

# **The Primacy of the Political: The Rockefeller Foundation and post WW II Germany**

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## **Summary**

As part of its general efforts to support the democratization of German society, the Rockefeller Foundation (RF) invested substantial funds into promoting public health as a discipline and developing a new basis for medical training in West Germany. Not limiting itself to simply providing literature, the RF pursued a two-pronged strategy. First, the RF organized a program for German university physicians and public health officers to visit various universities and teaching hospitals in the U.S. and Canada. A second aim was to establish training institutes for postgraduate physicians. However, rather than simply imposing the U.S. model, the RF intended to adapt it to the German context, in the form of a postgraduate course for physicians that integrated practical experience with a university setting. My research to date shows that the RF's activities did not meet with much enthusiasm from German medical professionals. Intellectual, cultural, cognitive and political differences impaired constructive collaboration between the RF's staff and local practitioners and academics.<sup>1</sup>

## **Rockefeller Foundation Staff in Germany**

One year after the end of World War II, in August 1946, RF Trustees, John D. Rockefeller 3rd (1906-1978) and William I. Myers (1892-1977), along with

agricultural scientists from Cornell University, traveled to Germany and Austria for a first-hand look at the socio-economic and political situation.<sup>2</sup> The RF's members were investigating opportunities to intervene in a "postwar world." In particular, they were interested in whether, how and with which aims, the RF could become involved in Germany's scientific and educational landscape.<sup>3</sup> In 1938, the RF had broken off all communication with Germany,<sup>4</sup> and now, after numerous visits and extensive discussion with leading representatives of the U.S. military government, they decided to resume contact as quickly as possible.

The U.S. military administration welcomed the RF's decision, partly because it did not have any funds available for cultural redevelopment and hoped to commit private sponsors to this project.<sup>5</sup> At the start of 1947, the RF sent its Deputy Director for Agriculture for the Natural Science Division, Albert R. Mann (1904-1947) to Germany to evaluate the information the RF had accumulated to date.<sup>6</sup> Mann had already conducted a large number of interviews with German emigrants living in the U.S., some of whom were also working for the military administration. Mann also wanted to make an individual assessment of the situation at German universities, in particular the medical faculties, and described his plan as follows:

I shall be searching for ideas as to the most essential and feasible ways in which an independent foundation may ultimately assist one or more centers in the reestablishment and advancement of its work in some fields. I want especially to discover the persons with whom one may talk with confidence and wise knowledge about the situation and advice might be helpful.<sup>7</sup>

The RF's stated goal in Germany was to promote the democratization of German society with a number of different projects.<sup>8</sup>

Until the end of the 1940s the RF concentrated its aid on education, youth work, cultural issues, university and public libraries as well as exchange programs. In the field of medicine the RF provided special grants in the area of public health, medical education and

psychosomatic medicine.<sup>9</sup> Among the first institutes funded by the RF were the Institute for Psychosomatic Medicine (from 1950), which was headed by Alexander Mitscherlich (1908-1982), and the Institute for Physiology (from 1951), led by Hans Schaefer (1906-2000), both based at the University of Heidelberg.<sup>10</sup> In 1952 the RF decided to grant travel scholarships to German health officials,<sup>11</sup> and in 1954 it began sponsoring the establishment of a school of public health.<sup>12</sup> The two measures represented the RF's attempt to introduce a new basis for, and conceptual re-orientation of, medical training in West Germany. However, funding ceased after only eight years, because the RF felt no tangible democratization or modernization of the medical faculties and medical training in general had occurred.

### **The Situation in Germany after World War II**

After the end of the war, the U.S. and British authorities did not take on the task of re-establishing public administration, medical and hygienic infrastructure, and other institutions in terms of either organizational structures or staffing. Responsibility for the area of "public health" in the U.S. and British occupation zones was handed over to German institutions as early as the beginning of 1947. Although National Socialist terminology was quickly deleted from German legislation, with a few exceptions, other related structures were left untouched on both legal and organizational levels.<sup>13</sup>

The existing German health care system was burdened by a lack of materials and staff. Participation in the war had led to a serious shortage of specialists and professionals. After the war, the Allies wanted to rid the public administration system, the government, and the economic sphere of National Socialists, and thereby prevent a National Socialist influence on a new democratic Germany. Consequently, a large number of public health employees were suspended as part of denazification process, because it had become apparent early on that "the medical profession was rich in Nazis."<sup>14</sup> To keep the public health care system

functioning, staff, if competent and cooperative, were to be “if possible, fully adopted,” even if political concerns existed.<sup>15</sup>

The occupation forces felt that the public health sector had “only old men” available as physicians. The overall problem was finding “competent German H.[ealth] Officers,”<sup>16</sup> because these were the people who were going to ensure the birth of a new healthcare system based on democratic principles and thus, a new Germany. This meant that the reorganization of the public health infrastructure and the training of physicians had to become a top priority for the occupation authorities, and was to be primarily funded by private sponsors.

To address the deficit in qualified staff in the medium term, the university medical faculties were to be reopened as quickly as possible.<sup>17</sup> To ensure a clean break with the content and structures of medical training that had been established prior to National Socialism, critical assessment of teaching materials and techniques was indispensable after 1945. Particularly because of the influential role medicine played during National Socialism socially and in the government and subsidiary institutions, the entire objective of medical training in a democratic Germany had to be redefined.<sup>18</sup>

The Allied liberation of the concentration camps brought Germans and people around the world face-to-face with the “rupture in civilization” brought about by medical practitioners. The central role played by medicine and physicians in the National Socialist annihilation policy became apparent in December 1946 with the start of the Nuremberg Doctors’ Trial.<sup>19</sup> Physicians and medical researchers were first brought to court for the “war crimes” and “crimes against humanity” they had carried out in the name of medicine. The trial brought the full details of the concentration camp experiments and “euthanasia” killings into the public sphere for the first time. It also exposed the medical profession’s inherent ways of thinking and working, which the political conditions and ethical value system of the Nazi period had rendered uniquely visible.

The joint goal of the Allied occupation administrations was denazification and the democratization of German society,<sup>20</sup> and “re-education” became an integral part of the overall rehabilitation strategy in the U.S. and British occupation zones.<sup>21</sup> However, if at all possible, interventionist measures in structures, such as transposing Anglo-American norms and models onto German society, were to be avoided.<sup>22</sup> Instead, the occupation authorities counted on the Germans’ capacity for intellectual insight. They hoped Germans would change how they thought about things if they were exposed to new experiences and different ways of doing things. One main measure in this strategy was exchange programs. The occupation authorities were convinced that the cultural redevelopment largely had to be the work of Germans themselves.<sup>23</sup>

### **Medicine and Society in Germany: Observations by Rockefeller Foundation Staff**

Before the RF committees approved the organization’s involvement, RF employees were instructed to study the general situation in West and East Germany, particularly the areas they were considering investing in. After repeated evaluation, the RF’s assessors quickly became disillusioned about the Germans’ lack of insight and the effect of the Allied democratization efforts. Authoritarian thinking was found to be widespread and deeply entrenched, particularly among university professors. For example, the Associate Director of Medical Sciences, Robert R. Struthers, noted after his 1947 visit to Frankfurt that:

The old autocratic didactic methods of instruction persist, though the students, having recently formed an association of their own, are now causing quite a stir by the objections to the old methods and the attitude of the older men.<sup>24</sup>

Of a conversation with the Deans of the medical faculties, he reported:

The attitude of the group seemed quite inelastic and wedded to their previous methods of teaching. From the day’s observations and from my faulty knowledge of German, with men of the average age of 65 ..., I see little hope of the present group of medical teachers attempting any great changes in the methods or forms of medical education. On the other hand, the students’ attitude has apparently changed markedly.<sup>25</sup>

An entry in his work journal in 1949 read:

The experiences of this tour have not changed but rather confirmed my impressions of a year ago, that our aid should be in the direction of aiding the introduction of 'human relations' as a factor in medical science.<sup>26</sup>

Shortly after the founding of the Federal Republic, in November 1949, the Director of the International Health Division (IHD), George K. Strode, reported on a discussion with the Professor for Public Health at Harvard University, Franz Goldman (1895-1970), who was himself an emigrant. He wrote: "The Germans seem to have an impression that Americans are interested in 19th century laissez-faire business rather than modern medical services, and F[rantz] G[oldmann] believes that the Bonn Government will throw out much that has been done."<sup>27</sup> According to Strode, Goldmann believed, "a definite democratic movement is possible in Germany but that the elements of two extremes, right and left, are still strong ... Many people ... now talk about Hitler being not so bad and they argue about the reasons for the loss of the war." Goldmann reportedly summed up his views by saying: "The Germans have learned nothing and forgotten everything." Goldmann was describing an attitude that historiography has been described as a concept of wholesale pardoning and a climate of callousness.<sup>28</sup> He also warned against underestimating the influence of "professional people in Germany: doctors, nurses, midwives, etc. Through their intimate contacts with people, they exert an influence greater than most any other group of equal size." And this, he said, should be understood as a "chance to influence and strengthen democratic groups in Germany."<sup>29</sup>

As late as 1950, the RF was still undecided on what direction, if any, it wanted to take in Germany. In his report on the country, the Director of Social Sciences, Joseph H. Willits, wrote:

The 'problem' of Germany is actually a congeries of related problems with uncertain and distant origins. And one need not be a pessimist to believe that many of them will remain unresolved for decades to come ... The practical question is 'what program, if any, should The Rockefeller Foundation undertake in Germany as of the year 1950'? Moreover, any such program must presumably be pointed toward some of the basic factors which have made Germany a 'problem' in any of the usual senses ... In the

first place, authoritarianism and a respect for position and power is deeply imbedded in German politics, education, industry and social and cultural life. There ought to be few illusions that lecture on democracy or similar exhortations by radio and films that have more than brushed the surface on this hard problem ... With the defeat of national socialism, many people are left without a political identity or a social attachment. Nationalism is an obvious rallying point. The 'we Germans' way of thinking and expression is widespread and underscores the fact that changes and influences from abroad will not be easily accepted or adopted.<sup>30</sup>

Despite this, Willits believed that positive forces, "...making vigorous, constructive efforts," were at work in Germany. He saw the RF's role as supporting the individuals attempting to build a Germany that had peaceful relationships with other countries and that saw itself as part of a Western tradition.

### **The Rockefeller Foundation's Funding Program for Germany**

Despite this mixed attitude to Germany's political climate, the RF decided to provide funds to promote the development of public health as a discipline and the establishment of a new type of medical training in West Germany. Overseas stipends were to support selected Germans, who the RF believed would be interested and would pass on their experiences to others.<sup>31</sup> As part of this, they established a program for German health care officials to visit universities in the U.S. and Canada. These trips were intended to give Germans the opportunity to learn new concepts in prevention in medicine and public health, which they could then adapt to Germany's health care system and medical training.<sup>32</sup>

The RF also planned postgraduate training centers in Germany, to build a new, long-term foundation for medical practice in a democratic society.<sup>33</sup>

The RF intended to bring about this re-orientation in medicine by integrating social sciences, prevention, and public health into the medical curriculum. A "general report" on this topic, stated:

Public health in Germany has been dominated by the 19th century concept of public health authority as a police function. The development of preventive services has been hindered by this authoritarian approach. As a consequence, public health in Germany has lagged behind the field in other western countries so that even today the major

portion of the work of the health officer in Germany consists of such duties as providing certifications for health insurance system or for committing patients to mental institutions.<sup>34</sup>

In contrast to the visitation program, the aim of establishing a school of public health in West Germany was met with little enthusiasm.

Although the universities of Frankfurt am Main and Heidelberg expressed guarded interest, the federal government rejected the idea.<sup>35</sup> The RF employees were not only surprised about this decision, but also upset at the arrogance, the anti-American stance, the parochial, authoritarian and hierarchical attitude, and responded by distancing themselves from the German Federal Ministry of the Interior. In the end, the negotiations between the RF and the Universities of Heidelberg and Frankfurt am Main proved fruitless, but the RF continued searching for a new organizational framework for the establishment of a school of public health. The RF's staff then came across the Academy for State Medicine in Hamburg, which had been established in 1946.

The RF did not intend for a school of public health to be built on the American model. Instead, such a school was to be adapted to the German context, by creating a postgraduate degree to provide physicians with practical experience, but that was also closely tied to the medical faculty. It was hoped that the postgraduate program would feed back into the undergraduate medical training curriculum. The RF sponsored the academy between 1954 and 1958, but at the end of 1958 the funding was stopped, because the RF's staff had decided that no visible modernization of the medical training and public health had taken place.<sup>36</sup> The visitation program was also assessed as a failure, which the RF believed was due to the fact that the Germans had not understood the different emphasis of public health in North America compared to Germany.<sup>37</sup> Furthermore, the staff was particularly galled by the fact that program participants now presented themselves as experts on the American model of public health.



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## ENDNOTES:

<sup>1</sup> See also Sabine Schleiermacher, "Die Rockefeller Foundation und ihr Engagement bei einer Neuorientierung von Medizin und Public Health in Deutschland in den 50er Jahren," *Medizinhistorisches Journal* Band 45, Heft 1 (2010), pp. 43-65.

<sup>2</sup> John D. Rockefeller 3rd's trip to Europe in 1946, Rockefeller Foundation (RF), RG 5, Series 1, OMR, Subseries 1, Box 6, Folder 56.

<sup>3</sup> Possible RF projects in the area of dissemination and application of knowledge, RF, RG 1.1, Series 717, Box 4, Folder 21.

<sup>4</sup> Letter Raymond B. Fosdick to Bruce Johnstone, October 21, 1937, RF, RG 1.1, Series 717, Box 7, Folder 36; Carola Sachse, "What Research, to what End? The Rockefeller Foundation and the Max Planck Gesellschaft in the Early Cold War." *Central European History* 42: 1 (2009), pp. 97-141, and p. 109.

<sup>5</sup> Conferences at State and War Departments concerning Activities in Germany and Austria, November 21, 1946, RF, RG 1.1, Series 717, Box 4, Folder 21.

<sup>6</sup> Report on Educational Conditions in Postwar Germany, based on notes made by A.R. Mann during his trip to Germany in January and February of 1947, Confidential, March 31, 1947, RF, RG 1.1, Series 717, Box 5, Folder 24.

<sup>7</sup> Notes of Albert R. Mann in his Report on Educational Conditions in Postwar Germany, Report 1947, RF, RG 1.1, Series 717, Box 5, Folder 24, pp. 102-103.

<sup>8</sup> Paul Weindling, "'Out of the Ghetto': The Rockefeller Foundation and German Medicine after the Second World War." In William H. Schneider, editor, *Rockefeller Philanthropy and Modern Biomedicine. International Initiatives from World War I to the Cold War*. Bloomington: Indiana University Press, 2002, pp. 208-222.

<sup>9</sup> From May 9, 1945 ("V.E. Day") to December 31, 1951, the RF approved funds for work in Germany in the field of social sciences and humanities, as well as special grants for European rehabilitation and fellowships for individuals from different branches of science. Not before 1949, did they give for medical- and natural sciences. During the period May, 1945 to June, 1951, by their own account, they paid \$1,191,300. Total funds appropriated by the RF for projects in Germany June 26, 1951, RF, RG 3.1, Series 717, Box 7, Folder 37; Grants for work in Germany, May 9, 1945-December 31, 1951, RF, RG 3.1, Series 717, Box 7, Folder 37.

<sup>10</sup> Rockefeller Grants in Germany, 1945-1953, RF, RG 6.1, Series 2.1, Box 66, Folder 62.

<sup>11</sup> Grant-in-Aid for travel and living expenses of public health officials in Germany, October 1, 1952, RF, RG 1.2, Series 717, Box 4, Folder 33.

<sup>12</sup> Grant for Academy of Public Health, Hamburg, Germany, beginning January, 1954, RF, RG 1.2, Series 717, Box 2, Folder 12.1.

<sup>13</sup> Sabine Schleiermacher, "Contested Spaces: Models of Public Health in Occupied Germany." In Susan Gross Solomon, Lion Murard and Patrick Zylberman, editors, *Shifting Boundaries of Public Health. Europe in the Twentieth Century*. New York: University of Rochester Press, 2008, pp. 175-204.

<sup>14</sup> George K. Strode, Director of the International Health Division (IHD), Rockefeller Foundation, in his Diary, RF, RG 12.1, Box 61, Diary G. K. Strode 25.4, 1947, 81. Over sixty percent of German physicians were members of the National Socialist Party (NSDAP). This percentage is superior to any other academic occupation group. See Thomas Gerst, *Ärztliche Standesorganisation und Standespolitik in Deutschland 1945-1955*. Stuttgart, Germany: Franz Steiner Verlag, 2004, pp. 41-42.

<sup>15</sup> SHAEF (Supreme Headquarters Allied Expeditionary Forces), Military Government of Germany. *Technical Manual for Public Health Officers* (no place and publisher, 1945); Hans-Ulrich Sons, *Gesundheitspolitik während der Besatzungszeit. Das öffentliche Gesundheitswesen in Nordrhein-Westfalen 1945-1949*. Wuppertal, Germany: Peter Hammer Verlag, 1983, p. 53; Dagmar Ellerbrock, "Healing Democracy": *Demokratie als Heilmittel. Gesundheit, Krankheit und Politik in der amerikanischen Besatzungszone 1945-49*. Bonn, Germany: Verlag J.H.W. Dietz Nachf. GmbH, 2004, pp. 137-143.

<sup>16</sup> RF, RG 12.1, Box 61, Diary Strode G.K. 25.4.-28.4, 1947, p. 81.

<sup>17</sup> Ullrich Schneider, "The Reconstruction of Universities in American Occupied Germany." In Manfred Heinemann, editor, *Hochschuloffiziere und Wiederaufbau des Hochschulwesens in Westdeutschland 1945 - 1952. Teil 2: Die US-Zone*. Hildesheim, Germany: Verlag August Lax, 1990, pp. 1-8, and p. 2.

<sup>18</sup> Sabine Schleiermacher, "Die universitäre Medizin nach dem Zweiten Weltkrieg: Institutionelle und persönliche Strategien im Umgang mit der Vergangenheit." In Sigrid Oehler-Klein and Volker Roelcke, unter Mitarbeit von Kornelia Grundmann und Sabine Schleiermacher, editors, *Vergangenheitspolitik in der universitären Medizin nach 1945*. Stuttgart, Germany: Franz Steiner Verlag, 2007, pp. 21-42.

<sup>19</sup> Angelika Ebbinghaus and Klaus Dörner, editors, *Vernichten und Heilen. Der Nürnberger Ärzteprozess und seine Folgen*. Berlin, Germany: Aufbau Verlag, 2001.

<sup>20</sup> Karl-Ernst Bungenstab, *Umerziehung zur Demokratie? Re-education-Politik im Bildungswesen der US-Zone 1945-1949*. Düsseldorf, Germany: Bertelsmann Universitätsverlag, 1970; Jutta-B. Lange-Quasowski, *Neuordnung oder Restauration? Das Demokratiekonzept der amerikanischen Besatzungsmacht und die politische Sozialisation der Westdeutschen: Wirtschaftsordnung - Schulstruktur - politische Bildung*. Opladen, Germany: Leske und Budrich, 1979; Felicitas Hentschke, *Demokratisierung als Ziel der amerikanischen Besatzungspolitik in Deutschland und Japan, 1943-1947*. Münster, Germany: LIT Verlag, 2001.

<sup>21</sup> Henry Kellermann, "Von Re-education zu Re-orientation. Das amerikanische Re-orientierungsprogramm im Nachkriegsdeutschland." In Manfred Heinemann, editor, *Umerziehung und Wiederaufbau. Die Bildungspolitik der Besatzungsmächte in Deutschland und Österreich*. Stuttgart, Germany: Klett Cotta, 1981, pp. 86-102.

<sup>22</sup> Günter Pakschies, *Umerziehung in der Britischen Zone 1945-1949*. Weinheim/Basel, Germany: Beltz Verlag, 1979, p. 54; *Department of State, Report of the United States Education Mission to Germany*. Washington, D.C.: U.S. Government Printing Office, 1946.

<sup>23</sup> Kellermann, "Re-education," p. 91.

<sup>24</sup> RF, RG 12.1, Box 61, Diary Struthers R.R., May 14, 1947, p. 71.

<sup>25</sup> RF, RG 12.1, Box 61, Diary Struthers R.R., May 15, 1947, p. 74.

<sup>26</sup> RF, RG 12.1, Box 61, Diary Struthers R.R., October 4, 1949, p. 252.

<sup>27</sup> RF, RG 12.1, Box 61, Diary Strode G. K., November 17, 1949, pp. 156-157.

<sup>28</sup> Norbert Frei, *Vergangenheitspolitik. Die Anfänge der Bundesrepublik und die NS-Vergangenheit*. München, Germany: Deutscher Taschenbuch Verlag, 1999, p. 14 and p. 20.

<sup>29</sup> RF, RG 12.1, Box 61, Diary Strode G. K., November 17, 1949, pp. 156-157.

<sup>30</sup> Joseph H. Willits, Report on Germany 24, May 1950, p. 2, RF, RG 1.1, Series 717, Box 7, Folder 39. See also Darwin H. Stapleton, "Joseph Willits and the Rockefeller's European Programme in the Social Sciences." *Minerva* 41: 2 (2003), pp. 101-114.

<sup>31</sup> Grant-in-Aid, October 9, 1952, RF, RG 1.2, Series 717, Box 4, Folder 33. See also The Rockefeller Foundation editor, *Directory of Fellowship Awards for the Years 1917-1950*. New York: Rockefeller Foundation, 1951, pp. 263-264.

<sup>32</sup> After his visit to Germany, G.K. Strode had the same impression. After his meeting with G.K. Hirst, member of the Unitarian Medical Team, he wrote in his diary, "He [Hirst] stated that it was obvious that there is a great lack of knowledge of what is going on outside of Germany by those within. The work on genetics, nutrition, bacteriology and viruses is particularly out of date. Furthermore, knowledge of vital statistics in the country itself did not seem to be known by any of the university people. Public health he founded very backward," RF, RG 12.1, Box 61, Diary Strode G.K., September 10, 1948, p. 123.

<sup>33</sup> Strode wrote in his Report April 25, 1947: "A need here is the establishment of a post-graduate school of P.[ublic] H.[ealth] equipped to train both doctors and nurses and possibly other groups." RF, RG 12.1, Box 61, Diary Strode G.K., April 25, 1947, p. 81.

<sup>34</sup> General Description, Grant Akademie für Staatsmedizin in Hamburg (10/23/53), RF, RG 1.2, Series 717, Box 2, Folder 12.1.

<sup>35</sup> The member of the staff of the IHD, J.H. Bauer noted: "We had a three-hour conference with Dr. Franz Redeker, the Director of the Bundesgesundheitsamt. The gist of his exposition was that, before the war, public health in Germany was the best in the world and his aim is to restore it to the same level. He did not think a special school for the training of health officers was essential, but three months' courses such as were given before the war and are being given now, proved sufficient." After the meeting Bauer's general impression was: "Redeker is obviously an old-type German bureaucrat lately gone into politics. He appears about sixty-five years old and has the reputation of being autocratic, quarrelsome, and disliked by his co-workers. He also appears somewhat anti-American. He knows nothing of modern public health and does not think that there is anything to learn. He speaks no English and, except for a recent trip to Switzerland, has never been outside of Germany." (The Bundesgesundheitsamt, the German health authority, was established in 1952. In 1950, Redeker was Director of the Health Section of the Innenministerium, the Federal Ministry of the Interior, in Bonn) RF, 12.1, Diary Bauer J.H., May 24, 1950, p. 68 and p. 70.

<sup>36</sup> Letter, John Maier, August 22, 1957, RF, RG 1.2, Series 700, Box 4, Folder 31.

<sup>37</sup> "W. says that the group of public health leaders brought to the States in the fall of 1952 by the State Department have on the whole proven to be the biggest obstacle to the progress of public health in Germany. As one realized in 1952, the group was badly chosen since they were all elderly men, almost none of whom spoke any English, and the program was badly arranged in the U.S.A. As a result of the poor program over a period of about three weeks, they returned to Germany completely misinformed and uninformed on public health in the U.S.A., were very critical of what they had seen, and to top it all off, now feel that they are experts on health developments in the U.S.A. As a result, any attempt to promote change by comparison to similar ones in the States results in the statement that they have seen and know all about public health on this side." Excerpted from J.M. Weir Diary of August 31, 1955, RF, RG 1.2, Series 717, Box 4, Folder 33.