Victor Heiser and the Rockefeller Foundation as a Medium for the Intercolonial Transfer of Health Management Knowledge in Asia in the Era of the League of Nations.

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An American Expert in the Pacific Age

Victor Heiser was in charge of Rockefeller programs in Asia and the Pacific (which his contemporaries called the "Pacific region") as Director for the East of the International Health Board (IHB) of the Rockefeller Foundation from 1915 to 1934.[1] The IHB provided a substantial portion (30–40 percent) of the funding for international health projects of the League of Nations Health Organization (LNHO, 1921–46), and also conducted its own programs in various parts of the world.[2] In recent years, scholars have begun to see the League as an important harbinger of global norms in the following era of the United Nations, and the role of the LNHO is in particularly well acknowledged.[3] Heiser oversaw a large part of the LNHO's international health work in Asia and the Pacific.[4] Compared to other Rockefeller IHB officers who worked in Asia, such as John B. Grant, Roger Greene, and Selskar Gunn, however, Heiser's work as Director for the East, especially in the relations between the IHB and the League, has been relatively unknown. What kind of man was he, and what principles or philosophies for international health did he have? What role did he play in defining the nature of the IHB's involvement in the LNHO work in Asia and the Pacific?

As the IHB's Director for the East, Heiser spent most of his term travelling around the Pacific and Indian Oceans. The Rockefeller Archive Center (RAC) houses the travel diaries he kept from 1925 to 1934, which are divided into the clusters 1925–26, 1927–29, 1930–31, and 1932–34.[5] In this paper, I focus on the years 1925–26, a key period of convergence among the LNHO, the IHB, and the Far Eastern Association of Tropical Medicine (FEATM, 1910–38).[6]

One of the main objectives for my research at the RAC in 2014 was to see whether the FEATM played a role in connecting among colonial experts and administrations in Asia, the IHB, and the LNHO. This inquiry is a part of a larger project that examines the relationship between colonial health governance and

international health governance in Asia through the interactions of these organizations.[7]

Although it turned out that little material on the FEATM exists at the RAC, by combining other sources at the RAC with sources from other archives and libraries, I pieced together the roles of experts at the FEATM (many of them worked for the colonial administrations in the region).[8] I then wrote an article arguing that the LNHO adopted the practices and regional health agenda of the FEATM in 1923–25.[9] The article demonstrates the significance of the FEATM network of colonial tropical medicine experts who were located in Asia. This significance lay in its role in reshaping the International Sanitary Convention (ISC), which was to constitute what we now call global health governing norms. The article also shows that the LNHO acted as a medium to channel the views of these FEATM experts to the discussions on the ISC unfolding in Geneva and Paris.[10] The ISC had been formulated and revised by the International Sanitary Conferences (1851–1938). The years 1923–26 were an intense period of debates that led to the revision of the ISC in 1926.

Meanwhile, in Asia in the 1910s and 1920s, the FEATM became an epistemic community of public health experts in the region: here I am using Haas's idea of an epistemic community where experts discussed ideas and they brought back these ideas to influence public and policy debates in their own countries.[11] My article shows that the FEATM network's region-wide public health agenda had two major aspects, and that the LNHO adopted one of them in 1923–25. It also argues that this expert network and its agendas were best characterized as intercolonial, as opposed to international, and that by adopting one of the FEATM's main agendas, namely a region-wide standard quarantine system in Asia, the LNHO incorporated intercolonialism as a layer of its internationalism.[12] This article focuses on Heiser's role not as an IHB officer, but mainly as a determined colonial public health administrator from the American Philippines who was a driving force for the FEATM in its initial period. Since 1910, Heiser

had pushed for the "other" main element of the FEATM's regional public health agenda, a region-wide, intergovernmental anti-beriberi campaign. This agenda did not gain unanimous support at the FEATM, nor was it adopted by the LNHO. In this paper, I locate Heiser as the IHB's Director for the East in a context in which the FEATM and the LNHO were intersecting. By the mid-1920s, he had left his colonial post for more than a decade, although he was still very much involved in Philippine high politics. I suggest here that his diary of 1925–26 shows Heiser as an important point for an intercolonial transfer of knowledge on public health administration among experts in colonial governments, the LNHO, the IHB, and the FEATM. He was also, I further submit, a key figure in integrating IHB officers on the ground into colonial and intercolonial public health infrastructures in the region. I also suggest that he was a forerunner of the American experts who contributed to the shaping of regional governing agenda by what I call pan-Pacific organizations in the 1920s and 1930s, and in the era that has been often characterized as the period of US isolationism.[13]

Heiser before the IHB

Heiser was born in 1873 in Johnstown, Pennsylvania and passed away in Brooklyn, New York in 1972 at the age of 100. As his well-known memoir describes, he narrowly escaped death at the time of the massive Johnstown flood of 1889.[14] The New York Community Trust his life on its website:

> Heiser, at the age of sixteen the sole family survivor of the Johnstown flood of 1889, was no stranger to challenges: He worked as a plumber and carpenter, and then put himself through college and medical school. But after graduating from medical school, he wanted to prevent disease rather than simply treat it. For three decades he did just that, in Italy, Egypt, the Philippines, Ceylon, Java, Ethiopia, Thailand, and Japan. He had some spectacular successes in the Philippines where his efforts helped attract young women into nursing at a time of desperate shortage,

> improved sanitation, and virtually eradicated smallpox. But he was appalled by the way lepers were treated and frustrated by the failure to find a way to prevent and treat leprosy .... He died in 1972 at the age of 100, and through his will established the Heiser Gift in the New York Community Trust to research the prevention and control of leprosy. It is one of only two funds in the world created to fight the disease.[15]

Heiser's experience of the horrific Johnstown disaster—watching many people perish, finding his mother's body, and losing his father—must have deeply affected him. It probably created a man of drive and discipline, and most likely determined his professional trajectory. Heiser graduated from Jefferson Medical College in 1897 and sought a career in preventive medicine. He entered the US Public Health Service and rose to prominence. He was posted to the Philippines, first as chief quarantine officer, then became Director of the Bureau of Health at the Department of the Interior of the Government of the Philippine Islands, which position he held until he joined the IHB in 1915.

This colonial post defined his subsequent career. The job, often referred to as Director of Heath, was more than "chief quarantine officer,"[16] as he was in charge of the whole public health administration of the colony, and reshaped the islands' public health system.[17] Warwick Anderson suggests that Heiser's stress on military priorities defined the nature of his public health work in the American Philippines. It also defined his style of public health administration: he ran it like the military procedures.[18]

As public health advisor to the Governor General of the Philippines, the post gave Heiser a crucial connection with high officials in the Philippines. It also opened a door for him to the top officials of the other imperial polities in Asia, giving him membership in an inner circle of colonial high officers in the region. His diary

demonstrates that this inner circle status was vital for his work for the IHB after 1915.

During his term in Manila, Heiser became a forerunner of the Americans who led a group of public health experts in the region in the late 1900s. The Far Eastern Medical Association was established in Manila shortly before 1908, leading to the formation of the Far Eastern Association of Tropical Medicine (FEATM) there in 1908.[19] Those who gathered for the first FEATM meeting in Manila that year were mainly colonial medical experts. The site of the meeting and the list of the participants indicated that experts from the American Philippines had initiated the move. Eleven came from the Philippines. Two each came from Singapore, Hong Kong, and Siam and one each from China, the Federated Malay States, Japan, Ceylon, and French Indochina. Only three, including one Japanese, had non-European names.[20] Although Heiser's name does not appear on the list of attendees at the founding 1908 meeting of the FEATM, his leadership role in the organization would soon become evident.

Heiser's policy towards beriberi in the colony was as autocratic as his colonial public health policy in general. By 1910, Heiser had seen enough scientific evidence to be convinced that a staple diet of over-milled (white) rice was a major cause of beriberi, a deadly and prevalent disease in Asia. It was a serious problem in the Philippines, and as Director of Health, he had banned white rice at all public institutions, such as schools, prisons, hospitals, and public offices, shortly before the first FEATM conference in Manila in 1910. In his view, this was an obvious step. The measure, he believed, would serve two main objectives of the colonial government: good colonial governance and economic productivity. It would also serve a humanitarian concern. For Heiser, the ban on white rice would "save more human lives.... and at the same time be of greater economic advantage than any one health measure proposed in modern times."[21] Although such concerns were humanitarian as well managerial, the implementation was autocratic: there was little consideration for the rights, customs, or habits of

colonial subjects. The colony, Heiser wrote, was "a huge laboratory in which my collaborators and I could work out an ideal program."[22] There, he and his staff could try a radical experiment with little consideration of citizens, local opposition, or existing vested interests in the metropole.

For Heiser, the FEATM was a site where an effective public health policy idea could be disseminated to the administrative units in the region. The FEATM held ten conferences throughout Southeast Asia between 1910 and 1938.[23] At the first FEATM conference in Manila in 1910, Heiser proposed a region-wide intergovernmental anti-beriberi campaign, based on his policy in the Philippines. The proposal rested on solid evidence, he argued, that his radical measure in the Philippines was successfully reducing morbidity in Manila. As more local data strengthened this point, Heiser continued to advocate the agenda in the next two FEATM conferences, held in Hong Kong in 1912 and Saigon in 1913. The campaign became one of the two original FEATM's regional governing agendas. The second was the standardization of quarantine practice in the region.[24]

Heiser Becomes IHB Director for the East

Heiser's achievements as chief colonial public health administrator in the Philippines led the IHB to recruit him in 1915 as its Director for the East. Wickliffe Rose, the IHB's first director (1913–23), met Heiser while travelling in the region. Having heard that Heiser was ready to move on, Rose created the position specifically for him. Heiser resigned from the Philippine administration in 1914, and joined the IHB the next year. Farley suggests that Heiser could be counted as one of "Rose-appointed misfits",[25] most likely because of Heiser's unorthodox style of operations in Asia, to be detailed below.

It is nonetheless easy to understand why Rose wanted to recruit him. Heiser shared a Rose's conviction that the most important mission in the world—not only of the Rockefeller Foundation, but of the United States—was to assist in the

establishment of viable public health infrastructures and conduct effective public health education.

During his term at the IHB, Heiser was a coordinator of IHB's field offices in Asia and the Pacific, spending most of his time travelling the Pacific Ocean, far away from IHB headquarters in New York. Farley describes Heiser as "outspoken, tough, and opinionated" with a "considerable ego", and he managed a great degree of discretion. Heiser "saw himself as the Potentate of the East", and "ran his fiefdom with little control from New York" with "a fine eye for public relations." He was a "robust, domineering, vigorous, suave man of the world, who enjoyed life to the full."[26]

How did Heiser transform himself from a colonial administrator to an international health officer at the IHB—or did he? How influential was he in defining IHB activities in the region, and what does his 1925–26 diary reveal about the role he played in various colonial governments, the FEATM, the LNHO, and the IHB, which were shaping regional and global health norms in this period?

The Context of Heiser's Travels of 1925–26

Heiser's mid-1920s travel diary recorded his activities over the course of almost nine months, beginning on September 17, 1925 and ending on June 6, 1926. Departing from San Francisco, he visited Hawaii (Hawai'i), Japan, Manchuria (Northeast China), China, the Philippines, Borneo, the Straits Settlements, Java (the Dutch East Indies), the Federated Malay States, Siam (Thailand), Ceylon, India, Egypt and Palestine.[27]

These years were pivotal in the development of regional and international health governing schemes. The LNHO (and the International Sanitary Convention, which was administered by the LNHO's rival organization, the *Office*

international d'hygiene publique in Paris, 1907–46, hereafter called the Paris Office) adopted one of the governing agendas of the FEATM, the standardization of quarantine practice in the region.[28] The FEATM had been pushing this agenda in the conferences in Hong Kong, 1912, Saigon, 1913, Batavia (present-day Jakarta), 1921, and Singapore, 1923. After the revision of the convention in 1912, the issue became even more important for the governments in Asia.

FEATM members argued that the International Sanitary Convention of 1912 needed to be modified in order to be applied to Asia. This was because the convention thus far had been concerned mainly with preventing epidemic diseases from coming to Europe, especially the diseases brought by the migrants from Asia. The Pan American Sanitary Bureau (founded in Washington, DC in 1902) had been criticizing such European provincialism and arguing for modifying the convention to make it applicable to the Americas. The FEATM joined this call.

As Alison Bashford and Anne Sealey have stressed, the push to de-provicialize the International Sanitary Convention was a process of turning it into a global convention.[29] In the 1920s, the LNHO (established in 1921) became a key facilitator for this globalization process. The LNHO, which had its own global ambitions, sent an officer, Norman White, to conduct an inquiry on quarantine conditions in Asia in 1922–23. His report, together with a report by the Pan American Sanitary Bureau, became the two reference points in 1923–26 for discussions about revising the International Sanitary Convention in 1926. The LNHO, however, facilitated, rather than initiated, this change. Its leaders were experts from the FEATM and the Pan American Sanitary Bureau. In his report to the LNHO, White adopted a key point of the FEATM's regional public health agenda, the standardization of the quarantine practices in Asia.[30]

White's report made two proposals: revising the International Sanitary Convention and establishing a regional center for epidemiological intelligence (a

center for gathering and disseminating information about epidemic cases in the ports and on the travelling ships in the Pacific and Indian Oceans). The LNHO took up the second proposal, establishing the Eastern Bureau in Singapore in 1925.[31] It was the first League office outside of Europe, and the first in Asia. The Eastern Bureau became a symbol of the League's global relevance.[32] The Rockefeller Foundation's IHB became the bureau's principal financial backer.

Heiser, meanwhile, was involved in the FEATM's *other* regional health initiative, the one that the LNHO did *not* take up: Heiser's own proposal for an intergovernmental joint action for anti-beriberi measures. Heiser's initial plan, in 1910, was to enact an intergovernmental action to ban white rice at public institutions in participating countries and colonies, just as he had done in Manila. Soon, however, he realized that many of his peers of colonial public health experts at the FEATM regarded the measurement as overly interventionist, and did not support it. Yet, as a representative from the Philippines, Heiser continued to propose Asia-wide alternative measurements for beriberi control at the FEATM conferences in 1912, 1913, and 1921. These proposals were: to classify rice that contained more than a minimum level of P_2O_5; to implement a higher tax for over-milled rice; and to educate the public about the danger of regular eating of white rice.[33] The opposition to governmental regulations, however, remained strong, not only among the Japanese experts—who had been briefed and instructed by their government to oppose governmental actions on this issue since 1910—but also among experts from the other rice-eating and exporting colonies in Southeast Asia.[34] They were concerned with possible popular outrage or damage to colonies' commercial interests. In 1923, the first two of these proposals were defeated at an intergovernmental meeting, which was held as a part of the FEATM's fifth conference in Singapore.[35]

When Heiser reached Tokyo to attend the sixth FEATM conference in 1925, therefore, he knew that his proposals had failed, and the FEATM shifted its focus to broader anti-beriberi education. After 1923, the Japanese government and its

health experts took a leading role at the FEATM to monitor how each government was implementing this educational scheme. One can speculate that this desperate need to provide alternative measures to banning or taxing white rice propelled Japanese experts' research on nutrition, especially vitamins, a field in which they would achieve global prominence.[36] Their rejection of the most obvious cause of beriberi and the failure to implement governmental measures, however, perpetuated Japanese suffering. As Hoi-eum Kim and Alexander Bay point out, academic rivalry and snobbery further obstructed beriberi prevention and treatment measures until mid-1925.[37]

Heiser's travels in Asia in 1925–26 thus took place in the context of several major developments in public health in Asia: a major discussion on the revision of the International Sanitary Convention in Paris and Geneva; the establishment of the LNHO's Eastern Bureau in Singapore and the first meeting of its Advisory Council in Singapore; the FEATM's sixth conference in Tokyo in 1925.

An International Health Official with the Heart of a Colonial Administrator

Heiser directed the Eastern section of the IHB from 1915 to 1934, while he remained a colonial administrator at heart. This was clear in his philosophy of, and approach to, the international health projects in Asia and the Pacific, which he oversaw for the IHB. The fact that he became a competent international health officer, I argue, illuminates the very nature of how the international health operations of not only the IHB, but also the FEATM and the LNHO, worked in this region in the League of Nations era.

It was in Heiser's effectiveness as a colonial public health administrator that Rose saw his potential as an officer for the IHB in Asia and the Pacific. Farley characterizes Heiser as "a passionate advocate of the white man's burden." In 1914, Heiser was ready to move on from the Philippines because "he no longer

wished to spend his time 'watching and defeating personal political schemes.'"[38] Heiser's diary of 1925–26 shows his strong preference for US rule to local self-rule: the US colonial administration would better serve the welfare of the colonized, and local politics was corrupt.[39] Examining IHB programs in the Philippines under Heiser, Anderson argues that they were Heiser's "recolonizing" projects.[40]

This picture of Heiser finds confirmation from people who worked under him at the IHB, such as John B. Grant. Grant was called Rockefeller's "medical Bolshevik." He believed in the capacity of the Chinese people, and believed that "good health rested on an equitable social and economic system."[41] Several factors contributed to shaping Grant's worldview. Born in China to Canadian missionaries, and able to speak the language, Grant identified closely with the Chinese. When he became a Rockefeller IHB officer, he worked in state programs supporting community health agencies in North Carolina, which made him committed to the integration of curative and preventive medicine. Grant then worked on a brief project in China in 1917, and in 1920 studied at the new Johns Hopkins School of Public Health. He was deeply influenced there by Arthur Newsholme, who was instrumental in establishing the British Ministry of Health in 1919, and who emphasized the importance of state responsibility for the medical care of the public.[42] In 1921, Grant was sent to Beijing to be in charge of public health courses at Peking Union Medical College (PUMC), which the IHB funded. He remained in China until he became director of the All-India Institute of Hygiene in Calcutta in 1938.

Grant's sympathy lay with the Chinese nationalists, and he sought to use his public health work to assist China to reclaim its national sovereignty and legitimacy as a modern and civilized nation. Grant worked with key LNHO officers, including Ludwik Rajchman (Medical Director of the LNHO, 1922–39), Andrija Štampar (Yugoslavian medical doctor and public health administrator who was associated with the IHB in 1932 and worked for the LNHO in China in

1932–33), as well as his immediate boss at the PUMC, Roger Greene. Grant helped China's Nationalist government establish its modern public health administration by training Chinese medical and public health experts at the PUMC and other institutions, and by proposing a comprehensive blueprint for a public health administration infrastructure and assisting its implementation.[43]

There was, therefore, a major ideological difference between Grant and Heiser. Grant worked under Heiser and travelled parts of Asia with him in in 1925–26. Heiser evaluated Grant highly, describing him as "real treasure with his rapid typewriting and intelligent cooperation in the many irons I had in the fire in Tokyo." He was impressed by Grant's ability to "win the confidence of Orientals," which helped the IHB's work.[44]

In contrast, Grant remained ambivalent, if not blatantly critical, of his boss. In an interview in his later years, Grant told that Heiser must have recommended him to Rose for a job at the IHB. Grant nonetheless described Heiser as "probably the most-self-centred man I ever ran into…", while he also understood why the IHB valued Heiser: Heiser's success as Director of Health in the Philippines was well acknowledged; he was "the first man in the IHB who had previous experience in international health;" and the IHB "depended a great deal upon his recommendation as to the setting up of the staff who would be working abroad."[45]

In Grant's view, however, Heiser "did not contribute to the development of the [IHB] program himself,"[46] and this was Heiser's "asset" and "liability". It meant that Heiser was not innovative or initiated many important programs, but he was an effective administrator of the already placed projects on three accounts. First, while Grant was critical of Heiser's two extensive travels to the 'east' in three years, Heiser preached the partner governments as well as his field officers "not to waste a single cent" of the Rockefeller fund. Second, Heiser took seriously a responsibility of junior IHB field staff in Asia (and the Pacific), and made sure that a junior staff had "a sound project" and was "capable of undertaking the

program".[47] Third, Heiser liked to being associated himself with high officials, formed a friendly relations with the wealthy and the prominent, and gained genuine respects from this circle. He had a polished manner to be charming in this circle.[48]

Despite his big ego, vanity, and colonial paternalism, however, Heiser still supported IHB projects in Asia and the Pacific, which contributed to the development of local expertise. As James Gillespie argues, Heiser saw merit in a project developed by an IHB officer in the western Pacific, Sylvester Lambert, to cultivate local public health administrators at the Central Medical College at Suva. Heiser backed him, at least until the late 1920s, against increasing opposition from Frederick Russell, who replaced Rose in 1923 as IHB Director.[49] Farley argues that Heiser's emphasis on public health infrastructure clashed with Russell's approach. Both Russell (1923–35) and his successor, Wilbur Sawyer (1935–44), prioritized the IHB's role in cutting-edge laboratory medical research. Russell also found Heiser "difficult to deal with," and "impossible to command." Farley speculates that this led Russell to fire Heiser in 1934.[50]

Heiser's support for a local empowerment project in the Dutch East Indies had an impact on independence movements in the following years. As Terence Hull argues, Heiser supported John L. Hydrick's experimental IHB scheme to incentivize local peoples to learn about disease prevention measures as well as the training of local public health experts in a rural area in the Dutch East Indies. [51] Hull contrasts this IHB approach with the Dutch government's authoritarian public health policies and law enforcement style. This was certainly how Heiser portrayed the Dutch colonial administration in his diary of 1925–26, in which he contrasted Dutch authoritarianism with the IHB's (and his) more democratic and grassroots approach. He recorded that he visited Hydrick's experimental village in January 1926, and noted that he smoothed over difficulties between Hydrick and the local colonial authorities.[52] He contrasted Hydrick's IHB project with the more heavy-handed Dutch colonial policy toward

hookworm. For Heiser, the Hydrick project was a test case of "the IHB's methods." Heiser's dislike of the Dutch colonial officialdom was clear throughout the diary, and he may have presented himself as more "liberal" than he was.[53]

Still, the project Hydrick implemented in the rural Dutch East Indies in 1924–39, and which Heiser supported (until he left the IHB in 1934), not only contributed to the improvement of the health of the villagers, but also assisted their independence movement. Eric Stein argues that this IHB project, which began first as an anti-hookworm campaign—and then broadened its scope to other areas, including malaria prevention—encouraged local self-autonomy. Hydrick's ideas and institutions, Stein continues, became the basis for grass-root nationalist movements among the local doctors whom Hydrick had trained. In Stein's view, the scheme's legacy lasted long after Hydrick departed the colony in 1939.[54]

While Heiser had little time for corrupt local elites in colonial Asia, he believed it was vital to educate the locals, and the locals had to take initiatives in improving public health standards. What distinguished Heiser from John Grant, however, was that Heiser saw these grassroots approaches as a means not for local empowerment movements that would lead to their political autonomy, but for good colonial management. Heiser was impressed by Hydrick's scheme because it found great support among the locals, who, as a result, were taking voluntary actions to establish latrines without police enforcement. Heiser further noted that Hydrick's scheme was rapidly winning over not only the locals, but also government officials.[55] Heiser was keen to tell of Hydrick's successful experiment to his peers in the region in Singapore and Siam, while making no reference to self-rule or political autonomy.[56]

Heiser as a Medium for the Transfer of Colonial Health Management Ideas

Heiser's diary of 1925–26 further gives us several useful insights on the relationship among the colonial administrations, the IHB, the LNHO and the FEATM. To be sure, one needs to be cautious in using a diary of a person with a big ego. One also needs to be mindful of using a diary that was not only a record of what he did and thought, but also a demonstration of the importance of the actions of its author, and the justification of the time and money the author spent or authorized others to spend.

Despite the obvious self-serving importance and ego of the man, the diary nonetheless reveals Heiser's skillful dealings with colonial officials, experts, and the local peoples. He worked extremely hard and, while enjoying privileged interactions with high officials, he also went everywhere he needed or wanted, with at times harsh travelling and lodging conditions. He was driven by a sense of mission and adventure.

American Experts' Leadership in Initiating a Regional Public Health Agenda

Heiser's diary reveals the nature of the operation of international health projects of not only the IHB, which used a more vertical (country-specific) approach, but also the FEATM and the LNHO, both of which aimed for a collaborative approach. Such cooperation in Asia in the 1920s is best characterized as intercolonial, as opposed to international.[57]

As an IHB officer, Heiser emerged as a pivotal point in this intercolonial transfer of the knowledge of public health administrations and measures in Asia. The diary illuminates how the network of colonial public health executives and experts in Asia worked, what roles American experts in the field played in Asia,

and what was the nature of the LNHO's work, as Heiser saw them. Heiser became a forerunner of American experts who led region-wide multilateral cooperation through informal expert networks in diverse fields in pan-Pacific organizations.[58] These experts and organizations initiated regional governing agendas in the period, which was often regarded as American isolationism (especially in its relations with the League of Nations).

In the 1920s, as director of a prestigious and wealthy American foundation's public health work in Asia, Heiser knew that he and other American public health experts would lead their peers in the region, with region-wide governing visions and programs. In his 1925–26 diary, Heiser stressed the superiority of US public health education and its public health policies to those of other models, and suggested that American-trained medical doctors and public health experts should lead public health administrations in Asia.[59] He often compared the US approach to the Dutch model in Dutch East Indies. He described Dutch treatment of plague, for example, as a "fireman"-style public health policy. It was neither "preventive nor systematic," but attended crises when they occurred on an ad hoc basis.[60]

Influence through Governmental Channels and Contributing to Government Policies

Heiser's and the IHB's work in Asia and the Pacific distinguished itself from those of the other pan-Pacific organizations of the 1920s by its strong government-centered approach. Although the IHB was a non-governmental organization, it worked with imperial (Japanese), national (Siam and China), and colonial administrations in the region. The IHB, a "non-governmental" organization, therefore, did not work against the state for the people or what we now call the "civil society." Rather, it worked with governments, assisting governmental schemes and policies.[61] Heiser held to this principle firmly, repeatedly reiterating it in his travels to those who wished to apply for the IHB's

schemes, including its fellowships: the IHB only worked with governments, and a candidate for the IHB fellowship had to have a strong government recommendation and be assured to have a substantial position in the administration upon that candidate's return.[62]

Although the IHB officially attached no strings to its funding, it was inevitable that the organization would have a certain influence on the relevant governments and their projects that the IHB supported. Heiser's status as Director for the East gave him clout, and the fact that he had great discretion to authorize IHB funding added to his power. His influence nonetheless stemmed also from his achievements as a colonial administrator, his expert knowledge in public health, and way he could interact with relevant officials with a sense of authority.

The diary clearly shows that Heiser's status as a former colonial official was a crucial basis for IHB operations in Asia and the Pacific. It opened a channel for him to meet relevant high officials in the other colonies in the region. During his travel in Asia in 1925–26, he was often invited to formal and informal functions, which provided great opportunities for him to meet governors and public health directors at the central and local colonial administrations. He mingled with them, and in informal chats or over meals or coffee he was often asked advice on their public health policies or what was going on in a particular area of public health at metropolitan centers. Heiser made sure he wrote in his diary that these high officials sought his advice, that he gave good advice, and that he was happy with the influence he could have on their policies.

While some colonial officials were annoyed by the IHB's intervention in their territory, most were aware of their lack of resources and were happy for the organization's assistance. Dr. Albert L. Hoops, who was an executive of the council of the FEATM at the Straits Settlements, for example, praised IHB's work in British colonies and thanked Heiser's decision (on behalf of the IHB) to contribute a "million pounds endowment … in Mauritius" for the advancement of

health.[63] The case demonstrates Heiser's great discretion in deciding what the IHB could and could not fund, and communication with the New York headquarters seems to have been reserved for a renewal of an agreement or a new agreement with relevant governments.

Heiser's diary demonstrates a frequent transfer of public health ideas, measurements and institutions among colonial administrations. At times, Heiser himself was the medium of such intercolonial idea transfers through informal conversations at the gatherings of the officials. Examples include Borneo's use of the report by the Philippine Bureau of Science on leprosy treatment, Heiser's suggestion that Singapore learn from the lessons of the construction of the Panama Canal for the construction of its naval base, and another suggestion of him that India introduce Javanese vaccine production, which it did successfully adopt. Heiser also recommended that colonial experts in Asia observe Hydrick's well-designed scheme in the Dutch East Indies, discussed earlier.[64] Through the advice he dispensed, Heiser was reinforcing and creating webs of networks of experts, and helping to shape shared public health administration knowledge among them.

This was not new in 1925–25, nor was such knowledge unanimous in any way. The FEATM conferences had been forming a largely intercolonial epistemic community of public health experts in Asia since 1910. As an early FEATM leader, Heiser contributed to this creation, and as the IHB's Director for the East, he continued to be a hub of intercolonial idea-transfer. Given the conflicting views within the IHB—especially after 1923 when Russell took over its directorship from Rose—Heiser's thinking did not represent the IHB's as a whole. Yet he still represented some ideas of the IHB or among IHB field officers in Asia and the Pacific, which were also shared among colonial experts in the region. These ideas included an emphasis on local education, the promotion of American training, and the training of local public health experts who could work within

the communities. Heiser's views (and those of other IHB officials) became influential in a few other areas of government policy in Asia.

There is, however, little evidence that Heiser used his IHB travel to persuade FEATM members to support his own agenda at FEATM conferences. This did not mean that Heiser stopped caring about the FEATM after 1915. On the contrary, he remained a keen participant, even after he had resigned from his position in the Philippines colonial administration. In 1925, he proudly recorded that he had been named the FEATM's "advisor to the Council" at the sixth FEATM conference in Tokyo. He noted that the decision, which received "great applause," would "now give [him] a permanent status" at the FEATM, "the same as a delegate representing a sovereign country" and "a continuous seat in the Council in future years."[65]

Yet, his priority in 1925 was not to push through his agenda, but to produce an agreement among experts who represented the relevant governments. As discussed earlier, Heiser had pursued an interventionist measurement of beriberi prevention at the FEATM since 1910. The conference of 1923 had finally decided not to take region-wide intergovernmental actions to regulate the distribution of white rice or discourage white rice eating. This must have disappointed Heiser. At the Tokyo conference in 1925, Heiser was nevertheless asked to chair the beriberi committee. While he witnessed much politicking behind the scenes, he was more proud that, as chairman, he had "finally succeeded in having sixteen countries unanimously adopt a draft of a resolution" to declare that beriberi was a notifiable disease, "with the exception of a temporary reservation of Japan and Java because they doubted their authority" to do so.[66] He regarded that his duty as chair was "to secure an agreement and harmonize the many divergent views."[67] Heiser here presented himself as not a man caught up with his own agenda, but as a pragmatic and effective negotiator whose ultimate duty was to produce an agreement among all participants.

Mentoring Young Experts, Training Local Nurses, and Fostering Local Initiatives

Farley's assessment and Grant's impression of Heiser suggest Heiser was not only staunchly pro-colonial, but also a self-centered man. Yet, Grant recognized Heiser's useful guidance of IHB's junior field officers, as discussed earlier, and Heiser could be an effective mentor. The IHB employed young field officers who were sent to foreign environments, often in very difficult conditions. Heiser, and the IHB more generally, were aware of these difficulties. Heiser more often than not supported these field officers and their projects, as seen in his backing for Hydrick and Lambert. His 1925–26 diary also shows that he took great care of an IHB officer of whose capacity and character he was not even certain.[68] Such care for the career paths of young public health practitioners was also seen in his discussion of a fellowship applicant.[69]

Heiser also regarded nurse training as vital for public health services, and was committed to the establishment and improvement of the training of locals. This meant modern (Americanized) training. While Heiser paid attention to nurse training in other countries, his main concern was the Philippines.[70] Heiser began modern nursing training for the locals while he was Director of Health in the Philippines, and noted that he had personally persuaded the first four girls to become nurses.[71] In 1925–26, he was still closely involved in this development in the Philippines. There is no question of his colonialist, patronizing belief and manner, his gender bias, and his belief in a transformation of "naked natives" into Americanized, uniformed "modern nurses" with good English.[72] Within these confines, he worked with a few leading female figures in the fields—he names a Miss Macaraig, superintendent of the Philippine Islands Nurse Training School, and a Miss Fitzgerald—in order to improve the number of nurses and their standard of training, while also paying attention to their recruitment after graduation.[73]

Heiser and the LNHO

Heiser's travel through Asia in 1925–26 coincided with the period when the LNHO established its Eastern Bureau, a regional center for epidemiological intelligence, in Singapore in March 1925. For the LNHO, its Medical Director Ludwik Rajchman, and Tsurumi Sanzō, the Japanese member of the Health Committee of the League in this period, the establishment of the bureau heralded the League's global reach and the rising significance of Asia.[74] Rajchman negotiated vital IHB funding for the LNHO's two core activities, an international exchange program of public health experts and the gathering and communication of epidemic intelligence. He gained US$125,000 for the Eastern Bureau from the IHB over five years, on the condition that the bureau secure subsequent financial backing from interested governments after this period.[75]

Heiser was in Singapore at the end of 1925 to visit the bureau's impressive office: "It occupies the entire large floor… in a huge building facing the bay."[76] It was a well-organized office with many necessary charts and tables. Its first director was Dr. Gilbert Brook, Director of Public Health for the Straits Settlements colonial government.

As an observer, Heiser attended the second meeting of the Advisory Council of the Eastern Bureau on January 4–6, 1926, along with thirteen others (ten from the Advisory Council member countries of British India, British North Borneo, China, Federated Malay States, Indo-China, Hong Kong, Japan, Dutch East Indies, Siam, the Straits Settlements, as well as Rajchman from the LNHO, Brook from the bureau, and an observer from the Philippines).[77] The three-day conference discussed both technical and political issues.

Heiser considered the meeting fruitful, especially valuing the positive dynamics among the intercolonial epistemic community. Mingling with "delegates from so many different countries," he wrote, "affords unusual opportunities to get in

touch with much information that could not be obtained otherwise, or at best with great difficulty."[78] In his usual manner, he noted that many delegates asked him for technical advice and information about the public health administrative procedures of various countries, and that his "valuable" contribution had been publicly praised.[79]

Members felt strongly that this region needed special attention from the League and the International Sanitary Convention, and that the League should establish a regional committee to study the diseases and conditions specific to the region.[80] The feeling reflected the FEATM's founding spirit. Members also discussed whether the Eastern Bureau should expand its operations beyond the Pacific Ocean to the Indian Ocean, including the shores of East Africa, because some stressed that this would be very useful for India.[81] The Advisory Council accepted the suggestion.

Although Heiser appreciated this meeting, he remained unsure about the influence of the LNHO in Asia, for several reasons. First, Heiser detected a strong skepticism towards the League in general among the experts present at the FEATM's 1925 Tokyo conference, while he found others were indifferet.[82] At the Strait Settlements government, where the League's Eastern Bureau was located, Heiser observed that officials were not enthusiastic or were ignorant about the LNHO. [Hugh] Fraser, whom Heiser described as a "Colonial Secretary" (its formal title was Chief Secretary, the Straits Settlement), and who "often acted as Governor General", even found it ridiculous to send a weekly epidemiological report to the Eastern Bureau. They were also not sure what the LNHO did, and Heiser found himself doing a PR job for the organization, explaining its functions to government officials in Singapore.[83] The second problem was that the LNHO's Medical Director, Rajchman, was not popular. Heiser recorded that Dr. Van Lonkhuijzen, the Advisory Council member from the Dutch East Indies, "intensely disliked" Rajchman, and told Heiser that the majority of the Council's delegates felt likewise.[84]

A third obstacle to the LNHO's influence was that Heiser held a low opinion of the competence of Brook, Straits Settlements Director of Public Health, and now Director of the Eastern Bureau. Heiser was not alone. When Brook led an inspection tour of the quarantine station at the Singapore port, Heiser and Rajchman were shocked by its appalling condition.[85] Dr. Hoops, the FEATM's executive and the Eastern Bureau's Advisory Council member from the Straits Settlements, confided with Heiser that Brook had been a major cause of the inefficiency of the medical school and the port health office in the colony, as well as the League of Nations in the region.[86] Heiser and Rajchman agreed that Brook was old and inefficient, and that the Eastern Bureau needed a new, energetic talent.[87] For Heiser, the League's functions were generally a bore, following old and rigid diplomatic protocols and permitting few stimulating discussions, which probably reflected Brook's old-fashioned style. Heiser indicated that he preferred a more relaxed, casual American-style of gathering.[88]

Heiser also felt an urgent need to strengthen the Straits Settlements' hygiene service, and was deeply disappointed by Brook's lack of interest in hygiene training (especially of local doctors) at the new medical school in Singapore. In Heiser's view, the school could be the center for training colonial public health officers in the region. Instead, there was no prospect for funding. Heiser noted his determination to establish good hygiene education in Singapore and Hong Kong.[89] Had Rose remained head of the IHB, he may have had a chance to pursue this plan.

Heiser's fourth concern about the LNHO was that, in addition to the lack of support or understanding from the Straits Settlement and its inefficient director, the LNHO had a hard time being recognized as a novel intergovernmental organization. The problem affected the LNHO's ability to communicate—*the* core function of the its Eastern Bureau—when it failed to get a discounted government rate for sending and receiving telegrams. This was because telegraph companies did not recognize the LNHO as a government organization, and even the

Telegraphic Conference in Paris declined to consider the League an official body.[90] Heiser was incredulous: it seemed "absurd each individual country can obtain low government rates, but they are denied when requested for a group."[91] This was League executives' failure to promote the organization's public image and to persuade the outside world of its important functions. As a result, the Eastern Bureau faced an increased running cost. Alarmed, Rajchman discussed the matter with Heiser in January 1926. Heiser suggested a solution: the Straits Settlement government send telegrams on behalf of the bureau, to be reimbursed by the League; and the bureau use more wireless services.[92]

Heiser and Rajchman

Despite all these concerns, Heiser was a supporter of the LNHO, especially its activities in Asia and the Pacific. He also wanted a greater initiative from Asia at the LNHO, which Rajchman supported.[93] Heiser, however, was mindful of Rajchman's critics, who were not in a minority. Heiser himself acknowledged that Rajchman had engaged in "manipulative" tactics related to the appointment of Eastern Bureau vice-presidents at its January 1926 Advisory Council meeting. The council was dominated by the representatives of British colonies, and Rajchman tried to block British colonial representation among the four vice-president posts. This had left hard feelings among the members, Heiser noted.[94] Heiser then came to the rescue, he recorded, bringing harmony by redrafting the resolution to define the powers of the vice-president by including representatives of China, Indochina, Siam, and the Dutch East Indies (to add to Japan) with the president (India) of the council as ex-officio chairman, and by eliminating the executive committee feature. He noted that this brought "great satisfaction on both sides," including Rajchman.[95]

The experience made Heiser cautious that the IHB not be dragged into Rajchman's ambitious and costly projects. This included the project of

international plague control. As Grant indicated earlier, Heiser made sure the best use of the fund with maximum results.[96]

At the close of the Advisory Council meeting in Singapore, Heiser stressed that he attended as a courtesy to the former fellow health administrators in this part of the world, not as the IHB's representative. The IHB would not exercise a supervising power, he continued, and had confidence in the LNHO.[97]

Colonial Management and Economic Development

Despite this distancing posture, Heiser's approach to public health was similar to a growing tendency at the LNHO under Rajchman. Heiser believed that economic development was vital for the improvement of public health conditions in Asia. The idea was close to the broader rural reconstruction approach that became prominent at the LNHO after the late 1920s. Because of this, Heiser was critical of an earlier report by the LNHO's Malaria Commission, which stressed the use of quinine. Heiser believed, instead, that broader educational and economic measures offered the most vital anti-malaria strategy.

Heiser's position in this regard was evident in his support for Hydrick's IHB work in the Dutch East Indies. It also explains why Heiser had introduced goats to rural Philippines, proposing to allocate a goat to every family. In his view, this would provide villagers with milk and meat for their nutrition as well as saleable skins to improve their economic conditions.[98] We now know the introduction of goats to the region caused major environmental problems. Its economic benefits have nonetheless been acknowledged, while solutions to the environmental effects are being sought.[99] The LNHO would soon promote similarly broader rural reconstruction agendas at its rural hygiene conferences, first in Geneva in 1931, and then in Bandung in 1937 (the Far Eastern Rural Hygiene Conference). Although Heiser had left the IHB by then, the conference of 1937 could be

understood as a joint venture of the LNHO, the FEATM, and the IHB. It is worth noting that Heiser's initial FEATM agenda for addressing the danger of white rice consumption for beriberi prevention was reinstated at this rural hygiene conference.[100]

Heiser never lost sight of economic development in his approach to public health. In his 1938 autobiography he affirmed his belief that "health should be regarded from the economic as well as from the humanitarian viewpoint."[101] We saw this belief already in his anti-beriberi measures in the colonial Philippines in 1910. He also shaped his colonial public health policies within the framework of the economic management of the colony. He was well informed about the region's economy, including such factors as labor costs and the impacts of industrial actions and independence movements on colonial economies, as well as resources, production, and levels of trade. Public health policies, Heiser was convinced, needed to take such issues into account.[102] Finally, while strongly believing in good public health infrastructures and the education of the locals for that purpose, he always looked for the cheapest way to maximize results. He would not support a project if the cost was beyond the capacity of the relevant administration.[103]

Conclusion

Heiser was a forerunner of American experts who pioneered multilateral and cooperative efforts to shape a region-wide policy agenda. He did so first as a colonial administrator in the Philippines, by initiating the formation of the FEATM and pushing for region-wide intergovernmental anti-beriberi actions in 1908–14. He continued to play this role after 1915 as the IHB's Director for the East on behalf of the Rockefeller Foundation. His prior career as a competent colonial administrator was the basis for the IHB's work on international health projects in Asia and the Pacific. He approached them as a colonial administrator,

and guided IHB operations to contribute to the management of colonized peoples and colonial economic development.

His travel diary of 1925–26, which occurred at a critical historical moment for defining regional and global public health management schemes, however, demonstrates that while international health projects in the region were based on the structure of the existing imperial polities, there were a great deal of cooperative actions among the imperial polities and their colonial experts in the region. These actions included transfers of the ideas of colonial health management from one colony to another through expert and official colonial networks, and Heiser and his IHB field officers were a crucial part of those networks. Within the colonial limitations, Heiser believed that the development of local public health experts, including nurses, was vital for the improvement of health conditions in the region. He also believed in grassroots education programs that stressed "voluntary" action by the public to do the right things for their own health management. Heiser was undoubtedly a passionate guardian of colonial rule, and many of his initiatives contributed to greater state control over colonized peoples. Unbeknownst to him, however, some of the public health schemes he shepherded would ultimately serve as organizing platforms for independence movements.

Research for this paper was funded by a Discovery Grant from the Australian Research Council, 2012–14, which examines the connection between colonial health governance and international health governance of the League of Nations Health Organization LNHO in Asia, and the Grant-in-Aid program of the Rockefeller Archive Center (RAC), 2014.

[1] The name of the organization changed over time: it was the Sanitary Commission from 1909 to 1913), the International Health Commission from 1913 to 1916, the International Health Board from 1916 to 1927), and the International Health Division from 1927 to 1951). In this paper, for the sake of simplicity, I refer to it as the International Health Board (IHB), regardless of period.

[2] On IHB funding for the LNHO, see Sunil S. Amrith, *Decolonizing International Health: India and Southeast Asia, 1930–65* (New York: Palgrave, 2006), 25. On the LNHO in general, see Iris Borowy, *Coming to Terms with World Health: The League of Nations Health Organization, 1921–1946* (Berlin: Peter Lang, 2009); Marta A. Balinska, *For the*

Good of Humanity: Ludwik Rajchman, Medical Statesman (Budapest: Central European University Press, 1995); Kayo Yasuda, *Kokusai seiji no nakano kokusai hoken jigyo¯* (Tokyo: Mineruva shobo¯, 2014); Martin Dubin, "The League of Nations Health Organization," in *International Health Organizations and Movements, 1918–1939*, ed. Paul Weindling (Cambridge: Cambridge University Press, 1995), 56–80; Weindling, "Social Medicine at the League of Nations Health Organization and the International Labour Office Compared," in Weindling, *International Health Organizations*, 134–53. On the IHB in general, see John Farley, *To Cast Out Disease: A History of the International Health Division of the Rockefeller Foundation, 1913–1951* (New York: Oxford University Press, 2004); Darwin H. Stapleton, "Technological Solutions: The Rockefeller Foundation and the Insecticidal Approach to Malaria Control, 1920–1950," in *The Global Challenge of Malaria: Past Lessons and Future Prospects*, ed. Frank M. Snowden and Richard Bucala (Hackensack, NJ: World Scientific, 2014), 19–34. The Rockefeller's programs in Central and Latin America featured predominantly the fields of science, medicine and public health. See Marcos Cueto, ed., *Missionaries of Science: The Rockefeller Foundation and Latin America* (Bloomington: Indiana University Press, 1994); Heather McCrea, *Diseased Relations: Epidemics, Public Health, and State-Building in Yucatán, Mexico, 1847–1924* (Albuquerque: University of New Mexico Press, 2010). On the IHB in Asia (particularly in China) and the Pacific, see Liping Bu, Darwin H. Stapleton, and Ka-che Yip, eds., *Science, Public Health and the State in Modern Asia* (London: Routledge, 2014); Mary Brown Bullock, *An American Transplant: The Rockefeller Foundation and Peking Union Medical College* (Berkeley: University of California Press, 1980); Bullock, "A Case Study of Transnational Flows of Chinese Medical Professionals: China Medical Board and Rockefeller Foundation Fellows," in *Medical Transitions in Twentieth-Century China*, ed. Bridie Andrew and Bullock (Bloomington: Indiana University Press, 2014), 285–96; Eric A. Stein, "Colonial Theaters of Proof: Representation and Laughter in the 1930s Rockefeller Foundation Hygiene Cinema in Java," in *Empires of Vision: A Reader*, ed. Martin Jay and Sumathi Ramaswamy (Durham: Duke University Press, 2014), 315–45.

[3] On the League of Nations as a harbinger of global norms, see Susan Pedersen, "Back to the League of Nations," review essay, *American Historical Review* 112, no. 4 (2007): 1091–1117, doi:10.1086/ahr.112.4.1091. On the League's role in economic and financial norms, see Patricia Clavin, *Securing the World Economy: The Reinvention of the League of Nations* (Oxford: Oxford University Press, 2013). For a similar point on the United Nations, see Glenda Sluga and Sunil S. Amrith, "New Histories of the United Nations," *Journal of World History* 19 (2008): 251–74. On the role of the LNHO, see Martin Dubin, "Transgovernmental Processes in the League of Nations," *International Organization* 37 (1983): 469–93.

[4] On the LNHO's work in Asia, see Jürgen Osterhammel, "'Technical Co-operation' between the League of Nations and China," *Modern Asian Studies* 13, no. 4 (1979): 661–80; Yasuda, *Kokusai seiji*. Li and Hell make reference to the LNHO in their work on the League of Nations: Chang Li, *Guoji hezuo zai Zhongguo: Guoji Lianmeng juese de kaocha, 1919–1946* [International Cooperation in China: The Role of the League of Nations, 1919–46] (Taipei: Academia Sinica, 1999); Stefan Hell, *Siam and the League of Nations: Modernisation, Sovereignty and Multilateral Diplomacy, 1920–1940* (Bangkok: River Books, 2010).

[5] RF/FA 118/RG 12/ Box 217: RF Officers' Diaries: Heiser, Victor G.: 1925–1934, RAC (hereafter cited as Heiser, diary, referring specifically to the cluster 1925–26).

[6] Tomoko Akami, "A Quest to be Global: The League of Nations Health Organization and Inter-Colonial Regional Governing Agendas of the Far Eastern Association of Tropical

Medicine, 1910–25," *The International History Review* 38 (1) (2016): 1–23, doi:10.1080/07075332.2015.1018302.
[7] This is the ARC discovery project of 2012–14, which I am currently consolidating.
[8] RG5/Series1.2/SS600/Box174; RG5.2/SS242/Box20; RG 5.2/SS600/Box54, RAC.
[9] Akami, "Quest to be Global." The paper was initially presented at a seminar of History of International Organization Networks, Geneva, October 24, 2013.
[10] On the International Sanitary Convention, see Neville Goodman, *International Health Organizations and Their Work* (London: J. & A. Churchill, 1952); Norman Howard-Jones, *The Scientific Background of the International Sanitary Conferences, 1851–1938* (Geneva: WHO, 1975); Weindling, *International Health Organizations*; David P. Fidler, *International Law and Infectious Diseases* (Oxford: Oxford University Press, 1999).
[11] Peter M. Haas, "Introduction: Epistemic Communities and International Policy Coordination," *International Organization*, vol. 46, no. 1 (winter, 1992), pp. 1–35.
[12] Akami, "Quest to be Global," 16. On the meaning of various imperial polities at the League, see Stephen Legg, "An International Anomaly? Sovereignty, the League of Nations and India's Princely geographies," *Journal of Historical Geography* 43 (2014), 96–110; T. Akami, "The Nation-State/Empire as a Unit of Analysis in the History of International Relations: A Case Study in Northeast Asia, 1868–1933," in *The Nation State and Beyond: Governing Globalization Processes in the Nineteenth and Early Twentieth Centuries*, ed. Isabella Löhr and Roland Wenzlhuemer (New York: Springer, 2013), 196–97.
[13] The author is developing a separate paper on this topic. On the role of American experts' leadership in pan-Pacific organizations in the 1920s and 1930s, see T. Akami, *Internationalizing the Pacific: The United States, Japan and the Institute of Pacific Relations in War and Peace, 1919–45* (London: Routledge, 2002); idem, "Beyond Empires' Science: Inter-Imperial Pacific Science Networks in the 1920s," in *Networking the International System*, ed. Madeleine Herren (New York: Springer, 2014), 107–32; Marie Sandell, "Regional versus International: Women's Activism and Organizational Spaces in the Inter-war Period," *International History Review* 33 (4) (2011): 607–25. On the role of Australians in pan-Pacific women's movements, see Angela Woollacott, "Inventing Commonwealth and Pan-Pacific Feminisms: Australian Women's Internationalist Activism in the 1920s–30s," in *Feminisms and Internationalism*, ed. Mrinalini Sinha, Donna J. Guy and Angela Woollacott (Oxford: Blackwell, 1999), 81–104; Fiona Paisley, *Loving Protection? Australian Feminism and Aboriginal Women's Rights 1919–1939* (Melbourne: Melbourne University Press, 2000).
[14] Victor Heiser, *An American Doctor's Odyssey: Adventures in Forty-Five Countries* (New York: Norton, 1936).
[15] New York Community Trust, "Victor Heiser: Searching for a Cure," website of the New York Community Trust, accessed August 30, 2014, http://www.nycommunitytrust.org/CurrentDonors/HonoringOurDonors/VictorHeiser/tabid/342/Default.aspx.
[17] As Director of Health, Heiser edited a substantial volume of the annual report of the bureau each year during his term. See, e.g., Heiser, *Annual Report of the Bureau of Health for the Philippine Islands: For the Fiscal Year July 1, 1912 to June 30, 1912* (Manila: Government of the Philippine Islands, Department of the Interior, Bureau of Health, 1913).
[18] Warwick Anderson, *Colonial Pathologies: American Tropical Medicine, Race, and Hygiene in the Philippines* (Durham: Duke University Press, 2006).
[19] "Far Eastern Association of Tropical Medicine," *British Medical Journal* 1, no. 2470 (1908), 1061–62.

[20] They were two with Chinese names from the Philippines and China, Dr. Tee Han Kee from Manila and Dr. Cheng from Canton, China, and one Japanese, Dr. Kitajima. "Far Eastern Association of Tropical Medicine," 1062.
[21] Cited in David Arnold, "Tropical Governance: Managing Health in Monsoon Asia, 1908–1938," *Asia Research Institute Working Paper Series* 116 (Singapore: The National University of Singapore, 2009), 14.
[22] Anderson, *Colonial Pathologies*, 70.
[23] The first FEATM conference was held at Manila in 1910, the second in Hong Kong in 1912, the third in Saigon in 1913, the fourth in Batavia (present-day Jakarta) in 1921. The fifth was in Singapore in 1923, the sixth in Tokyo in 1925, the seventh in Calcutta in 1927, the eighth in Bangkok in 1930, the ninth in Nanjing in 1934, and the tenth in Hanoi in 1938. On the FEATM, see Arnold, "Tropical Governance," 1–21; Iijima Wataru, "'Teikoku' chitsujo to keneki," in *1930 nendai no Ajia kokusai chitsujo*, ed. Akita Shigeru and Kagotani Naoto (Hiroshima: Keisuisha, 2001), 184–86, 200–201.
[24] Arnold, "Tropical Governance," 6, 9, 12–16, 17; Akami, "Quest to be Global," 6.
[25] Farley, *To Cast Out Disease*, 12.
[26] Ibid., 12.
[27] Mindful of the problems these names present, I use Hawaii for Hawai'i, and Manchuria for Northeast China, as Heiser used these terms in his diary and as contemporaries of his time used them.
[28] Akami, "Quest to be Global," 17. The following details on the cooption of the FEATM's agenda by the LNHO are based on this article.
[29] Alison Bashford, "Global Biopolitics and the History of World Health," *History of the Human Sciences*, 19, no. 1 (2006): 67–88; Anne Sealey, "Globalizing the 1926 International Sanitary Convention," *Journal of Global History* 6, no. 3 (2011): 2.
[30] On the details of the background of this mission and the role of Japanese experts, see Akami, "Quest to be Global," 10–11.
[31] Lenore Manderson, "Wireless Wars in the Eastern Area: Epidemiological Surveillance, Disease Prevention and the Work of the Eastern Bureau of the League of Nations Health Organization, 1925–1945," in Weindling, *International Health Organizations*, 109–33.
[32] Akami, "Quest to be Global," 2.
[33] P_2O_5 is diphosphorus pentoxide, a drying agent. It was argued that if rice contained at least 0.4% P_2O_5, it would prevent people from getting beriberi.
[34] Akami, "Quest to be Global," 6, 8, 11–12.
[35] Ibid., 11–12.
[36] Japanese experts also contributed to the nutrition programs of the LNHO in the 1930s. Yasuda, *Kokusai*, 54–56.
[37] Alexander Bay, "Beriberi, Military Medicine, and Medical Authority in Prewar Japan," *Japan Review* 20 (2008): 130–36. See also Alexander Bay, *Beriberi in Modern Japan: The Making of a National Disease* (Rochester, NY: University of Rochester Press, 2012); Hoi-eun Kim, *Doctors of Empire: Medical and Cultural Encounters between Imperial Germany and Meiji Japan* (Toronto: University of Toronto Press, 2014), 140–42.
[38] Farley, *To Cast Out Disease*, 12.
[39] Heiser, diary, 1925–26 (hereafter cited as simply Heiser, diary), 117.
[40] Anderson, *Colonial Pathologies,* 191.
[41] Farley, *To Cast Out Disease*, 13, 15–16; Bullock, *American Transplant*, 134, 160–61.
[42] Bullock, *American Transplant,* 136–38; Liping Bu, "Beijing First Health Station: Innovative Public Health Education and Influence on China's Health Profession," in Bu, Stapleton, and Yip, *Science*, 132.
[43] Bullock, *American Transplant,* 143–61; Bu, "Beijing First Health Station," 130–33.

[44] Heiser, diary, 60.
[45] *Reminiscences of Dr. John B. Grant*, transcript of interviews conducted by Saul Benison for the Oral History Research Office, Columbia University, copy in RAC (here after, referred as Grant Oral History): RG 13, vol. I, 39, 39A, 52.
[46] Ibid., 53.
[47] Ibid., 52, 53.
[48] Ibid., 410A.
[49] James Gillespie, "The Rockefeller Foundation and Colonial Medicine in the Pacific," in *New Countries and Old Medicine: Proceedings of an International Conference on the History of Medicine and Health, Auckland, New Zealand, 1994*, ed. Linda Bryder and Derek A. Dow (Auckland: Pyramid Press, 1995), 384–85.
[50] Ibid., 6, 12, 13.
[51] Terence Hull, "Conflict and Collaboration in Public Health: The Rockefeller Foundation and the Dutch Colonial Government in Indonesia," in *Public Health in Asia and the Pacific: Historical and Comparative Perspectives*, ed. Milton J. Lewis and Kerrie L. MacPherson (New York: Routledge, 2008), 141–43.
[52] Heiser, diary, 266, 282.
[53] Ibid., 273.
[54] Eric A. Stein, "Hygiene and Decolonization: The Rockefeller Foundation and Indonesian Nationalism, 1933–1958," in Bu, Stapleton, and Yip, *Science*, 55–56. I thank Hans Pol for this reference.
[55] Heiser, diary, 267, 268.
[56] Ibid., 228.
[57] Akami, "Quest to be Global," 3.
[58] Akami, *Internationalizing*; *idem*, "Beyond Empires' Science".
[59] Heiser, diary, 279, 283.
[60] Heiser observed the Dutch system of plague measures: "their plan is nothing more than a stern chase, putting out the fire as they go, with no prospect of catching up with the enemy." Heiser, diary, 280.
[61] The FEATM and the pan-Pacific Science Congress both stated that they were "officially endorsed," and their representatives were supposed to represent their own governments at the conferences. They were, however, more discussion fora, and in this sense the IHB's influence in official policies was probably stronger. Akami, "Beyond Empires' Science" and "Quest to Be Global."
[62] The cases were in Japan, the Philippine and India. Heiser, diary, 56, 142, 245–46.
[63] Ibid., 265.
[64] Ibid., 207, 227, 250, 272.
[65] Ibid., 43.
[66] Ibid., 41.
[67] Ibid., 47.
[68] The case of Heiser's dealing with Dr. Barnes in the IHB's project on anti-hookworm study in Siam can demonstrate this case. Although Heiser did not think highly of his commitment to the IHB, he spent long hours, including several hours on New Year's eve of 1925, trying to sorting out his problems. Ibid., 224–25, 229a, 231, 256, 263.
[69] Ibid., 234.
[70] On his reference to nurse training in metropolitan Japan and Manchuria, see ibid., 56, 66.
[71] Ibid., 189.
[72] Ibid., 158.
[73] Ibid., 145–46, 164.

[74] Akami, "Quest to Be Global," 2. Tsurumi's given name was often recorded as Mitsuzō in League documents, while in Japan, his name was recorded as Sanzō.
[75] Borowy, *Coming*, 145.
[76] Heiser, diary, 216.
[77] "Resumé de la conférence du comité consultatif du bureau de renseignements epidemiologiques d'Extrême-Orient, tenue à Singapour du 4 au 6 janvier 1926," in Société des Nations, Organisation d'Hygiène, Bureau d'Orient, *Resumé du rapport annuel pour 1925 et du procès-verbal de la conférence du Comité consultatif*, Geneva, April 1926, CH 540, League of Nations Archives, Geneva.
[78] Heiser, diary, 250.
[79] Ibid., 253.
[80] Ibid., 252.
[81] Ibid., 246.
[82] Ibid., 42.
[83] Ibid., 206.
[84] Ibid., 269.
[85] Ibid., 240–41.
[86] Ibid., 262.
[87] Ibid., 260, 237.
[88] Ibid., 239.
[89] Ibid., 219, 228a, 229.
[90] Ibid., 218.
[91] Ibid., 219.
[92] Ibid., 236.
[93] Ibid., 254.
[94] Ibid., 247–49, 255.
[95] Ibid., 254.
[96] Ibid., 235–36.
[97] Ibid., 256.
[98] Ibid., 132.
[99] Animal Production and Health Commission for Asia, and the Pacific and International Livestock Research Institute, "Goats—Undeveloped Assets in Asia: Proceedings of the APHCA-ILRI Regional Workshop on Goat Production Systems and Markets," Luang Prabang, Lao PDR, October 24–25, 2006, http://cdn.aphca.org/dmdocuments/APHCA%20Publications/ilri_-_goats_book.pdf; Mark W. Chynoweth, Creighton M. Litton, Christopher A. Lepczyk, Steven C. Hess, and Susan Cordell, "Biology and Impacts of Pacific Island Invasive Species. 9. *Capra hircus*, the Feral Goat (Mammalia: Bovidae)," *Pacific Science* 67, no. 2 (2013): 141–56.
[100] Socrates Litsios, "Revisiting Bandoeng," *Social Medicine* 8 (3) (2014): 121.
[101] Heiser, *An American Doctor's Odyssey*, 37–38.
[102] Heiser, diary, 222,
[103] Ibid., 34, 139, 292.