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Interview with Johannes Holm

Conducted by Poul Larsen in Copenhagen

1 May 1983

Larsen: Dr. Holm we are very interested in hearing about the whole origin of the big anti-tuberculosis campaign which received UNICEF's support for a long time. Based on all the previous work you have done in the Scandinavian Red Cross and the research work which went before that in the Danish Serum Institute. I think we would be most interested in hearing your history about the beginnings of this up to the point where we got UNICEF involved, and then from then on as far as we are concerned it gets very interesting and will show more light on us. Very interestingly big part of UNICEF's life. Here is Dr. Holm.

Holm: I want it to be quite a personal history of my involvement in all this work. I would like to tell a little about my original interest. It started two years after I had graduated as a doctor. I started working in the State Serum Institute in 1930. The State Serum Institute was at that time the national center for control of communicable diseases. Doing not only bacteriology but also epidemiological studies in the population. The director at this time was Dr. Thorvald Madsen, and he was extremely interested in epidemiology. He had good international contacts because he was

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chairman of the Hygien Committee of League of Nations. It was between the two wars what WHO is today. The Permanent Secretary for this was Dr. Rajchman who had his office in Palais des Nations in Geneva.

The two of them had close contact and were both interested in epidemiology but they could not at that time do any direct research work themselves, they had to give it to the different institutes and their big interest was standardization of bacteriological products. One of the things they were interested in was tuberculosis. And they had established an international standard for tuberculin. It was kept in the State Serum Institute and from there sent to the different institutes. This big batch was exhausted and a new batch had been prepared but had to be standardized against the old batch, and I got the special task to make this standardization, and, at the same time, investigate to see how the tuberculin should be used. I used this examination to make my doctoral thesis on Standardization of Tuberculin and methods for Tuberculin Testing.

In the State Serum Institute we established an epidemiological service, a unit under the tuberculosis department. We made studies on children, especially for tuberculosis all over Denmark. We had special teams going out and we very soon started an interested in BCG vaccination. We got the first strain of BCG vaccine in the State Serum Institute around 1930 and in 1933-34 we started making the first vaccination on children in the hospitals and later extended it to school children. And during and before the war it was made a rule

to tuberculin test all the children in the schools and vaccinate them when negative on tuberculin test. We used for the vaccination the method originally worked out by Professor Arvgid Wallgren in Sweden. He was a pediatrician and he was interested in BCG vaccination and started, at the same time we started, to vaccinate newborns. And also during the war BCG vaccination in Sweden was extended to the total population of children.

I became Director of the State Serum Institute's division of tuberculosis in 1940. And this was a central place where we made the bacteriology and epidemiology studies. Because I was interested in epidemiology it had been necessary for me to get a complete clinical experience in tuberculosis and recognition, official recognition, as specialist in clinical tuberculosis; it was Thorvald Madsen who insisted that this was necessary for studying epidemiology. During the war we started and shortly after the war we made mass examination on the total population with tuberculin testing and vaccination.

Just after the war we started the first vaccination campaign outside Denmark. That was in Schleswig-Holstein which is part of Germany just south of the Danish border. After the war there was a big interest in Denmark to do something for the Danes south of the Danish-German border. And the director of health services in Denmark, Dr. Johannes Frandsen, was eager to make a BCG vaccination for children in Schleswig-Holstein because it was reported that tuberculous meningitis and military-tuberculosis was very common among all the German children who were undernourished at that time. And he

asked the State Serum Institute to start the vaccination campaign. I discussed the problem with the British occupying forces in Kiel and got the permission to do it and to contact the German doctor who was specialist adviser to the British occupying forces. This was a Professor Hein in Jonsheide, and he agreed and we started the vaccination campaign. This was started in the autumn, the last months of 1946.

When we had started, the Danish Red Cross got interested in BCG vaccination. The situation was that after the war the Danish Red Cross had missions out in different countries in Europe the so-called war devastated countries in Europe, and in these missions there were always doctors. They reported back that tuberculosis among children especially meningitis and miliary-tuberculosis was very common in all these countries and something had to be done about it. The Danish Red Cross had started making tuberculosis dispensaries in some countries. I had been away from Denmark in 1946 as a consultant for six-months to the U.S. Public Health Service and when I came back I was asked to be interested in and give advice on what the Danish Red Cross should do. My advice to them was: stop these tuberculosis dispensaries, the only thing to do to protect these children is to make a BCG vaccination. That was accepted and in the early part of 1947 the Danish Red Cross started making mass BCG vaccinations by sending out Danish doctors and nurses to the different countries. The first countries were Poland, Hungary and Yugoslavia, and it worked quite well and it got really popular, certainly inside the Danish Red Cross.

I think it was in May 1947 we got a visit in Denmark by Count Folke Bernadotte who at that time was President of the Swedish Red Cross and he came and said that he would be interested in having the Swedish Red Cross do the same as the Danish Red Cross was doing concerning BCG vaccination. And it was agreed that it should be a common action. It was at the same time agreed that it would be better to have it as a Scandinavian action and get the Norwegians in on this, and contact was made in Oslo. They agreed to join the forces and it became a Scandinavian undertaking with Denmark, Sweden and Norway. In Denmark and Sweden it was the Red Cross and in Norway it was the Norwegian Help for Europe I think it was called. There was established an acting committee for this and from Sweden it was Arvid Wallgren who was a professor in pediatrics, the one who introduced intradermal BCG, and for the Swedish Red Cross it was Henrik Beer who at that time was Secretary-General of the Swedish Red Cross. From Norway it was a representative from the government, Dr. Galtung Hansen, and a representative from the Norwegian Help for Europe, and from Denmark I was technical adviser and the Director of the Danish Red Cross, Commander Hammerich, was representative. And we met every two months joining forces. And it was at that time that actually UNICEF was brought into it.

Larsen: Dr. Holm said in his speech here the main personalities were already introduced in the picture at that time for Dr. Rajchman, Thorvald Madsen, Henrik Beer and all these people also took part in the difficult negotiations with the actual joint enterprise when UNICEF joined this very large Scandinavian public health campaign which

already had many whole marks of being one of the largest effective campaigns in the public health field concerned at using vaccination teams and that kind of thing, all of these things which were made use of later and set a pattern for these future developments. Dr. Holm in January 1948 or about there came then in definite and direct contacts with UNICEF and he will take over and tell us something about the happenings there.

Holm: As far as I can guess this was quite by accident that I was mixed into all this contact with UNICEF. As I told you earlier I was director of the tuberculosis division in the State Serum Institute and on one morning in January 1948 I was called by telephone from Paris by a man who announced himself as Professor Helmholtz, specialist in children's diseases and professor in the Mayo Clinic but for the time being adviser to UNICEF, and he would like very much to know something about BCG vaccination and tuberculin testing. He told me that as an American he didn't know anything about what it was but he would like very much to know as much as possible because it was planned to have a meeting in UNICEF-Paris in a relatively short time and he gave me the date and he as an adviser should know something about it.

And of course I told him what we were doing and then, unfortunately, after we had talked about half an hour the line was broken and I used immediately this opportunity to call my old friend who was Director of our Ministry of Social Affairs, Hans Henrik Koch, and asked him whether he knew what UNICEF was. And he said yes he knew it very

well and Denmark had given support to UNICEF through the Ministry of Social Affairs and was very much interested in what UNICEF was doing and I told him that I got this telephone call and that there would be a meeting in Paris in UNICEF where they would discuss BCG vaccination. And H.H.Koch told me immediately that it was important that I should attend this meeting. And he told me that when I was again called by Helmholtz I should insist on getting an invitation to come to Paris and attend the meeting.

As expected Helmholtz called again and he started talking but I told him that there was so much to tell about BCG and tuberculin testing and how we were working that we couldn't exchange experience enough by telephone and I suggested that I came to Paris to attend the meeting and I asked him to make sure that I got an invitation to attend the meeting. He promised me to do it, to send me this invitation.

I waited. I thought the meeting should be in about two weeks time, I waited for 10 days and there came no invitation and then I again had a conversation with H.H.Koch who told me that I should just go to Paris and attend the meeting without an invitation because we would be interested in what UNICEF would do with BCG vaccination because Scandinavian organizations were so active in all this. So I started for Paris. Helmholtz received me at the airport. We had dinner in the United States Embassy and during this dinner he told me about the difficulty. He had planned to have given me an invitation but he had to get acceptance for this by Professor Rajchman and Rajchman had

told him that it would not be necessary that I came because he had technical advice by Thorvald Madsen who would attend the meeting. And Helmholtz also told me that he had informed Rajchman that I was coming, and that Rajchman had asked him to ask me to call him by telephone when I arrived. That was on a Saturday afternoon I arrived. I said I didn't wish to disturb anybody on Saturday evening and I would just come to the meeting and then I would meet Dr. Rajchman.

On Sunday morning in the hotel I got a call from the porter telling me there were two people down in the hall who wished to talk to me. I asked who it was and he said, 'Just a minute', and on the telephone was Dr. Thorvald Madsen and he informed me that he and Rajchman were down in the hotel and they wished to have a talk with me. I told them I was undressed and taking my coffee in bed, and it would take some time and it was agreed that they would come back and take me out to lunch. They came and we had a lunch in a restaurant close by the Boulevard St. Germain. And that is one of the most interesting lunches I have had.

I think it was this lunch that had a big influence on what I was going to do in the future in my active life. The two started questioning me how we were doing the campaign, all the problems related to it and I gave them all the information I could. That was easy because Dr. Thorvald Madsen and I had worked together on the epidemiology of tuberculosis and BCG vaccination, and Rajchman was extremely interested. I had the impression that the two of them together had a plan for what UNICEF should do. However, I never

found out - neither during the lunch nor later - what this plan was. But during the lunch I got the impression that in the way they put the questions they didn't agree.

And then certainly Rajchman put a question to me, "What would you do if you had three million US dollars to use for BCG vaccination?" and my answer was, "I would give the money to the Scandinavian Organizations who are doing the BCG vaccinations. They need very much foreign currency because the cars, these are old cars, and there are many aspects where foreign currency is needed and that is a shortage not only in Denmark but also in Sweden and Norway so that would be a big help". It ended up with Professor Rajchman asking if I could come to New York to attend the meeting of the Executive Board of UNICEF which would take place in the beginning of March. My answer was that I am an employee of the Danish government and I would ask if I am allowed to do it. Of course UNICEF would pay the travel and everything. There should be no expense for the Danish Government.

I got the permission from the Danish Government to attend the UNICEF meeting in New York. I arrived in New York and my first contact was with the Danish delegation to the United Nations and the Secretary of this delegation was Nonny Wright. And she informed me about the details of how UNICEF worked. We went to the meetings together. The meeting was at that time at Lake Success, a long journey outside New York City. And that was my first meeting in a big UN Organization. The first meeting was a meeting of the UNICEF programme committee,

the chairman for the committee as far as I remember was August Lindt from Switzerland, and I was asked to explain BCG vaccination and tuberculin testing as performed by the Scandinavian Organizations. As far as I understood it had been decided by UNICEF in an earlier meeting that a certain percentage of the UNICEF allocation should go to health projects. I think it was what Rajchman had managed to have accepted that about 10 percent should go to medical projects. UNICEF as of that time had not started assisting any medical projects but had been looking for medical projects to assist. The first was BCG vaccination campaign. The first proposal was to allocate 3 million dollars to the BCG vaccination, and the question was how this should be done.

It was generally accepted that UNICEF should not carry out any campaign itself but should allocate the money to other organizations doing the practical work and it was in general soon accepted that the money should be allocated to the Danish Red Cross and its Scandinavian allies, that is to say the Scandinavian action which was going on. Long discussions took place about how this should be worked out in the formal resolution and fortunately I had next to me Miss Wright because many questions were raised which I couldn't answer of an administrative nature. And I remember for instance it was proposed that when UNICEF makes an allocation to the Scandinavian Organization it would have to be the UN auditors that made the auditing and that was not accepted by Nonny Wright on behalf of the Danish Government. She insisted that it should be done by the Scandinavian auditors. Of course she had constant contact with the Danish government on this.

It ended up that not 3 million dollars but 4 million dollars were allocated to the mass BCG vaccination programme and allocated to the Scandinavian Organization. The 4 million was so divided that 2 million should be for Europe and 2 million outside Europe, it may be the figures are not correct I haven't the official documents here so they should be tested. The reason for having an allocation outside Europe was that certain of the members of the programme committee decided that it was unfair to allocate all the money to vaccination in Europe because there was so much need for it in the Middle East in North Africa and in Far East that some money should be allocated to a campaign outside of Europe. I was asked repeatedly how I would conduct a campaign for Indonesia and my answer was that I had no idea. My first way of doing it would be to use the same methods as we are using in Europe but I am sure there would be many problems.

Now there came up one interesting point in it that Dr. Rajchman insisted that in the allocation made by UNICEF in the resolution it should be stated that I, Dr. Johannes Holm, should be technical director of the joint enterprise between UNICEF and the Scandinavian Organizations. I didn't understand why. I remember that one day after a meeting in Lake Success Dr. Rajchman and Maurice Pate took me in the car to New York and Dr. Rajchman explained to me that it would be absolutely necessary, that I would be the best to be the technical director of it. I did not understand and I stated right away that I didn't know whether I would be allowed to, but I should get permission from the Danish Government. I got this permission. I later found out that Rajchman had quite specific reason for insisting

on that I should be technical director. I had by the WHO interim commission been appointed as member of the tuberculosis expert committee and we had had two meetings. The first meeting of the tuberculosis expert committee was in 1947 and we had a meeting in January 1948 and in these two meetings I had been chosen as chairman, and had to report directly to the interim commission as chairman of the expert committee. It was quite evident that Professor Rajchman anticipated that when UNICEF started giving assistance to medical projects there would be a conflict with WHO and he was right - it came later.

It was in the Executive Board meeting which on the 18th of March 1948 the so-called Joint Enterprise was started. It had officially the name of Joint Enterprise in UNICEF documents. It became known later as the international tuberculosis campaign or ITC, which continued until the Scandinavian Organization backed out and WHO took over their part and that was in 1951.

For those interested in the history of UNICEF it may be of interest to tell them that the creation of the UNICEF/WHO Joint Committee on Health Policy came really as a result of the start and the problems of the ITC International Tuberculosis Campaign/BCG vaccination programmes. In the meeting of the Executive Board of UNICEF in March 1948 it was made quite clear that there would come several other medical programmes to which UNICEF will give assistance and for this it was found necessary to create what was known as a Sub-committee for Health Programmes of the Executive Board of UNICEF. This

Sub-committee had in the beginning the members appointed directly by the Executive Board and the three members were: Professor Rajchman, Professor Debrè and myself. Later it was extended by 2 or 3 more members. This Sub-committee met regularly almost once a month in Paris all during the time that ITC existed.

In this Sub-committee on Health Programmes I mentioned that I envisaged that now when BCG vaccination campaign be extended to countries outside Europe and to Latin America and other parts of the world we would meet a number of practical technical problems, and for this it probably would be necessary to take up research. I discussed this especially with Dr. Rajchman and he agreed that I should invite Dr. Carroll Palmer who at that time was director of the Research Programme in the U.S. Public Health Service. To invite Dr. Palmer to take a look at the practical programme and see whether they would lend themselves to research of the special problems. Palmer made a trip to several countries in Europe in the early part of 1948 and he agreed that they lended themselves very much to research and that research was needed. He also agreed to be the director of a tuberculosis research office if such an office could be established. But he stated that as a employee of the U.S. government he would not give up his position but he had been informed that he could be lent out to an activity like the proposed Research Office, only if he was employed directly by a U.N. Organization which means WHO.

I of course contacted the Secretariat of WHO in Geneva about the problem and was informed that it was the firm decision of the

Secretariat of WHO that WHO could have nothing to do with a research office for tuberculosis. Because research was outside the scope of WHO. I reported this to Rajchman who right away got very furious and I remember his statement saying that this is not a problem for the Secretariat of WHO to decide what UNICEF should do and what they should not do. The relationship between WHO and UNICEF must be established in direct contact between the Executive Board of WHO and of UNICEF and he worked out a plan to have a number of members of the two bodies meet and he made the practical proposal to meet in Geneva in July 1948. He would at that time bring up specifically the problem of WHO and the relation to ITC. Because still it was the only medical project to which UNICEF gave assistance. Typical for Rajchman he wished to make very clear the preparation for such a meeting.

I had informed Rajchman as chairman of the WHO Tuberculosis Expert Committee that this Committee had decided to create a Sub-Committee on BCG and tuberculin testing and that they should meet on a given day in June in Paris. And Professor Rajchman asked me to arrange that a meeting was called one day earlier and that the representative of UNICEF Executive Board could attend a joint meeting with this group. This was arranged and the problem also of the relation between WHO and UNICEF was mentioned. The first meeting, which later became known as the Joint Committee on Health Policy (JCHP), UNICEF/WHO had as the only item the relation between WHO and UNICEF, and as the only formal WHO/UNICEF assistance was the vaccination programme the problems in relation to this was especially discussed.

In this meeting the UNICEF representative and especially Dr. Rajchman thought out the necessity of creating a research office and there was made a special resolution concerning the BCG research programme and the creation of a research office in Copenhagen. This meeting was especially important because of the members who attended this first meeting. From UNICEF it was the three members of the Programme Committee's sub-committee on health programmes. For WHO the members were Dr. Evang from Norway, Prof. Stampar from Yugoslavia, Dr. Mackenzie from the UK and Dr. Van Zile Hyde from the United States. They accepted the recommendation completely of establishing a research office. They at the same time established the principle which governs the relation between WHO and UNICEF which is well known. Historically it may be, I should mention the small things that happened in this meeting, I remember that Van Zile Hyde made a essential statement about what would happen the day UNICEF was dissolved. He declared that UNICEF is established only as a temporary organization to assist the children in the war-devastated countries of Europe and UNICEF would soon be dissolved. It is important that when UNICEF is dissolved there is not made financial commitments which would fall on WHO. And he managed to get through a recommendation that UNICEF should ensure that making an agreement not to leave any financial commitments after UNICEF was dissolved.

Larsen: Dr. Holm, I asked contemplating now what the results of this large campaign was. And I only recall as to Norway that the results noted in Poland. Shortly after World War II streptomycin was recognized as a specific treatment for tuberculosis cases, particularly babies.

and UNICEF provided assistance to such treatment provided that the governments who thought the assistance was in a position to establish homes for children where they could be treated. It was particularly well done in Poland where several rooms were established and where the many cases of miliary-tuberculosis cases were assembled and brought under treatment. But when the BCG mass campaign came into full blossoming in Poland it quickly proved that these homes had to close down because the inflow of new cases of mileri-tuberculosis in babies had largely dried up and I think more than that as a proof that the efficiency of the BCG campaign is not needed. There is many other research results which point the same way. I think that for all the people, all the men and women who were involved in this campaign they can be proud of the results achieved.

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