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Interview with Dr. Johannes Holm

by

Judy Spiegelman

22 July 1985

(Telephone interview)

Spiegelman: Dr. Holm this is Judy Spiegelman at UNICEF in New York. Do you hear me?

Holm: Yes, I do.

Spiegelman: Hi, how are you, Dr. Holm?

Holm: I am fine.

Spiegelman: That's good. We're trying to record this conversation with a telephone conference answering machine. I just don't hear you terribly well, and I wonder if I should hang up and try again.

Holm: Are you in New York?

Spiegelman: Yes. I guess if you project your voice ... I'm calling you from New York. I'm sorry to call you in the evening, but this was the only time we could get this conference room. I guess if you project your voice it will be ok. You got the cable, no?

Holm: Yes, I got the cable from Charnow.

Spiegelman: Atlantic Monthly Press is publishing a pictorial history of UNICEF, which will include essays by first persons involved in important parts of the work, and I would like to talk with you, looking back on the ITC.

Holm: What is it going to be used for?

Spiegelman: For a book about UNICEF. It is a pictorial history.

Holm: It is going to be copied where?

Spiegelman: Originally in New York and it will be distributed they hope around the world. So, it would be approximately 500 words we hope to get. And we have some good pictures from the campaign, including pictures of yourself in 1946, 47, 48. Do you hear me well, Dr. Holm

Holm: Yes, I do.

Spiegelman: Good. What I wanted to begin to ask you was, to start off with ... First of all I wanted to tell you that I've been wanting to talk with you for one year, OK.

Holm: And I had hoped to see you here, not over the telephone.

Spiegelman: I know it is very difficult, but I think UNICEF wouldn't have the money for me to come. So let's try this way. If our arithmetic is correct, you've been involved with TB for 50 years, Dr. Holm. Is that correct?

Holm: Yes, I started in the ??? Institute in 1930.

Spiegelman: In 1930.

Holm: Yes.

Spiegelman: How did it happen that you chose tuberculosis and BCG as your life's work.

Holm: My situation was that the chief of the ????? Institute at that time, Dr. Tolbert Matheson (?), he was interested in getting the study of tuberculosis in Denmark, immunology on tuberculosis. At that time you know he was the chairman of his commission of individual nations. Herr Reischman was a permanent secretary. And they were both interested in studying tuberculosis.

Spiegelman: Did you have any special interest in TB yourself? Did anyone among your family or your friends...

Holm: No.

Spiegelman: Did you ever see TB firsthand and it affected you in some way personally in your life?

Holm: No. Tuberculosis was a common disease but I had no cases in my family at all.

Spiegelman: Or among your friends?

Holm: No. It was a scientific interest, ??? .

Spiegelman: I see.

Holm: Immunology of tuberculosis.

Spiegelman: Was tuberculosis a big problem in Denmark in 1930?

Holm: All over the world. It was problem number one.

Spiegelman: It was the number one problem when you first began?

Holm: Yes.

Spiegelman: What is it today, Dr. Holm?

Holm: I just heard the talk by the ????? of medical research for India, and he declared that tuberculosis was problem number one in India and such is the case in many of the developing countries. In most countries in Europe and North America, tuberculosis is not any more a major health problem. It is almost on its way out.

Spiegelman: It's mostly a problem of the developing world?

Holm: Yes.

Spiegelman: Is the bacillus itself still as virulent as when you first started out?

Holm: Yes, no different.

Spiegelman: No different?

Holm: It is the same all over.

Spiegelman: Dr. Holm, did you travel through Europe right after V-day? And did you see the conditions of children that were threatened by TB?

Holm: I spent the last months of the war in Germany. I was attached to the Danish embassy in Berlin, and taking care of the scandinavian prisoners in a concentration camp, ??? and had to travel through Germany just after the war to find those ??? cases, scandinavians.

Spiegelman: In Germany?

Holm: In Germany.

Spiegelman: But not elsewhere in Europe. Knut Kristensen is a good friend of mine. Did you know him. He was in a concentration camp I understand.

Holm: No, my task ... I was working with the director of the health services in Denmark to assist the scandinavians in the concentration camps, and then ????? and brought some of them home, including the Finnish youths in ??????. So we had them, practically all of them, home before the end of the war.

Spiegelman: Yes.

Holm: And there I had seen the conditions throughout the states and countries of Europe.

Spiegelman: In countries other than Germany? What other countries did you visit?

Holm: I had to go to Paris, and go through Holland and Belgium and northern France.

Spiegelman: Could you describe what you saw of children's condition at that time.

Holm: I didn't see much of it, but the Danish Red Cross had, just after the war, ???? in the war countries of Europe, especially for feeding. And there were doctors and nurses and their report home was that tuberculosis among children was a big problem and that was a reason the Danish Red Cross started their activity.

Spiegelman: Yes, it is good to hear you confirm that. How important was UNICEF's support for the success of the ITC?

Holm: It was very important. There were plans, either Danish Red Cross and then later in collaboration with the Swedish Red Cross and the Norwegian Relief for Europe. So it was a scandinavian plan for BCG vaccination in the European countries. The difficulty at that time for the Red Cross was to get the right cars and all this, because foreign exchange was very difficult in the scandinavian countries, especially in Denmark and Norway. And therefore it was a big help when we got foreign currency, US dollars from UNICEF.

Spiegelman: Are you saying then that UNICEF's help was material? And did it play any role in getting countries to accept BCG vaccination, which was problematic at that time?

Holm: No, there were no difficulties.

Spiegelman: There was no difficulties to get countries to accept BCG?

Holm: Yes, some of the countries that used it, but in a different way. We gave it as a mass vaccination. Our idea was, and still is, that the BCG vaccination could prevent the two killing diseases among children, mileary (?)tuberculosis and tuberculosis meningitis.

Spiegelman: Tubercular meningitis?

Holm: Yes. That was very common at that time. Therefore, it was for the vaccination of children, and only our children. We took them up to the age of 20, because also to think of the young adults to be sure.

Spiegelman: Were infants also vaccinated?

Holm: No, we didn't vaccinate children under one year, for two reasons. Partly that if you vaccinate them there will come a too strong local reaction and it was our experience, also confirmed later, that children under the age of half a year and up to one year, are not very good in producing antibodies.

Spiegelman: I see. Tell me Dr. Holm, did you ever fly in the little Dahavaland Rapide (?) that the Danish Red Cross used to fly vaccines?

Holm: Yes.

Spiegelman: You flew in it?

Holm: Yes, to all the countries ???? that machine. We had that - only a small machine - for half a year, then we got a DC-3, on loan from the US Army.

Spiegelman: But you flew in the little Rapide yourself?

Holm: Oh, yes.

Spiegelman: Tell me about that please.

Holm: Yes, of course. We had to go to the different countries in organizing, demonstrating, negotiating on this.

Spiegelman: Did you fly with vaccines in that little plane, or just you and the pilot?

Holm: No, no. He had to fly the vaccine. It could carry six passengers.

Spiegelman: I see. Yes, but when you came, in other words, that little plane looks extraordinary today. Was it a bumpy experience.

Holm: No. It was only one pilot and an excellent pilot - Simonsen.

Spiegelman: Simonsen. Could you spell his name please?

Holm: Simonsen.

Spiegelman: Yes.

Holm: He was flying a small plane and also the DC-3.

Spiegelman: Right.

Holm: And he had a special way of flying it.

Spiegelman: What was that?

Holm: For instance you know the telephone connections were very difficult, so that when we flew over Warsaw to deliver vaccines - we had a local headquarters there - when we came there he flew very close down over the headquarters, and that was the announcement to the headquarters that now they had to go to the airport for the vaccines.

Spiegelman: He buzzed over the headquarters because the telephones were not so good?

Holm: No, because then they knew that they had to go to the airport - that we had arrived. That was his way of announcing, in all the countries, that now I am here.

Spiegelman: Right that was the signal. In which other countries did he do that?

Holm: Well, he flew vaccines to Warsaw, France, Budapest, to Vienna, and then Yugoslavia, to ?????, and then back over Germany. And later he also flew into Athens and Rome.

Spiegelman: Right. Did he ever fly to Palestine or Israel or Beirut?

Holm: No, there we used normal planes.

Spiegelman: Right. He was also the pilot on the Dakota?

Holm: They were using that plane only for Europe.

Spiegelman: The Dehaviland?

Holm: Yes, and later the DC-3.

Spiegelman: And only one pilot, this Mr. Simonsen ... do you remember his first name?

Holm: No, I have forgotten this.

Spiegelman: Was he a commercial pilot?

Holm: No, he was employed by the respected company in Germany called Falck which was taking care of emergencies.

Spiegelman: Did you ever have any adventures on this plane - run into any bad weather?

Holm: No, not too bad. Never any accidents. Never one accident.

Spiegelman: He never had to turn back with the vaccines?

Holm: Turn back?

Spiegelman: To Copenhagen? ... Because of the weather or because of a storm?

Holm: That might be, I don't know. He got of course a weather report and if there was bad weather he waited til the next day, I'm sure. I don't know the details.

Spiegelman: Right.

Holm: If you wish to know to which countries we delivered the vaccines, do you have the final report of the ITC?

Spiegelman: Yes, I do.

Holm: In there is a list of all the countries, and the amount of vaccines and other equipment and everything.

Spiegelman: I've gone over it, but it is in enormous detail. I'm wondering if you're still in contact with any of the original 99 doctors and nurses who went out for the campaign?

Holm: Yes, many of them.

Spiegelman: Yes?

Holm: One of them is the director of WHO, Dr. Mahler.

Spiegelman: Dr. Mahler served in Europe on the ITC?

Holm: Yes, he always attacked me - I'm responsible for bringing him into international health work. His first task is stated was as an assistant to a nurse in Germany and that is ????.

Spiegelman: He started out as an assistant to a nurse?

Holm: He was just a young doctor, one year after he had finished his studies. And I insisted that doctors who should go out and ??? their work should first do the tuberculin testing and vaccination themselves for two weeks under control of a nurse.

Spiegelman: And he didn't like that because that is a loss of status? Was it upsetting to him because a Doctor is higher and more educated than a nurse?

Holm: I insisted no. They took that as routine. They understood it. It was only to educate. But he started with the lowest degree you can, then he was in ITC, he was first in Germany and then he was in Ecuador for the mass BCG vaccination contained in almost two years.

Spiegelman: And tell me, did Simonsen fly that plane to Ecuador?

Holm: No, no. Outside Europe he used the ITC helped in developing a number of BCG laboratories. You can also see that in the final report, and they used the vaccine from these laboratories.

Spiegelman: So that the vaccine came from somewhere else, not from Copenhagen to go to Ecuador?

Holm: No, no.

Spiegelman: Did it come from Mexico City?

Holm: No, we arranged a laboratory in Guayaquilo (?) in Ecuador.

Spiegelman: Let me ask you, did you yourself vaccinate some of the children in Europe?

Holm: No, not in ??????. When I went out I had to go and see how the thing worked – if there were any difficulties. I had to put myself down of course and later tuberculin testing and the vaccination to show how I thought it should be done.

Spiegelman: So you did vaccinate some children?

Holm: Oh, yes.

Spiegelman: How many do you think you vaccinated?

Holm: No, no.

Spiegelman: Did it come from Mexico City?

Holm: No, we arranged a laboratory in Guayaquilo (?) in Ecuador.

Spiegelman: Let me ask you, did you yourself vaccinate some of the children in Europe?

Holm: No, not in ??????. When I went out I had to go and see how the thing worked - if there were any difficulties. I had to put myself down of course and later tuberculin testing and the vaccination to show how I thought it should be done.

Spiegelman: So you did vaccinate some children?

Holm: Oh, yes.

Spiegelman: How many do you think you vaccinated?

Holm: I don't know.

Spiegelman: A hundred or fifty?

Holm: It was only for demonstration.

Spiegelman: I know, but still, how many do you think it was?

Holm: I vaccinated quite a number of people before ITC in ????? in the northern part of Germany.

Spiegelman: So you did quite a bit of vaccination with the Danish Red Cross in Schleswig Holstein.

Holm: That was not under the Danish Red Cross, that was ??? Services in Denmark who organized it, that was under the Danish Direction of Health Services - who helped the children in Schleswig Holstein.

Spiegelman: You went out to see how the vaccinating teams were living in the different countries?

Holm: Yes.

Spiegelman: And what struck you about the living conditions and the working conditions for them?

Holm: It was of course very harsh work, but we all considered it a pioneering activity, and that we had to take the very hard living conditions. For instance in Poland, in Warsaw where we had headquarters, we couldn't find any place there that the team could sleep, so we got one house and put up so that there were ten people sleeping in one room. We had to bring food from Denmark.

Spiegelman: Because there was such a food shortage?

Holm: There was a food shortage all over. So we had, in each of the countries, we had once to take care of everything, we had to make the food and everything for the teams.

Spiegelman: Besides Dr. Mahler, are there any other doctors or nurses that you know where they are today?

Holm: Yes, many of them. A number of them went into WHO because when ITC closed down, you know that the work was taken over by WHO, and a number of doctors and nurses that had worked in ITC went into WHO and many of them went to high positions.

Spiegelman: Tell me, Dr. Holm, have you got pictures of yourself vaccinating a child for vaccinating purposes?

Holm: Yes, I suppose I have.

Spiegelman: Would you be able to find them and send them to us?

Holm: No, because I don't like pictures. I think you shouldn't concentrate on If you wish to get a picture, in your notes you said you were interested in the key people that had to do with all this, I have a picture of a conference we had in Copenhagen, and there are all the important people - Herr Reichmann and ?????.

Spiegelman: Well, I tell you, thank you for the offer, but because this is for the public at large, we have some pictures here showing some of the young Danish and other scandinavians, some of the doctors, some of the nurses, one picture of you with a Greek child, but not vaccinating a child. In other words, we are trying to get into the human interest side, so it has to be like an action picture and I was wondering if you also ... Did the State Serum Institute provide all the vaccines or most of the vaccines for Europe? And if you have any picture of yourself looking at people making the vaccine in the State Serum Institute?

Holm: Yes, but I didn't make much of the vaccines.

Spiegelman: I know you didn't make it but the State Serum Institute made it. Did it make it for all of Europe?

Holm: Yes, that you can see in the final report. The only place where we didn't use it was for a certain period in Athens, the Pasteur Institute in Athens provided it.

Spiegelman: And in Poland they also had some kind of a BCG Institute, no?

Holm: No, we delivered all the vaccines to Poland. We got a BCG laboratory later.

Spiegelman: How about Gottenberg ... did they not make some vaccine for parts of the campaign? Or can we say ...

Holm: We didn't allow any vaccine than the one we were responsible for.

Spiegelman: I see. Before it became ITC it was the Danish State Syrum Institute. But how much of the vaccine did the State Syrum Institute provide to the ITC campaign?

Holm: You can get the figures in the final report.

Spiegelman: I know, it is not the figures that we want, but can we say that the State Syrum Institute took on the whole production of the vaccine?

Holm: Yes, for the whole of Europe.

Spiegelman: For the whole of Europe from 1947 to 1950. This must have been a tremendous job.

Holm: Yes, and we delivered all the tuberculin for all the campaign all over the world.

Spiegelman: Except for Guayaquil, and until India. With a little exception.

Holm: That was tuberculin.

Spiegelman: The tuberculin for the whole world. And the BCG?

Holm: That was the international standard for tuberculin, it was kept in the Institute from the time of the League of Nations, organized by Reichtman and Dr. Mathson.

Spiegelman: But how about the BCG vaccine itself? Did the State Syrum Institute

Holm: The State Syrum Institute provided the BCG vaccine for the whole of Europe during the time of ITC. Later they gradually ... the local laboratories took over. Then the campaign went over to WHO, but still at the time when WHO was directing the campaign, much of the vaccine came from the State Syrum Institute in Copenhagen. Most of the time I was sitting in Geneva as Chief of ____??? in WHO.

Spiegelman: So the State Syrum Institute maintained as number one source of BCG for all the WHO campaigns, if I understand you correctly?

Holm: Yes, during a long time.

Spiegelman: To get back to the vaccinating teams, we read during our research, Dr. Holm. that the vaccinators had to use different kinds of transportation, they went by horse and buggy, by jeep, by raft, by canoe, by camel and by elephant. Do you know who would have pictures of all of these ways that the team moved?

Holm: Small boats and elephants also. I know that in WHO they have a number of these pictures, they had a whole series of them - very interesting.

Spiegelman: They do have pictures?

Holm: Oh yes. They have plenty. They had at that time any way, how much they have kept I don't know of course, but the public relations officer in WHO was very eager, because it was considered a pioneering activity for international health teams to work.

Spiegelman: Do you recall the problem in Karachi at the BCG plant, when white ants contaminated the plant?

Holm: No.

Spiegelman: Sam Keeney wrote about that. You knew him, didn't you?

Holm: Yes, very well indeed.

Spiegelman: Well, he's alive and well in Washington. Tell me, Dr. Holm, which was a bigger problem for the ITC, protecting the delicate vaccine once it left the institute, until it was injected into a child, or convincing doctors, parents, teachers, children, that the vaccine was safe and effective?

Holm: No, the biggest problem was to keep the vaccine cooled off and protected against light until it was actually injected.

Spiegelman: Against light?

Holm: It had to be protected. It had to be kept at a temperature below four centigrades, and for this we constructed special boxes, partly for use by the teams, so they could icing, what we call the cold chain. In special boxes we could air-planes, given to the pilot, in special boxes. It always was constructed, we had a special building in the free harbor in Copenhagen that we used as our depot for everything and there they made these containers. That was later taken over by UNICEF as UNIPAC.

Spiegelman: So the bigger problem was keeping the vaccine cold?

Holm: Yes. And protecting it against light, also out in the field, when they were vaccinating, they would never allow it to sit in the open in the sunshine when they vaccinated. They had to be in good shadows always. To carry systematically, that was one of the big problems.

Spiegelman: Could you vaccinate in the summertime, when it was hot?

Holm: Yes. The vaccine was kept at low temperature until the ampule was taken up and broken.

Spiegelman: You said that light was bad for the vaccine - sunlight.

Holm: The ampule was covered by dark paper.

Spiegelman: I see.

Holm: They had to do that systematically. That was one of the things that the tuberculosis office found out, so we didn't do it in the beginning, but as soon as we found out we took care of it.

Spiegelman: So a special kind of black paper was used around the ampule of vaccines?

Holm: Oh yes, sure. It was sent out with black paper around it.

Spiegelman: Is it still done the same way today, or is it done in a different way? Is BCG vaccine ...

Holm: They are not doing it by far as well as we did. And the difficulties to many years the way they are doing the BCG vaccination is priceless. We had used, at ITC and also when I was in WHO as mass campaigns, ???? advances had many avances. The people doing the vaccinations they knew could do it with the best technique and they could protect the vaccine and they went out to the places where people lived and plus in their time to have a so called have a so called health center personnel vaccinate and it doesn't work. The coverage should be up to a 78% and they don't obtain it. Neither with BCG or with the other vaccination they should reach. I have been discussing that quite a bit with the World Health Organization, but they say it is too difficult because they don't really understand the problem.

Spiegelman: To get back ... you see I am very interested in the nurses and doctors who went out for the team. Besides Dr. Mahler, are you in touch with any others?

Holm: Oh yes, but there is a whole series of them. There is a group, you know, that in Denmark we have formed a group to try to write the whole history of the ITC, and there we have contacted a whole series of doctors who write about their experience out in the different countries and we don't have any money to publish it, but they who are still alive should together put down our experience about this pilot activity. So there is a whole series of them.

Spiegelman: In Danish.

Holm: Yes, in Denmark. Some also are Norwegians, but especially from Denmark. A number of the administrative officers from ITC went to UNICEF

Spiegelman: But we are more interested in the ones who actually lived in the conditions, who actually were in the field and went by raft and canoe.

Holm: One of them is a professor that ??? a school here in Copenhagen. ??? you may have known him because he was External Relations Officer to UNICEF and WHO for many years.

Spiegelman: What was his first name, please?

Holm: Wurm Von Kristensen.

Spiegelman: We know Canute Kristensen.

Holm: He is Procurement Officer in UNICEF. Wurm Von Kristensen went into WHO for many years in charge of relations between UNICEF and different organizations. So your people must have contacted him. He is living in Denmark now. There are a whole series of others.

Spiegelman: Dr. Holm, do you remember what colour uniform the team wore?

Holm: Yes, a grey uniform. The book depicting the guide, describes how everything should be done in the field.

Spiegelman: Right, I thought it might be blue. And they carried vaccination

Holm: Yes, there is a picture of a nurse in uniform, grey uniform.

Spiegelman: And the vaccination kits were made out of what material, do you know?

Holm: I think it was leather in the beginning and in the end I think required plastic.

Spiegelman: I read through those reports and it said that the qualifications for doctors and nurses was "strong constitutions, good nerves, and that they have a suitcase". Now, why did they need good nerves?

Holm: Because it was very hard work and they were kept very, very strict and lonely and everything. You know they did not accept to use a scale of payment for personnel for UNICEF in the UN organizations. They practically got no pocket money.

Spiegelman: They just got living expenses.

Holm: Never. We arranged for uniform, for everything from housing to food. Did not need pocket money because we did not want them to behave in a way many internationals behave when we come out.

Spiegelman: You didn't want them going to the local bar, is that it, and drinking aqua vie? Am I right?

Holm: Maybe. We consider we were looking at human life which was much more important when ??? depicting knowledge. Our attitude was to ???? important things

Spiegelman: So they were screened to make sure that they had what kind of an attitude toward life?

Holm: The right human qualities - much more important.

Spiegelman: Were there any of them that had to be pulled back because they didn't have it?

Holm: Sure. As soon as they didn't behave well.

Spiegelman: What kind of behaviour would get you sent back?

Holm: ??? on the spot to fire a number, and they got the first plane back.

Spiegelman: What kind of behaviour would get somebody sent back right away?

Holm: That's too difficult. The one I fired was one of the Chief of Mission of her country in Yugoslavia. He in fact agreed because her behaviour was so we couldn't take it, her sexual behaviour. I came down ??? she was fired and sent back.

Spiegelman: Aside from sexual behaviour was there anything else?

Holm: The behaviour toward people we had to come in contact with. If it was not good enough, if you were looking down at people, you know that, you can easily judge how people are.

Spiegelman: Did you do a lot of travelling and supervising?

Holm: Of course, because we should lead our teams, our people should show the nationals how everything should be organized. If they did not come to the time and didn't organize it it is no good.

Spiegelman: It is a very delicate thing, is it not, Dr. Holm, to come into a country and find after the war very primitive conditions and to try to teach people, other nurses? These Scandinavians were training other doctors and other nurses in these techniques, so it is very sensitive, as delicate as handling the vaccines. Am I right, Doctor?

Holm: Yes, it was one of the problems.

Spiegelman: Yes, because you were ??? were they not?

Holm: To some degree. It depends on what you understand by Peace Corps. I don't admire the Peace Corps too much so

Spiegelman: So that's a bad analogy. So tell me, was there ever another group? These were civilians, right? The doctors and the nurses? To your knowledge, were they the first international doctors and nurses to cross national boundaries on such a health mission?

Holm: Yes, it was. The only one who had tried to do a little of it was the Rockefeller Foundation. They had tried to send out a small team.

Spiegelman: Where was that, Doctor

Holm: The Rockefeller Foundation was extremely interested when we started and I got good advice from several of the people from the Rockefeller Foundation. I then ??? who had worked for the Rockefeller Foundation in India.

Spiegelman: Ah, they tried to do this in India?

Holm: The Rockefeller Foundation had tried to have several small projects in India, in ??? especially in sanitary education and that type of thing, not such big teams. The Rockefeller Foundation was extremely impressed.

Spiegelman: Tell me, is it true that the team vaccinated more than 1,000 youngsters a day?

Holm: Yes, oh yes, more than 1,000. The team usually consisted of three people, a doctor and two nurses. Two vaccinators could easily take between 1000 and 2000 a day.

Spiegelman: The nurses were the vaccinators? Or the doctor also vaccinated?

Holm: You can find figures in the final report or in the first report. The first report of the Copenhagen conference.

Spiegelman: The figure I came up with was more than 1000 but it is too low, apparently.

Holm: It was easily 2000. That depends a little – if they were sitting in one place they could do many more. But several times they had to move during a day from one village to another and therefore that figure became around 1000 a day.

Spiegelman: And did the doctor vaccinate as well as the two nurses? Did they all vaccinate?

Holm: The doctor's task was to organize.

Spiegelman: And the nurses' task was to vaccinate?

Holm: The doctor ??? organize the whole thing and find the place where he should be and all this.

Spiegelman: So then they would stay in each village for a while before they did the actual vaccination? They would have to stay in a village in one spot for some time for them to organize?

Holm: Yes, we contacted the places, first of all usually about one month in advance the location where we should come next month and go ahead with negotiations and public meetings. For this we had loudspeakers also provided by UNICEF.

Spiegelman: Were the needles provided by UNICEF?

Holm: The needles? Yes. You know the arrangement we used for Europe, UNICEF paid for half of our expenses, the Scandinavian part the other half. And of course for this we had to use foreign currency and this was from the UNICEF account. You see the first part I have written about life ??????????

Spiegelman: Yes, I did.

Holm: Because there it stated that arrangement must be made from the Budget? You can see on each side, a gentlemen's agreement between me and Maurice Pate we should for Europe divide expenses between the two sides, UNICEF and the Scandinavian partner.

Spiegelman: Tell me, did the doctors and nurses who were trained inside each country did they begin to take over the vaccination?

Holm: Oh, sure. They were trained and it was different in different countries how many nurses and doctors were there. In Poland there were very few, therefore our personnel had to do most of the work. In Czechoslovakia there were many doctors and therefore we managed to carry through the vaccination, the programme in Czechoslovakia lasted only one year and we had the total country covered.

Spiegelman: Because there were more doctors remaining in Czechoslovakia.

Holm: The national doctors and nurses.

Spiegelman: In the national health service? In other words, the medical profession was less affected by the War, by the Nazi occupation in Czechoslovakia than in Poland?

Holm: Yes. That was not the case in Hungary. We were very short of doctors and nurses.

Spiegelman: Was there a campaign in China?

Holm: No. The explanation we had was to have in Copenhagen free Chinese doctors for training and there we had three doctors for training in the beginning of 1948 and one for producing BCG vaccine, one for diagnosing ??? one for organizing the campaign

but then they got ??? but I just got a letter from one inviting me to come to China now because we freed the leading people in China and they use the techniques we used here in 1948 in China. They used BCG exactly as we used it in our TB campaign.

Spiegelman: How about Israel doctor? Can you tell me anything about the campaign there?

Holm: Israel was covered completely I think it was in 1949 by a Scandinavian team. I went there and negotiated. I had a funny experience. I thought I should speak English there but the language in which I made the negotiations was German. Because with the ????? had been Chief Medical Officer in Berlin, we started talking English and then he quickly changed to German. We negotiated all about BCG in German which was a surprise to me.

Spiegelman: I can see why. So that the entire population in Israel was vaccinated by Scandinavian teams?

Holm: Yes, and you can see what is mentioned in the final report.

Spiegelman: Did that include the Palestinians as well?

Holm: We took the Palestinians Refugees as a special campaign which was in 1949 or 1950 they took the Palestinian Refugees. UNRRA as an organization had just been created and we worked with them.

Spiegelman: I have a note here, Dr. Holm, that in one eastern European country there was a problem because local vaccinators were injecting only half doses of the BCG. In other words they had a war-time scarcity approach, that they would give half and it would go further. You don't know anything about it?

Holm: That I don't know. I don't know anything about it.

Spiegelman: I read in a New York Times article that you literally lived the TB campaign, that you lived at the Danish Red Cross doctors' college with your wife, and daughter who was 6 years old at the time, in 1948.

Holm: I had to move in and take over and teach there. I had the responsibility for ?????production for serum and vaccine and plan for the campaign in 22 countries. So I had plenty to do.

Spiegelman: Was the State Serum Institute working 7 days a week to make this vaccine?

Holm: No, no, they worked normal hours. But we had plenty of personnel and we got a big building.

Spiegelman: I see, it was expanded in order to enable this expanded production to be done.

Holm: Yes, that worked fine. We had to get it on mass production.

Spiegelman: You were quoted as saying in a New York Times article that the "???? vaccillae don't make political discrimination. So our programme operates without politics. We must try to reach the youngsters first because the disease strikes worse with them." Do you remember saying something like that?

Holm: No, because a hearer sometimes turns over one's language if I don't understand.

Spiegelman: Tell me, Dr. Holm, when you look back on the whole Danish and then the Scandinavian campaign, the ICC and your part in it, how does it look today? How do you see it?

Holm: It looks an interesting period. It was a pioneering activity. It was quite organized by a number of people as such for which I got very good help from many sides in it because the one who helped me very much was Reisland. Do you know who that is?

Spiegelman: Yes, of course.

Holm: And because he considered it really his own campaign he was just as eager that it should succeed because it was a pioneering activity and he often told me that this was the type of work he would like to have started in the League of Nations but he never succeeded, for when it worked it should be demonstrated to the world that international help can be done in that way by peace spewing out and doing what is good, in the modern language, system export. When you in one country find out one way of

solving a given problem and have the experience that it works in that way then there is a possibility that the same problem when it is recognised in other countries can be solved by the same method, but in order to do it you have to send teams out not only to demonstrate but to actually direct the work for a certain period, giving the necessary materials always, and teach them.

Spiegelman: So you think it's still valid today, Dr. this approach?

Holm: Yes, sure it is, but it is misused in a terrible way.

Spiegelman: By whom?

Holm: The ??? idea when it started was that tuberculosis, meningitis and??? millions of doses was the big problem; we had solved it in the Scandinavian countries by vaccination, then it could be solved in other countries too but we had not only to demonstrate during short periods how it could be done but also direct it as a mass campaign, not to demonstrate how you can do it in a small area as what is very often done; you have to export the whole system and direct it for a certain period and then only they could take over, and this is what we did. In each of the countries we worked for more than one year and the Scandinavians directed the campaign completely and trained them and then at the same time the doctors from all these countries from Denmark and gave them a 3-month course in tuberculosis control and then they have fully established diagnostic laboratories.

Spiegelman: Tell me, did you ever dream that when the Danish Red Cross started this first, I think it was Poland was the second country, Germany, I don't remember...did you ever dream that it would become almost worldwide, was it a surprise to you how it took off?

Holm: Germany and Poland were the first. It was planned for the whole of Europe and it was not a surprise to me that it expanded to all the countries in Europe. It was a surprise to me on the 8th April 1948 that UNICEF allocated \$2 million to be used for BCG outside Europe. That was a surprise and I think it was a surprise to Reiland. In that meeting I was asked many times how could you do it and my answer was I don't know. For one whole day in UNICEF my standard answer was, I don't know. It was allocated the \$2 million.

Spiegelman: But to go back to originally when the State Serum Institute and the Danish Red Cross, it had just begun, it was very small, was it planned then that it was going to go into almost every European country? Surely that was an unexpected development?

Holm: It started of course in the two countries, but in the autumn of 1947 they wrote a big document which I still have about what could be done and there was a plan for all the European countries and based on this, the Danes allocated 3 million Danish krona for the campaign so that plans were laid for all over Europe campaign before UNICEF started and came into it.

Spiegelman: So what you are saying is that it was projected, it was a vision of helping throughout the continent. Was it your idea to take young nurses and doctors to do this?

Holm: If you have seen what I wrote in the report, I have written that it was really Reisland's. We discussed what should be used for ??????? for this and his answer was we needed some specialists to advise us. But for our practical work use young doctors, train young doctors. This is a new activity. Tuberculosis specialists cannot adapt to this, you have to find some young people because it is a whole new generation of health doctors you need to educate, not only for diagnosis, but for other preventive work. Many of those who worked also in different countries in the BCG campaign took on later big positions in ??????? One VD doctor who started in the team in ITC in Greece was for many years the medical Director of Health Services in Greece.

Spiegelman: She started in the ITC? She was one of the national vaccinators?

Holm: She was one of the national doctors.

Spiegelman: She was trained by a Scandinavian nurse or doctor and she became a vaccinator in the ITC in Greece, and she became Director of Health Services?

Holm: Yes, she was Director of Health Services for many years, I think up to two or three years ago.

Spiegelman: Do you remember her name, Dr.?

Holm: I can't tell that.

Spiegelman: I am very interested in knowing; do you regard the ITC as the high point of your life, of your work in TB?

Holm: No, that was one interesting period. It was one that I had the heaviest work because I had complete financial responsibility for a big campaign in 22 countries. I had responsibility for production of BCG and tuberculin and I was responsible for the training of the doctors that came to Denmark. And I had to spend half the time travelling around so I was pretty tired when it came to 1951, then I took one year off as a student.

Spiegelman: What did you study?

Holm: I took my Public Health Degree in Harvard, the School of Public Health.

Spiegelman: We are classmates. Tell me, Dr., you were so tired by the end of this campaign that you took a year off, is that it?

Holm: Yes, I was in the class of 1951-52.

Spiegelman: I went a little later, not much later but later. I am sorry I did not meet you there.

Holm: I worked with Sneidhart, you remember Sneidhart.

Spiegelman: No, Health is really not my field. I am sorry, I don't, so really you must have breathed a sigh of relief when the campaign ended, am I right?

Holm: Sure, for when it ended I was right away offered a position in WHO but I took one year off because for the 3 years of the BCG campaign I had had no time to read and follow what had happened in the world so I said I will have to take one year off, then I started with WHO on the 1 July 1952.

Spiegelman: Tell me, your daughter was 6 years old at the time.

Holm: Yes. She was born in 1942.

Spiegelman: What's her name?

Holm: Kirstin, and she has a son of 14 years old with whom I am discussing the world problem.

Spiegelman: During that campaign, did Kirstin see much of her father?

Holm: Yes, we lived together in a college, the top floor there, when I was home in Denmark we were living together.

Spiegelman: But half of the time you were travelling to look at the teams? Do you remember anything she ever said or asked you about the campaign? Or why you were travelling so much? Or why she doesn't see you?

Holm: Oh no, later I had the opportunity to show her a little of the world and I was Director of International ????? Tuberculosis in Paris, you know I was Director there for 12 years. I used her as Secretary for many of my projects.

Spiegelman: But of course she also had got BCG in Denmark? All children were vaccinated in Denmark?

Spiegelman: Tell me, Dr., what are you doing how do you spend your days now?

Holm: I have plenty to do because I am interested in developing countries. I have started now special activity in several of the Danish communities in Community Friendship Clubs in local area in the northern part of Ghana.

Spiegelman: I see, there are local Danish clubs, kind of?

Holm: It is poor communities in Denmark that calls Community Friendship, a way for a group of young people in a given community to contact their local youth in a given local area in Ghana.

Spiegelman: It is youth to youth?

Holm: There are women clubs and the children in the schools, schoolgirls and schoolboys in Ghana, and we send down whatever they need down there. We mobilize the Danish community and send things down there.

Spiegelman: What part do you play in all of this?

Holm: We ensure that the local people down there they decide themselves what they wish to get, what is their biggest problem they need help for, and help for that is mobilized by the Danish community.

Spiegelman: Is this right in Copenhagen?

Holm: No, it is in four local areas far away from Copenhagen, far away from any official authority as possible.

Spiegelman: What is your part of this?

Holm: I go out and talk to the people and tell them about it. For the time being we have a plan for organizing to arrange for a Danish High School. I don't know, a Folk High School. More than 100 years ago. They wish to establish one in that local area, and my task is to talk about it, write several reports and all this, and then I am working on a history of ITC, then I have been forced to write a book about what I did during the War for the Scandinavian prisoners-of-war in the concentration camps. I will publish a book about that.

Spiegelman: So you're doing a lot of writing and you are advising these four Danish communities about how to help this community in northern Ghana. Have you been to Ghana Doctor?

Holm: A part of community development. The idea is specially to further agriculture down there and to use the experience we had in Denmark 100 years ago, how to grow ??? things of earth from soil in a primitive way to a little more to use machine but not by tractors by simple tools pulled by oxen or horses.

Spiegelman: Is the agriculture of Denmark 100 years ago like the agriculture of Ghana today?

Holm: Again, it is system export. In Denmark there was the problem of getting better production made, and ???? I don't know whether you know these ???? or not. It is community effort to try to have that improved situation in Denmark. Anything used down there must be adapted to the local condition. The people down there must do it themselves and that is the idea behind all this.

Spiegelman: And you are their Advisor.

Holm: Yes, I am their Advisor.

Spiegelman: Do you know Ghana, Doctor?

Holm: Oh, yes, I have been there many, many times. First time I was down there I think was in 1952 for WHO, and I have been there many times under different conditions, and in 1974 I started a big project in the middle of Ghana for WHO, a community development project financed by SIDA, the Swedish organisation.

Spiegelman: And did this have to do with health?

Holm: Yes, it was a ???? development project. Two words: Haf fa.

Spiegelman: Are you doing anything directly about TB today?

Holm: Oh no, I have given up everything to do with TB when I left the International Union.

Spiegelman: But, do you still read about it?

Holm: Oh yes, one of my assistants took over the ??? and I often talk with her, try to give her advice, but I have nothing to do with it.

Spiegelman: When you got the Robert Koch gold medal, doctor, you said that you had always refused to get any kind of medal or honour until this one, and you said that the reason you accepted it was especially because it had come from younger people.

Holm: Yes, because I have been fighting the older generation.

Spiegelman: You had been fighting the older generation?

Holm: Yes.

Spiegelman: What is it they don't want to understand? What is the fight about, Doctor?

Holm: They considered everything was disease care and if they could make diagnoses with the stethoscope and x-rays, but the first fight was you can fight tuberculosis only by demonstrating the tuber vacillae, the TB, therefore ??? slogan diagnosis was ??? tried to convince him to accept the TB or not TB that was the question.

Spiegelman: You tried to convince these doctors who don't agree with you by saying TB or not TB, that is the question.?

Holm: TB or not TB that is the question, TB vacillae ???

Spiegelman: Did they laugh?

Holm: Not at that time. That is Dr. Mahler's slogan ????

Spiegelman: This is Dr. Mahler's slogan. Or is it your slogan.

Holm: Informally?????

Spiegelman: Or it's your slogan.

Holm: ???? In reverse ????? of treatment I have been fighting and I am still fighting. I don't know why ????? for WHO fortication that work for them. I had to write a long article about my view on tuberculosis today.

Spiegelman: So you're still writing about tuberculosis?

Holm: Yes. Dr. Mahler asked me to keep my views on the situation.
That was two or three years ago.

Spiegelman: In a World Health magazine?

Holm: No, in World Health Forum.

Spiegelman: And "TB or not TB that is the question" was is . . .

Holm: Oh no, this a question of treatment.

Spiegelman: No, no, is that your slogan, Doctor?

Holm: It is still for diagnosis, yeah.

Spiegelman: It is your slogan, even today? I'm going to ask you only one
last question. What has given you the most satisfication in all
of this?

Holm: That's difficult to say, but I think it is to work with young
people. To help as assistance in all that we have been doing a
number of young people working with enthusiam and to work with
them for a certain period and then to see how they develop. I
think that has been the biggest satisfaction.

Spiegelman: And does that hold true for the ITC, the young people that you
worked with then?

Holm: Yes, sure. The whole learning many people that has changed our lives and our views on a number of things.

Spiegelman: That experience working in the campaign?

Holm: Yeah, but now I'm speaking not only of ITC, you asked me for everything I've been doing, the feelings of us all is to try to find young doctors in ???? in each ?????. What is most present today is that young people right here in Denmark and get them interested in the problem in ?????. How would they get along?

Spiegelman: And this is what you're doing with the Community Development clubs?

Holm: I work with very young people. The way ?????? will take advice or two in our association that ???? a huge council. That's a umbrella organization for all the youth clubs in Denmark.

Spiegelman: It's an umbrella organization for all the youth clubs in Denmark. Is it in Copenhagen?

Holm: Indeed, yes.

Spiegelman: And you're advising them on?

Holm: I beg your pardon?

Spiegelman: I just wanted to clarify what you are advising them on. You're their adviser.

Holm: No. We are expecting ???? in a portion of development roughly in the developing world the ??? in Denmark and then trying to teach them to ?????? and learn in Denmark very much by adding ???? they are using in the developing ????.

Spiegelman: So this is broader than health now, right?

Holm: Right.

Spiegelman: Broader than TB and broader than health?

Holm: It is a development in immunization.

Spiegelman: In general?

Holm: Yeah.

Spiegelman: That's very, very interesting Doctor.

Holm: Yeah. This is only one part of development and you can't do too much by working by yourself alone.

Spiegelman: Doctor, Jack Charnow wanted me to send you his warmest wishes.

Holm: From whom?

Spiegelman: From Jack Charnow.

Holm: Yeah, and give him my best regards.

Spiegelman: I will indeed.

Holm: I am working on his problem, but it will take some time and some of the problems I don't understand.

Spiegelman: I see.

Holm: Some of them have been formulated by Mike Sacks, I think.

Spiegelman: Yes.

Holm: And some of them I don't understand. I ????? it will be sent to New York.

Spiegelman: So you are working on the material that he asked you but there are some things that you don't understand in the questions asked by Dr. Sacks? Is that right? Do you want to write to Jack Charnow directly to clarify.

Holm: I gave everything to Arne Stinus. You know who he is?

Spiegelman: Yes, I know him well. You have already given him some of the work?

Holm: Yes, he will type it and send it to New York.