ottoman transportation, as well as famine and blockades, additionally made the populace even more susceptible to disease. In these circumstances, the Turkish War of Independence would begin.

The Turkish War of Independence started in May of 1919 when the remaining Ottoman government gave Mustafa Kemal a military assignment in eastern Anatolia. While there, he raised a rebellion against the remaining Ottoman state and the occupying Allied powers. Many powerful allies joined Mustafa Kemal. At the same time, he was secretly supported by the remaining Ottoman state at the expense of the Allied powers. One ally that will be of continued importance was Dr. Refik Bey, who would later become the first Minister of Health for the Turkish Republic. With his allies, Mustafa Kemal was able to fight off the occupying Allied powers to roughly the modern borders of Turkey. In July of 1923, the belligerents of the war

declared peace, and the Turkish Republic was established with its capital in Ankara in October of 1923.

With the establishment of the Turkish Republic and peace made, focus then turned to the modernization of Turkish society. The main idea that underlined the policies that would shape the Turkish Republic in the coming years was that of Kemalism. Loosely defined, Kemalism is the ideas of secularization, modernization, westernization, and nationalism espoused by Mustafa Kemal and his followers. As a type of nationalism, it has many unique characteristics, and as a form of reference for the creation of policy, it was almost ubiquitous in the early Turkish Republic. Some of the notable achievements of the Kemalist policies were the creation of the Sun Language Theory and the change of official language from Ottoman to Turkish. In terms of medicine, Kemalism and its internalized orientalism, as well as its desire to westernize, would lead Turkey to seek models for its medical system outside of its own country and towards the West.

### ➤ **The Medical Schools and a Shortage of Doctors**

By the end of the Turkish War of Independence, the Turkish government had begun to look outside of its borders for those who were interested in the development of Turkey. The Rockefeller Foundation had been looking at giving aid to Turkey for several years. The lack of a stable government hindered its ability to come to any agreement about giving aid. When the Turkish government did become stable, it did not take long for the Rockefeller Foundation to send officers to compile reports on the area. These reports would shed light on the problems that the Turkish government was facing in establishing its legitimacy through its medical systems.

One such problem facing the Turkish government was that of their medical schools and the shortage of doctors. In 1924, the only Turkish medical school was the Turkish Medical College. The observation at the time was that this medical school could be first-class and hold about 1,000 students.<sup>10</sup> To make this number a little more graspable, modern-day medical schools in the United States usually do not have student bodies over 1,000. The problem at the time was that this medical school only had 500 students, half the capacity of the school.<sup>11</sup> The small enrollment at the medical school becomes an extreme problem when one considers that the number of doctors in Turkey at the time was severely lacking. The problem stems from the fact that many Turkish doctors were Armenian or Greek in ethnicity. By the end of the Turkish War of Independence, many of these doctors had either died or forced to leave Turkey. The Turkish government had also started to refuse to license to foreign doctors that have not held licenses since before 1915.<sup>12</sup> The shortage of doctors led to a situation that in 1926, there was a total of 1,750 physicians practicing in Turkey for a population of 6.5 million.<sup>13</sup> If one does the math, then the average comes out to about 3,714 people per doctor. This number is also likely misleading as the medical systems of Turkey were concentrated in the cities, so the rural areas likely had more people per doctor. The population number of 6.5 million also came from a conservative estimate from the American consulate in Turkey. The ministry of Hygiene gave a round number estimate of a population of 14 million people.<sup>14</sup> If one then applies the same number of doctors in Turkey, they get that there are 8,000 people per doctor in Turkey.

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<sup>10</sup> "Medical Education in Turkey," 1924 revised 1927, Folder 4, Box 1, Series 805, RG 1.1, Projects, FA386b, Rockefeller Foundation Records (RF), Rockefeller Archive Center, 86-88.

<sup>11</sup> "Medical Education in Turkey," 86.

<sup>12</sup> "Medical Education in Turkey," 48.

<sup>13</sup> "Public Health in Turkey" 1926, Folder 1, Box 1, Series 805, FA386b, Rockefeller Foundation Records (RF), Rockefeller Archive Center, 46.

<sup>14</sup> "Public Health in Turkey," 10.



The Turkish government could also not count on foreign run medical schools to boost the number of doctors in Turkey. In 1924 the only foreign-run schools that had any connection to medicine were the American run Robert College and Constantinople Women's College. In terms of the Constantinople Women's College, it included preparatory classes and the first-year curriculum of a medical school. The Women's college also had very few Turkish women attending. The one Turkish woman who attended the college in 1924 transferred to the Turkish Medical college that year.<sup>15</sup> Robert College had no medical department and no interest in creating one. The only reason the Rockefeller Foundation included Robert College in the list of medical colleges is that it gave courses in the premedical sciences.<sup>16</sup> The only functioning medical college in Turkey was the Turkish Medical College in Istanbul, and it did not train enough doctors per year to fix the problems in Turkey.

Perhaps it is evident that a nation cannot set up a medical system without well-trained doctors. To Turkey, it was much more than just setting up a medical system. To Turkey, the lack of doctors signaled that their legitimacy was in danger. They were also not able to use medical systems to further the legitimacy of the state if there was no one to work in the new medical system. Dr. Refik Bey stated in an interview that he wished to build a new medical school in Ankara. He also planned to make the school entirely scholarship based to help offset the possibility that talented students were not attending medical school due to financial concerns. Dr. Refik Bey also wished to make compulsory service to the government health services for 15 years a requirement after graduation. The Minister also knew that he did not have the men to spare as faculty. He was hoping to send men to other countries in order to train to become

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<sup>15</sup> "Medical Education in Turkey," p. 138.

<sup>16</sup> "Medical Education in Turkey," p. 158.

medical faculty.<sup>17</sup> The Minister believed that with the addition of a medical school, Turkey could begin fixing the issue with its health system. Once Turkey fixed its shortage of doctors, it would be able to set up a robust medical system.

### ➤ **Lack of Money**

Another problem that followed the early Turkish Republic in setting up its medical system was that of money. The Ottoman Empire was in extreme amounts of debt at the outbreak of WWI. While the Ottomans declared the debts null and void at the onset of the war, the Allied powers were not willing to let the debts go. Turkey claimed that since it was not the Ottoman state, it had no responsibility to pay back its debts. This argument was not accepted by the Allied powers, who saw Turkey as the Ottoman's successor state. Eventually, the disagreement ended with Turkey taking on much of the old Ottoman Empire's debts, though it was not required to pay back all of it. The Turkish government wanted to pay back the debts quickly, so the government made the debt a priority in spending.

The debt of the Turkish government was indeed crushing. In 1925 the financial debt was valued at about 164 million Turkish pounds. The government at the time only made 153 million Turkish pounds in all revenues. In addition to the debt, the four-year deficit from 1922 to 1925 was 122 million Turkish pounds. The Turkish government set aside about 14 million Turkish pounds for the public debt in the 1926-1927 financial year alone.<sup>18</sup> For the ministry of public health, the year of 1925-1926 came with a budget of 4.8 million Turkish pounds. Due to what the ministry of health saw as the increased need of Turkey for medical health systems, for the year of 1926-1927, they asked for a budget of 6.0 million Turkish pounds. Due to the want of the

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<sup>17</sup> "Medical Education in Turkey," 83-84.

<sup>18</sup> "Public Health in Turkey," 16-19.

Turkish government to fix its debt crisis, the ministry of public health was given only 3.6 million Turkish pounds. This cut in funding led to the firing of many positions in the ministry of public health, mostly Vilayet sanitary inspectors, as well as postponing many planned building projects, and stopping many public health initiatives.<sup>19</sup> The lack of money prevented the implementation of the new health system, thereby limiting the legitimacy gained from it.

While Turkey's budget is telling of the struggles that the country faced in setting up its medical system, the effects on the ground help to make the point even further. In a 1924 report on the medical facilities in Istanbul, a Rockefeller Foundation officer observed that the establishments were clean and well run. A lack of funds caused a large number of problems. For one, many of the establishments were dilapidated due to the war, and there was no money to fix them. The plumbing also required modernization, but again the lack of funds made it impossible to redo the plumbing in each building. The lack of money also made it exceedingly difficult for the staff of the hospital to feed patients or get rid of smells. The dean of the Turkish Medical College in Istanbul also observed that the government was inadequately paying the faculty at the college. The Obstetrical Clinic, which trained midwives, also suffered from financial constraints, meaning it could not train the number of midwives it wished per year. Finally, the Rockefeller Foundation observed that there were many excellent labs all over the city of Istanbul. The labs were well-stocked, well-staffed, and had terrific instruments but there was not enough money to run their day to day expenditures at full productivity, so the progress made in these labs was limited.<sup>20</sup>

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<sup>19</sup> "Public Health in Turkey," 21-22.

<sup>20</sup> "Public Health in Turkey," 85-91.

## ➤ **Lack of Public Health Programs**

In addition to a lack of money and doctors, Turkey also lacked many public health programs that the Rockefeller Foundation saw as foundational for any medical system. One of these areas that the Rockefeller Foundation saw as lacking was nursing. In a 1924 report, the Rockefeller Foundation pointed out that while there is a shortage of doctors, there is almost a complete lack of nurses. This lack of nurses is because almost all of the nurses were non-Turkish and trained in foreign schools.<sup>21</sup> The lack of a nursing program in Turkey made the Rockefeller Foundation believe that even if Turkey trained more doctors, the doctors would be ineffectual. In 1926, Turkey still needed a nursing program. The only institution that trained nurses in Turkey was a school run by the Red Crescent. The problem with this school is two-fold. One, it is not run by the government, so there is no control over the curriculum or standards. Two, the course itself is not particularly stringent in its requirements or training.<sup>22</sup> The Rockefeller Foundation believed that the women working in the program were exceptionally talented and, therefore, could easily be trained as perfectly competent nurses. The Rockefeller Foundation also observed that when working in hospitals, nursing candidates are not made to do the busy work of doctors but are instead actively treating patients.<sup>23</sup> So while Turkey did have the ability to train good nurses, it lacked a system in which to train them to the standards required.

Another public health system that was lacking was the hospitals in Turkey. The Rockefeller Foundation acknowledged that while the hospital system in Turkey received attention from the government, it still was not developed to the point that it could serve the needs of the country.<sup>24</sup>

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<sup>21</sup> "Medical Education in Turkey," 49.

<sup>22</sup> "Public Health in Turkey," 51-52.

<sup>23</sup> "Public Health in Turkey," 52-53.

<sup>24</sup> "Public Health in Turkey," 132.

The total number of hospitals in Turkey at the time was 9,912, and there was approximately one bed for every 1,000 people in the country. The hospitals were also poorly equipped to deal with infectious diseases. The beds that hospitals put aside for infectious diseases were, for the most part, insufficient to house the amount of sick.<sup>25</sup> Due to the lack of beds for those suffering from infectious diseases, hospitals tended to take beds from the wards for regular patients. The swapping of beds made beds for the general population even less available. It is also important to point out again that the hospitals were mostly concentrated in the cities. This concentration means that those in the countryside had much more limited access to healthcare as the hospital system did not extend to them.

A final public health system that was lacking in Turkey was a way to educate the populace on staying healthy and sanitary. Today we may not even think about it, but we spend significant time in our early education learning ways to be healthy. Many governmental organizations also tell us always to wash our hands or cover our mouths. This system was not one that Turkey had in place in its early development. In 1924, the Rockefeller Foundation saw one of the most significant needs of the Turkish government to be a system in which the government taught young children how to stay healthy.<sup>26</sup> The lack of education was a particular problem for the Turkish government as no matter how many health programs they set up, if the people did not see value in the programs, the programs would have little effect. The closest thing that Turkey had to public education in the value of medicine was the sanitary inspectors. These were men that were trained by the government for two years and then sent into rural areas to bring health services like vaccines and checkups.<sup>27</sup> The problem is that these men were trained only in

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<sup>25</sup> "Public Health in Turkey," 132-133.

<sup>26</sup> "Medical Education in Turkey," 49.

<sup>27</sup> "Public Health in Turkey," 48-49.

treating diseases, not in educating the populace on the diseases or the value of staying healthy. The sanitary inspectors were also seen by the Turkish government as a temporary measure, even though there was nothing to replace them at the time.<sup>28</sup> A possible solution to this problem of education was a proposed “country health unit.”<sup>29</sup> The Rockefeller Foundation believed that this unit could go around the countryside and give demonstrations to the people on how to lead healthy lives.<sup>30</sup> In the early Turkish Republic, no such unit existed, and the system for educating the public on health and sanitation was still wholly lacking.

### ➤ **Conclusions**

The story of Turkey in the years immediately following the Turkish War of Independence was one of steady progress in the area of medicine. There was an increase in the number of hospitals, doctors, and faculty in medical schools. The Turkish government created new laws and regulations in the organization of the Ministry of Health that allowed for the betterment of the Turkish medical system. Despite this, the problems at the beginning of the period, for the most part, persisted through the end as well. There was just not enough money to support the continued growth of the Turkish medical system. Doctors and teachers were underpaid, and money for materials and refurbishing of buildings was scant. There were still not enough doctors to service the entire country, and the enrollment was not at the level it should have been. Finally, public health programs, for the most part, were still in their infancy. Much more needed to be done to set up a system to educate the populace in sanitation and hygiene. These areas are all things that the Rockefeller Foundation would send aid. Fixing all of these problems would allow

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<sup>28</sup> “Public Health in Turkey,” 49.

<sup>29</sup> “Letter from Russell to Gunn” June 23, 1927, Folder 9, Box 1, Series 805, FA386B, RG SG.1.1, Rockefeller Foundation Records (RF), Rockefeller Archive Center, 1.

<sup>30</sup> “Letter from Russell to Gunn, June 23, 1927,” 1-2.

the Turkish government to stimulate its medical system and therefore gain the legitimacy it so desperately desired.

## ❖ Chapter Two: Governmentality and Biopolitics

Despite the fairly poor circumstances in the years immediately following the War of Independence, the Turkish government made efforts to carry out its desires in the realms of public health. The Turkish government strove for demographic and medical stability in the country. The new regime saw itself as being in the middle of a crisis of population that threatened to destroy the nation they were working to build. The series of wars, mass deportations and killings of people, and the many diseases that went along with these catastrophes from 1912 to 1922, had resulted in mass population loss. Some regions lost up to 35 percent of their population. Many contagious and noncontagious diseases were ubiquitous among the smaller population left. In fact, like many other nations around the world with a population problem, medical opinion in Turkey suggested that if nothing was done about the rampant disease and lowed population then the nation would go extinct in about two centuries or less. In this context, diseases that led to death, disfigurement, disablement became political issues and not just medical issues.<sup>31</sup> The politicizing of such biological issues is what is called biopolitics.

The way that the Turkish government decided to fix this demographic and medical crisis was to extend their reach into the lives of the everyday person in the name of public health and national survival. Yucel Yanikdag's work examines various aspects of "positive" eugenics in Turkey to increase the population. At that point, both the fear of national extinction would disappear, and the consideration of negative eugenics could be possible. Eugenically healthy families were encouraged to have multiple children, and the government, despite national debt,

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<sup>31</sup> Emine Evered and Kyle Evered, "Protecting the National Body': Regulating the Practice and Place of Prostitution in Early Republican Turkey" 20, no. 7 (2013): 842.



subsidized larger families to achieve its aim of population increase.<sup>32</sup> The Turkish government decided that by giving itself greater control of its population it could then avert the demographic disaster facing them. A negative aspect of eugenics in Turkey was the barring of individuals with certain medical conditions from marriage. For example, people who had syphilis or tuberculosis or a few other diseases could not marry until they received a clean bill of health. A 1930 law made pre-nuptial medical examinations mandatory. In this way, increasing the population went hand in hand with curing the population of its ills. These attempts to reach into the lives of the citizens of Turkey are examples of biopolitics and governmentality in Turkey. Having a greater control on its population also aligned well with the Turkish government's desire to become a "modernized" and centralized nation state.

Biopolitics refers to control of sizeable or entire populations. This idea is influenced by Foucault's ideas of knowledge and power. During the Ottoman Empire, state intervention in disease was limited as the Empire, semi-colonial as it was, could not expend the resources necessary to the building of a highly centralized and intrusive medical system. Maybe because they indeed inherited a country still ravaged by disease, during the Republic, the government decided that direct intervention into the lives of the people was the best way to create beneficial consequences for the state and people. Given the historical background above, in Turkey this direct intervention meant that the state could prevent the future decline in population and the spread of diseases prevalent in Turkey at the time. The arrest of population decline would have the benefits of increasing the labor force, tax base, and the potential for military recruits.<sup>33</sup> Having just finished a decade of war, the availability of military recruits seems to have been

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<sup>32</sup> Yucel Yanikdag, *Healing the Nation: Prisoners of War, Medicine and Nationalism in Turkey, 1924-1939* (Edinburgh: Edinburgh University Press, 2014), 208-242.

<sup>33</sup> Yanikdag, 208-242.

particularly important. Taking an interest in the lives of the people, through medical institutions and public health, became an attempt to support the health of Turkey's citizens so as to support the economy and military. In this medical governance, population emerged "as datum, as a field of intervention, and as an objective of governmental techniques."<sup>34</sup>

Following this framework, this chapter will address how the Turkish government dealt with several diseases that were plaguing Turkey at the time of study. Specifically, I will be looking at the diseases of malaria, trachoma, and syphilis. Through fighting with these diseases, the Turkish government attempted to accomplish as many of its goals as possible. One, it was able to tie its populace to the government when it came to the response to these diseases. Two, it was able to group and better control its population as the government worked ostensibly to fight the diseases. Three, the Turkish state in addressing these diseases was able to show its progress in modernization by comparing the achievements it made to the "dirtiness" of the Ottoman Empire.

### ➤ **Malaria**

Malaria is a disease that transfers from the mosquito to humans, infecting them with parasites that induce fevers, vomiting, and diarrhea. When treated at the first sign of symptoms malaria can be handled well, but lacking treatment it can lead to death. Turkey had many regions that can support the mosquito and therefore were susceptible to malaria outbreaks. The rate of infection of malaria in early Republican Turkey were fairly high and several thousand people died from the disease each year. The disease did not discriminate between the common person and the political elites as even Mustafa Kemal contracted malaria while fighting in World War One.<sup>35</sup>

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<sup>34</sup> Kyle Evered and Emine Evered, "Governing Population, Public Health, and Malaria in the Early Turkish Republic" 37 (2011): 470–82.

<sup>35</sup> Kyle Evered and Emine Evered, "Governing Population, Public Health, and Malaria in the Early Turkish Republic" 37 (2011): 470.

This meant that when the Ministry of Health was founded in 1920, one of its major focuses was on treating and preventing malaria.<sup>36</sup> Compounding the new republic's concern of malaria was a change in farming practices and the disease itself. A change to rice farming in parts of Turkey and a highly virulent strain of malaria allowed for more habitats for mosquitos and more violent symptoms when people were infected.<sup>37</sup> Due to all of this the Turkish government declared war against malaria.

Some of the earliest responses by the Turkish government to malaria involved finding out where malaria was present in the country. Thus, starting a general survey of its territories for prevalent diseases, in the early 1920's the Turkish government sent questionnaires to provincial officials regarding several health related issues.<sup>38</sup> The Turkish government also sent medical agents into the provinces to survey and record on maps where they found malaria, likely to confirm the data the government received from the questionnaires. In addition to counting instances of malaria, thus marking populations, they also recorded geographical features such as wetlands, marshes, and areas of rice farming.<sup>39</sup> Mapping these features served not only the purpose of identifying where the mosquito could possibly live, but also gave the Turkish government information on the characteristics of the land they governed.

In 1925, a map of malaria conditions in Turkey was finished and presented to the Turkish parliament. The authors of the map created it by taking the information gathered in previous years' reports as well as through studies of Turkish geography from foreign sources.<sup>40</sup> The map sectioned Turkey into two climate zones and then divided those zones based on density of

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<sup>36</sup> Evered and Evered, 476.

<sup>37</sup> Evered and Evered, 475.

<sup>38</sup> Evered and Evered, 476.

<sup>39</sup> Evered and Evered, 476.

<sup>40</sup> Evered and Evered, 477.

malaria. Zone I was the area with the highest malaria concentration and consisted of coastal areas, river areas, and the southeast area of Turkey where rice farming was more prevalent. Zone II included the higher altitude areas of central and eastern Turkey where the temperature was cooler and supported less mosquitoes. The Turkish government believed that movement from Zone I into Zone II was the main mode of infection in the area. This migration they attributed to the poor and farmers that went to markets to sell their produce. While the government does not define what they meant by “the poor” it may be that they were referring to itinerate workers or peasants who were forced to move from place to place to find work. The authors of the map did point out that they lacked the ability to take samples of the population in each region, despite this the map presented in 1925 became a reference for policy making to address malaria.<sup>41</sup>

With the map in hand that divided the country into zones of malaria prevalence, Dr. Refik Bey started a war against malaria in 1926, the longest lasting effects of this campaign being the laws that were passed during it. Even before the actual Anti-Malaria Campaign law there were laws that addressed malaria. One such law required that all doctors that graduated medical school, which the government funded and ran, after 1927 must serve a three-month malaria related residency after the first year of residency.<sup>42</sup> Then later in 1926 the Anti-Malaria Campaign law (law Number 839) was passed. This law made the Ministry of Health responsible for the distributing quinine, establishing organizations for combating malaria, and restricting the movement of populations infected with malaria. The law also put the ministry in charge of educating health professionals on malaria and required large farms and businesses to distribute quinine free of charge.<sup>43</sup> The Anti-Malaria Campaign law was also required that the process of

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<sup>41</sup> Evered and Evered, 477-488.

<sup>42</sup> Evered and Evered, 479.

<sup>43</sup> Evered and Evered, 479-480.

creating an anti-malaria infrastructure, which took the form of the establishing of malaria institutes across Turkey. One of the earliest of these was built in Ankara in 1925 which was later replaced as the center of research into malaria by the Adana Malaria Institute, built in 1928. These malaria institutes also include many branch offices that covered more than 3,400 localities and 14 percent of Turkey's population residing in malaria heavy zones.<sup>44</sup>

The laws that addressed malaria also had aspects that affected the lives of the common person in drastic ways; in other words, the laws also served as a mechanism to discipline the individual as well as the population. For example, one part of the Anti-Malaria Campaign law allowed the Turkish government to relocate any village within a 3-kilometer radius of a heavily malaria infected area. The law also encouraged people, through the language of national responsibility, to take five workdays to contribute to anti-malaria projects and required landowners to carry out similar projects if the state required them to. The Public Health Protection law, passed in 1930, also required all citizens to report instances of malaria. Going further the government used the army in malaria prevention by requiring that the military monitor and report the disease.<sup>45</sup> Then in 1936, new regulations for rice farming sought to halt the spread of malaria but also place farmers under stronger regulations and more extensive licensing requirements.<sup>46</sup>

Despite its best efforts the government of Turkey was not able to eliminate malaria. There was a resurgence in the number of infected cases between 1930-1935. Malaria again resurged in the 1940s as Turkey felt the economic strain of keeping a standing and mobilized army during

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<sup>44</sup> Evered and Evered, 480.

<sup>45</sup> It is also likely that the military inspected new recruits for instances of the diseases addressed in this section upon enlistment.

<sup>46</sup> Evered and Evered, 480.

WWII in case of a German invasion, which had expanded all the way to the Turkish borders.<sup>47</sup>

Despite the mixed success of the laws in actually fighting malaria, they were not repealed. The institutions in the provinces and many of the regulations for fighting malaria continued to function and be enforced. This gives the impression that there were other reasons for passing these anti-malaria laws.

### ➤ **Trachoma**

Trachoma is another disease that greatly affected the early Turkish Republic. Trachoma is an inflammation of the cornea caused by a parasitic organism. The organism is transferred by insects and in the early stages is very contagious from eye to hand contact or from any object that touches the eye. When treated with antibiotics quickly, trachoma has very little effect on the patient's sight, but with no treatment trachoma eventually leads to blindness.<sup>48</sup> Trachoma was extremely prevalent in post-WWI Turkey with estimates going up to 3 million people effected by the disease in 1920.<sup>49</sup> While trachoma had originally only been a problem in south and southeast Anatolia, where the concentration remained very high, WWI led to its dissemination across Turkey as soldiers returned home from prison camps and the front lines.<sup>50</sup> The Turkish government was then faced with the problem of how to deal with these veterans that were bringing trachoma back home. The Turkish government began to regard these veterans as disease carriers, and therefore they had to be controlled.<sup>51</sup> Faced with the further spread of trachoma and

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<sup>47</sup> Evered and Evered, 481.

<sup>48</sup> Yucel Yanikdag, *Healing the Nation: Prisoners of War, Medicine and Nationalism in Turkey, 1924-1939* (Edinburgh: Edinburgh University Press, 2014), 141.

<sup>49</sup> The first modern census for the Turkish Republic was taken in 1927, so it is hard to say what the exact proportion of the population was affected by trachoma in 1920. Based on the approximate population given by the 1927 census, however, 3 million people would have been roughly 23 percent of the population. The 1927 population was almost certainly higher than the 1920 population, so the proportion of Turkish citizens affected by trachoma would have been higher.

<sup>50</sup> Yanikdag, 147.

<sup>51</sup> Yanikdag, 148.

the demographic and economic consequences of having to deal with and lose the labor of 3 million people, the Turkish government decided to respond to the disease by declaring war on it as well.

In 1925 the legislature of Turkey declared a mobilization against trachoma. This move was of course led by the Minister of Health, Dr. Refik Bey. The government's first step was similar to that of malaria in that it set out to map the distribution of trachoma in Turkey. This map was compiled by Dr. Vefik Husnu and was presented at the Second National Medical Congress as malaria had been presented at the first in 1925. The map created by Dr. Vefik Husnu divided Turkey into four trachoma zones with each zone being summarized by the number of trachoma cases, geography, and possibility for an increase in the number of trachoma cases.<sup>52</sup> Despite the fact that the trachoma map divided Turkey into zones, just like the malaria map did, in this case the analysis was not determined by the environment and topography. Dr. Vefik Husnu observed that the largest contributor to the spread of trachoma was the peoples' seeming ambivalence towards sanitation and hygiene. This study was so well received that many other studies focusing on each Turkish province would use it as a model for investigating several other diseases throughout the 1920s and 1930s.<sup>53</sup>

After the creation of the trachoma map, the Turkish government began expanding its response to trachoma into the provinces. One way it did this was through the creation of a series of hospitals, dispensaries, and mobile health units. The idea behind this system was to teach the peasants proper hygienic habits and give them access to healthcare, especially in areas with high concentrations of trachoma. Of course, with the new hospitals and dispensaries came state

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<sup>52</sup> Yanikdag, 149.

<sup>53</sup> Yanikdag, 149-150.

officials who were now able to better keep track of the presence of trachoma in the population. At the same time the Turkish government expanded a rhetoric of concern to the provinces. The doctors of the time expressed the concern of the republic's government with the health of its people to their patients. This concern for the public's health was to be compared to that of the Ottoman state which the Republican officials claimed had nothing but apathy towards the troubles caused by trachoma.<sup>54</sup> In other words, the Republic claimed to have the interests of the population in mind, but the Ottoman Empire did not.

The Turkish government not only sent personnel, supplies, and concern to the provinces, they also passed laws in order to try and stop the spread and effects of trachoma. The most important of these laws was, again, the 1930 Public Health Protection law. The 1930 law required reporting of every case of trachoma to the state. The law also allowed the Ministry of Health to appoint a committee to improve care in the areas affected by trachoma. This committee also had the power to summon anyone that was suspected of having trachoma for treatment and banning them from traveling to any places where the patient could put others in danger of infection. While this law technically applied to the entire country, the areas where trachoma was most prevalent, the southeast, were the most effected.<sup>55</sup>

Given the potentially disastrous effects that trachoma can have on the life of those who are infected with it, it is understandable that the Turkish government would want to address it quickly. The Turkish government's first step was to find out where trachoma was concentrated and to do this, they produced a trachoma map that divided the country into four zones. Next, the government-built dispensaries, hospitals, and mobile health units to try and help those in the

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<sup>54</sup> Yanikdag, 151-152.

<sup>55</sup> Yanikdag, 153.



provinces suffering from trachoma. People were counted, diagnosed, divided into stages according to the progression of the disease, and finally medicated or operated on. All these projects whether conducted in newly-built hospitals or in mobile health units to reach the most remote areas, brought officials and doctors into contact with the common people of Turkey, who all expressed the government's concern for the its people. The government also gave itself legal power to address trachoma with the 1930 law. Accordingly, the state even took away children who were infected with trachoma away from their families and educated them in special "trachoma schools."<sup>56</sup> This law gave significant power to reach into the lives of those thought to have trachoma. In the end, even if trachoma was not completely eradicated, the Turkish government certainly increased its power to fight it.

### ➤ **Syphilis**

Syphilis has been a problem around the world for a significant amount of time. Ranging from the "great pox" of the middle ages, to the syphilis of the North American continent, this disease has been touching the lives people. Syphilis is a sexually transmitted disease that involves inflammation and pain in the genital area. At its later stages it can start to affect the brain and lead to insanity and death. It can also lead to birth defects and still births if it infects a pregnant woman. Given the Turkish government's concern about its demographic viability, sexually transmitted diseases like syphilis that effect the reproductive ability of their populace would be high on the list of diseases to address. The Turkish government also associated syphilis almost exclusively with prostitution, so many of its attempts to deal with syphilis actually aimed to control the practice of prostitution.

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<sup>56</sup> Yanikdag, 153.

The legislation on prostitution and syphilis began very soon after the end of the First World War, which caused an increase in its prevalence. The Law for the Prevention and Containment of Syphilis was passed in 1921. In its original form the law simply required state funds for the treatment of those with syphilis. It was later expanded to require all institutions and doctors to treat patients with syphilis free of charge, require all people with syphilis to seek treatment, and allowed officials to enforce treatment on those who had syphilis but did seek treatment. The Ministry of Health also created a commission on syphilis that standardized the treatment of the disease in 1925.<sup>57</sup> Many of these laws were based off of medical-geographic reports compiled from questionnaires that the government sent to provincial officials in the 1920s and 1930s.<sup>58</sup> In this way the treatment of syphilis was very similar to how the Turkish government dealt with both trachoma and malaria.

Two of the most important laws regarding syphilis were the 1930 Public Health Protection law and the 1933 Regulation for the Struggle against Prostitution and those Venereal Disease spread by Prostitution. Some of the features of the 1930 law gave the government larger power to regulate prostitution and brothels, treat those afflicted with syphilis, monitor and examine those thought to have syphilis, and teach the public about STDs. The 1930 law also gave municipalities the right to tax brothels and gave the central government the ability to deport foreign prostitutes. This was a major step towards the regulation of prostitution in Turkey, and in the government's mind, the addressing of syphilis. In fact, this law gave so much power to the government that in ensuing years it was necessary to warn officials against the abuse of the

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<sup>57</sup> Evered and Evered, "'Protecting the National Body': Regulating the Practice and Place of Prostitution in Early Republican Turkey," 844.

<sup>58</sup> Kyle Evered and Emine Evered, "Syphilis and Prostitution in the Socio-Medical Geographies of Turkey's Early Republican Provinces" 18 (2012): 528–530.

powers the law gave.<sup>59</sup> The 1930 law was purposed and passed with the support of the Ministry of Health but the Ministry of the Interior passed a law earlier that year banning the establishment of new brothels and the hiring of new prostitutes. This action obviously went against the Ministry of Health's desire to regulate rather than ban prostitution, so started a debate between a regulation based approach informed by public health concerns and an approach that banned prostitution to more follow the trend in Europe.<sup>60</sup> In the end, the Ministry of Health and its health based justification for the regulation of prostitution won out in 1933. On the 12 of November 1933, the Cabinet of Ministers passed a decree that was the Regulation for the Struggle against Prostitution and those Venereal Disease spread by Prostitution. This law superseded and added to the health law of 1930 when it came to the particulars in regulating prostitution. Some aspects of this law were a requirement that the municipal regulations be supported by the central government, that brothels provide condoms and other STD prevention methods, and regulated where prostitutes were and were not allowed to operate. Perhaps the most interesting aspect of the law was the definitions it provided. It defined prostitutes as "public women," but according to the language of the law, even women who slept with several men without any money changing hands were considered public women. The indication is clear, any woman who sleeps with multiple men has the possibility to be given the legal status of a prostitute. This subjected these women to the controls and regulations put on prostitution as well as any social stigma that went with it.<sup>61</sup> Here we see that not only was the Turkish government regulating prostitution in an effort to stop syphilis, but also to regulate the actions of women through medical and moral discourse.

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<sup>59</sup> Evered and Evered, "'Protecting the National Body': Regulating the Practice and Place of Prostitution in Early Republican Turkey," 845-846.

<sup>60</sup> Evered and Evered, 846-847.

<sup>61</sup> Evered and Evered, 848-849.

Throughout the 1920s and 1930s the Turkish government moved to stop the spread of syphilis, which it saw as a major problem facing the population. Those medical geographies that were produced for nearly every province (modeled on Vefik Husnu's study mentioned above) also covered the prevalence of syphilis in each province studied. The government decided that the best way to address this was through the regulation of prostitution. This process began early in the republic's existence and culminated in the decree of 1933. The regulations served the dual purpose of trying to slow the spread of syphilis and also extending the government's control over another group of people.

➤ **Population Control, Government Connection, and Comparison to the Ottomans**

It becomes obvious when looking at the responses to malaria, trachoma, and syphilis that there are many similarities in the approaches that the Turkish government took. The health of the population did improve though not to the degree that the initial commitments might have implied. The common thread then becomes an increase in power of the central state in the lives of the people, with the language of public health as the excuse for the expansion of this power. The Turkish government at the same time showed its "progress" by comparing itself to the Ottoman State that came before.

One place that we see the expansion of the power of the state in the people's lives is through the disease maps the state created. While creating these disease zone maps, the state sometimes created demographic maps as well. The accompanying reports sometimes then linked prevalence of a disease with certain populations. For example, a 1924 study on trachoma stated that "trachoma's spread from one to another can happen very quickly among those who live in tribal

groups and bad conditions [such as] Arabs and Kurdish peoples. . . .”<sup>62</sup> This observation is despite the fact that the state insisted then and later that everyone belonged to the Turkish nation, its own surveys, at least the early ones, identified specific ethnic and religious groups as susceptible to certain diseases.<sup>63</sup> These maps also lent a sense of legitimacy to the state as it became the authority on its own country. This lets the state connect itself to the land it governs as well as the people on this land. The disease zone maps also allowed the government to classify, identify, and categorize the populations who lived in each zone. The state then frequently associated groups of people with certain diseases. By having more information on the citizenry, the government would have an easier time with population governance. The collection of the reports itself also extended the government’s reach into the provinces. Sending questionnaires allows the central government to make their presence known to local governments and the presence of agents in the provinces makes the central government visible to its far away citizens as well.

The expansion of the medical infrastructure also increased the Turkish government’s power and connection to the populace. For example, the addition of state offices in order to monitor the status of a disease in the provinces allows the government to keep track of the population as well. The addition of hospitals and dispensaries staffed by the Turkish government gives the government visibility, presence, and control in the provinces. The doctors themselves also served as an extension of the government’s power. As pointed out earlier, the doctors in the provinces tended to espouse a rhetoric of concern for the people from themselves, but also from the government. This rhetoric makes a caretaker-patient relationship between the people and the

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<sup>62</sup> Yanikdag, *Healing the Nation: Prisoners of War, Medicine and Nationalism in Turkey, 1924-1939*, 151.

<sup>63</sup> Erik Zürcher, *Turkey: A Modern History* (New York, NY: I.B. Tauris and Company, 2017), 173.

government. So, if the government is seen as taking care of or healing its people, discipline and control become easier. The fact that the central government also took charge of the education of the populace gives it another connection to its citizens. In some ways, nothing demonstrates this better than trachoma schools, where children were removed from their homes to be cured and educated to make them more useful to the state and the nation. Like the caretaker-patient relationship, the teacher-student relationship with the state as the teacher gives the government an additional layer of power over its populace.

The laws and regulations passed by the Turkish state in response to its health problems also show an increase in power of the government in addition to the laws' focus on health. For example, for all three of the diseases addressed in this chapter we saw that the government gave itself the power to restrict the movement of its citizens if they were believed to have one of these diseases. As noted, the 1930 law even barred people with certain diseases, including syphilis, from marriage until they could produce an official declaration that they were free of disease. This ability to control the population's movement and personal decisions allowed the Turkish government to interfere in many aspects of people's lives. For malaria the Turkish government gave itself not only the ability to restrict the movement of its citizens, but also the power to move its citizens if it felt the need. This of course was a huge power that allowed the government to control the spread of its population. For example, if needed the Turkish government could say that a village was in a dangerous malaria zone and then move them to a distant location. In a sense the Turkish government gave itself a legal basis to relocate its citizens at will. The government also used malaria to connect itself to farmers through its regulations. The government's use of licensing with the idea of making sure malaria standards were kept up on farms also made the farmers depend on the government to be allowed to continue their

livelihood. The government also required regular health checks on its citizens in areas thought to have a high occurrence of disease. This allowed the government to be present through doctors in the lives of its people at regular intervals. The government could also keep track of whatever medical conditions it wanted to through these checkups. While this could have the advantages of treating a sick populace, it also gives the possibility of abuse as the government could use the data gained through these common checkups to make policies that give further intervention. The regulations on prostitution and syphilis also unproportionally targeted women. The language of the law made this possible by referring to all women that sleep with more than one man as “public women.” By defining prostitution this way the government is able to force a certain set of gender roles on women by threatening them with the label of a prostitute and the stigma that came with it. It is important to recognize that no such label existed for men. This shows that when it comes to controlling sex and reproduction, the government was focused on controlling the female population.

Throughout its expansion of control over the population through medicine, the Turkish government also touted ideas of progress and modernization by comparing itself to the Ottoman state. There are several stories of the Ottoman state not mentioning trachoma or the Ottoman state refusing to increase the supply of quinine to malaria inflicted provinces.<sup>64</sup> What these stories do not take into account the fact that the Ottoman government could not afford much extra quinine during the struggles of WWI and that trachoma was for the most part confined in a limited sort of way to the southeast of Anatolia prior to the return of soldiers after WWI. These facts of course did not matter as it was more important to the Ankara government that there be a

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<sup>64</sup> Yanikdag, *Healing the Nation: Prisoners of War, Medicine and Nationalism in Turkey, 1924-1939*, 152; Evered and Evered, “Governing Population, Public Health, and Malaria in the Early Turkish Republic,” 474.

perceived point of departure between them and the Ottoman state that came before. The Turkish government espoused a rhetoric of caring which they compared to a perceived ambivalence of the Ottoman state. The Turkish government would do this in order to make itself a much more legitimate successor to the government that existed in the area before as it cared for its people. While the Ottoman government did have less of a focus on public health than the Turkish government, this is more likely due to the lack of a robust medical system than any sort of ambivalence. By expressing the lack of a medical system as obvious passé attitudes of the Ottoman government, however, the Turkish state furthered its legitimacy.



## ❖ Chapter Three: Interactions, Why Americans, and Why the Rockefeller Foundation

As seen in the previous section, the Turkish government worked through the 1920s and 1930s to extend its reach into the lives of its people using the language of public health. Why though would the Turkish government choose to employ the services of an American aid organization like the Rockefeller Foundation? This chapter seeks to answer this question as well as give discreet examples of the interactions between the two organizations that show each's goals. First, it is important to address the ways in which one can see international aid organizations like the Rockefeller Foundation.

Similar to ideas of medical history and education history, there are a variety of interpretations to choose from when dealing with international aid organizations. There is a socialist interpretation that states that international aid organizations add to the capitalist world order by using medicine as a means to increase the productivity of the lower classes.<sup>65</sup> While it is interesting that successful capitalists (Ford and Rockefeller) founded many of the big international aid organizations, the socialist interpretation does not allow for any exchange in power; it only allows the oppression of the lower classes by the upper classes. There is then the interpretation that international aid organizations are entirely independent of their home countries and are instead an extension of their values.<sup>66</sup> This interpretation is partially applicable to the paper as the Rockefeller Foundation did try to give its values to the Turkish government and people while it worked in Turkey; however in the 1920s the focus was much more on a

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<sup>65</sup> Howard Witzkin, and Rebeca Jasso-Aguilar. 2015. "Imperialism's Health Component." *Monthly Review: An Independent Socialist Magazine* 67 (3): 114–29. doi:10.14452/MR-067-03-2015-07\_8.

<sup>66</sup> Julian Eckl, 2014. "The Power of Private Foundations: Rockefeller and Gates in the Struggle against Malaria." *Global Social Policy* 14 (1): 91–116. doi:10.1177/1468018113515978.

shared medical knowledge than on cultural exchange. A third interpretation observes that international aid organizations are inherently contradictory entities.<sup>67</sup> For example, while the Rockefeller Foundation reported being anti-Malthusian in its goals, its actual policies of birth control in developing countries seem to belie a more neo-Malthusian outlook.<sup>68</sup> Ideas of population control fit in well with governmentality, but again the scope of this interpretation is a little bit too narrow.

The interpretation I will use is one that looks at international aid organizations as being influenced by and influencing their home country.<sup>69</sup> The power of this interpretation is that it allows one to make connections between the home country of an aid organization and the organization itself. The two-way exchange of ideas is also appealing in modern historical practice. For example, an influential theory of imperialism is that the metropole was affected by the colony as much as the colony was affected by the metropole. The interpretation of aid organizations also gives significant autonomy to the government of the aid organization and the organization itself. In this way, the organization is allowed to do good or do bad by the people it is supposed to be helping and allows for mistakes and changing of plans. The Rockefeller Foundation was connected to the American government; its actions had a direct influence on how the Turkish government saw the United States. So, when a new Turkish “country health unit” showed up in a village in Turkey, people knew it was the Americans who helped create it.<sup>70</sup> We can then see why a government would want to be linked to an aid organization as it allows

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<sup>67</sup> Nick Cullather, 2014. “‘Stretching the Surface of the Earth’: The Foundations, Neo-Malthusianism and the Modernising Agenda.” *Global Society: Journal of Interdisciplinary International Relations* 28 (1): 104–12. doi:10.1080/13600826.2013.848190.

<sup>68</sup> *Ibid.*, p. 1

<sup>69</sup> Inderjeet Parmar, 2002. “‘To Relate Knowledge and Action’: The Impact of the Rockefeller Foundation on Foreign Policy Thinking during America’s Rise to Globalism 1939–1945.” *Minerva: A Review of Science, Learning & Policy* 40 (3): 235–63. doi:10.1023/A:1019572526066.

<sup>70</sup> “Letter from Russell to Gunn, June 23, 1927,” 1.

them to spread influence without direct governmental interference, which could be seen as a more direct threat to the country they are trying to influence. In the case of Turkey, using an aid organization gave them a much-desired degree of separation from direct interference of a foreign power.

Additionally, I will use an interpretation of the interactions between relief organizations and foreign governments as a process of giving and taking aid. As Soloman and Kremenstov point out, rarely is either partner in the relationship between a philanthropic organization and a foreign government the “only game in town.”<sup>71</sup> In terms of Turkey and the Rockefeller Foundation this means that both had the option to not cooperate with the other and the interaction was very much two-way. For example, the Rockefeller Foundation could have decided to extend aid to other countries in the Middle East and Turkey could have looked for any number of other international relief organizations. This give and take approach will allow me to look at each interaction between Turkey and the Rockefeller Foundation as one that has effects both ways. So, when a decision is reached, it can be assumed that there is mutual aid of some kind in the end.

### ➤ **Picking Americans**

What was it about an American organization like the Rockefeller Foundation that made it the ideal partner to the Turkish government? The answer to this question boils down to one simple desire of the Turkish government, independence. The Ottoman Empire before Turkey had struggled immensely in its final years with the imperialistic designs of foreign powers like

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<sup>71</sup> Susan Soloman and Nikolai Kremenstov, “Giving and Taking Across Borders: The Rockefeller Foundation and Russia, 1919-1928” 39, no. 3 (2001): 265.

Britain and France. This experience informed the representatives of the Turkish government, many of whom lived through the years of foreign imperialism themselves.

The importance of independence comes from the Republic of Turkey's inheritance from the Ottoman Empire. During the decline of the Ottoman Empire, various European powers stepped into Ottoman affairs across the board. The Ottoman Empire would take substantial foreign loans at ridiculously high-interest rates in order to gain the capital to develop the country. These loans came from almost all of the European powers (France, Britain, Germany). When the Ottoman Empire was unable to pay back these loans in the time the European powers desired, the Europeans forced the Ottomans to set up a ministry for foreign debt. Europeans would control this ministry, and they would have unlimited power to set how much money each year would go to the national debt. The national debt would wreck the national economy. The control of this debt by foreign powers effectively took the Ottoman Empire's financial autonomy away from it and placed it in the hands of those with colonial designs on the Empire.

The men who founded the Turkish Republic, for the most part, lived in this very era of economic colonialization. To them, it was imperative that the Turkish Republic not fall into the patterns that trapped the Ottoman Empire in decline. Additionally, many of the European powers were not particularly attractive options for foreign investment. Germany, for example, was not in any economic position at the time to give foreign aid of any kind. France, Britain, and Russia were equally unappealing as the Turkish government still had a profound distrust of these nations as they had sought to colonize Turkey before. This distrust made the employment of an American organization a very promising option. In the eyes of the Turkish government, the Americans had no history of colonizing the Middle East. Using an American aid organization

instead of direct foreign investment also allowed the Turkish government to keep its financial independence.

The Rockefeller Foundation also had a history of financial aid to foreign countries that made them a promising partner in particular. In the years immediately following the First World War the Rockefeller Foundation was considering extending aid to many more countries in the form of support to medical systems. The original idea was to extend aid to countries in the Middle East, but a trip to Czechoslovakia convinced the foundation that they could make a lasting impact on the health of Europe.<sup>72</sup> This interest in Europe as well as Turkey's relative instability at the time made the plan to extend aid to Turkey fall by the wayside. Despite this, it is likely just the experiences that the Rockefeller Foundation gained in dealing with the central European nations that made them so appealing to the Turkish government.

The Rockefeller Foundation demonstrated three important qualities that made it an ideal partner for the Turkish government and its ideals of governmentality and modernization. For one, the Rockefeller Foundation tended to spend money on giving the most advanced equipment and teaching the most advanced methods to the doctors they gave fellowships to.<sup>73</sup> To a government interested in modernization and westernization like Turkey, the prospect of obtaining cutting edge materials and training was likely irresistible. The second important quality that the Rockefeller Foundation possessed was a willingness to work with almost any government form that had the potential to be effective. For example, the Rockefeller Foundation was willing to give several fellowships to doctors from the Soviet Union.<sup>74</sup> Given the icy

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<sup>72</sup> Benjamin Page, "The Rockefeller Foundation and Central Europe: A Reconsideration" 40, no. 3 (2002): 265–87.

<sup>73</sup> Page, 282.

<sup>74</sup> Soloman and Kremmentsov, "Giving and Taking Across Borders: The Rockefeller Foundation and Russia, 1919-1928."

relationship between the United States and the Soviet Union following the Great War this was a surprising event. To the Rockefeller Foundation it was not so strange as they were much more interested in medicine than politics. To Turkey this focus was appealing as it meant that the Rockefeller Foundation was willing to work with their government as long as the Turkish government continued to show results. Therefore, when Turkey decided that medicine was to help reach into the lives of the everyday person, the Rockefeller Foundation would be all too happy to help. A final point in the Rockefeller Foundation's favor was their tendency to work with governments to set up medical systems instead of providing immediate relief efforts.<sup>75</sup> This focus gave the Turkish government significant autonomy in the actual ways it would help its people. For while the Rockefeller Foundation sent money to establish and equip hospitals, the Turkish government itself was responsible for the actual relief.

For Turkey there was a considerable degree of choice available when it came to picking a partner in developing medical infrastructure. It so happened, however, that the Rockefeller Foundation checked all the boxes of what Turkey was looking for. For one thing the Rockefeller Foundation was an American organization. This avoided the hard feelings that the Turkish government had toward European nations that had sought to colonize them in the past. The Rockefeller Foundation also had considerable experience in extending medical aid to other countries in Europe and beyond. The way that the Rockefeller Foundation gave this aid also appealed to the Turkish government as it helped them further their aims of governmentality. The fairly government centric approach of the Rockefeller Foundation's aid gave Turkey the autonomy treat their own people and therefore gain the trust and legitimacy that came from it.

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<sup>75</sup> Page, "The Rockefeller Foundation and Central Europe: A Reconsideration," 282.

## ➤ **The Rockefeller Foundation**

In terms of a give and take relationship, the Rockefeller Foundation also needed to choose Turkey in order for any work to be done by the organization. Luckily for the Turkish government, the Rockefeller Foundation saw many appealing qualities in a partnership with Turkey. To the Rockefeller Foundation, Turkey gave the opportunity to work in a country where they saw their impact having a great effect. Additionally, with work in Turkey the Rockefeller Foundation saw the ability to extend the influence of the United States in fields of science and medicine. Before entering into a discussion on how this was the case, it may be pertinent to give a brief history of the Rockefeller Foundation.

The governor of the state of New York approved the Rockefeller Foundation as an aid organization in 1913.<sup>76</sup> The Rockefeller Foundation was one of the many charities that were founded by famous American Oil Tycoon and capitalist John Rockefeller. The amount of money that was at the disposal from the foundation due to donations across the U.S as well as from donations of the Rockefeller family was enormous. To date, the Rockefeller Foundation has put over seventeen-billion dollars towards its charitable pursuits.<sup>77</sup> This amount of money, if applied to the right places, can create a significant amount of good-will towards the Rockefeller Foundation. In the earliest years of the Rockefeller Foundation, the organization was split into many different areas that covered a medical education, international health, and international relations. The Rockefeller Foundation was also not a purely international aid organization, as it had many programs that focused on the United States as well.<sup>78</sup> The fact that the Rockefeller

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<sup>76</sup> “The Rockefeller Archive Center - About Us.” Accessed October 17, 2019. <https://rockarch.org/about/>.

<sup>77</sup> “Our History - The Rockefeller Foundation.” Accessed October 17, 2019. <https://www.rockefellerfoundation.org/about-us/our-history/>

<sup>78</sup> “The Rockefeller Archive Center - Rockefeller Foundation Archives.” Accessed October 18, 2019. <https://rockarch.org/collections/rf/>.

Foundation worked in the United States gives it an even closer link to the country. As we can see, the Rockefeller Foundation already had America's interests in mind.

During its time in Turkey, the Rockefeller Foundation sought to spread American influence through the field of science. The Rockefeller Foundation's reports and letters were full of references to their Americanness. Words such as "our country" or "our government" filled their reports, reinforcing their connection to America.<sup>79</sup> In some instances, Americans would explicitly state their goal of spreading American influence. Admiral Bristol, the American representative in Istanbul post-WWI, stated in a letter to a Rockefeller Foundation officer that Turkey was an excellent stage to spread American influence abroad.<sup>80</sup> This connection to the American military demonstrates the link between the Rockefeller Foundation and the American government. The American government obviously saw the Rockefeller Foundation as a vehicle for spreading American influence and the Rockefeller Foundation seemed more than happy to fill this role.

Another interesting connection that the Rockefeller Foundation made to allow an easy flow of influence was the connection it made between the Turkish people and the American people. In their early reports, the Rockefeller Foundation pointed out that there was a significant amount of prejudice against Turkish people in the United States. The Rockefeller Foundation said that many in the United States saw Turks as "despicable."<sup>81</sup> The Foundation believed that this thought was due to years of propaganda slandering the Turkish people in America, rather than any actual truth. What then becomes interesting is that the reports the Rockefeller Foundation

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<sup>79</sup> "Public Health in Turkey," 4.

<sup>80</sup> Bristol to Vincent, December 19, 1924, Folder 3, Box 1, Series 805, FA386b, Rockefeller Foundation Records (RF), Rockefeller Archive Center.

<sup>81</sup> "Medical Education in Istanbul," November 1<sup>st</sup>, 1923, Folder 517, Box 44, RG 6, Series 1, FA395, Rockefeller Foundation Records (RF), Rockefeller Archive Center, 1.



gave then showed a sort of pride in the achievements of Turkey. In Collins' 1926 report, he stated that the achievements of the new Nationalist government were something to behold and that it made Turkey for the Turks a not far off possibility.<sup>82</sup> Still, many reports call the Turkish people backward but not lacking in potential.<sup>83</sup>

What is the need for the link between Americans and the Turkish? It is possible that the Rockefeller Foundation was hoping to make the idea of helping a foreign nation more digestible for their board. At the time, America had a policy of isolationism and, for the most part, wished to stay out of the affairs of the world. By contrast, the Rockefeller Foundation's mission focused on international aid.

Nevertheless, they still needed support from donors in America. The link between Americans and the Turkish would allow the Rockefeller Foundation to go about its business in Turkey without any significant pushback from those at home. Making the Turkish people like Americans also puts the two countries into a close connection with each other. That means that the prestige acquired by the Rockefeller Foundation for helping in Turkey is compounded by the prestige Turkey collects through the implementation of its medical systems. So, by turning the Turkish people and its government into a democracy-loving, smart, hardworking people in the eyes of Americans, what the Turkish government does then reflects well on the United States as well.

### ➤ **Back to Refik Bey and his visit to America**

For our first example, we will return to the instance of when Dr. Refik Bey visited America in 1929. According to the itinerary prepared by the Rockefeller Foundation, the

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<sup>82</sup> "Public Health in Turkey," 5.

<sup>83</sup> "Medical Education in Turkey," 1-5.

Turkish Minister of Health spent May 20<sup>th</sup> to July 6<sup>th</sup> in the United States, which was 47 days. During this time, the Minister would be escorted around the U.S.A by an officer of the Rockefeller Foundation. The destinations included Harvard and Johns Hopkins Medical Schools, the United States Health Services office, several hospitals, and many visits to country health units in the south and west of the United States.<sup>84</sup>

In terms of the importance of the institutions that Dr. Refik Bey visited, Johns Hopkins and Harvard Medical Schools were and still are some of the finest Medical Schools in the country, and the staff of the schools are some of the top medical professionals in the United States. Besides being able to converse with some of the top doctors in the United States, the Minister was also particularly interested in observing how the hospitals connected to these prestigious medical institutions organized themselves and how they trained their personnel.<sup>85</sup> This interest makes particular sense since the Minister wished to organize the building of more hospitals.<sup>86</sup> Additionally, Dr. Refik Bey showed an interest in observing the organization of medical services in the more rural areas of the United States.<sup>87</sup> This interest likely springs from a desire to extend the medical services of Turkey, which were concentrated heavily in the cities, into the more rural areas.

The advantages of this visit to the United States are plentiful for both parties. The government of Turkey got the advantage of sending their minister of health to observe the

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<sup>84</sup> "Revised Itinerary for Minister Refik Bey and Doctor Assim Bey Arriving in New York May 21, 1929," 1-7.

<sup>85</sup> "Letter from Strode to Russel," November 26, 1928, Folder 12, Box 1, Series 805, FA386B, RG SG.1.1, Rockefeller Foundation Records (RF), Rockefeller Archive Center, 2.

<sup>86</sup> *Ibid.*, 2.

<sup>87</sup> The Rockefeller Foundation itself was a large factor in the creation of the medical systems in rural America. The earliest actions of the Rockefeller Foundation were focused on bringing medical relief to poorer areas of the United States. It was not until the establishment of the International Health Division that the Rockefeller Foundation had any medical work outside of the United States. Showing the success of the rural medical system to Dr. Refik Bey would likely also give a fair impression of the Rockefeller Foundations efficiency in setting up medical systems as well as giving the Minister inspiration for the rural areas of Turkey.

medical systems of a country that they were trying to imitate in the field of medicine. Observing the medical systems of the United States likely helped Refik Bey formulate what an extension of medical services into the provinces looked like. The extension of these medical services would not only increase the legitimacy of the state, by also increase its control. The Rockefeller Foundation also received benefits from Dr. Refik Bey's visit. First, the Rockefeller Foundation could show off the advanced nature of the American medical infrastructure. Showing this to the Minister of Health, if everything goes to plan, would make America seem like an even more promising partner in the development of medicine in Turkey. The presence of the Minister himself is also an advantage for the Rockefeller Foundation. By showing Refik Bey the United States, including its monuments and government buildings, the Rockefeller Foundation shows the Turkish government that the United States has power and money to spare. Again, this makes the Rockefeller Foundation seem like a much more appealing partner.

While, for the most part, Dr. Refik Bey's visit to the U.S.A went to plan for both the Minister and the Rockefeller Foundation, the small problems that arrived in the process give us an insight into how the two countries and their representatives interact. The first incident occurred with a doctor in Toronto. In this incident, the Minister called Dr. Fitzgerald but did not get an answer. After an extended wait, the Minister decided he had enough and decided to leave without seeing the school of Public Health in Toronto.<sup>88</sup> This interaction, and the fact that it was considered unfortunate enough to be reported shows how the Minister saw himself in the partnership with the Rockefeller Foundation. While Turkey was the country that received aid, the Minister was still aware of the fact that he was a foreign dignitary of

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<sup>88</sup> Russel to Strode, July 6, 1929, 1.

some regard. Wasting his time was not acceptable, and he could make his displeasure known and change the situation. This shows equality in the partnership as the Minister did not resign himself just to follow blindly what his American colleges had planned for him. The Rockefeller Foundation acknowledged his displeasure at the situation, but they did not see it as an embarrassing incident for them as it took place in Canada.

The next incident involves a malaria lab in Alabama. The original plan of the Rockefeller Foundation was to take Refik Bey to see Malaria work in Tennessee, however, at the last minute, Dr. Refik Bey decided that he did not want to make the trip, which took a longer time than expected already. Instead, the Rockefeller Foundation decided to take Dr. Refik Bey to a malaria lab while they visited Alabama. At this lab, the group found that the man who was running the lab had little to no idea what was going on. The lab coordinator had no clear plan or program that workers followed to fight the malaria problem in the area. It seemed to the Rockefeller Foundation that the hydro-electric company that was funding this lab was getting no results and that they wasted their money. Dr. Refik Bey himself made comments that chastised the poor quality of the work, pointing out that the labs in his own country were much better stocked and that he learned nothing.<sup>89</sup> To the Rockefeller Foundation, the interaction was extremely embarrassing. They expressed the idea that they hoped the Minister continues to believe in the positive aspects of working with Americans. On the part of the Minister, he was able to assert his position in the partnership again by showing his displeasure in the display. While it is likely that the Minister understood that the lab he saw was not the rule, his choice to hold this over the Rockefeller Foundation shows his skill in carving out a place in their relationship where he has the power to end it at any time.

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<sup>89</sup> Ibid., 1-2.

The Americans, not wanting to lose any of their interests in Turkey, then have no choice but to acknowledge their shortcomings and try to fix the situation.

### ➤ **Interview Between Dr. Gunn and Dr. Refik Bey**

The next instance that shows how the interactions between the Rockefeller Foundation and the government of Turkey showed their desires and how they created their relationship was an interview between Dr. Gunn and Dr. Refik Bey. The interview covers topics such as the amount of money that the Ministry of health was likely to receive, the order of work that will be undertaken in Turkey by the Rockefeller Foundation, and the housing for the officers of the Rockefeller Foundation.<sup>90</sup> Throughout the interview, there are several instances where Dr. Refik Bey defined the relationship that the Turkish government and the Rockefeller Foundation would have.

The first instance of this came when Dr. Refik Bey talked to Dr. Gunn about making a report about the state of health in Turkey. Dr. Refik Bey refers to the people of Turkey as uncultured and their practices as primitive. Dr. Gunn responds by saying Dr. Collins, the man who will research the report, was well aware of the primitive conditions that existed in America as well and that any criticism that was made by the report would be “constructive.”<sup>91</sup> One can see here that Dr. Refik Bey played into the ideas of the Americans that Turkey was a backward country, and by admitting this to them, he ingratiates himself to those he seeks advantage from. Additionally, Dr. Refik Bey felt out Dr. Gunn by giving him this observation and waiting for his response. Dr. Gunn’s response admitting to existing primitive conditions in America gives the

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<sup>90</sup> “Interview between Dr. Gunn and Dr. Refik Bey,” February 16, 1926, pp 1-7, Folder 3467, Box 237, RG 5, Series 1:2, FA115, Rockefeller Foundation Records (RF), Rockefeller Archive Center, 1-8.

<sup>91</sup> *Ibid.*, 3.

impression of a partnership based upon respect, rather than one based on subservience. To Refik Bey, this would be an essential factor in continued cooperation as putting Turkey in the debt of a foreign power would go entirely against the wishes of the Turkish leadership at the time. So, by allowing the Rockefeller Foundation to put down Turkey's "backwardness" and them not taking it, he ensured that his partners were trustworthy.

Dr. Refik Bey then had the chance to show his influence and resources of the Turkish government regarding housing for Dr. Collins. In this exchange, Dr. Gunn asked Dr. Refik Bey what the housing situation for Dr. Collins would be. Dr. Refik Bey responds that the arrangements are underway, and a fully furnished apartment should be ready for Dr. Collins and his wife by the end of that June. When Dr. Collins expresses that he does not need any luxurious furniture, Dr. Refik Bey responded by saying that all expenses will be paid for by the Turkish government and that if Dr. Collins should face any inconveniences that he and the Turkish Secretary of State would personally see the inconveniences fixed.<sup>92</sup> Here Dr. Refik Bey showed off the power that he wields in his own country. With this, he communicated to the Rockefeller Foundation that he was someone that could get the programs they had in mind to happen. This influence made him a much better-looking candidate for aid as the Rockefeller Foundation would not give aid to those, they felt could not make any improvement.

Throughout the 1920s, the Rockefeller Foundation and the government of Turkey sought to define what their relationship would look like. Each country sought to prove to one another that they were able to hold up their side of the relationship. For America, it was proving to the Turkish government through instances like Dr. Refik Bey's visit to America that American

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<sup>92</sup> Ibid., 1-3.

medicine was something to be respected and emulated and that there was enough money in America to extend this system to Turkey. For the Turkish government, it was a process of defining where they stood in the relationship as they did not want to become dependent on the graces of a foreign power. Dr. Refik Bey achieved marking these boundaries by showing his displeasure at the instances when the Rockefeller Foundation failed in their duties, like at the malaria lab in Alabama. By the end of the interactions that the two countries had, it was apparent that the Rockefeller Foundation would play a supporting role to the Turkish government while they built their medical infrastructure, and the Turkish government would very much remain an equal partner in the process.

## ❖ Conclusions

When the Rockefeller Foundation came onto the scene in Turkey, the country was in the midst of a civil war. Once the war had ended, the new government sought to legitimize their rule through the use of medicine. By addressing this field, Turkey showed to its people and the world that it was capable not only of taking care of its people but also of joining the ranks of the “civilized” nations that espoused the wonders of science.

Indeed, if there was an area of progress that would give an immediate and recognizable change in Turkey, it would be the construction of a modern medical system. Years of war left the country reeling with debt and lacking in the necessities of healthcare. There was a lack of doctors and only one school to train them. Public health was at a low as there was not enough money to fix all of the sewers or replace hospitals that had been damaged or destroyed during the wars. The countryside was even worse as the majority of all medical services were concentrated in the cities. To fix this problem, the Turkish government sought help from an organization that considered a non-threat to their national goals.

This situation is where the Rockefeller Foundation came in. Since the Foundation was based in America, it was immediately more trusted than any of the imperial powers that were carving up the Middle East at the time. Additionally, the ally of the Ottoman government, Germany, was in no condition to extend aid to Turkey. This situation made an American aid organization, from a country that had not been devastated by war and with no immediate designs on the territory of Turkey, especially appealing. The American government, however, was entering a period of isolationism after the first World War. This then made the Rockefeller Foundation, a



nongovernmental American aid organization with experience in medical aid in foreign countries, a much more accessible option.

The Rockefeller Foundation, for its part, was more than happy to send aid to Turkey as they were interested in the areas since before the end of the Turkish War of Independence but were unwilling to send aid without a clear winner of the war. The Rockefeller Foundation additionally saw itself as a way to spread American influence to the area of the Middle East. While the sources show a genuine concern with the health of the region, they also showed the belief in the superiority of the American sciences and a desire to spread the American way to Turkey and beyond. The Rockefellers themselves had deep ties to the American government, and many of the chairs of the Foundation would, at some point, also hold a prestigious office in the US government. It was certainly not a detriment that the officers saw themselves as spreading American influence to Turkey as, for the most part, the Turkish government admired the American system and the two organizations worked to deepen ties between not just the governments of the two nations but also the people by expressing similar values.

Despite their apparent admiration for the American model of medicine, the Turkish government was not willing to make itself a junior partner in their relationship. Within the interactions between the Rockefeller Foundation and the Turkish government, it was made very clear that the Turkish government was in control of what happened in Turkey. This took the form showing of prestige. When Dr. Refik Bey saw a problem on his visit to America, he would compare it to his country and how it was better. When creating programs for public health in Turkey, the Rockefeller Foundation always had to run it by the Minister of Health and were never free to follow their ideas without approval. This is not to say that the Turkish government was not extremely cordial to the Foundation, as it would play into the Foundation officer's ideas

of the Middle East by calling their systems “primitive” and making sure that the Rockefeller Foundation had easy access to the highest echelons of the Turkish government. What is apparent is that the Turkish government refused to be relegated to a supporting role in their own country.

What is learned through these interactions is that the influence that one country has on another is never as one-sided as it may first appear. At first glance, it indeed looks as if America is spreading its influence into Turkey through the proxy of a medical aid organization. Upon further inspection it becomes clear that the Turkish government is taking the parts of America it wants and ignoring the parts it does not. Dr. Refik Bey is never relegated to a supporting role, and the Rockefeller Foundation must always strive to make him happy, not the other way around. The Turkish government at the time had a plan for progress that it was unwavering in implementing. It may have believed that the aid of the Rockefeller Foundation was the best choice, but they were aware that it was not the only choice, and their awareness of this could be levied against the Foundation as it sought to prove its methods as the best.

It also becomes apparent that medicine can be used for goals other than improving the health of a country. The Turkish government used medicine as a tool in order to reach into the lives of its citizens. So, at the same time it was gaining legitimacy in the eyes of the people by caring for them, the state was also tightening the vice on its citizens. It is important to remember that the reforms and laws created in the name of national survival and public health effected the people in a very intimate level. Some people were not allowed to get married, children were taken and put in special schools, whole villages were relocated, all of this in the name of public health. It is a great example of a good thing being used for the wrong purposes.

We also see that the actions of a nongovernmental organization do have a reflection on the country of its origin. If one looks past the point of the wheeling and dealing for the character of

the relationship between the Rockefeller Foundation and the Turkish government in the 1920s, they see that America becomes the model for many progressive reforms well into the Cold War. Things such as industry and the liberal arts start to be promoted after the Second World War among the American model, and Turkey falls squarely on the side of America during the decades-long power struggle of the Cold War. This likely would not have been possible without the initial contacts made by the Rockefeller Foundation so that when the American government came out of its period of isolationism, it already had a friend in Turkey.

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