

# Missing pieces: Integrating the socialist world in global health history

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## Abstract

This essay provides an overview of recent histories of medicine and global health from a socialist perspective, and maps out possible new directions of research. It focuses on key themes in the history of medicine in Eastern Europe, its global connections and Latin American, East Asian and African contexts. Through a discussion of international professional and diplomatic networks, health systems, medical technologies and aid and technical assistance, the essay argues that integrating missing actors, ideas and practices is crucial for a complete understanding of global health history.

Mary Brazelton's piece in this journal (Brazelton, 2022) gives an excellent overview of the historiography of international and global health, from colonial medicine through social medicine, anti-colonial and socialist networks, international disease management during geopolitical conflicts, and the marketization of global health at the end of the Cold War. This essay builds on Brazelton's thorough analysis of trends and approaches to expand on the role of the socialist world in global health history and lay out some avenues for further exploration.

While the socialist world has increasingly been making an appearance in global health history, with a particularly rich historiography on Chinese barefoot doctors and Cuban medical internationalism, much of this complex and dynamically changing geographical and political area has been represented as marginal, as deviance from the norm, or irrelevant to the overall history of global health. While it is a rapidly growing field, socialist countries, their health systems, international networks and policies have yet to be fully integrated into master narratives. The reasons for this oversight are partly conceptual, due to remnants of Western-centric Cold War worldview, and partly practical, for example, linguistic barriers to research.

However, the importance and benefits of integrating the socialist world into wider narratives cannot be understated. Professional, political and personal networks that were organised around socialist ideas or made possible through socialist connections are missing from the way historians have constructed the history of global health, which mainly tend to focus on liberal international organizations like the WHO, philanthropic organizations and

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colonial and postcolonial relations, with a heavy emphasis on the United States (Cueto et al., 2019; Packard, 2016). While the historiography of global health has become increasingly nuanced in the recent decades, there is still much to explore to gain a more complete understanding of global health structures, practices and experiences.

Including what can be termed the socialist world into this narrative is not without its challenges. As James Mark and Paul Betts point out in their volume *Socialism Goes Global* (Betts & Mark, 2022), neither was the socialist world a unified entity nor can we understand the postwar era through the lens of a bipolar geopolitical world as an exclusive context. Rather than setting apart the socialist world from the liberal West and exploring a history of health, international networks and scientific knowledge as produced and exchanged within the socialist world, the aim is to uncover complexities and make these actors, processes and knowledge visible and integral parts of a truly global approach. This work can prompt us to re-evaluate hitherto established timelines, narratives and frameworks that are based on an incomplete picture. We may find rich histories that have been rendered invisible at the end of the Cold War, such as a new way of thinking about vaccine development, epidemic management, disability and indeed Cold War interactions more broadly through Eastern European and socialist perspectives of polio (Clarke, 2021; Stasiak, 2021; Vargha, 2018).

In a short overview of the current state of this rapidly changing field, this essay will first turn to Eastern European state socialism, which has been one of the key areas of research that has contributed to historical understandings well beyond the field of history of medicine. Then, I will turn to global networks and socialist countries' participation in international health campaigns and organizations, followed by a focus on materialities in socialist global health to explore how integrating the socialist world might add to or change our understanding of global health history.

While this essay concentrates particularly on the so-called Second and Third Worlds, socialism was not only an important factor in 'forgotten' geography. A good example is research on the ideas underpinning the National Health Service in Britain, which still serves as a flagship institution in the postwar welfare state and to which most Brits, irrespective of their political leanings, have a strong emotional bond. This point of British pride came out of, and was championed by the Socialist Medical Association even as they were marginalised in the process and the healthcare system was caught up in Cold War politics as conservatives challenged it in the coming decades (Seaton, 2015; Stuart, 1999). Furthermore, proponents of social medicine and social hygiene, related fields that were institutionally established in the first half of the 20<sup>th</sup> century across the globe, including the United States, Western Europe and Latin America, had strong ties to socialism (Carter, 2019; Porter, 1997; Waitzkin et al., 2001). Social medicine integrated social sciences in a move towards the emphasis on the social, economic and environmental determinants of health rather than a purely bacteriological or biomedical approach, and these ideas resonated strongly with medical professionals on the political left. Notably, Henry Sigerist, a Swiss medical historian and a key figure of social medicine, based at Johns Hopkins University in the US, toured the Soviet Union to study its healthcare system and published on it widely, promoting its benefits (Brown & Fee, 2017). Sigerist was not alone; American left-wing health internationalists travelled to Civil War Spain, newly independent Mozambique and Allende's Chile to address combined concerns over social justice and healthcare provision from the 1920s to the late Cold War era (Birn & Brown, 2013).

## 1 | EASTERN EUROPE

Since Eastern European countries—and occasionally even the Soviet Union—are not ordinarily considered as prestigious enough to be integrated into general history of medicine syllabi, historiographical reviews, or thematic collections, they remain somewhat isolated from the American and Western European-heavy dominating histories. This region, also known as state socialist countries, sites of 'real existing socialism' or the Eastern Bloc, is an important venue from which we can rethink the history of global health. In conventional histories of science, technology and medicine, Eastern Europe has usually been seen as a recipient at best, and irrelevant to broader histories at worst.

However, national and transnational Eastern European histories, particularly in medicine, have a lot to offer. While the Soviet history of medicine and health is relatively well established (Bernstein et al., 2010; Dufaud, 2021;

Filtzer, 2010; Geltzer, 2016; Grant, 2017; Kremontsov, 2004; Michaels, 2000; Solomon, 2006; Starks, 2009), that of Eastern Europe is a much younger field. The wealth of publications in the past decade attest to the potential of Eastern European histories and their contribution to overall narratives of global health through their thorough analysis and highlight the importance of integrating these geographies in how we tell the history of medicine in the 20<sup>th</sup> century. Rich histories of sexuality and reproduction have provided thorough explorations into queer culture and contraceptive practices behind the iron curtain (Kurimay & Takács, 2017; Lišková, 2018; Ignaciuk, 2022). The focus on mental health has greatly contributed to our understanding of scientific knowledge exchange and the use and translation of concepts across vastly different political contexts (Antić, 2019; Marks & Savelli, 2015). Groundbreaking research on public health and social hygiene has challenged established continuities and ruptures in 20<sup>th</sup> century history and placed the role of biomedicine in new light, like East-West relations in pharmaceutical testing and bioethics (Grosse, 2018; Hess et al., 2016; Schmidt & Wahl, 2020), healthcare systems and the politics of biomedical research (Duančić, 2020; Harsch, 2012; Moore, 2013; Schleiermacher, 2004; Timmermann, 2005), while a focus on prominent public health problems such as smoking, alcohol and drug consumption has opened new ways of understanding public health campaigns, responsibility for health and addiction (Raikhel, 2016; Wahl, 2021; Zatoński, 2019).

Moving beyond the national histories and the immediate region, the global relations of the so-called Second World and their significance in the global Cold War have been the focus of a rapidly expanding field. Recently, economic, cultural and social historians have pushed the field in exciting new directions that have redefined the Cold War era in general. Historians of economy have significantly impacted how we think about globalisation and the neoliberal turn by overthrowing the West-to-East narrative, displacing timelines and shifting them well within the Cold War era, and integrating socialist networks into this history (Axe et al., 2021; Bockman & Eyal, 2002). Eastern European engagement with decolonisation and ideas of development within and without the Soviet Union and state socialist countries have enriched our understanding of empires, postcolonial relationships and questions of race (Betts et al., 2019; Kalinovsky, 2018; Mēhilli, 2018; Spaskovska, 2018; Stanek, 2020). The indications of these new directions in the history of the socialist world and global socialism for the history of global health are clear. Eastern European perspectives bring to light complex relationships between political ideology, science and medicine, and not merely within the socialist bloc, while questioning conventional geographical and temporal faultlines that tend to characterise the narrative.

## 2 | GLOBAL SOCIALIST CONNECTIONS

Far from being isolated behind the Iron Curtain, Eastern European countries were part of broader professional, political, economic, cultural and institutional networks that criss-crossed the globe, connecting Latin American, East Asian, African and European states, scientists, health professionals and patients. Socialism and socialist health contexts existed outside Eastern Europe, of course, and socialist communities (whether political or professional) connected in various constellations, often without the involvement of the Soviet Union or the Bloc. If we follow the tracks of the socialist world, we will find not only traces in key attributes of global health but occasionally see them as central to the story—or see them change the story altogether.

Health systems and access to healthcare were particular sticking points in the Cold War era, and became central to the international governance of health by the 1970s, and it is unsurprising that we find much of the interventions in this field. From American concerns over the question of socialized medicine, as a threat to free-market capitalism and a vehicle for the Red Scare (Onge, 2017), to the active seeking of working socialist healthcare models by new revolutionary states, such as Cuba, certain aspects of health care provision became emblematic political calling cards. One of these, the issue of primary health care became a key approach as disease eradication campaigns and top-down technical solutions faltered. The question of social medicine became central in many of these discussions, which reached back to 19<sup>th</sup> century roots and were often closely connected with the socialist or at least left-leaning political programs. Latin America features prominently in this history, as national governments and international

networks argued for social change as an answer to improving the health of the population, including a more equitable distribution of resources and integrating social sciences into the teaching and practice of medicine (Carter, 2020; Fonseca, 2020; Waitzkin et al., 2001).

Perhaps the most well-discussed aspect of primary healthcare in global health is the Alma Ata Declaration in 1978, often represented as a 'win' for the Soviet Union; the declaration represented the push for primary healthcare as the guiding principle of the World Health Organization. The approach of the WHO drew significantly on the Chinese barefoot doctor model, which they saw as particularly fitting for so-called developing countries (Brazelton, 2022), but the Russian health officials' enthusiasm and Alma Ata's significance in the Soviet health care view was modest at best (Birn & Kremmentsov, 2018). Integrating a view from the East reveals a difference in understanding whose responsibility it is to maintain health (and provide primary health), and the role of biomedicine in the process. While the international organization focused on community engagement and a move away from biomedical infrastructure, the Soviet Union stressed the availability of biomedicine and medical technology through a centralised system as a way to ensure 'health for all'.

Overall, looking at the history of international organizations from a socialist perspective can lead us to reconsider well-established narratives and even challenge the extent of Western influence and power in global institutions. The role of Eastern European expertise in malariology and global eradication programs places the intricate relationship between national sovereignty and international organizations in a new light, with changing relationships between colonial states, decolonisation and an emphasis on socio-economic contextualisation of infectious diseases (Iacob, 2022). Following oral polio vaccination research and implementation across the world in the 1960s shifts the origins of the global polio eradication campaign—most often presented as an American initiative—2 decades earlier (Vargha, 2018). Likewise, the focus on China's smallpox eradication campaign highlights the challenges of WHO membership in general, and the problematic relationship between international agencies and secretive states in global public health programs (Chen, 2021). Furthermore, a combined Chinese national perspective on the use of health statistics and the emergence of the pervasive language of statistics in global health organizations has significantly moved existing work on the quantification of health and its impact on global health structures (Ghosh, 2020; Lin, 2022).

Histories of medical technology development in socialist contexts, such as the Czechoslovak innovation of the contact lens (Nisonen-Trnka, 2010) or Tanganyikan malaria research based on the "Soviet method" of mosquito dissection (Kelly, 2016), have revealed a history of medicine rich in innovation, lasting scientific exchange and political experiments in healthcare. A prominent example of this is bacteriophage therapy research, abandoned in the West with the appearance of antibiotics, but continuing in Georgia and Poland (Myelnikov, 2018). With the rise of antimicrobial resistance worldwide, this research has gained new purchase. State socialist countries served as developers, producers and distributors of medical and pharmaceutical products, which then entered regional and global markets and aid programs. Techniques travelled as well as technologies, as the Soviet method of psychoprophylaxis made inroads into childbirth practices in the West, coming to be known as Lamaze (Michaels, 2014).

### 3 | MATERIALITIES OF SOCIALIST MEDICINE

Cold War ideas have shaped the perception of socialist materialities, both in contemporary approaches and in historiographical approaches. The West saw the socialist world through tropes of shortage: of basic necessities, consumer products, and provisions for health. In interactions with the WHO and the West, socialist countries themselves also drew on prevailing scarcity as an argument for material and political action, phrased along concepts of rights and expectations (Reinisch, 2013; Vargha, 2020). Shortage became a cornerstone of Cold War rhetoric, contrasted with the abundance of the West's market economy and healthcare. Shortages were, of course, a reality that permeated everyday life, scientific research and medical practice in state socialist countries, sometimes paired with planned or accidental abundance in expertise and medical goods. Local and regional shortages often nested in the global scarcity

of new vaccines or antibiotics (Lambe, 2017; Lotysz, 2014), in which the interests of East and West aligned and clashed. Decolonising states with their contested status in the international health system, and facing grave material, administrative and personnel shortages, became promising targets of aid from both sides.

Socialist countries, themselves recipients of international aid and perceived as in need of development, created a parallel network of aid for the expression of socialist solidarity and material gain through direct interventions into 'Third World' countries, and through interactions with the Non-Aligned movement. As mentioned, China's barefoot doctor scheme has become an international model in providing primary healthcare to areas stricken with shortages of physicians across the globe (Fang, 2012; Gross, 2018; Zhou, 2020). Likewise, Cuban medical internationalism, built on the acknowledgement of global need and scarcity in healthcare, is a well-researched area in the relatively sparse field of socialist medicine. Cuban interventions in Latin America and Africa have a long and fascinating history and have uniquely been set as a centerpiece of the state's international political and economic strategy and have occupied a major role in its self-representation (Brotherton, 2023; Kirk, 2015). While it is often represented as a unique enterprise to the Caribbean country, Cuba's medical internationalism was enabled by yet another international collaboration: in the early 1960s Eastern European countries, among them the Soviet Union, Czechoslovakia and Hungary sent medical professionals to revolutionary Cuba to counter a severe shortage of doctors and nurses, at the same time when Cuba sent physicians to Algeria and later provided crucial primary healthcare to Angola (Vargha, 2018). Moreover, Eastern European countries delivered similar aid and intervention for North Korea and Vietnam (sometimes in collaboration, sometimes in competition with each other), building extensively on concepts of solidarity, brotherhood and the acknowledgement of a common revolutionary project, revealing a complex relationship between decolonization efforts, economic and geopolitical aims, propaganda and alternative imaginations of international health (Bruchhausen & Borowy, 2017; Hong, 2015; Iacob, 2021; Vargha, 2020).

As the above examples show, the inclusion of socialist perspectives and the integration of socialist histories into the overall narrative of international and global health may change how we think about scientific and technological innovation in medicine, aid and technical assistance, health systems and models, and international organizations. More broadly, by integrating hitherto neglected places, people, ideas and practices, established historical arguments, temporal watersheds, and geopolitical conflicts can gain a more nuanced understanding, or even be re-written in Cold War history, history of internationalism, and diplomatic history. Placing more and more missing pieces into the puzzle of global health history will not only help us gain a more complete picture of it, but after the inclusion of the socialist pieces, we might find that the picture is not entirely what we expected it to be.

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