RAJCHMAN AND THE LEAGUE OF NATIONS’ HEALTH INTERVENTION IN GREECE

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ABSTRACT: This article offers insights into the development and implementation strategies of the League’s health intervention in Greece. The first part uses Ludwik Rajchman, medical director of the League of Nations, as an analytical prism. It explores his active involvement, how he drew on a mainstream approach to social hygiene and how he recruited expertise globally. It is also argues that Rajchman likely drew inspiration from Australian hospital systems, which he studied in preparation for the intervention. The second part highlights the deliberate emphasis on technical aspects of the intervention for diplomatic reasons. Seeking funding from the Rockefeller Foundation, Rajchman aimed to portray the intervention as a technical rather than political endeavor. Moreover, emphasizing the technical nature of Rajchman’s team allowed for presenting its efforts as noninvasive with respect to Greek sovereignty, positioning the intervention as a continuation of Greek government initiatives.

KEYWORDS: League of Nations, Rajchman, Greece, health, technocratic
Introduction

In October 1928, the League of Nations was asked for assistance in restructuring Greece’s public health service. The request was prompted by a significant influx of refugees into the country. Between 1912 and 1922, Greece was involved in three successive wars: the Balkan Wars (1912-1913), World War One (officially from 1917-1918), and the Greco-Turkish War (1919-1922). Refugees from the Ottoman Empire began arriving in Greece during the Balkan Wars and continued to do so throughout WW1. However, it was during and immediately after the Greco-Turkish War that a large number, estimated at 1.5 million refugees, arrived in the country. While approximately 1 million refugees arrived during the war, an additional wave was triggered by a consequential convention on the compulsory exchange of populations signed during the peace negotiations. This convention mandated the resettlement of Greek Orthodox Turkish nationals from Eastern Thrace and Asia Minor to Greece, while Muslims in Greece (with few exceptions) were to relocate to Turkey. It was signed following Greece’s defeat by the Turks in 1922 – but should be distinguished from the primary peace treaty of Lausanne in 1923, which superseded the Treaty of Sèvres signed by the Allied powers and the Ottoman Empire in 1920 (Renée, 2003: 3-5). While many of the refugees shared a language and national identity with the local population, there were also Turkish-speaking groups among them, as well as a significant percentage who faced communication difficulties due to dialects (Kontogiorgi, 2006: 165-180). The massive influx of refugees brought about social, economic, and health upheavals, prompting the League of Nations to organize loans to assist with their settlement.

Historian Jamie Martin (2022:1-28), who has studied the birth of international economic assistance, contends that it was controversial to accept international assistance in the interwar period. Martin emphasizes that ideas of national self-determination were highly influential at the time. Moreover, the aftermath of the First World War had left a trail of instances where powerful nations had violated the sovereignty of weaker nations in pursuit of power and profits. The League of Nations’ reform of Greece’s public health system, while not primarily an economic intervention, would have entailed an extensive endeavor, granting the League considerable influence over Greece’s national health policies. This influence could be seen a challenge to Greek
sovereignty. It is worth noting that the League had previously involved itself in health-related assistance to Greece during the refugee crisis, with its Malaria Commission advising Greek authorities on a worsening malaria situation in 1924, and its Health Section providing guidance on a Dengue fever epidemic in 1928 (Gardikas, 2018: 184, 307). Nevertheless, these previous interventions would be dwarfed by an intervention to reorganize Greece’s public health system.

Furthermore, the call for such reorganization came amidst a turbulent period in Greek politics. The early interwar years witnessed the temporary abolition of the Greek monarchy (1924) and a short-lived military dictatorship (1925-1926). Political dynamics were marked by heightened tensions between Venizelism, which largely advocated Greek republicanism, and a conservative, predominantly royalist opposition (Martin, 2022: 140-141). Moreover, the League’s final proposal for the reorganization was put forth in April 1929, just a few months before the Wall Street Crash that triggered the Great Depression. This economic downturn led to a significant decline in tobacco prices and subsequent political turmoil in Greece (Theodorou and Karakatsani, 2008: 53-75; Mazower, 1991: 116-120). The initiation of the intervention into Greek health administration thus occurred at an intriguing moment in history. The Greek request for assistance followed a period of political unrest, and the Great Depression lay just around the corner. Ideas of self-determination were highly influential, and a long period of war had just ended, resulting in a massive influx of refugees.

The first part of this article is interested in how the recommendations to reorganize Greece’s public health service took shape. It puts a specific spin on this overarching interest by using the League’s Medical Director, Ludwik Rajchman, as an analytical lens. It looks at Rajchman’s interactions with colleagues and major stakeholders, as well as his interactions with important medical practices of the time. It is argued that Rajchman was enthusiastically engaged in the intervention and had a profound impact on it. At the same time, Rajchman was himself influenced both by a form of preventative hygiene and a transnational, multi-stakeholder style of medicine.

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1 See Also Epidemic of Dengue, 1928 - Various correspondence, 1928.
2 On using biography to explore societal themes, see Kessler-Harris (2009: 625-630). On biography as a tool to study international organizations, see Ikonomou (2020); Reinalda (2020: 15-32).
The second part of the article is interested in what strategies were used to move the proposed intervention towards becoming reality. It analyses the League’s final recommendations, as well as an application for funds written by Rajchman. It has a specific interest in technocratic internationalism, which as described by historians Johan Schot and Vincent Lagendijk (2008: 196-217) is an ideology that includes a preference for separating technical issues from political ones in international cooperation. This article posits that the League sought to portray the intervention as a technical endeavor rather than a political one, aligning with the principles of technocratic internationalism. Rajchman strategically emphasized the technical aspects of the intervention to ease relations with the primary financier, the Rockefeller Foundation, and to appease stakeholders within Greece. The League sought to downplay concerns regarding Greece’s political sovereignty, while planning for a significant intervention in its health policies.

In previous research, some of the most ambitious studies on the League’s intervention in Greece have held long term perspectives (Borowy, 2009; Macfadyen, 2014); although some shorter-term perspectives exist as well (Giannuli, 1998; Theodorou & Karakatsani, 2008). This article refines the short-term perspectives by treating the creation of the intervention (in 1928-1929) as a moment in history. Rajchman is used as a biographical prism for understanding the League’s intervention, building upon previous biographical works on Rajchman’s life (Balinska, 1998; Woltanowski, Wincewicz, and Sulkowski, 2018: 1-7).

3 His socialist pathos and the connotations of his Polish origins has been described in detail in health science researcher, biographer, and great granddaughter Marta A. Balinska’s work, and will not be central themes in this article, which focuses more on Rajchman’s interplay with medical ideas – as it relates to the intervention in Greece. It should also be noted that David Macfadyen (2014: 84-104) disputes Rajchman’s importance for the intervention in Greece – claiming that one of his employees – Melville Mackenzie was the driving force behind it. Furthermore, Rajchman by no means operated alone in Greece. The League’s Health committee, while relying on Rajchman and his team for information – had a profound influence on the intervention. Its chairman, Thorvald Madsen, visited Athens as preparation for the intervention. The League also provided economic assistance to Greece through

3 Works on Rajchman’s life tend to rely heavily on Balinska’s biography, see for example Pasteur Institute (http://webext.pasteur.fr); IO- BIO (www.ru.nl/politicologie/io-bio).
its Economic and Financial Section (directed by Author Salter); and parallel health-related assistance through its Malaria Commission. All source material was gathered from the League of Nations Archive hosted by the United Nations in Geneva.4

Analysis

Background

In early 1929, the League of Nations Health Section formed a research group of health experts, headed by Rajchman. Arriving in Greece on the 25th of January 1929, the group carried out a field survey studying Greece’s economic resources, demographic profile, medical services and sanitary conditions. Results were submitted to the League of Nation’s Health Committee which used it as a basis for its final proposal for the reorganization effort, delivered to the Greek government on April 18th. This proposal was called “Collaboration with the Greek Government in the Sanitary Re-Organization of Greece” but will henceforth be called the report.5

This document critiques Greece’s old health services for having been unable to prevent what is seen as preventable diseases: malaria tuberculosis, enteric fever and dysentery. It also contains critique of hospitals, medical universities, and the proportion of professional roles in the system. Hospitals are described as badly equipped, badly constructed and overcrowded with patients. Medical universities are described as being unable to produce officers that live up to modern standards of curative or preventative medicine. And the profession as a whole is described as overcrowded with doctors but lacking in nurses, health visitors and well-trained midwives. The report recommends that rather than expanding upon Greece’s present health services – a new health service should be built. Great emphasis is put on centralization of this new service. It is suggested that a new technical center should be built in Athens with specializations in multiple areas and a school of hygiene (with the ability to train personnel in other areas). The report also

4 Arrangements for a survey of Greece, 1929; Greek Public Health Service – Documentation, 1929; Collaboration of the Rockfeller [sic] Foundation, 1929; Rajchman, (Dr) Ludwik, W, 1921-1939; Explanatory Memorandum on the Documentation Collected by the commission, Together With a Subject Index, 1929; Hospital and health Survey of Athens and Pireaus, 1929.
5 “Collaboration with the Greek Government in the Sanitary Re-Organization of Greece” in Arrangements for a survey of Greece, 1929
recommends centralizing the health administration, rather than it being distributed over several ministries. Apart from an emphasis on centralization, the report also suggests creating a committee to study how Greek sanitary legislation could be altered as to harmonize with the report’s recommendation. It also makes economic assessments of costs; and it stresses the importance of philanthropic contributions to health services. Thus, the recommendations are extensive enough to go beyond medicine, into areas of political administration and sanitary legislation as well as discussing the economy of the intervention.6

Rajchman’s Freedoms and Constraints

The League of Nations Health Organization had many parts – a Health Committee, a Health Section, a Health Bureau and a General Advisory Council. Rajchman was hired by the League in 1921 as the director of the Health Section. This section officially answered to the Health Committee (where Rajchman was a member as well) but should be understood as a relatively autonomous unit through which Rajchman made a substantial impact on the League’s health activities (Gram-Skjoldager & Ikonomou, 2021: 31-50; Ranshofen-Wertheimer, 1945: 120-123). Towards the end of 1929 – the same year as the creation of the intervention in Greece – Secretary-General Eric Drummond wrote in a confidential evaluation about Rajchman: “I consider it mainly due to him that the Health Organization plays such a preeminent part in League activities”.7 Rajchman also acted as the Health Organization’s connection to the Rockefeller foundation, which funded a substantial amount of its activities (providing over $2 million between 1922 and 1934) (Weindling, 1997: 269-281). By the time the intervention came around (in 1929) the Section’s finances were in good order. Drummond had noted in 1926 and 1927 that the Health Section’s finances needed Rajchman’s “personal attention”.8 But in 1928 he wrote instead that he wished to congratulate Rajchman on the “financial organization of the [Health] Section”.9 It would also be Rajchman who wrote an application to the Rockefeller foundation in order to fund the intervention in Greece. Balinska (1991: 456-465) has argued that Rajchman was an odd

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6 Explanatory Memorandum on the Documentation Collected by the commission, Together With a Subject Index, 1929, p 21; Arrangements for a survey of Greece, 1929.
7 “Copy of annual report”, 29 nov 1929 in Rajchman, (Dr) Ludwik, W, 1921-1939
8 “Annual reports, Dr.Lw.Rajchman, Director, Health Section”, 1926-1927 in Rajchman, (Dr) Ludwik, W, 1921-1939.
9 “Annual report, Dr.Lw.Rajchman, Director, Health Section”, 1928 in Rajchman, (Dr) Ludwik, W, 1921-1939.
choice as Director of the Health Section, since he held socialist sympathizes. Yet Rajchman’s personnel file reveals that his socialist background was not the only objection to him. Rajchman was neither French nor British – and British authorities seem to have had concerns about him not belonging to the second category. An internal (unsigned) letter in the secretariat suggests sending word out that under no circumstances would the Secretariat appoint anyone of British or French nationality – so as to clear away “British” objections to Rajchman. 10 Rajchman also seems to have enjoyed the support of his superior, Drummond, who continuously gave him good evaluations (short and positive). It was not until tensions arose between him and the second Secretary-General, Josef Avenol, that his position was threatened: Avenol terminated his contract in 1939. But this was ten years after the intervention was put together (and still made Rajchman the longest serving Director in the Secretariat). 11

Rajchman’s Involvement

The many letters found in the League of Nations Archive indicate that Rajchman was actively and enthusiastically involved in the intervention. In these letters, Rajchman can be seen actively shaping the intervention, inviting experts to be part of it, setting up meetings with people involved in the survey, prioritizing among health goals in the vicinity, applying for funds to the Rockefeller Foundation, arranging accommodation and other travel details for his colleagues; as well as communicating his own travel plans to the Greek Under-Secretary for Hygiene, Apostolos Doxiadis. As concrete examples of this, one can mention a telegram that communicated how Rajchman had decided a Malaria Survey in Macedonia was not desirable. One could also mention two letters where he invited C.L. Park of the Australia Public Health Organization and B. Borcic, head of the Zagreb School of Hygiene to join the project; and a telegram where he set up a two- day meeting with Haven Emerson, a professor at the University of Columbia who was on his way to Athens; as well as a letter where Rajchman decided on a replacement for an important

10 Letter, unknown author to Monnet, 6 Aug 1921 in Rajchman, (Dr) Ludwik, W, 1921-1939.
11 “Annual reports, Dr.Lw.Rajchman, Director, Health Section”; “Contract”, 1 Nov 1921; Internal document “The Treasurer. The Internal Control Officer. The Chief Accountant”, 27 Jan 1939. All documents are from the folder Rajchman, (Dr) Ludwik, W, 1921-1939.
participant (Lumsden, an American doctor) who had been in an accident. There are also letters and telegrams that mention how Rajchman booked a hotel in Athens for Thorvald Madsen, chairman of the League of Nations health committee; arranged a trip to the same city for Gorge Buchanan of the Health Committee; and communicated his own travel plans to Doxiadis (the health minister of Greece). Furthermore, a letter from Emerson to Buchanan indicate that other people were anticipating relying on Rajchman. The letter describes how Emerson and Buchanan could expect to rely on “a good deal of information” from Rajchman, who was already in Greece as they were traveling there.12

Perhaps even more interestingly, a letter from Buchanan to Rajchman hints at Rajchman’s enthusiasm for the project. At an early stage of the project, Buchanan attempted to curb Rajchman’s quick response to Greece’s request, warning him that the health committee cannot be expected to “run wherever it is whistled to”.13 He writes:

It is too easy to imagine cases in which, for purely political and temporary reasons and not on the medical merits, a Health Department or its Minister, or even a Cabinet, might find it convenient to ask for the intervention of the Health Organization merely to give cover or to buttress up some project which ought to be settled by the national Government itself.14

Buchanan wanted the Council of the League to make sure that Greece’s request was a matter of medical technocracy, rather than a form of national politics. He feared Rajchman was running too quick with the request, thus not allowing the Council to make sure that this was the case. Furthermore, Rajchman had previously been involved in the League’s intervention on Dengue Fever in Greece. The prime minister of Greece, Eleftherios Venizelos – took the time to thank the Medical Director (Rajcman) for this previous work and specifically mention that it was the

12 Several letters and telegrams: Letter Rajchman to Borcic, 17 Jan 1929; Letter Rajchman to Park, 3 Nov. 1928; Telegram, Rajchman to Emerson, 8 Feb. 1929; Telegram, Rajchman to Cumming, 31 Jan 1929; Telegram Rajchman to Madsen 25 March 1929; Letter Rajchman to Buchanan Mar 1929; Letter, Rajchman to Doxiadis 11 Feb. 1929; Letter, Emerson to Buchanan till 28 Jan 1929, in Arrangements for a survey of Greece, 1929.
13 Letter, Buchanan to Rajchman 20th Nov. 1928, in Arrangements for a survey of Greece, 1929.
14 Ibid.
Director and his experts “previous engagement” with Greece that led to Greece’s invitation of assistance.\(^{15}\)

Considering communication preserved between Rajchman and various stakeholders, this article posits that Rajchman was deeply and enthusiastically involved in the creation of the League’s intervention into Greece’s public health service.\(^{16}\)

**Health Internationalism**

While the previous section presented signs of Rajchman’s agency and engagement in the intervention; this section takes a contextualizing approach – indicating ways in which Rajchman’s attitudes towards health internationalism line up with two major types of medical practice. One the one hand, they line up with the multi-stakeholder nature of international health interventions in the interwar period; and on the other hand, they line up with the preventative nature of social hygiene.

The intervention in Greece featured an aspect of national and organizational multiplicity. This can be seen in the team Rajchman put together, the stakeholders he negotiated with and the ideas and models he used as inspiration. Rajchman (himself of Polish origins), brought together competences from a variety of nations and medical organizations. Though he hardly did this without outside influence, Rajchman staffed the survey group with Haven Emerson, a professor at the University of Columbia, Allen McLaughlin of the U.S.A. Health Organization, C.L. Park of the Australia Public Health Organization, B. Borcic, head of the Zagreb School of Hygiene and M.D. Mackenzie, an American doctor at the League of Nations. Furthermore, letters preserved in the League’s archive show how Rajchman communicated with both the prime minister of Greece and the Rockefeller Foundation, a private philanthropic organization. He also asked that Mackenzie should be allowed to study at the Rockefeller Foundation as preparation for the survey,

\(^{15}\) *Arrangements for a survey of Greece*, 1929.

\(^{16}\) Theodorou and Karakatsani (2008: 53-75) also describe Rajchman as having considerable influence in the intervention.
and asked Park to send acts from the Australian national health services which he could study for himself.  

Extracts from these Australian health service acts have been preserved and archived, and these contain some similarities to ideas in the report. The extracts highlight three systems operating in Australia: one Victorian, one Tasmanian and one from Queensland. Both the Australian hospital acts and the report stress the importance of maternity care as well as philanthropic contributions to the healthcare system. While the authors of the Australian acts write that “The necessity to provide for a Maternity Service in any hospital system is recognized”; the report notes that “The welfare of mothers and infants is often capable of great improvement”. Extracts from the Australian acts also describe it as a “defect” in the Queensland and Tasmanian system – that these do not encourage “philanthropic persons” to devote their time to the work of hospital boards. The report recommends giving support to “societies” which out of “philanthropic motives” contribute to “public utility”. The Victorian system is described as the most successful one in the Australian acts. It is described as a highly differentiated hospital system that focuses skills on metropolitan hospitals. The report on the intervention in Greece also contains an idea of centralizing skills, in this case to one specific metropolitan area – Athens. It suggests establishing an “Athens Center”. This center would give instructions to services in other regions; provide advice to “central and local authorities” and contain specializations in several areas and train “the future medical officers of the Permanent Hellenic Health Service”. However, even with these similarities, it remains challenging to determine the precise extent to which Rajchman drew inspiration from the acts and how much of that inspiration materialized into concrete suggestions in the report. Additionally, there are sections within the acts that do not bear any resemblance to the recommendations put forth in the report. For example, the Australian acts are more concerned with sourcing finances in a variety of ways than the report is. What seems safe to say is that Rajchman sought to bring together ideas and models from different nations, arenas and organizations as he attempted to

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18 “Extracts from Hospital Acts and Reports Emanating from Australia”; Collaboration with the Greek Government in the Sanitary Re-Organization of Greece”. Both documents are found in Arrangements for a survey of Greece, 1929.
organize a viable health intervention. The team he built, the stakeholders he communicated with and the fact that he studied the Australian hospital acts – are all signs of this. Historian Sunil Amrith (2017: 245-264) has argued that the intertwining of national and international, public and private organizations was a major characteristic of international health policy in the first half of the twentieth century. Amrith describes how the Rockefeller Foundation brought together disparate groups of doctors, missionaries and humanitarians in support of its work, even while relying on the support of imperial and national states. Amrith also argues that this was not unlike how other international health organizations worked, such as The Red Cross and the Office International d’Hygiene Publique. Seen in this light, the national and organizational multiplicity of Rajchman’s attempt at health internationalism fit in with how other international health organizations have been described as operating in the interwar period.

The intervention in Greece also seems to have been influenced by the preventative and government centered attitudes of social hygiene. While not studying the intervention in Greece specifically, Balinska (1991: 456-465) sees Rajchman as a revolutionary force in international medicine. She has argued that Rajchman invented a form of broad preventative healthcare – which included housing – and that he did so based on his socialist ideals. The report does in fact contain a very broad perspective on health, stressing the importance of preventative measures. It calls for the improvement of Greece’s “Public water supplies, sewerage, good roads and paving, public baths, parks and recreation grounds, facilities for sport, means of communication, construction of healthy houses, factories and schools, public lighting, town-development planning”. The report also suggests that the Athens Center get a “Division of Hygiene and Preventive Medicine” as well as a “Division of Sanitary Engineering”. However, Rajchman was not unique – even within the League – in supporting broad preventative health measures. Mackenzie, a colleague who lacked Rajchman’s socialist background, explicitly criticizes Greece’s medical personnel as being to a great extent “ignorant of modern preventative medicine”. He describes Greece’s incapacity to secure good “water supplies”, “sewage” and “communications”. Mackenzie’s attitudes indicates that some of Rajchman’s attitudes to prevention were not as unique as they have been described by

\[Arrangements for a survey of Greece, 1929.\]

\[Explanatory Memorandum on the Documentation Collected by the commission, Together With a Subject Index, 1929, p21; On the plurality social hygienes, see Porter & Porter (1988: 90–106).\]
Balinska – and could be arrived at from other vantage points than a socialist one. As far as Rajchman was interested in securing external conditions of health, he can be thought of as influenced by a form of social hygiene rather than pure socialism. Nickolas Rose (1993: 283-299) has described how politicians from many different ideological backgrounds supported versions of social hygiene in order to make sense of health interventionism. He has argued that while many types of social hygiene existed, there were two major state-sponsored versions in the early twentieth century. The first attempted to improve external conditions of health through town planning, sewage systems, anti-filth campaigns and the like. The second strand, so called eugenics, sought to improve upon perceived biological traits in the nation’s population. It seems the intervention in Greece lines up with the first major strand of social hygiene, in that it aimed to secure external conditions of health.

The first part of this article has argued that Rajchman was enthusiastically involved in the creation of the intervention into Greece’s public health system and played a significant part in shaping it. The intervention was deeply influenced by Rajchman’s attitudes towards the global multiplicity of international health work, as well as his and Mackenzie’s attitudes towards preventative hygiene. These attitudes were broadly present in health governance at the time.

Technocratic Internationalism

While an influential individual, Rajchman did not act in a bureaucratic or diplomatic vacuum. The following part of this article discusses strategies in the report and in Rajchman’s negotiations, seemingly intended soften relations with stakeholders and move the planned intervention towards becoming a reality. Previous research by historians Vassiliki Theodorou and Despina Karakatsani (2008: 53-75) has attempted to map out tensions between Greek politicians on the one hand and Thorvald Madsen and Rajchman on the other hand. They have also described tensions between the Greek Medical Association and League-appointed health experts, as well as between liberal and conservative politicians within Greece. In the following two sections, rather than focusing

21 MacKenzie seems to have largely avoided clear public expressions of ideology, although Springings (2008: 120-121) describes him as having an aversion to social ideology.
exclusively on conflict, emphasis is put on how the report was formulated in ways that were likely
to help mediate stakeholder tensions. Using Schot and Lagendijk’s (2008: 196-217) understanding
of technocratic internationalism, it is argued that the report attempts to present itself as technical
in opposition the political – and that Rajchman used this presentation to soften relations with the
Rockefeller Foundation, as well as potential critics within Greece.

The Technical vs. the Political

In Rajchman’s application for funds sent to the Rockefeller Foundation, he emphasized the
intervention’s “technical nature”.22 This attempt to define the intervention as technical was backed
up by the report itself, which had been sent to the foundation beforehand. The report accentuates
the intervention’s technical properties in two main ways. First of all, explicitly, and secondly, by
repeatedly using the term technical to define the properties of all the main nuts and bolts in its
recommendations.

The explicit effort to define the intervention as technical was formulated as follows: “We consider
it an indispensable condition for the working of a modern and effective health service that it
should be fully protected from political influences; such a service ought to be a purely technical
service”.23 Note that the technical is here defined as separate from the political.

Thereafter, the message that the intervention would be technical is reinforced a multitude of times
in the report through the repeated use of the term ‘technical’, which is one of the most central and
commonly used terms that appear in the text. The survey is described as a “technical survey”, the
new central “technical services” are recommended to have a “technical” head – the authority of
which should in fact be “technical”. Likewise, the direction of the malarologist, the sanitary
engineer and the professor of pharmacology are also described as “technical”. In general experts are
in the text referred as “technical experts”; instructors are “technical instructors”; public health


23 Arrangements for a survey of Greece, 1929, 7.
advisors are “technical health advisors”. General staff is referred to as “technical staff” and equipment is referred to as “technical equipment”.²⁴ Ironically the text contains no specialized medical vocabulary. Instead, the term technical is only used to define the different parts of the intervention program as belonging to a technical realm, thus a realm that has been predefined as separate from the political.

Towards the end of the report – the document returns to a more explicit method of signaling technical properties. The Greek Prime Minister is quoted stressing the technical nature of the intervention; officially requesting the League’s “technical assistance”.²⁵

Having sent this report to the Rockefeller Foundation, Rajchman was arguably armed with a thoroughly expressed claim to the realm of the nonpolitical. Making sure that the foundation notes the claim, Rajchman quotes the Greek prime minister’s request for technical assistance in his application for funds (which as mentioned also figures in the report already sent). After this Rajchman also explicitly writes himself that the intervention into Greek Public Health Service will be of a “strictly technical nature”.²⁶

The early interwar period was a tumultuous time for Greek politics. A good reason for defining the intervention as technical was – as the document states – to have it last across shifting Greek political landscapes. However, Rajchman was attempting to pitch the intervention to an American philanthropic foundation: the Rockefeller Foundation. Historian Ludovic Tournès (2022), has studied American philanthropic foundations in the interwar period and argues that these foundations generally belonged to US internationalist circles and should be understood as a counterweight to traditional US isolationism. He also argues that the Rockefeller Foundation had a specific vision of internationalism which was based on governing global issues through scientific ventures – rather than political ones.²⁷ In this situation, Rajchman’s claim to a nonpolitical

²⁴ *Arrangements for a survey of Greece*, 1929, 7.
²⁶ *Collaboration of the Rockfeller [sic] Foundation*, 1929
²⁷ Tournès describes this as a general tendency among American philanthropic foundations. These foundations did not want to get involved in political decision making, but aimed to stimulate the growth of what was seen as technical activities.
intervention may have been important to soften relations with the Rockefeller Foundation, by emphasizing aspects of the intervention that harmonized with the foundation’s vision of internationalism.

Emphasizing the technical aspects of the intervention may also have been a strategy to avoid tensions with Greek stakeholders. The report claims that the survey was done to “…form a happy consummation of the studies already made by the Greek authorities”. Thus, it describes a continuation between Greece’s own technical studies and the technical enquiries headed by Rajchman. Martin (2022:1-28) argues that a state in the interwar period which allowed large scale intervention into matters classically understood as belonging to national politics could be seen as relinquishing part of its sovereignty. He asks: “In a profoundly unequal world, how could a sovereign state open its internal affairs to outside intervention without admitting to a loss of status, power and autonomy?” Martin is interested in international economic assistance. Yet the League’s health intervention could certainly be considered large scale as well. It was the first time in history an international organization had attempted a health intervention extensive enough to reconstruct not only a nation’s health policies, but also related health administration and sanitary law. The intervention touched upon a whole branch of society. Defining the intervention as technical- as opposed to political may have been a strategy to ease or preempt concerns about an intervention scheme which could be understood as infringing on Greek political sovereignty.

Conclusion

This article has studied the League of Nation’s intervention into the Greek public health service in 1928-1929. The article contributes insights to how an individual, Rajchman, became an important bridge between ideas in global health governance and the League’s reform recommendations. Communication preserved between Rajchman and various stakeholders indicate that he was enthusiastically involved in the intervention and played a central part in shaping it. The intervention was deeply influenced by his attitudes towards the global multiplicity of international health work. Rajchman drew competence from three different continents and studied Australian hospital acts himself before commencing a survey into Greece’s health service.

28 Arrangements for a survey of Greece, 1929, 1-2.
Furthermore, both Rajchman and his colleague Mackenzie were highly influenced by the preventative attitudes of social hygiene. Preventative attitudes towards medicine were broadly present in central and northern European health governance at the time, spanning the ideological spectrum – but the survey lead by Rajchman indicated that it was largely absent in Greek medicine.

This article has also contributed insights to what role the ideology of technocratic internationalism played in the intervention. It is argued that the League’s reform recommendations contained strategies to emphasize the intervention’s technical status – for diplomatic reasons. These strategies can be understood as based on the ideology of technocratic internationalism. The report explicitly defines the intervention as technical in opposition to political, and then repeatedly reminds the reader of its technical status through the abundant use of the term technical – to describe all the nuts and bolts of the intervention. This emphasis is likely to have been important in order to soften relations with the Rockefeller Foundation, where Rajchman was applying for finances. The foundation held a vision of internationalism based on an ideal of the technical health aid. Additionally, defining the intervention as nonpolitical may have been a strategy to ease tensions with Greek stakeholders such as politicians, civil servants and the Greek medical corps. The survey headed by Rajchman was presented as a happy consummation of technical studies already commenced by the Greek government. To use a medical term, it was presented as noninvasive. This was in spite of the unprecedented scale of the intervention, which would affect a whole branch of society – and was written in a context were self-determination and national sovereignty were highly influential political concepts.
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