Intervention Programs of Public Health: Rockefeller Fellowship, Dr. Adetokunbo Lucas, and the Development of Public Health in Nigeria, 1963-1986

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Abstract

This paper looks at conversations around global exchanges through fellowship programs for public health development by the Rockefeller Foundation (RF), focusing particularly on Dr. Adetokunbo Lucas. Studies about the history of transnational scholarships designed by RF have often centred on Western/Asian recipients with little or no significant discourses on fellows of African descent. By focusing on Dr. Lucas and the University of Ibadan, this paper examines how campus-based politics, fuelled and shaped by larger Cold War politics, interfered with the implementation process of the global public health agenda of the RF in Nigeria.

Introduction

In 1963, Dr. Adetokunbo Lucas was awarded a Rockefeller Foundation (RF) fellowship to study for a masters of science degree in the Department of Tropical Health at Harvard University School of Public Health. Before the start of his program at Harvard under the supervision of Dr. Thomas H. Weller, Dr. Lucas, a senior registrar in medicine at the University of Ibadan College Hospital (UCH), was recommended to spend four months in Cali, Colombia and a month in Panama at the Gorges Memorial and MARU laboratories, followed by a month in Jamaica at the University College of the West Indies. The goal was for him to study epidemiological techniques for developing countries. This elaborate arrangement was to help Dr. Lucas gain practical experience of projects in regions with socio-medical problems similar to those in Nigeria. The approval of this fellowship was based on the understanding that Dr. Lucas would return to Nigeria after his fellowship as the chair of the Department of Preventive and Social Medicine (PSM), University of Ibadan (UI). However, during Dr. Lucas's fellowship training in the United States, this position was advertised by Dr. Kenneth Dike, the director of UI, generating some reaction from the RF. The Foundation had anticipated that its fellow, Dr. Lucas, would return to Nigeria as a specialist with sufficient and up-to-date training strong enough to facilitate his leadership of a health institution, helping him to initiate informed health policies for the development of public health in Nigeria.
Regarding this series of events, my study asks the following questions:

a. How did Dr. Lucas become the head of the RF-assisted Department of PSM, and what were the roles or involvement of the Rockefeller Foundation in the numerous politicized discussions leading to the emergence of Dr. Lucas as the chair of the department?
b. How did an RF fellowship increase Dr. Lucas' global visibility, leading to his appointment at the WHO and becoming the pioneering director of UNDP/World Bank/WHO Tropical Disease Research (TDR)?

My research at the Rockefeller Archive Center enabled me to explore primary documents to provide answers to these questions. This paper intends to make an in-depth historical study of RF fellowship programs to support public health, research, and education in Nigeria, to show the Foundation's ambition to promote the well-being of people across the world. This study also seeks to analyse how the global ambition of RF was implemented on the ground, and how local academic politics interacted with, and influenced the implementation of RF intervention programs at the Nigerian University of Ibadan. By so doing, this report examines the controversy that ensued about the position which Dr. Lucas was expected to fill after his fellowship, and shows how the RF officials intervened in discourses that led to his emergence as the chair of the Department of PSM. Moreover, my research essentially also delves into the story of Dr. Lucas's activities within the WHO and the many political hurdles (particularly from the president of the World Bank, Robert McNamara) that he had to contend with. By focusing on one of RF's most distinguished recipients in Africa, Dr. Adetokunbo Lucas, this research will illuminate the role of fellowship programs in strengthening both individual and institutional capacities both in Nigeria and world over.

This report begins in 1963, the year that Dr. Adetokunbo Lucas was awarded the prestigious RF fellowship, and ends in 1986, the end of Lucas's ten-year tenure as the director of the World Bank/UNDP/ WHO Special Program for Research and Training in Tropical Disease (or TDR for short), supported by multiple foundations and aid agencies, based in Geneva, Switzerland.

In summary, this research tells a story of how a Third World public institution, the University of Ibadan, engaged with an unequalled 20th-century private philanthropy colossus, the Rockefeller Foundation. It particularly shows how the university sought to navigate its ways through the thick fog of Cold War politics to subtly control the RF's *modus operandi* in the latter's process of public health intervention in Nigeria. For example, in 1963, an RF official at the University of Ibadan responded to a growing rumour within the university, writing to RF office in New York that "there's no evidence at all as at yet that Dike or any of the other administration feels that they have us [RF] in their

pocket, but even this is likely to come sooner or later."[1] Therefore, my research examines the intersection between health and politics in two different scenarios; the first relates to RF's response to the perceived intention of UI, led by Dr. (later Professor) Dike, to circumvent its promise to appoint Dr. Lucas as the chair of PSM, and the second analysis looks at Mr. Robert McNamara's opposition to Dr. Lucas's leadership of TDR. For the purpose of this report, however, only the first scenario will engage my attention.

In 1913, the RF, a humanitarian foundation, committed to promoting the wellbeing of mankind throughout the world, started its fellowship programs in Latin America, beginning with two Brazilian-based medical institutions.[2] Following its intervention in Brazil, where Brazilian fellows later became leaders of public health institutions in their country, the RF significantly expanded its fellowships to Europe, Asia, and subsequently, to Africa. The Rockefeller Foundation's intervention programs in Nigeria, specifically its involvement with the University of Ibadan School of Medicine, began in the 1950s. Its program became integrated into the University Development Program (UDP) initiated by the US government in the early 1960s, with support peaking in the late 1960s and then progressively dropped to a minor level in the mid-1970s. RF's support in medical science-associated programs alone totalled approximately US$ 3,000,000 through a period when the total UI budget in the same field approximated US$ 200,000.[3] This generous support assisted in initiating projects and complementing efforts in critical areas that both the university's administrators and RF staff advisors considered to be of importance in the continuing development of medical school in Nigeria.

The RF fellowships and fellows themselves played a crucial but understudied role in the development of public health, as well as in capacity-building in Nigeria. This paper presents a preliminary analysis of the RF's fellowship program and fellows. as well as the Foundation's institutional and capacity-building in UI, and how the university academics engaged with this private humanitarian organization.

Dr. Lucas and the RF Fellowship: Becoming the Chair of the Department of Preventive and Social Medicine, UCH Ibadan, 1965-1975

An interesting document in Dr. Adetokunbo Lucas's fellowship file in the RF archives reveals:

> the question of Lucas being appointed professor was discussed with Dike. It was pointed out that we had given a scholarship to Lucas on the basis of Dike's promise that Lucas would be made head of the department of preventive and social medicine on his return. They are now hedging on this. Dike says that the post has been advertised, that Lucas will have to apply, and that he hopes Lucas will be the one to be appointed.[4]

Dr. Lucas was appointed as a clinician in the Department of Medicine, UCH (and initially had no official connection with the Department of PSM), working with University of Edinburgh-trained Professor Alexander Brown, a British physician and medical administrator, developing a new program of rural medicine that later translated into the *Igbo Ora* project. The program, which was generously funded by the Rockefeller Foundation, became a key feature of the University of Ibadan's medical school syllabus, enabling medical students to spend up to two months residence at the teaching centre in the Ibarapa district, a rural area some 60 miles from Ibadan city.

Two years after Dr. Lucas's appointment in 1962, the government of Western Nigeria led by the charismatic and visionary leader, Obafemi Awolowo, created a new university in Ile-Ife. Now (re)named after him, Obafemi Awolowo University, it occupied an expansive area of 25 square miles, making it the largest university campus in the world at the time. The new university appointed Professor Oladele Ajose, the first tenured African professor of medicine at the University of Ibadan, who was a prominent figure at PSM, as its first vice-chancellor. His departure created a vacancy in the PSM department, worsening an already understaffed problem in the department.

Efforts to support faculty members at PSM led Dr. Dike, an eminent historian at the Ibadan School of History, to propose to Dr. Lucas to move to the PSM department to assume the role of a lecturer, offering to promote him to the rank of a professor, in the hope that academic work in public health at the university would be significantly expanded.

After the appointment of Dr. Lucas as a lecturer in PSM in 1962, two British expatriate faculty members left the department, virtually leaving Dr. Lucas alone at the helm of affairs in the department. This development led the university management to seek help from diverse sources, including an invitation to Professor Herbert Gilles from the Liverpool School of Tropical Medicine. However, Gilles was leaving to return to Liverpool after a two-year appointment on leave, facilitated by the Rockefeller Foundation. So, he recommended, in correspondence with Dike, that Dr. Lucas should replace him as the head of the department. Gilles believed that Dr. Lucas's brilliant record, "winning most medals and honours in schools he had attended, thereby distinguishing himself as one of the most brilliant men ever trained in the University of Durham, King's College Medical School, Newcastle, up to 1962,"[5] matched the criteria for a head of the department. Moreover, following the appointment of Gilles two years earlier, the RF had suggested that a young Nigerian physician with public health training should be groomed for future occupancy of the chair of the department. Although Dr. Dike and the dean of medicine, G.M Edinson, said they were anxious to offer Dr. Lucas this opportunity, Dike wanted him to have a period of field training and research experience to see the best preventive and social medicine in the United States. But (as Dike noted), "there is a money problem needed for staff training especially for one who would assume the leadership of the department from Professor Herbert [Gilles]."[6]

It was under these circumstances that Dr. Dike submitted a recommendation letter to support Dr. Lucas's application for a RF fellowship, in which Dike assured the Foundation of his intensions to appoint Dr. Lucas as the chair of PSM after his fellowship. In his application dossier, Dr. Lucas stated that he "would like to have practical experience in a project in an area with socio-

medical problems similar to those in Nigeria."[7] He also wished to spend an academic session at the Harvard School of Public Health, to study modern epidemiology techniques and observe the teaching methods of social and preventive medicine.

Consequently, the Rockefeller Foundation provided a scholarship for Dr. Lucas to cover a period of eighteen months for him to have training to prepare him for the duties of chair of the Department of PSM at UCH. In the letter approving the fellowship for Dr. Lucas, Dr. Robert S. Morison (RSM), the RF's director for the Medical and Natural Sciences division clearly stated that "on the recommendation of Dike and Dr. Edinson, a fellowship is hereby approved for Dr. A.O. Lucas, an honors graduate of Durham University, Queen's University in Belfast, and the London School of Hygiene and Tropical Medicine, in the hope that he would be appointed chairman of the Department of Preventive Medicine at the University College Hospital, Ibadan, Nigeria."[8]

As the opening epigraph portrays, the director of the University of Ibadan, Dr. Dike, "hedged"[9] on the promise he made with RF. He advertised the position of the chair of the department, opening the position for other applicants, such as Dr. Theophilus Ogunlesi, and Dr. Onokogu, to compete with Dr. Lucas, while he was completing his fellowship training in the United States. It had been expected that Dr. Lucas would get this post, but now, he was certain to be challenged by Dr. Ogunlesi, the then-associate professor of medicine in charge of the Igbo-Ora scheme.

Whereas Dr. Dike's decision, despite initial arrangements with the RF, seemed like an effort to ensure that the best person received the job, his action in advertising this position represented a new low, as the RF office in New York saw it. However, Dike's decision was considerably influenced by the decolonization politics of the late 1950s and early 1960s, amplified by Cold War competition, whereby higher education became the arena for ideological propaganda.

Since the 1960s, the Soviet government had opened its doors to students from African countries, including Nigeria, to study at Moscow University (renamed after the murdered Congolese nationalist, Patrick Lumumba). The number of Nigerian students secretly traveling to the Soviet Union was so great that the Nigerian government considered options to halt the program.[10] Likewise, news of Nigerians studying in the USSR alerted the United States, which saw Nigeria, with its large population, as an ideal site to demonstrate to other countries undergoing decolonization phase, the benefits of cooperation with Washington. Viewing the growing presence of the USSR in Nigeria with concern, the US government moved to improve its ties with Nigeria, describing the nation in the eve of independence in the 1950s as "one of the handful of promising developing countries that will receive special assistance from the US,"[11] thus effectively entering the battle to control the minds of the decolonizing population.

Tim Livsey has illustrated how American presidents of the Cold War era encouraged American-based foundations like the Rockefeller Foundation, the Ford Foundation, and the Carnegie Corporation to consider channelling their grants to support major universities in developing countries in Africa, in general, and Nigeria, in particular. By so doing, the US sought to remake Nigeria into another America in Africa, an effort to establish its presence, values, and influence in Nigeria, an emerging regional power, and the largest Black nation on earth.

Thus, Dean Rusk, then president of the Rockefeller Foundation and later the secretary of state in Kennedy's administration, said in 1955 that "rapid change in 'non-Western underdeveloped areas' raised questions about whether they will be open societies, in the humanistic tradition of the West or be closed by dogma."[12] The main objective was to create a solid relationship with Nigeria to limit the expansion of communist ideology in the country and by extension, in Africa. This did not only emphasize the crux of the "domino effect" which prominently featured in American foreign policy thinking of the Cold War years, but also reveals the strong connection between political strategies and foundation assistance being offered to developing countries. This feature

suggests that philanthropic interventions in public health were tied to political agendas.

In the early 1960s, the University College, Ibadan was a great match for American foundations to pursue American interests with their grants. The university had just cut its ties with England in 1962, after Nigeria's independence in 1960, and was renamed the University of Ibadan. Although the United States' University Development Program (UDP) in 1962, a program that partnered US-based foundations (proposing 10-15 years of assistance plans to strengthen universities in developing countries), identified four universities in Nigeria, its projects, especially those funded by the RF, began at the University of Ibadan. The RF developed a fundamentally close relationship with Ibadan to the extent that Dr. Robert S. Morison (RSM) said that "if RF supported only one school in Africa, RSM would support Ibadan as it is well-known to RF, [Ibadan] is the most important school in the most advanced country of the areas, and Nigerians seem especially able and energetic."[13] It was under this plan that the RF assisted with the establishment of several departments at Ibadan and awarded fellowships to faculty members in these departments, including to Dr. Lucas in 1963, Dr. Ogunlesi in 1964, and Dr. Oludayisi Oduntan in 1965, among others. But in this regard, the US came in direct conflict with the UK, the colonial power in Nigeria, over the nature of British system of education in Nigeria.

While Nigeria maintained its non-alignment policy throughout the Cold War period, the impact of the interplay of the East-West ideological struggle, divided Nigerian academics into opposing camps of the Soviet Union and the Western powers. But there was also the fact (and more complicated problem) that the Cold War equally "increased, rather than bridged, Anglo-American differences about Nigeria."[14] Livsey has shown how British resentment over the growing influence of the United States in this British former colony shaped the relations between American and British staff who were faculty members within Nigerian universities and moulded the larger Anglo-American relations in Nigeria.

For example, both countries' struggle to control the Nigerian university curriculum was obviously highly intensive. For example, Lalage Bown, the British deputy director of Ibadan's extra-mural department, claimed that an American diplomat had offered to bribe her £30,000 to allow the Americans to alter the curriculum for the trade union course. The growing presence of Americans infuriated the Nigerian academics (within the University of Ibadan) who were not absolutely persuaded about the American philanthropies' agenda. They feared that foundations' programs were based on funders' vision rather than the recipients' needs. In the case of the RF, for instance, the Foundation's notion of public health was intrinsically linked with its activities in the United States. The RF officials believed that the public health curriculum at Harvard and Johns Hopkins (both of which had been created and funded by RF financial assistance) offered the best way in which public health could be approached (and taught). Therefore, (conservative) indigenous academic staff stood in check of American-based foundations within the university.

Consequently, Rockefeller officials, like Dr. Robert July, who attempted to promote American academic model of doctoral training in UI's Department of History, were fiercely resisted by Ade Ajayi, one of the foremost professors of history in Africa. July would describe Ajayi as "one of the strongest leaders who was anti-American education"[15] at the University of Ibadan. In a similar vein, a faculty member in the Department of Economics, Ojetunji Aboyade, urged Dike to be mindful of "what exactly the Americans are looking for in this great game of philanthropy." He went further to warn that "those who pay the piper should expect (even if they fail) to dictate the tune."[16]

The increased presence of the RF at the university led to more questions being asked about the interest of the Foundation in the university and in Nigeria, at large, so much so that the University Council intended to invite Dr. July, along with another RF official, to explain the RF's position and interests in the University. In a letter to the RF's office in New York, Dr. Weir said that:

> In the past couple of weeks, several people have asked me more or less point blank to explain the RF's position vis a vis the University.

> Clearly, the notion is growing around here that the Foundation has picked out Ibadan for special attention and there is curiosity as to what we think we want. I have managed to sidestep most of this so far, but it is bound to build up as time goes on just as we thought it would.[17]

In a response to this concern, the RF office in New York maintained that:

> …this question seems to be troubling a number of people at Ibadan. There is no need to sidestep the question. You could simply state our position as being one of interest in seeing Ibadan develop to serve as a graduate training center to produce academic personnel for institutions in Nigeria and other parts of West Africa…if you are asked to explain, I suppose you might also want to describe our thoughts on university development and state that in our opinion Ibadan is one of the important centres for this type of development in Africa…[18]

In this circumstance, therefore, the Cold War had not only illuminated the Anglo-American differences, but it had also divided indigenous academic staff along multi-layered ideological lines. They were divided as to their orientation within the West and between the two Cold War blocs. This background is important in understanding why local academics publicly showed resenting attitudes to the American humanitarian body, limiting the implementation of the RF agenda for the development of public health in Nigeria.

This kind of division often influenced the decisions of "who gets what, when, and how"[19] in the first generation of the Nigerian University of Ibadan. Dr. Lucas, a fellow of a US foundation, whom the RF seemingly intended to "impose" as the chair of PSM—as faculty members viewed it— was perceived to be representing American/Western style of education and an advocate of Western ideology. Thus, influential academics within the University "would not allow American neo-colonialism to be institutionalised in the newly independence nation."[20] Hence, advertising the position of the head of PSM by Dr. Dike could be understood within the context of this sharp division among the academic members, rather than a matter of choice.

Nevertheless, the RF threw its weight behind Dr. Lucas, exchanging several letters with the director of the University of Ibadan, to consider appointing its fellow as the chair of the department of PSM. From 1962 onwards, Wilbur Downs, an RF officer and a professor of epidemiology and public health at the Yale School of Medicine, began to visit Nigeria during his RF international project tour. Dr. Downs's diaries offer deep insight to understand the degree of conversation that RF had with the leadership of the University of Ibadan to ensure the emergence of Dr. Lucas as the head of the department. Downs's diaries, especially that of 1965 following the end of Dr. Lucas's fellowship stay in the US, illuminate the reluctance on the part of the director of the university to appoint Dr. Lucas. Dr. Downs revealed in his 1965 diary that after he had interviewed Dr. Ogunlesi and Dr. Lucas, he had a high level of meeting with Dr. Dike and outlined Lucas's situation as he saw it, "but got in return from Dike a non-committal recapitulation." [21]

Dike's hesitance to appoint Dr. Lucas to head the PSM department underscores the bold line between academic ethics, that is, professionalism and campus politics, that shaped the local implementation of the RF global health and development agenda. Whereas the University of Ibadan under the leadership of Dr. Dike had received generous support from American-based foundations more than other African universities, Dike seemed to favour British-trained Nigerians, appointing them in key positions in an apparent move to deny those who pay the piper to dictate the tune.

This goes to prove that while the Rockefeller Foundation provided financial and human capital support for UI, its director, Dr. Dike sought to maintain what the anti-American group described as the university's autonomy and keep it away from foreign control. Dike's position over the leadership of PSM became more problematic when Dr. Ogunlesi threatened to resign his leadership position with the Igbo-Ora project (known as the Ibarapa scheme), if he did not become the chair of PSM, even when he was unwilling "to relinquish his medical position (as head of the Ibarapa scheme) and health [infirmary] of 20 to 40 beds)."[22]

The Ibarapa scheme, a Department of Rural Medicine that was significantly funded by the RF, had been remarkably transformed and received numerous positive reviews from visiting RF officials, including Dr. Downs and Miss Virginia Arnold. In 1962, some RF visiting members had suggested that the project had developed enough, both in terms of the scope of its curriculum and human capacity, to perform the functions of preventive medicine. They submitted that there was no sharp line of demarcation between a Department of Rural Medicine and a Department of Preventive Medicine and Social Hygiene, thereby asking for both departments to be collapsed into one.[23] This shows the degree of Dr. Ogunlesi's achievements in Ibarapa. It is reasonable to maintain that Dike's preference for Dr. Ogunlesi was an attempt to expand Dr. Ogunlesi's responsibilities also to oversee the PSM department as excellent reviews often motivated funders to pledge more support. Therefore, an Ogunlesi leadership of the emerging department of PSM would not only pave ways for more foreign sponsorship, but would also pacify the anti-American education model within the university.

However, the Foundation prevailed over Dike. RF's officials, such as Miss Arnold and Dr. John M. Weir, Lucas's advisor within the Foundation, met with Dike and had a considerable number of confidential meetings. Miss Arnold would become profoundly instrumental to the development of the nursing department at UCH. A 1964 RF grant of $200,000 which Miss Arnold helped to develop, assisted in the establishment of the Department of Nursing, more than a dozen of whose staff members received RF scholarships and grants. The Department was the WHO's first designated regional center for nursing education in tropical Africa.[24] In recognition of her contributions to nursing education in Nigeria, Miss Arnold was conferred with a traditional chieftaincy title at the palace of Alake of Egbaland, in present-day Ogun state. It is expected that such a respected personality could influence campus politics and tilt it towards supporting the candidature of Dr. Lucas, a RF fellow. Strong recommendations poured in, in favour of Dr. Lucas, thus making it exceedingly hard to appoint someone else. While it is not exactly clear when Dike agreed to the choice of Lucas, Dr. Lucas's letter of appreciation to RF and Dr. Weir is an indicator of the Foundation's relentless support of him. Lucas, as head of PSM,

thanked the RF and Dr. Weir that "I also wish to thank you for your personal interest in my work and progress."[25]

The emergence of Lucas as the chair of PSM was a relief for the RF and rekindled its commitment towards the development of public health in Nigeria, providing an alternative channel of opportunities for promising individuals especially shortly after Nigerian independence. Cold War politics collided with campus politics and had turned the university campus into a site of ideological competition, limiting the implementation of public health intervention programs by international philanthropical bodies like the Rockefeller Foundation. On this note, therefore, it can be submitted that, beyond colonial failures and the inability of the emerging regime, campus-based politics, fuelled and shaped by the larger global sentiments, constituted one of the greatest challenges to healthcare and institutional development in Nigeria.

Professor Adetokunbo Lucas as the Chair of PSM

Prior to Professor Lucas' fellowship training, the hardly functional Department of PSM was described by RF officials as a "dead duck,"[26] and that Dr. Dike was aware of it especially since the departure of Professor Ajose who left the department to become the vice-chancellor of the University of Ife. The RF scholarship offered to Lucas was essential as it presented the university "the God-given opportunity to rejuvenate this dead department of PSM,"[27] in the hope of improving public health in Nigeria.

Following the emergence of Dr. Lucas as the chair of Department of PSM, the Rockefeller Foundation targeted the department for institutional support, providing training and employment opportunities for suitable candidates for medical statistics and environmental health. The RF also provided support for the two positions—statistics and environmental health—for five years until the university could take over the responsibilities. A department that started under Dr. Lucas with a research fellow as the foundation faculty member, now significantly expanded, through recruitment and training program. It employed

nineteen full-time faculty members, including one WHO-assisted lecturer by 1976. Expertise of the teaching staff covered epidemiology, statistics, social medicine, and environmental health. The nature of PhD theses produced by members of the department reflected the expansive specialities of academics under the leadership of Dr. Lucas. For example, Dr. Molly Dada's thesis was on malaria in pregnancy, Dr. Oduntan's on the study of the health of children of school age, and Dr. Oyediran's thesis based on the study of renal function in children infected with schistosomiasis, among others.

The department majorly focused its research on tropical parasitic and infectious diseases, showing continuity of colonial medical research pattern. However, fundamental research produced from the Department of PSM specifically on schistosomiasis, attracted global attention in that it challenged a dominant clinical argument that obstruction caused by schistosomiasis could be reversed by drugs. Hitherto, scientific research and teaching about this subject maintained that such obstruction was irreversible and needed direct surgical intervention. Emerging scientific investigation at PSM, UI, proved otherwise. Local scientists from a Third World African institution had produced a 'hypothesis' that called for an alternative approach to curing obstructions caused by schistosomiasis, arguing that the existing surgical method, apart from being capital intensive, increased the mortality possibility and should, therefore, be abandoned. Viewing this intervention as a challenge on Western scientific proficiency, the new findings from PSM came under rigorous criticism from researchers based at the London School of Hygiene and Tropical Medicine and from other experts. The controversy lasted for some time, but it was resolved in favour of the Department of PSM, Ibadan, when critics were able to confirm the Ibadan's PSM findings on their own patients.[28] This significant intervention by Ibadan PSM marked a watershed in global health and international scientific research, leading to the revision of global policy on the control of schistosomiasis. It created a departure from surgical means of reversing obstruction to drug treatment as the main tool.

The Department of PSM developed significantly under Dr. Lucas, also gaining the reputation of pioneering venereal disease (especially syphilis) teaching and

research in Nigeria. It expanded the scope of medical research beyond the frontiers of conventional environmental disease research, which heavily focused on malaria and other tropical diseases. Venereal diseases (VD) were exceptionally common in Nigeria during this period and, as Dr. Lucas noted in correspondence with RF, "not only is there no clinic anywhere in the entire city of Ibadan for patients with VD, there is no one interested in VD in the Ibadan Medical School."[29] Lucas's PSM assumed the responsibility to provide solution to this predicament, requesting the service of an expert in the field to spend several weeks in Ibadan to provide guidelines on the establishment of a VD department for undergraduate and postgraduate teaching purposes. In response, RF completed an arrangement with Dr. Richard R. Willcox, consultant venereologist, St. Mary's Hospital, London, and provided travel grant funding to enable him to visit the university.

Willcox's recommendation was well received and formed the basis of a proposal for the establishment of a Venereal Diseases and Treponematoses Control, Research, and Teaching Unit at UCH. The special treatment clinic is an inter-disciplinary program run by physicians from the Departments of PSM, Obstetrics and Gynaecology, and Medical Microbiology, ensuring multi-disciplinary approach to the teaching and treatment of sexually-transmitted diseases. The fact this clinic operated through the combined efforts of three teaching departments put the University's College Hospital on a global map as one of the few medical institutions in the world that met such standard advocated by the WHO's Venereal Disease and Treponematoses Unit.[30]

Dr. Lucas formed a collaboration with Dr. (later Professor) A.O. Osoba of the Department of Microbiology, offering him support for his field work. Dr. Osoba, in the company of Dr. Lucas, visited local brothels in Ibadan, Oyo state where he interviewed prostitutes and carried out clinical examinations, obtaining materials for laboratory test. This marked the first scientific-based investigation into venereal diseases like syphilis from the time when the disease became a great concern to colonial doctors and officials in Nigeria in 1919, the year in which incidences of sexually-transmitted diseases became endemic in the colonial army[31] and began to constitute administrative panic to the colonial

government.[32] Despite profound concerns expressed by colonial doctors about the prevalence of venereal diseases in Nigeria in the 1920s,[33] the colonial authorities did not consider it necessary to fund any research on these diseases. Therefore, the significant clinical difference between "symptoms and signs" were not taken seriously. Thus, patients who exhibited symptoms of any of the venereal diseases were considered or treated as syphilis patients, leading the colonial authorities to adopt uniform control measures for venereal diseases.[34] In the medical literature, syphilis is one of the numerous venereal diseases like gonorrhoea and granulomata that causes ulceration of the genitals. While these diseases can be clinically diagnosed, syphilis is a bacteriological diagnosis. Osoba, with support from Dr. Lucas's PSM, would be the first to obtain specimens and bacteriologically confirmed cases of syphilis since 1919.[35]

Dr. Lucas's continued connection with the Rockefeller Foundation paid off, resulting in a solid advantage which the PSM department leveraged on. His relationship with the RF offers insight to understand how fellowship support for an individual can have a snowballing effect, transferring benefits from the initial fellow to an entire institution. At Dr. Lucas's recommendation, the RF granted Osoba a training fellowship that funded his studies at the University of Liverpool, leading to the award of a diploma in venereal disease.

After less than a decade of intensive teaching and research at Ibadan PSM, developing new teaching materials like notes and handouts as those written in Europe and America did not address the medical realities in Nigeria. Dr. Lucas wrote the *Textbook of Preventive Medicine for the Tropic,*[36] published in 1973. This publication marked a bold withdrawal from the Americanised model of teaching public health. Decolonizing the public health curriculum for Ibadan PSM was not only fundamental in that it allowed scientists within the PSM department to focus more rigorously on local health challenges, it also profoundly persuaded the anti-American education style and heightened their support for Dr. Lucas. For instance, when Dr. Lucas assumed the leadership of the department, he noted that a faculty member within the university teaching hospital had criticized his professorship, basing his criticism on the fear that the University was not striving to maintain the very highest academic and

professional standards. Dr. Lucas would also note that the professor later "became very supportive of me on many issues and on many occasions." [37]

Over the fourteen years of teaching and research at Ibadan, various international agencies like the World Health Organization, the International Epidemiological Association (IEA), and the International Congress of Tropical Medicine and Malaria began to note Dr. Lucas's research interests and started inviting him to international health events at increasing pace. His increasing involvement with the WHO occurred both at the headquarters in Geneva and at the African Regional Office (AFRO) in Brazzaville, participating in a variety of WHO's events—travelling seminars, workshops, and scientific group meetings. These series of engagements with international organizations increased his global visibility and led to his appointment as the chairman of the WHO Expert Advisory Panels in 1967 to champion discussions on national and global surveillance of communicable diseases. He also served on multiple expert committees of the WHO like the one on the epidemiology and control of schistosomiasis in 1972, the WHO expert committee on malaria in 1974, and the WHO committee on smoking and health.

Consequently, Dr. Lucas was appointed the director of the Tropical Disease Research (TDR) in 1976, following the abrupt removal of Dr. Howard Goodman, the director of the program during its formative years. Lucas's episode at TDR offers some insights to appreciating the logic or essence of inclusiveness as TDR drew on experts' services across gender, race, and religions. For example, the Research Strengthening Group (RSG) comprised of scientists both from the Global North and Global South.[38]

Conclusion

As stated earlier, the emergence of Dr. Adetokunbo Lucas as the chair of PSM produced a sigh of relief for the RF as the implementation of global ambitions of the Foundation's fellowship program was not always successful in Nigeria. In 1962, Adadevoh Babatunde Kwaku, a medical student at the University of

Birmingham, was granted an RF fellowship at Harvard University School of Medicine, in the hope that he would become a lecturer in chemical pathology, UCH. But on completing his studies, Adadevoh wrote to the RF office that "as a result of recent events, it is becoming less likely that the University of Ibadan will be able to offer me facilities for my prospective work on arrival back in Nigeria. I have, therefore, started making alternative arrangements."[39]

There was also the case with Dr. Adebonojo Festus Olu, studying in Yale Medical School on a scholarship provided by the Ministry of Education of the Western Regional Government in Nigeria. He was awarded an RF fellowship to complete an additional year training in Yale with a prospective post in the Department of Paediatrics, UCH Ibadan. But towards the completion of his fellowship, the director of Ibadan, Dike, informed the RF that the Ministry of Education in Nigeria would not release Dr. Adebonojo to take up an appointment in UCH. Dr Adebonojo was infuriated by this decision and joined the staff of the Permanent Medical Group in San Rafael, California. He wrote a letter to the RF's office that "needless to dwell on the circumstances of my existence in Nigeria, especially professionally, left me no choice but to quit. The only alternative was to find employment outside of the country."[40] He would later solicit RF assistance to establish a medical school in the newly created University of Ile-Ife, but RF declined the request. Its investment in Dr. Adebonojo, as with Dr. Adadevevoh, had not yielded intended results, rather they had taken up roles in private institutions.

Dr. Adetokunbo Lucas's career trajectory provides insights into how foundation fellowship support can have a snowballing effect far beyond the initial grant. For example, in his autobiography, he writes of the various ways he benefited from his collaborations with the Rockefeller Foundation. His continuing connections with the Rockefeller Foundation undergirded his transformative efforts nationally and internationally and influenced his style of leadership especially his policy on awarding fellowships as the director of TDR. Dr. Lucas headed and transformed the TDR from the Ndola Center into a special global program, transforming the understanding of a truly effective global network, both through the extensive efforts of all the scientific working groups and their

grantees, along with the very important innovative work of the Research Capability Strengthening Group (RSG). All these groups drew on and supported expertise from around the world.

Bibliography

1. Rockefeller Archive Center, Rockefeller Foundation Records, RG 1.3 (Projects), Series 497 (Nigeria). Box 2. University College, Ibadan, 1961-1966.
2. Lin, Yi-Tang, David, Thomas, and Rodogno, Davide. Fellowship Programs for Public Health Development: The Rockefeller Foundation, UNRRA, and the WHO (1920s-1970s), in Eds. Tournes, Ludovic and Scott-Smith, Giles. *Global Exchanges: Scholarships and Transnational Circulations in the Modern World*. (New York: Berghahn Books, 2018).
3. Rockefeller Archive Center, Rockefeller Foundation Records, RG 3.2 (Administration, Program, and Policy). Underdeveloped Areas-Center Studies-Reports-Pro Unar-CS11, Wilbur G. Downs Diary and Appendix #1, 1979.
4. Rockefeller Archive Center, Rockefeller Foundation Records, RG 10.1 (Fellowship Files). Series 497 E (Nigeria-Fellowships, training awards). Box 327. Lucas, Adetokunbo, 1962-1965.
5. Rockefeller Archive Center, Rockefeller Foundation Records, Adetokunbo Lucas, Interviews conducted by Dr. J.M. Weir, 1962
6. Rockefeller Archive Center, Rockefeller Foundation Records, Fellowships, Series 497E, Box 327, 1962.
7. Rockefeller Archive Center, Rockefeller Foundation Records, Personal History and Application Form for Lucas, 1962.
8. Ibid.
9. In 1962, before the RF approved Lucas's fellowship application, both the dean of the Faculty of Medicine, Dr. Edinson, and the director of the University of Ibadan, Dr. Kenneth Dike, had assured RF and agreed in principle that Dr. Lucas would be appointed the head of Preventive Medicine should RF assist to train the physician with public health training necessary to groom him for future occupancy of the Chair. See Rockefeller Archive Center, Rockefeller Foundation Records, Lucas, Ref. No. R.2/184, Cables and Telegrams: University, Ibadan.
10. National Archives, Ibadan. Nigerian Tribune, 22 February 1962,
11. Livsey, Tim, *Nigeria's University Age: Reframing, Decolonisation, and Development*. Cambridge Imperial Post-colonial Studies Series (London: Palgrave McMillan, 2017).
12 Livsey Tim, *Nigeria's University Age: Reframing Decolonisation and Development*. Cambridge Imperial Post-Colonial Studies Series (London: Palgrave McMillan, 2017). P. 138
13. Rockefeller Archive Center, Rockefeller Foundation Records, RG 1.3 (Projects). Series 497 (Nigeria), Box 2. University College, Ibadan, 1961-1966
14. Livsey, Tim, *Nigeria's University Age*. P. 163.

15. Rockefeller Archive Center, Rockefeller Foundation Records, RG 1.2, Series 497, Box 1, Folder 2, Reported in Ralph K. Davidson, 'Ibadan Trip Diary.' February 1964, 72, 73
16. University of Ibadan Archive. Aboyade to Dike, a request for financial aid from America's great foundation' file UARSP. 14 March 1963.
17. Rockefeller Archive Center, Rockefeller Foundation Records, RG 1.3 (Projects), Series 497 (Nigeria). Box 2. University College, Ibadan, 1963
18. Ibid.
18. Lasswell, Harold, *Politics: Who Gets What, When, How*. (New York: P. Smith, 1936)
19. This kind of sentiment is often expressed by Nigerian academics. See Rockefeller Archive Center, Rockefeller Foundation Records, RG 1.3 (Projects), Series 497 (Nigeria). Box 2. University College Ibadan, 1961-1966; J.F. Ade Ajayi, *The University of Ibadan, 1948-73: A History of the First Twenty-five Years, (*Ibadan: Ibadan University Press), 1973; J.F. Ade Ajayi, *The African Experience with Higher Education*, (Columbus: Ohio University Press, 1996).
20. Rockefeller Archive Center, Rockefeller Foundation Records, RG 12, Diaries-W.G. Downs International Trips, 1965.
21. Ibid. Tuesday, April 29, 1965. p. 11.
22. Rockefeller Archive Center, Rockefeller Foundation Records. RG 12, Diaries-W.G. Downs International Trips, 1962.
23. Rockefeller Archive Center, Rockefeller Foundation Records, Staff Newsletter June/July, 1966.
24. Rockefeller Archive Center, Rockefeller Foundation Records, RG 10.1 (Fellowship Files). Series 497 E (Nigeria-Fellowships, scholarship, training awards). Box 327. Lucas Adetokunbo, 1962-1965.
25. Rockefeller Archives Center, Rockefeller Foundation Records, RG 1.3 (Projects). Series 497 (Nigeria) Box 2. University College, Ibadan, 1961-1966.
26. Ibid.
27. Adetokunbo, O. Lucas. *It Was the Best of Times from Local to Global Health* (Ibadan: Bookbuilders, 2010).
28. Rockefeller Archive Center, Rockefeller Foundation Records RG 1.2 (Projects). Series 497A: Nigeria, University of Ibadan Venereal Diseases-Willcox, Richard R. 1966-1968.
29. Rockefeller Archive Center, Rockefeller Foundation Records, Administration, Program, and Policy, SG 3.2. General Education Board. General Program and Policy, Series 900. Box 70. Program and Policy, Underdeveloped Areas Center Studies. 1979.
30. National Archives, Ibadan, Nigeria. MH 544, Venereal Diseases among African Troops, 1942
31. National Archives, Ibadan, Nigeria. MH (Fed) 1/1, Venereal Disease Control with the Services, 1919.
32. Aderinto, Saheed. *When Sex Threatened the State: Illicit Sexuality, Nationalism, and Politics in colonial Nigeria, 1919-1958 (*Urbana: University of Illinois Press, 2015).
33. National Archives, Ibadan Nigeria. C.S.O. 19/7/541, Venereal Diseases in Nigeria, 1919.
34. Oral Interview with Professor A.O. Osoba, the first professor of medical microbiology, University of Ibadan. Age 80+, Osuntokun Bodija, Ibadan, Nigeria. 12th April 2017. I obtained this account from him before he passed away in 2020.
35. *Textbook of Preventive Medicine for the Tropics* 1st Edition (London: English University Press, 1973).

36. Adetokunbo, O. Lucas. *It Was the Best of Times from Local to Global Health*. P. 122.
37. WHO Archives, WHO Special Programme for Research and Training in Tropical Diseases-Programme Planning-General, January-December 1975, File No, 2.
38. Rockefeller Archive Center, Rockefeller Foundation Records, RG 10.2 (Fellowship Recorder Cards). Series 9 (MNS), Nigeria. Box 13. 1917-1970s.
39. Ibid.