

# Efforts to Eradicate Malaria in Palestine

By Shaloma Gauthier

Ph.D. Candidate

The Graduate Institute of International and Development Studies  
Geneva, Switzerland

[shaloma.gauthier@graduateinstitute.ch](mailto:shaloma.gauthier@graduateinstitute.ch)

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Significant hope was vested in the League of Nations (LON) when it was established after World War I. As declared during its first council meeting held in Geneva, Switzerland, in January 1920, “humanity at large looks towards the League for the solution of the tremendous problems arising out of the War.”<sup>1</sup> Stemming from this was the mandate system, which was enshrined in Article 22 of the Covenant of the LON. The mandate system was intended to be a deviation from prior colonial practices. In contrast to colonialism, during which there was no formalized international supervisory power over the colonizers, various powers were delegated to oversee the administration of the territories of the former Ottoman, and German powers. The territories which belonged to the vanquished powers would be placed “in trust” under the administration of various mandatory powers. The mandatory powers had to adhere to the principles in Article 22. Additionally, the LON was supposed to supervise the various powers designated to ensure that the territories ‘unable to stand by themselves’ were duly guided towards self-government. Three categories of mandates were prescribed. The “A” mandated territories were deemed to be the closest to the attainment of self-government, in contrast to the “B” and “C” mandates that were deemed to be further remote from civilization.<sup>2</sup> Regarding the Ottoman Empire, Great Britain was allotted an “A” mandate over Palestine and Iraq; France was similarly given a mandate over Syria and Lebanon. These territories were deemed incapable of

governing themselves by the Principal Allied and Associated Powers and were thus placed under the administration of more capable powers with the objective of leading them towards eventual self-government.<sup>3</sup>

My dissertation aims to explore how “self-government” was fostered by international organizations. This encompasses the operations undertaken at the field level, the decisions that were implemented, as well as the other organizations and national bodies with which the international organization – in this case the LON – collaborated. After carrying out a preliminary research trip to the Rockefeller Archive Center (RAC) in September 2010, I discovered a number of materials of significant relevance for my doctoral dissertation. These documents greatly compliment sources that I have collected in other archives.<sup>4</sup> It was at this time that I became more acquainted with some of widespread work that was pursued by the Rockefeller Foundation (RF) in the mandated territories in the Middle East. These activities encompassed sanitation, health, medical research, education, and other infrastructure projects.

This report will specifically highlight documents that pertained to the work that was carried out in the mandated territory of Palestine as far as the eradication of malaria is concerned. These are not the only activities that were pursued in Palestine; however, entering into other dimensions exceeds the scope of this paper. To begin with, health, disease, and sanitation were highlighted by the LON as one of the components that was central to the fostering of self-government. I therefore investigated the nature of the interaction that transpired between the British mandatory power and the RF regarding their anti-malaria campaigns. I also wanted to ascertain the extent to which the RF, as well as the programs introduced through its International Health Board (IHB), were intended to penetrate the overall structure of the territory in question. Were long-term plans envisioned from the outset? Were the RF’s objectives in this regard

aligned with those of the British authorities?

According to Iris Borowy, who has written on health-related issues during the inter-war period,<sup>5</sup> and has carried out extensive research at the RAC, healthcare was cast on the international agenda in a new way after World War I. This was due to the fact that the nature of the mandatory system shifted the events in Palestine from a local dynamic between Jewish, Arab and English inhabitants, or between the British and the Palestinian occupants, to an international issue.<sup>6</sup> Health-related matters fell under the umbrella of these international issues. Hence, the Permanent Mandates Commission, the main supervisory body of the LON, was to oversee the developments in these territories, including health matters. The League of Nations Health Organization determined the information that the mandatory powers were required to provide in their annual reports as far as health was concerned.<sup>7</sup> This signified that there was an attempt to set a certain standard and to provide guidelines regarding health.

One of the stipulations for the Mandate for Palestine was that “the Mandatory shall cooperate on behalf of the Administration of Palestine, so far as religious, social and other conditions may permit, in the execution of any common policy adopted by the League of Nations for preventing and combating disease, including diseases of plants and animals.”<sup>8</sup> The desire to build up health infrastructure was also evident in the reports issued by the Permanent Mandates Commission, the main overseeing body of the LON. The various questionnaires devised for the Mandatory Powers, which outlined the degree to which the territories were “developing” included various health and sanitation stipulations. In light of these objectives, to what extent would the mandatory power encourage or seek the participation of other organizations, such as the RF?

The British authorities were faced with a rather complicated task in Palestine. The territory was comprised of Jewish communities, Palestinians and Arabs, British officials and settlers<sup>9</sup>. The volatile relations between the Jewish and the Arab<sup>10</sup> majority steadily increased throughout the mandate period. According to the IHB as well as the British authorities, the health-care system inherited from the former Ottoman Empire was hardly functional. A report of the Palestine Royal Commission complained that the Turkish Government had not taken any measures to introduce “modern methods of hygiene and sanitation” as well as the fact that the vast majority of the Arab population was ignorant when it came to health-related issues.<sup>11</sup> This was also stated in a RF report, “The Turkish medical organization, however, existed only in theory; it had never been put into practice.”<sup>12</sup> Therefore, a similar disposition was upheld in this regard by the British authorities and the RF.

The mandate Health Department began to undertake various tasks. It is important to note that a number of the health measures were carried out for the British soldiers. They also established a number of hospitals, dispensaries, and portable units for nomadic groups.<sup>13</sup> The Jewish communities sought assistance from various foreign Jewish organizations. For instance, there was the establishment of the Board of Health as well as the Palestine Zionist Executive which was comprised of several Jewish Health Organizations. A number of these organizations were proactive and conveyed to the LON Health Section that they wanted to maintain an open-line of communication regarding the developments in Palestine.<sup>14</sup> The Hadassah Medical Organization (HMO), which was established in 1921, was also very active. In reviewing the work undertaken by this organization, one academic posited that their approach “closely resembled the methods of the International Health Board of the Rockefeller Foundation.”<sup>15</sup> This organization formed a group of hospitals, centers for infants, and a number of other medical

facilities. Hadassah soon became one of the principle health bodies in Palestine. Malaria and trachoma were identified as the critical diseases in Palestine that required immediate attention.<sup>16</sup>

Dr. Israel Jacob Kligler of the United States issued a comprehensive report on “Malaria Control Demonstration in Palestine.” It is interesting to note that Kligler was also with the Rockefeller Institute for Medical Research (RIMR), and had carried out extensive research on the best method for eradicating malaria. This report was carried out in collaboration with the Hadassah Medical Organization. It maintained that malaria was the “most prevalent and economically the most important disease” in Palestine.<sup>17</sup> Did the British authorities identify the same urgency?

Malaria was one of the three principle diseases highlighted by the RF, which had to be “attacked globally.”<sup>18</sup> The IHB had acquired experience in the eradication of malaria within the United States. For instance, continuous reference was made in IHB documents to the “experimental demonstrations in malarial control,” which had been carried out in Arkansas.<sup>19</sup> However, they also viewed the work that was to be carried out in Palestine as a possible mechanism through which they could expand and build upon their pre-existing expertise.<sup>20</sup>

From the outset, one of the principle needs identified by the RF in the Health Department was for technical assistants.<sup>21</sup> As maintained in a report, “Personnel with engineering training was particularly needed to formulate schemes for drainage and reclamation which the government desires to undertake as soon as they can be financed.”<sup>22</sup> In 1920, the High Commissioner in Palestine, Sir Herbert Samuel, established the Antimalarial Advisory Commission (AAC). Although initially launched by the mandatory government, this commission was comprised of a conglomerate of “communities, private individuals land developments companies and other organizations.”<sup>23</sup> In fact, this would be a prevalent trend throughout British administration in Palestine. As stated by Sandy Sufian, “what is unique in the Mandate Period is

that the Malaria Survey Section and the Malaria Research Unit were integrated into the British Mandatory Government's Department of Health: that is, these non-indigenous agencies were considered official public health agencies of the British Mandatory Government."<sup>24</sup> When accounting for the British decision to disperse authority on these matters, one historian maintains that the choice was not only for scientific reasons, but also for practical purposes. This was due to the significant budget cuts to the Government departments, including the Department of Health (DOH).<sup>25</sup>

The collaboration between the British mandatory power and the IHB was evident from the outset. This was outlined in correspondences between Dr. Victoria Heiser, the Director of the IHB of the East and Sir Herbert Samuel, the first High Commissioner of Palestine.<sup>26</sup> The first letter addressed to Samuel, discussed the widespread expertise of Heiser and the fact that "If the Government of Palestine should make such a request of the Board, Dr. Heiser would be glad to go to Palestine to confer with the Commissions or others ... ."<sup>27</sup> Samuel responded enthusiastically and indicated that in pursuit of the eradication of malaria, collaboration with the IHB was desired. Moreover, he stated, "the Government will not fail to devote its energies to this end, and would deeply appreciate American cooperation."<sup>28</sup> In a report on the IHB's involvement in the campaign to eradicate malaria, it was evident that they were similarly keen on working in Palestine. This is due to the fact that they wanted to benefit from the experience that would be acquired in Palestine.<sup>29</sup> For instance, in a report outlining the cooperation between the IHB and the Health Board, it stated "... it was decided therefore to accept the invitation to the extent of sending to Palestine two malaria workers, an engineer and a medical man to assist the government in studying its malaria problem and in preparing plans for comprehensive control operations."<sup>30</sup>

The experts arrived in Palestine in 1922 and worked under the Malaria Survey Section of the Public Health Department with other individuals from the Director of Health of Palestine.<sup>31</sup> The IHB provided the salaries for these individuals.<sup>32</sup> There was a heavy reliance placed on expertise and a number of American experts were brought to the Middle East to deal with a number of issues such as health-related matters.<sup>33</sup> I was unable to find specific information about these experts, but it would be interesting to determine whether they were part of an epistemic community of doctors. The reliance on expertise has social, political, and material ramifications. As noted by Harvey Brooks in 1965, “much of the history of social progress in the twentieth century can be described in terms of the transfer of wider and wider areas of public policy from politics to expertise.”<sup>34</sup> The expert was deemed to be a cognitive authority on a given issue. The RF launched a malaria survey in 1922 in cooperation with the Government of Palestine. A number of projects were also pursued to drain various swamps in Jericho.<sup>35</sup>

The IHB had a specific approach to the eradication of malaria. To begin with, there were efforts undertaken to address the immediate emergency, this was to be followed by longer-lasting programs that would ultimately aim to curb the underlying causes of the disease.<sup>36</sup> In essence, the importance for the inhabitants to become “self-supporting” was often emphasized.<sup>37</sup> For instance, the control of malaria was also linked to educating the inhabitants, as stated by Kligler, “educational propaganda” was to be carried out on the “causes, prevalence and modes of prevention.”<sup>38</sup>

There was a rather positive outlook on the projects being carried out in Palestine, as well as the overall receptiveness of the inhabitants. Dr. Frederick Russell<sup>39</sup> of the IHB commented on the fact that there was widespread cooperation from the inhabitants of the villages. He observed,

The co-operation of the people with the authorities leaves nothing to be desired and the contribution by the villages of labor, which is usually the largest item of expense, has served to keep down the cost of these projects. It is an ideal way to carry out malaria work because it makes the population served by the anti-malaria measures participants in the project from the beginning; *they then have a better understanding of the problem* and will be more ready than they otherwise would be to take care of the necessary maintenance.<sup>40</sup> (Emphasis added)

This quote also captures the fact that while pursuing the programs, there was an awareness of the importance of imparting the knowledge and skill-sets to the inhabitants of Palestine. As it was further maintained in the correspondence, “I feel that anything that can be done to help that country (Palestine) to become self-supporting will be a long step in the right direction.”<sup>41</sup>

It was noted that the initiatives being undertaken to curb malaria in Palestine “deserve(d) praise,”<sup>42</sup> but the practices developed within the territory were also seen as a prototype upon which other programs could be based. As Russell stated, “the good work is being done in Palestine against malaria will become known in Europe and in this country and will have an influence in stimulating, not only the work in Palestine, but the work in other countries as well.”<sup>43</sup> This was confirmed in other sources as well. In 1925, the League of Nations Health Organization Malaria Commission conducted a mission to Palestine to evaluate the measures being taken against malaria, as well as to provide suggestions for enhancement.<sup>44</sup> It is interesting to note that Dr. Samuel G. Darling, from the United States was part of the Malaria Commission and was also on the staff of the IHB.

An aspect, which surfaced in the report of the commission, was the fact that efforts to curb malaria were connected to a host of other issues. For instance, it generated scientific innovation in the realm of the control of diseases. One of the members on the Commission, Professor Nicolaas Swellengrebel, stated that the Palestine case was particularly notable as it was relevant for “legitimizing modern scientific knowledge of the epidemiology of malaria in its practical

application, especially in light of a scarcity of successful examples of anti-malaria schemes around the world.”<sup>45</sup> The Malaria Commission of the League of Nations was proactive in pursuing various experiments in various countries with the objective of identifying drugs “which will take the place of quinine in the treatment and prevention of malaria.”<sup>46</sup> The fact that the measures to curb malaria were also linked to the broader issues of land control was addressed in some of the documents. In fact, the apparatus that was devised to curb malaria often had broader implications for the generation of scientific knowledge “about the land of Palestine itself.”<sup>47</sup> This was also evident in some of the documents issued on the AAC. For instance, the latter discussed that if some of the swamps which had been infested with malaria were emptied, they would be prime agricultural land.<sup>48</sup>

There was always the precarious issue of carrying out equal health programs to both the Jewish and Arab communities. In her article, Borowy deals with the segregation of Arab and Jewish health institutions and the consequent discrepancy in the quality of the services offered.<sup>49</sup> This was captured in some of the RF documents. For example, in correspondence from the Board of Health in Palestine to the IHB, Kligler states, “The logical thing to do, of course, is to extend the work to non-Jewish areas. But in order to avoid any possible complaint regarding the spending of Jewish money for non-Jewish purposes, it would be desirable to obtain at least a small part of the budget from non-Jewish sources. It seems to me logical that the I.H.B. should join us in this work.”<sup>50</sup> Consequently it was suggested that the IHB provide \$10,000 for such purposes. Various scholarships were provided by the RF scheme. One in particular was offered to a Palestinian doctor, Dr. Halim Abu Rahmeh, who worked in the DOH.<sup>51</sup> It would be interesting to ascertain how many “Palestinian” doctors were trained and how many scholarships were offered.<sup>52</sup>

In conclusion, after an examination of some of the documents located at the RAC, it is evident that a plethora of organizations and actors converged in Palestine in the campaign against malaria. Due to budgetary constraints, the British authorities were willing to delegate health-related issues to a number of foreign Jewish organizations, as well as organizations such as the IHB of the RF. The British authorities were therefore willing to use the expertise of a number of individuals who were selected by the RF, as well as financial contributions in various respects. In the pursuit of the eradication of malaria in Palestine, the standards of health and health education were also furthered. Many of the documents revealed that the RF had a positive disposition on the work being carried out in Palestine to curb malaria.

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## ENDNOTES:

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<sup>1</sup> “Session du Conseil de la SDN, Procès Verbal de la Première Réunion,” 16 Janvier 1920, LON, Geneva,” p. 15.

<sup>2</sup> There were 14 mandatories in total. France and Great Britain split up the mandate in Cameroon “B” and Togoland “B”; South Africa received a mandate over South West Africa “C”; Great Britain was granted a mandate over East Africa “B”; Japan was designated as mandatory over the former island possessions of Germany, north of the equator “C”; lastly, Australia and New Zealand were granted mandates over the islands in the Pacific “C”.

<sup>3</sup> These ideas are expressed in General Jan C. Smuts proposal entitled, *The League of Nations, A Practical Suggestion*, which can be found in David Hunter Miller, *My Diary at the Conference of Paris*, “The League of Nations, A Practical Suggestion,” Volume III, 1924, LON, Geneva, p. 32. The mandate system was heavily criticized by contemporaries as being a facade for colonial ambitions. Even though they may have failed to do so, an examination of the basic objectives of the system demonstrates that the framers wanted to encourage self-government.

<sup>4</sup> The following sources have been consulted: The League of Nations Archives in Geneva, Switzerland; The National Archives in Kew Gardens, Queens, New York; and The American Jewish Joint Distribution Committee in New York, New York.

<sup>5</sup> Iris Borowy, *Coming to Terms with World Health*. Frankfurt, Germany: Peter Land, 2004.

<sup>6</sup> Iris Borowy, “Health in Interwar Palestine: Ethnic realities and international views.” *DYNAMIS. Acta Hispanica ad Medicinae Scientiarumque Historiam Illustrandam* 25 (2005), p. 429.

<sup>7</sup> *Ibid*

<sup>8</sup> Article 20 of the Mandate for Palestine. C-529. M 314. 1922 Communiqué au Conseil at aux Membres de la Société. Genève, ke 12 aout, 1922.

<sup>9</sup> A British census taken in Palestine in 1921 determined that of a population of 752,048, 78.34% were Moslems, 9.5% Christians, and 11.14% Jewish. See Borowy, *op.cit.*, (2005), p. 427.

<sup>10</sup> ‘Arab population’ was the term used in a number of official British documents.

<sup>11</sup> Borowy, *op.cit.*, (2005), p. 432.

<sup>12</sup> RFA, RG 5.2, Series 825, Box 61, File 398. “Malaria Work in Palestine in which the International Health Board is Cooperating.”

<sup>13</sup> Borowy, *op.cit.*, (2005), p. 432.

<sup>14</sup> Borowy, *op.cit.*, (2005), p. 430.

<sup>15</sup> Michael Brown, *The Israeli-American Connection: Its roots in the yishuv*. Detroit, Michigan: Wayne State University Press, 1996, p. 146.

<sup>16</sup> RFA, RG 5.2. Series 825, Box 61, File 398. “Malaria Work in Palestine in which the International Health Board is Cooperating.”

<sup>17</sup> Israel Jacob Kligler, “Malaria Control Demonstrations in Palestine.” (June 10, 1923), p. 139.

<sup>18</sup> Darwin H. Stapleton, “Lessons of History?: Anti-Malaria Strategies of the International Health Board and the Rockefeller Foundation from the 1920s to the Era of DDT.” *Public Health Reports* 119 (March-April 2004), p. 206.

<sup>19</sup> RFA, RG 5.2. Series 825, Box 61, File 398. “Malaria Work in Palestine in which the International Health Board is Cooperating.”

<sup>20</sup> *Ibid*

<sup>21</sup> *Ibid*

<sup>22</sup> *Ibid*

<sup>23</sup> *Ibid*

<sup>24</sup> Sandy Sufian, “Re-Imagining Palestine: Scientific Knowledge and Malaria Control in Mandatory Palestine.” *DYNAMIS. Acta Hispanica ad Medicinae Scientiarumque Historiam Illustrandam* 25 (2005), p. 360.

<sup>25</sup> RF document “Letter from Paul Carley to Jerome Mieldazis, July 19 1922,” cited in Sandy Sufian, “Re-Imagining Palestine: Scientific Knowledge and Malaria Control in Mandatory Palestine.” *DYNAMIS. Acta Hispanica ad Medicinae Scientiarumque Historiam Illustrandam* 25 (2005), p. 358.

<sup>26</sup> RFA, RG 5.1.2, Box 103, Folder 1429, Letter to Sir Herbert Samuel, 21 October 1920, and Letter from Sir Herbert Samuel to Dr. Victoria Heiser, dated 13 December 1920.

<sup>27</sup> *Ibid*

<sup>28</sup> *Ibid*

<sup>29</sup> RFA, RG 5.2, Series 825, Box 61, File 398. “Malaria Work in Palestine in which the International Health Board is Cooperating.”

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<sup>30</sup> *Ibid*

<sup>31</sup> *Ibid*

<sup>32</sup> *Ibid*

<sup>33</sup> David M. Ment, "The American Role in Education in the Middle East: Ideology and Experiment, 1920-1940." *Paedagogica Historica* 4: 1-2 (February April 2010), p. 181.

<sup>34</sup> Peter M. Haas, "Introduction: Epistemic Communities and International Policy Coordination." *International Organization* 46: 1, Knowledge, Power and International Policy Coordination (Winter 1992), p. 8.

<sup>35</sup> RFA, RG 1.1, Series 804 A, Box 1, Folder 3, "Medical Education in Armenia, Palestine and other Minor Near East Countries (Preliminary Report), 1924-1927."

<sup>36</sup> Darwin H. Stapleton, "Lessons of History?: Anti-Malaria Strategies of the International Health Board and the Rockefeller Foundation from the 1920s to the Era of DDT." *Public Health Reports* 119 (March-April 2004), p. 206.

<sup>37</sup> RFA, RG 5.1.2, Series 825, Box 239, Folder 3068-3069, Letter to Dr. Samuel Darling, from Victor G. Heiser, dated January 13, 1925.

<sup>38</sup> Israel Jacob Kligler, "Malaria Control Demonstrations in Palestine." (June 10, 1923), p. 145.

<sup>39</sup> In 1923, Dr. Frederick Russell, a former U.S. army physician, was the director of the International Health Board. He had also discovered a vaccine for typhoid in 1909.

<sup>40</sup> RFA, RG 5.1.2, Series 825, Box 239, Folder 3068-3069, Letter to Simon Flexner from Russell of the International Health Board, dated 30 March 1925.

<sup>41</sup> *Ibid*

<sup>42</sup> *Ibid*

<sup>43</sup> *Ibid*

<sup>44</sup> Nelson C. Davis Papers, Series 3 Printed Matter, Box 28, "League of Nations Health Organization, Malaria Commission, Reports on the Tour of Investigation in Palestine in 1925."

<sup>45</sup> *Ibid*

<sup>46</sup> Frank. G. Boudreau, "International Health Work." *Proceedings of the Academy of Political Science in the City of New York* 12: 1, International Problems and Relations (July 1926), p. 389.

<sup>47</sup> Sandy Sufian, "Re-Imagining Palestine: Scientific Knowledge and Malaria Control in Mandatory Palestine." *DYNAMIS. Acta Hispanica ad Medicinae Scientiarumque Historiam Illustrandam* 25 (2005), p. 352.

<sup>48</sup> RFA, RG 5.2, Series 825, Box 61, File 398, "Note on Antimalarial Measures in Palestine."

<sup>49</sup> Borowy, *op.cit.*, (2005), p. 429.

<sup>50</sup> RFA, RG 5.2, Series 825, Box 61, File 398, Letter to Flexner from Kligler, dated April 6, 1924.

<sup>51</sup> RFA, RG 5.1.2, Series 825, Box 239, Folder 3068-3069, Letter to Russell, dated 19 March 1925.

<sup>52</sup> The term "Palestinian" is used in the RFA documents. See *Ibid*.