Different epidemics of infectious diseases, general impoverishment and terrible hygienic conditions, as well as social diseases such as tuberculosis, venereal diseases and alcoholism, stand out as significant health problems for many European societies after World War II, including the Kingdom of Serbs, Croats, and Slovenes (after 1929 the Kingdom of Yugoslavia). Founded after World War I in the large territory of central and southeast Europe, the Kingdom was composed of different nations that were of similar South Slavic origin, but had a very different cultural, religious, and historical heritage. Apart from the prevalence of numerous infectious and particularly social diseases, the lack of an organized health care system in certain parts of the new state was also a considerable problem. The health care infrastructure, which was organized in the areas that had formed part of the Habsburg Empire (Croatia, Slovenia, Bosnia and Herzegovina), was not sufficiently efficient to meet new health needs. The new health care administration faced the task of solving the problem of epidemics quickly while simultaneously organizing an effective public health care system. This was not an easy task considering that the Kingdom of Serbs, Croats and Slovenes was a fairly large, and, for the most part, poor country. Almost eighty percent of the population lived in rural communities.

The Ministry of Public Health of the Kingdom was established in December of 1918. The new Ministry took over the obligations of organizing a new health care system, which was to meet the needs of this very diverse country. Andrija Štampar (1888-1958), the head of the Hygienic Department of the Ministry of Public Health and the ideologist of the new health care politics, regarded the public health problems as the focal points of his work. Štampar and his followers, mostly young physicians, argued that it was necessary to change the understanding of the role of medicine. According to them, in the past, medicine had an exclusively curative character and neglected prevention and its social aspect to the advantage of clannish privileges and paying patients. Štampar summarized the clear thesis of the new health care policy in a social medicine manifesto called "our ideology," in which he emphasized the importance of the active public role of physicians. Accordingly, the physician was supposed to be a folk educator who should not spend his time only in a clinic or a laboratory, distant and isolated from people, but who should act in the community where people lived and worked. Štampar pointed out that physicians should concentrate on the social dimension of diseases and social therapy, because in the circumstances of the time, an individual approach was bound to fail. He also emphasized that medicine should not distinguish between those who could afford treatment and those who could not.

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1 Andrija Štampar was the head of the Hygiene department in the Ministry of Public Health from 1919 until his retirement under coercion during the dictatorship of the king Alexander in 1931.
The creation of the Ministry of Public Health was followed by the adoption of certain legal decrees, which were supposed to regulate public health problem areas. New regulations introduced a new pattern in the organization of health care services and the duties of new institutions and medical personnel. The ministry, mostly under the influence of Andrija Štampar, initiated numerous laws to regulate public health needs but also to reorganize health care departments in the country.

The period after the First World War was characterized by intensive public health work. In a very short period of time Štampar managed to gather young physicians educated in the spirit of modern public-health ideas, which were spreading throughout Europe and America under the influence of the Health Section of the League of Nations and the Rockefeller Foundation. Štampar was well aware that, in order to implement drastic changes in the existing health care system, he would need the cooperation of both progressive physicians and politicians. On the other hand, he also was aware that the work he advocated was not supposed to be identified with any of the political parties. The importance of political neutrality soon became obvious as strong political disagreements and national strains took place in the country. Štampar was oriented toward trends which were modern in the world at that time and which aspired to the internationalization of public health, trying to overcome national, ethnic and religious differences. In a multinational country like the Kingdom of Serbs, Croats and Slovenes, the internationalization processes of public health were regarded as models by which the diversity that existed in the Kingdom could be brought together and mutually integrated into a new coherent national public health program.

After World War I, the Rockefeller Foundation (RF) became the most prominent organization in internationalizing health care. Considering the mass poverty and the wide circulation of epidemics after the First World War, the need for organized international health care on a new and broader basis became apparent, and philanthropy, with the participation of the nations, was to assume part of the responsibilities. At the beginning, the Rockefeller Foundation saw education as the way to fight diseases. This effort can be demonstrated by the activities of the RF in the Kingdom of Serbs, Croats, and Slovenes. Since the majority of the population lived in rural areas, the level of literacy and the general health care education were extremely low; new, popular health education, therefore, became one of the top priorities. Sanitary engineering, which was associated with popular health education policies, was promoted as a means to improve poor hygienic conditions in the country, as well as to present scientific and medical achievements in a practical way. This reliance on the power of knowledge and educational work in the field demanded close cooperation with the local experts.

The RF’s cooperation with the Kingdom of Serbs, Croats, and Slovenes was established through Andrija Štampar, the expert who became primary partner to the foundation. In the 1920s, he was the leading figure in the public health policy of the Kingdom. In his report on the cooperation with the RF’s International Health Division, Štampar stated some basic forms of aid which

2 In his letter to A. Štampar in 1926, RF president George E. Vincent states: “You are veritably a magician who waves a wand and policlinics, sanatoria, institutes, malaria stations, and health houses spring from the ground.” (Letter G.E. Vincent to A. Štampar, November 29 1926, Collection RF, Record Group 7.10, Series 1.1, Folder 11, Rockefeller Archive Centre, New York.)
the organization gave to the kingdom and which represented one basic scheme by which the RF generally worked at that time. Štampar explained that the aid received from the foundation included cooperation with the national health care administration to help establish hygienic institutes, medical and nursing schools and a new form of health care organization. The major project was the building of the School of Public Health in Zagreb in 1927. The RF also awarded scholarships and provided assistance for research work. The foundation also gave means for practical public health work on a local level (popular health education and sanitary engineering), and provided aid for special activities of the School of Public Health in Zagreb.

The cooperation between the Rockefeller Foundation and the Kingdom of Serbs Croats and Slovenes (Yugoslavia) was very active during the 1920s, when Andrija Štampar had a position in the Ministry of Public Health. The School of Public Health in Zagreb was established through this cooperation, and different programs of assistance for the establishment and work of numerous social medicine institutions and schools were maintained. The intensive program of educating medical officers, physicians, nurses and other healthcare professionals began as well. The new institutions with new personnel, trained in the modern public health spirit, conducted a huge program of protection from numerous diseases, especially infectious as well as social ones. They also worked on an intensive popular health education program and collaborated with the local inhabitants on sanitary engineering, domestic economy and agriculture. The modern concept of popular health education, which tried to introduce preventive doctrines and a new relationship between physicians, as well as between medical institutions and local inhabitants, aimed at penetrating all segments of social life. We can also say that health questions sometimes gained significance far beyond the prevention of diseases, and touched aspects of societal norms and nation building.

The introduction of the dictatorship of the Serbian King Aleksander in 1929 and Štampar's dismissal from the Ministry of Public Health in 1931 ended the most progressive era in public health ever to occur in the South-Slav countries. What followed was a decline in public-health care in the kingdom. Work on public health problems was remarkably reduced. The state budget did not even remotely provide the funds for the public sector that it had when Štampar was in a leading position. The reconstructed Ministry of Public Health and Social Welfare and its new staff mostly ignored the problems of public health.

Using the documents at the Rockefeller Archive Center about the contacts between the Rockefeller Foundation and the representatives of the Ministry of Public Health of the Kingdom, particularly doctor Andrija Štampar, I have tried to make a retrospective overview on the cooperation between the RF and the Ministry of Public Health with Andrija Štampar on the building of modern public health system in Croatia and other parts of the central and southeast Europe. This research is the basis for a book about the Rockefeller Foundation in Croatia – Kingdom of Serbs, Croats, and Slovenes (Kingdom of Yugoslavia), which I am planning to publish in 2005.