

## **Abstract**

*Doctors as Diplomats:  
The Origins of Universal Healthcare in International Society*  
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*Doctors as Diplomats: The Origins of Universal Healthcare in International Society*, explores internationalism through the lens of expanding public health services originating in central and eastern Europe in the 1920s to 1950s. It argues that health services in this region developed via international engagement of doctors and institutions, and that projects beginning as exercises in nation-building universalized and created new standards for individual access to healthcare. Making the same scientific advancements accessible in the progressive free clinics of Vienna and the remote malaria-ridden villages of Yugoslavia became a practical basis for the development of egalitarian international society. These projects are the other side of interwar social medicine, typically remembered instead for nationalism and racialized eugenics. By considering international institutions such as the League of Nations for their part in social questions, this project constructs a new thematic chronology of a period largely defined by its failures. It reveals forgotten achievements where imperial or great power perspectives seem to suggest only limitations and failures.

Following a transnational network of public health reformers reveals the unscripted nature of interwar internationalism. It is a history of internationalism from the peripheries: from the edges of Europe, from the post-imperial and post-colonial members of the international order, and from the people who no longer had a country to call home. *Doctors as Diplomats* addresses this complex milieu by applying five different methods:

international, transnational, global, civic community (rights), and stateless (refugees).

While progressing chronologically, each chapter employs a different method and addresses a different body of literature.

Collectively, these methods map transitions between three phases in the health services that international collaboration made possible. In the first phase, health services were themselves a method of state-building, stabilizing socio-economic conditions and extending institutions of governance. The second phase continued to treat health services as an element of state-building, but introduced concern with rights and responsibilities of citizens in a democratic state. The third phase built institutions to protect those rights when states failed to do so. In these transitions, the state performe became less significant, while the necessity of protecting universal access to health services became a necessity. International collaboration first contributed to building health services, but ultimately built institutions to itself ensure access to those services.

This socially-conscious internationalism emerged from a unique moment in the meeting of post-imperial Europe and the early League of Nations. This encounter began early in the interwar years, when Polish doctors tried to build a health service in the midst of a typhus epidemic and ongoing war between Poland and Soviet Russia. Protesting the League's inability to intervene in their domestic crisis, these doctors redirected international engagement. Their success propelled one of their number to the head of the League Health Organization. A network of reformers rather than government consensus generated new standards of public policy in international dialogue. Their internationalism changed the nature of political possibility, supporting the growth of health services regardless of national politics. In one case, a Croatian doctor activated multiple levels of

foreign support to save the health service he had established in Macedonia, which subsequently became a model for rural development across his transnational network. Soon after, the doctors involved began advising Chinese colleagues on a similar project in the wake of the League's failure to intervene in Japanese aggression against China. In this case, they showed collaborative internationalism's support of socio-economic reconstruction had greater utility than did great-power influence.

Having defined transnational welfare norms, these doctors later enacted an ideal of social rights unbound from state and citizenship. The medical network responded to national extremism's exclusionist ideology by internationalizing the social democratic theory of welfare as itself a method for broadening social solidarity. After the Second World War, realities of refugees and displaced persons in Germany and Austria created the conditions for an international health service that tied care for individuals to European reconstruction and intergovernmental welfare coordination. The Cold War cut the project short, but it contributed to a lasting hope in the power of international institutions beyond states, manifesting in subsequent policy on social security within the European Union and in the mission of UNICEF.