

ORIGINAL ARTICLE

Analyzing the Activities of the Legion of Human Servants in the Field of Medicine, Treatment, and Health (1970-1979)

271

Abstract

With the implementation of the principles of the White Revolution, the activities of the Corps of Knowledge, Health, and Development Promotion began to advance these principles. In the late 1940s, Pahlavi II sought to give a global approach to the Revolutionary Guards' activities with the United Nations' approval. For this reason, in his speech at Harvard University, he mentioned his idea of forming a Legion of Human Servants. One of the important areas of the Legion's effort was the activity in medical and health services in various dimensions. The main problem of the current research is to examine the dimensions of the medical and health activities of the Legion of Human Servants as one of the key fields of their diverse undertakings. The current research method is historical and uses a descriptive and analytical approach. This study utilizes documentary and archival sources as its primary method and tool for data collection. This article tries to answer this basic question: what was the performance of the legion in medical and health services? The findings of the research show that despite achieving some successes in this field, the lack of funds and financial problems, and a shortage of volunteers specializing in medical and health matters hindered the realization of the goals of the Legion in the development and provision of free services in the field of medicine and health.

Key words: Legion of Human Servants, Pahlavi II, Medicine, Health, Treatment, Budgets

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Introduction

With the approval of the laws of the White Revolution in the early 1940s and the implementation of its goals and plans in 1963, the government paid attention to the villagers. According to the information from The Iranian Statistics Center, at the beginning of 1961, the rural population of Iran included about two-thirds of the total population (Ashraf, and Banu Azizi, 2009, p. 103). Although some principles of this revolution were primarily focused on addressing the needs of the lower classes in urban areas, such as workers, the rural populace also benefited from these reforms. One of the most important reasons for implementing the principles of the White Revolution was the pressure of the American government. This government forced Iran to implement the principles of the White Revolution due to the conditions of the Cold War and the lack of expansion of the peasant revolution and falling into the trap of the Soviet Union (Abrahamian, 2017, p. 239; Bail, 1992, p. 187). Despite these external factors, Mohammad Reza Pahlavi II sought to portray himself as a reform-minded leader with benevolent intentions and goals on the global stage. The ideal self-image of Pahlavi II was created in 1968. In his speech at Harvard University, he presented his view on forming an international organization called the Legion of Servants of Humanity (Gahnameh, fifty years of the Pahlavi dynasty, 1985, Vol. 4, p. 1742). According to him, the members of this legion should be an army of volunteers worldwide, regardless of gender, race, and nationality. They should serve the backward communities in various dimensions, especially medicine and health. Pahlavi II claimed that the principles and method of his reforms in Iran, through the creation of an international corps called the Legion of Human Servants, can be taken into consideration by other countries to heal the sick world from poverty, ignorance, and inequality (Manuscript No. 230/7863, 1968, p. 18). This research aims to explore the different aspects of the Legion's medical and sanitary activities and investigate the underlying reasons for its lack of expansion in Iran. Although some scholars, such as Elham Malek (2022) and Farhad Sahami (2016), have touched upon the medical activities of institutions like the Sepahian Health Corps, a comprehensive analysis of the Legion's work in the field of medicine and health remains lacking. To fill this gap, the present study seeks to answer the following research questions: What were the different dimensions of the Legion's activities in the field of medicine and health? What measures did Legion take in the field of medical services? What were the most important structural weaknesses of the Legion in medical and health services?

By addressing these questions, this research aims to contribute a deeper understanding of the Legion's role in medical and health services and shed light on the factors that may have impeded its growth and success in Iran.

The Reasons for the Formation of the Legion and its Goals in the Field of Medicine and Health

The intellectual grounds for the formation of the Legion of Servants of Humanity and the formation of Mohammad Reza Pahlavi's idealistic approach as a global reformer became increasingly apparent as the White Revolution unfolded. According to Alikhani, the Shah, after 22 years of reign, fell into bigotry. At the beginning of 1963, by sending the first group of the Revolutionary Guard, he proudly proclaimed the unprecedented nature of Iran's Revolutionary Guard during the deployment of its first unit (Alam, 2011, p. 58).



This psychological mindset of the Shah led to the idea of a global legionary of interested volunteers worldwide to serve humanity and eradicate disease, poverty, and injustice a few years later (Ettelaat Newspaper, 1968, p. 20). The content of this speech clearly shows that Pahlavi II, with an ideal self-image, intended to introduce himself on both the national and international levels as a leading reformer and a visionary reformer. Some contemporary observers, such as Baher, one of the deputy ministers of the court ministry, and Ali Behzadi, a journalist at the time, also considered the plan to form the Legion as being rooted in Pahlavi II's psychological views and his preoccupation with appearances (Behzadi, 1996, p. 147).

One year after the Formation of the Legion, Pahlavi II claimed that the world's countries noticed it. (Gahnameh, fifty years of the Pahlavi dynasty, 1985, Vol. 5, p. 1995). However, Afkhami, one of the relatives of the court, believed otherwise (Afkhami, 2008, p. 726). While Mohammad Reza Pahlavi II regarded the utilization of volunteer forces in the formation of various service corps as one of his original ideas, it is important to note that the concept of employing volunteers in fields such as medicine had a historical precedent (Manuscript No. 220/71850, 1974, p. 31). In fact, Pahlavi II got the idea of forming the Legion from the Peace Corps Institute, established by US President Kennedy, whose main activity was in medical and health services for rural populations. (Gasioroski, 1992, p. 187). In an attempt to assert the uniqueness of his vision, Pahlavi II connected the intellectual roots of forming such an institution to the ancient kings of Iran (Negotiations of the National Parliament, 1972, p. 3). Some supporters of the regime also tried to promote such a view (Dashti, 1976, p. 246). Apart from intellectual and psychological issues, many other reasons also played an important role in forming this institution. Notably, the need to address the shortage of personnel required to implement the plans of the White Revolution and the interest in the apparent and rapid progress of the goals of the White Revolution required the use of a substantial number of volunteer forces (Manuscript No. 257/2300, 1973, p. 17). Also, the presence of the Revolutionary Guards in different villages of the country and their lack of familiarity with the culture and customs of the villagers caused many problems for the Guards (Amidi Nouri, 2018, pp. 129-132). These factors played an essential role in establishing and using native and non-native volunteer forces to carry out humanitarian activities in the form of the Legion institution. Legion's goals in providing services are divided into three parts: medical-sanitary, social- civil, and economic. In the field of medical-health services, they were treating patients and providing pharmaceutical services, health education, improving the environment, children's health and issuing health certificates, house spraying, general vaccination, fighting against internal and external parasites, diagnosis and the establishment of temporary mobile clinics in villages (Manuscript No. 230/9335, 1976, p. 99). One of the most important structural problems of the Legion was the interference of their activities with other institutions and organizations with similar missions. The limits and scope of these activities were not clearly defined. This problem caused Legion managers to claim from the beginning that one of their most important goals was to promote a sense of philanthropy among the people and perform the desired services in various fields with the help of volunteers. Also, from their point of view, using volunteers saves the government's expenses, and the activities of the Legion somehow compensate for the shortcomings of other government service organizations (Manuscript No. 230/9143, 1976, p. 101).



In the field of medicine, various organizations such as the Health Department, Health Corps, Jamiat Shir and Khurshid, Social Services Organization, and other institutions were operating, and this caused interference in affairs (Manuscript No. 220/71850, 1974, p. 9). At times, there was consensus between these institutions and the Legion. The cooperation of the Secretary General of the Legion with the Ministry of Welfare, which was in charge of the health and medical affairs of the country in the early fifties, was one of these issues. In the letter of the Secretary-General of the Legion to the Ministry of Welfare, it is pointed out that there is an unbalanced distribution of medical and health services in the whole country, with a disproportionate concentration of doctors in Tehran. In the letter, the General Secretary of the Legion proposed a solution and suggested encouraging the medical volunteers of the Legion to settle in the villages (Manuscript No. 230/9143, 1976, p. 29). Whereas the Board of Directors was responsible for the Legion's grand plans, the general secretary supervised the execution of these initiatives (Manuscript No. 230/9335, 1976, p. 49).

Also, in the annual camps of the Legion, held in the presence of the heads of the provincial centers, significant decisions were made, especially in the field of medicine and health. In the 1352 annual camp, it was proposed to set up a mobile clinic. Owing to the importance of establishing such a clinic, following thorough investigations, and examining global experiences, it was decided to purchase several ambulances equipped with medical equipment for the provincial offices to meet the needs of both urban and rural communities. Also, regarding the provision of services, all members believed in implementing the Shah's vision regarding the provision of free health services. It was also decided to allow the provincial offices to prepare essential medicines in the same place (Manuscript No. 230/869, 1971, p. 16). The central board of directors authorized the establishment of provincial and city offices for the Legion of Human Servants, ensuring centralized control and decision-making within the organization. It also relied heavily on using volunteer forces to address the organization's objectives. The selection of fields of activity in different parts of the country was done in the central board council and with the invitation of the heads of general departments. The Legion's collaborative approach engaged medical experts and government agencies in addressing the healthcare needs of different regions. Owing to the important status of physicians, they were present at all meetings. In the meeting of the head office of the Legion, Dr. Faizpour and Mirzai from the Malaria Organization were present along with other officials to select the field of service in the provinces of Kerman as well as Sistan and Baluchistan (Manuscript No. 230/869, 1971, p. 6).

In the meetings held at Legion's provincial offices, a doctor affiliated with health and medical organizations was always present (Manuscript No. 230/9142, 1969, p. 101). In some provincial offices, the Legion set up medical and nursing committees, demonstrating the organization's focus and attention to medical activities (Manuscript No. 230/869, 1971, p. 14). (Figure 1)

The Legion faced a significant lack of funds, hindering its large-scale and structural activities in all areas of its services, especially in medicine and health. For this reason, many plans remained unrealized. Therefore, buying several ambulances equipped with medical equipment remained just an idea unfulfilled. Additionally, the Legion's emphasis on the use of volunteer services and the lack of volunteers in the medical field inhibited



the realization of any long-term goals in this field because the majority of Legion volunteers were students (Lashaei, 2007, p. 247; Ettelaat Newspaper, 1971, p. 1). The lack of funds even caused the Legion's activities in medicine and health never to be realized for free, contrary to the intentions of the board of directors (Manuscript No. 230/869, 1971, p. 16). Research on the available sources shows that (Manuscript No. 230/8994, 1974, p. 65) financial constraints prevented the implementation of crucial initiatives such as the training of the village staff of doctors, midwives, nurses, paramedics, and paramedics (Manuscript No. 230/9143, 1976, p. 32) and sending the medical team to Fars' Beshagard region (Manuscript No. 230/7599, 1978, p. 57). These unfulfilled plans demonstrate the significant impact of funding shortages and the lack of medical volunteers on the Legion's ability to deliver healthcare services effectively.



Figure 1. Administrative structure of provincial centers (Manuscript No. 230/869, 1971, p. 14)

Examining Legion's Performance in the Field of Medicine and Health

The first field of activity of the Legion of Human Servants started in 1970 in Jam and Riz village, located in Bushehr City. Healthcare services constituted a significant aspect of this initial project, focusing on the medical needs of the underserved population in the area. Eight thousand people in more than one hundred and six villages lived in these areas and were deprived of all services (Atef, 1974, p. 4). Twenty members of the Legion went



to Jam and Rez Dehestan in two groups, each concentrating on health and education. Notably, some of the doctors in this project were women. Volunteers for medical and health services in this project included two veterinarians and four doctors. In addition, there were two nurses, two midwives, four paramedics, two pharmacists, two rehabilitation engineers, two health educators, two laboratory operators, two social and family health workers, two oral and dental health specialists, and two vaccinators. The above volunteers served two groups, each lasting six weeks (Manuscript No. 230/38662, 1970, p. 7).

It should be noted that such extensive medical and health services were provided only in this plan. This plan was considered the beginning of Legion’s activities, so the dimensions of service provision and its duration were longer than other plans.

After a short period of time and with the formation of provincial and city centers, the Legion activities began in the suburbs and villages. One such area where the organization focused its efforts was on the outskirts of Kerman city. Their efforts started in Mahmoud Castle, in the deprived neighborhoods of Kerman City, in early 1973 with five non-local volunteers and one local in medicine and health. During the initial attempt, they visited 104 people but could provide free medical examinations to just nine (Manuscript No. 230/9162, 1975, p. 5). (Figure 2)

بسم الله الرحمن الرحيم
 گزارش عملکرد خدمات در ماه اردیبهشت ۱۳۵۰
 حاشیه نشینان

شماره	نوع فعالیت	مردان	زنان	کل	تعداد افراد	تعداد افراد	تعداد افراد	تعداد افراد	تعداد افراد
۱-	خدمات درمانی	درمان بیماریان	حاشیه نشینان	۳	۱۱۴	۰	۰	۰	۱۱۴
۲-	مهد کودک	آموزش کودکان	مدرسه	۲	۶۰	۰	۰	۰	۶۰
۳-	حرفه ای زنان	آموزش خیاطی	پسته دوزی به زنان و دختران	۱	۴۵	۰	۰	۰	۴۵
۴-	آشپزی	آشنا نمودن زنان	به اصول صحیح آشپزی	۱	۳۵	۰	۰	۰	۳۵
۵-	بهداشت خانواده	تنظیم موالید	خانواده	۱	۲۰	۰	۰	۰	۲۰

Figure 2. Visiting patients on the outskirts of Kerman (Manuscript No. 230/9162, 1975, p. 5)

Therefore, the lack of funds prevented the fulfillment of the Legion’s goals of providing free examination and treatment to people in need. Consequently, many individuals could not access a doctor due to financial problems. Training in family planning and counseling in the field of children’s nutrition were other activities in the field of health medicine. However, the lack of funds prevented the realization of Legion’s idea of providing free milk powder to all children. So, only seven cans of powdered milk were provided to ten children in one month (Manuscript No. 230/9162, 1975, p. 7). Due to the significant needs of Mahmoud Castle, the Legion offered various services, especially in the medical field,



until mid-summer. In July, a team of six volunteers, comprising five non-local members and one local member, provided medical services to 169 people over seven days. Due to the continued financial problems, only eight were given free medicine. Nutrition counseling was given to 105 children in kindergarten. The Legion group attempted to deliver health and medical services in the homes of individuals in need. However, this method posed some problems; the volunteers faced distrust from the residents. They were hesitant to allow the volunteers to enter their private space. (Manuscript No. 230/9162, 1975, p.13.15).

The Legion group prioritized health education through lectures or showing films. To further promote health principles, volunteers actively engaged in cleaning the environment. For instance, in one effort, with the collaboration of 1500 student volunteers, the streets of Sabzevar city were cleaned (Manuscript No. 230/12409, 1976, p. 181).

Among other areas of service of the Legion in the cities, we can mention their activities in hospitals and sanatoriums. They focused on delivering different levels of medical, therapeutic, and social support. Legion offices have noticed this field of activity in cities like Rasht and Kermanshah. In addition to providing crucial assistance from the volunteers, the presence of some doctors in delivering rehabilitation services to those in need was critical. Non-specialist volunteers also provided a lot of help to the treatment staff and service forces in this field by preparing essential medical supplies and contributing to patient care. Providing some services such as comforting the patients, preparing the equipment needed by the patients, and collaborating with the nurses were among the most important efforts of non-specialist volunteers in the field of medicine. Along with volunteers, the Legion Medical Committee in Kermanshah made the most efforts to improve healthcare services. They actively implemented innovative ideas, resulting in forming the welfare committee and subcommittees for hospital and internship services starting in the middle of 1976. To expand the scope of their work and cover all the hospitals in this city, an invitation was first made to the hospital officials along with supervisors and nurses. In each hospital, one person from the hospital staff was selected as a liaison and volunteered to cooperate with the Legion. Their duties included supervising the services of volunteers in service, solving the problems of volunteers concerning patients and the hospital, introducing patients in need of service, and guiding and supporting volunteers. Subcommittee meetings were held weekly to bring together the volunteer legion's social workers, psychologists, doctors, and nurses to provide the desired services (Manuscript No. 230/7539, 1977, p. 62).

In addition, the Legion volunteers provided services such as cleaning, sending messages, and facilitating communication between patients and their families. In some cases, volunteers assisted patients with tasks like preparing fruit and medication, writing letters, and sending telegrams, which the patients covered at their own expense. The volunteers also engaged in various other activities to help and counsel patients, including donating blood, teaching school lessons to hospitalized children, teaching chess, and taking photographs of patients. Also, in their plans, the Legion aimed to extend its services to the army hospital, such as holding training sessions on first aid and health matters for volunteers. Additionally, they intended to create a field of service, including the outpatient treatment of drug addicts, in a distinguished clinic (Manuscript No. 230/7539, 1977, p. 64). (Figure 3)



(۱)

خدمات عاطفی طی چهار سال گذشته بشکل پراکنده ای در کرمانشاه صورت گرفته و از سال ۲۵۳۵ با تشکیل کمیته ای بنام کمیته رفاهی این خدمات هدایت و رهبری شده است .

از تاریخ ۳۶/۴/۱۱ کمیته خدمات عاطفی در این دفتر تشکیل و سوکمیته های خدمات بیمارستانی و کانون کارآموزی از مرداد ماه شروع به فعالیت نموده است .

* سوکمیته ----- خدمات بیمارستانی ----- تانسی

برای گسترش کار و زیر پوشش قرار دادن تمام بیمارستانهای دولتی شهر کرمانشاه ابتدا دعوتی از مسئولان (ناظمه های فنی - سرپرستاران - پرستاران) به عمل آمد و سپس در هر بیمارستان یک نفر از کادر موظف بیمارستان بعنوان رابط انتخاب و داوطلب همکاری با لژیون گردید .

وظیفه رابطین عبارت است از :

- ۱- نظارت بر خدمات داوطلبان در عرصه های خدمت
- ۲- حل مشکلات داوطلبان در رابطه با بیماران و بیمارستان
- ۳- معرفی بیماران نیازمند به خدمت
- ۴- هدایت و ارشاد داوطلبان ----- ان

جلسات این سوکمیته هفته ای یک روز تشکیل و برای آگاه شدن هرچه بیشتر و گسترش امکانات داوطلب حتی امکان از متخصصان امور مختلف نظیر : عددکاری اجتماعی - روانشناسی - طب و غیره . . . دعوت بعمل آید .

در هر بیمارستان دفتری بعنوان دفتر حضور و غیاب گذاشته شده است که داوطلب نام خود و تاریخ خدمت و نیز مختصری از شرح خدمت خود را در آن می نویسد یکی از نتایجی که این دفتر در دست داشته اینست که داوطلبان غیر مستقیم در جریان خدمات یکدیگر قرار میگیرند و اگر موردی نیاز به پیگیری داشته باشد آنرا پی گیری نماید .

آموزش ----- ش *

پس از مرحله آموزش فکر و فلسفه لژیون داوطلبان در جلسات مکرر سوکمیته شرکت میکنند و پیشگام تفریحی با خدمات بیمارستانی آشنا میشوند و سپس با داوطلبان با تجربه برنامه بازدید از عرصه های خدمتی برای آنها گذاشته میشود و پس از هر بازدید داوطلب گزارشی تحت عنوان مشاهده بازدید به مسئول سوکمیته ارائه میدهند و مسئول سوکمیته با مطالعه گزارشات سعی میکند داوطلب را به امکانات خود متکی ساخته و نیز محدوده عطیات و اختیارات او را در عرصه های خدمتی برایش روشن سازد .

Figure 3. Legion activities in Kermanshah City Hospital
(Manuscript No. 230/7539, 1977, p. 64)

The most significant efforts of Legion volunteers in work and rehabilitation were made in Rasht city, particularly at the city's sanatorium. With the help of Legion volunteers, the Rasht Disabled Asylum was completed, and many services were provided to the people (Manuscript No. 230/9141, 1975, p. 5). In this Asylum, care, support, nursing, dressing, physiotherapy, and treatment of people with disabilities were done with the help of 22 Legion volunteer nurses and paramedics. In addition to these services, they provided other assistance to the asylum, including the purchase of all dressings, following the Rasht surgeons' recommendation, financing all medical tests, donating 1200 meters of white pants, covering the salaries of physiotherapists and an annual supply of medicine to the Rasht Disabled Asylum (Manuscript No. 230/869, 1971, p. 62). Among other efforts in this field, we can mention the efforts of the Legion Medical Committee office in Semnan.



Volunteer students announced their readiness to help patients in emergencies and donate blood at hospitals (Manuscript No. 230/9306, 1972, p. 13). In addition, volunteers in Kermanshah collected unused medications from homes and supplied them to patients under the supervision of Legion doctors. The doctors examined school students, diagnosed diseases, and held discussion sessions on health and treatment issues in a boarding school (Manuscript No. 230/7539, 1977, p. 37). Because of the shortage of volunteer doctors, the Kermanshah Medical Committee attempted to attract more medical professionals. The committee visited medical facilities and explained the goals of the Legion. If the doctors did not accept joining, the committee tried to convince them to provide free services to the Legion's patients (Manuscript No. 230/7539, 1977, p. 79). Performing such extensive services in hospitals was challenging, mainly because the volunteers were inexperienced, and the medical staff was skeptical toward them. It was hard for many hospital staff members to accept that individuals would offer their time to others for free (Manuscript No. 230/7539, 1977, p. 63).

In 1974, the Legion in Shahrekord provided health services to approximately 130 health-related cases. The team employed educational videos and lectures to promote health awareness. By inspecting the houses to find the root of some diseases, the Legion volunteers found that the lack of toilet stones in the houses contributed to the spread of illnesses. In this context, legion volunteers installed toilet stones in numerous homes. They also recognized other risk factors for diseases, such as inhabitants' negligence in complying with health standards and the presence of some disease-carrying animals. By providing medicine and spraying houses to destroy insects such as bed bugs and lice, the Legion Medical Committee helped reduce certain diseases. To tackle the high cost of bathing facilities, which made it difficult for many families to maintain proper hygiene, the Legion planned to establish a low-cost bath for the poor in Shahrekord. However, the plan was not implemented due to a lack of funding (Manuscript No. 230/6090, 1973, p. 11).

Upon choosing Afarin village, south of Tehran, as an educational headquarters, the Legion's Central Board of Directors formed an advisory committee for medical services at the end of 1350 AH. The committee investigated health and medicine-related studies in the village. After an initial diagnosis and examination conducted by the Institute of Nutrition, it was determined that goiter disease was prevalent in the village due to a lack of iodine in the water supply (Manuscript No. 230/869, 1971, p. 3).

The most important medical efforts of the Legion offices were made in the country's rural areas, including identifying the root cause of some epidemic diseases affecting villagers. This led them to provide multiple patient examinations and investigate their water sources. Due to the mentioned problems, these actions were implemented only in some villages targeted by the Legion near the capital. These villages were chosen as headquarters or training centers of the Legion. Having chosen Afarin village in the south of Tehran as the educational headquarters, the central board of directors of the Legion formed an advisory committee for medical services at the end of 1350 AH. The committee investigated studies related to medicine and health in this village. After the initial diagnosis and examination carried out by the Institute of Nutrition, it was found that goiter disease was prevalent in the village due to the lack of iodine in the water supply (Manuscript No. 230/869, 1971, p. 3). Therefore, several decisions were made at a 1972 meeting of the



Legion's Medical Services Advisory Committee attended by eight doctors at the headquarters of the Legion, including preparing iodized salt for Afarin Village, administering vaccinations to the villagers, and sending a dentist for the treatment and Etiology of oral and dental diseases (Manuscript No. 230/869, 1971, p. 4). (Figure 4).

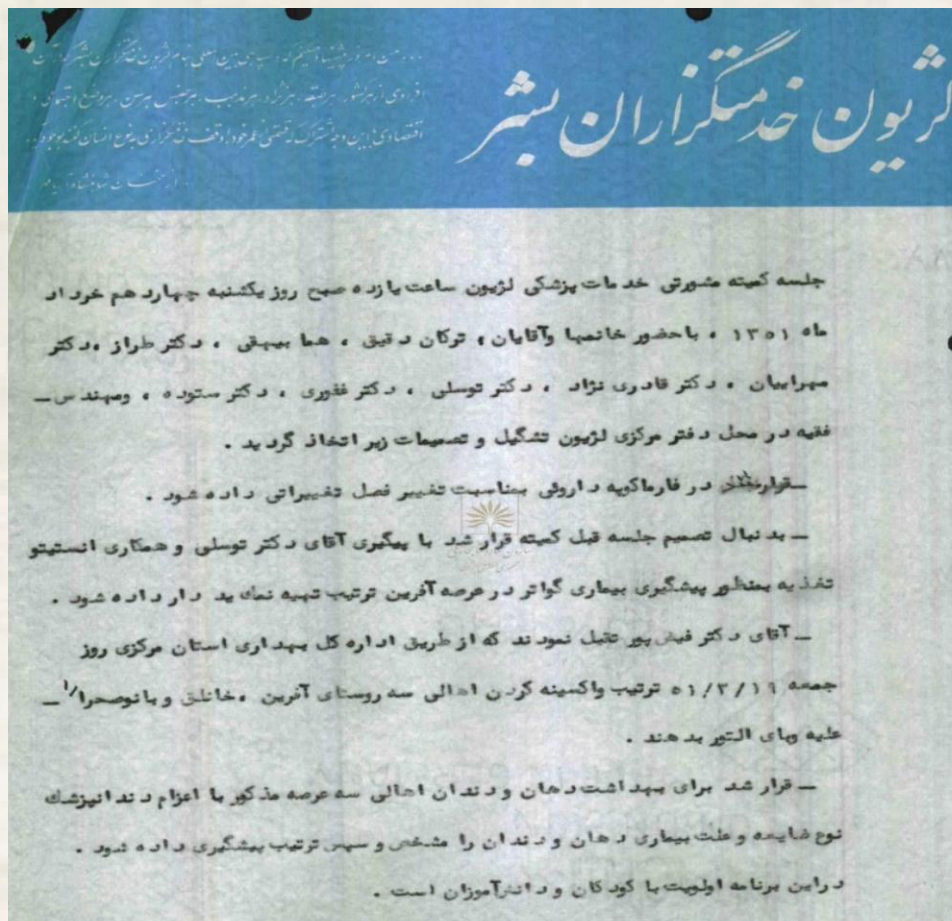


Figure 4. The results of the medical services committee meeting regarding vaccination and providing oral and dental services in several villages around Tehran (Manuscript No. 230/869, 1971, p. 4)

In the field of health, the Legion gave priority to hygiene, placing soap in school restrooms and encouraging students to wash their hands. It was also decided to negotiate with the Faculty of Health in order to identify the types of diseases that are more common in the areas where the Legion operated. It was also proposed that some students dedicate their research to this field (Manuscript No. 230/869, 1971, p. 5). However, the Legion's broad approach was not implemented in other villages. Some of these Legion medical services addressed villagers who had been deprived of healthcare due to the lack of transportation. The Shahrekord Legion office took the initiative to send a limited number of doctors and medicine to such villages in the mountainous areas (Manuscript No. 230/869, 1971, p. 9). Considering the severe deprivations in Chahar Mahal province, particularly in medicine and pharmaceuticals, the Shahrekord office's medical committee suggested providing three mobile clinics with volunteer doctors in 1977. These clinics would offer



treatment to patients and deliver essential first-aid training. However, this project could not be completed due to insufficient funding (Manuscript No. 230/1343, 1975, p. 12).

At the beginning of 1977, the Legion's medical activities were carried out in the villages of Yasuj city, with a legion medical group headed by Dr. Saeed, a dedicated physician from Pakistan. He treated 557 villages (Manuscript No. 230/1343, 1975, p. 15). In May 1974, the Legion's efforts embraced the villages surrounding Kerman city, with a focus on Mahmudabad. A total of 274 patients were examined in Mahmudabad, the villages around Kerman city. In Khordad, the Legion conducted medical examinations for 348 patients on the southern outskirts of Kerman City. Notably, 26 patients were examined by a female doctor, and only nine patients received free care. In June 1976, the Legion's commitment to healthcare continued, with a total of individuals examined, including seven who were examined for free. In addition, 22 women received health and family planning program training (Manuscript No. 230/9162, 1975, pp. 15-17).

Due to the shortage of volunteer doctors in different parts of the country, it was crucial to plan a schedule to maximize the impact of available medical professionals; they were encouraged to work even on Fridays to provide essential care in various villages. For example, they examined several villages near Kermanshah every month. These efforts, accompanied by Pakistani doctors, Iranian nurses, and paramedics, led to the examination of 623 people (Manuscript No. 230/7539, 1977, p. 4-9). The villages on the edge of the desert of Khorasan province were also deprived of medical services until the mid-1950s. The severity of their deprivation in this field was such that the Central Legion sent doctors and donated medication to those areas for a limited period (Manuscript No. 230/12409, 1976, p. 21). Attention was also paid to the villages at the edge of the desert in other provinces such as Kerman, Isfahan, and Yazd (Aftab Sharq Newspaper, 1975, p. 2).

Financial constraints posed significant challenges in providing free healthcare services to needy villagers. This caused patients in impoverished areas, such as Koochpayeh near Kerman, to be charged for treatment (Manuscript No. 230/9162, 1975, p. 179). Furthermore, the lack of funds and specialist volunteers in the field of medicine hindered the Fars Legion's ability to respond to the needs of the residents of Dushman-Ziari in Fars province (Manuscript No. 293/18581, 1976, p. 4). It is important to note that many infectious diseases of the villagers were due to the unsanitary nature of their water sources (Lashaei, 2007, p. 243).

In some villages, Legion members collaborated with residents and volunteers to address water source contamination, reducing disease transmission and the risk of waterborne illnesses and improving overall public health (Manuscript No. 230/6090, 1973, p. 103).

Legion members were also active in the field of civil services related to medicine and treatment. Their efforts included constructing and repairing clinics and health houses and cooperating with the health department to serve the community better. Jalil Rashid Farrokhi, for example, built the health house in Darsinoye village of Kerman city with the support of the Legion members and funding (Manuscript No. 230/9162, 1975, p. 175).

One of the other activities of legion members was accompanying Legion volunteers in building a clinic with the Shams Pahlavi Foundation in Dogonbadan City. In such actions, Legion volunteers were used as labor forces (Manuscript No. 230/1343, 1975, p. 49).

Legion volunteers also improved healthcare infrastructure by repairing a clinic in a village near Sabzevar city. It took seven years to construct the clinic, but it was abandoned



because of a lack of medical staff. After restoration, it was temporarily staffed by two volunteer doctors who provided care to needy patients. The lack of medical staff and medicine was evident in the desert villages around Sabzevar (Manuscript No. 230/132420, 1975, p. 7). (Figure 5)

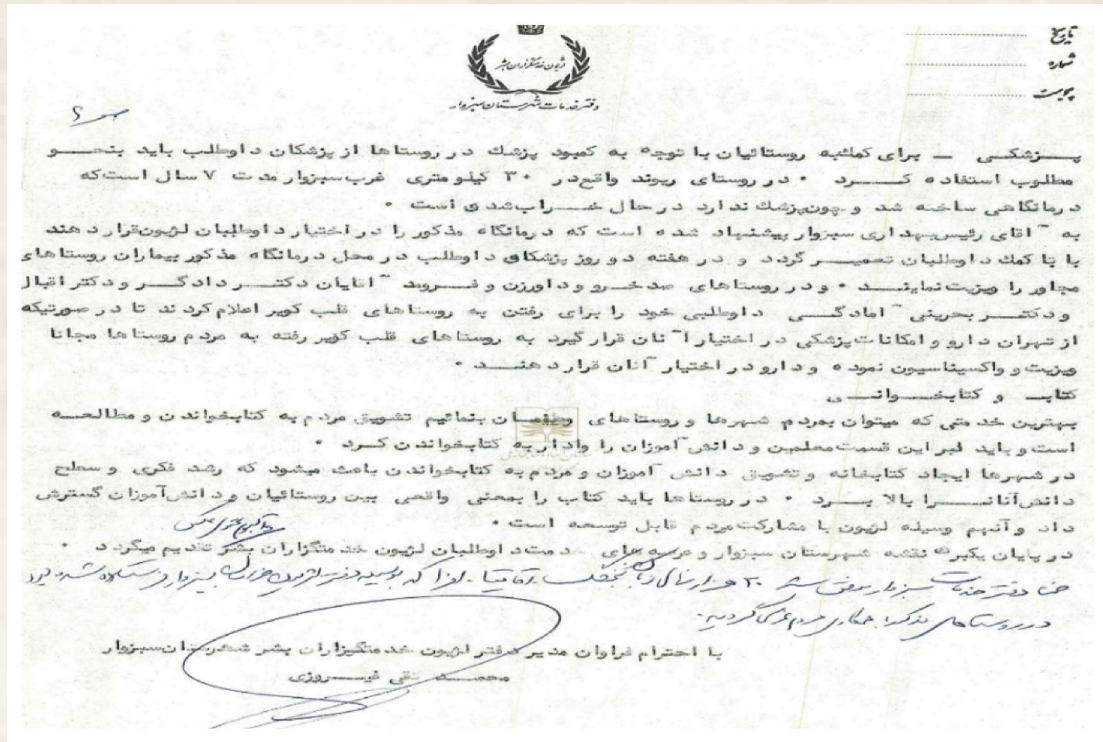


Figure 5. Legion's medical activities among Sabzevar villagers (Manuscript No. 230/869, 1971, p. 4)

The Legion also aimed to provide healthcare services to nomadic populations. However, financial limitations and challenges in delivering services often limited these efforts to a single location or a small number of nomadic groups. One such initiative involved giving nomadic family planning services to ChaharMahal nomads. The services of the Legion in this field were carried out in cooperation with the General Health Department of Chaharmahal province, and it was decided to pursue the training of nomadic midwives to ensure that essential healthcare services were accessible to these often-overlooked groups (Manuscript No. 230/6090, 1973, p. 35-42).

Also, by setting up a clinic and recruiting several doctors, along with the support of volunteer medical professionals, the field of medical services in this area was implemented. In this way, they provided medical care in a limited capacity, with the cooperation of two doctors, seven volunteer medical assistants, and two tents serving as mobile clinics. Here, they examined and treated 70 patients. According to the Legion office, the continuation of these programs depended on the cooperation of volunteer doctors who, despite having difficulties working in remote areas, were willing to provide essential healthcare services to nomadic communities (Manuscript No. 230/6090, 1973, pp. 89-90). (Figure 6)





Figure 6 . Medical activities of the legion among the nomads
(Manuscript No. 230/869, 1971, p. 4)

The lack of funds in this area made it difficult for the volunteers to rent a car and reach the target mountainous areas (Manuscript No. 230/6090, 1973, p. 112). Despite these limitations, the Legion's efforts attracted foreign doctors who volunteered to support Iran's pressing medical needs. Some foreign doctors were also present among the third international volunteers who came to Iran at the beginning of 1972 (Manuscript No. 220/71850, 1974, p. 242).

Conclusion

The Legion of Human Servants was formed to realize Pahlavi II's vision as a global reformer. One of the most important goals of this organization was to pay attention to the use of volunteers to continue the services related to the Revolutionary Guards. The lack of budget and financial problems, along with the interference of the Legion's activities with other relevant institutions, were among the most important structural problems of the Legion. One of the most important service areas of the Legion was the effort in the field of medicine and health. The Legion extended its activities to the suburbs, villages, and nomadic communities.

Providing services at different levels, such as examining patients and providing medicine, is considered one of their most important activities in the field of treatment. Due to



the severe financial deprivation of the people in the field of service and the lack of funds of the Legion and volunteers specializing in the field of medicine, the examination of patients, contrary to the general principles of the Legion, was often done by charging a fee. This deterred many needy patients from seeking treatment. However, the Legion attempted to provide free medication whenever possible. One of the most important efforts of the medical committees of the Legion was holding numerous educational classes on implementing health principles, knowing the causes and symptoms of diseases, and ways to deal with them through compliance with health standards at the family level. The financial limitations of the Legion in implementing plans for disease detection and management led to significant challenges in implementing healthcare plans in a small number of villages. Since one of the most important factors of the infectious diseases of the villagers was their unhealthy water, the Legion volunteers undertook projects to improve rural water piping, albeit on a limited scale.

The efforts of volunteers in providing extensive services in hospitals and sanatoriums for the disabled are among the other efforts of the Legion in the service field. They also participated in building health houses or repairing them in rural areas, in addition to trying to provide medical services to the nomads of Shahrekord city for the first time in the country. In order to attract doctors, the organization pursued direct communication with volunteers. Despite the Legion's ambitious plans, financial constraints remained a persistent obstacle. Since the lack of funds was considered the most important problem of the Legion, many of the Legion's plans failed to progress beyond the conceptual stage.

Funding

None.

Conflict of Interest

None.

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