

The Rockefeller Foundation and the League of Nations: Cooperation in International Health

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The League of Nations Health Organization (LNHO) played a fundamental role in stabilization policies during the Interwar Period. Public health was considered to be the main factor in this historical context due to the consequences of the war, the postwar crash of the economy and many deep international crises. The LNHO was the cornerstone of international action in many health fields: epidemics, the fight against malnutrition and infectious diseases (malaria, tuberculosis, and yellow fever), infant mortality, drug abuse, the definition of standards (biological, dietary, etc.), the production and compilation of epidemiological records, and public health policies and professionalization. In the process of shaping international health expertise, the collaboration of the LNHO with the International Health Board/Division (IHB/D) of the Rockefeller Foundation (RF) was extremely important, both for the definition of goals and programs, as well as financial support.

The first contacts between the LNHO and the RF were through the RF's European office in 1920, immediately after the LNHO was established. In February, Wickliffe Rose, head of the Paris Office, sent a letter to George E. Vincent, president of the RF/IHB and enclosed a copy of a proposed health scheme for the League of Nations.¹ International consensus about the importance of public health experts emerged. These experts had great political influence since health was a prominent social and political category. Public health programs promoted by the RF were based on the creation of expertise in statistical evidence,

technical knowledge and practical training in the field. These experts would become authoritative references to state policies and national health services.

Interchange of Public Health Officials for Public Health Administration

Directly related to previous RF/IHB strategies, the Health Committee of the League of Nations saw as a cornerstone, the instruction of public health experts in the implementation of health policies, both nationally and internationally. Several lines of action were applied. Studies of how health care services were organized, how they operated in several European countries, sanitary regulations, the identification of health problems, and the private institutions involved were done. In accordance with the health ideology of the RF, the LNHO promoted interchanges between countries by funding visits of public health experts to study and discuss health care systems.

L'organisation de voyages d'hygiénistes en divers pays était une entreprise que les rapports étroits entretenues par le Secrétariat de la Société des Nations avec les autorités sanitaires des divers pays rendaient particulièrement aisée à exécuter. La Division d'hygiène internationale de la Fondation Rockefeller le comprit et facilita par une généreuse subvention l'organisation de ces voyages, dont le premier eut lieu en octobre 1922. Leur plan a été établi selon des formules diverses : certains d'entre eux furent réservés à des fonctionnaires d'hygiène publique, d'autres à des spécialistes de la tuberculose, de l'hygiène infantile, de l'hygiène scolaire, de l'administration sanitaire des ports, de la statistique démographique, etc. En 1930, six cents fonctionnaires, appartenant non seulement aux Etats membres de la Société des Nations, mais encore à certains Etats non membres –ainsi les Etats-Unis d'Amérique, le Mexique, l'URSS-, avaient déjà participé à des échanges de personnel sanitaire. Parmi les nations visitées, il faut citer presque toutes celles d'Europe, l'Amérique latine, les Etats-Unis d'Amérique, le Canada, l'Afrique occidentale, l'Inde et le Japon.

Ludwik Rajchman, medical director of the LNHO, sent a typewritten report on November 18, 1921, to the RF entitled *The League of Nations Health Organization: What it is and how it works.*² He had initiated the negotiations with Wickliffe Rose for an agreement of collaboration in international health between the League of Nations and the RF. With the approval of the Council of the League of Nations, it contained the following points:

- 1). This Agreement is made between the League of Nations, acting through its Secretary-General, on the one hand, and the Rockefeller Foundation, acting through the Executive Committee of the International Health Board, on the other hand, for the maintenance of an International Interchange of Public Health Personnel on an international scale.
- 2). The Health Organisation of the League of Nations will establish and maintain an International Interchange of Public Health Personnel as a separate branch of its work, to begin operations on October 1, 1922, or as soon thereafter as possible, and to continue for not less than three years, unless by mutual agreement between the League of Nations and the Rockefeller Foundation some other arrangement is made.
- 3). The work of the Interchange of Public Health Personnel shall be conducted along the following general lines:

“To bring public health administrators in different countries into closer relationship with each other.

To make comparative examination of the organisation of the legislation regarding public health in different countries.

The endeavour to obtain the cooperation of the public health administrations for the purpose of agreeing upon a uniform standard of public health and uniform regulations.

It is necessary accordingly:

- (1) To organise meetings of public health officials from various countries, and to make it possible for these officials to remain for a certain time attached to the health services of their countries, so that
 - a) They may have opportunities of exchanging views on health problems.

- b) They may have opportunities of acquainting themselves with the public health organisations of those countries, and with the manner in which the regulations are applied and with the duties of the health officials.
- (2) To make grants towards the expenses of sending from time to time a small number of public health officials to study on the spot the public health organisations in other countries, and the manner in which the regulations are applied and the duties of the health officials.”
- 4). Annual reports of the administration of the Interchange of Public Health Personnel will be rendered to the Council and Assembly of the League of Nations, and copies of these reports will be forwarded regularly to the International Health Board of the Rockefeller Foundation. Representatives of the Rockefeller Foundation will be kept closely and regularly informed of the activities of the interchange of public health personnel.
- 5). The Rockefeller Foundation agrees to pay an annual subvention to meet the expenses of the interchange of Public health Personnel, not to exceed 60,080 dollars a year for each of the three years 1922/1923, 1923/1924 and 1924/1925.
- 6). The Rockefeller Foundation agrees to pay the annual subvention in quarterly instalment, beginning October 1, 1922, directly to the Financial Director of the Secretariat of the League of Nations.
- 7). The Financial Director of the Secretariat of the League of Nations will administer the subvention paid by the Rockefeller Foundation as a separate Fund for the maintenance of the Interchange of Public Health personnel, to be known as the Interchange of Public Health Personnel Fund, and will make disbursements from this Fund at the direction of the Secretary General of the League of Nations, after a budget has been approved by the Health Organisation of the League.

- 8). The special accounts of the Financial Director for the Interchange of Public Health Personnel Fund will be audited as directed by the Council of the League of Nations.
- 9). Annual statement of account of the Interchange of Public Health Personnel Fund will be rendered to the Council and Assembly of the League of Nations, and copies of these statements will be forwarded regularly to the International Health Board of the Rockefeller Foundation.
- 10). The present articles of Agreement may be modified by the mutual consent of the Council of the League of Nations and the Rockefeller Foundation.
- 11). These Articles of Agreement have been approved by the Council of the League of Nations and will become effective on their approval by the International Health Board of the Rockefeller Foundation.

For the operation of the scheme on *Interchange of Public Health Officials*, it was proposed to hold four times a year a month long workshop at which fifty medical officers of health, commissioned by ten to fifteen governments, would be addressed by leading sanitarians. The medical officers would then proceed to work within the ranks of another public health administration for a further period of eight weeks. Since the beginning in 1923 regular interchanges were arranged to promote collaboration between health authorities of various countries and to provide opportunities to take advantage of experiences in the organization and administration of public health. Implemented at a national level, no international experiences in this sense existed, although public health problems were not national, but international in scope and extent, since hazards did not respect political boundaries. Post-graduate instruction was necessary since effective public health administration represented a process of continuous adjustment to the advances of science, and a re-measuring of the dimensions of the problems. Although the collective interchange was

primarily beneficial for individuals, benefits were also supposed to occur in public health services.³

The interchange program was maintained during the whole period of collaboration between the institutions and created a wide network of exchanges and interactions. “Seventy-eight officers belonging to eighteen nationalities took part in the general interchanges in 1923; ninety-nine officers, of twenty nationalities, in 1924. In the special interchanges, fourteen participants from eleven nationalities in 1923 increased to twenty-eight from thirteen nationalities in 1924.”⁴ The provisional scheme of interchanges for 1925 included general interchanges to Great Britain, Belgium, Yugoslavia and Japan; and interchanges of specialists to Sweden, Russia and France. For 1926 the program consisted on collective interchanges in Great Britain and Denmark. The interchanges in Great Britain were restricted to municipal health officers. An interchange of sanitary engineers was held in London at the same time with assistance from members of the Royal Sanitary Institute. The collective interchange in Denmark conformed to the usual type and candidates secured from agricultural countries. The interchange on the west coast of Africa began in March 1926 and included participants from the colonies in that area and three Latin American health officers, who also took part in the collective interchanges in Denmark and Great Britain.⁵

An interchange of special type, started in 1926, was organized with the hope of combining the advantages of the individual mission with those of the collective visit. This interchange was devoted to general health officers with special interests, being restricted to about ten participants from three or four neighbouring countries. In 1926 two interchanges involving port health officers from the Baltic area, and port health officers in the Mediterranean area, took place.⁶

The public health expert became the cornerstone in guaranteeing the implementation of new organizational schemes, new technologies and legitimate political action and decision

making. Basically, in this and in other programs, the LNHO depended on the RF. Between a third and a half of its budget came from the RF. Between 1922 and 1929, the RF provided \$500,000 to promote the interchange of public health experts.

Public Health Experts and National Schools of Public Health

In January 1923, the Health Committee of the League agreed to survey the state of the programs of specialisation in public health and preventive medicine in European, Japanese and American universities, those experts being the key element of health administration. On February 20, 1924, the Health Committee created a permanent *Commission on Education in Hygiene and Preventive Medicine*, presided over by the French expert Léon Bernhard, along with seven members. In 1930 the dean of the Medical School in Shanghai joined the commission. Soon after its constitution, the commission reported on three main topics:

- 1). Training of experts, medical officers, engineers, architects, nurses and public health staff.
- 2). Public health teaching to medical students and general practitioners.
- 3). Public health instruction to teachers, priests, civil servants and any possible agent in health education and diffusion.

The commission designed a project to implement public health teaching in medical faculties, programs for experts in schools of public health, evaluation systems, materials for professionals, propaganda, popularization programs and school teaching of hygiene. A wide series of reports were produced about Austria, Finland, France, Germany, Hungary, Italy, the United States, and Yugoslavia. Other reports by Janiszewski about Poland (1922-1923), Jitta on the Low Countries and Nocht on Germany were followed by reports on Belgium (Timbal), France (Léon Bernhard), Pisa and Palermo (Ottolenghi), George Newman on Great Britain and Carl Prausnitz on Germany.⁷

The vast amount of information collected by the commission gave way to a series of publications and international conferences to coordinate expert-based strategies in an international context. Obviously, decisions were not imposed over the states, but were

negotiated through the growing international influence of expert authorities. In 1926 the first International Conference took place in Warsaw just after the inauguration of the Polish National School of Health. In 1927 a second conference was held in Budapest and Zagreb on the occasion of the official opening of national schools in Hungary and Yugoslavia, while the two most transcendental conferences took place in Paris and Dresden in 1930.

One of the topics discussed was the relation between national schools of health as a place of instruction, and universities and health authorities. A paper by Welch showed the plurality of situations in each country and proposed three principles: collaboration between the three institutions; participation of university representatives and health authorities in the managing boards of the schools, and the combination of science and research with a practical engagement to cope with the practical requirements of the population.

The third international meeting in Paris, in 1930, had a main target: the international homologation of teaching and the professional profile of the national schools of health regarding public health experts. In July 1930 a new conference of European directors of public health schools took place in Dresden and focused on establishing a minimum common programme of training for health officers and the teaching of preventive and social medicine to medical students. A sub-committee devoted to analysing the role of public health museums in the popularization of hygiene was established.

The prospective action promoted by the League of Nations and funded by the RF, gathered a great deal of information which helped to discuss the professional profile of the public health expert and the role of health officers. The RF provided technical aid, grants, funds, and an integrative international framework. Although institutional independence was always recognized, the coordination with health authorities, universities, and medical professionals was considered necessary. In his final report, Carl Prausnitz insisted on the

fundamental difference between the experts' knowledge and popularization in language, materials and orientation. The concluding report included five parts:

- 1). Public Health Schools were essential for health politics and experts instruction as technical institutions, independent from the administrative structure, political power and university models.
- 2). During the 1920s a series of institutions shared this profile: the Johns Hopkins School of Public Health, the Harvard School and others, mainly funded by the RF. In Europe, national schools were established in Madrid (1924, reformed in 1930), Warsaw (1925), Budapest and Zagreb (1926), London (1929), Prague (1930) and Athens (1930). The American model was based on universities and the European one on state institutions. France and Germany followed different patterns, but in any case, cooperation with university staff was essential.
- 3). The aim of those institutions, according to Carl Prausnitz's report, was instructing public health experts for health administration and the diffusion of hygiene. They should associate research and teaching, offer practical training utilizing laboratory technologies, hygienic education and sanitary campaigns.
- 4). Since research was an essential task as an expression of the so-called *scientific spirit*, it would not exist independent from the practical problems of the population. In some countries, previous experience showed the positive effects of practical action on specific programs in certain regions.
- 5). An important proposal was the agreement about a common teaching program to instruct *medical officers of health*.

Moreover, practical training in rural areas for at least three months was recommended as an essential part of instruction. Students should play an active part in all fields, i.e., organising social hygiene, sanitation, public health administration, and health propaganda.

States were to require qualifications from a national school of health from those who applied for an official post in public health services, whether national or municipal. Apparently, this practice had obtained excellent results in some countries and they recommended extending it.

The national schools of public health were designed to monopolise knowledge and expertise, and to legitimize political action and social intervention.⁸ Health officers and inspectors were the key element to training medical practitioners, public health assistants and other complementary staff, as well as in publicity campaigns. Public health schools should make their facilities available to laboratory technologies, lectures, and museum materials. They flourished in the 1920s and 1930s as crucial institutions to legitimize international public health expertise under the impulse of the *RF* and the LNHO. International conferences of directors of public health schools laid down a framework for an international debate about specialisation and public health expertise that aimed to shape a pattern of organisation, instruction and action.

Facing the Epidemic Situation in Eastern Europe

On February 18, 1922, Ludwik Rajchman sent a long report to Wickliffe Rose, head of the *RF*'s European Office in Paris, analysing the epidemic situation in Eastern Europe.⁹ It had been issued to all state members and the Polish government officially applied for the immediate convocation of a European conference in Warsaw to consider the situation, and to develop concerted measures to prevent the infection from spreading westwards and to create a plan for stabilizing a "sanitary belt" on both sides of the frontier between Russia and the Ukraine on the one side, and Poland and Rumania on the other. Technical representatives of twenty European governments attended the conference, and the U.S. Public Health Service was also represented. It took four months to bring the Polish and Russian delegates together at the conference table. According to Rajchman, "the question now will be to obtain general agreement for the establishment of this sanitary belt. In our mind it should consist of

concentric lines, epidemic hospitals, quarantine and feeding stations, public bath, and delousing establishments, etc. on both sides of the frontier to a depth of some 150 km.”¹⁰

This strategy was to be maintained by state governments, but they were unable to do it with their own resources. The anti-typhus campaign in Poland was considered to be the first successful effort in Europe of international public health work. Rajchman was afraid that epidemics would get out of control. He proposed taking Rose to the conference as a unique opportunity for him to get in contact with representatives of Europe and to build a permanent organizing effort involving the RF.¹¹ Since this dramatic situation, aggravated by malnutrition and the risk of epidemics, the technical advice and the collaboration of the RF was permanent in epidemic campaigns and in the fight against malaria, trachoma and other diseases.

On April 18, 1922, Ludwik Rajchman issued to Rose his report on the Warsaw European Health Conference, a successful meeting of representatives of all Europe except Portugal and Albania. Conventions on quarantines and sanitary arrangements were approved and the application of the resolutions was left to the Epidemic Commission of the League of Nations. One of the most relevant collaborative programs, the creation of an Epidemiological Intelligence Service, funded by the RF, was proposed at this conference.

Coordinated efforts in inter-governmental collaboration to overcome the epidemic threat were conducted by the Epidemic Commission of the League. Appointed in June 1920, the commission assisted the public health services in Eastern Europe in their fight against the typhus epidemic. The commission consisted of Th. Madsen, Director of the Staten Serum Institut, Copenhagen, appointed President of the Health Committee of the League of Nations; George Buchanan, Senior Medical Officer at the British Ministry of Health, appointed as Vice-President of the Health Committee of the League of Nations; J. Jitta, President of the Hygiene Council at the Low Countries; Ricardo Jorge, Director General,

Portuguese Public Health Administration; and Dr. Violle, of the Pasteur Institute. All of them worked together and published a report for the preparation of a new International Sanitary Convention that would study existing quarantine arrangements and draft new agreements.

During the following months the epidemics in Eastern Europe were greatly aggravated because of the famine in Russia. Notwithstanding, the immense efforts implemented in the fight against epidemics and malnutrition in Eastern Europe, the Health Organisation was still considered to exist on a provisional basis. In September 1922, the 3rd Assembly of the League of Nations had to decide whether permanent status should be given to it and its work. Obviously, the permanent collaborative agreements with the RF were in favor of its permanence. Indeed, with the passing of time, the LNHO became one of the most solid and effective pillars in the League's policies for international stabilization.

The International Epidemiological Intelligence Service

In addition to the instruction and interchange of public health officials and the urgent fight against epidemics, famine and infectious diseases, a scheme to secure cooperation of the health administrations was dependent on the creation of an International Epidemiological Intelligence Service (IEIS) associated with a Department of Public Health Statistics. From the very beginning, Rajchman tried to convince Rose about the need for a chief of service for the Epidemiological Intelligence and Public Health Statistics Service. Indeed, on May 23rd, the RF approved the proposed scheme of cooperation for the International Epidemiological Intelligence Service proposed by the LNHO for a period of five years. On June 14, 1922, the Executive Committee of the International Health Board, authorized its officers to enter into an arrangement with the LNHO for the maintenance of an epidemiological intelligence service on an international scale, based in Europe, for a period of five years, beginning January 1, 1923. For this purpose the RF IHB assumed that costs would not to exceed

\$32,840 per year. Between 1922 and 1927 the RF contributed \$350,000 to the LNHO for the institutionalization of vital statistics and epidemiological studies.

The position of the British representative, George Buchanan, was critical in several senses. On July 27, 1922 he wrote to Madsen regarding the RF agreement, complaining about the British acceptance of some of the programs. The letter was accompanied by a report consisting of fifteen points regarding the RF contributions that, on the other hand, he cordially welcomed. Buchanan claimed that a separate fund distinct from the budget of the League, administrated apart and named “Rockefeller Fund” should be created. He insisted that these funds were auxiliary and not part of the normal technical work which the Health Organisation had the duty of carrying out. Regarding the Epidemiological and Statistical Intelligence Service, he proposed a wider project involving the direction of the Health Organisation, the *Office Internationale d’Hygiène Publique*. “In any case, the action taken ought to be wholly under the responsibility and direction of the League, and not made a question for auxiliary funds.”¹² Buchanan denied that there would be any advantage in basing the Service at Geneva. His obstructive behavior was commented on in confidential correspondence between the leaders of the LNHO and the RF.

Notwithstanding the British distrust, on August 18th the Agreement was approved with some minor corrections and in November 1922, S. M. Gunn issued a copy of the “Memorandum of the Medical Director to the Members of the Health Committee” which focused mainly on the initiation of the Epidemiology Intelligence Service. Previously, the IHB, at its meetings in May and October, 1922, and at subsequent meetings of the Executive Committee, had discussed and approved a plan of cooperation with the LNHO providing for:

- a) aid toward the development of an epidemiological intelligence service to be conducted on an international scale.
- b) aid in the development of a scheme for the international exchange of sanitary personnel.

Once the IEIS was approved, Rajchman requested support from the IHB in order to appoint a leader to implement the service. “If we are to establish our Epidemiological Intelligence Service on a really firm basis, and if you help us in this direction, we shall require the services of a first class epidemiologist and Public Health Statistician.”¹³ Edgar Sydenstricker, an expert at the U.S. Public Health Services, was appointed to organize and direct the Service for a minimum of two years.¹⁴

In July 1923, the first *Bulletin Mensuel de Renseignements Épidémiologiques* was published. The improvements in the *Service* provided better updated and useful information for national health administrators. As a consequence of this monthly activity, the first *Rapport Épidémiologique Annuel* was published in 1923, and included monthly records.

Statistical information required technical standardization for it to be comparable. Between 1923 and 1925 several experts committee meetings involving the heads of the epidemiological services in Europe, took place with the aim of planning a global report. Common rules to record causes of death were essential, but the project had to wait for the completion of a previous discussion on health care systems. Rajchman publicly expressed this idea, but the international initiative was seen as a foreign intrusion and was rejected by George Buchanan, the British representative. In spite of the positive availability of comparable records in different countries, Buchanan mistrusted the internationalist perspective of the experts and their wish to influence state policies and domestic affairs. At first Great Britain turned down the initiative of a series of *International Health Yearbooks*.

Despite the initial controversy, an *International Health Yearbook* was published in 1925 with the collaboration of twenty-two countries. Rajchman sent a letter to national authorities requesting updated reports on demographic and epidemiologic records, sanitary reforms, public health policies and detailed information about social diseases. The *International Health Yearbook* was published for five years, from 1925 to 1930, and included

valuable records on international health by the ILO, the International Red Cross and the RF. Thirty-seven countries participated in 1929. Deficiencies in technical coordination and in methodological and linguistic standardization made the results heterogeneous. After the crash of 1929, the situation worsened and funds from the RF shrank. The 1930 issue was the last one published.

The *International Health Yearbook* summarized and compiled national reports without any comparative transnational analysis. Reports offered demographic and epidemiologic records and information about institutions, facilities, sanitary staff, health care, medical insurances and other topics regarding public health. One of its main contributions was the establishment of a framework of international information that was available to national governments and public health experts in their planning of health policies. This reinforced the necessity of national offices for vital statistics as an instrument of decision-making.

Soon this global epidemiological project was extended. In 1922, the growing importance of this service led to a request by the Japanese representative for a survey of the epidemiological situation in the Far East, as had been done in Eastern Europe, and the eventual establishment in the region of a coordinating organism similar to the one operating in Geneva.

The May 20, 1924 IHB minutes contain a proposal from the LNHO for aid to establish an Epidemiological Intelligence Bureau in the Far East. It was presented to the League of Nations Health Committee in February 1924 and Rajchman submitted a request through Gunn on March 12, 1924.

The RF “Resolved that the cooperation of the Board in the establishment of an EPIDEMIOLOGICAL INTELLIGENCE BUREAU of the League of Nations in the FAR EAST as outlined above be, and it is hereby, approved in principle... committing the Board in a sum not to exceed \$50.00 for the first year and not to exceed \$125.00 for a five-year period.”¹⁵

The Asian Office was located in Singapore. In December 1924, cooperation between the LNHO and the RF/IHB began for the establishment and maintenance of an Epidemiological Intelligence Bureau in the Far East.¹⁶

After a couple of years the International Epidemiological Intelligence Service, as developed by Sydenstricker, was already fairly well established. RF leaders thought that the IEIS, established with RF grants, should be taken over at the end of the preliminary period by the League of Nations. Reality showed however, that the LNHO's capacity to maintain the budget was not enough,¹⁷ and that the economic and financial crash in 1930 ended this ambitious program.

A Center for Public Health Documentation

In addition to the previously mentioned programs, a proposal for cooperation between the RF and the League of Nations in the establishment of a center for the collection of public health documentation was presented in May 1927. Its main target was collecting global documentation on public health activities: administrative reports, legal enactments, minutes of conferences, and any other publications.¹⁸ Such a center would have two principal functions: the collection of important materials and the dissemination of information. The materials to be collected, classified and analysed would consist of documents, minutes of meetings, memoranda, printed and unprinted annual reports, the texts, decrees and regulations relating to public health in all branches and all countries. Alfred Grotjahn, Professor of Social Hygiene at the University of Berlin, one of the most prominent specialists in social medicine, was requested by the Health Organisation to act as technical adviser. In March 1928 it was agreed to combine pledges for the International Epidemiological Intelligence Service and the establishment of the Center for Public Health Documentation: \$7,617.50 was the budget for its establishment including a director, two clerks, a travel and technical adviser and the purchase of documents. In 1927 the RF contributed \$6,937.50 for

the Center of Public Health Documentation. During 1930-1934, the RF gave \$700,000, and two million dollars more to fund a library and a center of documentation in public health at the League of Nations headquarters in Geneva.

Conclusion

When the Health Organization of the League of Nations was established in 1921, general doubt prevailed as to whether it would be possible to demonstrate the utility of international health work and whether it would be forthcoming from the public health services in the world. At this stage, moral and political support was a decisive factor, more than financial support. When the first results were achieved, particularly in biological standardization, epidemiological intelligence and the exchange of public health officers, the Health Committee was encouraged to initiate increased activities. After two years the sanitary administrations of several governments came to appreciate its usefulness and after 1926, governments began to apply to the League for advisory opinions, for the creation of special commissions, and for the investigation of important public health problems.

The strategy of Ludwik Rajchman sought the collaboration of the best qualified specialists, which were sometimes not easy to recruit to the League. Requirements included: good medical training, university distinctions, administrative experience in public health and knowledge of languages, as well as certain diplomatic skills. In 1926, the RF was fully aware of the technical competence of officers from various nationalities, including British, American, French and Germans, who had been members of the Health Section. The agreement and the financial support of the RF was not only essential in order to stabilize LNHO activities, but also to preserve the technical team of public health workers responsible for the executive activities of international public health work. The work of the Health Section was considered by RF leaders to be a systematic effort to use public health activities for the promotion of a closer understanding between the various governments of the world.

The LNHO was not to engage in laboratory research or scientific discoveries. Its scope as a public health international organization was the practical application of results consistent with the programs of national health administrations.

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ENDNOTES:

¹ The enclosed document was the *Health Scheme of the League of Nations (6th draft)* consisting of eight typewritten pages and signed 12/12/1919 by Rachel Crowdy, Secretary-General of the League of Nations.

² Rajchman, Ludwik. *The League of Nations Health Organisation: What it is and how it works?* November 18, 1921, RAC, RG 1.1, Series 100, Box 20, Folder 165.

³ RAC, RG 6.1, Series 1.1, Box 38, Folder 471.

⁴ RAC, RG 1.1, Series 100, Box 20, Folder 164.

⁵ RAC, RG 1.1, Series 100, Box 20, Folder 169.

⁶ RAC, RG 1.1, Series 100, Box 20, Folder 170.

⁷ Barona, Josep L. "Public Health Expert and Scientific Authority." In Andresen, Astri, William Hubbard, and Teemin Ryymin, editors, *International and Local Approaches to Health and Health Care*. Oslo, Norway: Novus Press, 2010, pp. 31-48.

⁸ Ibidem.

⁹ Rajchman, Ludwick. "Report on the Epidemic Situation in Eastern Europe." February 18, 1922, RAC, RG 1.1, Series 100, Box 20, Folder 165.

¹⁰ Ibidem, p. 2.

¹¹ Rajchman, *The League of Nations...* 1921.

¹² Ibidem, p. 4.

¹³ Ibidem, p. 4.

¹⁴ RAC, RG 1.1, Series 100, Box 20, Folder 164.

¹⁵ RAC, RG 1.1, Series 100, Box 20, Folder 164.

¹⁶ RAC, RG 1.1, Series 100, Box 20, Folder 168.

¹⁷ RAC, RG 1.1, Series 100, Box 20, Folder 167.

¹⁸ Ibidem.