LIBERIAN STUDIES JOURNAL
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in America. This traumatic odyssey was transmitted through oral tradition and in written history from generation to generation in Liberia well into the twentieth century. The "founders" had no interest in the reproduction of a society based on the unique racial divide and slavery left behind in the United States, nor in their minds to allow the imposition of a colonial bifurcated state that a developed sanitation system might bring for certain. Hence, they imposed preventable measures of an exclusive nature to slow the importation of racist ideas and settler societies from the West. First, provisions in the Liberian Constitution prohibited Euro-Americans or Europeans from owning land. And Article V, Miscellaneous Provisions, Section 12 and Section 13 of the Constitution of the Republic of Liberia, July 26, 1847, and amended through 1955, prohibited the right of persons to hold private property unless they were of Black Liberian descent and citizens of the nation. Second, although a republic since 1847 and unlike the colonial bifurcated states, Monrovia, the capitol, remained a mere hamlet of less than 5,000 of Americo-Liberians, and without ports, transportation system, electricity, roads, and pipe-borne running water. The rest resided in the coastal regions of Bassa, Sinoe, and at Harper adjacent to the Ivory Coast. Two intentions of these settlements were the control of custom duties of international trade and defense against French partition. Third, the Liberian government provided inadequate support to public health and allowed the threat of epidemics to fester in order to stall the presumption of European "take-over." Some sixty years after its colonial neighbors, Liberia waited until colonial "take-over" was no longer a threat and laid its first pipe-borne water system in urban Monrovia in 1953. The central thesis of this paper is that the Liberian government intentionally feigned attempts of cooperation with the West to develop sanitation measures in order to maintain an image of the nation as undesirable to white settlement from 1912-1953.

Firestone Rubber and Tyre Company was the major foreign company in Liberia during the early 1900s and placed health needs first. Tropical expertise in medicine was indispensable for an alien work force, and Tulane University and Harvard University were the only two tropical disease centers in the United States. In 1926, Firestone donated $20,000 to Harvard University in a medical and biological survey expedition to Liberia. The one physician and seven scientists were experts in tropical medicine and conducted the most thorough medical and social history of Liberia. The Harvard University Expedition conducted investigative efforts into the Liberian interior, which had received scant attention up to this time. The region lacked both a doctor and pharmacy with Western medicine. The Expedition omitted, however, the fact that this was the zone of the indigenous doctors known as the Zoos, surrounded with the location of some forty-six medicinal plants used for medical treatment of the interior people. Soko Sacko (1864-1969), who had studied in Côte d'Ivoire and became a civic minded patriot, was the most known herbalist eye doctor at Zorzor; he later served as a liaison between the Liberia Frontier Force and the towns people; and further became the first paramount Chief of the Mandingo people at Sanniquellie. The Expedition,

Liberia and Containment Policy Against Colonial Take-Over: Public Health and Sanitation Reform, 1912-1953

Adell Patton*

The independent Republic of Liberia was surrounded by colonial governments in West Africa by 1900. In the colonial territories the European population had grown in numbers. Because of the Germ Theory of Disease of 1880, it became known that bacteria spread disease, and the use of quinine had slowed the morbidity and mortality rates of Europeans from malaria and improved their health conditions in the region. Colonialism, however, created new urbanization clusters, and modern new disease environments. By bringing African people together from different disease environments for the first time, colonial transportation systems allowed for the unprecedented diffusion of diseases, such as yellow fever, tuberculosis, influenza, plague, syphilis, cerebrospinal meningitis, trypanosomiasis, schistosomiasis, malaria, and other infections. In order to control the spread of these diseases, colonial governments developed medical departments, preventive and curative medicine programs, pipe-borne water supplies, sewerage, refuse collection, hill station segregated housing, and enacted quarantines on the occasions of epidemics. Even though Liberia was founded as an American protégé and remained unofficially as an American protectorate, adjacent colonial regimes had claimed some of Liberian territory and had treated some of the indigenous people within the republic as independents. Both Francophone and Anglophone governments were constant threats to the governing Amero-Liberians, who remained vigilant and protective about their sovereignty.

This Liberian mind-set was of long standing. It had been inherited from the intersections between slavery and racism in the US and in the African American settler disposal to Liberia. Standing past US historiography on its head, the descendants of the American-Liberians had come not through 'benevolent' means from the US but through their 'non-benevolent' flight from slavery and racism. The American Colonization Society of Free People of Color of the United States (ACS) sponsored the freed African-American settlers, known here as the 'second Liberians' and mulatto-dominated, through the process of disposal from the US to assure Southern slave owners. Colonization to Liberia was an alternative to the trauma that integration would bring

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however, provided additional comments on the status of sanitation in Liberia and health personnel that dovetailed with later public health findings: "There is among the Liberian people no health organization of any sort anywhere in the country, no public health laboratory of any description, and no adequately trained sanitary or physician. The government had selected a two-storied house formerly used as a residence in Monrovia, as a hospital while we were there, and had placed in it a few beds, several of which were occupied by patients in charge of a poorly qualified Liberian physician and nurse." Dr. David W. Payne of the Bassa ethnic group was the physician in residence in the report. He was the first Liberian trained doctor of the twentieth century and entered Meharry Medical School in 1901 and may have graduated in 1904. He actually never practiced medicine because the government made him Secretary of Education. In 1927 Firestone donated $5,000 to the Harvard School of Tropical Medicine for an in-depth analysis of a preventive serum for yellow fever. Another $5,000 was given to Dr. George Schwab of the Peabody Museum of Harvard to reconstruct an ethnography of the Liberian peoples. Shortly after the Harvard Expedition departed in 1927, the Liberian government established a hospital in the German cable station at Monrovia, and the Lutherans had a hospital at Muhlenburg, fourteen miles North of Monrovia. President C. D. B. King (1920-1930) of the True Whig Party began the first organized development of sanitation work activities around Monrovia in 1928 and supported measures for the treatment of the indigent sick.

Firestone expanded its infrastructure that improved health conditions around its plantations between 1926-1933. Development required laborers and health care. Firestone expended $275,000 in the construction and maintenance of 125 miles of roads around its rubber plantations and gave the government $63,000 to improve its road system. A public radio service was built at the cost of $30,000 to provide communications that linked Liberia, the United States, and other countries. Even more, a trade school and farm were established for the indigenous costing $10,000, and a German philologist was retained to write an orthography of the Kpelle language for the first time. In 1933 Firestone built a hospital at the cost of $56,000 with an additional $200,000 expenditure. Health care was made available for thousands of Liberians workers and even some curious Zozos or herbalist doctors came for treatment. White American physicians were in charge of the Firestone medical establishment.

Dr. Paul Willis (M.D.) was the first Medical Director for the Company and in time had to return to America due to ill health. Dr. Justus B. Rice (M.D.) succeeded Willis; he had two assistants to help him take care of Firestone employees. Dr. W. O. Wehrle, a German doctor and medical practitioner from Tanganyika with the German forces in 1914, came to Liberia in 1924 and hired by Firestone in 1934; hence, he may have been one of Rice's assistants. Wehrle, however, served as local leader of the local Nazi group in Monrovia. Hence, Wehrle's presence in Liberia added a new dimension to racist clinical practice and segregation at Firestone in his observations of Liberians, especially in his discussions with Western legations about Liberians inferior and comparative cognitive intelligence levels in hospitals, clinics, and sundry. Liberia was now laden with multiple theories and practices about the anomalies of race on the Atlantic coastal littoral. The interplay of the unhealthy image of Liberia on both sides of the Atlantic began between 1912 and 1929. Rising anti-white sentiments among Afro-Liberians became the raison d'être in both years for resistance to sanitation reform. Members of the Western diplomatic corps had increased in Monrovia and without immunities to African diseases. It was not until the 1929 Yellow Fever epidemic that legates from the West demanded sanitation reform. Knowledge of the disease reached the medical establishment as early as 21 January 1929. But the Republic stalled and tactically delayed sanitation development. In February 1929, eight deaths were reported from yellow fever, and with the exception of one “American Negro child,” whose family had moved to Liberia from St. Louis, Missouri, and another “American Negro” male, they were all Liberians. The Liberian government had effectively kept its silence on the disease until this time.

Miss Maryland B. Nichols, an American missionary at Bassa, Liberia, died from symptoms suggestive of yellow fever. Miss Mary Bunney, an American doctor, came from the School of Tropical Medicine-London on a fast boat around 5 May, the Elder Dempster Steamship Line at Monrovia reported that the colonial territory of Freetown, Sierra Leone had declared a quarantine against Monrovia in March because of yellow fever. On 7 March, Stg. T. Elwood Davis, Director of Sanitation for the Liberian government, finally distributed posters warning citizens to make their premises conform to the new sanitary regulations (Figure 1 on next page).

Mr. William T. Francis, an African American diplomat from Minnesota in Liberia from 1927-1929, and who had been forwarding dispatches to the U.S. State Department about the epidemic, died himself from yellow fever in 1929. Francis was buried in St. Paul and buried in Nashville, Tennessee. Foreign diplomats complained constantly about their sufferings from the poor health conditions of Monrovia. The yellow fever crisis of 1929 was a major concern on both sides of the Atlantic that inspired consultation between the US and Liberian governments. Expatriates suffered illnesses and deaths but the effects on the Liberian nation as a whole remained marginal. The Liberian government accepted the offer of the United States Public Health Service (USPHS) in 1930 to conduct an eighteen month survey of sanitation.
DEPARTMENT OF SANITATION,
CITY OF MONROVIA.

NOTICE. NO. 1. 29.

The public from time to time has been warned of the consequences of the violation of the existing Sanitary Regulations, therefore WITHOUT FURTHER NOTICE RIGID ACTION WILL BE INSTITUTE AGAINST ALL VIOLATORS.

Any yard found to contain: empty bottles, tins, water barrels uncovered, discarded dishes, or any thing in which mosquitoes may breed, or containing trash, weeds, excessive scrubbbery, cess pools, or a FILLED W. C., OPEN W. C., from which offensive odors may escape or accessible to flies, or an OPEN WELL, will be considered unsanitary.

All persons owning vacant lots which contain weeds, or useless scrubbbery, are warned to clean and dispose of all trash WITHIN TEN DAYS from date hereof, or action will be taken in accordance with "SPECIAL REGULATIONS 1927."

As no further notices or extension of time will be given, the public is hereby warned to immediately proceed to make their premises conform to Sanitary Regulations.

By order of the Municipal Board.

Sgd. T. ELWOOD DAVIS,
Director of Sanitation.

Sgd. S. G. HARMON,
Chairman, Quarantine Board, R. L.

Monrovia, Liberia,
March 7, 1929.

LIBERIA AND CONTAINMENT POLICY
for containment, this showed that the cabinet was correct on medical grounds. But the Municipal government, however, even refused Smith access to the monthly mortality records, closed-off the expenditure of $18,000, earmarked by the legislature for the “protection of foreigners,” and showed little concern over the lack of Liberians trained in sanitation personnel as the inspectors’ corps. With bottlenecks and frustration mounting over the lack of interest in sanitation reform, the U.S. Surgeon General through the Secretary of the Treasury ordered Dr. Smith to be released from his services to Liberia as of 21 December, 1930, and to sail at once for the US. Smith, who was on loan for eighteen months, left Monrovia in disgust after nine months for Freetown around 27 December, 1930, and on to England by 8 January 1931. For example, the Liberian government successfully resisted memorandum of agreement efforts by foreign interests to link sanitation regulations to funds sought for government usage.21

Samuel Rober, Jr. of the U.S. Legation at Monrovia wrote the following to the Secretary of State on 8 December 1931:

“The complete lack of interest and in many cases open hostility to the work of sanitary and yellow fever control has been repeatedly demonstrated by officials of this government and private citizens. It has also been established that this hostility has been in part due to the feeling that it was a measure primarily adopted for the safety and security of foreigners here resident, as the average Liberian both in Government Office and in private life has never seen the advantages of proper health control nor been educated as to its necessity. He merely perceives the inconvenience and personal discomfort caused by what he considers the bother and expense of it all. It would thus appear doubtful whether any successor to the former President [Charles D. B. King, 1920-1930, True Whig Party and West Indian] will be desirous of adopting and furthering an unpopular measure of this nature when his predecessor [President Daniel E. Howard, 1912-1920] was forced from office by the opposition to reforms, among which sanitary control was numbered, and when anti-foreign and anti-white sentiment seems daily to be growing stronger. This feeling is not confined to a single political group but seems to be shared by all Liberians but not the natives.”22

Americans and Europeans arrived on their career paths and departed in haste in order to escape further the virulent strain of the mosquito vector as agency for morbidity and death (Plasmodium falciparum),23 common to Equatorial Africa.

Liberia attracted a number of other physicians with questionable medical qualifications, most of whom may not have met the registration requirements in the neighboring Anglophone colonies with the Medical Registrar rooted in the medical reforms of 1858.24 Dr. G. Bouet, who also acted as the Chargé d’Affairs and French Consul in Liberia, and Dr. Rudolph G. Fuszek, a Hungarian, were the only European doctors practicing in Monrovia in 1931. Fuszek, who had arrived in Liberia from one of the German colonies in East Africa in 1918 and knowledgeable about tropical diseases, was known to be very autocratic with other doctors.25 He was able to position himself early as consulting physician to the Liberian elite and became very influential in the True Whig Party government. Hence, Fuszek may have been responsible for the enactment of the first Medical Board certification that began through acts of the legislature in 1927 and with himself acting in the similar role of a Chief Medical Officer as had long existed in the colonies.26

The infusion of foreigners into Liberia kindled public health needs. The government established a hospital in the German cable station at Monrovia, and the Lutherans had a hospital at Muhlenburg, fourteen miles North of Monrovia in 1927. President C. D. B. King (1920-1930) of the True Whig Party had begun the first organized development of sanitation work activities around Monrovia in 1928 and supported measures for the treatment of the indigent sick. Overtime Dr. Fuszek became the first Director of the Bureau of National Public Health and Sanitation in 1930-1940. Further travels of Liberian professionals abroad allowed for the recruitment of public health professionals to Liberia. This may explain the arrival of Dr. Solomon J. R. Edwards (M.D.) in September 1931, who was a “coloured Liberian ex-West Indian” medical officer but whose medical expertise lacked credibility; Dr. Leo Sajous (M.D.), a Haitian residing in Paris, France, came to Liberia in 1934 and departing only to return shortly before WWII and to heavily involved himself later in Liberian politics with the Polish government.27 In 1942 Sajous opened the Liberian Government Hospital in Monrovia and served as Director of Public Health and Sanitation. A Dr. Gieskann, an Austrian Jew refugee eye specialist, was assistant to Sajous along with Firestone doctors as consultants.28 Dr. George W. Harley (B.A., M.D., Ph.D.) had served at Ganta as a medical missionary in 1934 and did outstanding work as did Dr. Arthur Schnitzer (M.D.), of Hungarian Jewish origin, who arrived in 1935. Schnitzer later became the doctor to President Tubman and others in the Executive Mansion. (When he died in 1970, the Liberian Legislature honored his widow Mrs. Christine Schnitzer with an Act Granting Annuity To the Widow of The Late Doctor Arthur Schnitzer of $3,000.00 per annum for the rest of her life).29 T. Elwood Davis, an African-American, who served as a Colonel in the Liberian army, had been in the country since 1918 as superintendent of the Zionist Mission. The British legation observations of him in 1931 was critical indeed: “He very soon turned into a fake medical officer, in which career he supported by President King, who eventually made him Director of Public Health and Sanitation.... Dr. Davis or 'colonel' Davis—he claims to medical and military qualifications are equally slight—continued his careers as an imitation Public Health Officer and an imitation soldier under successive Administrations, and still enjoys his military rank. His career culminated in his appointment in 1931 to be special commissioner of the Liberian Government on the Kru Coast. He has acted as Superintendent of Cape Mount District since 1936, and his political influence is now of no account.”30 Hence, Liberia had an interesting
cohort of scientific professionals of multiple racial perspectives in addition to the United States government to co-exist with the anomalies of Firestone rubber.

The presence of the United States government, expatriates, and other foreign firms increased during WWII. Their presence further assuaged the Liberian mind-set about a possible white settler “take-over,” and Liberia gained access to imported public health knowledge and medical supervision. For example, the 25th Station Hospital from Fort Bragg, North Carolina, was activated on 24 March, 1942, and arrived off Marshall, Liberia, on 16 June 1942, to treat army troops and civilian support members involved in the war effort. Some “1040 Negro” troops were present under the command of twelve white officers as part of the Lend-Lease Agreement in 1942. Mr. Ossie Davis (1917-2005)—the same stage and Hollywood screen actor—was drafted into this unit in 1942 and served as surgical technician to both troops and indigenous inhabitants until honorably discharged in 1945. The aforementioned USPHS was also part of the mission. In 1943, President Franklin D. Roosevelt did a refueling stop-over from Casablanca, Morocco, with his press secretary Harry Hopkins. (This was the first time that an American president set foot in Black Africa.) Thereupon, the U.S.A. agreed to Lend-Lease funds for Liberia in efforts to contain the Vichy regime and Nazi Germany operations in West Africa. Infrastructural developments began on a mammoth scale in millions of dollars. Firestone provided an additional stimulus through export taxes to the government, land rents, import duties, and through payment of “hut tax” for every employed Liberian. Some 26,000 to 30,000 daily workers made up the labor force. The Liberian government placed an original limit of Firestone white employees at 1,500 and their families at any given time and only with the permission of the Liberian government might other foreigners enter the work force. Nevertheless, as journalist Howard W. French contends, “The Firestone plantation served as America’s strategic reserve of rubber supplies in World War II.”

In 1944-1945, The American Foundation for Tropical Medicine and Harvard Medical School and its School of Public Health had conducted a very successful exploration of all phases of trypanosomiasis or sleeping sickness in Liberia. As a memorial to the late Harvey Firestone, Sr. (1868-1938), Harvey Firestone, Jr., established a fund of $250,000 for the American Foundation for Tropical Medicine (AFTM) to build a permanent institute for research in tropical diseases in Liberia. The gift stipulated that ten leading medical schools hold joint responsibilities in the supervision of its operations. In a major departure from Firestone rubber’s racial policies at the times, the AFTM prohibited any restriction in regard race, creed, or color in its operations; that all information be disseminated equally; and that the AFTM provide the appropriate funds for operating cost. The AFTM approved of these conditions, and in early 1946, Dr. Thomas T. Mackie traveled to Liberia to meet with the Liberian government for the arrangement of a suitable site. The acquisition of building materials formed a difficult task and the original plans were put on hold. The National Institutes of Health (NIH) sent some of their staff members on loan to the Liberia Institute for targeted research. Construction moved progressively. The US Department of State announced on 8 February 1945, that it was sending Lt. Col. Dr. John B. West (M.D., Surgeon) to Monrovia and other sites in Liberia to introduce new public health initiatives. The USPHSM (Mission) would operate an experimental laboratory andoving clinics in Monrovia and in the interior. Dr. West, an African American and member of the USPHSM, was also its Director and well acquainted with health conditions in Liberia and submitted a series of reports in the respective months of service. The 17 April 1945, report indicated his arrival in Monrovia on 7 March, and with an agreement from the British Colonial Office to send Liberians to British schools for laboratory training. Cooperation between the USPHSM in Liberia and British Sierra Leone began on 14 March on the control of smallpox and tubes of vaccine virus of an affected village. The USPHSM reported on other diseases in the interior of Kakata and Monrovia took measures at isolation. By 25 March, West was joined by eight other USPHSM personnel that included a dental surgeon and assistant nurse officers. Persons going abroad were inoculated for yellow fever from vaccines given by the nearby US Army. The Liberian government paid for renovation of the hospital operating room, transformers and wiring, sterilization equipment, flush running water toilets, inspection of wells, and received other sanitation reports on the entomology of mosquitoes. Drugs arrive from the Mission Atlanta office and used to stock both the Monrovia hospital, and to Dr. George Harley (M.D.), Director of the Ganta Mission, in the fat interior. While Liberia made progress toward a unified public health consciousness under the USPHSM, the absence of roads for transporting personnel, materials, and equipment continued to hamper remote areas to extend disease control measures. Quarterly inventories showed the absence of body fluid replacements and a letter went out to the Red Cross for assistance. Dr. West observed that only five physicians were practicing in the whole nation of estimated two million and ended with a plea to allow at least two officers from the Mission to conduct private practice. On 2 May 1945, President William V.S. Tubman issued “A PROCLAMATION BY THE PRESIDENT” that “noticed residents of Monrovia and environs to permit representatives of the United States Public Health Mission to Liberia to enter the homes and spray or otherwise apply DDT to walls and ceilings for the purpose of killing mosquitoes...To give desired effect to this Proclamation, the representatives of the United States Public Health Mission to Liberia shall be considered as the representatives of the Government of the Republic of Liberia.” This presidential change in position was a remarkable turnabout in attitude in regard to sanitation reform when compared to the government’s staunch position against control measures of the yellow fever epidemic of 1929.

Dr. West submitted additional reports of USPHSM activities in 1945. On 11 April, Dr. Louis E. Middleton (Dental Surgeon) opened the first dental clinic in Liberia and saw approximately ninety patients in the first three weeks of consultation. Dr. C. L. Scarbrough, an American citizen and graduate of Howard University School of Den-
tistry, was also present, and being advised to become an understudy with Dr. Middleton. Sleeping sickness, or trypanosomiasis, was noted at Sanoquelli that effected eighty percent of the population. The Liberian Bureau of Public Health and Sanitation agreed to dispatch a medical office to investigate the findings. A Medical Arts School for nurse training was opened on 30 April in the Government Hospital with some twenty students registered. The nursing school began with no microscopes and had to borrowed books and skeletons from the Lutheran interior mission of Phebe Hospital then located at Zorzor and moved later to Central Province, now Bong County. Dr. West delivered the opening address. The Health Education assistant submitted articles to the local press that printed weekly articles on "Let's Talk About Your Health."56 The USPHSM had stepped up its health control measures at Monrovia and made the Liberian government aware of its public health responsibilities. More importantly, the USPHSM established communications with the British medical authorities in Freetown, Sierra Leone, with Liberia, with French Guinea at Bolshun-Kelahun, and with the US on information regarding outbreaks of sleeping sickness and smallpox in efforts to control diseases. Linkages were further established with Ganta and other interior missions hospitals. Advertisements of clinic and available drugs apprised villagers who arrived at Chem control diseases. Linkages were further established with Gambian and other interior missions hospitals. Advertisements of clinic and available drugs apprised villagers who arrived at them in increasing numbers seeking Western medicine.37

The real intent of the USPHSM in the long run appeared in a letter from the Acting Secretary of State Joseph C. Grew to the US House of Representatives, Congressman Clarence Cannon, Chairman, Committee on Appropriations. The US Senate threatened to reduce the appropriation of the USPHSM in less than one year of its operation in Liberia. Grew wrote to Cannon on 26 June, 1945, in response to having deleted items in H. R. 3199 restored by the US Senate through conferees of provisions on "page 23, lines 1, 2 and 3" that related to the Labor-Federal Security appropriation Bill. These items in questions of the Bill provided for the "Development and prosecution of a program for the control of communicable diseases in Liberia in cooperation with the Liberian Government." Grew wrote:

"The United States Public Health Mission which has been functioning in Liberia for nearly a year, is designed to prevent the spread of disease and disease vectors from Liberia to the United States and to other parts of the world. Yellow Fever, malaria, and other diseases are prevalent in Liberia and organisms carrying these diseases are easily transported by air. The Air Transport Command operates a large airbase through which planes bound for Brazil and the United States pass. Pan-American Airways have a seaplane base from which aircraft to and from the United States operate. The elimination of diseases which can be carried by air is of immediate concern to this Government, and likewise to the Brazilian Government, and the Mission has undertaken such work as an important part of its program."58

Grew noted further the presence of "American Negro troops" stationed in Liberia in compliance with a "Defense Agreement negotiated with Liberia." The USPHSM was charged with the prevention of diseases in places near the military base that the troops frequented on local leave. Since the Liberian government lacked both money and skilled medical technicians, Grew reported, the Mission had to provide safe water supply to both Monrovia and to hospital facilities. Grew reviewed next the legislative history of the Mission in Liberia: "This proposal obtained the strong support of the late President Roosevelt...in a memorandum addressed to General Watson on February 4, 1944, he stated 'I think we should do every thing possible to improve health conditions in Liberia. This should be taken up with the War Department and the State Department and Lend-Lease. I should like to have a report of the progress.'"59 Grew noted further that the program was submitted to the Public Health Service with primary support from the State Department with the idea of strengthening the US links with Liberia; that the War Department supported the military interest in Liberia and that the Mission presence was needed to support the military. The State Department, Grew ended, wanted the USPHS program continued. President Harry Truman included the USPHSM in his Point Four Foreign Service Mission Assistance Program to developing countries and funded the program with a budget of about $300,000.

In spite of the USPHSM assistance, the Liberian government continued to neglect its own health infrastructural development in Monrovia and in the nation. Dr. Joseph Naga Tagba (1915-2002, M.D., MPH, FACP, FWACP), who was of Kru ethnic descent, the prime agent of change. He had departed Monrovia on a row boat, which took passengers out to the waiting ships at sea, for medical studies in the US in 1937. He graduated from the "Negro" Meharry School of Medicine at Nashville, Tennessee in 1944, completed residency at the "Negro" Homer G. Phillips Hospital-St. Louis, Missouri, and upon acceptance of an invitation to work for the Liberian government, he returned to Monrovia in February 1946 and wrote in his autobiography:

"I was surprise to find [in 1946] that conditions were about the same as when I left in 1937. There was no port; we had to travel to shore by row boat from the ship which anchored out at sea. The streets were still unpaved, there was no electricity or running water. The paved only area in the entire capital city was the block facing the Executive Mansion. There was no public radio, no public means of transportation, not even a taxi. I arrived with an automatic Oldsmobile...the first automatic car in Liberia."60

Tagba reported further the existence of only twelve physicians in Liberia upon his arrival and not one Liberian until he became a member of the group. In 1946, he became Physician to the Liberian Government, which gave him direct access to the most powerful decision-makers, namely President William V.S. Tubman. He learned what public health meant to the Liberian government upon his appointment as Acting Director of the Bureau of Public Health and Sanitation, Monrovia, Liberia, in 1947:
"I soon observed that public health as practiced in Liberia simply applied to Monrovia and its environs. The work of Public Health was a matter of going along the streets to the homes of prominent officials in the Cabinet, Legislature and Judiciary. The grass and dirt around their homes were to be cleared. Garbage and dirt were not to be seen in certain places in Monrovia or else the Public Health was to take to task. As head of Public Health I changed things around. I let the President know that Public Health applied to all parts of Liberia and all residents of Liberia. President Tubman agreed with whatever I recommended for the expansions of the services throughout the country...I decided to conduct a nation-wide survey...The President gave me permission to survey the country. He notified the various Superintendents of counties and Districts Commissioners...There were few roads and still few airstrips for small planes to land. The government had a D.C. 3 airplane which could fly only to the capitals of certain counties...We traveled first to Cape Palmas, Maryland County, the home of President Tubman..."\textsuperscript{41}

In 1948 until 1953, Dr. Togba served as Director, Bureau of Public Health and Sanitation, and began new initiatives in sanitation reform.

Dr. Togba's three rapid appointments (1946, 1947, 1948) in the Bureau of Public Health and Sanitation occurred at a most propitious time. Dr. West, Director of USPHSM, had already conducted a study for pipe-borne water and sewage disposal in 1945. The engineering work of the Mission began in that year. A topographic survey of Monrovia and its surroundings was conducted as preparatory planning for a city water supply and the proposed port. This work resulted in a topographical map of the area, and a second survey was made to determine the best source of water for the "proposed municipal supply." The water courses near were tidal and contained salt water; the exception being at the upper extremities. Background information showed that in the rainy season, fresh water repeatedly forced its way down tidal points near the ocean. Monrovia was elevated from 10 feet above sea level along the lower extremities to 90 feet on Ashmun Street and to 250' atop Mamba Point.\textsuperscript{42} After investigations, the St. Paul River at Harrisburg—fifteen miles from Monrovia—was selected. An additional topographic survey produced a map of "the right-of-way for the water main from Harrisburg to Monrovia. This work was done in 1946. The report was then forwarded to Washington for further action."\textsuperscript{43}

In 21 January 1947, the Liberian government inherited the Mission report. The government responded by issuing a "MEMORANDUM OF THE GOVERNMENT OF THE REPUBLIC OF LIBERIA FOR THE FINANCING OF A WATER AND SEWAGE SYSTEM FOR THE CITY OF MONROVIA" through its Consulate-General Office in New York City. The purpose was to raise the money to cover development cost, and conversations of support with the US government were ongoing. The MEMORANDUM noted that the US government had authorized its Public Health Mission in Liberia to conduct surveys to determine "source and costs for the installation of such a system."\textsuperscript{45}

The Liberian government estimated the cost of the project to be $1,330,000.00 and sought to secure credit for this amount on the following conditions:

1. Requests the Import Export Bank, U.S. A. To advance the above sum on credit to the Government of Liberia;
2. A reasonable term be allowed for the amortization of same;
3. A minimum interest be charged in view of the fact that said credit is for an essential public utility;
4. That said utility be operated by a Company to be organised for that purpose;
5. The annual amount of the principal and interest to be amortised from the amounts received from the rate payments by consumers, after operating expenses are allowed; and in case of a deficiency in any given year, of the amount of the rate payments to meet the principle and interest amortization payments, the government of Liberia will undertake said deficiency.\textsuperscript{46}

Negotiations moved slowly but Liberia was now committed to improving municipal health conditions with a supporting cast of medical professionals.

As one may recall, Dr. West of the USPHSM initiated a modern sanitation system for Liberia as early as 1944. Over time, the Liberian government commissioned the Malcolm Pirnie Engineers Of New York City to survey and draw up a report on the matter for Monrovia, which was conducted in the dry season of 1947-1948. The financing of the installation got underway in 1949. Dr. John B. West resigned his post in 1947 as Director, USPHSM.\textsuperscript{47} The Export-Import Bank signed off on the agreement on 11 July 1951 with a credit line of $1,350,000, "to assist the United States and Liberia with the costs of equipment, materials, and services required for the construction of a water supply and sewage system..." The West African Constructors and the Liberian government signed a contract for the construction of the water supply sanitary system for $865,564.50. Without this construction Monrovia was becoming unbearable because of population growth. In review from 1947, the population at Monrovia was about 10,000, and rose to an estimated 17,000 in 1953. The demand for rubber, new harbor and dock facilities created activities that had swelled the population. Europeans and Americans lived in residents of foreign types with septic tanks. The rest of the population lived in "native hut villages scattered through the city. Some houses contain [ed] septic tanks, but foul-smelling outhouses are [were] most abundant. Frequently, unsanitary matter is removed from the huts and houses and deposited on the ground a short distance away. Cholera, dysentery, and other intestinal disorders are [were] not uncommon."\textsuperscript{48}
Dr. West selected Dr. Hildorus A. Poindexter (1902-1987) as his replacement in 1947. Poindexter had the support of Dr. George W. Harley (M.D.), head of the interior Ganta Methodist Mission, and who had been in Liberia in 1925. Poindexter graduated from Lincoln University-Pennsylvania Cum Laude in 1924. He went first to Dartmouth Medical School in 1925-27 but received the M.D. from Harvard University Medical School in 1929 with certification in tropical medicine. He enrolled in such courses as Medical Zoology and Tropical Medicine, Helminthology, Protozology, Tropical Entomology, Tropical Infectious Diseases, and students were required to read the series *Tropical Diseases Africa* written by the Harvard Medical School's two year African expedition. As one might recall, the Harvard University Expedition came to Liberia in 1926-1927 at the time of Poindexter's matriculation. Through a combined residency of graduate studies and pathology in internship at Columbia University and funded by the Rockefeller Foundation General Education Board Fellowship, he received the A.M. in Bacteriology in 1930, the Ph.D. in Bacteriology and Parasitology in 1932, and the M.S.P.H. in Public Health in 1932. Poindexter worked at Howard University from 1931-1943 and by 1935, he was promoted to professor, Head of the Department and Consultant in bacteriology and immunology to Howard's medical teaching center, the Freedmen's Hospital. In 20 January 1947, Poindexter began active duty with the United States Public Health Mission (USPHM) in Liberia at the rate of $9,000 per annum as Senior Surgeon with the direct approval of President Harry Truman, who by this time had made the USPHM his Point Four Foreign Service Mission Assistance Program to developing countries. Poindexter became the Director of USPHM in November 1948 with a working budget of $300,000, an experimental laboratory, and roving clinics. Since he had become a Master Mason in 1922, he was able to integrate himself very quickly into Liberian society through membership into the Liberian Freemason Institution Of Most Venerable Order Of The Knighthood brought over by the settlers in the 1840s. The Brotherhood was a powerful and exclusive order; only Liberia's upper class belonged and where mobility was determined, and where the one-party state of the True Whig Party made the major decisions effecting the Liberian government and peoples. Poindexter, however, wasted no time in the rendering of his medical and scientific expertise to Liberia. While staying away from Firestone because of its segregated facilities, his independent thinking and apparent aggressiveness seemed to have brought him into direct conflict with Dr. Togba, who makes numerous references to assistance that he received from the USPHSM but omits Poindexter in his autobiography. In the meantime, Poindexter omits Togba from his autobiography but left a paper trail in his collection on deposit at Howard University.

On 7 November 1951, Dr. Togba began to exert the power of his office and wrote the following letter on official letterhead:

"Dear Col. Poindexter:

Since June, 1951, the Mission of Public Health which you head should have been directly placed under the Bureau of Public Health sanitation, R.L. and is no longer a separate entity, but I observe that you still direct your monthly reports to the Surgeon General of the U.S. Public Health Service, U.S.A., with a copy to the Bureau of Public Health and Sanitation through the American Embassy. This practice is not agreeable with the Liberian Government and it is required that all future reports be directed to the Director of Public Health and Sanitation and directed to the Bureau instead of through Diplomatic channel [copied to “His excellency the Secretary of State, R.L.”]."

Poindexter responded the next day on 8 November 1951, in longhand with the name "Togba" scratched through and written again below it:

"Dear Dr. Togba:

Your letter...in fact state that the Liberian government found it not agreeable to the practice of submitting reports on our operations to the surgeon general of the U.S. Public Health Service U.S.A. These reports to which you refer are technical reports on operations your government approved between the 2 of us and policy reports or subjective reports in which the contents are controversial. You always receive copies of these reports for [your] information and I am always ready to [agree to any] method designed to correct any public [statement containing] defects supported by corrections in these reports. If there is a Liberian regulation which is violated by my sending a report to a surgeon general by whose service I am employed please send me that regulation so that I may read it.

Yours Very Truly

Hildorus A. Poindexter"
Shortly thereafter, Togba took up an another vexing issue mixed with gender to Poindexter in a letter of 21 November 1951:

"Dear Col. H. A. Poindexter:

Until such time that female technicians would be willing to accept along with the male out-station assignments, you are to refrain from having female students technicians, as the government is interested in using all technicians in the general trained [and] in the general nation-wide health program. The two young ladies who are in your graduating class. Like others therefore trained, are not agreeable to out-station assignments; therefore do not accept any application from any female student until you are advised by us to do so."54

Togba signed off with his signature and position. There is no extant reply known to the author. Poindexter thought of another way to ease the tension between himself and Togba. He recommended highly Togba to the Liberian Free Masonic Order, and Togba was accepted for membership in this exclusive institution. Togba wrote Poindexter a kind letter of thanks. But Poindexter went on to conduct outstanding laboratory research in the USPHSM facility on diseases useful in improving the health of Liberians and the world. He had published "A Laboratory Epidemiology Study of Certain Infectious Diseases in Liberia," The American Journal Of Tropical Medicine, Vol. 29:4 (July 1949): 435-442; and in the same journal "Epidemiological Survey Among the Gola Tribe In Liberia," Vol. 4 (1953):30-38, only to name a few of his many publications.

Poindexter continued in the USPHSM tradition and conducted numerous field investigative assignments in the interior that led to the reduction of epidemics:

"Prior to 1946 the records show repeated epidemics of smallpox at 5-10 year intervals, with a high continuous prevalence in the hinterland of West Africa. The United States Public Health Service Mission in Liberia became actively involved in the 1946-1947 outbreaks. The writer saw 42 cases of smallpox disease in the hinterland villages within one day with three deaths during the night. Smallpox disease was so rampant in certain villages that one could observe children who were four feet tall, but children who were three feet tall, but no children in between; and the people would say: that was the year that the epidemic came, and all the babies died, causing the gap in the height of the children...locally trained vaccinators undertook to vaccinate the entire population of Liberia against smallpox in 1946-1948...A 1950-1952 study of records showed less than one dozen cases reported for the entire country."55

The public health system of Liberia had made progressive strides since 1945 under both the USPHSM and Liberia medical professionals.

Nevertheless, public health innovations continued on several other fronts in the early 1950s. The dedication ceremonies of the Liberian Institute Of The American Foundation For Tropical Medicine occurred on 11 January 1952, at Harbel, Liberia. Dignitaries were numerous that included President Tubman and representatives of some fifty American pharmaceuticals, chemical, oil, other company types of contributors, and physicians. The facility naturally had a main laboratory, working wings, administrative section, animal and service buildings, bedrooms and staff houses, together with Liberian staff quarters.56 Dr. Togba, who was mentioned earlier and a member of the "old guard" of Liberian pioneer physicians, was a member of the AFTML Board of Directors in 1952. As a founding signatory member of WHO, Togba globalized Liberia's medical needs and had access to funding agencies beneficial to the country. Dr. Poindexter was a member of the AFTML Board of Directors.

The new US diplomatic upgrade for the American Embassy occurred at time that wrought renewed public health dividends to Liberia. The existing US diplomatic consul-corps in Liberia was raised from Envoy Extraordinary and Minister Plenipotentiary to Ambassador Extraordinary and Plenipotentiary on October 18, 1948. Attorney Edward R. Dudley, a non-career appointee and NAACP Legal Defense Fund member in New York City, became the first African American Ambassador in the history of the US Foreign Service during the Cold War era.57 The US alignment with Liberia served the US interests in the East-West rivalry in West Africa as a post to monitor any left leaning African activity.

Liberia, who had purposefully delayed the development of public health control measures of disease in order to discourage colonial designs on its sovereignty and who never had an integrated water and sewage system, reversed its forty-one years of resistance in 1952. Financed by The Export-Import Bank of New York, construction began at Monrovia of its first water and sewage lines. The water distribution lines was completed in June-July 1953, and the sanitary sewage system was completed in September-October 1953 at Monrovia. Public drinking fountains and latrines were dispersed all over Monrovia. Until this time in 1953, the people drank mostly contaminated water in the wet season ("200 of annual rainfall in Monrovia"), in the dry season, trucks hauled water into the city from Duport and from the port of Monrovia. People took water from open ditches and creeks, which were also used for washing clothes and for other personal needs. The US Navy had developed in the city two wells in the US Public Health Compound, and two private water systems but this was all. The new engineering feat improved these conditions in Monrovia based on the Liberian government commissioned surveys of the Malcolm Pirnie Engineers Of New York conducted in the dry season of 1947-1948.

In 1953, it was proposed that the new water and sewage systems be placed under the management and operation charges of an independent company. The sources of the water supply for the city were two underground lakes located on Bushrod Island and augmented by pumping water from the St. Paul River. Water treatment was crucial: "At Bushrod Island, the water is chloride to 3 to 5 parts per million residual chloride. No other chemicals are added to the water." Details were added to pumping the water through "18,200 feet [rough] a 16 inch pipeline to the Mesurado River
bridge by two Smithway Deepwell Pumps of 700 gallons per minute capacity for each. From this point, water may be distributed directly through the distribution grid, or may be carried by 12" pipe into a 600,000 gallon reinforced concrete reservoir atop Mamba point. All of the pipe throughout the system is cement lined cast iron pipe. The size of the pipe in the distribution grid ranges from 4" to 12". Water pressure will range from 30 to 90 lbs. per square inch throughout the system. There would be forty fire outlets, twenty-six public fountains and twenty-six public latrines; both were to be located near village huts as possible. The company was responsible for making the taps, billing the customers, collection of bills, and supervision of the system and installations. Each person who have taps between the ages of sixteen to sixty was levied a water tax of $2.00. A storm drainage was under construction as each street was paved but separate from the sewage system. The government would receive excess revenues.

The new public health measures that foreigners sought and loss for themselves over a forty-one year period, beginning in 1912, paid health dividends to Liberians of Monrovia in 1953. The US Ambassador Dudley summed up the benefits to the Department of State on 7 May 1953: "The establishment of a modern water system on Monrovia will make the city a much more healthful and desirable place in which to live. It will be more healthful because of the reduction of cholera, dysentery, and other intestinal disorders due to polluted water. Hook worms and other parasites should be markedly reduced by employing better methods of disposing human excreta and other wastes. Marshy areas, which breed mosquitoes and other larvae will be greatly reduced. Foul odors from outhouses, which cause nausea and general discomfort should be considerably reduced. These unhealthy conditions, which now effect the efficiency of the people, all add up to economic costs by loss in wealth produced to the entire community.

House construction costs can be reduced by the elimination of construction of huge water storage tanks, septic tanks, and the installation of water pumps. Much labor that was ordinarily employed in transport of water can now be diverted to other channels.

For the 'native' population of Monrovia, the installation of the water system with public water and toilet facilities available without charge (except $2.00 Water Tax) will probably be the greatest social and economic benefit which this segment of the population has ever received other than the public health facilities. Politically, these public water and toilet facilities will add much to the entrenchedness of the present administration. The convenience of a modern water supply system and the positive assurance of water will enhance considerably the ordinary amenities of life for the Liberian people."59

Ambassador Dudley qualified his premise by acknowledging his debt to consultants Dr. George Adams, Pathologist, USPHS in Liberia, Mr. John Neave, Civil Engineer, Hazen and Sawyer Engineering Associates, and Mr. William Reynolds, Civil engineer, Liberian Government. Ambassador Dudley and Dr. Poindexter, who had served Liberia with distinction, departed Liberia for the US in 1953. Dr. Togba continued his work as Liberian delegate and founding member of the World Health Organization, where he became the President, 7th World Assembly, Geneva, Switzerland, 1954-1955.

Conclusion

The central thesis of this paper is that the Liberian government intentionally developed containment strategies that delayed appropriate control public health measures in order to stave-off foreign settlers from 1912-1953. Liberians felt that improved public health and sanitation reform would make their nation attractive to foreigners, who shared a history of threats to Liberian sovereignty. The containment strategies of history were fourfold. First, West Africa was deemed the "White Man's Grave" in the 1850s because of its diseased environments and high mortality rates to Europeans. This undesirable image kept West African countries from becoming true empires until new medicinal prophylactics reduced the morbidity and mortality rates for Europeans in the 1880s, which paved the way for partition in 1884-1885 and colonial "take-over" of Africa by 1900. As an independent republic since 1847 and neighbors to these faltering countries to true empire, the Liberian government understood the need of maintaining its nineteenth century image of a disease environment that was carried over into the twentieth century. The French and the British had already seized some Liberian territory and threats to take more territory were constant reminders. Hence, Liberians resisted sanitation reform at the urging of the West in 1912, 1929, and well past WWII. Secondly, Liberian resistance prevented the emergence of intraprofessional conflict between white and African physicians in the health profession that had come so dominant among its Anglophone colonial neighbors; African doctors, for example, were placed on a separate registrar or "Color Bar" from their European counterparts. Hence, intraprofessional cooperation—not intraprofessional conflict—governed the health profession in independent Liberia. Thirdly, that the Liberian government began the relaxation of its containment policy of public health and sanitation reform was due to several factors: the WWII presence of the US armed services Hospital Unit Medical Service ("HUMEDS") in Liberia in 1942, the US President Franklin D. Roosevelt's visit to Liberia in 1943, and the United States Public Health Service Mission (USPHSM) to Liberia in 1944. The purpose of the Mission was to protect the health of the troops in the war time efforts and to control the dissemination of diseases from Liberia abroad. Dr. John B. West (M.D.), Director, USPHSM from 1944-1947, Dr. Hildrus A. Poindexter (M.D.), Director, USPHSM from 1948-1953, and Liberian Dr. Joseph Naba Togba (M.D.), from 1946 until 1990 in various capacities, were the medical "titans" who pioneered reforms of public health policy. In agreement with Liberian government and its new "Open-Door" policy of 1944 to allow foreign companies and sundry entries, the USPHSM and Firestone rubber initiated public health and sanitation reform through experimental laboratories and roving clinics into the...
interior. Liberian Institute Of The American Foundation For Tropical Medicine (AFTML) open its doors on 11 January 1952, at Harbel, Liberia. More importantly, the pipe-borne water and sewage development in Monrovia reduced diseases for all concerned in 1953 onward and set the model for what could be done beyond Monrovia. Thereafter, Liberia was laden with a new generation of physicians and health professionals that took charge and administered the next phase of modalities in public health for the nation. Fourthly, the Africanization of politics in colonial territories—the Rassemblement Démocratique Africain (R.D.A.) in French territories and the Convention People’s Party in the British Gold Coast—quickened Liberian optimism that colonial rule was soon to be replaced by independent African countries, who would foster no designs of a Liberian “Take-Over.” After all, and little known to written history, anti-colonial radicals owed the Liberian government for allowing its nation to serve as a “safe-haven of asylum” for them and for issuing them visas for travel abroad in preparation for another round in the independence struggle.

Endnotes

1. A Research Board Award (RBA) through the University of Missouri System, and the Department of History at the University of Missouri-St. Louis (UMSL), funded this project in 2000 to the UK, Liberia, West Africa, and to The National Archives-II, College Park, Md. National Archives-II will henceforth appear with RG, numbers and title. UK sources appear as PRO/FO. I express thanks to the RBA Committee and the usual disclaimer.


4. This “benevolent” reason for colonization must be qualified and re-assessed in American historiography. The “benevolent” reason for colonization appears in the ACS bylaws of 1816, Washington, D.C., and re-stated again by President William V. S. Tubman (1895-1971) in a letter of November 8, 1956 to Charles J. Smyting, Chairman of the Board, The Symington-Gould Corporation, New York, City. Tubman began with the following opening statement: ‘My dear Mr. Symington: Liberia was founded by American benevolence through a philanthropic institution known as the American Colonization Society which gave assistance during the early stages of the existence of the country.’ This letter appears in the popular editions of Wayne Chartfield Taylor, United States Business Performance Abroad: The Case Study of the Firestone Operations in Liberia (New York: National Planning Association,1959) and read by so many people employed by the U.S. Department of State and sundry. See African Repository and Colonial Journal, Vol. XXX:4 (April 1855):186; ‘From the Liberia Herald, Jan. 17, 1855’ on ‘benevolent’. This must be qualified for pedagogical reasons in U.S. history. This rebuttal can be illustrated in review of a resolution advanced by Mr. Zacharias Collins Lee of 1836 before The American Society For Colonizing the Free people of “Colour” meeting at Baltimore, Maryland:

5. This is a white man’s home. Let us labor, therefore, to remove from it now, by mild and benevolent means, the black man, before the conqueror’s sword shall, as it must, destroy and over whelm him.” The Lee resolution was adopted and through time the free people of color—mostly sons and daughters who were descendants from white fathers and African mothers—were on their way to Liberia, to the ‘Land of Ham’ as heralded by missionaries of the times. The origins of ‘non-benevolent’ sentiments expressed in the Lee Resolution might be linked to the comparative demographics of whites; see Stephen J. Whitefield, A Death In the Delta: The Story of Emmett Till (Baltimore: the John Hopkins University Press,1988), Chapter 1 ‘The Ideology of Lynching’.


12. Neely Tincker, "Century's first genocide, in Africa by Germans—BEFORE HOLOCAUST came '04 war," Arkansas Democrat-Gazette, Sunday, April 5,1998, A Section; 3, see Dr. Eugen Fischer, Rasse und Rassenentstellung beim Deutschland (Berlin: Ullstein, 1927); and for the role that blood and race played in the German nation see, Adolf Hitler (Facto only entered prison April 1, 1924, Mein Kampf, 1924, German edition 1939, etc.), translated by Ralph Manheim (1943) in Allan P. Grimes and Robert H. Horwitz, Modern Political Ideologies (New York: Oxford University Press, 1959), pp.444-448. Dr. Wheller's Nazi-orientation brought him into direct conflict with the Liberian government in WWII. At the end of May 1942, the Liberian government ordered Dr. Wheller to leave the country and by June, the other twenty Germans left; and in November, the German Consul and staff departed. In retrospect, the German contingent requires further elaboration regarding pseudo-scientific racism in Liberia. It is postulated here that Dr. Wheller already read his companion's book by Dr. Fischer—a prominent German scientist—titled The Principals of Human Heredity and Race Hygiene (1927). This publication came long after Dr. Fischer's October 4, 1904, eyewitness to the century's first Holocaust of the Herero in Southwest Africa, today Namibia. As one recalls, Lt. General Lothar Von Trotha ordered the extermination (Auswurftumbeifel) of the Herero, who died in the tens of thousands. He ordered the poisoning of the wells in the sandveld and surrounding the Herero with a 150 mile line Germain guard-posts to prevent their escape. As matters turned out in Southwest Africa, Fischer observed and analyzed mixed race children, who were the offspring of German and African women. In denial of their paternal ancestry, they reported that these children were inferior to German children. While in prison writing Mein Kampf (1923, German edition 1939), Hitler read Fischer's book which became the raison d'etre for his race theories against the Jews.
20. RG 59 882.124A/124 Box 7008, S. David Coleman to Mr. Charge d'Affaires (letter), U.S. Department of State, December 26, 1930; same RG/Box.882.12A/78,'Memorandum Agreement In Regard To Detail Of A Service Officer For Sanitary Duty In Liberia," December 30, 1930.
24. PRO/FO 371/3292, Liberia: Dr. Fuszek, June 1918.


28. PRO/FO 371 49339, "Leading Personalities in Liberia, 1945", Liberian Legislative Act and Resolution Honoring Mrs. Christine Schmitter, 1970. The Louis Arthur Grimes School of Law, University of Liberia, April 5, 2000 (Fieldnotes); Mrs. Inezza Cooper, (Liberian and widow of the late Dr. H. Nehemiah Cooper, B.Sc. M.D., F.A.C.S., FICS, FWACS), Interviewed on November 1, 1997 at Columbia, Maryland (Fieldnotes: Cooper-Patton Liberian Medical History Collection).


32. The American Foundation for Tropical Medicine and the Liberian Institute/Directors Employed by The Liberian Government as of September 1, 1960, (The Svend Holsoe Collection, Indiana University-Bloomington).


34. RG 59 882.12A/5-1245 CS/0, "USPHSM Health Missions Launches Campaign To Kill Mosquitos," Monrovia, Liberia, May 12, 1945.

35. RG 59 882.12/2654, Box 7138, "Transmitting Report On Public Health Service Activities In Liberia For the Month of April, Monrovia, Liberia, May 26, 1945; RG 59 882.12A/5-2245, Box 7138, same title and date.


37. RG 59 882.12A/6-6545, Box 7138, "Letter From Acting Secretary Joseph C. Grew To The Honorable Clarence Cannon, Chair, Committee on Appropriations, House of Representatives," June 26, 1945.

38. RG 59 882.12A/6-6545, Box 7138.

