

Outside the Family of Nations: First Thoughts on Writing a History of Public Health from the Perspective of Outlier Nations

Susan Gross Solomon, Lion Murard

Summary

Notwithstanding the current declarations by spokesmen for and proponents of global health, there remain “outlier” countries: countries unwilling to accede to monitoring or surveillance (e.g. China and avian flu; China and SARS); countries lacking the infrastructural and professional capacity to join cooperative global programs to fight epidemics; countries/regions that have populations with divergent approaches to health goals and practices.

What, if any, are the historical precedents of the idea of “outliers”? The paper will argue that in the three decades between 1920 and 1950, internationally-minded statesmen, working in philanthropies with transnational “reach” or in international health agencies, operated with two additional categories of outliers.

First, countries with political systems judged “inimical” to democracy (e.g. Soviet Russia, post-war Germany). International public health statesmen often engaged such countries by hiving off (at least notionally) the political system from public health. What was the cost to the understanding of public health of the hiving off of the political? At other times, international health spokesmen explicitly linked transnational cooperation/assistance they offered to a program of democratization. To what extent was that linkage accepted by leading health voices in the target countries?

Second, there were countries whose health “civilizations” had not yet progressed fully beyond nineteenth century public hygiene. Including these countries in international health programs involved nothing less than pushing out the frontiers of civilization. In dealing with these countries, health

Susan Gross Solomon, Munk School of Global Affairs, University of Toronto (susan.solomon@utoronto.ca); Lion Murard, CNRS/INSERM (lion.murard@cnrs.fr)

statesmen operated with the initial assumption that capacity and orientation to social medicine could be shaped from the outside. Extended experience on the ground (site visits, field work, cooperative programs) convinced those statesmen of the value of local (and regional) approaches and of the possibility of combining those approaches with international ways of conceptualizing public health. What factors shaped the inclusion/exclusion of countries from the category of “civilized” nations?

Keywords: International health, transnational cooperation, “outlier” countries, Soviet Russia, Greece, social medicine

Histories of international public health in its formative period between the world wars have tended to celebrate achievements – whether the enrolling of a wide range of nations in programs to improve health and prevent disease, the adoption of shared standards and measurements to track health status, or the circulation of health researchers and statesmen across national frontiers. However justified the trumpets, their repeated sounding may have crowded out the existence of system “outliers” in the international health arena. To be sure, in Paul Weindling’s 1995 pioneering collection on the “brave new world of international health” and in John Krige’s 2012 edited volume on American foundations and the “co-production” of world order, there are references to outliers,¹ but historians await a sustained analysis of the significance of those outliers for the self-definition of the emerging system.

This paper will focus on outliers as “the other side of the coin” of the design and practice of an inclusive international health arena. At the core of the paper are two questions: first, what can the treatment of certain countries as “outliers” tell us about the international health system that was being constructed in the inter-war years – its normative outlines, processes of evaluation, and collective identity? Some might see the existence of outliers as an indicator of a failed system; historian of international organizations Ayse Zarakol insists that exclusion is not a symptom of the breakdown of international society, but rather a token of its increasing social integration.² Second, what do the strategies deployed by “outliers” to cope with exclusion suggest about the international system? In her canvass of the strategies adopted by “transgressive” states to manage the shame associated with exclusion, sociologically-oriented political scientist Rebecca Adler-Nissen identified the recognition of stigma, the rejection of stigma, and the deployment of counter-stigma.³ While these coping strategies testify to agency of

1 Weindling 1995; Krige/Rausch 2012.

2 Zarakol 2014, 311–332.

3 Adler-Nissen 2014, 143–176.