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WOMEN AND TRANSNATIONAL ACTIVISM IN HISTORICAL PERSPECTIVE

Edited by

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FEMINIST TRANSNATIONAL ACTIVISM AND INTERNATIONAL HEALTH: THE MEDICAL WOMEN'S INTERNATIONAL ASSOCIATION AND THE AMERICAN WOMEN'S HOSPITALS, 1919-1948*

Kimberly Jensen

In her presidential address to the Medical Women's International Association (MWIA) in Geneva, Switzerland in June, 1922 Esther Pohl Lovejoy provided a blueprint for feminist transnational health activism. Lovejoy believed that the three-year-old MWIA could unite the ten thousand women doctors of the world for action "in matters pertaining to international health." Lovejoy defined international health as the abolition of "pestilence, which passes from country to country, and all the causes of pestilence, chief among which stands war" and "the prevention of disease which is due in large measure to destitution resulting from social and economic injustice and war between nations." Lovejoy was also the director of a medical relief organization known as the American Women's Hospitals (AWH). She hoped that medical women could cooperate across national borders through the MWIA and AWH to achieve this progressive postwar vision that linked feminism and international health with social justice and peace. The MWIA and AWH could provide the transnational structures and organization for medical women to develop programs to support progressive health care and medical relief and to challenge national policies that worked against them. Acting across national borders they could assist new international organizations such as the League of Nations in formulating and implementing such programs. Medical women

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empowered by these transnational networks could then strengthen their policymaking roles in their home nations and, assisted by enfranchised women across the globe, promote legislative and policy measures conducive to healthy communities.[1]

Figure 1. Esther Pohl Lovejoy, center, Medical Women's International Association Geneva Conference 1922. Courtesy of Medical Women's International Association.

Sven Beckert suggests that transnational history considers "a whole range of connections that transcend politically bounded territories" including institutions, ideas, and processes.[2] Lovejoy and members of the MWIA and AWH created transnational professional medical and relief organizations based on the concept that women physicians working together above and across nation-states could best develop ideas and take action to resolve global problems of disease, war, and inequality. Because the politics and policies of nations created such problems, medical women organized outside of their home nations to create collective alternatives. These broad programs, what Lovejoy called action for international health, would benefit all women regardless of their nation of residence. Women physicians worked across national and political boundaries in organizations dedicated to the theory and practice of a healthy and peaceful world for all, a "without borders" challenge to traditional state politics. Many women

[1] Esther P. Lovejoy, M.D., "The Possibilities of the Medical Women's International Association," *Medical Woman's Journal* 30, no. 1 (1923): 14-18.
[2] "AHR Conversation: On Transnational History," *American Historical Review* 111, no. 5 (2006): 1446.

physicians who were members of the MWIA and who worked with the AWH shared key elements of identity and experience that transcended national identity as they forged their transnational goals. Lovejoy and her colleagues also shared a gendered analysis of international relations informed by their training as women physicians and work in public health. They believed that international health started with the health and safety of women and children and resulted in enfranchised citizens, healthy communities and nations, and a world without war.

There were significant challenges to this feminist transnational vision of international health in the interwar and war years as women physicians struggled to transcend national and international politics, fascism, militarism, and barriers to women's leadership and empowerment. Lovejoy and her colleagues had been working for years on parallel strategies to achieve reform goals within their home nations. On the one hand they had worked within state systems to gain the policymaking power of elective and appointed office and sought equality within the medical profession. On the other they had created separate institutions to support medical women, to push for woman suffrage, and to foster legislation for healthy communities and workplaces. As they planned for and entered transnational work medical women employed these same simultaneous strategies, creating separate organizations that would unite medical woman and advance humanitarian medical relief across borders. In turn, they hoped that their collective program for international health and their efforts in medical relief would change the ways that states and international organizations (which facilitated relations among states) would formulate policies and programs and address the needs of women.

Esther Lovejoy made significant contributions to medical women's transnational activism as a founder of and contributor to these organizations dedicated to international health, particularly because she found ways to combine and coordinate the work of the MWIA with the transnational medical relief of the AWH. Such work was increasingly important as national and international conflicts blocked other kinds of transnational efforts and as it became clear that women would not have strong representation in the League of Nations and other institutions. While women physicians associated with the MWIA and AWH were a relatively small group compared to other organizations such as Women's International League for Peace and Freedom, their organizing concept of international health and the structures they established to implement it were vital as the crises of the twentieth century underscored the need for transnational responses to war, disease, medical and humanitarian emergencies and international health. An assessment of Lovejoy's facilitation and coordination of programs and work with the MWIA and the AWH, an analysis of the importance of medical women's shared identity and approaches to activism, and an understanding of the results establishes the contribution of these medical women to twentieth century transnational activism and to feminist theory and practice.

Esther Clayson Pohl Lovejoy was born in a logging camp in Seabeck, Washington Territory in 1869. She worked at a department store to help pay for her studies at the University of Oregon Medical School in Portland. Three weeks after her graduation in 1894 Esther married her classmate Emil Pohl and after the birth of their son Freddie in 1901 Esther's mother Annie Clayson came to live with the family in Portland and assisted with child care as both physicians continued their work. Freddie died in September 1908 from septic peritonitis, and Emil died in May 1911 from spinal meningitis. In 1912 Esther married Portland business leader and suffrage supporter George A. Lovejoy; they divorced in 1920.[3] In Portland Lovejoy was active in public health, community, and women's organizations, worked to gain suffrage for women, held appointed office, and ran for Congress. In the first two decades of the twentieth century Lovejoy and other women physicians were important participants in reform movements, part of what historian Regina Morantz-Sánchez has called the ascendance of "social medicine." They linked medical and public health issues with social and cultural reform and the women's movement in the progressive era.[4] Portland mayor Harry Lane, M.D. appointed Lovejoy to the Portland health board in 1905 and she served as Portland city health officer from 1907-1909, the first woman to hold such a position in a major U.S. city. Lovejoy was also active in many progressive era organizations that sought to bring about change to local and national policies, including the Portland Woman's Club and the Consumer's League. A strong suffragist, she had a key role in the Oregon state woman suffrage victory of 1912, and continued to work with the National American Woman Suffrage Association until the achievement of the federal suffrage amendment in 1920. And she gained an impressive 44% of the vote in her run as the

[3] Lovejoy's papers are located at the Archives & Historical Collections at the Oregon Health & Science University, Portland, Oregon and papers relating to her work with the AWH and MWIA are located at the Archives and Special Collections on Women in Medicine and Homeopathy, Drexel University College of Medicine, Philadelphia, Pennsylvania.

[4] Regina Markell Morantz-Sanchez, *Sympathy and Science: Women Physicians in American Medicine* (Chapel Hill: University of North Carolina Press, 2000), pp. 266-311.

Democratic candidate for Oregon's Third Congressional District seat in 1920.[5]

For Lovejoy the First World War highlighted the importance of social medicine and underscored new possibilities for activism at the transnational level. Lovejoy went to France from September 1917 to February 1918 as a representative of American women's organizations, including the Medical Women's National Association and the Women's Committee of the U.S. Council of National Defense. The purpose of her work was to assess the needs of women and children in France and to prepare for specific ways in which American medical women might provide assistance. Working at a Paris settlement house, visiting hospitals and clinics, and surveying health care conditions for refugees, Lovejoy came to know French women medical colleagues and praised the work of French midwives.[6] Her observations confirmed the importance of public health and the social medicine agenda with which she had been involved prior to the conflict, and demonstrated that women physicians in other nations had been working for similar goals. In turn, they suggested a wider field of activism across national boundaries. Lovejoy recalled that while in wartime France she "sensed the importance of women doctors working together, and from that time forward never lost an opportunity of promoting the idea."[7] After the conflict she took leadership positions in two transnational medical women's organizations. In 1919 she assumed the chair of the American Women's Hospitals (AWH), a medical relief organization established by the U.S. Medical Women's National Association during the war to support all-female medical units in France. Under Lovejoy's direction the organization would expand to provide

[5] See Esther C. P. Lovejoy, "My Medical School, 1890-1894," *Oregon Historical Quarterly* 75, no. 1 (1974): 7-35 and Kimberly Jensen, "'Neither Head nor Tail to the Campaign': Esther Pohl Lovejoy and the Oregon Woman Suffrage Victory of 1912," *Oregon Historical Quarterly* 108, no. 3 (2007): 350-83.

[6] "Important Conference of Representatives of Women's Organizations at Washington, D.C., June 19th, Called Together by the Woman's National Council of Defense," *Woman's Medical Journal* 27, no. 6 (1917): 134-35 and "Official Report of Dr. Esther Clayton (*sic*) Lovejoy, Council of National Defense, Circular No. 113," reprinted in *Woman's Medical Journal* 28, no. 5 (1918): 109-113. Lovejoy published *The House of the Good Neighbor* (New York: Macmillan, 1919) as an account of her wartime work and her observations about the violence against women in wartime. See Kimberly Jensen, "Esther Pohl Lovejoy, M.D., the First World War, and a Feminist Critique of Wartime Violence," in *The Women's Movement in Wartime: International Perspectives 1914-19*, eds. Alison Fell and Ingrid Sharp (London: Palgrave Macmillan, 2007), pp. 175-93.

[7] Esther Pohl Lovejoy, M.D., "Bertha Van Hoosen, M.D. – and the MWIA," *Journal of the American Medical Women's Association* 12, no. 1 (1957): 23.

medical relief in the postwar climate of civil wars and economic and refugee crises. Lovejoy was also an organizer and first president of the Medical Women's International Association (MWIA) during its foundation years 1919-1924 and helped to establish its transnational activist program.

Lovejoy was not alone. For many medical women involvement in social medicine before the war and their wartime experiences would be a catalyst for their participation in postwar transnational organizations and for a strong degree of shared identity and purpose. During the war women physicians on both sides of the conflict formed all-female medical units and provided medical care in hospitals and clinics and with voluntary organizations.[8] One result of this shared identity and experience was the five-week International Conference of Women Physicians attended by more than one hundred medical women from over sixteen nations. They convened in New York City from September 15 - October 24, 1919 to discuss a range of topics relating to women's health including conditions for working women, birth control, and sexuality.[9] Wartime experiences and over a month together sharing common concerns for women's health and debating ideas and programs emphasized the "importance of conferring together regarding matters effecting national and international health" and the possibility of an "international association of women physicians."[10] During the war years women in the United States (1915) and Great Britain

[8] For more on medical women's wartime work see Kimberly Jensen, *Mobilizing Minerva: American Women in the First World War* (Urbana: University of Illinois Press, 2008), pp. 77-115; Ellen S. More, *Restoring the Balance: Women Physicians and the Profession of Medicine, 1850-1995* (Cambridge: Harvard University Press, 1999), pp. 122-47; Leah Leneman, "Medical Women at War, 1914-1918," *Medical History* 38, no. 2 (1994): 160-77; Jennian F. Geddes, "Deeds *and* Words in the Suffrage Military Hospital in Endell Street," *Medical History* 51, no. 1 (2007): 79-98; Esther Pohl Lovejoy, *Women Doctors of the World* (New York: Macmillan, 1957), pp. 163, 277-307; Clelia Lollini, M.D., "The Italian Medical Women's Association," *Medical Woman's Journal* 29, no. 5 (1922): 82-84.

[9] Esther P. Lovejoy, Martha Whelpton, and Kate Campbell Hurd-Mead, "The Medical Women's International Association," p. 1, (n.d.) Box 27, Folder "Minutes and Other Records, 1919-1924," Accession 271, Medical Women's International Association, Archives and Special Collections on Women in Medicine and Homeopathy, Drexel University College of Medicine, Philadelphia, Pennsylvania (hereafter MWIA Collection). See also *Proceedings of the International Conference of Women Physicians*, vols. 1-6 (New York: The Womans Press, 1920) and Esther Pohl Lovejoy, *Women Physicians and Surgeons: National and International Organizations* (New York: Livingston Press, 1939), pp. 15-24. The conference was called by members of the War Work Council of the Young Women's Christian Association of the United States.

[10] Lovejoy et. al., "Medical Women's International Association," p. 3.

(1917) had organized national women's medical associations.[11] Now at the close of the conference the assembled women doctors organized the Medical Women's International Association as an "outgrowth of the war and reconstruction activities of medical women of different nationalities" to provide the structure to continue their shared work.[12] Members selected Esther Lovejoy to serve as the first president of the Association and the Executive Board included nine members from Europe (England, France, Holland, Italy, Norway, Scotland, Serbia, Sweden, Switzerland), two from South America (Argentina and Uruguay), two from East Asia (China and Japan), one from Canada, and four from the United States.[13]

The early leaders of the MWIA shared a common identity as women physicians, common experiences with organizing and activism before the war, and many engaged in wartime medical activities. As Leila Rupp has found for other groups of women working across borders, "identity politics of such organizations sometimes served as an alternative—or at least a complement—to national identity, in that way contributing to the construction of internationalism."[14] Members from Great Britain included Jane Walker, a founder and first president of the Medical Women's Federation of Great Britain who had campaigned for officer rank

[11] Both the British Medical Women's Federation and the U.S. Medical Women's National Association fought unsuccessfully for officer commissions and rank for women physicians throughout the conflict, articulating the equality of women's civic and professional roles in wartime. For the U.S. see Jensen, *Mobilizing Minerva*, and More, *Restoring the Balance*, and for British women see Leah Leneman, "Medical Women at War," and Leneman, "Medical Women in the First World War—Ranking Nowhere," *British Medical Journal* 307 (1993): 1592-94.

[12] Marie Chard, M.D., New York City to "Dear Doctor" [circular letter ca. 1920], Box 96, Folder "International Organisation Subcommittee 1920-1924," Medical Women's Federation/Medical Women's International Association SA MWF K1, Wellcome Library, London, England (hereafter MWF/MWIA Collection).

[13] Lovejoy et al., "Medical Women's International Association," pp. 5-6, Lovejoy, *Women Physicians and Surgeons*, pp. 15-24. The Executive Board included Lovejoy (United States), Christine Murrell (England), Lucie Thuillier-Landry (France), Kristine Munch (Norway), Marie Feyler (Switzerland), Martha Whelpton (United States), Ellen Potter (United States), Radmila Lazarevitch, (Serbia), Alicia Moreau (Argentina), Daisy Robinson (United States), and Tomo Inouye (Japan). National Representatives included Alicia Moreau (Argentina), Grace Ritchie England (Canada), Ida Kahn (China), Christine Murrell (England), Lucie Thuillier-Landry (France), Ada Potter (Holland), Clelia Lollini (Italy), Tomo Inouye (Japan), Kristine Münch (Norway), Frances S. Johnston (Scotland), Radmila Lazarevitch (Serbia), Alma Sundquist (Sweden), Marie Feyler (Switzerland), Esther Lovejoy (United States), and Alice Armand Ugon (Uruguay).

[14] Leila Rupp, *Worlds of Women: The Making of an International Women's Movement* (Princeton: Princeton University Press, 1997), p. 44.

for British women physicians during the war.[15] Louisa Martindale served on the Executive Committee of the National Union of Suffrage Societies and worked to open medical education and practice for women in Britain. She was a founder of the Medical Women's Federation of Great Britain, and during the war provided medical care at the Scottish Women's Hospitals at the Royaumont Abbey outside of Paris.[16] Christine Murrell was active in the Women's Social and Political Union for suffrage, provided medical care to suffragists on hunger strikes, and chaired the postwar Women's Election Committee to advocate for the election of women to the House of Commons. During the war she was a medical officer of the Women's Emergency Corps, a voluntary aid organization established by the National Union of Suffrage Societies.[17]

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[15] Jane Walker (1859-1938) attended the London School of Medicine for Women, received the LRCP (Licentiate of the Royal College of Physicians) in Dublin in 1884, a LRCS (Licentiate of the Royal College of Surgeons) in Edinburgh in 1888, and an M.D. in Brussels in 1890 and thereafter attended clinics in Vienna. She was an expert in tuberculosis care and president of the Medical Women's Federation from 1917-1920. See "Jane Walker," *Lancet* 235 (November 26, 1938): 1259-61; *Oxford Dictionary of National Biography*, eds., H.C.G. Matthew and Brian Harrison, vol. 56 (London: Oxford University Press, 2004) s.v. Walker, Jane Harriett; "Presentation to Dr. Jane Walker," *Medical Woman's Journal* 27, no. 11 (1920): 269; and Leneman, "Medical Women in the First World War," p. 1593.

[16] Louisa Martindale (1872-1966) received the Bachelor of Medicine (MB) and Bachelor of Surgery (BS) from the London Royal Free Hospital School of Medicine for Women and the London MD in 1906, and engaged in considerable overseas clinical work. See Louisa Martindale, *A Woman Surgeon* (London: Victor Gollancz, 1951); "L. Martindale," *Medical Woman's Journal* 31 no. 6 (1921): 177-78; "Louisa Martindale," *British Medical Journal* (26 February 1966): 547-49 and *Oxford Dictionary of National Biography*, eds., H.C.G. Matthew and Brian Harrison, vol. 37 (London: Oxford University Press, 2004) s.v. Martindale, Louisa. Martindale was elected president of the Medical Women's Federation in 1931. She served as honorary secretary and treasurer of the MWIA and as president during the Second World War. The Louisa Martindale Correspondence, GC25/B housed at the Wellcome Library, London, details much of her life and work with the Medical Women's Federation and the Medical Women's International Association.

[17] Christine Murrell (1874-1933) studied at the London School of Medicine for Women and received the London MB and BS in 1899. She was active in the Medical Women's Federation and served as president from 1926-1928. She was the first woman elected to the British General Medical Council in 1933, but died of cancer before she could take the post. See Christopher St. John, *Christine Murrell, M.D.: Her Life and Her Work* (London: Williams & Norgate, 1935); *Oxford Dictionary of National Biography*, eds., H.C.G. Matthew and Brian Harrison, vol. 40 (London: Oxford University Press, 2004) s.v. Murrell, Christine Mary; Lucy Noakes, *Women in the British Army: War and the Gentle Sex, 1907-1948* (London: Routledge, 2006), pp. 50-52; and Jean M. Scott, "Women and the GMC: The Struggle for Representation," *Journal of the Royal Society of Medicine* 81, no. 3 (1988): 164-66.

French physician Lucie Thuillier-Landry was an active member of the *Union Française pour le Suffrage des Femmes* (French Union for Women's Suffrage, UFSF) and the International Woman Suffrage Alliance and was the founder of the French Medical Women's Association.[18] Germaine Montreuil-Straus was a pioneer in sex education in France and a member of the *Conseil National des Femmes Françaises* (National Council of French Women, CNFF) and the International Woman Suffrage Alliance.[19] Sweden's Alma Sundquist was an expert in venereal disease who worked at the Stockholm free clinic and helped to develop Sweden's sex education program for public schools.[20]

Founding members outside of Western Europe and the United States included Grace Ritchie England of Canada, suffragist and public health activist, provincial vice president of the National Council of Women, and a Canadian representative to the International Congress of Women.[21] Paulina Luisi, the first woman in Uruguay to receive a medical degree and a pioneer in sex education and working women's rights, was organizer of the *Alianza Uruguaya de Mujeres para el Sufragio Femenino* (Uruguayan Alliance for Woman Suffrage) in 1919 and a delegate to the International Woman Suffrage Alliance.[22] Alicia Moreau was a leading Argentinean

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[18] Lucie Thuillier-Landry (1879-1962) served as a vice president of the MWIA from its founding and was president from 1929-1934. See Lovejoy, *Women Physicians and Surgeons*, pp. 15-23; Christine Bard, *Les Filles de Marianne: Histoire des Féminismes 1914-1940* (Paris: Fayard, 1995), pp. 30, 180; International Woman Suffrage Alliance, *Report of Eighth Congress, Geneva Switzerland, June 1920* (Manchester: Percy Brothers, 1920), p. 9.

[19] For more on Montreuil-Straus see Mary Louise Roberts, *Civilization Without Sexes: Reconstructing Gender in Postwar France, 1917-1927* (Chicago: University of Chicago Press, 1994), pp. 184-87, 196-205. See also International Woman Suffrage Alliance, *Report of Eighth Congress*, p. 17.

[20] Alma Sundquist received her medical degree in 1900 from the Krolinska Institute of Stockholm Univeristy, served on the League of Nations Commission for the Control of Traffic in Women and Children and Narcotics, and was president of the MWIA from 1934-1947. She died in 1940. See Lovejoy, *Women Doctors of the World*, pp. 177-78.

[21] Octavia Grace Ritchie England (1868-1948) used her valedictory address as the first woman to graduate in the Arts from McGill University to call for the opening of McGill's medical school to women. She received her medical degree from Bishops University in 1891, the first woman in Quebec to earn a medical degree. After clinical training in Europe she practiced in Montreal. See Carlotta Hacker, *The Indomitable Lady Doctors* (Toronto: Clarke, Irwin & Company, 1974), p. 167; Lovejoy, *Women Physicians and Surgeons*, pp. 15-17; and "Dr. Grace Ritchie England," *Canadian Medical Association Journal* 58, no. 3 (1948): 305.

[22] Paulina Luisi (1859-1957) received her medical degree from the University of Montevideo in 1909. See Asunción Lavrin, *Women, Feminism, and Social Change in* (continued)

socialist feminist, suffragist, and public health activist, author of *Feminism in Social Evolution* (1911) and *The Civil Emancipation of Women* (1919).[23] Tomo Inouye, a 1901 graduate of the University of Michigan, was medical director for girls in the Tokyo public schools and a founder of the Japanese Medical Women's Society.[24]

For Lovejoy and other MWIA members the concept of international health defined freedom from disease as a paramount goal of the postwar world. In this view disease was caused by poor state policies and international relationships that led to social and economic injustice and war.[25] To address this they designed the MWIA to support three major transnational goals: to promote medical education and careers for women, to provide opportunities for women physicians to form collegial partnerships for action across national boundaries, and to formulate health policies that would promote and support healthy, safe and secure communities for all women.[26] In the process they created what Nitza

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Argentina, Chile and Uruguay, 1890-1940 (Lincoln: University of Nebraska Press, 1995), pp. 140-44, 321-52; Lovejoy, *Women Doctors of the World*, p. 269; "Dr. Paulina Luisi," *International Woman Suffrage News* 14, no. 5 (February 1920), p. 70; and International Woman Suffrage Alliance, *Report of Eighth Congress*, p. 13.

[23] Alicia Moreau de Justo (1885-1986) was born in London. Her parents Armando Moreau and Maria Denanport were political refugees from France because of activities with the Paris Commune of 1870, and the family emigrated to Argentina. She received her medical degree from the University of Buenos Aires. See Lovejoy, *Women Doctors of the World*, p. 267; "Dr. Alicia Moreau," *International Woman Suffrage News* 14 no. 5 (1920): 70; Marifran Carlson, *¡Feminismo! The Woman's Movement in Argentina From Its Beginnings to Eva Perón* (Chicago: Academy Chicago Publishers, 1988), pp. 133-35; Lavrin, *Women, Feminism, and Social Change*, pp. 34-35, 44, 263-78; and "Alicia Moreau de Justo Dies; Leading Argentine Socialist," *New York Times*, May 14, 1986, p. B:20.

[24] "Delegates to the First International Conference of Women Physicians Held in New York City," *Outlook*, October 1, 1919, p. 187; "Women Physicians Here From Abroad," *New York Times*, September 16, 1919, p. 28; Tomo Inouye to Esther Lovejoy, August 17, 1920, Box 6, Folder 20, Esther Pohl Lovejoy Collection, Accession 2001-011, Historical Collections & Archives, Oregon Health & Science University, Portland, Oregon (hereafter Lovejoy Collection); Lovejoy, *Women Doctors of the World*, p. 236; and Nicholas S. Steneck, "Early Diversity in the Health Sciences at the University of Michigan," *Retrospectives: Health Care and the Health Sciences in Michigan* 1, no. 2 http://www.si.umich.edu/HCHS/Retrospex/RetroV1N2/retro1.2a.html (accessed October 23, 2009).

[25] Lovejoy, "Possibilities," p. 17.

[26] See "Minutes of the MWIA Meeting," Waldorf Astoria Hotel, New York City, October 25, 1919, Box 27 Folder, "Minutes and Other Records, 1919-1924," MWIA Collection; "Medical Women's International Association Constitution" in Medical Women's International Association, *Report of 1924 Meeting, July 15th to 19th, London, England*, (New York: Medical Women's International Association, 1924), pp. 21-23. Copy at the National (continued)

Berkovitch has characterized as an "alternative gender discourse" and practice for transnational activism.[27] Their feminist vision of international health challenged traditional state and international policymaking that focused on the military, diplomacy, and power relations. They contested what J. Ann Tickner has identified as the "concepts central to international relations theory and practice such as power, sovereignty, and security … framed in terms we associate with masculinity." Instead they developed the theory and practice of international health with a feminist perspective from margin to center, from the local to global, starting from the experiences of women to formulate transnational policies and programs for action.[28]

Over eighty delegates from twelve nations refined these goals at the second general convention of the MWIA, held in Geneva the first week of September 1922 while the Third Assembly of the League of Nations was in session. Delegates attended the opening session of the League, passed policy resolutions for the League's consideration, and attended conference sessions on a range of themes from birth control, venereal disease, and the status of women physicians in various nations.[29]

MWIA members were part of a growing transnational organizational thrust following the war, including the International Woman Suffrage Alliance, the Women's International League for Peace and Freedom, the International Labor Organization, and the International Congress of Working Women.[30] Like other women transnationalists MWIA members experienced frustration with the League of Nation's "dismal record on the inclusion of women"[31] but also continued to press for

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Library of Medicine, Bethesda, MD. See also "The Value of Organization to Medical Women," *Medical Woman's Journal* 29, no. 5 (1922): 92-93.

[27] Nitza Berkovitch, *From Motherhood to Citizenship: Women's Rights and International Organizations* (Baltimore: Johns Hopkins University Press, 1999), p. 69.

[28] See J. Ann Tickner, *Gender in International Relations: Feminist Perspectives on Achieving Global Security* (New York: Columbia University Press, 1992), p. 18, and see Tickner, *Gendering World Politics: Issues and Approaches in the Post-Cold War Era* (New York: Columbia University Press, 2001).

[29] "Banquet of the Medical Women's International Association, Geneva, Switzerland, September 7, 1922," *Medical Woman's Journal* 29, no. 10 (1922): 236-39; "Convention of Medical Women's International Association/Association Internationale De (*sic*) Femmes Medecins," *Medical Woman's Journal* 29, no. 10 (1922): 234-35.

[30] See Berkovitch, *From Motherhood to Citizenship*, Alan Dawley *Changing the World: American Progressives in War and Revolution* (Princeton: Princeton University Press, 2003); Rupp, *Worlds of Women*; and Erika Kuhlman, *Reconstructing Patriarchy: Women, Gender, and Postwar Reconciliation between Nations* (New York: Palgrave Macmillan, 2008).

[31] Rupp, *Worlds of Women*, pp. 212-22, quote 212.

involvement. The postwar period presented many transnational health crises including care of refugees, epidemics, and natural disasters. The League of Nations formed a permanent Health Committee in 1923 with commissions to investigate and assist in medical emergencies such as epidemics, to keep statistics and issue reports, and to hold conferences and interchange visits for medical specialists. A number of women physicians participated in these interchange visits.[32] Two MWIA members, Swedish physician Alma Sundquist and Danish physician Estrid Hansen-Hein, served on the League Commission for the Control of Traffic in Women and Children and Narcotics.[33] In the interwar period the MWIA took steps to strengthen women physicians' roles in other organizations by creating liaison officers who would represent the MWIA at meetings of the League, the International Labor Organization, and the International Red Cross. The MWIA exchanged publications with international health organizations, publicized employment opportunities in its journal and other venues and encouraged women physicians to prepare themselves in local work for a future in transnational service.[34]

As a transnational organization the MWIA provided a structure for women physicians that enabled them to consult with and support one another so that they could take on strong policymaking roles in their communities and home nations, and so that they might contribute to international organizations that were setting health policies among nations. The MWIA had a dual membership structure that included physicians who were members of an established national association such as in the United States and also individual members from nations that did not have an organized medical women's association.[35] Membership grew from several

[32] Lady Berry, M.D. [Dr. Dickinson Berry], "International Health Work and the Medical Women's International Association," *Medical Women's International Journal* 1, no. 2 (1925): 61-66.

[33] Lovejoy, *Women Doctors of the World*, pp. 178, 181.

[34] Berry, "International Health Work," and "Report of the Second Quinquennial Congress, Paris—10th-15th April 1929," *Bulletin Association Internationale des Femmes Médicins/Medical Women's International Association* (hereafter *BAIFM/MWIA*) 1 (December 1929): 15-24, and "Report of the Fifth Council Meeting, Vienna—September 15th-20th 1931," *BAIFM/MWIA* 5 (December 1931): 15.

[35] Leaders of the British Medical Women's Federation were concerned that the MWIA had been organized on the spur of the moment rather than with institutional planning. They also felt that all members should be part of a national association. Esther Lovejoy argued that it was important to build national constituent associations but that the MWIA should support women in nations that had few women practitioners and did not have national societies. Lovejoy facilitated a process by which British women worked with a subcommittee to revise the MWIA constitution at the 1922 and 1924 meetings that led to this dual system. For (continued)

hundred in the early 1920s to 2,000 in 1924 and over 3,600 by 1929.[36] MWIA conferences in these years featured topics such as women and cancer, working women and health, birth control, sex education, and physical education, and provided a forum for women to share research, strategies, and information. The MWIA journal featured reports on women physicians' activities in their respective nations, information on international organizations and global health issues and the editors reprinted conference papers. Thus while MWIA members continued to work for a larger role in national and transnational policymaking they were also achieving results by assisting in the development and professionalization of women physicians in a variety of nations. Because the MWIA was a professional organization as well as a potential policymaking one, members counted solid accomplishments in strengthening women physicians' roles and networks as a foundation for future achievement in the transnational policy arena.

From the beginning Esther Lovejoy hoped to enhance the power of the MWIA through cooperative work with the medical relief efforts of the AWH. While continuing to work for women's inclusion at the League of Nations and other international organizations, she also worked to connect medical women through the MWIA and AWH for transnational action. This was not a new strategy for Lovejoy and other medical women who, as we have seen, were used to working to gain inclusion in traditional institutions at the same time that they worked to achieve goals in separate women's institutions.[37] In the period of revolution, nationalist conflicts, the redrawing of national boundaries and refugee crises after the First World War Lovejoy expanded the scope and purpose of the AWH and worked to shape policy outside of traditional institutions. The AWH provided medical relief in Greece and Turkey during and after the Greco-Turkish War in 1922-1923, established clinics and dispensaries in Yugoslavia and Albania, provided medical support in Russia and Soviet Armenia after the

details of the conflict and process see the correspondence in the folder "International Organisation Subcommittee, 1920-1924," MWF/MWIA Collection.

[36] "Secretary's Report – Council Meeting, Paris, April 10, 1929," *BAIFM/MWIA* 1 (December 1929): 25 and Esther Pohl Lovejoy and Ada Chree Reid, "The Medical Women's International Association: An Historical Sketch, 1919-1950," *Journal of the American Medical Women's Association* 6, no. 1 (1951): 29-38.

[37] The biographies of early MWIA members, discussed above, demonstrate experiences in common with Lovejoy's own in this regard. Estelle Freedman first identified this process in "Separatism as Strategy: Female Institution Building and American Feminism," *Feminist Studies* 5, no. 3 (1979): 512-29. See Morantz-Sanchez, *Sympathy and Science* for the specific context of medical women's organizations and activism in the U.S.

revolution, and sent assistance after earthquakes shattered Tokyo in 1923. Lovejoy and the AWH also drew upon transnational networks among women physicians to provide vital relief during the Second World War in Europe, China, and the U.S.S.R. and in other areas after the conflict.[38]

Lovejoy facilitated transnational activism through cooperation between the AWH and the MWIA to create a feminist "without borders" philosophy for international health. The "without borders" approach was similar to the ideologies of later medical relief organizations such as Doctors Without Borders that, according to medical sociologist Renée Fox, link "medical humanitarian and human rights action, within the larger framework of what has been termed a 'without borders' movement." This involves challenging state policies and politics with programs "premised on the conviction that medical care, service, and relief is a humane form of moral action, with the capacity to bind up wounds that are more than physical, to 'heal the body politic' as well as the human body."[39] Lovejoy's "without borders" activism through the AWH and MWIA was also strengthened by a feminist vision of the role of medical women in international health and a commitment to social medicine as a method to effect change in international affairs and to create strong and healthy communities. Medical women shared many elements of a common identity and program, what Lovejoy called the "friendly and practical relations of women doctors in different countries."[40] Members of the MWIA and AWH could therefore challenge state structures and traditional international relations by promoting their vision of international health. Women physicians were "writing treaties of peace," Lovejoy noted, "not on scraps

[38] See Esther Pohl Lovejoy, *Women Physicians and Surgeons* and Lovejoy, *Certain Samaritans* (New York: MacMillan, 1933). For an interpretation of Lovejoy's work in association with AWH physician Ruth Parmalee in the Greco-Turkish War, see Virginia A. Metaxas, "Ruth A. Parmelee, Esther P. Lovejoy, and the Discourse of Motherhood in Asia Minor and Greece in the Early Twentieth Century," in *Women Physicians and the Cultures of Medicine*, eds. Ellen S. More, Elizabeth Fee, and Manon Perry (Baltimore: Johns Hopkins University Press, 2009), pp. 274-93.

[39] Renée Fox, "Medical Humanitarianism and Human Rights: Reflections on Doctors Without Borders and Doctors of the World," in *Health and Human Rights: A Reader*, eds. Jonathan M. Mann, Sofia Gruskin, Michael A. Grodin, and George J. Annas (New York: Routledge, 1999), pp. 417-35, quotes 417, 420, 421.

[40] "American Medical Women's Overseas Service," *Medical Woman's Journal* 51, no. 10 (1944): 20.

of paper, but in the hearts of thousands of children, the men and women of tomorrow."[41]

Lovejoy's work with Soviet public health pioneer Vera Lebedeva is one notable example of her facilitation of effective connections between the AWH and the MWIA and the potential that a shared identity as women physicians held for a feminist "without borders" philosophy and practice. This is particularly significant given that Allied nations, including the United States, had participated in military operations against the Bolsheviks in Russia in 1918-1919 and that a virulent Red Scare raged in the United States and other Western nations in the 1920s. In public, Lovejoy could use medical relief as both the motivation for the relationship between Soviet medical women and AWH/MWIA and as some protection from criticism. Work with the Soviet Union was not the political concern of medical personnel, Lovejoy asserted. "We were there," she said, "to care for the sick."[42]

Vera Pavlova Lebedeva combined medical and revolutionary activism throughout her life. Born in poverty 1881 in Nizhnii Novgorod, Russia, she secured a place for her education in the gymnasium with the assistance of a charitable organization, worked as a rural schoolteacher, and in 1901 enrolled at the Women's Medical Institute in St. Petersburg. Expelled for distributing revolutionary materials, she returned home to Nizhnii Novgorod and worked for the Bolshevik party by assisting political prisoners during the 1905 revolution. Here she met and married the revolutionary author Pavel Lebedev-Poliansky. They worked in exile in Finland and Switzerland and she returned to her medical studies in St. Petersburg, graduating in 1910. Fired from her first position as a *zemstvo* (local district) physician for revolutionary activity, Lebedeva joined Pavel in Geneva where she combined work in a women's clinic with activism in association with Vladimir Lenin and other Russian exiles.[43]

[41] "American Women's Hospitals Report," *Medical Woman's Journal* 28, no. 12 (1921): 315.

[42] Lovejoy, *Women Physicians and Surgeons*, p. 97.

[43] For Vera Pavlova Lebedeva (1881-1968), see *Biographical Dictionary of Women in Science: Pioneering Lives from Ancient Times to the Mid-20th Century*, eds. Marilyn Ogilvie and Joy Harvey, vol. 2 (New York: Routledge, 2000), s.v. Lebedeva, Vera Pavlovna; and Jeanette E. Tuve, *The First Russian Women Physicians* (Newtonville, MA: Oriental Research Partners, 1984), pp. 60-68, 111, 113-16. For more on medical education for women in Russia see Thomas Neville Bonner, *To the Ends of the Earth: Women's Search for Education in Medicine* (Cambridge, MA: Harvard University Press, 1992), 81-100.

Lebedeva returned to Russia in May 1917 and following the October Revolution in 1917 that brought the Bolsheviks to power became the director of the new Soviet Department for the Protection of Maternity and Infancy (OMM). As director of the OMM, Lebedeva combined her medical training and public health concerns with her views about women's roles and her ideological identification with the new Soviet state to develop a comprehensive program of state services. Women would no longer be lone individuals who needed to find medical and child care in isolation and who bore the double burden of wage work and domestic work. Women would achieve liberation as workers who were also mothers. Lebedeva's goal was to establish women's clinics and childcare centers and to provide prenatal and pediatric health education across the new nation. These were "based on the picture of woman in the work process," she asserted, "which we keep constantly before our minds eye."[44]

In 1922 Lebedeva began to work with Esther Lovejoy and other medical women in the AWH and was soon involved in the MWIA. The Soviet Union was emerging from severe famine and the ravages of civil war, and beginning in 1921 the AWH provided salaries for Dr. Effie Graff and Mabelle Philips in their work with the American Friends Service Committee at Buzuluk, Samara. As part of a discussion about possible AWH work in Moscow Lebedeva extended an invitation to Lovejoy to visit in the spring of 1923. Visa delays postponed Lovejoy's plans to travel to meet with Lebedeva directly, but the two corresponded about ways that the AWH might work with the OMM. Lovejoy also sent information and materials about the MWIA, including a copy of her 1922 Geneva presidential address. The "fraternal spirit engendered" at the Geneva conference, she wrote, "gave us all new hope for a closer union for international service in the future … There are only a few thousand medical women in the world, but united for action they might render a comparatively large service in their chosen field."[45]

The following year Lebedeva accepted an invitation to represent the Soviet Union as a councillor to the 1924 London meeting of the MWIA

[44] Alexandra Kollontai, "The Labour of Women in the Revolution of the Economy," in *Selected Writings of Alexandra Kollontai* ed. and trans. Alex Holt (London: Allison & Busby, 1977), p. 143. Kollontai quotes Lebedeva in the essay.

[45] Telegram from Vera Lebedeva to Esther Lovejoy, 1/1923, Box 15, Folder 122, Russia, 1921-1923, Accession 144, American Women's Hospitals Collection, Archives and Special Collections on Women and Homeopathy, Drexel University College of Medicine (hereafter AWH Collection) and Esther Lovejoy to Vera Lebedeva, April 23, 1923, Box 15, Folder 122, Russia, 1921-1923, AWH Collection.

and to present a paper about her work. This was at a time when conflict between her nation and the West severely hampered most other transnational relations.[46] In her paper "Mothers' and Children's Welfare in Soviet Russia," Lebedeva articulated her theory of public health and reported on Soviet accomplishments. First, she said, "we consider Mothers' and Infants' Welfare as a task of the state" and a "social function," and "absolutely exclude from our work any suggestion of philanthropy." In the Soviet state women were first workers, then mothers. "In organizing institutions to alleviate the burden of motherhood, we consider the woman always as a working force in the process of work," she noted.[47] Lebedeva presented her colleagues with information on the development of institutions and services within her department. These included *crèches* (nurseries and day-care centers), consultation centers, Homes of Mother and Child to support women during the two month maternity leave, milk canteens, and legal services, some 1,350 institutions in all. She also highlighted the establishment of the Scientific Institute of Mothers' and Infants' Welfare in Moscow, a teaching hospital that trained "physicians, pediatrists, midwives, and nurses" with the latest developments in obstetrics, gynecology, pediatrics, diet and nutrition and a center for the development of public health educational resources and dispensaries. The work, Lebedeva noted, combined the "experience gained by Western scientific thought" with Soviet "social principles."[48]

Yet even as Lebedeva shared her hopes and accomplishments with colleagues in London in 1924 her vision of a new society based on the liberation of women and a redefinition of motherhood and the family in the Soviet Union was disintegrating. As Wendy Goldman demonstrates, the period from 1917 to 1936 in Soviet politics saw a "complete reversal" from a commitment to women's liberation and the "withering away" of the family to restrictions on and reversals of progressive policies and a "repressive strengthening of the family unit."[49] The Soviet Women's Party, the *Zhenotdel*, which provided vital advocacy for women's issues, was

[46] "Greetings From Countries Represented: Dr. Lebedova," Medical Women's International Association, *Report of 1924 Meeting*, p. 11.

[47] The text of Lebedeva's speech is reprinted in V. Lebedev (*sic*), M.D., "Mothers' and Children's Welfare in Soviet Russia," *Medical Woman's Journal* 31, no. 11 (1924): 307-309. A typescript copy by the same title is located in Box 15, Folder 123, "Russia, 1923-25," AWH Collection.

[48] Lebedeva, "Mothers' and Children's Welfare in Soviet Russia," p. 309.

[49] Wendy Z. Goldman, *Women, the State and Revolution: Soviet Family Policy and Social Life, 1917-1936* (New York: Cambridge University Press, 1993), p. 337.

severely weakened in the 1920s and abolished in 1930. The Soviet adoption of the New Economic Policy in 1921 shifted support for Lebedeva's clinics, homes, and *crèches* to local districts that had little if any financial support to spare. It also caused grave unemployment for many women, further eroding their own ability to support themselves and families. In the middle of the 1920s women earned 65% of what men earned because they were "concentrated in unskilled, menial jobs at the bottom of the pay scale."[50] Lebedeva provided a strong voice of opposition to these changes and insisted that the dismal economic situation, combined with the decrease in state funding, challenged women's very survival.[51]

As a result, both Soviet state policies and international fears of the U.S.S.R. were strong barriers to women's transnational medical work and to the achievement of the goals of social medicine. In these challenging years following the London conference, however, Lebedeva continued to work with Lovejoy and other medical women outside of the Soviet Union. The AWH provided some $1,000 to fund public health publications and for educational work.[52] Lebedeva left the OMM in 1931, but the foundation for cooperative work had been established. There was little contact during the 1930s given that Lebedeva was no longer in the OMM, Stalinism increased many barriers, and economic depression hampered fund-raising for relief. But during the Second World War Soviet women physicians worked with the AWH to provide vital sulfa drugs and other medicines for wartime medical relief work in the U.S.S.R.[53] Thus the cooperative work established with Soviet medical women through AWH and MWIA networks stood as an important transnational achievement across the interwar and war years.

The power of transnational medical women's networks is also apparent in the case of the Austrian physician Dora Teleky. Born in Vienna in 1879, Teleky graduated from the University of Vienna Medical School as one of the first women graduates and one of Sigmund Freud's first female students.[54] In the years before the First World War Vienna was an

[50] Goldman, *Women, the State and Revolution*, pp. 122-23.
[51] Goldman, *Women, the State and Revolution*, p. 118.
[52] Esther Pohl Lovejoy to Vera Lebedeva, April 19, 1925, and Effie Graff to Esther Lovejoy, April 21, 1925, Box 15 Folder 123, Russia, 1923-1925, AWH Collection.
[53] Esther Lovejoy to Dr. E. Eremin, January 8, 1943, Box 15 Folder 124, Russia, 1925-1947, AWH Collection. Lebedeva was deputy of the People's Commissariat of Social Security until 1934. From 1934-1938 she served as inspector of public health, and finished her career as director of the Central Institute of Advanced Training for Physicians in Moscow. She died in 1968. Tuve, *Russian Women Physicians*, pp. 116-17.
[54] In re Accounts of Ernst Brücke and Dora Brücke-Teleky, 21 September, 2005, p. 7, In re Holocaust Victim Assets Litigation Case No. CV96-4849, United States District Court for (continued)

international center for postgraduate clinical studies and Teleky served as assistant in gynecology and obstetrics in the two leading women's clinics in the city. It was in this context that she first met and worked with women physicians who came to Vienna's postgraduate clinics from many nations, including Esther Lovejoy.[55] Following the war Teleky organized and directed a birth control clinic in Vienna and continued her medical and surgical work. Her research and scholarship in gynecology and urology led to her election as the first woman in the Austrian medical scientific society the *Gesellschaft der Aerzte*.[56]

Teleky shared the transnational impulse of many women physicians following the First World War, but her Austrian nationality and her wartime service in an Austrian military hospital made her a former "enemy" of the Allied nations. In 1922 Esther Lovejoy, president of the MWIA, challenged such notions. She invited her colleague from their Vienna clinic days to the Geneva conference and introduced Teleky personally to her colleagues at the banquet that marked the close of the gathering. In her response Teleky said that "she had not hoped ever again to be received so warmly" and that the reception she received at the conference "would give heart to her colleagues in Vienna." Lovejoy responded that "if women had a larger place in the affairs of nations," she believed that "the world war would never have come."[57]

Teleky emerged as a dedicated transnationalist after this conference. In 1924 the one hundred members of the five-year-old Austrian Women's Medical Society she had founded elected Teleky as a delegate to the MWIA meeting in London. Teleky became the MWIA corresponding secretary and board member for Austria, a post that she held until 1938. She joined the editorial board of the *Medical Woman's Journal* in 1923 and

the Eastern District of New York, Chief Judge Edward R. Korman, Presiding, Claims Resolution Tribunal of the Holocaust Victim Assets Litigation against Swiss Banks and other Swiss Entities, www.crt-ii.org/_awards/_apdfs/Brucke_Ernst.pdf (Accessed October 23, 2009); "Necrology: Dr. Dora V. Bruecke-Teleky," *Pirquet Bulletin of Clinical Medicine* 10 (1963): 116; Ernst-August Seyfarth, "Ernst Theodor Von Brücke (1880-1941) and Alexander Forbes (1882-1965): Chronicle of a Transatlantic Friendship in Difficult Times," *Perspectives in Biology and Medicine* 40, no. 1 (1996): 49, n.2; and Lisa Appignanesi and John Forrester, *Freud's Women* (New York: Basic Books, 2001), p. 140.
[55] "Medical Women of Today – Dora Brucke-Teleky, M.D.," *Medical Woman's Journal* 40, no. 1 (1933): 18; Esther Pohl Lovejoy to Dr. Effie Graff, Buzuluk, Russia, September 22, 1922. Box 15, Folder 122, "Russia, 1921-1923," AWH Collection.
[56] "Medical Women of Today – Brucke-Teleky."
[57] "Banquet of the Medical Women's International Association," pp. 236-37.

continued to serve through the Second World War.[58] Teleky and the Austrian Women's Medical Society hosted the fifth council meeting of the MWIA in Vienna in 1931 and she presented a report on birth control at the eighth general meeting of the MWIA in Stockholm in 1934.[59]

In the interwar years Austrian state policies challenged Teleky's status as a woman physician and, ultimately, threatened her life as a Jewish woman. Following the annexation of Austria by Germany in 1938, Teleky wrote that the Austrian medical women's association had been dissolved and that she could no longer serve as MWIA corresponding secretary. She was proud to have collaborated with her colleagues from other nations, she wrote, "all of whom were so capable and so devoted to our common work."[60] As Austria became an increasingly dangerous place for Jewish citizens, Teleky and her husband Ernst von Brücke worked with international colleagues to find ways to leave the country. Von Brücke, also of Jewish descent, lost his position as a prominent faculty member at the University of Innsbruck in 1938. He secured a position as research associate at Harvard University through the effective support and lobbying efforts of his colleague Alexander Forbes, and arrived in Boston in August 1939 just two weeks before the Nazi invasion of Poland.[61] Teleky drew upon her transnational relationships with women physicians to leave Austria. In July 1938 when her assets as a Jewish woman were claimed by the Reich she found refuge for some months with her British MWIA colleagues, staying first in London and then south of the city in Surrey. She arrived in New York on September 15, 1939.[62] Esther Lovejoy visited Teleky upon her arrival in New York and by November 1939 Teleky was in Boston, where her husband was conducting laboratory research at Harvard

[58] Medical Women's International Association, *Report of 1924 Meeting*, pp. 5, 10; Board member list, *Medical Women's International Journal* 1 no. 1 (1925): 1; "Medical Women of Today – Brücke-Teleky"; and see Editorial Board list, *Medical Woman's Journal* 49 no. 6 (1942): ii.

[59] "Meetings of the Council," *Bulletin Association Internationale Des Femmes-Medecins* 5 (December 1931): 43; "Summary of the Discussion on Birth Control," *Medical Women's International Journal* 9 (December 1934): 44-52.

[60] "Austria," *Medical Women's International Journal* 13 (December 1938): 13. See also Germaine Montreuil-Straus to Louisa Martindale, October 25, 1938, Box 20, folder "Martindale, Louisa- President & Montreuil-Straus, G. – Secretary 1937-1940," MWIA Collection.

[61] Seyfarth, "Transatlantic Friendship."

[62] Louisa Martindale, "Review of International Events, January 26, 1940," typescript, Folder B.13, MWIA President's Reports 1940-1946, Box B, GC 25, Louisa Martindale Correspondence, Wellcome Library, London (hereafter Martindale Correspondence); Lovejoy, *Women Doctors of the World*, p. 196; and Seyfarth, "Transatlantic Friendship."

Medical School. After Ernst von Brücke's death in June 1941 Teleky remained in Boston, secured her state medical license, pieced together medical work and eventually built a practice. She retired to Switzerland in 1950 at the age of 71 and lived in retirement until her death in 1963.[63]

Women physicians worked to assist Teleky and other refugee colleagues and coordinated their activities with other women's and refugee groups. The MWIA formed a joint committee with the International Federation of University Women to provide support for medical and professional women and former MWIA president Lucie Thuillier-Landry was the organization's liaison to the International Committee for the Assistance of Refugees in Geneva.[64] Esther Lovejoy and the AWH provided funds for refugee medical women and worked with Thuillier-Landry, Louisa Martindale, president of the MWIA, the French Association of Medical Women, and the French Association of University Women.[65] The Danish and Swedish medical women's associations raised funds to assist refugee colleagues. MWIA honorary secretary Germaine Montreuil-Straus "kept an up-to-date list of all these women doctors of whom they were notified, and made contact with those countries which were, it was believed, able to accept them."[66] The American Medical Women's Association formed a refugee committee in July 1938 directed by Rita S. Finkler, who was herself a 1915 refugee from Russian pogroms. And women's medical associations of various U.S. states also formed committees. Initial efforts involved individual sponsorship of medical colleagues from Austria and Germany, including Dora Teleky. Many groups then expanded to fundraising.[67] Montreuil-Straus characterized the

[63] In re Accounts of Ernst Brücke and Dora Brücke-Teleky, p. 2; "Necrology: Dr. Dora v. Bruecke-Teleky;" Martindale, "Review of International Events;" Louisa Martindale to Esther Pohl Lovejoy, November 3, 1939 and Esther Pohl Lovejoy to Louisa Martindale, November 20, 1939, Folder B3, "L.M.'s Correspondence, 1939," Box B, GC 25, Martindale Correspondence; Seyfarth, Transatlantic Friendship," p. 51; Dora Brücke Teleky to Louisa Martindale, December 4, 1942, Folder B.6, LM's Correspondence 1942-43, Box B; GC 25, Martindale Correspondence; "Prof. E.T. Von Bruecke," *New York Times*, June 13, 1941, p. 19.

[64] Lovejoy and Reid, "The Medical Women's International Association," p. 34. And see "Resolutions and Recommendations Adopted," *Bulletin of the International Federation of University Women* 20 (1938): 18.

[65] Kate C. Hurd-Mead, "News from France," *Women in Medicine* 69 (July 1940): 20.

[66] "Report of the Honorary Secretary, Dr. Montreuil-Straus," *Bulletin of the Medical Women's International Association* (December 1946): 9 (typescript, copy in MWF/MWIA Collection).

[67] "Report of the Refugee Committee of the American Medical Women's Association," *Women in Medicine* 62 (October 1938): 19; "Relief of Distressed Women Physicians: June (continued)

process: "England and France were for some of the refugees mainly transit countries from which they made their way to the U.S.A. where a Committee of Welcome, headed by Dr. Finkler, helped them to re-establish themselves.[68] This transnational work to support refugee women physicians, Montreuil-Straus believed, demonstrated that "solidarity was not an empty display of words."[69]

Refugee women physicians encountered many challenges in relocation and the reestablishment of their careers that underscored the importance of support from transnational medical women's networks. Nativism, anti-Semitism, and fears of competition in a decade of international economic depression operated against male and female physician refugees. But as Atina Grossmann has noted, women physicians faced added burdens and a situation "highly complicated by gender."[70] Grossmann's research on German women suggests that the "general committees set up to help refugee physicians" were "unsympathetic to the substantial number of women who hoped to reestablish their medical careers."[71] Immigration laws in many European nations and in the United States were restrictive before the conflict and, combined with adverse bureaucratic practices, created a "world of barriers" as persecution and war came.[72] The MWIA's Germaine Montreuil-Straus noted "in actual fact,

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1940," *Women in Medicine* 70 (October 1940): 17-18; "Address of Retiring President Elizabeth Mason-Hohl, [AMWA] Annual Meeting, June 2, 1941," *Women in Medicine* 73 (July 1941): 25. Members of the committee in addition to Finkler included Lydia B. Hauck, Elizabeth Mason-Hohl, Louise Tayler-Jones, Nadina Kavinoky, Kate C. Mead, Ellen C. Potter, Frances Eastman Rose, and Bertha Van Hoosen. See "Relief of Distressed Women Physicians."

68 "Report of the Honorary Secretary," December 1946, p. 10. Rita Finkler reported the arrival of the following refugee women physicians in the States by December 1939: from Austria, Drs. Marianne Baker-Jokl, Dora Brücke-Teleky, Gertrude Oberlander, and Pauline Feldman "expected to arrive any day;" from Germany Anita DeLomone, Toni Engel, Hedwig Fischer; from Italy, Gina Castalnova; from Turkey Ericka Bruck. Rita Finkler to Louisa Martindale, December 23, 1939, Folder B3, L.M.'s Correspondence, 1939, Box B, GC 25, Martindale Correspondence.

69 "Report of the Honorary Secretary," December 1946, p. 10.

70 Atina Grossmann, "New Women in Exile: German Women Doctors and the Emigration," in *Between Sorrow and Strength: Women Refugees of the Nazi Period* ed. Sybylle Quack (Washington, D.C.: German Historical Institute; New York: Cambridge University Press, 1995), p. 215.

71 Grossmann, "German Women Doctors," p. 232. Grossmann does not include a discussion of the support from the Medical Women's International Association, the American Women's Hospitals, or other women physicians for their colleagues.

72 David H. Popper, "International Aid to German Refugees," *Foreign Policy Reports* 14, no. 16 (1938): 186. For the United States see David S. Wyman, *Paper Walls: America and* (continued)

with the exception of Great Britain, where 50 German and Austrian doctors, and 50 Czech doctors, after passing their examinations, were allowed to practice," and the United States, where other women were able to study and pass medical examinations, "our unfortunate colleagues had no means of resuming professional activities outside their own countries."[73] Some European nations such as the Netherlands, Sweden and France had limited options for temporary stays on tourist visas, but the possibility of permanent residency was severely limited.[74] In the United States strict quotas for immigration were in force and states and state medical societies also restricted medical licenses. By 1940 27 states required applicants for the medical licensing examination to be U.S. citizens and 18 required applicants to have taken out "first papers" of intention to become citizens. Twenty seven states also required applicants to hold a medical degree from approved U.S. and Canadian medical schools.[75] Barriers to practice and licensing meant that women physicians often had to turn to alternative means of making a living.[76] The transnational medical women's networks of support were therefore crucial for many refugee women physicians and they countered not only Nazi policies based on anti-Semitism but other repressive national and state restrictions against Jewish women physicians as well.

These examples are part of a larger pattern that highlights the potential of the "without borders" transnational feminist activism of medical women to foster international health, challenge traditional state policies, and to act when national bodies or other organizations will not or cannot do so. For example, the AWH relief efforts among the refugees of the Greco-Turkish conflict included the employment of fifteen refugee

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the Refugee Crisis 1938-1941 (Amherst: University of Massachusetts Press, 1968); Wyman, *The Abandonment of the Jews: America and the Holocaust 1941-1945* (New York: New Press, 1984) and Roger Daniels, *Guarding the Golden Door: American Immigration Policy and Immigrants Since 1882* (New York: Hill and Wang, 2004), pp. 71-80.

73 "Report of the Honorary Secretary," December 1946, p. 9.

74 Erika Mann and Eric Estorick, "Private and Governmental Aid of Refugees," *Annals of the American Academy of Political and Social Science* 203 (May 1939): 153.

75 David L. Edsall, M.D., "The Emigré Physician in American Medicine," *Journal of the American Medical Association* 114, no. 12 (March 23, 1940): 1071. Only Arizona, California, the District of Columbia, and Indiana required neither citizenship nor first papers. For more on licensing, see "Refugees and the Professions," *Harvard Law Review* 53 no. 1 (November 1939): 112-22 and the chapter on physicians in Maurice R. Davie et al., *Refugees in America: Report of the Committee for the Study of Recent Immigration from Europe* (New York: Harper & Brothers, 1947), pp. 257-86.

76 "Report of the Honorary Secretary," December 1946, p. 10; "Report of the Refugee Committee," p. 20.

physicians and some forty-five other medical personnel, including nurses, on the refugee and quarantine islands of Chios and Mitylene in 1923.[77] In her official AWH report in 1926 Lovejoy wrote, "Russian, Greek and Armenian physicians, both men and women, have been employed by the American Women's Hospitals, and the fact that [the AWH] has been able to save a great many of our well qualified colleagues in war stricken countries from the bread line, by making it possible for them to work among their own people, should be a source of gratification ..."[78] In another case, Lovejoy and other physicians came to know Tomo Inouye as Japan's representative to the MWIA and Lovejoy and Inouye corresponded throughout the early 1920s. When a powerful earthquake devastated much of Tokyo in 1923 Inouye headed a committee that directed AWH funds and supervised Japanese medical women and medical relief for earthquake victims. They were able to act quickly because of their networks and relationship.[79] During the Second World War, in addition to supplying Soviet women physicians with medicine, Lovejoy and the AWH provided requested support through networks established with women physicians in the MWIA. Over the course of the war the AWH contributed over $51,000 to a fund administered cooperatively with members of the British Medical Women's Federation for civilian and refugee relief and to re-supply hospitals that had been bombed.[80] Sixty-four British medical women who had received assistance signed a "round robin" document of thanks in 1944.[81] The AWH contributed $50,000 to China during the war, including salaries for Chinese women physicians, nurses, and medical supplies. And

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[77] See Lovejoy, *Women Physicians and Surgeons*, pp 117-25, Lovejoy, *Certain Samaritans*, and Eliza M. Mosher, M.D., "The Smyrna Disaster and the Part Taken by the A.W.H. in the Relief of Appalling Conditions," *Woman's Medical Journal* 30, no. 1 (1923): 22-25.
[78] Esther P. Lovejoy to the Medical Women's National Association, April 1, 1926, "Report of Year 1925-1926", 7, Box 3, Folder 24, Lovejoy, Esther Pohl, Reports 1926-1930, AWH Collection.
[79] See Tomo Inouye to Esther Lovejoy, August 17, 1920, Box 6, Folder 20, Lovejoy Collection, and Lovejoy, *Women Physicians and Surgeons*, pp. 112-13.
[80] See, for examples, Janet Campbell to Esther Lovejoy, August 10, 1940 and Esther Lovejoy to Louisa Martindale, January 10, 1940, GC/25/folder B4, LM's Correspondence 1940, Martindale Correspondence; Minutes, AWH Executive Board, January 22, 1946, p. 2, Box 31, Folder 298, Minutes, Executive Board Meetings, 1938-1948, AWH Collection; and Letter to the Editor from Janet Campbell, President, Medical Women's Federation, "Help from Women Doctors," *The Lancet*, June 30, 1945, pp. 834-35, copy in SA/MWF Box 97 K.8/5, MWIA London Meeting 1946, MWF/MWIA Collection; and Janet Campbell, "Medical Women in the Bombing of Britain," *Journal of the American Medical Women's Association* 1, no. 9 (1946): 309-18.
[81] "Round Robin," *Medical Woman's Journal* 51, no. 10 (1944): 21.

in France, with the cooperation of Germaine Montreuil-Straus and the Women's Medical Service Committee, the AWH sent $200 per month until the fall of Paris and then contributed $300 per month for reconstruction and refugee services in France in 1945. At Montreuil-Straus's instigation the AWH worked with COSOR (Committee of Social Work of Resistant Organizations), formed as part of the resistance to Nazi occupation, in cooperation with the French Medical Women's Association.[82]

Medical women working with the MWIA and the AWH were able to transcend state and international policies and events from 1919 to 1948 and beyond as a result of their shared identities and shared feminist program. But there were still many challenges to their activism. Women physicians were not a representative group although they hoped to reach out to all women through the common link of health care. Medical women faced continuing social, cultural, and economic barriers to women's study and practice of medicine and to women's roles as policymakers both nationally and internationally. The class and cultural conditions necessary for women to attain a medical education meant that women physicians were an elite group with some 10,000 women practicing globally in the interwar years. Most of the women were from Europe and North America, with some few physicians from Asia and Latin America participating. The costs of travel, communication, and the administration of international organizations also limited participation. In addition, economic crises in nations and across the globe in the interwar years pressed heavily on transnational organizations.

Yet within the scope of their organizations Esther Lovejoy and other women physicians in the MWIA and the AWH used the power of their shared identities, experiences, and common involvement with medicine and public health to take action across national boundaries in the years from the First to the Second World Wars. By defining and acting on feminist goals for international health Lovejoy and her colleagues challenged traditional diplomatic and military goals in international affairs and established a "without borders" philosophy echoed by subsequent medical relief and non-governmental organizations and other social justice advocates. Their experiences in working simultaneously within and outside organizations, and the links they forged among medical women, the

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[82] Minutes, AWH Executive Board, January 22, 1946, p. 2, Box 31, Folder 298, Minutes, Executive Board Meetings, 1938-1948, AWH Collection; and G. Montreuil-Straus, "Comité Féminin de Service Médical," *Journal of the American Medical Women's Association* 1, no. 8 (1946): 277.

Medical Women's International Association, and the American Women's Hospitals, meant that they created transnational networks to support international health and that women physicians could take action even when challenged by state and international policies and events. Their feminist theory and practice of international health started with the health and well being of women and children and moved from the local to the global in formulating policy and action. The work of Lovejoy and her colleagues in the MWIA and the AWH, therefore, stands as an important chapter in the development of transnational feminist activism.

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HOW TO "MAKE THIS PAN AMERICAN THING GO?" INTERWAR DEBATES ON U.S. WOMEN'S ACTIVISM IN THE WESTERN HEMISPHERE[*]

Megan Threlkeld

In March 1923, former U.S. suffragist Carrie Chapman Catt wrote to Maud Wood Park, president of the U.S. National League of Women Voters, about the importance of inter-American cooperation among women. Catt had been traveling throughout South America, where she became convinced that despite the challenges of different languages, cultures, and religions, women in the Western Hemisphere had to join forces, not only to promote women's rights but also to secure peace. "It is desperately important that we make this Pan American thing go," she concluded. "I am convinced that if we women fail, one day [we] will repeat in the western world what Europe has been doing ...."[1] Catt was not alone in her commitment to hemispheric solidarity. Since 1916 various organizations and groups of U.S. women had dedicated themselves to reaching out to Latin American women and to furthering peaceful relations among all American nations. Despite common goals, however, different women promoted inter-American cooperation in different ways and for different reasons. In fact, as Catt quickly discovered, these myriad efforts were frequently at odds with each other.

International and transnational activism were popular among U.S. women in the wake of World War I. For the purposes of this essay, 'internationalism' assumes the primacy of nationality and of the nation-state as an organizing principle, while 'transnationalism' conveys the primacy of an organization's subjects, objects, or goals and methods. International groups worked among nations, transnational groups worked across them. According to this model, the League of Nations falls into the former category, the Women's International League for Peace and Freedom into the latter. The distinction between the two categories is not absolute,

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[1] Carrie Chapman Catt to Maud Wood Park, 31 March 1923, Series II, Box 52, National League of Women Voters Papers, Library of Congress, Washington, D.C.

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