

Bipolar (Dis)Order

INTRODUCTION: THE COLD WAR AND THE POSTWAR HUMANITARIAN REGIME

In the aftermath of World War II, the Western powers responded to the absolutization of national-ethnic exclusivity – and the crimes that were perpetrated in its name – by establishing a new global political regime, which they hoped would prevent similar crises in the future. This regime was discursively grounded in what were declared to be the inalienable rights of all individuals, and it was institutionally embodied in the Universal Declaration of Human Rights, which was adopted by the United Nations (UN) on December 10, 1948. Despite the universalist rhetoric of the Declaration, however, the architecture of the new institutions of world governance was determined by both the geopolitical needs of the great powers and the discourses of difference through which these countries viewed the global South. The resulting unevenness and structural asymmetries of this global regime will be the focus of this chapter. My goal here is to use the postwar humanitarian regime to make visible the mechanisms through which these (neo)colonial relations between the global North and South were reproduced by both the Western and Eastern blocs across the 1945 divide.

The first section explores how the imagination of the global South as a domain of colonial difference shaped international law and humanitarian politics from 19th-century colonialism to the 1950s. Here, I argue that the three-world paradigm played a pivotal role in rearticulating older notions of colonial difference across the postcolonial divide, and I show how the

construction of the Third World as the “Other” of Western modernity justified the continued subordination of the peoples of these regions to the European metropolitan powers. In the second section, I attempt to unearth what might be called the biopolitical underpinnings of the postwar humanitarian regime. In the eyes of Western development theory, a chain of metaphorical linkages equated poverty with disease, underdevelopment, race, and communism. I argue that, during the period under study, this biopolitical coupling led the West to view both poverty and the humanitarian crises in the global South that followed in the wake of national liberation conflicts primarily as security problems. In the third section, I look specifically at the work of the World Health Organization (WHO). Although the idea of global health was inspired by the wartime and postwar spirit of internationalism, the WHO was immediately drawn into the vortex of Cold War rivalries and national liberation struggles. I argue that the 1949/50 Soviet decision to boycott the organization made it possible for the Western powers to transform the WHO, along with other UN specialized agencies, into instruments of an American-led global strategy for containing communism.

In the fourth section, I examine in detail Western – that is, U.S. and UN – technical assistance programs, which were designed to help Third World countries break out of the poverty trap and set themselves on the path to development through broader participation in a global market economy. The fifth section focuses on the birth of Third World internationalism. In staking their claim to participate on an equal footing with the great powers of the global North, I argue, the nonaligned countries put themselves in a position to collectively challenge both Western development discourse and its global imaginary and thereby escape from the subaltern position into which this discourse had forced them. By contrast to the Western model of market-led modernization, the Soviet Union promoted an alternate development strategy. Although these socialist aid programs did present some real advantages to Third World beneficiary countries, in the sixth section I show that they suffered from many of the same disabilities as Western programs. Not only did they seek to advance the interests of the donor countries by integrating the recipients of such aid into what might be characterized as an alternate, socialist version of the capitalist world system. Like the West, they also framed their aid offers in a language of civilizational difference that may well have blunted the appeal of such offers.

I. POLITICAL VIOLENCE, WAR, AND THE FORMATION OF THE GLOBAL HUMANITARIAN REGIME

Since the dawn of the modern era, the global South has been imagined by the Europeans as a domain of colonial difference. As Walter Dignolo has argued, in the process of its own self-constitution, Europe – as a project – had denied that the cultures of the non-European world were truly historical, that is, that they had participated in that dynamic process of continuous, revolutionary transformation that was one of the distinguishing characteristics of modernity. This logic of coloniality, which was at once temporal and spatial, dictated that these non-European peoples and cultures be relegated to a barbarian space outside of the history of reason, law, and civilization; lacking their own proper historicity, they could never do more than vegetate in an unchanging state of nature, where they would forever lag behind the more “developed” West. This originary difference created what Frantz Fanon has called the Manichean bipolarity of the human species and masked the political violence inherent in colonial rule.⁷

Although colonial empires were the product of state-organized violence, European rule over its colonies in Asia and Africa was justified in terms of a civilizational gradient and a corresponding civilizing mission.⁸ These asymmetrical relations between the global North and South were institutionalized first in the rules established to legitimize claims to overseas territories in the 1880s. Consequently, as Anthony Anghie has argued, international law must be understood “in terms of the problem of cultural difference – the difference that international jurists through the centuries understood to separate civilized, European states from uncivilized, non-European states.”⁹

In the first half of the 20th century, however, the imperial, colonial order that had taken its modern form across the long 19th century was disrupted by a quickening stream of events. As Donald Bloxham has argued, “the cradle of modernity, which gave the world its state system, and [which] had until the early twentieth century been a net exporter of violence, exploded at its heart, and brought its advanced capacity for military and administrative violence to bear upon itself.”¹⁰ The industrialized mass violence of World War I called into question the self-evidence of Western ideas of humanity, civilization, and law. The proliferation of discourses on Europe and the fate of white Occidental civilization after the war reflected the depth of this crisis.¹¹ The global hegemony of

Western Europe was also challenged from within by the Bolshevik revolution and from the periphery by pan-Asian and pan-Islamic movements.¹² In the eyes of many Westerners, these events conjured up the specter of a global race war.

After 1919, colonial rule was reproduced in neocolonial form by the mandate system set up under the auspices of the League of Nations. Article 22 of the League Covenant entrusted European colonial empires with the “well-being and development” of the indigenous populations, whom the Covenant characterized as “peoples not yet able to stand by themselves under the strenuous conditions of the modern world.”¹³ In this legal doctrine of trusteeship, the continued domination and exploitation of the non-European world was apostrophized as a sacred trust of civilization in which the European metropolitan powers were asked to assume the burden of setting backward cultures with their surplus lives on the path to the civilized world of work, discipline, and hygiene.

In the 1930s and 1940s, however, this liberal global order was challenged at the two ends of the Eurasian land mass by signal, and savage, attempts to restructure the globe in accordance with the principles of racist biopolitics. The crisis of European colonialism was further accelerated by such events as the forced retreat from colonial empires in Asia; the metropolitan dependence on colonial manpower and resources to survive the combined onslaught of Nazi Germany and Japan; and, in the immediate postwar years, an arc of nationalist, anti-imperialist struggles that stretched from the Chinese civil war via communist insurgencies in Malaya, Indochina, and Indonesia to the Mau-Mau uprising in Kenya.

Collectively, these events threatened to shake old Europe – the professed cradle of Western civilization – out of that “geopolitical amnesia” that had heretofore allowed its privileged position to appear natural and self-evident.¹⁴ This threat forced the West to engage in a complex process of ideological labor to stabilize its cultural and political hegemony. The outcome of this process was the three-world paradigm, which enabled the countries of the Northern, “White Atlantic”¹⁵ to rescue and rearticulate their conception of the imperial, colonial world order and their place in it in relation to the socialist camp, which constituted the Second World. This spatiotemporal imaginary thereby brought the Soviet Union into the picture, but it did so in a way that relegated the socialist bloc to the “fringes” of Western modernity and thus denied the legitimacy of the socialist project.¹⁶

The relation between the First World and the Third was even more complex. The concept of the Third World, which was coined in 1952 by

the French demographer Alfred Sauvy, represented a domain of archaism and underdevelopment – the Other whose categorical difference made it possible for the countries of the global North to define their own identities and modernities.¹⁷ This process of othering functioned in specific ways. National liberation movements in Asia and Africa represented a direct challenge to the cultural hegemony and neocolonial proclivities of the West. The Third World was a conceptual device designed to neutralize this challenge, while at the same time legitimizing the superiority of the First World and its tutelary rights and responsibilities in the global South.¹⁸ In the era of settler colonialism, Europeans had imagined the colonial territories as a non-place where the teeming masses of the colored peoples had eternally existed in a natural condition that could only barely be termed “human.” Now, at the height of decolonization, the concept of the Third World denoted a space of underdevelopment in comparison with the developed West. The distinguishing features of this less- or underdeveloped world were mass poverty, endemic disease, low productivity, high birthrates, high mortality, and the relative absence of both civilization and its equivalent, modernity. This problem complex was attributed in undefined, circular ways to ignorance, the weight of tradition, and the lack of education, all of which were regarded as constitutional features of the Third World peoples of color.

In the final years of World War II, Anglo-American politicians sought to mobilize the world public behind a wartime crusade against the axis powers, and they based their campaign on the concept of human rights set out in Roosevelt’s “four freedoms” speech and in the Atlantic Charter. In the aftermath of the war, these ideas shaped the contours of postwar liberal internationalism; they also helped define the mission of the United Nations, which was charged with the defense and promotion of the rights set out in the UN charter and the Universal Declaration of Human Rights.¹⁹

However, as Mark Mazower has noted, the UN “was above all a means of keeping the wartime coalition of Great Powers intact at whatever cost.”²⁰ The resulting balance between state sovereignty and universal human rights gave the postwar humanitarian regime its peculiar shape. On the one hand, as Hannah Arendt argued in 1951, to be without a state was to be without rights and to experience a form of social death, one that had often opened the way to expulsion and extermination.²¹ On the other hand, the persistent logic of coloniality reproduced the privileged position of the great powers, while denying to certain states the capacity to act as autonomous subjects in defense of the collective

rights of their citizens. Although all sovereign states were theoretically equal, during the debates over the human rights covenants, Britain, France, and Belgium all maintained that the indigenous peoples of Africa and Asia “had not yet reached a high degree of development” and that, therefore, both the sovereign rights of their states and the human rights of the individual members of their populations should be proportional to their level of civilization.²² In the deliberations leading up to the final wording of the UN Charter, the European colonial powers put forward national self-determination as “a desirable ideal,” but not an inalienable right, while the Soviet Union and a group of Third World countries called for the definitive end of colonial rule.²³ In the end, the UN Charter affirmed the general principle of, but not the right to, self-determination.

Consequently, neither the idea of human rights nor formal decolonization was sufficient to shake off the colonial, imperial origins of international humanitarian law. In fact, the admission of newly independent Asian and African countries to the UN tended to obscure the continuing effects of the older discourse of colonial difference. The resulting blind spots are clearly evident in the early postwar history of human rights and humanitarian aid. The UN’s understanding of its own mission left the organization unprepared to deal with the major humanitarian crises that followed the partition of the Indian subcontinent, the 1948 Arab–Israeli conflict, and subsequent national liberation conflicts.²⁴ The Arab–Israeli conflict scattered one million Palestinian refugees across Jordan, Lebanon, Syria, the West Bank, and the Gaza Strip. In the expectation that the Palestinian refugee crisis would be of only limited duration, the UN initially took no action. However, the fear of communist influence in the Middle East led to the creation in 1949 of an ad hoc agency, the United Nations Relief and Works Agency, to assist the Palestinian refugees on a temporary, emergency basis.²⁵

Similarly, the 1951 Refugee Convention restricted the scope of the UN refugee agency’s responsibility to events that had taken place before January 1, 1951, and signatory countries were given the option of further limiting its scope to events in Europe. This retrospective focus on European events had an important consequence for the staggering number of “new” refugees and displaced persons who were caught in a cycle of insurgency and counterinsurgency in Africa and Asia in the years after 1945. By denying these persons official refugee status (and the material and medical assistance that was predicated upon such recognition), the Convention had by the mid-1960s created the perverse situation in which fewer than half of

the refugees actually being assisted by the UN High Commissioner for Refugees fell under the provisions of the UN Refugee Convention.²⁶

The Fourth Geneva Convention of 1949, which established basic protections for civilians in war zones, limited the authority of international humanitarian agencies to the civilian and military victims of “international armed conflicts,” that is, conflicts between recognized sovereign states. Although the Common Article 3 – the third article of all four Geneva Conventions – addressed “the case of armed conflicts not of an international character,” its provisions dealing with humanitarian aid were limited to “persons taking no active part in the hostilities.”²⁷ As a result, to the extent that it was framed in terms drawn from traditional conflicts between sovereign states, international humanitarian law was not applicable to insurgents fighting for national self-determination. This decision legitimized the metropolitan claim to represent and speak on behalf of subaltern peoples, freedom fighters, and refugees; it made the metropolitan powers into the mediator between the global humanitarian regime and the “dependent” peoples living under their protection; and it also put them in a position where they could limit, control, and otherwise instrumentalize humanitarian aid to the millions of refugees caught up in the web of insurgent and counterinsurgent violence.

As a result, international humanitarian law was from the very beginning intrinsically resistant to addressing the problems created by colonial war, national liberation struggles, and decolonization crises. During the early postwar years, the European colonial powers were able to privatize and contain the universalist rhetoric of human rights by declaring national liberation struggles to be matters of domestic security, and they succeeded in defining in international law what constituted a humanitarian crisis and the conditions under which other nations were permitted to provide what kinds of assistance to the different parties.

Across the mid-1950s, however, these efforts were increasingly challenged by the changing global dynamics, in part due to the entry of new Asian and African states into the UN and the formation of the Third World internationalism. Not only did national liberation movements appeal to the global community in the name of their human rights; but they also appealed to this community to protect these rights *from* the metropolitan powers, who had been appointed as their virtual representatives, but who were often regarded as illegitimate and oppressive. A war for definitional power then ensued over whether anticolonial struggles were to be considered domestic or international conflicts, whether they should be considered “rebellions” against *legitimate* sovereign authority

or “independence movements” against *illegitimate* colonial rule, whether those who fought in such conflicts were to be designated as “bandits” or “soldiers” deserving the protection of international law, and whether metropolitan powers should have the right to control the flow of humanitarian aid.

II. GLOBAL SECURITY AND THE BIOPOLITICS OF HEALTH AND DEVELOPMENT: THE COLD WAR AND THREE-WORLD PARADIGM

In recent years, scholars have attempted to elucidate the connections between global security and biopolitics by exploring how the security of the self and the nation was established and maintained through the discursive othering and administrative surveillance and exclusion of immigrants, the poor, the sick, and all those who could be considered racially or culturally different. Such a schema can also be applied to make sense of the attitudes of the industrialized world toward the teeming, impoverished, diseased multitudes of the Third World. As Mark Duffield has argued, at the height of the Cold War decolonization evoked in the West a fear of the global circulation of superfluous life, that is, of refugees, immigrants, communists, and terrorists. The function of this deepening “biopolitical division of the world of peoples into developed and underdeveloped species-life” was to “contain the circulatory and destabilizing effects of underdevelopment’s non-insured surplus life.”²⁸ It was this “new biopolitical *Zeitgeist*” that provided the postwar machinery of world governance with a “grid of intelligibility” for its security strategy.²⁹

Development was the most important discourse deployed to describe what Foucault called a “biological-type caesura” – one that was simultaneously biological, racial, medical, and civilizational – between North and South.³⁰ The idea of development was a transnational project whose basic ideas had been formulated long before 1945.³¹ European colonial development programs had aspired to increase the production of food and raw materials by improving the productivity of indigenous workers in plantations and mines. In the interwar years, Imperial Japan, Nazi Germany, and the Soviet Union all deployed development programs in a hybrid form to accelerate the infrastructural enclosure of “territories of production,”³² while liberal New Dealers promoted American-style development at home and in Latin America.³³

In the postwar Atlantic context, the master trope of development discourse was an “insidious circle” in which disease bred poverty, poverty

bred ignorance and overpopulation, and the latter in turn bred more disease.³⁴ In a 1950 essay, for example, the American Geographical Society's director of medical studies Jacques May sought to explain the connection between climate, disease, and underdevelopment by arguing that, for much of the tropical world, "the soil produces poor food, the pathogens cause poor health, both are the cause of poor working efficiency, all operating in a vicious circle. An outsider breaking into the environment would be fed its food and inoculated with its parasites, unless he brought with him the techniques by which Western civilization has triumphed over difficulties of nature." The inability to break out of this circle meant, May explained, that the peoples of these regions

cannot develop their intelligence and culture, cannot organize agriculture profitably or develop commerce and industry or the arts of social living. They are, consequently, in no position to establish institutions by which they could raise their standard of living, organize sanitary campaigns, and achieve public health. Since they cannot get rid of their most despotic tyrants and oppressors, the intestinal worms and blood parasites, they are tied down by their physical condition to their backward status.³⁵

As May made clear in this passage, development theory was predicated on the assumption that traditional societies and the indigenous peoples of the Third World were incapable of negotiating on their own the complex path of economic, social, and political modernization necessary to escape from this vicious circle; that they depended, instead, on the knowledge, technology, initiative, and guidance from the more developed world; and that the task of Western development aid was to jumpstart the process that Karl Marx famously described as the primitive accumulation of capital and thus set in motion the self-sustaining economic growth believed to be both the precondition for, and the result of, a continuous process of social, political, and cultural change.

In this way development theory, which emerged as the dominant government policy and social science in the 1950s and 1960s, transformed the Third World into what Timothy Brennan has called "zones of invisibility," where the process by which the non-European is marked as backward created the conditions for primitive accumulation, while the workers who were devalued and disempowered by this process produced profits and use-value for the global North – in both its capitalist and socialist incarnations.³⁶ Proponents of development theory maintained that whatever demands for change that did emanate from these countries could only be understood as immediate, instinctive reactions to deprivation. This assumption rendered the West incapable of understanding the

structural causes of dependency and inequality, sympathizing with demands for political self-determination, and thus recognizing the claims and aspirations of national liberation movements. As a result, anticolonial resistance movements could only be identified – in terms that were as much psychological as sociological – with that state of complete social and political negation known at the time as “communism.”

If we look at Western rhetoric of the Cold War, we are immediately struck by the extent to which it employed terminology taken from the bacteriological sciences to explain the pathological effects of communism. For example, in his famous telegram from Moscow George F. Kennan demonized communism as a “malignant parasite which feeds only on diseased tissue,” and he characterized the United States as a “world doctor” that was called on to play a heroic role in the global campaign to eradicate this disease.³⁷ In 1955, Eisenhower himself warned that “for more than half of mankind disease and invalidity remain the common phenomena and these [constitute fertile] soil for the spread of communism.”³⁸ And in his famous 1960 work *The Stages of Economic Growth*, Walt Rostow characterized communism as a pathological epiphenomenon of the unmastered transition from traditional to modern society; it was not for nothing that the subtitle of this work was a “non-communist manifesto.”³⁹

These medico-metaphorical linkages between communism and disease helped mobilize domestic support for technical assistance programs in the Third World, where public health and population control became one of the central battlegrounds in the global confrontation between capitalism and communism. In this battle, what was needed to break the vicious circle of poverty and disease and cure the disease of communism was a specific form politico-medical treatment, which relied not on revolutionary social change, but rather on technical solutions provided by Western experts.⁴⁰

Such arguments made use of a highly militaristic yet optimistic discourse intended to appeal to both educated Third World opinion and domestic audiences in the West. However, these metaphorical linkages also ran in the other direction with the martial language of the war on communism being employed to describe global health and the multifaceted war on germs. For example, in 1951 Frank Boudreau, the former head of the Health Organization of the League of Nations, called for a “world-wide united front in the struggle for good health,” and he argued that carefully organized field planning and logistics were just as essential to disease control as to the military: “[N]o gaps must be found in the front facing the enemy, every sector must be held by first-class troops armed

with the best weapons that science can provide. These armies are the health services and medical and health institutions in the different countries... [The] WHO is engaged in building up this *army of health*.”⁴¹

At times, these martial metaphors could be stretched to the point where the precise object of the campaign – bacteria, communism, national liberation movements – was completely underdetermined. As we read in a 1963 publication,

this is a story about a war. [T]he enemy is cunning and treacherous. He is an old hand at guerilla warfare. He will strike where he is least expected, and then will quickly retreat into the mysterious jungle, defying men to find him out and uncover his secrets... Time and again, when he has apparently been cut off and surrounded, he will attack from the rear with whole waves of fresh troops.⁴²

Without prior knowledge, there is simply no way to know that this statement is taken from a work published to promote the work of the WHO, rather than to describe counterinsurgency warfare.

Once articulated, this logic could then be extended to the geopolitical domain and spatial imaginary of the Third World.⁴³ In the words of one American medical official working with the United Nations,

The Good War is being waged on the many fronts of poverty – on dry desert sands and in thick tropical forests, in teeming new shantytowns and in rural communities *static in their ancient ways*, in the urban centers of emerging nations and on the *wastelands of forgotten peoples*. It is being fought wherever hopelessness holds in bondage the untold potential of man and the earth on which he lives ... Wherever men and nations want to step from the ruts of stagnation, the task forces of the Good War stand ready to show them the way. Its advance guard is composed largely of people from those nations that have gone farthest along the road of technological and commercial progress...⁴⁴

Here, poverty, hunger, and disease are seen as the natural state of affairs in the Third World and as the source of a seething and inexhaustible reservoir of native (anticolonial) resentment.

There was one final link in this chain of signifiers used to contain the biopolitical dangers that were perpetually threatening to leap over the discursive barriers erected to contain them and infect the West. Matthew Connelly has argued that “the worldviews of Cold War-era policymakers were shaped at a time in which concerns about demographic trends and international race war were pervasive in both Europe and the United States.”⁴⁵ These assumptions also shaped the policies of Britain, France, and the Netherlands as they all sought to turn back military challenges to their control in Malaya, Indonesia, Indochina, and Kenya.⁴⁶ Still traumatized by the loss of China to the Communists in 1949, the entry

of Chinese “voluntary” soldiers into the Korean War rekindled the fear of the “yellow peril” and showed that the United States was not invincible. The French portrayed their desperate attempts to hold on to Indochina as a struggle between the civilization of the white Occident and the un-culture of both the communist East and “Asiatics and African and colonial natives.”⁴⁷ Thus the Western alliance increasingly defined its common interest as much in terms of “white solidarity” as anticommunism.

The West Germans also made liberal use of this racialized coding of communism as “Asiatic.” For example, Chancellor Konrad Adenauer considered China the “enemy of all the white,” and at the 1954 Geneva Conference, he was horrified by the equality afforded to Russian, Chinese, Vietnamese, Korean, Cambodian, and Laotian delegates. As he told the cabinet, the physiognomies of the “horde” seated around the conference table sent a shudder through him and his white colleagues.⁴⁸ This discourse on communism as a barbarian Mongol horde – which had served as a central trope in justifying the Nazi racial war against the Soviet Union and the Jews – made it easier for many West Germans to buy into European integration and the anti-Communist Western alliance.

Although such anxieties were simply the obverse of the long-standing claims for the superiority of the white race and Occidental culture, they took on a new and more concrete form in the changing global context. As a result, to the extent that communism, the “colored” peoples, their demands for independence, and their “culture” were all positioned as negations of white Occidental civilization and its achievements, all of these Others tended to bleed into one another. As Gerald Horne has argued, although anticommunism “had the advantage of being – at least formally – nonracial...[,] the tagging of anticolonialists as ‘red’ slowed down the movement against colonialism and – perhaps not coincidentally – gave ‘white supremacy’ a new lease on life.”⁴⁹

If in earlier times humanitarian aid had been considered a domain of charitable engagement, it was no longer politically viable, as Kennan had once proposed, to leave the Third World to its “tragic fate”⁵⁰ because neutrality or abstinence would only create an opportunity for communist subversion. As Assistant Secretary of State for International Organization Affairs Harland Cleveland told Congress during the Congo crisis, because of the danger that chaos and disorder in Third World countries would open the door to communist influence, doing nothing was no longer an option: “[S]elf-determination obviously doesn’t mean letting a situation like the Congo stew in its own juice, because that isn’t really one of the options. It will be either competitive bilateral intervention or it will be

some form of *more sanitary intervention* by the world community as a whole.” The United States, he continued in a way that mimicked the very language of Kennan’s “Sources of Soviet Conduct,” would have to pay “competent, unremitting attention to the periphery” and develop a new mechanism of global governance for “this new kind of world.”⁵¹ One could hardly ask for a clearer statement of the logic of containment as it pertained to the field of humanitarian aid. However, the biopolitical coupling of underdevelopment and communism in such arguments provided the framework through which the Western countries came to see humanitarian crises in Asia and Africa primarily as security problems that, like communism itself, needed to be contained. It also underpinned the Cold War logic through which counterinsurgency programs in all of their diverse forms came to be seen just as essential as food, medicine, and development assistance to securing individual freedom, collective security, and market economy.

III. THE WORLD HEALTH ORGANIZATION AND GLOBAL HEALTH GOVERNANCE, 1945–1950

The idea of global health was inspired by advances in biomedicine and the postwar spirit of globalism.⁵² Advances in bacteriology and epidemiology since the turn of the century and wartime refinements in military medicine provided the technical means for a large-scale assault on epidemic disease. World War II had also created a new sense of global interconnectedness. Many people now believed that the problem could not be contained within the boundaries of a single nation-state and, instead, had to be tackled on a planetary scale if it were to be solved at all. As the Canadian Brock Chisholm, the first director-general of the WHO, explained in 1946 to the committee charged with drafting the constitution of what was to become the WHO,

biological warfare, like that of the atomic bomb, had become a fearful menace, and unless doctors realized their responsibilities and acted immediately, the whole race risked total extinction. Such action could obviously not stop at international frontiers. The world was sick, and the ills from which it was suffering were mainly due to the perversion of man, his inability to live at peace with himself... It was in man himself that the cause of present evils should be sought. These psychological evils must be understood in order that a remedy might be prescribed. The scope of the task before the Committee, therefore, knew no bounds.⁵³

Chisholm encouraged the members of the committee to “aim at universal and world-wide achievement,” and he proposed that the new organization

be named the “World or Universal” Health Organization to highlight the fact that the scope of its mandate had to be “even more than international.”⁵⁴ Chisholm also chided countries, including the United States and Britain, that continued to insist upon a nation-state-centric approach to public health. “The world,” Chisholm explained, “had drastically changed, and the time had come to aim for an ideal; this ideal should be to draw lines boldly across international boundaries and should be insisted on at whatever cost to personal or sectional interests ... [S]urely at the present time no member of the Committee could be thinking in terms of international prestige... As world citizens, all should wipe out the history of the past, formulate an ideal and try to realize it.”⁵⁵

When the United Nations Conference on International Organizations met in San Francisco in the spring of 1945, the WHO was an afterthought. As Karl Evang, the outspoken Norwegian advocate of social medicine, observed in retrospect, “who would have thought ... that health would again be ‘forgotten’ when the Charter of the United Nations was drafted at the end of the Second World War? However, this was exactly what happened, and the matter of world health again had to be introduced more or less ad hoc...”⁵⁶ In the end, the delegates unanimously supported the idea of a world health organization. The representatives from Brazil and China, the most vocal supporters of the proposal, then asked the United States to convene an international health conference to discuss the idea.⁵⁷

Initially, the United States and Britain opposed the creation of a single global health organization. In a letter to President Truman, Hugh Cumming, the director of the Pan American Sanitary Bureau and former Surgeon General, expressed his contempt for those “star-gazers and political and social uplifters,” who otherwise dominated these meetings, and he rejected the idea of creating one single world health organization as the fantasy of “extreme internationalists.”⁵⁸ Although the British and the Americans hoped to preserve the traditional dominance of the Western powers within the organization, in the end the State Department favored a more pragmatic approach that took account of the demands of the non-European member states. The Americans, however, insisted that the principle of national sovereignty had to be upheld and that the proposed organization be “dedicated to the expansion and strengthening of *national* health services on invitation of national Governments.”⁵⁹

In March–April 1946, the members of the Technical Preparatory Committee met in Paris to begin drafting a constitution for the WHO, the International Health Conference was convened in New York in June

of that year, and the first plenary meeting of the newly constituted WHO took place later that same month.⁶⁰ The preparatory committee devoted much of its time to issues of membership and representation. Along with the question of what to do about the former Axis powers and their allies, committee members wrestled with whether “non-self-governing territories” could be represented.⁶¹ Since only sovereign states could be admitted to the United Nations, it was considered logical that only such states could be admitted to the UN-affiliated WHO (which also welcomed such states even if they did not belong to the UN). The delegates agreed that protectorates could be admitted as associate members without voting rights, but that colonies were to be represented by the relevant metropolitan powers.⁶²

The question of precisely who would be chosen to represent these associate members also gave rise to an extended controversy. While the British argued that colonial health officers should represent associate members, the Liberian representative Joseph Nagbe Togba argued that the persons chosen to represent these protectorates should be natives who were familiar with the “needs and interests” of their own people. Moreover, since the metropolitan powers were likely to appoint whites to fill these positions, he maintained that the British proposal would result in the reproduction of existing colonial power relationships.⁶³ The preamble to the WHO constitution proclaimed “the enjoyment of the highest standard of health [to be] one of the fundamental rights of every human being without distinction of race, religion, political belief, economic or social condition.”⁶⁴ However, it was far from clear how representatives of the colonial powers could be expected to work to realize this goal.

At the 1946 International Health Conference, conflicts also arose over precisely whom the proposed organization would serve and how. While the victim countries of Nazi aggression claimed that they were entitled to special assistance, the countries of Asia and Latin America insisted that they, too, had special needs.⁶⁵ Most European countries believed that each state should be able to take care of its own needs, and they wanted the new organization to assist in rebuilding public health systems that had in many cases ceased to function during the war. But the real problem with the focus on the reconstruction of national healthcare systems was that such an approach could not recognize the problems that the newly independent countries of Asia and Africa would face in the age of decolonization. Under colonial rule, the few existing healthcare institutions had been reserved for the white colonizers, and colonial rulers had frequently blocked the training of indigenous healthcare professionals. As a result,

these countries had neither a healthcare infrastructure nor a system for training healthcare workers, and there was no national health system that only needed to be reconstructed. All of these problems were compounded by the exodus of European physicians and administrators at independence, the near collapse of the few existing hospitals in the wake of these departures, and the refugee crises that in many places were an unavoidable side effect of national liberation struggles. One of the top priorities for the leaders of these newly independent states was to promote the training of physicians and health workers and to expand public health facilities in rural areas.

One of the important early controversies was related to the internal organization of the WHO. For administrative purposes, the WHO divided the world into six world regions (Africa, America, Southeast Asia, Europe, the Eastern Mediterranean, and the Western Pacific). These regional divisions were based on the belief that, as the Irish representative explained, “it is easier to arrive at such general solutions where the inhabitants of a region are racially homogeneous and share the same culture.”⁶⁶ However, the belief in the homogeneity of health conditions within these regions was itself an essentializing construct that empowered the WHO technocracy to introduce standardized policies and programs in the countries assigned to the individual regions.

The WHO tried to avoid the problems inherent in such schemata by arguing that their regional divisions were simply administrative fictions and did not imply any claims about the real conditions prevailing in the region. Yet these fictions were themselves inherently unstable. Although the WHO hoped to stabilize the spatial division of the world by linking representation to nature, custom, and the ostensible needs of the region, every attempt invariably created more problems than it solved. In practice, the WHO honored the wishes of member states wherever possible in the assignment of specific states to individual administrative regions. For example, in view of the hostility between India and Pakistan, the Pakistani government chose to be assigned to the Eastern Mediterranean, rather than the Southeast Asian region headquartered in New Delhi.⁶⁷

In a similar manner, colonies and protectorates were assigned to administrative regions according to the preferences of their European governors, a practice that often yielded absurd results. For example, trusteeship over Morocco was divided between Spain and France. While the French insisted that its part of the country be assigned to the European region, Spain wanted its zone assigned to Africa. The Arab delegates argued that Morocco – together with Algeria and Tunisia – should be

assigned to the Eastern Mediterranean region because of the cultural, religious, and epidemiological similarities among these territories. There was a similar, equally bitter dispute between France and Egypt over the administrative location of Algeria. In this instance, Indian and Burmese support for the Egyptian position helped to forge the connections among the Third World countries, which later formed the core of the nonaligned movement.⁶⁸ Israel, on the other hand, had no desire to be lumped together with its Arab neighbors in the Eastern Mediterranean region and argued that the whole system ought to be scrapped: "The countries in such aggregations might well be geographically distant from one another and possessed of totally different health conditions. Rather than have the regional principle distorted by the artificial creation of regions formed on the basis of political, cultural, economic, social, religious or ethnic criteria, the Government of Israel would prefer to see it abandoned altogether."⁶⁹

IV. GLOBALIZING THE AMERICAN MODEL OF DEVELOPMENT AND DEMOCRACY

By the time the first World Health Assembly convened in June 1948, few areas of the world remained untouched by manmade disasters. The Berlin blockade, which began in June 1948, finalized the division of the continent, and the WHO itself was immediately drawn into the vortex of Cold War rivalries and national liberation struggles. The Cold War within the organization determined which regions would receive which kinds of technical assistance, the distribution of fellowships for medical researchers and specialists abroad, and the transnational exchange of biomedical and pharmaceutical technology.

The cornerstone of American development policy during these years was the Point IV program, which Truman announced in his inauguration speech on January 20, 1949. By contrast to the Marshall Plan, which had provided extensive material assistance for the reconstruction of Western Europe, the goal of the Point IV program was to help the Third World break out of the vicious circle of poverty, disease, and underdevelopment.⁷⁰ As Truman explained in terms that by now should be familiar,

more than half the people of the world are living in conditions approaching misery. Their food is inadequate. They are victims of disease. Their economic life is primitive and stagnant. Their poverty is a handicap and a threat both to them and to more prosperous areas. For the first time in history, humanity possesses the knowledge and skill to relieve the suffering of these people. The United States is

preeminent among nations in the development of industrial and scientific techniques. The material resources which we can afford to use for assistance of other peoples are limited. But our imponderable resources in technical knowledge are constantly growing and are inexhaustible.⁷¹

In June 1949, Truman proposed the creation of the Expanded Program of Technical Assistance (EPTA) to put this commitment into practice by helping the Third World increase agricultural productivity.

Truman also created the International Development Advisory Board to serve as a consultative body for the program. The Board's March 1951 report, which reflected the tensions generated by the Korean War, gave top priority to military defense against communist "aggression and subversion." It insisted that, as "a vital part of our defense mobilization," foreign assistance to the Third World should be "brought within the necessary broad strategy of a total foreign policy." Underdeveloped regions were strategically important as sources of vital raw materials and export markets, and, as such, they had to be defended from communist "economic subversion." In spelling out its strategy here, the Board explained that "economic development means much more than merely increasing the production of food and raw materials. It also means *a relentless war on disease*."⁷²

In March 1949, the United States proposed that the UN Economic and Social Council establish a parallel program; the UN General Assembly authorized this step in November of that year; and the UN Technical Assistance Administration was established in July 1950.⁷³ The United States hoped that the program would make it possible to coordinate assistance from other countries and avoid the wasteful competitive duplication of programs. The program was funded through voluntary contributions from member states.⁷⁴ However, because 60 percent of the UN EPTA budget came from the United States, the Americans had a disproportionate influence on both the programs directly sponsored by EPTA and those it indirectly funded – from Point IV money – through the WHO, the Food and Agricultural Organization, UNICEF, and UNESCO. The UN EPTA began its actual field operations in mid-1950s; and by 1958, it had sent about 8,000 technical experts to the Third World. Public health was the main focus of the work of UN EPTA because experts believed that technical tools and know-how, especially insecticides such as DDT and antibiotics like penicillin, could be directly exported to the Third World to eradicate social problems at their biological source. This thinking gave a useful weapon to Cold Warriors in the West, who regarded such tools as "one of the most

effective weapons against the disease, discouragement and despair that breeds communism.”⁷⁵

The early years of the Cold War were an ideological hothouse, and the success or failure of assistance programs was viewed as a metonym for the virtues and vices of entire political systems. These rivalries thus made it imperative to pursue programs that could be expected to show immediate results. As H.W. Singer at the Department of Economic Affairs of the UN put it in 1949, “the prevailing opinion appeared to be that the whole program was on trial and that it would not be allowed to expand or even to continue unless it could show rather immediate returns. Hence it was believed expedient to favor projects which were deemed most likely to show results in two or three years’ time and which could then be put forth as substantial reason for continuing the program on its own merits.”⁷⁶

However, the very features that made these technical assistance programs so promising in the eyes of the Western powers were the object of criticism by the Soviet bloc and the Third World. The majority of the experts dispatched to the Third World under the auspices of UN EPTA were North Americans and West Europeans, who had learned their trade in former colonial administrations. Not surprisingly, nationalist leaders generally regarded these people as agents of neocolonial influence. In Indonesia in 1952, public health programs could only slowly progress because of “the suspicion of the Indonesians of any American or foreign interference and their consequent hesitance in accepting U.S. technical experts,” and in India similar suspicions led to a substantial reduction in the number of American technicians sent in 1954.⁷⁷

The Soviet Union and its allies were also mistrustful of both the WHO and UN EPTA. By default as much as by design, the United States and its European allies dominated the WHO’s policies, personnel, and programs. Not only were virtually all of the positions in the WHO secretariat reserved for officials from the major Western powers; the U.S. government also obstructed many WHO programs that were intended to help the countries of Eastern Europe rebuild their public health services. The Eastern Europeans were angered by such petty acts as the decision by the United States to block the export to Poland of materials needed to manufacture penicillin.⁷⁸ The Soviets also challenged Western health and development programs on more substantive grounds. They argued that Western-style disease prevention could never effect real change because disease and its concomitant social problems were due primarily “to poverty and colonial oppression, as well as to the arbitrary exploitation of populations deprived of their rights, and the lack of health

services in colonial and non-autonomous territories.”⁷⁹ And both the Soviets and representatives of many Third World countries complained that far too much money was being spent on administrative costs, rather than on the actual provision of public health services.

Shortly after Truman’s announcement of the Point IV program, the Soviet Union and its Eastern European allies withdrew from active involvement in the WHO.⁸⁰ The Americans and the British were not at all unhappy to see them go. However, because the presence of the Soviet Union and its socialist allies had provided at least a modicum of support for the WHO’s claim that its humanitarian work stood above politics, the departure of the socialist bloc impaired the organization’s credibility in this respect. A group of peace activists tried to mend political fences with the Soviets, but to no avail, and the outbreak of the Korean War in June 1950 rendered the issue moot.⁸¹

This boycott enabled the United States to quickly instrumentalize the organization, along with the other UN specialized agencies, as part of its struggle to contain what they perceived as the global forces of disorder, a development that dampened the globalism of people like Chisholm. However, the WHO was never just a handmaid for the major Western powers; and in the 1950s, it reemerged as part of a global public sphere, where the competing visions of humanitarianism and internationalism clashed with each other.

V. THE RETURN OF THE DAMNED: THE BANDUNG SPIRIT AND THIRD WORLD INTERNATIONALISM

In April 1955, representatives from twenty-nine newly independent states attended the First Asian-African Conference, which was held in Bandung, Indonesia. Together, these countries were home to more than half of the world’s population; as Jawaharlal Nehru noted, the Conference marked an important historical milestone for “a new Asia and Africa” as a global force.⁸² The political formation of the Bandung movement – also called the nonaligned movement – represented the first systematic challenge to the idea of Europe and the geopolitical institutions established to govern the global South in the postwar world.

The roots of the nonaligned movement reach back to the March–April 1947 Asian Relations Conference, which was organized by Nehru. The conference brought together representatives from thirty Asian countries to foster mutual understanding and discuss the common problems they were facing, especially those involved in gaining independence. In 1949,

Nehru forged an alliance of fifteen Asian and African countries to support Indonesian resistance to Dutch attempts to reassert their control over the Indonesian archipelago. He hoped to establish an Asian model of internationalism based on the “five principles of peaceful coexistence.”⁸³ These principles, which Nehru regarded as an alternative to the imperialist world order, were first set out in an agreement signed with the Chinese in April 1954, one year before the Bandung Conference.⁸⁴

Even before the Conference, John Humphrey, the first director of the Human Rights Division in the UN Secretariat, noted that membership in the UN would give “backward countries in revolt” a forum in which to advance “their own ideas about rights.”⁸⁵ Together, the entry of new Asian and African states into the UN, the Bandung movement, and the national liberation movements constituted the birth of Third World internationalism. The aim of Third World internationalism was to assert the right to participate on an equal footing with the great powers and thereby to escape from the subalternity into which it had been positioned by the security discourse described earlier.

The main political challenge was to overturn the asymmetrical understanding of the rights of Third World countries and their people, especially the right to national self-determination. The Lebanese representative made precisely this point at the eleventh session of the UN General Assembly in November 1956, when he contrasted the response of the international community to the Hungarian refugee crisis with its actions in Algeria. “When the rights of a European or a Westerner are affected,” he observed,

the whole world becomes indignant. But when the rights of an African or an Asian are at stake, the United Nations conception of man becomes so different that one is led to believe that contrary to the provisions of the Charter, man is not the same everywhere and the human personality is not the same everywhere. Then again, we ask the question: why is nationalism a good thing for Europeans and an evil thing when preached and practiced by Asians and Africans?⁸⁶

The final communiqué of the Bandung Conference raised this observation to the level of a general political principle when it insisted that the “rights of peoples and nations to self-determination” was “a pre-requisite of the full enjoyment of all fundamental Human Rights.”⁸⁷ The final resolution on cultural cooperation pointed out that “Afro-Asia” had once been the “cradle of great religions and civilizations” and insisted that the countries of this vast region could again become so once freed from the fetters of colonialism and its debilitating legacies. Yet the real challenge was less to

cut what Mignolo has called the “Gordian knot with the empire” through the formal, juridical declaration of independence than to decolonize the mind.⁸⁸

The representatives gathered at Bandung set out a counternarrative that explained underdevelopment not as a quasi-natural condition, but as a legacy of colonial rule, an evil “arising from the subjection of peoples to alien subjugation, domination and exploitation.”⁸⁹ The Bandung countries also had their own vision and strategy for modernization.⁹⁰ For these countries, development was the path to the collective dream of giving the substantive meaning – independence, progress, and nationhood – to their formally sovereign states. Convinced that they shared common interests different from those of the capitalist or communist blocs, they wanted to secure the globally equal conditions for national development and to do so without being drawn into the orbit of either superpower or succumbing to their tutelary pretensions. As one Indian asked rhetorically: “Are we copies of Europeans or Americans or Russians? (...) [F]or anybody to tell us that we have to be camp-followers of Russia or America or any country of Europe is, if I may say so, not very creditable to our new dignity, our new independence, our new freedom and our new spirit and our new self-reliance.”⁹¹

To help achieve this goal, the Bandung Conference proposed that the UN establish a special development fund for the Third World. Nonalignment, that is, the refusal to be incorporated in all forms of neocolonial rule, thus represented the negative condition under which these countries could reclaim their own past – and thereby realize their own future. While Nehru characterized their project as “a practical Utopia,”⁹² an Indian delegate to the 1957/58 conference of the Afro-Asian Peoples’ Solidarity Organisation explained that “[Asian and African peoples] do not propose to be exploited as mere pawns on the larger chess-board of power politics. And they will no longer be helpless spectators of their fates that were at one time shaped by outsiders for their own ends. To-day, they shall mould their own destinies in their own way.”⁹³

There were, however, both economic and political obstacles to the realization of this goal. The Western powers reacted in various ways – mostly negative – to the Bandung conference. A number of them explicitly characterized the Bandung bloc as a global alliance of the colored peoples against White Occidental culture.⁹⁴ American Secretary of State John Foster Dulles condemned neutralism – that is, nonalignment in the Cold War – as “immoral” in a world that was divided between good and evil.⁹⁵ However, Indonesian president Sukarno insisted that refusing to take

sides in the Cold War was not the same as political or moral neutralism, which he maintained was impossible “as long as tyranny exists in any part of the world.”⁹⁶ Moreover, the Western powers could not accept the idea that small, poor, backward countries should have an equal voice in world affairs. These concerns had arisen in debates over the extent to which these countries should be granted full voting rights within the UN. Later, at the height of decolonization, Winston Churchill described their equal voting rights as an anomaly.⁹⁷ And all of the Western leaders feared that the Soviets would be able to ally themselves with the growing number of newly independent states to outvote the West.

Even though “Afro-Asia” was an incomplete project, these nations did not expect that their goals would be achieved in the immediate future. The decision to invite only representatives of independent, sovereign states to the Bandung conference was the correlate of their pragmatic strategy of working within the UN. However, Third World liberation movements became increasingly radical in the aftermath of the Suez crisis and the Algerian war, and they pushed back against Western efforts to contain their struggles as matters of national and global security.

This new attitude was already evident at the First Afro-Asian Peoples’ Solidarity Conference, which met in Cairo from December 26, 1957, to January 1, 1958. In contrast to the Bandung Conference, the organizers of this meeting wanted to stage a “people’s Bandung” that would be open to all peoples who “are still suffering under the yoke of imperialism in one form or another.”⁹⁸ The address by Egyptian president Gamal Abdel Nasser, entitled “From Port Said to the World,” can be read as an attempt to “de-provincialize” Africa. As Egyptian minister of state (and later president) Anwar El Sadat proclaimed in his address to the conference, “gone forever is the time when the destinies of war and peace were decided in few European capitals. It is we who decide this today. *Our world* [emphasis added] has great weight in the international field. We have only to remember our great numbers, our resources, our vast area and our strategic positions to see that war will be impossible if we are determined to maintain peace. But our determination must not be passive. It must be turned into positive action for peace.”⁹⁹

By the end of the 1950s, the Bandung movement had coalesced into a self-conscious Third World movement, whose alternative narrative of global modernity and whose institutionalized counter-public had put it in a position to challenge Western discourses of difference and under-development, the asymmetrical conception of sovereignty and rights that

underlay the postwar humanitarian regime, and the forms of global governance that they authorized.

VI. SOCIALIST GLOBALIZATION AND THE SOVIET MODEL OF DEVELOPMENT

The broad reorientation of Soviet foreign policy after Stalin's death in March 1953 led to the creation of a new global constellation. Moscow's new engagement in the Third World followed upon the political formation of Third World internationalism, and the Suez Crisis (October/November 1956) created yet another opening to the Third World. The socialist countries tried to capitalize on the anticolonial sentiments that were stirred up around the world by the crisis, although their own credibility was somewhat diminished by their repression of the Hungarian uprising.

The real turning point came in 1955. Not only was that the year of the Bandung Conference. In that year, the Soviet Union also granted sovereignty to East Germany, at least to the extent possible within the Warsaw Pact. In response, the West German government proclaimed the Hallstein doctrine. This doctrine maintained that the Federal Republic was the sole legitimate state on German soil, and it stipulated that Bonn would not maintain diplomatic relations with any country (other than the Soviet Union) that recognized the sovereignty of East Germany, or what the West Germans insisted upon calling the Soviet Occupation Zone. The resulting international isolation forced the East Germans to use other, nondiplomatic means – especially humanitarian, medical, and development aid – to build bridges to the newly independent countries of the Third World in hopes of gaining *de facto*, and eventually *de jure*, recognition. The East German government eagerly took up this challenge in the hope that recognition abroad would lead to greater legitimacy at home. Soviet bloc, and especially East German, engagement in the Third World would not have been so urgent had it not been for the formation of the Third World internationalism. And it would not have been possible had Nikita Khrushchev not abandoned Stalin's confrontational approach in favor of a policy of peaceful coexistence and scientific and economic competition.¹⁰⁰

Since the mid-1940s, Soviet foreign policy had been based on the “two camps” doctrine, which postulated that a global war between the two blocs was likely, if not imminent, because the winding down of the war economy would inevitably force the capitalist powers into yet another wave of imperialist warfare in order to stave off economic collapse.¹⁰¹

This retreat from both Leninist internationalism and the interwar popular front strategy reinforced the isolationist, xenophobic, and autarchic trends of late Stalinism and made it impossible for the Soviets to collaborate with the national liberation movements in Asia and Africa, whose bourgeois leaders they disparaged as pawns of the West.¹⁰² For example, in 1949 the leading Soviet Indologist A.M. Diakov had denounced Gandhi as “the principal traitor of the mass national-liberation movement” and as an ideologue of “the counter-revolutionary bourgeoisie of India.”¹⁰³ These ideological blinders took their toll on both Soviet policy in Asia and Africa and on those regional affairs experts whose views deviated from the party line.

The Soviet leadership recognized that greater knowledge of Asia and Africa was crucial to the new strategy. During the middle of the decade, the Soviets undertook a number of initiatives, including bilateral cultural agreements, the founding of friendship societies, and the exchange of athletic teams, theater troupes, and delegations, to increase its own knowledge of Third World countries and cultivate their goodwill. The Soviet Union held its first Indian film festival in September 1954. Nehru himself visited Moscow shortly after the Bandung Conference, and this was followed by Khrushchev’s highly publicized trip to Southeast Asia in late 1955 and by Nasser’s visit to Moscow in 1956.¹⁰⁴

At the twentieth Communist Party Congress, Politburo member Anastas Mikoyan scolded the Soviet Academy of Sciences for dozing while the “whole East has awakened.”¹⁰⁵ Soon thereafter, the Academy began to strengthen its Asian and African area studies programs, publish scholarly works dealing with these regions, and sponsor film festivals and other exhibitions.¹⁰⁶ In 1956, Ivan Potekhin – president of the Soviet-African Friendship Society and chairman of the African Section of the Soviet Afro-Asian Solidarity Committee – organized a Soviet congress of Africanists to discuss national liberation movements. Three years later, institutes of African and Asian Studies were established within the Soviet Academy of Sciences (with Potekhin as the director of the former). In June 1957, the first All-Union Conference of Orientalists convened in Tashkent to discuss the issues raised by the collapse of colonialism, the Bandung Conference, and national liberation movements, as well as the revelations and resolutions from the 1956 party congress.¹⁰⁷

Under Khrushchev, the Soviet Union abandoned its earlier insistence that all countries had to follow an identical revolutionary path to socialism in favor of a more minimal position, which emphasized the possibilities of collaboration with Third World nationalists in their common

struggle against capitalist imperialism.¹⁰⁸ In 1957, the World Congress of Workers' and Communist Parties endorsed the Soviet revisionist thesis while insisting that fraternal solidarity with the more advanced proletariat constituted the "core of still greater solidarity" with national liberation movements in Asia and Africa.¹⁰⁹

A similar shift took place in the involvement of the socialist countries in the field of global health and development. In July 1953, the Soviet Union reversed its earlier decision to boycott UN-sponsored development programs and agreed to contribute four million rubles to the UN EPTA fund. In January 1956, the Soviet Union resumed its active membership in the WHO, and the socialist countries of Eastern Europe quickly followed suit.¹¹⁰ Beginning in 1956, the health ministers of Asian and European socialist countries also met regularly to both discuss domestic health policy and coordinate medical aid policies toward the Third World.¹¹¹

Working from a different understanding of the relation between economic development and public health than that which guided Western aid programs, the socialist countries blamed endemic and epidemic disease in the Third World on imperialism and decades of colonial rule. They pointed to the successes in eradicating malaria in the Soviet Union, and then in China and North Korea, as evidence of the superiority of socialist public health; they also argued that the lack of progress elsewhere was due to the "lack of economic development, poor health services and political instability" produced by American-led intervention. For example, in South Vietnam, Cambodia, and Laos, it was noted that colonial rulers had made no effort to check the spread of malaria. The first steps had only been taken after successful wars of liberation had created the political preconditions for the widespread use of DDT.¹¹²

This renewed involvement in the field enabled the WHO serve as a forum to promote a socialist vision of public health. Not surprisingly, these programs led to friction with the Western powers. In 1958, the Soviet Union proposed that the WHO undertake a campaign to eradicate smallpox around the globe. The Soviets and their allies offered to send medicine and medical experts to India, Pakistan, Burma, Indonesia, Cambodia, Ghana, Guinea, and Iraq – all countries with which they had close relations – at no cost if these countries would pay for the lodging and travel costs of their aid workers in country. However, the Soviet Union also wanted to create a special United Nations fund to extend this program to other countries. Although estimated to cost \$98 million, between 1959 and 1966 only \$300,000 was collected to support this

Soviet initiative – in contrast to the \$29 million collected and spent on an American-led malaria eradication program during the same period.¹¹³

The Soviet proposal represented a clear challenge to American leadership within the WHO. But while the Soviets complained that their small-pox eradication program was being treated in such a niggardly manner by the international community,¹¹⁴ the Americans disparaged the Soviet initiative as part of a broader plan for world domination. As one American expert explained,

the ultimate political objectives of the US and the Soviet Union are diametrically opposed. The US wishes to preserve the traditional Western system of free and independent nations. The USSR seeks world domination. Yet, through the WHO, both nations can advance in a number of ways their competing foreign policy objectives, even though, ironically, the WHO, like other UN agencies, was founded on premises completely inimical to avowed Soviet objectives.¹¹⁵

In 1960, amidst the Algerian war and the Congo conflict, the Soviets insisted that the principles laid down in the WHO constitution would remain empty promises until the (neo)colonial grip on the developing world had been broken by cooperation between the socialist countries and national liberation movements. At the December 1960 meeting of the WHO, an alliance of socialist and Third World countries secured the passage of a “Declaration on the Granting of Independence to Colonial Nations and Peoples and the Immediate Task of the WHO,” which reasserted the importance of national self-determination and committed the organization to take steps to secure this goal.¹¹⁶ This alliance came together again in 1964 in a vote to suspend South Africa from the WHO because of its policy of apartheid.¹¹⁷

Despite the money and energy devoted to cultural exchange and medical aid programs, trade and technical aid was the primary vehicle for Soviet policy in the global South. Although the Soviet Union had provided some assistance to Afghanistan in 1953, Moscow did not launch a systematic development aid program until 1955.¹¹⁸ The Soviet Union signed agreements with India, Egypt, and Indonesia to fund the construction, respectively, of the Bhilai steel plant, the Aswan dam, and an enormous stadium in Jakarta to host the Asian Games. All of these projects were symbols of national independence, and they were central to nationalist efforts to overcome both the structural weaknesses of their economies and their dependent position within the global economy.¹¹⁹

The Soviet Union’s opening to the Third World in the mid-1950s coincided with Egypt’s search for a counterweight to Israeli power and

British and French influence in the region.¹²⁰ Although the United States (together with the British and the World Bank) offered a loan to construct the Aswan dam, the preconditions they imposed would have given them de facto control of Egypt's economic and foreign policies and blocked the purchase of arms from the Soviet bloc. These conditions were unacceptable to the Egyptians, who regarded them as a form of neocolonial rule. In 1955, the Egyptians agreed to buy arms from the Soviet Union (with Czechoslovakia serving as a front for the deal). Nasser's attempt to play off the Soviets against the Americans angered the latter. The Western powers were further antagonized by the Egyptian decision to recognize the People's Republic of China. At that point, the Soviet Union stepped in and offered the Egyptians \$100 million in credits at half the rate demanded by Western banks. Shortly thereafter, the United States withdrew its loan offer in order to both punish and pressure the Egyptians, whom the Americans deemed incapable of planning and executing the Aswan project without foreign assistance.

At the time, West Germany was under attack from the Pan-Arab League for its restitution agreement with Israel. When the Egyptians asked West Germany for assistance in planning the Aswan dam, the Adenauer administration eagerly seized the opportunity to smooth over relations with the Egyptians. A consortium of West German firms then worked on the preliminary hydraulic, geologic, and structural engineering plans for the dam. The nationalization of the Suez Canal in July 1956 was quickly followed by the withdrawal of the French and British engineers involved in preliminary work on the dam, a ban on urgently needed spare parts for the construction equipment on the site, and then the Suez Crisis later that fall.¹²¹

The Soviet bloc countries hoped that technical aid programs would serve as effective advertisements for socialist modernity in the nonaligned world. Even with regard to projects that were smaller and less politicized than the Suez Canal, the Western powers were opposed in principle to extending loans for building public sector industries. By contrast, leaders of postcolonial states believed that long-term, central planning was necessary for fast and efficient development. When Ghanaian president Kwame Nkrumah visited Washington in 1958, Eisenhower told him that the Ghanaians should look for private sector financing, rather than American aid, for the \$850 million Volta River project. Nkrumah replied that "Africa has no choice. We have to modernize. Either we shall do so with your interest and support – or we shall be compelled to turn elsewhere. This is not a warning or threat, but a straight statement of political reality."¹²² Nkrumah did not need to name this "elsewhere."

The Soviets and the East Germans often cited the construction of the Bhilai plant as evidence of the superiority of Soviet engineering over that of West Germany and Britain, which were building steel plants in Rourkela and Durgapur at the same time. In the course of the construction of the Bhilai plant, the Soviets also trained more than 5,000 technicians and workers. Although a large number of Soviet engineers worked in Bhilai between 1958 to 1961, fewer than fifty Soviet experts were needed to stay on after the project was completed. Indian engineers and technicians trained by the Soviets later formed the backbone of the Hindustan Steel Works Construction Ltd, which was established in 1964.¹²³

In a speech delivered when the Bhilai plant began operation in 1959, V.K. Krishna Menon – India’s defense minister, former ambassador to the Soviet Union, and a delegate to the Bandung Conference – argued that the plant represented a landmark in relations between both Asia and Europe, and East and West: “For centuries... Asians and Africans had been treated as hewers of wood and drawers of water. Their role was to produce raw materials and to sell them cheap to the nations of the West, which grew rich and still richer by turning them into manufactured goods and selling them at fabulous profits... Bhilai was the first big dent into this system.”¹²⁴ By contrast, West Germany’s Rourkela project turned out to be an “unhappy and embarrassing experience.”¹²⁵ From the moment the Germans arrived in 1957, the Indians resented the fact that the Germans behaved in a “colonial style of racial segregation on the construction site,” and the Germans alienated their Indian co-workers by displaying what the latter characterized as “master race attitudes.”¹²⁶

Soviet bloc development aid was attractive for other reasons as well. As a rule, the Soviet Union extended to developing countries credits that could be used to purchase plant, capital goods, and technical services; these credits were offered at rates far lower than those offered by the World Bank or private banks in the West; and financing was structured in ways that would make it easier to repay these credits. In contrast to the aid offered by capitalist countries, which sought to turn a profit on financing, unequal terms of trade, and the exploitative transfer of technology, the Soviet bloc countries portrayed the terms of their aid as a gesture of solidarity toward the Third World.¹²⁷ The Soviet Union sometimes permitted credits to be used to obtain goods and services from other Council for Mutual Economic Assistance (COMECON) countries. For example, the Soviet Union effectively subcontracted out part of the work on the Aswan Dam to East Germany in order to elevate that country’s profile in the Middle East. To coordinate such work, COMECON created

permanent committees on foreign trade and the delivery of turnkey plants.

The Soviets were quite adept at exploiting technical aid projects for propaganda purposes. A Soviet camera team, headed by the famous documentary filmmaker Roman Karmen, spent six months in India filming *Morning of India* (1958). The film depicted ordinary Indians laboring to build a new nation by constructing irrigation canals, power stations, and so on. By showing the Soviets teaching Indians engineering and Russian, the film served to document the solidarity between the more advanced Soviet Union and the Indian people in their efforts to build a better future.¹²⁸

The Soviets were no less eager to show off their accomplishments at home. They invited visitors from abroad to tour dams and hydroelectric power plants. In 1959/60, a team of Egyptian engineers and hydrologists working on the Aswan dam visited the Soviet Union, where the Ministry of Electric Power Station Construction sought to impress them with Soviet manpower, machinery, and construction techniques.¹²⁹ Likewise, when a Guinean delegation arrived in 1959 to sign an economic and technical cooperation treaty, they were given a tour of Azerbaijan, which was presented as a model of how rapidly backward areas could be developed through state-sponsored economic planning. The visitors were duly impressed, and one of them told his hosts that “this is how I imagine Guinea when it becomes truly independent.”¹³⁰

These programs also offered certain advantages to the donor countries. By the late 1950s, the countries belonging to the COMECON found it increasingly necessary to establish links to the wider world because their level of industrialization had reached the point where they needed to import primary products from the Third World and to export manufactures in return. But the governments of these states were perennially short of hard currency with which to pay for the raw materials and agricultural products needed to fulfill the economic promises they made to their own citizens. By permitting Third World countries to repay their debt in primary product exports (or in nonconvertible local currencies, which could then be used to purchase such products), they were able to improve the domestic living standard and consumption, while partially integrating these Third World countries into something resembling a socialist alternative to the capitalist world economy. By 1960, for example, 86 percent of Soviet finished goods that were sold outside its own bloc were exported to the Third World, an increase of more than 1,340 percent over pre-1945 levels.¹³¹ Although such trade helped both reduce Third World debt obligations and improve consumption and living

standards within the socialist bloc, one might legitimately ask whether such arrangements amounted to a specifically socialist form of neocolonial rule. Whatever the ulterior motives of the socialist donors, however, these aid programs did present a meaningful alternative for developing countries. And the possibility of seeking assistance from the socialist bloc gave these countries a degree of leverage in negotiating for better terms with Western countries (as will be seen in greater detail in Chapter 7).

The Americans, despite their continued opposition to the economic policies pursued by many newly independent countries, recognized the attractiveness of Soviet aid and the corresponding need to develop new aid programs to contain the growing Soviet influence in Asia and Africa.¹³² These concerns were reflected in the message that John F. Kennedy sent to Congress in support of the Trade Expansion Act of 1962, where he noted that “the Communist aid and trade offensive has also become more apparent in recent years. Soviet bloc trade with 41 non-Communist countries in the less-developed areas of the globe has more than tripled in recent years; and bloc trade missions are busy in nearly every continent attempting to penetrate, encircle, and divide the free world.”¹³³ However, this problem was not easily solved. In 1965, Lyndon Johnson again warned that “if we default on our [development aid] obligations, Communism will expand its ambitions. That is the stern equation which dominates our age, and from which there can be no escape in logic or in honor.”¹³⁴

As long as the central institutions of the postwar humanitarian regime were dominated by the Western powers, however, there were limits to the ability of the Soviet Union to work through them to achieve their policy goals. Consequently, they, like the Western countries before them, soon came to rely on bilateral agreements to promote their policies in these parts of the world, rather than working through international agencies dominated by the Western powers. Between 1954 and the end of 1965, they provided a total of \$5 billion in credits to nonaligned countries (in addition to \$4 billion in military aid).¹³⁵

Many of the development projects sponsored by Eastern bloc countries were complex undertakings, such as the construction of the Aswan Dam and the East German regional reconstruction project to be described in Chapter 2. In the execution of these projects, technical experts were responsible for such things as surveys, project planning and design, construction supervision, the training of local technicians and workers, and the initial operation and management of the completed projects.¹³⁶ Between 1955 and 1965, more than 49,000 economic (i.e., nonmilitary) technicians from the Soviet bloc served in Third World countries. As can be seen in Table 1.1, in the mid-1950s the Soviet Union sent only a relatively small number of

TABLE I.1 *Soviet Economic Technicians in Less Developed Countries, 1956-1967*

| Area and Country | 1956 | 1957 | 1958 | 1959 | 1960 | 1961 | 1962 | 1963 | 1964 | 1965 | 1966 | 1967 |
|--|------------|------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|---------------|---------------|---------------|
| Total | 680 | 830 | 1,965 | 3,310 | 4,580 | 5,595 | 7,095 | 9,005 | 9,700 | 10,735 | 11,780 | 11,054 |
| Near East and South Asia | 665 | 755 | 1,470 | 3,040 | 4,095 | 4,090 | 5,415 | 6,865 | 6,635 | 7,415 | 7,195 | 6,990 |
| Afghanistan | 335 | 420 | 530 | 905 | 1,535 | 1,800 | 2,200 | 1,825 | 1,860 | 1,890 | 1,340 | 1,000 |
| Ceylon | | 5 | 25 | 15 | 10 | 25 | 20 | 35 | 40 | 40 | 85 | 85 |
| India | 220 | 250 | 495 | 1,120 | 1,000 | 580 | 550 | 735 | 745 | 1,275 | 1,500 | 1,500 |
| Iran | | 5 | 5 | 5 | 5 | 0 | 20 | 5 | 160 | 160 | 375 | 1,000 |
| Iraq | 10 | 0 | 0 | 240 | 295 | 465 | 750 | 1,000 | 500 | 500 | 500 | 500 |
| Nepal | | | | 25 | 25 | 45 | 40 | 65 | 70 | 75 | 270 | 100 |
| Pakistan | | | | | | 25 | 80 | 100 | 110 | 155 | 150 | 140 |
| Syria | 20 | 0 | 165 | 350 | 365 | 365 | 260 | 160 | 150 | 150 | 350 | 545 |
| United Arab Republic (Dissolved 1962) | 55 | 50 | 145 | 290 | 410 | 595 | 115 | 2,115 | 2,500 | 2,600 | 2,030 | 1,600 |
| Yemen | 15 | 20 | 100 | 80 | 400 | 150 | 300 | 825 | 500 | 550 | 595 | 480 |
| Other | 10 | 5 | 5 | 10 | 40 | 40 | 40 | 0 | 0 | 20 | 0 | 40 |
| Far East | 10 | 75 | 470 | 235 | 180 | 375 | 475 | 525 | 530 | 405 | 400 | 230 |
| Burma | | 50 | 120 | 65 | 55 | 25 | 25 | 245 | 50 | 45 | 40 | 40 |
| Cambodia | | 15 | 20 | 20 | 30 | 50 | 50 | 50 | 75 | 85 | 85 | 90 |
| Indonesia | 10 | 10 | 330 | 150 | 95 | 300 | 400 | 430 | 405 | 275 | 275 | 100 |

Table 1.1 (cont.)

| Area and Country | 1956 | 1957 | 1958 | 1959 | 1960 | 1961 | 1962 | 1963 | 1964 | 1965 | 1966 | 1967 |
|---------------------|------|------|------|------|------|-------|-------|-------|-------|-------|-------|-------|
| Africa | 5 | 0 | 25 | 35 | 300 | 1,125 | 1,200 | 1,615 | 2,530 | 2,905 | 4,180 | 3,810 |
| Algeria | | | | | | | | 25 | 525 | 820 | 1,150 | 1,480 |
| Congo (Brazzaville) | | | | | | | | | | 65 | 125 | 160 |
| Ethiopia | | | 25 | 25 | 35 | 100 | 60 | 120 | 170 | 215 | 575 | 380 |
| Ghana | | | | 5 | 120 | 200 | 275 | 235 | 460 | 465 | 735 | |
| Guinea | | | | 5 | 145 | 695 | 495 | 500 | 500 | 380 | 510 | 40 |
| Mali | | | | | | 85 | 180 | 285 | 300 | 270 | 335 | 355 |
| Morocco | | | | | | 5 | 25 | 0 | 0 | 0 | 10 | 70 |
| Somalia | | | | | | 15 | 70 | 330 | 355 | 395 | 370 | 370 |
| Sudan | 5 | 0 | 0 | 0 | 0 | 15 | 45 | 80 | 120 | 70 | 55 | 100 |
| Tanzania | | | | | | | | | 40 | 35 | 25 | 15 |
| Tunisia | | | | | | 10 | 50 | 40 | 45 | 90 | 175 | 315 |
| Other | | | | | | | | | 15 | 100 | 115 | 1165 |

Note: Highlighted cells indicate that no data are available.

technicians to Afghanistan, India, Indonesia, and Egypt. After 1960, however, large numbers served in the Middle East (Egypt, Iraq, Syria, Yemen) and southeast Africa (Ghana, Guinea, Mali) as these countries gained independence.¹³⁷

In addition to plant, machinery, and technical services, a substantial amount of Soviet credits and grants was used to fund the study of Third World students in the Soviet Union. Each year, some 600 students were admitted from Asia, Africa, and Latin America, the majority of whom studied engineering and medicine.¹³⁸ Most of these students studied at the Peoples' Friendship University in Moscow. This school had been founded in November 1960; and in February 1961, it was renamed the Patrice Lumumba University of Peoples' Friendship in honor of the murdered Congolese leader. Third World students also studied at other universities and at technical, agricultural, and medical schools throughout the country.¹³⁹ Tables 1.2 and 1.3 show the number of students and technical trainees, respectively, who studied in the Soviet Union between 1956 and 1964. In 1967, 5,710 African students were studying in the Soviet Union, while 2,230 more were studying in Eastern Europe.¹⁴⁰ The growing number of African students and trainees after 1960 mirrored the dramatic increase in economic and military aid to the region.

Students were nominated for study abroad by both the government and nongovernment organizations, including trade unions and youth groups. This policy reflected the Soviet desire to balance between maintaining good relations with the governments of nonaligned states and supporting communist parties in those countries. Fear of alienating the governments of nonaligned countries also underlay the Soviet decision to cease overt political indoctrination at the university. The hope that the institution would help build bridges to the Third World was also reflected in the fact that the university accepted students who did not possess the

TABLE 1.2 *Number of Students Beginning Academic Study in the Soviet Union, 1956–64*¹⁴¹

| | 1956–59* | 1960 | 1961 | 1962 | 1963 | 1964 | Total |
|---------------|------------|--------------|--------------|--------------|--------------|--------------|---------------|
| Middle East | 845 | 175 | 1,255 | 985 | 440 | 140 | 3,840 |
| Africa | 75 | 360 | 470 | 1,835 | 1,510 | 865 | 5,115 |
| Asia | 60 | 405 | 335 | 370 | 345 | 230 | 1,745 |
| Latin America | 15 | 80 | 140 | 265 | 195 | 140 | 835 |
| Total | 995 | 1,020 | 2,200 | 3,455 | 2,490 | 1,375 | 11,353 |

*Total number of students during 1956–59

TABLE 1.3 *Number of Technical Trainees from Third World Countries Present in the Soviet Union, 1956–64*¹⁴²

| | 1956–59* | 1960 | 1961 | 1962 | 1963 | 1964 |
|---------------|----------|------|------|------|-------|-------|
| Middle East | 180 | 280 | 200 | 465 | 140 | 1,610 |
| Africa | 0 | 10 | 290 | 155 | 255 | 410 |
| Asia | 1,020 | 95 | 225 | 190 | 635 | 675 |
| Latin America | 0 | 0 | 0 | 0 | 5 | 0 |
| Total | 1,200 | 385 | 715 | 810 | 1,035 | 2,695 |

*Total number of technical trainees receiving training during 1956–59

TABLE 1.4 *Subject of Study of Students Enrolled in Peoples' Friendship University, 1963–64*¹⁴³

| | Number of Students | % |
|------------------------------|--------------------|-----|
| Preparatory language courses | 848 | 34 |
| Engineering | 500 | 20 |
| Medicine | 397 | 16 |
| Economics and law | 311 | 13 |
| Mathematics and physics | 171 | 7 |
| History and philology | 143 | 6 |
| Agriculture | 99 | 4 |
| Total | 2,469 | 100 |

academic credentials needed to secure admission to universities in Western countries. A substantial number of these students studied Russian and other languages, with most of the remainder pursuing professional study in technical subjects, as can be seen in Table 1.4.

* * * *

Scholars have long recognized that East-West stalemate on the European continent led to the displacement of Cold War competition into the Third World, where it much more frequently degenerated into actual military conflict. However, the Third World was not merely a proxy in the ongoing struggle between the First World and the Second Worlds, where inhabitants had neither subjectivity nor agency. Rather, it was the battlefield on which the Cold War culture wars were fought. In the tragic drama played out here, the peoples of the Third World were both audience and choir. Just as Cold War empires – both capitalist and communist – harbored expansionist global designs based on their claims to be the

privileged agents of a secular and universalistic modernity, the categories through which the cold warriors of the global North understood themselves were culturally constructed through their imagined relationship to the South. In the following chapters, we will follow the diverse permutations of this process of competitive self-definition.

Moreover, the state-socialist aid described above represented a strategy for integrating the Third World into a Soviet-led global network of trade and aid. Such aid was based on the assumption that these countries could only achieve their ultimate goal of self-determined development by making common cause with the Soviet bloc in their joint struggle against capitalism and (neo)colonial rule and by emulating their model of socialist modernity. This assistance was beneficial to the developing countries to which it was offered. However, socialist bloc aid programs also reflected – in a postcolonial context – many of the parasitic, exploitive features of neocolonial rule that the socialist countries had considered characteristic of their capitalist foe. Last, Soviet bloc aid, including that provided by East Germany, was, like that of its Western counterparts, based on a narrative of specious notions of civilizational difference, and, as we shall see in later chapters, it unwittingly reproduced many of the problematic features of the Western-dominated humanitarian regime and thereby blunted its appeal to its would-be recipients.

In the 1960s, the nascent rivalry between the Soviet Union and China for leadership of the socialist bloc gradually spilled over into Asia and Africa, where, as we shall see in Chapter 9, the Chinese – and soon the Cubans – challenged the Soviet Union and East Germany for leadership in this domain of anti-imperialist solidarity and “mutually beneficial” aid. By the mid-1960s, however, Khrushchev was out of power; Nehru was dead; and Nkrumah, who had been one of the main voices of pan-Africanism, had been overthrown, as was the case with the leaders of Indonesia and Algeria, Sukarno and Ahmed Ben Bella. These events collectively marked the passing of the first Bandung generation, and from 1965 onward relations between the two blocs and the Third World were increasingly dominated by the Vietnam War.