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WAR, PHILANTHROPY, AND THE NATIONAL INSTITUTE OF HYGIENE IN FRANCE

ABSTRACT. The Rockefeller Foundation helped establish two health research institutes in France during the German occupation and Vichy rule. These institutes were the precursors of the Institut National de Santé et de la Recherche Médicale (INSERM), the French equivalent of the National Institutes of Health in the United States. This essay rescues these institutes from oblivion, and examines their origins and their significance.

INTRODUCTION

Today, France is widely admired for its medical research and public health service. Thanks to organizations such as Médecins sans Frontières, French doctors are acknowledged leaders in emergency international relief. Yet, only sixty years ago, France itself was a country shattered by war and in need of assistance. In many ways, the current French biomedical system traces its origins to the wartime period following 1940 and the fall of the Third Republic. During that time, the Vichy regime, with considerable aid from philanthropic organizations in the United States, began public health programmes upon which post-war governments later built.

By situating in the Vichy regime important moments in the history of health and welfare in France, this paper runs counter to a view that identifies the government of Marshal Pétain almost exclusively with German occupation.¹ At the same time, to suggest that reforms began before the end of the war runs contrary to the typical presentation of developments in health and social welfare as part of the post-war recovery of France.²

¹ The recent interpretation of the Vichy period began with Henry Rousso's, *Vichy Syndrome: History and Memory in France since 1944* (Cambridge, Mass.: Harvard University Press, 1991). For an early response, see Kim Munholland, 'Wartime France: Reading Vichy', *French Historical Studies*, 18 (1994), 801–820.

² See Yves Saint-James, 'France', in Peter A. Kohler and Hans F. Zacher (eds.), *The Evolution of Social Insurance, 1881–1981: Studies of Germany, France, Great Britain, Austria and Switzerland* (New York: St. Martins Press on behalf of the Max-Planck-Institut für Ausländisches und Internationales Sozialrecht, 1982), 120–126; Bruno Valat, 'Resistance et Sécurité Sociale, 1941–1944', *Revue Historique*, 292 (1994), 315–346; and Haroun Jamous, *Sociologie de la décision. La réforme des études médicales et des*



Finally, this paper will show that far from withdrawing from France, American organizations, especially the Rockefeller Foundation, played a significant role in beginning and sustaining medical reforms.³

The period between 1939 and 1941 was traumatic for France, and confusing for the United States and for relations between the two countries. In June 1940, the Pétain regime signed an armistice with Germany, which led to the occupation of the northern half of the country and the relocation of the French government to the resort spa of Vichy. The United States was officially neutral and trod a careful line between opposition and isolation. But non-governmental organizations – such as the Red Cross, the Quakers, and the Rockefeller Foundation – were under no such constraints, and in fact were drawn into the vacuum created by American neutrality.⁴ The war exposed glaring problems that could no longer be ignored, but the most common view favoured short-term relief until the uncertainties bred of war could be resolved.

It was in this unlikely setting that the Rockefeller Foundation helped establish two Instituts des Recherches d'Hygiène. These can be considered precursors of the Institut National d'Hygiène (INH), created at the end of 1941, which survived the war, becoming in 1964 the Institut National de

structures hospitalières (Paris: Editions du CNRS, 1969). Some studies have stressed the continuity of French public health and medical reform from the inter-war period through the Second World War and afterwards. See, for example, Pierre Guillaume, *Le rôle social du médecin depuis deux siècles (1800–1945)*, (Paris: Association pour l'étude de l'histoire de la Sécurité sociale, 1996); Bénédicte Vergez, 'Internes et anciens internes des hôpitaux de Paris de 1918 à 1945' (Unpublished PhD dissertation, Institut d'études Politiques de Paris (IEP), 1995); and Timothy B. Smith, 'The Social Transformation of Hospitals and the Rise of Medical Insurance in France, 1914–1943', *Historical Journal*, 41 (1998), 1055–1087.

³ The Foundation's influence on medicine has received a lot of attention since E. Richard Brown, *Rockefeller Medicine Men: Medicine and Capitalism in America* (Berkeley: University of California Press, 1979). Most scholarship on the Medical Divisions has focused on their activities in the United States. Exceptions include Marcos Cueto (ed.), *Missionaries of Science: The Rockefeller Foundation and Latin America* (Bloomington: Indiana University Press, 1994); Illana Löwy and Patrick Zylberman (eds.), *Studies in History and Philosophy of Science*, 31 (2000), 365–510, a special issue focusing on the Foundation and public health in Europe; and William H. Schneider (ed.), *Rockefeller Philanthropy and Modern Biomedicine: International Initiatives from World War I to the Cold War* (Bloomington: Indiana University Press, 2002).

⁴ On Rockefeller aid to French refugee scholars through the Social Sciences Division, see Emmanuelle Loyer, 'La débacle, les Universitaires et la Fondation Rockefeller: France/États-Unis, 1940–1941', *Revue d'Histoire Moderne et Contemporaine*, 48 (2001), 138–158. For another private American aid organization that has recently received attention, see Sheila Isenberg, *A Hero of Our Own: The Story of Varian Fry* (New York: Random House, 2001); and Fry's own account, *Surrender on Demand* (New York: Random House, 1945).

Santé et de la Recherche Médicale (INSERM).⁵ Although this was not unique – at the same time there were new developments in demographic research (INED), overseas development (ORSTOM), and economic planning – it was an extraordinary outcome of a limited project, begun in the midst of the collaboration and confusion of the Vichy period.⁶ It is useful to describe and account for this unlikely success in the field of public health.

THE COMING OF WAR AND THE ROCKEFELLER HEALTH COMMISSION

To most informed observers, French medical education and research was in need of reform well before 1940.⁷ Thanks to the great Paris teaching hospitals, France played a key role in the creation of scientific medicine in the first half of the nineteenth century, but French medicine lost its leadership in laboratory medicine during the second half of the century. It was a lamentable fact that the discoveries of Claude Bernard and Louis Pasteur were better integrated into the practice of medicine outside France than within the country. While foreigners (including Americans) came in large numbers to study in Paris before 1850, by 1900 they went to Germany, where experimental medicine had become part of the curriculum. France also lagged in public health, despite a promising start in the first half of the century. At the outbreak of the First World War, France had no compulsory immunization or declaration of infectious diseases, and death rates from tuberculosis were the highest in Western Europe.⁸

⁵ For the wider setting, see Jean-François Picard, 'Aux origines de l'INSERM, l'Institut National d'Hygiène, la santé publique et la recherche médicale', *Sciences sociales et santé* (forthcoming).

⁶ Alain Drouard, 'Les trois âges de la Fondation française pour l'étude des problèmes humains', *Population*, 38 (1983), 1017–1037; Christophe Bonneuil and Patrick Petitjean, 'Science and French Colonial Policy: Creation of ORSTOM: from the Popular Front to the Liberation via Vichy, 1936–1947', in T. Shinn, J. Spaapen, and V.V. Krishna (eds.), *Science and Technology in a Developing World* (Dordrecht: Kluwer, 1997), 129–178; and Philippe Mioche, *Origines et démarrages de la planification en France (1941–1946)*, (Paris: Publications de la Sorbonne, 1987).

⁷ In addition to Guillaume, *op. cit.* note 2, see Lion Murard and Patrick Zylberman, *L'hygiène dans la République: la santé publique en France ou l'utopie contrariée (1870–1918)*, (Paris: Fayard, 1996); and Jean-François Picard, *La Fondation Rockefeller et la recherche médicale* (Paris: PUF, 1999).

⁸ Murard and Zylberman, *op. cit.* note 7, 481–484. On French medical education in a wider international context, see Thomas N. Bonner, *Becoming a Physician: Medical Education in Great Britain, France, Germany and the United States, 1750–1945* (New York: Oxford University Press, 1995).

Nor did the situation improve much after 1918. The Pasteur Institute, which before the war was a model research centre, emerged from the war in such dire straits that it needed Rockefeller assistance just to keep its staff.⁹ And apart from demonstration projects in the provinces, public health reforms also stalled. Even fears of a declining birth rate failed to win over physicians and clinicians, who blocked proposals for reform. It was only in 1939 that France introduced a national health card (*carnet de santé*), but war broke out before there was time for this to make a difference.¹⁰

Among the opportunities that France failed to exploit were those offered by the Rockefeller Foundation. For twenty years, beginning in 1919, Rockefeller charities spent almost \$50 million on health and medicine projects in eighteen European countries.¹¹ A headquarters and staff were established in Paris to oversee these grants, and a generation of scientists and doctors were given fellowships to study abroad and return with new ideas. But, despite the Foundation's explicit efforts to assist medical reform in France, early results were disappointing.¹²

The coming of the Second World War found reform in tatters. The gloom of September 1939 was reflected in the Foundation's *Annual Report* for 1939, which began with President Raymond Fosdick's preface, entitled, 'Night over Europe'. Elaborating on Sir Edward Grey's famous observation in 1914 that 'the lamps are going out all over Europe', Fosdick lamented that, 'in the war that is now being carried on in Europe, the sacrifices and the processes of disintegration have already begun. We can see now something of the extent of the disaster'. By this, he meant the destruction or closing of universities from Warsaw, Cracow, and Prague to Madrid and Amsterdam, as well as the scattering of student populations. Even where research continued, he pointed out, 'laboratories hitherto devoted to the extension of knowledge, both in medicine and in the natural sciences, are being geared into the war machine'. Looking to the future, Fosdick feared that 'the night in Europe cannot be long continued without the sacrifice of cultural values on so vast a scale that the chance of an

⁹ See Rockefeller Foundation Archives (New York) (hereafter RFA), RG 1.1, Series 500, Box 2, Folder 16, Rockefeller Foundation Executive Committee minutes, 22 March 1921.

¹⁰ William H. Schneider, *Quality and Quantity: The Quest for Biological Regeneration in Twentieth Century France* (New York: Cambridge University Press, 1990), 172.

¹¹ RFA, RG 1.2, Series 700, Box 9, Folder 81, estimate prepared by Thomas B. Appleget, 'Rockefeller Foundation: Principal Grants in Europe', 9 July 1946.

¹² Jean François Picard and William H. Schneider, 'From the Art of Medicine to Biomedical Science in France: Modernization or Americanization?', in Schneider (ed.), *op. cit.* note 3, 106–124.

enlightened and gracious life, not alone for this generation in Europe, but for the children and grandchildren, will be irretrievably lost'.¹³

Despite Fosdick's pessimism, or perhaps because of it, Rockefeller trustees and officers refused to pull their programmes out of Europe immediately after the declaration of war in September 1939. During the first weeks of fighting, and in anticipation of a German attack, the Foundation moved most of its personnel from Paris to La Baule, near the port of Nantes. It was a gesture that signified the times: a half-way solution that recognized the gravity of the situation, but without signalling withdrawal. As the head of the Paris office put it, 'I do not think that we are overstating the case in affirming that the mere fact of the Foundation not pulling out of Europe has a great psychological value'.¹⁴

The 'phony war' that followed the German victory over Poland brought with it a 'phony philanthropy' on the part of the Foundation, during which no new projects were begun and existing commitments were cut back, so that they could be terminated on short notice. New proposals were not taken on. Alan Gregg, Director of the Medical Sciences Division, met with doctors and researchers during a visit to Paris and London in February and early March 1940, but explained that the purpose of his visit, despite their pleas for help, was just to observe wartime conditions first-hand and not to take on, 'large, complex projects with heavy responsibilities . . . [in] such times of uncertainty'.¹⁵

The German attack on France through Belgium and The Netherlands in May 1940 put a swift end to many things, including Rockefeller's attitude. By the beginning of June, all American personnel and their families had left France. On 10 June, Alexander Makinsky, chief secretary of the Medical Sciences Division in the Paris office, paid a last visit to Miss Victorin, a secretary who remained in Paris with instructions to pick up mail delivered to the Rockefeller Foundation office on the Rue de La Baume. Makinsky went to La Baule to liquidate that office, and on 15 June he heard the news of the fall of Paris as bombs fell on the nearby port of St. Nazaire. He and other staff then joined refugees fleeing south, first to Bordeaux on 19 June and then to Spain, eventually reaching Lisbon on 24 June. There, Makinsky managed to set up bank accounts for a temporary

¹³ Rockefeller Foundation, *Annual Report*, 1939, 9–13.

¹⁴ RFA, RG 1.1, Series 700, Box 5, Gunn to Appleget, 24 October 1939, cited in Rockefeller Foundation Health Commission Report, 27 June 1940 to 30 June 1941 (hereafter cited as the June 1941 report), 5.

¹⁵ RFA, Alan Gregg's diary, RG 12.1, interview Gustave Roussy and D.P. O'Brien, 1 March 1940.

Rockefeller office to serve refugees, and to act as an advanced outpost for any activity that the Foundation might want to undertake in Europe.¹⁶

Meanwhile, back in New York, the Rockefeller staff debated what role, if any, they could play. At the end of May, when reports arrived of French lines crumbling before the German offensive, Andrew J. Warren, Associate Director of the International Health Division (IHD), briefed his director, Wilbur A. Sawyer. Warren described the Foundation's past and current efforts to improve European public health, concluding with a description of medical facilities in what would soon be Nazi-occupied Europe.¹⁷ Five days later, George K. Strode, another associate director of the Division who oversaw projects in Europe, reported to a staff conference, 'The actual situation in France offers no present opportunity for outside organization other than those dedicated to relief'.¹⁸ He and other officers warned that relief work, once undertaken, would be so overwhelming that it would exhaust the resources of the Foundation.¹⁹ They agreed that if the Foundation were to attempt any new projects of a permanent nature, the International Health Division was the most relevant agency, thanks to the success of its programmes between the wars. In the end, Warren advised Sawyer on 10 June that the Foundation 'will have to be opportunistic indefinitely. Under Nazi domination, programs [were] not possible'.²⁰

Faced with assessments that ruled out even help with immediate needs of food, shelter, and acute medical assistance, IHD director Sawyer suggested on 17 June that a 'Rockefeller Foundation Health Commission to Europe' (RFHC) be appointed, consisting of himself, Strode, and Daniel P. O'Brien. O'Brien – one of Gregg's associate directors in the Medical Sciences Division – had been stationed in France since the late 1920s, as had Strode, who directed all European operations of the IHD from Paris between 1932 and 1938.²¹ Their inclusion was a tacit recognition that France was the obvious place to start, even though the commission's scope included all of Europe. President Fosdick agreed, but revealed the vague

¹⁶ See RFA, RG 12.1, Alexander Makinsky's diary, 10 June to 24 June 1940.

¹⁷ RFA, RG 1.1, Series 700, Box 3, Folder 21, Warren to Sawyer, 24 May 1940.

¹⁸ RFA, RG 1.1, Series 700, Box 3, Folder 21, staff conference, 29 May 1940.

¹⁹ As proof, they pointed to studies after the First World War showing that the Foundation had spent more than \$22 million on emergency food and medicine plus support for the Red Cross and other relief agencies. Trustees meeting of 11 December 1934, as cited in the June 1941 report, *op. cit.* note 14, 4–5.

²⁰ RFA, RG 1.1, Series 700, Box 3, Folder 21, Warren to Sawyer, 10 June 1940.

²¹ For more on Strode, who was by far the most important member of the Commission, see 'Dr. Strode Dead: A Health Expert', *New York Times*, 29 October 1958, 35. For more on O'Brien, see National Library of Medicine (NLM), Alan Gregg Papers, Msc 190, Box 23.

nature of the Foundation's objectives when he informed Ray Atherton at the US State Department that the commission was 'to render the greatest possible service in the public health field to regions severely affected by the present war'. On 8 July 1940, the Executive Committee of the Foundation approved the commission and put \$500,000 at its disposal to the end of 1941. The next day, the three commissioners met for the first time.²²

However vague its goals, the commission served several purposes. First, it was a positive step, responding to trustees and staff, not to mention critics who pleaded for Foundation help with relief work. Second, the commission offered hope of support to those whom the Foundation had previously assisted. Finally, and most important, the commission provided a pretext for sending a few senior officers back to Europe to observe what was happening, and to be available should 'opportunistic' circumstances arise.

The Foundation and the commission wasted no time in getting to work. First, Sawyer, O'Brien, and Strode were briefed on public health projects they might investigate by Gordon Farr, a sanitary engineer at Harvard, and John B. Youmans, an Associate Professor at Vanderbilt University Medical School, who had received a \$20,000 grant from the Rockefeller Foundation in 1939 to study nutrition and poverty among rural children in Tennessee. Then, at its first meeting on 9 July, the commission agreed to travel through Lisbon, where they would arrange for Makinsky to be secretary. Strode compiled a list of Europeans who had worked with the Foundation during the inter-war years, including French public health physician Jacques Parisot and paediatricians Robert Debré in Paris, Paul Rohmer in Strasbourg and Georges Mouriquand, a child nutrition specialist, in Lyon.²³

THE AMERICANS RETURN TO PARIS

Plans went well at first. All three officers arrived in Lisbon on 5 August, and met Makinsky, who was given responsibility for budgets and accounts, supplies and transportation.²⁴ At the same time, back in New York, the commission was soon given an even wider brief. On 7 August, J.P.

²² *Ibid.* See also RFA, RG 1.1, Series 700, Box 3, Folder 21, extract from Wilbur A. Sawyer diary, 17 June 1940; Fosdick to Ray Atherton, 2 July 1940; and minutes of meeting of Rockefeller Foundation Health Commission to Europe (RFHC), 9 July 1940.

²³ RFA, RG 1.1, Series 700, Box 3, Folder 21, minutes of RFHC meeting, 9 and 11 July 1940.

²⁴ RFA, RG 1.1, Series 700, Box 3, Folder 22, extract from Wilbur A. Sawyer diary, 6 August 1940.

Chamberlain, an assistant to the Secretary of the Treasury, asked Ferrell of the IHD if the commission could ‘inform him as to . . . conditions in the countries they visit’. When Sawyer returned the following month, he began a series of regular reports to the Treasury.²⁵ Four days after their arrival in Lisbon, the commission departed for France – by car to Madrid, then by plane to Barcelona, and by train to the French border, where they changed for Perpignan, then Toulouse. On 15 August, the three reached Vichy. Once arrived, however, they had difficulty making contact with health officials, at first relying on American Quaker war-relief representatives, whose only contacts were in the Ministry of Agriculture. Then, taking advantage of previous contacts, they met with Michel Macheboeuf, a professor at Bordeaux, whose research on nutritional substitutes had been supported by the Foundation before the war.

Macheboeuf was a member of a ‘Collège des experts de la défense nationale’, which the Vichy regime had created to examine the critical shortage of civilian food and medical supplies. Although the armistice had spared France the disaster of a long, drawn-out war, the country was in a desperate situation from the standpoint of morale and physical resources. The Germans had requisitioned all supplies deemed necessary in Germany, and showed little sympathy to proposals for saving the ‘French race’. General Streccius, head of the German military occupation, told the French that the German population had endured similar hardships twenty years earlier without lasting effect, and made further requisitions.²⁶

The Vichy regime proved capable of responding to some of the opportunities that the war brought dramatically into the forefront. For example, one advantage it enjoyed was a sense of dissatisfaction with government among the French people. Vichy called upon the technocratic expertise of administrators and reformers who had been frustrated by the machinery of the Third Republic.²⁷ In the field of health, the Vichy regime gave responsibility to Jean Ybarnagaray, whose Ministry of the Family and

²⁵ RFA, RG 1.1, Series 700, Box 3, Folder 22, Chamberlain to Ferrell, 7 August 1940. Examples of other reports are RFA, RG 1.1, Series 700, Box 3, Folder 22 and 23, Sawyer to Chamberlain, 24 September 1940, 8 October 1940, and 6 December 1940.

²⁶ Personal papers of André Chevallier (hereafter cited as the Chevallier Papers), Laurencie interview with Streccius, 11 September 1940. I am grateful to Marie-Françoise Chevallier, granddaughter of André Chevallier, for permission to consult these papers, which are being deposited in the archives of INSERM in Paris.

²⁷ Bonneuil and Petitjean, *op. cit.* note 6, 145; Richard Kuisel, ‘Vichy et les origins de la planification économique (1940–1946)’, *Mouvement social*, 98 (1977), 77–102. For a contemporary statement of the case for health reform by a respected French surgeon, see René Leriche, ‘Medicine 1941’, in André Bellesort, *et al.* (eds.), *France 1941: La Révolution nationale constructive* (Paris: Editions Alsatia, 1941), 339–346.

Youth, contrary to its name, included health administration. Macheboeuf introduced the Rockefeller delegation to Ybarnagaray, who told them that many of the health services and directors were still in Paris. Accordingly, the Rockefeller officers returned to Paris, and installed themselves in the former offices of the Foundation at 20, Rue de La Baume, where three former staff members began reporting to work again just two months after Makinsky had left.²⁸

The situation in Vichy foreshadowed difficulties in Paris. Sawyer planned a trip to Hungary, where the Foundation had helped create a model public health organization between the wars; but he quickly realized that German authorities would not provide travel authorizations, so on 4 September, Sawyer left Strode and O'Brien in Paris and returned to New York via Lisbon.²⁹ On the very next day, however, the remaining two officers met with two officials who were receptive to their goals: Serge Huard, a surgeon who was General Secretary of Public Health in Ybarnagaray's Ministry, and Félix Codvelle, Director of Hygiene and Assistance, who formerly had been an epidemiologist at the French army medical centre at the Val de Grâce Hospital in Paris. Huard had just begun serious reform of the medical profession, and recognized the importance of the Rockefeller connection.³⁰ A few days later, O'Brien was allowed to visit the war-damaged areas of northern France. The 29-page report he filed was one of the earliest first-hand accounts of conditions in the aftermath of battle.³¹

Following the meetings with Huard and Codvelle, the Americans began plans for new research facilities. This was not the first time that Rockefeller officials had attempted such work in France. The earliest Rockefeller project in Europe was an anti-tuberculosis campaign in France during the

²⁸ RFA, RG 1.1, Series 700, Box 3, Folder 22, Sawyer to Warren, 11 August 1940; Strode to Makinsky, 16 August 1940 and 26 August 1940. For the 'poor start' of the commission in Vichy, see NLM, Alan Gregg Papers, Msc 190, Box 20, Makinsky to Gregg, 30 August 1940.

²⁹ RAF, RG 1.1, Series 700, Box 3, Folder 22, Strode to Makinsky, 26 August 1940; excerpt of Sawyer diary, 4 September 1940.

³⁰ June 1941 report, *op. cit.* note 14, 13–14; RFA, RG 1.1, Series 700, Box 4, Folder 28, excerpts of O'Brien's diary, 12 September, 19 September, and 21 September 1940. For more on Huard, who eventually was named Minister of Health, and exercised an important influence, see M. Roux, 'Serge Huard (1897–1944)', *Paris Médical*, 128 (1944), 53–54; and Guillaume, *op. cit.* note 2, 269–270. On the resistance of the medical community to Huard's reforms, see Vergez, *op. cit.* note 2, 322–361.

³¹ RAF, RG 1.1, Series 700, Box 4, Folder 28, excerpt of Daniel P. O'Brien's diary, 9–10 September 1940. On the meeting with Codvelle and Huard, see RFA, RG 1.1 Series 700, Box 3, Folder 22, agreement of 5 September 1940; and June 1941 report, *op. cit.* note 14, 21.

First World War. This led to the creation of a national social hygiene office in 1924, also with initial Rockefeller funding, but the office fell victim to the budget crisis of the early 1930s.³² Rockefeller officers had discussed proposals for medical education reform as early as 1921, when a 'Paris School of Hygiene' was considered. Instead, at the time, three other projects were funded: two small ones at the medical schools in Strasbourg and Nancy, and a new hospital at the University of Lyon Medical School. A very ambitious project (with a budget of more than \$6 million) was proposed for the Paris Medical School in the late 1920s and early 1930s, but it became bogged down in politics and medical faculty resistance, and was dropped in 1934. A proposal in 1938 and 1939 for paediatrics and public health reform failed, at first because of hesitation by the French government, and later because of the Foundation's reluctance to undertake large-scale projects once war began.³³

In the autumn of 1940, it was neither possible nor desirable for Strode and the French to pick up discussions of public health collaboration where they had left off. The government had changed, and Parisot was politically *persona non grata*, while Debré, because of his Jewish ancestry, managed to keep his chair in the Faculté de Médecine only because of a special authorization given by a Pétain decree in April 1941.³⁴ Both the Rockefeller and the French, therefore, had to adopt a new approach. On its side, the Rockefeller Foundation Health Commission was not hindered by the Foundation's usual process of insisting upon lengthy study committees followed by trustee approvals. In fact, the RFHC's director was given authorization to spend up to \$200,000 of its \$500,000 allocation on the approval of the President alone.³⁵

In September 1940, Strode and O'Brien came to an agreement with Huard and Codvelle to create a National Institute of Hygiene, with American experts providing technical assistance in epidemiology, bacteriology, sanitary engineering, and nutrition. In a significant departure, the Foundation made no commitment to assist with new buildings. Although Huard and Codvelle agreed to provide space, they were careful about the name,

³² See Schneider, *op. cit.* note 10, 134–145. For more on the tuberculosis campaign and French public health, see Murard and Zylberman. 'La Mission Rockefeller en France et la création du comité nationale de défense contre la tuberculose (1917–1923)', *Revue d'histoire moderne et contemporaine*, 34 (1987), 257–281.

³³ For more, see Picard and Schneider, *op. cit.* note 12.

³⁴ He soon left the occupied zone for Vichy, where he helped organize the medical resistance. See Anne Simonin, 'Le Comité Médical de la Résistance: un succès différé', *Mouvement Social*, 180 (1997), 159–178.

³⁵ RFA, RG 1.1, Series 700, Box 3, Folder 21, minutes of meeting of Rockefeller Foundation Health Commission to Europe, 9 July 1940.

pointing out that until the government could make legal provisions, the facility had to be called the 'Institut des recherches d'hygiène'.³⁶

Meanwhile, the Foundation searched for appropriate American experts. Early in October, Sawyer wrote that arrangements were being made with four prominent public health experts: John B. Youmans, the Vanderbilt nutritionist, who had briefed the commission before its departure to Europe; Harold Stuart, a nutritionist from Harvard; Paul Hudson, a bacteriologist from Ohio State University; and D. S. Wright, a sanitary engineer on the IHD staff.³⁷ Initial plans called for Youmans and Stuart to conduct a childhood nutrition study in the Paris region, and for Wright to work with Charles Vidal, a former IHD Fellow, who was the regional public health director in Rouen, on a project to rebuild sanitary facilities in the war-torn region north of Paris. The French, for their part, made arrangements for Hugues Gounelle, who had been an Assistant Professor in the Strasbourg medical faculty, to work in Paris with Youmans and Stuart on nutritional studies.

DELAY AND CHANGE

The American experts were scheduled to arrive in France in early November, but as the winter of 1940–1941 approached, the plans began to unravel. First, the new Health Ministry went through several reorganizations. Even though Huard and Codvelle remained in charge of public health, they faced more immediate problems, such as obtaining vitamins and milk for children, getting supplies of insulin, and distributing medicines throughout a country cut in half by the German occupation.³⁸ In addition, there were the Germans, whose permission was needed for a *laissez-passer* to move about the occupation zone, especially for nutritional studies. Rather than saying 'No', the Germans repeatedly told Strode

³⁶ RFA, RG 1.1, Series 700, Box 3, Folder 22, Strode to Sawyer, 24 October 1940; Rockefeller Foundation Archives (New York), RG 1.2, O'Brien diary, 4 October 1940; RFA, RG 1.1, Series 700, Box 6, Folder 38, Codvelle to Strode, 7 January 1941.

³⁷ RFA, RG 1.1, Series 700, Box 3, Folder 22, Sawyer to Strode, 4 October and 9 October 1940. Of these, Youmans proved the most important. For his career, see R.H. Kampmeier, 'John B. Youmans (1893–1979). Biographical Sketch', *Journal of Nutrition*, 116 (1986), 19–35. His papers have been deposited in the National Library of Medicine (Bethesda, MD).

³⁸ Examples can be found in the Chevallier Papers, André Chevallier, 'Rapport sur l'organisation du ravitaillement de la population de la zone libre en médicaments', 20 September 1940; and 'Note du Docteur Codvelle au Professeur Chevallier: Vitamines, insuline, lait écrémé', 19 October 1940; and the '*procès verbaux* of the Collège d'experts de la défense nationale', from 12 August to 7 September 1940.

that an answer would soon be coming. Finally, to make matters worse, the US State Department recommended waiting to send the Americans to France. The result was delay. As early as 15 September, Strode complained of having 'made very little progress since the accord was signed', and on 26 October, he wrote to Sawyer, '[W]e have been in Paris almost ten weeks and have little to show for it in accomplishments'.³⁹

November was a turning point. Fosdick asked O'Brien to return to New York to confer.⁴⁰ Plans were then changed, and the bacteriologist, Hudson, was sent to Britain to collaborate in the development of vaccines. This was part of a larger shift by the Foundation to broaden the horizons of the health commission. As it became clear that opportunities in France would be delayed or restricted, projects went ahead in other countries, including nutrition programmes in Spain under the direction of John Janney, and in England under Arnold Meiklejohn. This was soon followed by the purchase of yellow fever, typhus, and influenza vaccines for England, Spain, India, and South Africa to prevent epidemics from troop movements. Eventually, in March 1941, the name of the commission was changed to the 'Rockefeller Foundation Health Commission' with the words 'to Europe' deleted; and its headquarters were moved to London.⁴¹

Meanwhile, plans for the project in France moved ahead. The sanitary engineer, Wright, reached Lisbon on 25 November, with nutritionists Youmans and Stuart arriving two days later. A replacement bacteriologist, F.F. Schwenkert, followed in February 1941. Sawyer said he would arrive by Christmas, in order to be present at the beginning of the American collaboration with the new public health institute.⁴² Just where it would actually be located, remained to be seen.

News of the arrivals at Lisbon brought matters to a climax in Paris. Because of the delays in getting permits for the Americans to travel in the occupied zone, the best Strode could do was to cable New York for the Americans to proceed to Vichy to await permission. 'As regards the program for our work here in France', he wrote to Makinsky on 13 December, 'everything turns on whether or not we are going to

³⁹ RFA, RG 1.1, Series 700, Box 3, Folder 22, Strode to Sawyer, 16 September and 26 October 1940.

⁴⁰ O'Brien prepared a chronology of events in Paris between 20 August and 4 December 1940, which is quite revealing of life in occupied Paris. RFA, RG 1.1, Series 700, Box 3, Folder 23, 'Review of Present State of Activities of the RF Commission for Health to Europe with GKS', 3–5 December 1940.

⁴¹ Details can be found in the three-volume June 1941 report, *op. cit.* note 14.

⁴² See the following correspondence in RFA, RG 1.1, Series 700, Box 3, Folder 23: Fosdick to Strode, 7 November 1940; Makinsky to Sawyer, 29 November 1940; and Sawyer to Strode, 6 and 11 December 1940.

secure the permit'.⁴³ To be safe, Strode outlined a contingency plan to use only French personnel in Paris, and to create a regional institute in the free zone at Marseilles, where the Americans could work. After a confusing sequence of telegrams and missed meetings, the alternate plan was followed. Youmans, Wright, and Stuart went from Lisbon to Vichy and finally to Marseilles, ahead of Strode, who was only able to join them three weeks later.⁴⁴

Strode made this last-minute change because of the delays in obtaining permits for the occupied zone. He finally concluded, as he reported to Fosdick, that because of the uncertainty of relations between Germany and the US, 'neither the Germans nor the American government desire the presence of American citizens in such [the French-occupied zone] territory'.⁴⁵ The commission's plans were subject to the diplomatic relations between the two countries, and these had become increasingly tense at the end of 1940. Roosevelt's re-election in November 1940 was seen to strengthen American involvement on the side of the British, a fact that was soon evident when Roosevelt, in his 'fireside chat' of 29 December 1940, declared, '[W]e must be the great arsenal of democracy'. This signalled a major change in American policy, and one week later Roosevelt submitted legislation to Congress to establish the Lend-Lease programme.⁴⁶

The day after the 'fireside chat', Fosdick cabled Strode to go immediately to Lisbon, as a result of 'increasing tensions between the US and Germany'. Strode reached Lisbon on 7 January. After a brief delay, Sawyer joined him, and Strode reported the financial arrangements he had made before leaving Paris. French nutrition studies under Gounelle in Paris would be funded jointly through the French National Committee for Defence against Tuberculosis, and the Rockefeller Foundation Paris office, under the former comptroller Robert Letort. Strode would set up the Marseilles institute along with the other Americans. Sawyer reassured Strode about arrangements for the transportation of materials to the new

⁴³ RFA, RG 1.1, Series 700, Box 3, Folder 23, Strode to Makinsky, 13 December 1940.

⁴⁴ The best description is contained in a note from Strode to Fosdick, written while he was in Lisbon on 10 January 1941. See also RFA, RG 1.1, Series 700, Box 3, Folder 23, Makinsky telegram to New York office, 23 December 1940; Sawyer to Strode 26 December 1940; and Strode to Sawyer 30 December 1940.

⁴⁵ RFA, RG 1.1, Series 700, Box 3, Folder 24, Strode to Fosdick 10 January 1941.

⁴⁶ For background, see William L. Langer and S. Everett Gleason, *The Undeclared War, 1940–1941* (New York: Harper, 1953), 246–251; and Warren F. Kimball, *The Most Unsordid Act: Lend-Lease, 1939–1941* (Baltimore: Johns Hopkins University Press, 1969).

institute at Marseilles. By the end of February, a supply route and support for public health was finally in place.⁴⁷

THE INSTITUT DES RECHERCHES D'HYGIÈNE IN MARSEILLES

The influence of the Americans was extraordinary, considering that their stay in Marseilles lasted only six months. In addition to bringing equipment and supplies, they acted as a nucleus to attract French colleagues, who continued the work of the institute after the Americans' departure. The most important of these were André Chevallier and Daniel Kuhlmann. Chevallier had trained at Lyon, where he held his first chair before coming to Marseilles in 1930.⁴⁸ There he gained fame from tests he developed for vitamins A and C, which were valuable in nutrition studies. Shortly before the war, Chevallier received funding for equipment from both the French Centre Nationale de Recherche Scientifique (CNRS) and the Rockefeller Foundation.⁴⁹ The Nutrition Section of the Institut des recherches d'hygiène was located in Chevallier's laboratory at the University of Marseilles. Chevallier was sometimes referred to as an adviser, and sometimes as co-director of the Nutrition Section. Most important, he was the principal liaison between the institute and the Secretariat of Health in the Vichy government.⁵⁰ In fact, as a result of his work on food supply, vitamins, and medicine for the Collège des experts de la défense nationale after August 1940, Chevallier's influence was such that when the INH was created in November 1941, he went to Paris as its first director.

The other important French figure at Marseilles was Daniel Kuhlmann, a doctor from Alsace who had been a Rockefeller Fellow in endocrinology at Johns Hopkins and Columbia University in 1938-39. He worked in Strasbourg before being mobilized, was captured in May 1940, and spent three months in prison. After his release, he made his way to the unoccupied zone where he met Strode, who offered him a job as assistant director of the Nutrition Section of the Institute.⁵¹

⁴⁷ RFA, RG 1.1, Series 700, Box 3, Folder 24, Strode to Fosdick 17 January 1941; Sawyer to Strode 27 February 1941; for financial correspondence, see Letort to Beal, 7 February 1941; and on the 'fireside chat', see Warren to Sawyer 7 January 1941.

⁴⁸ For more on Chevallier, see Picard, *op. cit.* note 5.

⁴⁹ Chevallier received 25,000 francs from the Natural Sciences Division of the RF and 15,000 francs from the CNRS. See Chevallier Papers, Tisdale to Chevallier, 22 November 1937; and Laugier to Chevallier, 9 March 1938.

⁵⁰ RFA, June 1941 report, *op. cit.* note 14, 33.

⁵¹ RFA, RG 1.1, Series 700, Box 7, Folder 40, Kuhlmann to Lambert 29 November 1941. For more on Kuhlmann, see RFA, fellowship record card; and 'Titres et Travaux

At its peak, the Nutrition Section had four part-time clinicians, five lab technicians, two field workers, and a secretary. Kuhlmann worked closely with Youmans and Stuart, who co-authored articles with him. In June 1941, after the Americans departed, Kuhlmann took over the Section and continued studies of children's nutrition. Youmans was so impressed with Kuhlman's work that he offered the Frenchman a position at Vanderbilt in 1942, but Kuhlman declined.⁵²

Given the concern about food supplies, it is not surprising that the Nutrition Section was the most successful section in the Institute. In mid-February, Youmans began a general survey of families in Marseilles, which were chosen at random to represent different income levels. He recorded details of diet, consumption, and environment, and gave lab tests to 388 individuals in 86 families participating in the survey. The Nutrition Section also did studies of special populations, such as a group served by the Quaker relief organization in Marseilles, outpatients at the Hôpital de la Conception, and students at private girls schools. By far the most important study was conducted on children under ten years of age, according to a protocol that Stuart had used for a study of children in Boston, so that the results could be compared. He examined 284 children, drawn mostly from the general survey and other special populations.

The results were published in both American and French journals.⁵³ Although the findings showed only small nutritional deficiencies, they demonstrated the legitimacy of the research and provided a baseline against which to measure later findings. Through follow-up INH studies, this work had a direct influence on the rationing system in France, including the special J3 rations for children. They were also of later importance to the debate about the effects of war on the nutrition of the French population. The general conclusion was that the decline in France was comparable to that experienced in other countries, and that the cities suffered more seriously than the countryside.⁵⁴

scientifiques de Dr. Daniel Kuhlmann', (1947), unpublished manuscript in *Bibliothèque Inter-Universitaire de Médecine* (Paris).

⁵² RFA, RG 1.1 Series 700, Box 7, Folder 40, Stuart to Strode 10 September 1942. The most complete account of the work of the institute is the June 1941 report, *op. cit.* note 14.

⁵³ See, for example, Youmans, 'Observations on Nutrition in France', *Transactions and Studies of the College of Physicians, Philadelphia*, 9 (1941), 144–154; and Harold Stuart and Daniel Kuhlmann, 'Studies of Physical Characteristics of Children in Marseilles, France', *Journal of Pediatrics*, 20 (1942), 424–453. For more on methodology, see June 1941 report, *op. cit.* note 14, 40–50.

⁵⁴ Two examples of widely-read summary reports based on this research are André Chevallier and Marcel Moine, 'Sur l'évolution de la mortalité en France pendant l'occupation', *Bulletin de l'Académie nationale de médecine*, 129 (1945), 45–48; and

The other Americans at Marseilles were F.F. Schwenkert, who was supposed to set up a public health laboratory, and D.S. Wright, a sanitary engineer from the Foundation's own IHD staff. Both had difficulty in recruiting French associates. In fact, Schwenkert arrived so late (the end of February 1941), and had so much difficulty obtaining supplies, that the best he could do by the time he left in June, was establish the facilities for water analysis that were desperately needed by Wright, and prepare a detailed recommendation for a permanent public health laboratory.

Wright had much more of an impact through his work for the Section of Sanitary Engineering. With G. Corroy, Dean of the Faculty of Science at the University of Marseilles, as the adviser to the section, Wright was able to hire three assistants to do surveys of the water and sanitation in the city. He also visited several refugee and prisoner camps in the south of France, where he found such poor conditions that they bore out the predictions of the IHD that Foundation resources would quickly be exhausted by support for relief. For example, Wright reported a visit between 21–25 January to camps at Argelès and Rivesalte near Perpignan, where 30,000 people were kept, giving details of overcrowding and shacks 'of the flimsiest kind of construction'. The number in any given building was limited only by the surface area enclosed, with no windows, or lights, or candles. 'This makes it necessary', Wright said, 'for the occupants to go to bed before dark or find it impossible to find a place to sleep'. Healthy men were in camps of 800 to 2,000, but he also visited a women's and children's camp whose 4,500 to 5,000 inhabitants were 'a pitiful sight'.

Wright concluded that the sanitary conditions presented a problem of such 'enormous proportions', and that 'to arbitrarily state what should be done under existing conditions would be presumptuous'. To begin an attempt, he pointed out,

... would require at least the removal of one-third of the occupants; the delousing of all; the cleansing and disinfecting of all the buildings; the straw and other material used for bedding collected and burnt; the providing of adequate and decent toilet facilities, bath-houses and wash-houses; providing eating-houses at least for the children above seven years of age where they could be served their fair share of food, as humans rather than as animals as at present; a safe and adequate water supply should be protected against gross contamination.⁵⁵

Harold Stuart, 'Review of Evidence as to Nutritional State of Children in France', *American Journal of Public Health*, 35 (1945), 299–307.

⁵⁵ RFA, RG 1.1, Series 700, Box 6, Folder 38, 'Brief Report on Trip to Perpignan, 21–25 January 1941', attached to a letter from Wright to Warren, 17 February 1941.

Despite the Foundation's decision not to support relief work, Wright's account of the camps was so moving that a long passage was reprinted in the *Trustees' Confidential Bulletin* (May 1941), a copy of which can be found in RFA, RG 1.1, Series 700, Box 4, Folder 25.

These visits were done unofficially, since prisoner camps were under the direction of the Ministry of the Interior. Through the intervention of American relief organizations (including the American Red Cross, American Friends Service Committee, and the YMCA), which had their headquarters in Marseilles, Wright was given official status as a health adviser in May, but this did little good, because he left less than a month later.⁵⁶

Wright focused his attention on water supply. Not only was this a serious problem, but it was also well defined and offered a possibility to demonstrate the value of the Institute. After two months of study, based on more than 800 test samples at 60 locations in the city, Wright found that one-third of the population was supplied with untreated, raw water from the Durance River. Wright knew from personal experience the problem of cloudy tap water in his own lodgings. 'It is not necessary to be told that the water supply is bad', he wrote to Warren in New York on 20 January 1941, 'that is evident from my bath tub in which it is necessary to use Lifebuoy soap [which floats], as a cake dropped in the bottom can only be fished for'.⁵⁷ Wright prepared a plan for a master water filtration plant to supply safe water to all parts of the city. He also recommended the appointment of a waterworks engineer.⁵⁸

The Americans left Marseilles on 13 June 1941, shortly before Germany invaded the Soviet Union. There had been rumours that the Germans planned to occupy the rest of France, ever since the armistice of June 1940. By the end of May 1941, the State Department strongly urged all Americans to leave France. In fact, it was more than a year later that the Anglo-American landings in North Africa prompted the Germans to move south. In response to suggestions that the Rockefeller commission may have pulled out of Marseilles too soon, Makinsky sent a note to Gregg with a remark from a French Jew who passed through Lisbon. 'Quand mes amis me disent que je suis parti trop tôt, je leurs reponds: "il n'y a que deux moyens de partir, trop tôt ou trop tard; or je préfere le premier!"'⁵⁹

⁵⁶ RFA, June 1941 report, *op. cit.* note 14, 54–55. For more on the Quaker relief organizations, see *American Friends Service Committee in France* (Philadelphia: American Friends Service Committee, 1942) and Donald S. Howard (ed.), *Recent Relief Programs of the American Friends in Spain and France* (New York: Russell Sage Foundation, 1943), 22–27.

⁵⁷ RFA, RG 1.1, Series 700, Box 6, Folder 38, Wright to Warren, 20 January 1941.

⁵⁸ RFA, RG 1.1, Series 700, Box 6, Folder 38, 'Proposed Sanitary Engineering Project for Marseilles Region', 12 March 1941. See also the June 1941 report, *op. cit.* note 14, 57.

⁵⁹ NLM, Alan Gregg Papers, Msc 190, Box 20, Makinsky to Gregg, 14 June 1941.

THE COMMISSION'S WORK AND FRENCH PUBLIC HEALTH

The influence of the Institute at Marseilles on Paris and French public health was even more remarkable, considering its location and the division of the country. Difficulties in maintaining contact, let alone co-ordinating activities between the two zones, were discussed at the first meeting of the oversight committee of the Institute in Paris on 15 January 1941. Codvelle presided over the committee, whose members included Chevallier and Gounelle, plus doctors Courroux and Evrot of the Comité Nationale de Défense contre la Tuberculose – since their organization was handling the Foundation funds – and Robert Letort, the former comptroller of the Rockefeller office in Paris. Chevallier and Gounelle reported from the Marseilles and Paris institutes. Both agreed to employ staff on a half-time basis so that they could keep their existing positions. The committee also arranged for an account with the Bank of France in Marseilles, giving power of signature to Chevallier and Youmans.⁶⁰

This proved to be a wise precaution because travel between the zones was difficult, if not impossible. Youmans has left a vivid description of a rare visit he made to Paris at the end of February, thanks to the fact that the Americans finally received a travel permit for the occupied zone after a six-month wait. Youmans was allowed to spend two weeks in Paris from 25 February to 10 March 1941. He took advantage of the opportunity to confer with Gounelle, in order to make the nutritional studies in Paris as comparable as possible to those being done in Marseilles. As Youmans recalled, he also had ‘many other commissions to perform’.

... bringing news to those in Paris and Occupied France, taking messages out, giving information and many matters of that kind. These dealt with a number of different fields such as the International Quarantine, Geographic Association and purely personal messages of people lost, etc. I also obtained certain information for the Navy and in turn was able to give information to our Embassy and others to be passed on.⁶¹

From their perspective, the Germans were evidently justified in being wary about granting travel permission to the ‘neutral’ Americans.

Youmans’ return to Marseilles was harrowing and indicative of the difficulties facing outside aid efforts. He was not permitted to take money with him when he left Paris. His route took him through Spain, where he

⁶⁰ RFA, RG 1.1, Series 700, Box 6, Folder 38, Letort memorandum, 15 January 1941.

⁶¹ NLM, Alan Gregg Papers, Msc 190, Box 1, ‘Account of Dr. John B. Youmans Work in Free France’ (undated). From other evidence, it appears that this note was sent by Youmans to Gounelle in preparation for Youmans’ nomination as a Chevalier de la Légion d’Honneur. See NLM, Alan Gregg Papers, Msc 190, Box 9, Youmans to Gounelle 10 November 1949. Youmans received the award the following year.

was stopped, stripped and searched by German authorities at the border. He ended up in San Sebastian, penniless. Fortunately, the Paris committee sent word through Vichy and Marseilles to Lisbon and Madrid to send him money, which enabled him to return to Marseilles via Madrid.

The only other visits between the two institutes were by French officials. For example, Huard spent two days at the Institute in Marseilles at the end of March, and a regional health officer, Goulley, followed in April. In the short run, Youmans' contacts with Gounelle were not sufficiently long or frequent to produce comparable research. In the long run, however, the two men re-established contact after the war, when Youmans was an officer in the US Army in charge of the nutrition of troops and civilian populations in Europe.⁶²

After the Americans' departure, the Foundation left funds to be used to support the institutes. Letort and the tuberculosis committee in Paris kept exact accounts. In June 1941, more than 2.3 million francs (approximately \$100,000 at pre-war exchange rates) were left to continue operations, to be matched by 375,000 francs (\$16,000) from the French government for Marseilles until the end of 1941 and another one million (\$43,500) for 1942. By October 1942, Letort estimated that the Paris and Marseilles institutes would each need 1,375,000 francs (\$60,000), a sum that Codville, Gounelle, and Chevallier expected to be authorized by the French government.⁶³ Their expectations were correct about this, as well as about funding for continuing operations thereafter.

The record is less complete about the work of the institutes after June 1941. In August 1941, Gounelle sent a long report to New York, complete with five new studies. That same month, Stuart returned to Marseilles at the request of the American Red Cross, whose personnel had evacuated the city with the rest of the Americans in June. His task was to evaluate the effects of the agency's feeding centres. Stuart was back again the following year, to do an extended one-month nutrition study.⁶⁴

The French government provided funds to support the Paris and Marseilles research activities after the government formally established the Institut National d'Hygiène in December 1941. An explicit demonstration

⁶² Youmans later arranged a tour of the US for Gounelle in 1947, after the Frenchman resumed his position at the Foch Hospital. By then, Youmans was Dean of the University of Illinois Medical School. For details, see NLM, Alan Gregg Papers, Misc. 190, Box 9.

⁶³ RFA, RG 1.1, Series 700, Box 5, 'Report, Rockefeller Foundation Health Commission, July 1, 1941 to June 30, 1942', 28-30.

⁶⁴ RFA, RG 1.1, Series 700, Box 7, Folder 41, report attached to letter from Red Cross Vice President Richard F. Allen to Strode, 28 November 1942. Stuart later published his findings in 'Studies of Nutritional State of Children in Unoccupied France in the Fall of 1942. Preliminary Report', *Journal of Pediatrics*, 25 (1944), 257-264.

of continuity between this and the earlier institutes in Paris and Marseilles was the naming of Chevallier as director.⁶⁵ He moved to Paris in February 1942, but important research continued in Marseilles under the direction of Kuhlmann, who succeeded Youmans and Chevallier as head of the Nutrition Section. Kuhlmann sent intermittent reports to the Rockefeller Foundation, including one about a second family survey from October through December 1941, which compared nutrition changes with findings from six months earlier. Kuhlmann also managed additional surveys in 1942 and 1943, despite difficulties in persuading families to participate.⁶⁶

At the end of the summer of 1942, the Nutrition Section moved to new offices and laboratories on the Rue St. Sebastien in Marseilles. The section then collaborated with Stuart in 1942–1943 on one of his studies for the American Red Cross about the effect of donated milk on the nutrition of school children. The results were published in the first volume of Chevallier's *Receuil des Travaux de l'Institut d'Hygiène*, which Kuhlmann offered as evidence of the impact of the work on French national policy.⁶⁷

The *Receuil des Travaux* quickly became an indispensable means of disseminating the results of public health research throughout France, but it was only one manifestation of the accomplishments of the INH. A full assessment of its work would require a separate study, but some examples can be noted.⁶⁸ The organization followed a scheme similar to that of the Marseilles institute, with sections devoted to nutrition, social diseases, hygiene, and epidemiology. The Nutrition Section conducted studies in Paris and the major cities of the south (Lyon and Clermont-Ferrand, as well as Marseilles), focusing on pregnant mothers and child nutrition. Among its greatest successes was the establishment of standards for the J3 ration cards and supplemental food for school-age children ('biscuit du Marechal'), thanks to food supplements from the Red Cross and the Quakers. The Social Disease Section focused on the long-feared trifecta of alcoholism, tuberculosis, and venereal disease. Among its legislative legacies was a law requiring a pre-marital physical examination and mandatory declaration of syphilis. The General Hygiene and Epidemiology Sections studied departmental water-supply systems and an outbreak of lead poisoning in the National Printing Office. In the process, the

⁶⁵ On Strode's influence in the organization of the INH, see Chevallier Papers, 'Schéma d'organisation d'un Institut National d'Hygiène' (undated, but presumably autumn, 1941).

⁶⁶ RFA, RG 1.1, Series 700, Box 7, Folder 46, Kuhlmann, 'Activité de la section de Nutrition', Juin 1941-Novembre 1942'; Box 8, Folder 47, 'Activity . . . from 1941 to 1944', 6 July 1945.

⁶⁷ Kuhlmann, 'Étude sur l'état de nutrition de la population de Marseille', *Receuil des Travaux de l'Institut d'Hygiène*, 1 (1944), 273–306.

⁶⁸ For more, see Picard, *op. cit.* note 5.

INH funded dozens of projects by researchers at hospitals and medical schools.⁶⁹

After Liberation, the importance of the INH's wartime work was confirmed by outside observers. For example, Justin Godart, a former Minister of Health in the Third Republic, and no friend of the Vichy regime, established a relief organization called Entr'aide Française, which published a report in February 1945 on 'La France après 4 ans d'occupation ennemie'. The first section was devoted to nutrition, and was based on 'particularly serious local studies'. The report pointed out, 'among these, the most precise and the most complete is the study done by the Institut des Recherches d'Hygiène de Marseilles'.⁷⁰ There was even higher praise for the INH from American General Warren Draper, Chief of the Public Health Branch of Supreme Headquarters Allied Expeditionary Force. In a letter, dated 7 May 1945, to François Billoux, the French Minister of Health, he indicated that his branch had done studies of the nutritional status of the French population since the liberation of Paris. The point of the letter was clear:

It was a great pleasure to find a functioning organization such as the Institut d'Hygiène through which much factual information, as well as actual personal help, was obtained. Even though the Institut was relatively new, its aid was thorough, and it was evident that the organization had a sound understanding of the nutritional problems of France and that even under the difficult conditions existing prior to liberation, it had developed plans and standards as a basis for future nutritional work in France. . . . Excellent work has been done by the Institut d'Hygiène in Marseille. . . .⁷¹

The INH not only survived the end of the Vichy regime; it grew during the Fourth Republic. In fact, Chevallier continued as its head until 1946, when a Communist Minister of Health wanted a director with more respectable credentials, and found Louis Bugnard, who had been active in the Resistance.⁷² Chevallier, along with Kuhlmann, took a post in Strasbourg, where he returned to medical research. A final indication of the continuing link between the Rockefeller Foundation and public health in France, is the fact that Bugnard, who presided over the INH until it was transformed into the INSERM in 1964, had been a Rockefeller Fellow for two years in England during the 1930s.

⁶⁹ A summary of the work of the sections can be found in the first part of each volume of *Recueil des Travaux de l'Institut d'Hygiène*. See, for example, 1 (1944), 6–135.

⁷⁰ Entr'aide française, *Renseignements généraux sur la France après 4 ans d'occupation ennemie* (Paris: Entr'aide française, 1945), 9.

⁷¹ Chevallier Papers, Draper to Billoux, 7 May 1945.

⁷² <http://picardp1.ivry.cnrs.fr/~jfpicard/Aujaleu.html>. Jean-François Picard, interview with Eugène Aujaleu (9 June 1990).

CONCLUSION

France established a modern public health service after 1940. The aftermath of the German defeat swept away the inertia of the Third Republic. Given the Vichy regime's slogan of national renewal and the family, the way was clear for a greater emphasis on health. This explains why the Rockefeller efforts were so well received. For its part, during the twenty years between the wars, the Foundation had prepared the way through its fellowship programme, which helped create a cadre of French doctors and medical researchers interested in reform.⁷³ The Foundation also responded quickly to the new circumstances. Officers such as Warren and Strode, with the support of Fosdick, were unusually flexible in creating a Health Commission that followed an open-ended, short-term strategy. This departed from the Foundation's typical approach to larger grants, which were awarded only after long and careful study. The fact that Strode was given great leeway to make decisions, almost on the spot, was a reversion to the early days of Wickliffe Rose's International Education Board, and Abraham Flexner's General Education Board in the 1920s. The result of these developments in France and at the Foundation was a willingness to discard past failures and attempt new approaches.

Then, there was the element of chance and circumstance. France was resoundingly defeated by Germany, but the fighting was over quickly, leaving little physical damage to the country. No-one expected the long occupation that lasted from June 1940 until June 1944. The Germans exercised a relatively indirect influence until they occupied the south of France in late 1942, following the Allied landings in North Africa. The result was a window of opportunity, during which the hygiene institutes were established. The Foundation enabled this work to continue long enough to demonstrate its value, and to help French reformers make the case for permanent government support. Even after the departure of the Americans, Foundation funds helped smooth the transition to the new INH. In part because it could build on this head start, and produce results, the INH survived the major government transformations in France that followed Liberation in 1944.

⁷³ There were ninety-nine Rockefeller fellowships to France in biology, medicine, and public health (not counting nursing) between 1917 and 1950, most of which were awarded before the Second World War. For more on fellowships in France and the rest of Europe, see Schneider, 'The Men Who followed Flexner', *op. cit.* note 3, 47.

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