



Josep L. Barona. 2019. *Health Policies in Interwar Europe. A Transnational Perspective*. London and New York: Routledge

“This research aims to analyse how national health policies were conceived and shaped under the influence of international networks of experts and transnational organisations” (p. 19). The book is one of the latest offsprings of a vast stream of research developed as of the middle of the 1990’s. It provides a lot of details about international health institutions from the end of the nineteenth century to World War II.

History of public health is a brainchild of authors like George Rosen, Owsei Temkin, Erwin Ackerknecht or Michel Foucault. The book elaborates on the next generation of historians: Dorothy Porter, Iris Borowy and Paul Weindling. Conspicuously absent are, for example, Peter Baldwin’s *Contagion and the State in Europe, 1830-1930* (1999), Esteban Rodríguez Ocaña’s edited book *The Politics of the Healthy Life. An International Perspective* (2002), and Susan G. Solomon’s, Lion Murard’s and Patrick Zylberman’s edited book *Shifting Boundaries of Public Health. Europe in the Twentieth Century* (2008).

Sanitary cooperation falls into the province of several kinds of history: intergovernmental, transgovernmental, or transnational history. Of crucial importance, says the author, for the history of public health in the first half of the twentieth century, the transnational kind is precisely what this book wants to privilege. Such a history focuses “on the relationship between nations and all factors beyond the nation, considering that the nation-state itself is the result of a transnational production” (p. 6). Like knowledge or science, health is constantly in transition from one actor to another, from one system to another. Populations, ideas, economies, techniques, everything is moving beyond borders and boundaries, all the time. In spite of this, one wonders: isn’t a definition of a global more than one of a transnational public health?

Back to functionalism

Expertise and transnational organization are two notions on which a not-so-new vision of public health is based. Detached from the complex of high politics, health issues would spill out into the receptacles of internationalism. This was an idea called functionalism that came into fashion in the 1930’s-40’s among international milieux (Mitrany [1946] *A Working Peace System*). Regrettably, the book provides no analysis of this notion, which is not even mentioned. An ideology and a practice of international relations, functionalism wanted to substitute “world affairs” for “foreign affairs”. International relations would be governed by a “world council for world affairs” (Madariaga [1937], *Theory and Practice in International Relations*, p. 105).

Such a doctrine wished to solve a problem people worried very much about. In the aftermath of World War I, contemplating the widespread disorder and health threats

pounding Eastern European and Russian-Ukrainian populations, the head of the International Health Board of the Rockefeller Foundation recommended to combine health and peacemaking in the fight for stabilizing Europe. Because infections were widespread, only a counter-offensive on a grand scale, freed from the corset of national state borders and centrally organized under the authority of an international body, could heal Europe's ailments. Accordingly, politics would cease to take the lead and let technique stand at the helm. The response to the threats needed to "transfer wider and wider areas of public policy from politics to expertise" (Haas, *International Organization* 46.1 [1992]: 8). Immediately after the war the President of the Rockefeller Foundation made things clear: activities like reparations, delimitation of national state boundaries, and so on, where "the League has nothing to do with", should be separated from "these relatively non-controversial matters [...] where everybody has everything to gain and nothing to lose", such as public health (Fosdick to Baker, 1919). But still, isn't "the process by which a given activity becomes non-controversial itself a political one" (Haas [1964], *Beyond Nation-State*, p. 93)?

A technique that is also a politics had to be conceived. So what about biopolitics? Barona makes great fuss of that notion.

Michel Foucault used to define biopolitics as a liberal form of population management. Modern state is built upon such a basis. Biopolitics came to be a political asset against the backdrop of total war in 1916 in Germany even more than in the United Kingdom (where government expressed great interest in mother and child policy) or in France (where the war accelerated the vote on TB dispensaries and sanatoriums). In all European countries a protective function of the state spread in the interwar period. This development would be even more spectacular during the war against Nazism. Beveridgian state would guarantee not only treating illness but also promoting health. The *welfare state* was thus based on a *warfare state*. Such is the concrete sense of biopolitics, which the liberal state had taken over in its own name as of the end of the nineteenth century.

If that is so, should we still persist in touting the power of expert? Barona underlines, and rightly so, the structuring role of the interchanges of sanitarians the League of Nations Health Section (hereafter: LNHS) organized since 1922 with the help of the Rockefeller Foundation. To train "medical statesmen" spreading state-building values when they came back home was of course a policy of real importance. According to Ludwik Rajchman, medical director of the LNHS, the interchanges aimed at diffusing an *esprit de corps* in order to secure adherence to change in health policies and methods. Enticing knowledge-based experts would permit the Health Section to win over heads of state administrations, and then, step by step, rank-and-file sanitarians. Still, all this doesn't allow us to assert that the "leaders" of European Schools of hygiene were united "beyond political and scientific conflicts" (page 105). For conflicts were never missing in the history of international public health. Think about quarantine, for instance. It raised friction between Britain and France.

Westphalian public health

When did the transnational age begin? We are told that this age took off in the second half of the nineteenth century, the moment the International Sanitary Conferences were launched. "From the central decades of the nineteenth century onwards, health occupied

a relevant place in the international agenda. The birth of what has been defined as an international sanitary movement led the way for national health policies to challenge the social consequences of disease.” (p. 23) But can we speak of the birth of an international sanitary “movement”? If yes, such a movement certainly didn’t set out before the establishment of the LNHS in 1921. For, in the second half of the nineteenth century, the international sanitary conferences were nothing but inter-governmental conversations. Their historical basis was less the 1815 Congress of Vienna, than the 1648 Treaty of Westphalia, of which we hear nothing in the book. The international sanitary order was built upon the 1648 state-centric arrangement for crisis management. This arrangement recognized the right for the state to enforce whatever political and social order he wishes, as long as such enforcement takes place within its own precinct exclusively. International public health was conceived as a public order regulation protective towards the sovereignty of the state. International public health is still working within this legal framework nowadays. The state was—and, in spite of many squabbles, still is—centre stage. Unity should primarily concern less sanitarians than political authorities. Arthur Salter reminded this to us when he denounced as a mere “illusion to believe that ‘technical work’ of real importance can continue successfully if there is basing disunity in the controlling political authority” (Salter [1961], *Memoirs of a Public Servant*, p. 201).

Geneva’s ascendancy

The director of the Johns Hopkins School of Public Health, W. H. Howell was stricken by “the extraordinary ascendancy of the Secretariat of the [League of Nations] Health Section at a global scale”. Geneva could make a ring of a “common interest” linking together small nations-states of Eastern Europe that are usually enemies of each others (Murard, *Revue d’études comparatives est-ouest* 49.1 [2018], pp. 230 and 233). It is difficult, however, to regard all this as more than a surface phenomenon when we see the uneven state of development of the schools of hygiene in the interwar period, some taking the lead well ahead, others being in “a state of complete hygienic alphabetism” (Léon Bernard and Andrija Stampar quoted in Murard *op.cit.*, pp. 213-14)? Such an ascendancy could also be the result of the changing relationships between the Rockefeller International Health Board and the Health Section of the League. For the “uncooperative cooperation” in the beginning of the League had been substituted a strong participation of the Americans in various committees. “It would almost seem as if the US were in the League”, a Rockefeller officer remarked. By the end of the 1920’s, the League of Nations had evolved into an unofficial US diplomatic pipeline. Did expert govern? The truth is, that it is not so easy to drive out high politics from international public health.

Geneva’s ascendancy required a close connection between the national and international levels of health governance. The book doesn’t disclose any informations about such a linkage. The states were never the vanguard in the international public health. In Western Europe (as well as in the United States), the moving spirits were big cities; in Eastern Europe, it was the global philanthropic organizations such as the Rockefeller Foundation, the Milbank Memorial Fund, or Save the Children. The multitude of valuable details the book provides about state health administrations in Europe doesn’t shade light upon this failure to connect Geneva and the member-states, a failure that put great strain on the Health Sec-

tion's ability to influence national policies (Dubin in A. Era, *The League of Nations in Retrospect* [1983], p. 44).

Where does the story stop chronologically?

In short, this interesting book remains inconclusive for want of a more robust theoretical framework. Taking up again the functionalist vantage under the guise of biopolitics doesn't appear very convincing. In the end, reader might regret that the history of the Health Section of the League of Nations is not pushed a bit further, up to the worst of times, when the Japanese invade Manchuria (1931) and war break out between the Ethiopians and colonial Italy (1935-36). Upset by the numerous breaches inflicted to the world order, Geneva grossly inflated anything that concerned health works. But reality struck back. "The future of the League was no longer on successes on secondary issues, such as health work, but must be settled on the major issue of prevention of war", said Rajchman (Sawyer's diary, 06/01/1936, RAC, RG 1.1). Two years before being ousted from the LNHS, Ludwik Rajchman was putting back public health in its place, which, for contemporaries, never happened to be the first, except for a short period straddling the two interwar decades.

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