

Man of an Impossible Mission?: Andrija Štampar's Separation of Politics and Healthcare in Yugoslavia and the World Health Organization

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Andrija Štampar was a remarkably headstrong man who spoke his truth without expecting contradiction. Few could claim to have held their course under the rule of as many authoritarian regimes. His colleagues recorded their frequent acquiescence to his demands with some exasperation and government leaders found themselves pawns in Štampar's visions. Nevertheless, they congregated around him—his fellow physicians, international technocrats, and even Yugoslavia's communist leader—all drawn to an enthusiasm so contagious that immediate concerns, or politics, took second place to the great project of public health. After spending the Second World War in imprisonment rather than accept fascist overtures, he emerged in spring 1945 to travel within weeks to Zagreb, Belgrade, and London, single-mindedly rebuilding the health services of Croatia, Yugoslavia, and the United Nations; health services he had helped build over the previous twenty-five years. Tenaciously he retraced his steps, but it was a new world after the war and this obstinate planner had to face the evolution of his own ideas.

Throughout these revisions, Štampar advocated an avowedly non-political version of public health based on an ideal of non-nationalized, non-politicized experts. He held fast to the idea of public health above politics, above the state and above the international order of the moment. It was not a fashionable idea, especially for a chairman of the World Health Organization Interim Commission, and World Health Organization (WHO) officials breathed a sigh of relief when he left Geneva. Štampar had become inconvenient to the Cold War

United Nations, but his retirement was less complete than the exasperated delegates had hoped. Public health, he resolutely showed all who followed his work, came before his beloved Croatian nation, before the Yugoslav federation that had claimed most of his career, and before the Cold War politics that he deemed a waste of time in the battle with disease.

Štampar's Early Years: A Reciprocal Genesis of Yugoslav and International Health Services

Andrija Štampar's was born in 1888 to a Croatian family in the village of Brodski Drenovac, in the Austro-Hungarian region of Slavonia. This background informed both his lifelong concern with rural health and, through his medical education in the imperial capital, his identity as a transnational healthcare worker. As director of the first public health service of the Kingdom of Serbs, Croats, and Slovenes he utilized all possible resources offered by international health institutions to implement his projects and address the needs of a diverse agrarian region. In the process, he encouraged the League of Nations Health Organization (LNHO) and the Rockefeller Foundation's International Health Division (IHD) to take on new roles and adapt to the evolving needs of post-World War I states. His dedication to social medicine was inherently political in the European context of the 1920s and 1930s, but rather than becoming mired in national politics, Štampar treated this debate as an open discussion within integrated national and international health programs. His work during this period suggests that he, and many of his international colleagues, acted on the premise that distinct social institutions, rather than the state itself, formed the effective basis of an international order and could potentially stabilize welfare services in politically turbulent environments. Re-emerging after the WW II, Štampar followed a course toward institutionalizing this interpretation of social medicine in the new international order.

Štampar's early exposure to a transnational social medicine community began in Vienna, an educational path prompted by the imperial authorities' refusal to permit a medical

school in the South Slav lands.¹ At the time, Vienna was in the forefront of medical science and teaching, and Štampar's mentor, Julius Tandler, was a revolutionary leader in public health and social services. Following Tandler's lead, Štampar began editing his own public health journal while still a student.² Štampar added his own understanding of public health as a rural concern to Tandler's teachings ahead of time, rather than predominately one of the urban industrial world.³ Tandler and Štampar became friends, their correspondence continuing as they built health services in their respective new countries after the First World War and later, during a time when each was exiled following the authoritarian turn of those countries, they worked together in the evolving field of international healthcare as League of Nations experts in Europe, the United States, China, and the Soviet Union.⁴

After completing his degree in 1911, Štampar returned home to a typical hospital career in the town of Karlovac and then to become district health officer in Nova Gradiška. During the WW I he worked at a Red Cross hospital before being mobilized as a recruitment physician and then as physician in the prisoner camp at Mauthausen. Returning to Nova Gradiška, he entered the new Kingdom of Serbs, Croats, and Slovenes, born from the collapse of the Austro-Hungarian Empire and from the union of the Habsburg regions of the Balkans with the Kingdom of Serbia.⁵ Štampar did not stay in Nova Gradiška long. The rapid construction of infrastructure in the new country opened opportunities for an ambitious young reformer and Štampar soon found himself in Belgrade, directing the Department of Racial, Public, and Social Hygiene. He had been recommended for the post by the dean of the new medical school in Belgrade, whom he called on with neither references nor shared acquaintances and wooed spontaneously "by the depth of his conviction, by his enthusiastic words."⁶

During the early years of the 1920s, Štampar also made his mark on the international scene. He first spoke abroad on public health in Paris in 1919, and in 1921 he attended a

conference on European health hosted in Warsaw by the League of Nations and the Polish government.⁷ The first concern of the conference was the typhus epidemic that pursued refugees from Russia in the wake of the Polish-Soviet war. This typhus epidemic demonstrated to the delegates that all the peace treaties signed could not possibly protect the future stability of a modern European order if the countries did not cooperate in a common public health program beyond the traditional cordons and quarantines.⁸ Hence, the second concern of the conference became the establishment of such an order, beginning with funds awarded to the new Polish health services to stem the current epidemic and secure its rural eastern regions, and extending to a system for long-term collaboration between European states.⁹ It was a program that established the unique structure of the Health Organization within the League of Nations.¹⁰

In Warsaw, Štampar met the energetic Polish public health reformer Ludwik Rajchman, who had just been named director of the LNHO.¹¹ These men would become powerful allies through the ups and downs of their respective careers. In Rajchman and the LNHO, Štampar recognized a vital resource for his plans in Yugoslavia. Rajchman and his deputies soon received a perpetual flurry of letters from Štampar. He requested funding to support a public health institute, rural clinics, nursing schools, and a peasant university; he requested consultation visits from foreign experts in a range of health-related fields; and he tirelessly promoted his public health workers for fellowships to study abroad. Štampar's persistent queries pushed the imagined parameters of the Health Organization, and it evolved in response. The requests that Rajchman could not answer, he passed on to the Rockefeller Foundation (RF).¹²

Štampar's successes in developing a health service across the regions of Yugoslavia became increasingly well-known among the international healthcare community, until King Alexander I "retired" him from his official positions following Štampar's rejection of the

government.¹³ In January 1929, King Alexander dissolved the constitution of the Kingdom of Serbs, Croats, and Slovenes in the wake of a crisis that had culminated in the shooting of Croatian Peasant Party leader Stjepan Radić and four of his colleagues on the floor of the parliamentary assembly by a deputy of the Serbian Radical Party. Following the shooting, the Croatian Peasant Party refused to return to the government without new elections.¹⁴ Štampar was not aligned with the Croatian Peasant Party or any other political party. Despite his deep interest in the well-being of Croatian peasants, Štampar's plans had a more generally Yugoslav focus that at times led to opposition from the Croatian Peasant Party.¹⁵ Nevertheless, following Radić's assassination, Štampar joined the Croatian Peasant Party's demand for free elections and reputedly rejected an invitation from King Alexander to join the government as Minister of the Interior unless such elections took place.¹⁶ Over the next two years, Štampar found that his influence gradually decreased. Finally forced out of his previous positions and blocked from a professorship at the University of Zagreb, he went into exile, working as an expert for the LNHO and conducting lecture and research tours with RF support.¹⁷

In 1939, Štampar was a visiting professor at the University of California at Berkley when Nazi Germany invaded Poland. Although given the opportunity to remain in the United States, Štampar decided that in the face of war his place was in his homeland, and he returned to Zagreb. There, he obtained a post at Zagreb University, and then the position of dean at the medical school, eight years after his initial election was barred.¹⁸ Štampar was arrested shortly after the German army invaded Yugoslavia, denounced by a junior colleague whom he had assisted, and was imprisoned in Graz for the duration of the war.¹⁹ Rajchman tried without success to use his international connections to have Štampar freed.²⁰ M. D. Grmek, a colleague, editor, and biographer of Štampar, reported that the Nazi government offered Štampar a professorship in Berlin later in the war, which he refused. If he received such an

offer, it was not a matter of which he wished to speak.²¹ He was appalled by Croatia's native fascist regime, the Ustaša that led Croatia as an independent state following the Nazi invasion of Yugoslavia. He feared that ninety of his colleagues at the University of Zagreb "gave in to the Fascists."²² After the war, under Tito's communist regime, investigative committees stripped degrees the university had awarded during the war years to suspected fascists.²³ Immediately upon his liberation Štampar reclaimed the role of dean of the Medical School at the University of Zagreb and his friends waited to see how he would get along with the new Yugoslav government—this man who never espoused a political party—and what he would do in response to the postwar health crisis that enveloped Europe.²⁴

Refugees, Healthcare, and Politics in Postwar Yugoslavia

Liberated from Graz in April 1945, Štampar was reorganizing the Zagreb Medical School by June and by September was in London, discussing the United Nations Relief and Rehabilitation Administration's (UNRRA's) accomplishments in Yugoslavia, seeking further international support for his projects, and worrying about the care and repatriation of Yugoslav refugees.²⁵ His longtime colleagues waited to see how he would manage his relationship with the new regime and the foreign observers among them soon became confused by the political micro-climate Štampar seemed to create around himself. He pursued his own program while at the same time becoming an official international face of the new Yugoslavia, representing it at peace talks in Paris, the United Nations, and the WHO. Public health crises posed a significant threat to the new state, largely as a consequence of internally displaced refugees, and the responses of both Tito's regime and the UNRRA mission to Yugoslavia informed Štampar's proposals for international services. As chairman of the UN committee responsible for drafting the constitution of the International Refugee Organization and as chairman of the World Health Organization Interim Commission, he advocated relief programs based on cooperation between local and foreign experts who would take a scientific

rather than a political approach to rehabilitating devastated regions and he opposed elaborate institutional structures.

As Štampar pursued his work in the early postwar days, he remained a political unknown both at home and abroad, despite having been a public figure for twenty-five years. He laughed when he arrived in London in autumn 1945 that “he was in his younger days in Yugoslavia feared as a Communist, when he went to Russia he was there called a Capitalist and now he is reported at home as a reactionary conservative.”²⁶ In the conditions of Tito’s early regime, he benefited from having spent the war outside Yugoslavia, interned at Graz throughout. It is unclear how much he knew of wartime Yugoslavia during the days following his liberation. His daughter, who had been an active member of the Partisans, was probably his chief source of information and he apparently adopted her perspective with pride.²⁷ It is also unclear when Štampar and Tito met, and whose initiative prompted the meeting. Štampar did not conceal his criticisms of the political system, as surprised visitors reported. Nevertheless, it seems Štampar and Tito maintained a wary respect for one another.²⁸ Perhaps Štampar protected himself by appropriating the communist doctrine that politics ceased to exist, in his case replacing them with intense focus on developing health sciences and services.

When Štampar returned from Graz, UNRRA had already been operating in Yugoslavia for many months, its first intelligence missions even pre-dating the end of the war.²⁹ The UNRRA mission that arrived in Yugoslavia came from an organization prepared to see displacement as a matter of refugees, prisoners, and forced labor outside the borders of their own country, for which UNRRA’s primary solution at that time was repatriation.³⁰ Although Yugoslavia was preparing for the return of refugees from Austria, Italy, and Bulgaria, it was the problem of internal displacement that challenged the new state.

Yugoslav healthcare workers reported that, among the general population, internally displaced refugees suffered from the worst malnutrition, exposure, and illness.³¹ In February 1945, an officer of the Yugoslav Red Cross appealed to foreign Red Cross societies for help with 217,355 Bosnian refugees in Serbia, including 86,183 children. More were arriving daily, she reported: “without clothing and shoes and mostly ill and weak.”³² In Bosnia itself, the displaced population also suffered severe health problems. An UNRRA medical officer, touring the local medical clinics of the region that had rapidly remerged at the conclusion of hostilities, reported that he spent a day in a Sarajevo clinic and found that every single child he examined between the ages of one month and five years had signs of rickets, that the children of two years were a year behind in skeletal development, and that nearly all the children had worms. He also recorded that several of the children showed hunger edema, the retention of fluids and bloating that occurs in cases of advanced starvation. The doctor at the clinic explained that these were in fact not the standard conditions in this district, pointing out that the children in such horrible condition were “largely those of refugees from the more devastated areas.”³³ While strongly sympathetic, the UNRRA officer did not understand the context of this displacement. Instead of the enduring scars of civil war, he interpreted the condition of these displaced civilians as part of a romanticized partisan resistance.

Štampar praised UNRRA’s resource distribution, but in proposing a WHO commission for war-devastated countries he cited UNRRA’s work as a negative model. Having had the opportunity to observe the mission’s work in Yugoslavia, he cited the limited local knowledge of UNRRA health officers. He could have spoken specifically of the internal population displacement problem.

This crisis was a central part of Yugoslavia’s wartime experience, beginning with the German invasion that fractured the state and created new borders in 1941.³⁴ It continued under German, Italian, and Bulgarian occupation, the Nazi puppet-state in Croatia, and the

civil war between the Ustaša, Chetniks, and Partisans. In addition to populations expelled by force, others fled regions where all sides of the conflict perpetrated mass murder and interned civilian populations, destroying villages and crops where they left people alive. Bosnia-Herzegovina was the most affected, having been a center of mobile and guerrilla warfare from the first organized opposition to the Ustaša in June 1941 until the Partisans concluded their obliteration of the Chetniks.³⁵ Štampar reported the region lost an estimated twelve percent of its population—or 1,750,000—a number he noted included deaths from disease as well as from violence, and he informed international health authorities that 180,000 still remained homeless in the harsh winter of 1946.³⁶ Villages and towns destroyed, survivors homeless, and children orphaned: there are no reliable estimates of the numbers displaced throughout Yugoslavia by the war. Furthermore, the end of the conflict did not bring displacement to a conclusion. To stabilize the new state, Tito's government fixed internal borders that they intended would create an ethnic balance, but doing so led to new—and continuing—population movements.³⁷ In addition, nearly half a million Volksdeutsche fled, were evacuated, or expelled from Yugoslavia in the course of the war and its aftermath.³⁸

Malaria, typhus, typhoid, and diphtheria were endemic amongst the internal refugees, threatening the Yugoslav population more broadly.³⁹ It was a situation the international health community regarded with particular anxiety as fleeing Volksdeutsche carried contagion with them, endangering the delicately preserved public health zones of Allied occupation. Among international healthcare personnel, Volksdeutsche arriving in Austria from Yugoslavia became synonymous with typhus and malaria.⁴⁰ It was a bitterly ironic turn, as early in the war Nazi anti-Semitic propaganda had invented an association between Jews and typhus.⁴¹ UNRRA accepted no responsibility for the Volksdeutsche refugees, but the threat posed by contagion prompted the establishment of temporary quarantine camps, which held the refugees briefly when they crossed the border into Austria.⁴²

The circle of public health workers Štampar had organized and trained in the interwar years were dissatisfied with the new Yugoslav regime's response to the country's health situation. The refugee crisis and the region's physical and social devastation called urgently for healthcare initiatives. However, the political motivations behind the policies of Tito's government fell short of addressing the country's specific circumstances.

Tito's Partisans took power as a communist regime in 1945, with Allied support, after defeating the Chetnik resistance movement. Health services did figure as part of the Partisan plan for progressively introducing new infrastructure in regions they claimed. The Partisan branch in Croatia, ZAVNOH, had already in 1943 developed a program that included health education and propaganda, facilities and supplies for personal hygiene, water sanitation, building reparations, and home visits by medical personnel.⁴³ ZAVNOH itself took over hospitals it liberated and sent staff to organize children's homes. In some cases, the conditions of population displacement prompted the development of new infrastructure, including homes for displaced children that impressed UNRRA officers with their demonstration of initiative, order, and good care under difficult material circumstances.⁴⁴ Despite developing such programs to address immediate local issues, Tito's postwar government implemented broader healthcare policy based on the Soviet model, which Štampar's colleague Berislav Borčić frankly told Tito applied ideas outdated by twenty years.⁴⁵

During the interwar years, Štampar—with Borčić's help—evolved a public health system that specifically addressed the challenges of a state with diverse agrarian regions.⁴⁶ The philosophy of social medicine focuses on the well-being of people within their environment, and Štampar promoted the rural village as the fundamental element of that environment in Yugoslavia. In those years, there had been aspects of Soviet medicine that impressed Štampar. In 1936 he returned from a tour of public health in the Soviet Union with

a newfound enthusiasm for a theory of communism that he believed could benefit the agrarian worker.⁴⁷ Nevertheless, significant features of the Soviet model remained irreconcilable with that of Štampar, particularly the former's rigid centralization that rejected regional differentiation and the particular needs of agrarian life.⁴⁸

It was such a structure that caused Borčić to object in 1945 that the Tito regime adopted its healthcare program directly from the Russians “without any understanding” of more recent developments or of how such a system would work under Yugoslav conditions.⁴⁹ Significantly, the new communist regime introduced a service that ignored the present agrarian state of the country and looked toward an urbanized, industrialized future. Their program would withdraw care from the village level, instead centralizing services in units based on population.⁵⁰ The smaller health centers would serve 15,000-30,000; in an agrarian country this structure meant health centers would be based in towns and serve a large surrounding area, entailing distances that would make travel difficult for anyone seeking care and ensure that doctors remained oblivious to the environment in which their patients lived.⁵¹ Borčić began the opposition to the communist health program while Štampar was still imprisoned in Graz, and reported that in conference Tito “listened well to his criticisms and suggestions and expressed agreement.”⁵² Nevertheless, Borčić was not hopeful for change under the communist regime and soon went into exile, taking the opportunity to direct UNRRA services in China.⁵³ The fight for Borčić's remaining partner was long; only by 1957, after several reforms, did health insurance benefits begin applying in full to the agrarian population so crucial to Štampar's worldview.⁵⁴

Štampar did not take government posts under Tito's regime. Working through other channels, he rebuilt his public health institute, acted as dean of the Zagreb Medical School, and was president of the Yugoslav Academy of Sciences and Arts.⁵⁵ Through these roles, he involved himself more broadly with healthcare services and medical education in Croatia and

beyond, and developed projects that ranged from new science institutes to model rural-health centers.⁵⁶ Refusing to accept the regime's standard, he boldly bullied public health officials to reconsider their programs, threatening to withdraw his advice and expertise from medical affairs in institutions where the administration displeased him, and taking any defection as a personal insult.⁵⁷

Although Štampar did not act in the government, he became a leading international representative of Tito's Yugoslavia. The politicization of healthcare in Yugoslavia and its inadequate response to conditions in the country became the backdrop to Štampar's work as chairman of the United Nations Economic and Social Council as it drafted the constitution of the International Refugee Organization (IRO) that would begin taking over from UNRRA in 1947, and as chairman of the Interim Commission charged with establishing the WHO. In these roles, he pushed negotiations for relief and health services forward despite mounting political tension between the Soviets and their western allies.⁵⁸ He said little in arguments over the IRO, only encouraging the delegates to reach agreement by inviting expert advice—thus suggesting a scientific rather than a political approach—from the existing refugee relief organizations and discouraging “large-scale international machinery.”⁵⁹ He entered the fray around the WHO with greater vigor, fighting for an organization that could develop non-political solutions to public health problems.

Politics of International Health

From 1946 to 1948, the Interim Commission drafted the constitution, structure, and agenda of the future WHO, as well as hosting the first postwar international health conferences. While engaged in these preparations for WHO, it also operated its own health programs and assumed UNRRA's national mission (i.e. non-refugee) health work when that organization concluded its operations at the end of 1946. Overseeing this work deepened Štampar's conviction that politics should have no place in healthcare, and his disillusionment

with the new face of international programs. Ultimately, Cold War politics proved too much for Štampar's stubborn refusal to adapt to the existing order and he found himself increasingly sidelined. In the process, he developed a theory for de-politicizing public health by focusing on the work and structuring the international collaboration of scientific experts. Although failing to enact these ideas within WHO, he would later apply them in Croatia.

Submitting one of five proposals for the United Nation's new health organization, Štampar used the earlier experience of the LNHO and his own experience with national and international health services to inform his expectations of a new institution and to suggest a structure he believed could build a non-political transnational institution.⁶⁰ It was a difficult position to take, particularly as the positive engagement in health fields he described was a form of social medicine that was inherently political on both national and international levels. He advocated the model the LNHO had developed, gradually, as it "extended from the negative aspects of public health—vaccination and other specific means of combating infection—to the positive aspects, i.e., the improvement of public health by better food, physical education, medical care, health insurance, and etc."⁶¹ All five proposals suggested the realization of their ideals, like this positive healthcare Štampar advocated, depended on the new organization's structure, and Štampar focused on achieving a structure that would leave the institution unfettered by international politics.⁶²

The issue at stake regarding structure was how a centralized organization could balance the political agendas of its members and collaborate productively with local governments in regional operations. Štampar suggested the premise of this argument was mistaken: the necessary goal, he explained, was not to balance politics, but to establish the "non-political character of the Health Organization."⁶³ Apart from ideals of a new internationalism, Štampar pointed out an obvious precedent suggesting the efficacy of distancing international health from politics: the LNHO had been weakened when the League

of Nations lost political power, and he wished to protect a new health organization from such a position. Additionally, it was important, for the project of international health to be successful, so that all countries are free to join, even if they were not a part of the United Nations.⁶⁴ Štampar did not add that one significant reason for the League's political weakness was the absence of the United States from its membership, but precisely that issue would shortly become relevant when the United States issued provisos before joining WHO.

Štampar believed the structure that would enable a non-political ideal depended on a single central organization coordinating and supporting the work of strong and flexible regional branches. This system would draw its foundation from the respective strengths he perceived in the interwar LNHO and *Office International d'Hygiène Publique*.⁶⁵ With remarkable faith in the objectivity of melded social and medical sciences, Štampar declared the directors of the latter organization were the heads of their respective national health administrations, and therefore "comparatively free from political considerations and from administrative routine." By contrast, he insisted, the LNHO staff was "strictly international in their training and outlook." It would be the combination of these two advantages, he proposed, that would enable a successful non-political international health administration.⁶⁶

Conditions from the beginning did not bode well for Štampar's vision, as was apparent even in the presentation of the proposals themselves, which excluded those submitted by Ludwik Rajchman, director of the League of Nations Health Organization from 1921-1939. Rajchman's absence was a sign of political tension related to Poland's exclusion from the Interim Commission.⁶⁷ Nevertheless, Štampar persistently insisted WHO should be able to offer healthcare programs without restrictions placed by political considerations. He introduced his first foray in this direction on the day the initial planning committee debated Poland's exclusion, precipitously testing the new organization's capabilities and limits.

His suggestion—which might appear innocuous in the context of the United Nation’s postwar relief work, such as the UNRRA mission to Yugoslavia—was to set up a “special committee to deal with problems of health in countries devastated by war.”⁶⁸ In forging the structure for such committees, Štampar believed WHO could set the standard for non-political collaboration of national and international experts. The following week he presented his plan, sparking ambivalence, indecision, and bureaucratic impasse from his colleagues.⁶⁹

Štampar’s controversial plan suggested that each state that had been occupied in the course of the war would be eligible for WHO sponsorship of an investigative team composed of two citizens of the state and one outsider, all health experts. Their task would be to collect data concerning the effects of the war and the nature of subsequent reconstruction, and to offer recommendations both to the national government respecting its programs and to WHO regarding possible relief.⁷⁰ The objections to Štampar’s proposal demonstrated that the Commission would act upon an understanding of health work determined by the politically defined international order, and that it would hesitate to involve itself in developing national health services, as opposed to target-issue international programs. Their debate contradicted the adoption four months earlier of Brock Chisholm’s suggestion that they name the future institution the “‘World—or Universal—Health Organization,’ to show that, unlike other bodies, the Organization would be even more than international.”⁷¹ The two principal lines of opposition contradicted each other, but neither engaged this injunction.

The first objection to Štampar’s proposal argued that other organizations already had committees in these countries. Štampar protested that only UNRRA had sent health experts and these lacked local understanding. In their place, he proposed an “inter-governmental committee consisting of persons who knew the needs of their countries and worked there.” He explained the study “should be approached from an international and democratic and not from a bureaucratic point of view.”⁷² Ignoring this response, and the existing programs, the

second objection suggested the studies would offend countries under observation. Chisholm informed George Strode of the RF, whom Štampar had already approached—impervious to obstacles as usual—to direct the committees, that the idea “was abandoned because it was felt that the fact-finding body would not be welcome in many parts of the war-devastated countries and certainly would fail if it attempted to publish an unbiased report, if it in any way reflected on the capacity of the existing government. The matter was therefore dropped and a second proposal made to get information from these various countries through a questionnaire.”⁷³ Štampar objected that questionnaires were useless, negating the point of international collaboration between experts. As UNRRA was in fact providing experts and recommendations, as well as relief, to the countries in question, and as the majority of these countries would shortly request advice, as well as supplies and equipment, from UNICEF and from the RF itself, Chisholm’s explanation evokes the tones of diplomatic politics and international bureaucracy out of touch with the actual rehabilitation of national health services.⁷⁴ Both objections to Štampar’s plan suggested a sharp institutional distinction between emergency relief and the move toward positive international health programs that he had in mind for WHO.

After deferring a final decision, the Commission in January 1948 “postponed” the proposed committees indefinitely.⁷⁵ In these debates, WHO planners failed to overcome that political specter of international institutions, the supposedly impossible balance between a centralized organization, the sovereignty of states, and political tensions between member states. In this case, the United States’ equation of “social” medicine with “socialized” medicine aggravated the problem of involvement in national health services.⁷⁶ Štampar presented the challenge to forge a new model of intergovernmental allegiance based on a mutual interest in health and promoted by international cooperation between experts. The early WHO was not the organization to answer the summons.

Štampar continued challenging the political and traditionally international nature of the emerging WHO. In at least one case he enjoyed some success, protecting the autonomy of UNICEF medical work from control by WHO. UNICEF, founded by Ludwik Rajchman after UNRRA's central committee and WHO both overlooked him, focusing on the needs of women and children in a distinctly anti-political move. However, WHO, arguing that the two institutions replicated work, intended to absorb its partner agency. In this instance, Štampar managed to convince WHO to accept a liaison between the two organizations as a compromise, and promptly embodied this liaison in the person of his longtime collaborator, Berislav Borčić.⁷⁷ Štampar became steadily less popular with each occasion he pushed his agenda, eventually alienating many of his colleagues on the Commission. Robert Gauthier reported by July 1947: "everyone in Geneva felt greatly relieved when Štampar recently returned to Yugoslavia."⁷⁸ By the time the Interim Commission wrapped up its work, his opponents had begun to spin his intransigent perseverance as itself the product of communist anti-democracy.⁷⁹

In June 1948, the Interim Commission concluded on a discordant note as the annual Assembly of all member nations debated the countries to be represented on the first Executive Board, to which the Commission would pass its authority. The first Board held special significance because of its opportunity to nominate the organization's director-general.⁸⁰ Political tensions were already running high in the Assembly, led by the Soviet Union and the United States and provoked in particular by the latter's refusal to ratify the WHO constitution without reservation.⁸¹ Under these circumstances, Štampar proposed a slate for the Executive Board, which the General Committee had already approved, based on proportional regional representation. He asked for a vote by the Assembly for or against this slate, appealing to the delegates to trust him and "believe that I have done my best to propose to you something that is good for our Organization, and I believe you will follow my advice,

if you trust me, and accept my proposal.”⁸² Immediately, several delegations accused Štampar of not following democratic procedure, claiming that he was encouraging the fledgling institution to build on an authoritarian foundation.⁸³

The accusations took on a melodramatic air that exuded beyond the conference room, with debates continuing privately between delegations.⁸⁴ Paul Russell, in his summary for the RF of the American perspective on Štampar and on the Soviet response, commented:

“There was severe criticism of the method of railroading through a slate for this important committee. With tremulo in his voice, Štampar asked the Assembly to trust him as he had done his best to select a slate which would be suitable. He seemed entirely sincere in his ‘trust Father to know best’ attitude but the complete lack of any semblance of democratic procedure was disturbing.”⁸⁵

Štampar insisted he was encouraging the Assembly to consider the advice of experts—which in this case happened to be his advice—and not trying to replace democratic procedure. The debate heated existing constitutional tensions that the United States had provoked with its provisional ratification. Other delegations, and not merely Soviet countries, felt they had “waved legalities when we welcomed the United States of America as a member of this Organization.”⁸⁶ Thus, a murmur circulated that the constitution was already compromised and the Soviet Bloc pressed this moral advantage against the Americans. The United States retaliated by protesting that communist countries held too much influence on Štampar’s slate and, by extension, threatened the organization with their authoritarian influence. Štampar made some motion toward defusing the situation by supporting a proposal from the United States to review these procedures, but he had already been effectively sidelined.⁸⁷

Refusing to admit defeat, Štampar assured John Grant, a long-term colleague from the RF, that he could have been chairman of the new Executive Board if he had wished, in spite of the fact that he had nominated himself and never been a serious contender.⁸⁸ Having fought for a non-political global health initiative, he could not contend with mounting Cold War diplomacy. Štampar turned his attention toward his own projects in Yugoslavia,

nevertheless continuing to work with WHO, UNICEF, and UNESCO, and to participate in research teams as an invited expert in Western Europe, the Middle East, and China.⁸⁹

Throughout these later years, he still persistently drew attention to the points he believed were indicative of WHO's excessively political bureaucratic structure, and the ways in which such operations limited the potential for international cooperation. He held out hope that they would reduce the top-heavy headquarters to a "brain trust" at the center of regional operations. Instead, WHO sought to expand its staff from nine hundred fifty to eighteen hundred employees, which Štampar feared would "topple" the organization.⁹⁰ He also worried about the standard of quality set by existing WHO "experts" on whom he would have preferred to see the organization's operations based. He was unimpressed by those who visited Yugoslavia, complaining that one in entomology "did practically no work" and another one in engineering "had much less background than the Yugoslav engineers."⁹¹ Štampar was not speaking from a sense of national superiority: he had contributed significantly to building the system of experts under the LNHO and had relied on them and on others supported by the RF to develop interwar Yugoslav health services. He continued extending invitations to foreign experts, and made his distaste evident when any international health institution allowed Cold War politics to interfere with such collaborations.⁹²

Toward an Order of Post-Nationalist Health Workers

In Yugoslavia, Štampar focused on Croatia and practiced what he preached, drawing together experts and educating rising public health workers in line with his own understanding of a non-political social medicine. He did not join the government's public health ministry, but became what one RF visitor called "one of the strong men of Croatia" as Dean of the Medical School and President of the Yugoslav Academy of Sciences and Arts.⁹³ Štampar bided his time while the Communist government consolidated power and recovered

from the turbulent split with Moscow, but by mid-1949 Štampar had successfully made a move to secure his own authority.

RF observers traveling between Yugoslav regions were particularly impressed by Štampar accomplishments.⁹⁴ Of his pride and joy, the Zagreb School of Public Health, Charles Maier wrote: “Completely restored, well equipped, and busy. Everything is under AS’s large thumb, down to the last milligram of sodium chloride.” He added of his visits to Štampar’s various projects: “All in all, a tight little empire, showing what can be done under what one supposes is a regime of benevolent despotism.”⁹⁵ In Serbia, by contrast, the RF officers were on a problem-finding mission and reflected on what John Grant argued was a more universal problem of communist countries: “the most important overall impression is the general failure of the Communists to comprehend the necessity for technical competence in appointments, particularly to the higher posts.”⁹⁶ They were gratified that Štampar echoed their opinion of his Serbian colleagues: Maier reported “his mildest description of the Belgrade [public health] group is that they are ‘obsessed.’”⁹⁷ Grant wrote that Štampar had achieved his private empire with a move that he believed revolutionized the potential of communist institutions precisely by focusing on building a body of experts, as Štampar had advised WHO:

“After a period of watchful waiting and behind the scene maneuvering, he was able to oust the Ministry of Health from the Institute building and secure the transferal of the School of Hygiene as an autonomous unit in the Medical Faculty of the University. More important, he has been able to retain and surround himself with men selected entirely on technical competence, regardless of party affiliation.”⁹⁸

Štampar, his wife, and their collaborators followed a similar approach in their other projects with evident success, according to admiring accounts by the RF officers and both Yugoslav and international health officials.⁹⁹

Štampar continued insisting that public health education of medical experts was the answer to problems posed both by disease and politics. His proposals promoted a space for

moving beyond international politics and creating post-national healthcare programs. He held tenaciously to the idea that combining a thoughtfully developed curriculum—suitably adapted to different regions—with close and sustained international collaboration between the experts it produced would create an objective professional body unbiased by political interests. Most ambitiously, he proposed instituting regional international medical schools that would in a sense replicate his experience in Vienna, when its medical school was a dynamic center with students from every corner of the empire. In the postwar years, he planned to make his Zagreb Institute of Public Health a regional school for Yugoslavia, Bulgaria, and Albania. He also promoted a new international school, based somewhere in Europe, that would train medical workers from across Europe and Asia for positions in public health.¹⁰⁰ When international politics made those dreams impossible, he turned his attention to the curriculum of existing medical schools.

Experimenting with the Zagreb School of Medicine, he re-invented social medicine education and made it a fundamental part of the medical syllabus. In Croatia, this program was a step toward perpetuating the regime of public health experts he had created, and he encouraged other countries to explore how they might adapt it.¹⁰¹ His curriculum would unite curative and preventative health, address social and economic factors, and integrate nutrition and agricultural practices, incorporating “the relation of man towards everything in his environment.”¹⁰² The United States might have pointed the finger of “socialized medicine” at this proposal, as they had in their reservations to WHO, but Štampar’s proposals specifically denied the centralized, industrial-focused, official health policies in communist Yugoslavia, instead, realizing views he had developed and shared across his long career dedicated to the public health of four continents.

The Cold War sidelined Štampar, restricting a man who thought on a global scale to the job—sufficiently challenging for anyone else—of enacting his program in communist

Croatia. Nevertheless, his conviction in a non-national, non-political, expert did not disappear with him. Ironically, Štampar's colleague Berislav Borčić, who remained in exile throughout the postwar years, became one of many transnational health workers to exemplify the model Štampar tried to recreate with proposals for curricula and collaboration. Borčić joined Ludwik Rajchman, Ernst Boris Chain, and other refugee medical scientists and health workers who remained in exile and—to a greater or lesser degree—stateless, as they pursued the project of universal public health beyond the version defined by international institutions.

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The ideas and opinions expressed in this report are those of the author and are not intended to represent the Rockefeller Archive Center.

ENDNOTES:

¹ Andrija Štampar, *Serving the Cause of Public Health: Selected Papers of Andrije Štampar*, editors, M. D. Grmek, trans. M. Halor and L. F. Waring. Republic of Croatia: University of Zagreb, 1966, p. 17.

² Štampar, *Serving the Cause of Public Health*, p. 18, and pp. 53-57. For further discussion of Štampar's university years, see: Željko Dugac, "Andrija Štampar (1888-1958): Resolute Fighter for Health and Social Justice." In Iris Borowy and Anne Hardy, editors, *Of Medicine and Men: Biographies and Ideas in European Social Medicine between the World Wars*. Frankfurt am Main, Germany: Peter Lang, 2008, p. 75.

³ Selections of Štampar's earlier writing on rural health: Štampar, *Serving the Cause of Public Health*, pp. 58-78. Rural health remained at the heart of Štampar's healthcare philosophy throughout his life. Patrick Zylberman has argued that this view was part of a broader eastern European and Scandinavian philosophy of healthcare that focused on the relationship between the village and the nation, as opposed to a western European healthcare philosophy focused on the family and the workplace. Zylberman discusses this juxtaposition in the persons of Štampar and the Belgian René Sand: Patrick Zylberman, "Fewer Parallels than Antitheses: René Sand and Andrija Štampar on Social Medicine, 1919-1955." *Social History of Medicine* 17: 1 (2004), pp. 77-92.

⁴ The Julius Tandler Collection in the Medical University of Vienna Archives contains correspondence between Tandler and Štampar. Štampar's background, education, and career overview: Željko Dugac, "New Public Health for a New State: Interwar Public Health in the Kingdom of Serbs, Croats and Slovenes Kingdom of Yugoslavia and the Rockefeller Foundation." In Iris Borowy and Wolf Gruner, editors, *Facing Illness in Troubled Times: Health in Europe in the Interwar Years*. Frankfurt am Main, Germany: Peter Lang, 2005, p. 279; Dugac, "Andrija Štampar (1888-1958)," p. 75; Štampar, *Serving the Cause of Public Health*, pp. 15-21; Tandler and Štampar's visits to the United States, China, Russia, and various European countries coincided periodically. Examples of Tandler's work in the United States, China, Europe, and Russia: Jewish Telegraphic Agency Archive, "Dr. Julius Tandler, Refugee from Austria, Dies in Moscow." (Vienna, August 27, 1936); Julius Tandler, *Volk in China: Erlebnisse und Erfahrungen* (Vienna: Druck und Verlag, 1935); "Mission of Dr. Tandler to inspect municipal health service of Athens district, 1930-31," League of Nations Health Organization Archives (LNHO) R.5899/8A/8323/23480.

⁵ For the sake of simplicity, I will refer to this first United Kingdom as Yugoslavia, although the new state did not in fact become known as the Kingdom of Yugoslavia until October 1929, when King Alexander I dispensed with the democratic experiment and declared the kingdom an authoritarian monarchy. For further reading on the origins of the Kingdom of Serbs, Croats, and Slovenes and on the country's politics during the interwar years, see Ivo Banac, *The National Question in Yugoslavia: Origins, History, Politics*. Ithaca, New York: Cornell University Press, 1984; and John R. Lampe, *Yugoslavia as History: Twice There Was a Country*. Cambridge, U.K.: Cambridge University Press, 1996.

⁶ Milan Jovanović-Batut, Dean of the Belgrade Medical School, quoted in M. D. Grmek, introduction to *Serving the Cause of Public Health*, writings by Andrija Štampar, p. 24; See also Grmek's discussion of Štampar's early medical career, pp. 21-22, also Dugac, "Andrija Štampar (1888-1958)," pp. 75-76.

⁷ Grmek, introduction to *Serving the Cause of Public Health*, p. 23. For records of the Warsaw conference, see LNHO records: "Epidemics in Russia," 12B/15255/R.824/26010x, and "Conference on the Health Situation in Eastern Europe, Warsaw, March 1922," 12B/18972/R.835.

⁸ "Conference on the Health Situation in Eastern Europe, Warsaw, March 1922, LNHO R.835/12B/18972." Notably, Štampar later observed when making his proposal for the World Health Organization (WHO) that the League of Red Cross Societies, founded in 1919, had tried to deal with this crisis, "but quickly realized that inter-governmental action was essential to cope with a problem of such magnitude." *Official Records of the World Health Organization, No. 1*, (minutes of conference held from March 18 to April 5, 1946, p. 54.

⁹ LNHO: R.835/12B/18972; "Epidemic Work in Poland," R.822/12B/12462; "Epidemic Commission," R.823/12B/15002. International program for epidemic control in Poland and influence on the future LNHO: Marta Balińska, "Assistance and Not Mere Relief: the Epidemic Commission of the League of Nations, 1920-1923." In Paul Weindling, editor, *International Health Organizations and Movements, 1918-1939*. Cambridge, U.K.: Cambridge University Press, 1995, pp. 81-108.

¹⁰ Balińska, "Assistance and Not Mere Relief," p. 81.

¹¹ LNHO R.835/12B/18972.

¹² Examples of Štampar's requests and replies from LNHO and Rockefeller Foundation: LNHO, Štampar Personnel File, S.886; "Correspondence Respecting Health Centers in Yugoslavia," R.991/12B/55556. Examples of projects funded by the Rockefeller Foundation (RF) at Štampar's behest, and some discussion between Rajchman, Štampar, and RF officers, see Rockefeller Foundation Archives (RF) "Institute of Hygiene and School of Public Health, Zagreb," RF, Record Group (RG) 1.1, Series 710A, Box 3, Folder 16; "Mitchell, W. Leland, Yugoslavia-Public Health: Reports of Various Visits," RF, RG 1.1, Series 710A, Box 2, Folder 10; and "Emergency Aid, 1920-1925," RF, RG 1.1, Series 710A, Box 2, Folders 13-14.

¹³ Štampar, *Serving the Cause of Public Health*, pp. 22-31; Štampar's Interwar Work: Dugac, "New Public Health," and Dugac, "Andrija Štampar (1888-1958)."

¹⁴ For further information on the politics and events of these years, see Banac, *The National Question in Yugoslavia*.

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- ¹⁵ Croatian Peasant Party opposition to Štampar's Peasant University project: Selskar Gunn to Andrew Warren, March 14, 1939, RF, RG 6.1, Series 1.1, Box 29, Folder 342.
- ¹⁶ Štampar, *Serving the Cause of Public Health*, p. 31.
- ¹⁷ "Štampar, A.," RF, RG 6.1, Series 1.1, Box 29, Folder 345; "Štampar, A. – (Visit, Rural Hygiene), RF, RG 1.1, Series 710A, Box3, Folders 16-19; "Collaboration of Dr. Štampar with the Health Section," LNHO R.5933/8A/301182.
- ¹⁸ "Štampar, A.," RF, RG 6.1, Series 1.1, Box 29, Folder 345; M. D. Grmek, introduction to *Serving the Cause of Public Health*, writings of Andrija Štampar, p. 42.
- ¹⁹ Charles Leach Diary, January 15, 1946, RF, RG 12.
- ²⁰ Andrew J. Warren—Acting Diary, July 16, 1941, RF, RG 12.
- ²¹ Štampar, *Serving the Cause of Public Health*, p. 43.
- ²² Alan Gregg Diary, September 10, 1945, RF, RG 12.
- ²³ Ibid.
- ²⁴ Johannes Bauer Diary, June 20, 1945, RF, RG 12.
- ²⁵ Ibid.; Alan Gregg Diary, September 20, 1945, RF, RG 12; Charles Leach Diary, January 15, 1946, RF, RG 12.
- ²⁶ Alan Gregg Diary, September 21, 1945, RF, RG 12.
- ²⁷ Mary Elizabeth Tennant Diary, February 2, 1946, RF, RG 12.
- ²⁸ Štampar's Relations with Tito: Johannes Bauer Diary, March 17, 1946, July 5, 1947, and August 21, 1947, RF, RG 12; Štampar's Continuing Freedom of Speech Under Tito's Regime: John Maier Diary, "Report on Yugoslav Trip," July 1-18, 1957, RF, RG 12.
- ²⁹ "May 1944 Report on Partisans in Slovenia," UNRRA S-1414-0000-0481; Correspondence regarding establishment of UNRRA Yugoslav mission, October 1944-February 1945: UNRRA S-1414-0000-0479.
- ³⁰ Histories of UNRRA, the Subsequent International Refugee Organization, and their Agenda: George Woodbridge, *The History of the United Nations Relief and Rehabilitation Administration*. New York: Columbia University Press, 1950; G. Daniel Cohen, *In War's Wake: Europe's Displaced Persons in the Postwar Order*. Oxford, U.K.: Oxford University Press, 2011.
- ³¹ "Appeal to the Red Cross Societies from Jara Ribnikar of the Yugoslav Red Cross, February 1945," UNRRA, S-1414-0000-0483; "Report by Lydia Edwards, February 1945," UNRRA, S-1414-0000-0479.
- ³² UNRRA, S-1414-0000-0483.
- ³³ UNRRA, S-1414-0000-0479.
- ³⁴ Jozo Tomasevich, *War and Revolution in Yugoslavia, 1941-1945: Occupation and Collaboration*, California: Stanford University Press, 2001, p. 87.
- ³⁵ Lampe, *Yugoslavia as History*, pp. 207-11. For more on violence in Croatia: Alexander Korb, "Understanding Ustaša Violence." *Journal of Genocide Research* 12: 1-2 (March-June, 2010), pp. 1-18.
- ³⁶ Charles Leach Diary, January 15, 1946, RF, RG 12.
- ³⁷ Lampe, *Yugoslavia as History*, p. 222.
- ³⁸ Tomasevich cites half a million Volksdeutsche in Yugoslavia at the beginning of the war and the Yugoslav census of March 1948 listed 55, 337 of German nationality: Tomasevich, *War and Revolution in Yugoslavia*, p. 48 and p. 289.
- ³⁹ "Yugoslav Division of Relief Services, February 1946," UNRRA, S-1414-0000-0480; UNRRA, S-1414-0000-0479.
- ⁴⁰ Disease and Volksdeutsche arriving in Austria: "Allied Commission for Austria, British Element, Records Section Secretariat: Handing over of Quarantine and Displaced Persons to Austrian Authorities," British National Archives (BNA), FO 1020/2530; "Accommodation for DPs," BNA, FO 1020/251.
- ⁴¹ Paul Weindling, *Epidemics and Genocide in Eastern Europe, 1890-1945*. Oxford, U.K.: Oxford University Press, 2000.
- ⁴² BNA, FO 1020/2530 and FO 1020/251.
- ⁴³ ZAVNOH is the acronym for the State Anti-fascist Council for the National Liberation of Croatia.

⁴⁴ Report by Lydia Edwards, February 1945, and Report by Sinclair-Loutit, August 1945, UNRRA, S-1414-0000-0479.

⁴⁵ George K. Strode Diary, February 17, 1946, RF, RG 12.

⁴⁶ For interesting overviews of Štampar's interwar work, see his summary for the LNHO: Štampar, *L'Organisation Des Services D'Hygiène Publique Dans Le Royaume Des Serbes, Croates Et Slovènes*. Geneva, Switzerland: League of Nations, 1925; Also see Selskar Gunn's report on health services in interwar Yugoslavia for the Rockefeller Foundation: RF, RG 6.1, Series 1.3, Box 46, Folder 524.

⁴⁷ He first began developing this idea based on his visits to China and the Soviet Union: Letter from Štampar to Rockefeller Foundation health officers, January 25, 1934, RF, RG 6.1 Series 1.1, Box 29, Folder 345; Following a subsequent visit to China and to the Soviet Union in 1936, a RF officer (name illegible) reported on Štampar's attraction to a version of communism he believed would benefit agrarian society. The official reported that, despite his communist turn of thought, Štampar's "enthusiasm is quite as contagious as ever." Excerpt from officer's diary, August 8, 1936, RF, RG 6.1, Series 1.1, Box 29, Folder 345; See also Štampar's diary of his visit to the Soviet Union: Andrija Štampar, *Dnevnik S Putovanja, 1931-1938*, editor, Željko Dugac and Marko Pečlina, Zagreb, Republic of Croatia: Srednja Europa, 2008, pp. 663-721.

⁴⁸ Background to Soviet health system: David L. Hoffmann, *Cultivating the Masses: Modern State Practices and Soviet Socialism, 1914-1939*. Ithaca, New York: Cornell University Press, 2011, pp. 70-124.

⁴⁹ George K. Strode Diary, February 17, 1946, RF, RG 12.

⁵⁰ Ibid.

⁵¹ Structure of health centers: Ibid.

⁵² George K. Strode Diary, February 17, 1946, RF, RG 12.

⁵³ Alan Gregg Diary, May 18, 1946, RF, RG 12; UNRRA, "WHO – Interim Commission," correspondence with Borčić in China, S-0520-0407/S-1271-0000-0258.

⁵⁴ Borčić's departure from Yugoslavia: George K. Strode Diary, February 17, 1946, RF, RG 12. Small landholders excluded as self-employed from social services: John Maier Diary, July 1-18, 1957, RF, RG 12.

⁵⁵ Letter from GRP to Edward F. D'Arms, October 10, 1951, RF, RG 6.1, Series 2.1, Box 69, Folder 671; The "Yugoslav" Academy of Sciences and Arts was actually based in Croatia and claimed the name "Yugoslav" only because this Croatian Academy was older than the Academies of other regions.

⁵⁶ John B. Grant Diary, March 6, 1949, RF, RG 12; John Maier Diary, January 16 and 20, 1952, RF, RG 12.

⁵⁷ Johannes Bauer Diary, April 18, 1946, RF, RG 12.

⁵⁸ United Nations Economic and Social Council (UNESCO), Minutes of September 24, 1946, "Consideration of the draft constitution of the International Refugee Organization," E/SR.8, document E/161.

⁵⁹ UNESCO, Minutes of September 30, 1946, "Consideration of the draft constitution of the International Refugee Organization," E/SR.14, document E/161/R.2.

⁶⁰ The other proposals came from Sir James Wilson (Britain), Thomas Parran (United States, Surgeon-General), André Cavillon and Xavier Leclainche (France), and Ludwik Rajchman (Poland). Rajchman's proposal was not officially entered into discussion.

⁶¹ *Official Records of the World Health Organization, No. 1* (Minutes of March 18 to April 5, 1946), p. 55.

⁶² Ibid., p. 42-61.

⁶³ Ibid., p. 58.

⁶⁴ Ibid.

⁶⁵ The *Office International d'Hygiène Publique*, founded in 1907, was the LNHO's predecessor, collaborator, and rival. Determining spheres of activity between the two organizations had always been a challenge and Štampar believed the new organization would only be successful if it subsumed both previous institutions.

⁶⁶ *Official Records of the World Health Organization, No. 1* (Minutes of March 18 to April 5, 1946, p. 56.

⁶⁷ Rajchman's biographer, Marta Balińska, has agreed with the analysis of Norman Howard Jones, a WHO official, who later suggested Rajchman was not invited because "the new custodians of international health did not wish to have their ideas, often naive, disturbed or demolished by one who really knew what he was talking about." Balińska, *For the Good of Humanity: Ludwik Rajchman, Medical Statesman*. Budapest, Hungary: Central European University Press, 1998, p. 203. However, other prominent LNHO officials and public health experts were present at various planning stages, notably Štampar, René Sand, and Robert Gauthier. Instead, I argue that it was not Rajchman, but Poland that influential western organizers wished to exclude and that Rajchman, serving as Poland's representative to UNRRA at this time, appeared to western observers as too close to Poland's communist-dominated regime. Notably, that regime did not favor Rajchman as their representative to WHO General Assembly, either.

⁶⁸ *Official Records of the World Health Organization, No. 2* (Minutes and Final Acts of the International Health Conference, June 19 to July 22, 1946, pp. 85-86.

⁶⁹ *Official Records of the World Health Organization, No. 3* (Minutes of July 19 to 23, 1946, pp. 15-18; and *Official Records of the World Health Organization, No. 4* (Minutes of November 4 to 13, 1946, pp. 20-21.

⁷⁰ *Ibid.*

⁷¹ *Official Records of the World Health Organization, No. 1* (Minutes of the Technical Preparatory Committee, March 18 to April 5, 1946), p. 17.

⁷² *Official Records of the World Health Organization, No. 3* (Minutes of July 19 to 23, 1946), p. 16.

⁷³ George K. Strode Diary, October 17, 1946, RF, RG 12.

⁷⁴ Requests from these countries to UNICEF in the late 1940s: "United Nations Organization, International Children's Emergency Fund—Medical Schemes," BNA, CO/936/29/3-4. Štampar continued pressing for a commission of combined local and international experts in place of a data-gathering questionnaire. He also insisted on the local component of this commission, protesting proposed centralization of the program: *Official Records of the World Health Organization, No. 4* (Minutes of November 4 to 13, 1946), p. 20; *Official Records of the World Health Organization, No. 3* (Minutes of July 19 to 23, 1946), p. 16.

⁷⁵ *Official Records of the World Health Organization, No. 7* (Minutes of January 22 to February 7, 1948), p. 121.

⁷⁶ This argument was one of the underlying objections the United States Congress had to the World Health Organization, and was a reason why the term "public health" began to be used more commonly than "social medicine." For further discussion, see: Siddiqi, *World Health and World Politics*, p. 102. René Sand, a colleague of Štampar's in LNHO, WHO, and Red Cross circles, had to clarify for readers in a pamphlet in 1947 that "social medicine" meant neither "socialist" nor "socialized." see Zylberman, "Fewer Parallels Than Antitheses," p. 90.

⁷⁷ Protecting UNICEF autonomy: John B. Grant Diary, July 20-24, 1948, RF, RG 12; Paul Russell Diary, May 25, 1950, RF, RG 12.

⁷⁸ Johannes Bauer Diary, July 21-26, 1947, RF, RG 12.

⁷⁹ Paul Russell wrote he did not believe Štampar had "the foggiest notion of what constitutes democratic procedure," Diary, July 10, 1948, RF, RG 12. As is apparent above, Rockefeller Foundation officers demonstrated themselves aware of Štampar's struggle for democratic practice in the interwar years.

⁸⁰ Paul Russell Diary, July 10, 1948, RF, RG 12. Minutes of debate in the WHO General Assembly: *Official Records of the World Health Organization, No. 13* (Minutes of June 24 to July 24, 1948), pp. 82-95.

⁸¹ Discussion of United States conditions of ratification: *Ibid.*, pp. 77-80.

⁸² *Ibid.*, p. 83.

⁸³ *Ibid.*, pp. 84-95.

⁸⁴ Conclusions of private meetings directed by the United States: *Ibid.*, pp. 92-93.

⁸⁵ Paul Russell Diary, July 10, 1948, RF, RG 12; *Official Records of the World Health Organization, No. 13* (Minutes June 24 to July 24, 1948), pp. 82-95.

⁸⁶ *Official Records of the World Health Organization, No. 13* (Minutes of June 24 to July 24, 1948), pp. 88-89.

⁸⁷ United States proposal presented by Dr. Parran, Štampar's reply: *Official Records of the World Health Organization, No. 13* (Minutes of June 24 to July 24, 1948), pp. 92-93.

⁸⁸ John B. Grant Diary, July 20-24, 1948, RF, RG 12.

⁸⁹ Štampar appears most regularly in WHO minutes and as part of WHO expert teams through 1952 and continued to work with WHO expert exchanges throughout his life. Exchanges: John Maier Diary, "Report on a Yugoslav Trip," July 1-18, 1957, RF, RG 12. Mary Tennant records Štampar still writing reports for UNESCO in 1954: Mary Elizabeth Tennant Diary, March 26, 1954, RF, RG 12. It remains unclear how long he was actively engaged with UNICEF, but he was still defending it from WHO control in 1950: Paul Russell Diary, May 25, 1950, RF, RG 12.

⁹⁰ John B. Grant Diary, July 20-24, 1948, September 29-October 1, 1949 and January 22-24, 1950, RF, RG 12. Officials and observers had different ideas of what decentralization looked like. John Farley cites "many commentators" as admiring the supposed decentralization of the young WHO: Farley, *Brock Chisholm, the World Health Organization, & the Cold War*. Vancouver, Canada, UBC Press, 2008, p. 109; Javed Siddiqi, also referencing an agenda of "decentralization," provides some light on what different interpretations of "decentralization" might have meant, associating the term with universality of membership and a less patriarchal European outlook: Siddiqi, *World Health and World Politics: the World Health Organization and the UN System*. London, U.K.: Hurst & Company, 1995, p. 195.

⁹¹ John B. Grant Diary, September 29-October 1, 1949, RF, RG 12.

⁹² John Maier Diary, July 16, 1957, RF, RG 12.

⁹³ Letter from GRP to Edward F. D'Arms, October 10, 1951, RF, RG 6.1, Series 2.1, Box 69, Folder 671.

⁹⁴ John Maier Diary, "Trip to Yugoslavia," July 1-18, 1957, RF, RG 12; Mary Elizabeth Tennant Diary, "Visit to Zagreb," May 30-June 5, 1953., RF, RG 12; John B. Grant Diary, "Visit to Zagreb," October 29-November 1, 1949, RF, RG 12.

⁹⁵ John Maier Diary, January 17, 1952, RF, RG 12.

⁹⁶ John B. Grant, September 29-October 1, 1949, RF, RG 12.

⁹⁷ John Maier Diary, January 16, 1952, RF, RG 12. Štampar seems to have used the word "obsessed" to describe the bureaucratic Party concerns that overshadowed their work.

⁹⁸ John B. Grant, September 29-October 1, 1949, RF, RG 12.

⁹⁹ John Maier Diary, "Trip to Yugoslavia," July 1-18, 1957, RF, RG 12; Mary Elizabeth Tennant Diary, "Visit to Zagreb," May 30-June 5, 1953, RF, RG 12.

¹⁰⁰ John B. Grant Diary, January 27-February 1, 1948, RF, RG 12.

¹⁰¹ John Maier Diary, December 9, 1952, RF, RG 12.

¹⁰² John Maier Diary, "WHO Conference on Medical Education, Nancy, France," December 9, 1952, RF, RG 12.