Chapter 2

Some Milk and Some Fat, on Bread . . .

Maurice Pate, a businessman with a humanitarian record of helping the victims of two world wars, was the perfect choice for Unicef's Executive Director. This was not because of his qualifications—which were more than adequate—but because he had something else: a remarkable quality of personality, an aura, a touch of something people could only describe as saintliness.

Herbert Hoover called him 'the most efficient human angel I have ever met'. Speaking of the UN system, Secretary-General Dag Hammarskjold once said: 'The work of Unicef is at the heart of the matter, and at the heart of Unicef is Maurice Pate'. Pate's height, his distinctive crest of silver-white hair, his gentle manners, and his slow, deliberate way of speaking helped implant a memorable impression. But the physical presence was only a part of what came across to colleagues and associates. The charisma was hard to define, and never apparently consciously exercised. But it was what people most noticed and remembered about Maurice Pate.

Pate was born in Nebraska in 1894, the first child of a Midwestern banker and businessman. Three of his six brothers and sisters died in infancy: one from polio, one from diphtheria, one from intestinal infection caused by drinking unpasteurized milk—a classic pattern of family loss in places where child health care standards as yet gained little from modern medical science. Pate was a keen and conscientious student, who discovered during his years at Princeton that while he was not marked out for the highest academic or intellectual distinction, he had a flair for business and for establishing the kind of associations with people which somehow made successful living a pleasant and straightforward proposition.

After graduation, he began work in a family concern in Iowa, but became restless when the first World War broke out. He wanted to sign up in the Canadian forces, but his father suggested that he seek service instead with Herbert Hoover's Belgian Relief Commission. He was young—twenty-two years old—and not fluent in French. But he managed to be signed on, and late in 1916, he was put in charge of food distribution in the Belgian county of Tournai. Here he received his first lesson in how to make an

operation work by devolving responsibility onto other people, in this case local relief committees. This influenced his management style throughout his career. He also earned Hoover's personal notice and esteem. Typically for Pate, he credited the success of his work with the confidence the 'Chief' had placed in him, and this, too, became a model he tried to copy.

After the war, he again served Hoover in famine relief in Europe. He went to Poland for the American Relief Administration (ARA), where he organized feeding for more than a million children. In 1922, when the ARA disbanded, Pate decided to remain in Warsaw as a representative of various US banking and business firms. In 1927, he married Jadwiga Monkowska, the daughter of an old Polish landowning family. Pate stayed in Poland until 1935, and these thirteen years later had a profound effect on the rest of his life. By the mid-1930s events in Europe had become ominous, and Pate decided to return to the US. His wife did not accompany him, but he remained—at least in his mind—married to her until she died in 1960. Back home he led an unpretentious life as a bachelor, and continued to prosper.

In September 1939, when the German army invaded Poland, Pate went at once to Washington and volunteered his services to help the Polish people. With Hoover's backing, he became president of a private organization, the Commission for Polish Relief. In this context, he came to know Ludwik Rajchman. Another person who also became a lifelong friend at this time was Helenka Pantaleoni, a Polish-American deeply committed to women's and children's causes and who later became Pate's staunch associate.

Pate put to work the old Hoover combination of neutral ethics and efficiency, purchasing supplies and parleying with the German authorities to deliver them to the beleaguered Polish people. These efforts came abruptly to an end with the US entry into the war. Pate then joined the American Red Cross as director of relief to prisoners of war in Europe and Asia. This involved a large and complex programme of supplies purchase and shipment, via neutrals and through enemy lines; it saved the lives of many thousands of prisoners trapped in a disintegrating Germany. After the war was over, he joined Hoover's entourage for the grand old man's food survey on behalf of President Truman. By this stage he had already begun to resume his life as a businessman in the Midwest. He did not intend to continue a humanitarian career, unless the 'Chief' asked for his help in some other special tour of duty.

The request to head the 'ICEF' did not come from Hoover, but it meant serving an organization that his food-mission broadcasts had helped to create, and it received his keen endorsement. Pate did not envisage that the 'ICEF' would live longer than the few postwar emergency years; after the earlier war, the child feeding kitchens had closed down once life returned to normal. He therefore accepted what he saw as an urgent assignment, something which would keep him occupied for a while before

he went back to his business life in the Midwest. He stipulated only one condition: there must be no discrimination against children of any nationality, least of all the 'ex-enemy'. In the spirit of the UN, all Unicef's founding fathers were thoroughly agreed on this point. He also insisted that he should have a clear line of authority from the UN Secretary-General Trygve Lie himself, and that he should be completely responsible for the choice of his own personnel and the direction of Unicef's activities. Lie assured him that the Executive Board was not intended to run the organization, but to meet occasionally and discuss policies and programmes.

Early in January 1947, Pate set up an office in Washington and hired a secretary at his own expense. He was relatively well-off and hesitant to take a personal salary; friends persuaded him to the contrary. He then began to put to use both his businessman's skills and his diplomatic ingenuity. Estimating what it would cost to feed the twenty to twenty-five million needy children in Europe, plus another thirty million in Asia, Pate and Rajchman initially thought in terms of an all-sources budget of $450 million: they were, it seemed, almost single-handedly taking on the task of saving the lives of an entire generation. That rather larger task than anything Unicef then, or since, could conceivably have managed to accomplish was an integral part of the whole process of European recovery, whose chief engine was shortly to become the Marshall Plan. In early 1947, it was still not easy to see that the role of private philanthropy had significantly changed in the new international order. Pate's and Rajchman's sense of urgency that the despatch of additional food supplies must not be delayed and that European children depended on Unicef, was very real. Pate spent much of his first few months trying to ensure that Unicef would be awarded a large contribution from the US Congress, and exploring other avenues of support in the belief that the balance of UNRRA residues could not possibly go as far as needs demanded.

Maurice Pate was the most modest of men, self-effacing almost to the point of obsession. He only ever admitted to having usefully brought two qualities to his leadership of Unicef: one was the ability to pick the right people for his staff; the other was his talent as a fund-raiser. Others would have cited his ability to make things happen, not because he was a mover and shaker in the Rajchman style, but because he slowly and inexorably pushed ahead without ever entertaining the notion that they could do anything else. If an obstacle, which to others might appear insuperable, appeared in his path, he simply neglected to notice it until it went away.

His negotiating style was similar; he was patient and gentle, but he seemed to have difficulty in hearing obstructive opposition. This was not contrived; it was part of that otherworldliness he possessed, innate rather than accomplished. Pate's ability to inspire support and financial generosity from individuals and governments alike was the most important factor in the creation of Unicef as an organization rather than as an idea.

His talent for attracting money was far from being an obvious attribute. With his slow, sometimes painfully slow, way of speaking, he did not have the usual kind of salesman's charisma. He did not have a flair for rhetoric nor for publicity, except of the solid and traditional kind. He credited his ability to his experience in business, which had given him a keen sense of financial values and helped him arrive at a formula for combining risk with caution. But there was more to it. Like his mentor the 'Chief', he believed in the self-evident moral duty of everyone who could to give a helping hand to those who were less fortunate. The way in which he projected this belief conveyed a conviction which few could resist. He did not indulge in populist slogans or intellectual arguments. He just behaved as though everyone else had the same beliefs and generous nature as his own. It was not naïve; it was utilitarian. It worked as well with statesmen as with school children. Even if he did not really think that everyone was an angel, he certainly believed that everyone had some capacity to be one, and his attitude towards people tended to make them want to try, at least while they were in his company.

Pate never forgot that Unicef was dependent on the goodwill of citizens and their governments. In early 1947, the government of the country of which he himself was a citizen was the only possible source of large infusions of financial aid; but as other countries recovered from the war, their governments and citizens might become generous. Pate's idea of how to build up Unicef's fortunes was very pragmatic. The organization should constantly be in the thick of action, and when the dust settled it should be judged on its achievements. If the results for children were convincing and cost-effective, Unicef's reputation would be its own best advertisement.

Pate set up an organization designed to take action, he unflinchingly took it even in circumstances which were uncomfortably close to the edge of its existing competence. He relied on carefully-chosen lieutenants, to whom he gave a very free rein. The organizational atmosphere he thought most conducive to success was that of a family, and his kindly and avuncular figure lent itself to the role of *pater familias*. He took a personal interest in all his staff, and he did the same with Executive Board delegates, political allies, and professional experts, placing great importance in cultivating close relationships with all those who were Unicef's actual or potential givers and takers.

Maurice Pate, who never became a father himself, was an honorary father of the world's children, and a friend to everyone who knew him. He was that rarest of human beings, someone of whom it could genuinely be said that he never had an enemy in his life.

Maurice Pate's feeling for the Polish people after his years in Warsaw, together with Rajchman's nationality, created a special relationship between

Unicef and Poland. Apart from the Ukraine, Poland had suffered longest and worst. Accompanying Hoover to Warsaw in March 1946, Pate had discovered at first hand what this had meant. He was deeply struck by the poverty visited on a country which held for him many associations of graceful living, solid warmth and family comfort. The evil unleashed on Poland, and on much of the European heartland, would require years of reconstruction, human and physical, to dispel.

Although then it was more than a year since the Allied armies had liberated Poland from Hitler's occupation, the people were still short of many basic essentials. During the war, six million Polish lives—almost a fifth of the population—had been lost. The savagery of the German occupation was a retaliation against the Polish people's refusal to co-operate with their invaders. Throughout the countryside, agriculture had been destroyed; cattle and herds had been slaughtered; horses led away; machinery smashed; and land ground under the heels of invading armies. Industrial plant was mostly wrecked or at a standstill. Hundreds of thousands of the country's professional and administrative classes had been systematically murdered, or led away to concentration and forced-labour camps. Over one million children—the best specimens—were taken to Germany from towns and cities, and sent into special child camps for slavery. All universities and medical schools had been forcibly closed; giving or taking educational instruction in this period of darkness had been made a crime punishable by death. By the end of the war, half the country's doctors were dead and the health services decimated. Infant death had soared, along with the spread of communicable disease. Hunger and exhaustion, and the crowding of fragmented families into camps and ghettoes had taken a heavy physical and psychological toll. After the Warsaw uprising had been put down in October 1944, the entire city had been razed to the ground. In Poland, Hitler's apocalyptic dream about what he would do to the world had been all but fulfilled: 'We shall leave an inheritance of ruins, stone heaps, rats, epidemics, starvation, and thereby western civilization will perish'.

In March 1946, Pate had discovered the children of Poland in a pitiful condition. 'The food of many poor families is little more than watery soup, carried from a nearby kitchen', he reported. 'In some parts of the country, families are living on potatoes. The women walk miles each day, begging and foraging for food.' Problems were not confined to diet. The destruction of housing meant that many families occupied buildings which constantly threatened to collapse. In ruined Warsaw, some were living underground in the sewers, and in cellars which were dark, damp and rat-infested. Everywhere were pale faces and undersized bodies. Clothing too was short. In winter, many children were too poorly clad to go out of doors, nor could they go to school for lack of shoes. Most tragic of all was the destruction of families. Among Poland's children and young people, more

than one-seventh had lost one or both parents. The tremendous dislocations of the years when family members were forcibly removed to the death camps was still pathetically in evidence. On the walls of abandoned buildings little messages fluttered: 'To So-and-So. Your grandmother is the only survivor. She is at So-and-So'.

As the war ended, UNRRA relief supplies arrived in Poland via the Black Sea. Altogether two million tons of supplies were imported into Poland before the end of 1946. Food—and trucks, locomotives, even horses for its distribution—helped stave off hunger at a critical period, and medical supplies prevented epidemics of typhus and typhoid. During 1946, the Polish authorities ran a supplementary feeding programme for over one million children and mothers on the basis of UNRRA rations.

At the end of that year, UNRRA folded up its operations. A few cargoes, delayed by Baltic ice, arrived in the spring of 1947. After this, the feeding programme closed down. In the early summer, a team from FAO went to Poland to carry out a survey of agricultural needs. So alarmed were they by the degree of chronic nutritional deficiency among the children that Sir John Boyd Orr, FAO's Director-General, wrote at once to Ludwik Rajchman with an appeal: 'There is an urgent need for immediate help for Polish children. Your organization is the only one I know which can act immediately'.

In the pre-television era, the full enormity of the wartime devastation not only in Poland, but in southern Italy, Germany, the Ukraine, and many other countries in eastern and central Europe was not fully appreciated, particularly in North America, either by the public or by administrators and policy-makers. UNRRA had released a film in 1946 called *Seeds of Destiny* to portray the misery endured by the children, and its brutalizing effect on their personalities. This film was too late to do anything to keep UNRRA in existence, but it was widely shown for fund-raising purposes by many of the voluntary organizations. It enabled them more than anything to send aid to war-torn Europe, and helped raise $200 million.

The film showed the thin bodies and white faces of children living in bombed-out buildings, sleeping in dank bunkers—the only shelter their homeless families could find against the terrible cold of the 1946–47 winter. The first two postwar harvests were a disaster everywhere; drought compounded the problems facing countries trying to reclaim battlefields from weeds—and trying to plant crops with little seed, less fertilizer, and no draught animals to help plough or reap. Food was only one of the problems visible everywhere. In southern Italy, young boys lived in caves and roved the streets like packs of wild creatures. In Czechoslovakian villages, children who had never had a proper pair of shoes or a warm coat ran barefoot in the winter cold. In parts of Germany, rubble and shell craters were the children's playgrounds. Every country had its orphanages overflowing with the victims of war, some of whom were maimed both

physically and psychologically. The most makeshift arrangements were made to care for the sick; in every household, the sound of coughing might remorselessly herald another small tragedy.

During the spring of 1947, Maurice Pate began to assemble the first members of his Unicef team—many of whom brought valuable UNRRA experience with them—and to plan the shipment of food to the children of Europe. At this stage, he did not envisage that any elaborate organizational network would be required to support their delivery and use in the countries of destination. But he thought it would be useful if Alfred Davidson, previously UNRRA's legal counsel and now helping to set up the International Refugee Organization (IRO) in Geneva, opened up a small liaison office for Unicef in Paris. Davidson had larger ideas. He accepted Pate's invitation and immediately set about developing the strong Unicef network in Europe he believed the programmes would need, backed up by a Paris headquarters of some administrative and operational sophistication.

In many European countries, as in Poland, Greece, and Italy, Unicef was able to take over many of the existing UNRRA staff, as well as its office facilities, bank accounts, vehicles; even its stationery. But there were some countries, such as Bulgaria and Rumania, where UNRRA had not been operational, but whose children were also in serious need. Davidson negotiated agreements with governments all over Europe to prepare the way for the administration of Unicef supplies and new or resurrected feeding programmes. He also hired chiefs of mission, some of whom were destined to work in countries where conditions were becoming increasingly politically sensitive. Davidson also recruited some people of considerable prestige from Rajchman's network of old League of Nations contacts, as well as some of UNRRA's European staff. As his deputy, Davidson was fortunate to be able to use the services of one of Rajchman's long time associates, Dr Berislav Borcic.

Borcic was a Yugoslavian public health expert who had worked in China for the League of Nations during the 1930s and more recently as a senior UNRRA/WHO official. In 1948, at Unicef's request, he was seconded from WHO to give technical advice on medical programmes and liaise between the two organizations. He became an important Unicef figure, not least because in the early days he formed a bridge between WHO reservations about Rajchman's ambitions and his legitimate desire that Unicef become involved in programmes which would contribute some lasting benefit to children's well-being.

The immediate priority in summer 1947, however, was the poor nutritional condition of millions of European children. The food shortage thought to be most damaging for children was that of milk. Throughout Europe, war and occupation and their effects on farming life had depleted the number of milk cows and lowered their yields. In some countries, milk production had been lowered by as much as forty or fifty per cent. The first priority in

restoring agricultural production were the staples: grain for bread and animal feed, and root crops such as potatoes. All the foods regarded by the best nutritional wisdom of the day as 'protective' of children's health—not only milk, but fat, meat, and other sources of protein and vitamin—were everywhere in short supply, and impoverished countries short of foreign exchange could not afford to import them.

At Unicef's request, an expert group of paediatricians and nutritionists from FAO and WHO met in July 1947 to offer advice on the prospective food shipments for children, the best and most economical ingredients, and how rations should be computed. They recommended that supplies should consist of animal protein, calcium and vitamins. One of the group, Dr Martha Eliot, Associate Chief of the US Children's Bureau, became Unicef's principal technical adviser for child feeding. Eliot travelled all over Europe to all the thirteen countries where Unicef was about to begin food deliveries, and her surveys of needs had a critical influence on the development of the local programmes.

The main ingredient was milk, whole and skim, in the form of powder, still a relatively recent food-processing technology; whole milk was for infants, and skim milk for pre-school and school children. As well as milk there was fat in the form of margarine, lard or coconut fat; vitamins A and D in the form of cod- and shark-liver oil; and small amounts of fish, meat, and cheese. These nutritionally rich ingredients were calculated in quantities of 250–300 calories per child per day. The receiving countries provided grains, potatoes, and vegetables from their own resources to combine with the protective foods in a supplementary meal which children ate at school, nursery, kindergarten, sanatorium, or summer camp. For small babies, whole milk rations were given out to their mothers at health clinics to take home.

At the end of August 1947, Unicef's first shipment of three million pounds of powdered milk left New York by sea for destinations in Austria, Greece, Poland, and Yugoslavia. Already, programmes had been approved by the Unicef Executive Board in these four countries and seven others: Albania, China, Czechoslovakia, Finland, France, Hungary, and Italy. Other shipments followed over the course of the next weeks. On 6 October the SS *Mark Hanna* from New York docked at Gdynia in the Baltic Sea to offload 450 tons of whole powdered milk for the children of Poland. A welcoming ceremony took place on the quay, which was attended by Unicef's Chief of Mission from Warsaw, Earl Bell, officials from various Polish ministries, and 800 school children. A Polish Councillor gave gracious thanks 'to the noble donors—the United Nations and the American people'. The children sang songs, recited poems, and gave a speech, after which they were invited on board by the captain and crew who gave them sweets and oranges—treats never seen by them before.

Within a few weeks, children's feeding programmes in Poland and

in other countries were moving into action.

By mid-1948, Unicef was providing rations for 4·5 million children to eat a daily meal in around 30,000 locations in twelve countries. This only represented an average of nine per cent of the children in any country, although in several—particularly in Austria, Bulgaria and Greece—the proportion was much higher. The largest programme was in Italy, where over a million school children received a daily drink from their local 'milk bar'.

Maurice Pate, returning from a visit to Bulgaria, Czechoslovakia, France, Hungary, Italy, Poland and Rumania, reported that even in remote villages and tiny feeding stations the name of Unicef was known and supplies were getting through. Constant reassurance to the American public was considered vital to Unicef's success; the unhappy publicity surrounding the work carried out by UNRRA was too recent a memory for comfort. The scale of Unicef's feeding schemes never grew beyond the relatively modest. Unicef was not bringing an entire generation of children back from the brink of starvation, although sometimes the glow surrounding Unicef's name gave this very exaggerated impression. A great number of children, however, were unquestionably gaining in health and strength from an effort in which Unicef played an important part.

The way the feeding programmes were run varied from country to country, but in their essentials they were similar. All the schools, kindergartens, orphanages, and health clinics to which rations were delivered were under the supervision of a government ministry charged with co-ordinating its efforts in joint committees at national, district, and local level. Unicef did not operate autonomously, picking this or that school or health institution to receive its assistance. According to its agreement with the country in question, it channelled its supplies into a programme whose authority came from the government and which was carried out by government officials, often with help from local committees of parents, teachers, or volunteers. It was a format from which, in its essentials, Unicef has never subsequently deviated. The task of the Unicef mission was to try and see that the right supplies were procured and delivered, to monitor their use, and to help local officials iron out problems they ran into.

Unicef tried to give assistance so as to stimulate permanent enthusiasm for the protective virtues of milk and mass feeding for children. Enthusiasm for dried milk was greater among those who did not have to eat it: at this stage in its development, the product was not easy to reconstitute and had a strong flavour. It had to be carefully cooked with other ingredients to make it palatable. The distribution of recipes to schools whose teachers were not equipped with culinary imagination was just one of the extra tasks the feeding entailed. Also, some officials were not enamoured by the odder ingredients that sometimes appeared among Unicef cargoes; it required the serving of a gourmet dish of whalemeat at their next meeting to

convince one national co-ordinating committee that this ingredient was usable. These and the many organizational problems having been overcome, Unicef hoped that countries would sustain their feeding programmes indefinitely. Some—Austria, Finland, Czechoslovakia, and Poland—did so, continuing to provide a regular meal in schools long after Unicef supplies ceased to arrive.

Other basic essentials besides food were in desperately short supply. Everywhere in villages and towns, children were running around barefoot and in rags. There was almost no soap, no clothing available, and no shoes. For many mothers of newborn infants, there was nothing except newspaper to use for a diaper, and rags and paper also had to serve as blankets in the depths of winter. Unicef purchased raw materials—cotton and wool, leather for shoes—which were imported, and manufactured on the spot. In Poland, Warsaw's National Research Institute for the Mother and Child, set up in 1948 as part of the programme for health care recovery, offered every mother of a newborn baby a layette with diapers, shirts, and blankets. With each came a message of congratulations, and advice about the baby's care. 'A clean and satisfied child never cries', the booklet stated optimistically. Mothers were encouraged to breast-feed and to take their babies regularly for a check-up. In Germany, where food rations were already provided by the postwar occupation forces, help took the form of cod liver oil, wool for warm underclothing, and leather for shoes.

In 1948, the harvest in most European countries finally recovered. Dread of famine receded thankfully into the past. Unicef continued to send some 'milk and fat to be spread on bread . . .' for the next two years, reaching six million children through 50,000 schools and other locations in the spring of 1950. But by then, Unicef's chief preoccupation with milk had moved on from the imported variety to the home-grown.

In October 1947, Unicef's Executive Board had directed Maurice Pate and his staff to start thinking about how to secure 'the maximum amounts of safe milk for children from indigenous production'. Information about dairy herds and milk-processing equipment was solicited from a number of European countries. The verdict was that many of them not only suffered from a shortage of cows, but that the sanitation of milk was poor, and dairy factories had little in the way of equipment for pasteurization and bottling. In the late spring of 1948, dairy experts from various governments sat down with FAO specialists at a conference in Paris. They were aware that, during what was known as the 'flush' season, there was often a milk surplus which children in non-dairy areas and in other seasons badly needed. The problem was how to conserve the milk and redistribute it to those children most in need.

Unicef took part in these discussions, and soon afterwards established a

joint Unicef/FAO Milk Experts Panel which could advise a country's agricultural ministry and dairy industry. In July 1948, $2 million was set aside for support to milk conservation projects. This was the first step in a new Unicef direction. Before long, Unicef had started to recruit engineering consultants for its Milk Conservation Programme. Although their presence in a children's organization appeared an anomaly at first glance, they filled a special gap at a useful moment when no other UN organization was in a position to help.

The head of the team was Donald Sabin, an American who had served UNRRA in Poland and had previously been on the staff of the US Department of Agriculture. Most were dairymen of the technical variety, men who knew about the manufacture of dairy produce, and could advise on equipment—pasteurizers, dryers, coolers, and bottling chains—and the construction of plant.

While Unicef's assistance to milk conservation was intended to revitalize and speed up the rehabilitation of dairies, so as to make more milk more cheaply available to consumers and therefore to children, it had a much more specific focus. The milk which emerged from a piece of dairy equipment provided by Unicef was primarily intended to replace the milk currently imported by Unicef for child feeding programmes. Plans to distribute milk products to children and nursing mothers either free, or heavily subsidized, must therefore form a part of any country's milk conservation agreement with Unicef. Where possible, there should be an actual link with an existing feeding scheme.

The Milk Conservation Programme in Europe was Unicef's first attempt at combining idealism with a carefully limited investment in industrial enterprise. Its success paved the way for later attempts of a similar kind which were not so wise nor so economically viable. In Europe, the dairy industries were relatively well-established; the small boost that Unicef tried to give them in the direction of children was easy to accommodate within their existing pattern and their plans for rehabilitation and growth. Although it was a modest programme, it was imaginative, and it received widespread acclaim from recipient governments.

In certain milk-flush areas, the best way of preserving milk was by drying. One type of assistance offered by Unicef was the imported machinery needed in order to set up milk-drying plants. In Czechoslovakia, Unicef provided the equipment to set up three such plants, while the government built the extra dairy buildings needed to house them, and met all the costs of local freight and labour, and provided all materials which could be furnished from within Czechoslovakia: an investment fifteen times the value of Unicef's. The dried milk produced was given free to all children in orphanages and hospitals, and sold at a fixed low price to mothers of infants under one-year-old. The number of the children in these categories amounted to 320,000. Any supplies left over went into the school feeding

programme, currently reaching 510,000 children. This arrangement was typical of those drawn up with Yugoslavia, Bulgaria, and Poland for similar investments.

One of the Polish enterprises selected for help was at Wrzesina, a small town some 150 miles west of Warsaw. During the war, the factory had been run by Germans, who set milk quotas for local farmers and used the milk for the German Army. When the war ended, they killed all the cows or took them away. A few were hidden by their owners. The factory buildings at Wrzesina were in disrepair, and there was no milk for them to process. The owners re-started milk production from a herd of goats, and gradually the local cows calved and multiplied; but it took several years before milk again began to flow from the factory. By 1949, the dairy at Wrzesina was producing a small surplus. It became the site of the first of five powdered-milk plants in Poland. All five were completed by December 1950 and, by June 1951, their combined monthly production was 400 tons.

In most countries—including Poland—the national dairy authorities were fully aware that, however hard they tried to instil in the public mind a respect for dried milk, what most people wanted was milk from the cow.

The problem was that raw cow's milk was often unsafe. In many countries, therefore, Unicef provided sterilizing and pasteurizing equipment for fluid milk. Its provision was tied to what was described as a 'sound milk policy'. Pasteurized milk from a dairy was bound to cost more than raw milk taken from a cow tethered in a back yard. If both were available, it would be difficult to ensure that the poorest children—those Unicef's aid was meant for—received the benefit of the safe milk. Unicef's agreement with the Greek government, for example, stipulated that in the places where its equipment was installed, pasteurized milk at the same price as raw milk would be supplied to local children. In France, where the dairy industry was more developed, the undertakings went much further. Legislation was passed to outlaw the sale of raw milk in cities where Unicef equipment was installed; a ban followed on the sale of raw milk in all towns with a population of more than 20,000. The dairies receiving Unicef equipment were also bound to supply milk to its value as part of the programme of free milk distribuion in schools. For a total of $700,000 from Unicef, France had been enticed into making landmark decisions affecting children's health.

By 1950, 2·5 million litres of milk a day were flowing through the equipment provided by Unicef in eight European countries. The milkmen had done a useful job. Their success encouraged Unicef to look for new cows and new dairies further afield—in the Middle East, central America and Asia.

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Not only was there a postwar nutritional emergency among children, but a health emergency as well. During the war years, infant death rates had risen dramatically in many countries; in some of those areas still affected by famine in the terrible winter of 1946–47, nearly half the babies born alive died before their first birthday. Mothers' own debility from lack of good nutrition lowered the average weight of their babies at birth, and premature and still-births were common. Children of all age groups were underweight for their years, and their unrobust condition made them prey to many diseases whose infection rate had rapidly increased: rickets was increasing; dental decay and skin disease were common; in countries of occupation venereal disease was widespread; and the rate of infection from the 'white plague'—tuberculosis—had soared.

Typhus had stamped the aftermath of the first World War; by the end of the second, although typhus was still an epidemic disease in certain areas of central Europe, dusting bodies and clothes with DDT provided an effective barrier to its fearful capacity to run loose. In the baggage train of the second World War, the disease whose control was most elusive was tuberculosis, particularly in its most dangerous forms: miliary tuberculosis and tubercular meningitis.

Everywhere in Europe, as the horrors of death and destruction began to recede, tuberculosis rates were found to have multiplied. In Yugoslavia, death from tuberculosis in 1946 was between 350 and 400 per 100,000 population, a rate ten times higher than in countries where there had been no enemy occupation and measures for tuberculosis control were in operation. In some parts of Poland, the child death rate from tuberculosis had risen by four times in seven years; half a million people were infected.

From Schleswig Holstein, alarming reports reached the Danish authorities that German children were suffering from epidemics of tuberculosis in its most lethal forms. The Danish Red Cross set up dispensaries for special treatment and sought help from the State Serum Institute in Copenhagen; its director, Dr Johannes Holm, was a leading tuberculosis specialist. He immediately recommended a mass immunization campaign using *Bacillus Calmette-Guerin* or BCG. This is a vaccine named after the two French scientists who developed it early in the century. In France, it had fallen into disrepute when the wrong strain was used during a vaccination campaign in 1929 and a number of people died. As a result of this disaster, its use in some countries, including the US, was prohibited. Trials in the Scandinavian countries gradually vindicated the vaccine, and by the time war broke out it had become common in both Denmark and Sweden to vaccinate newborn infants with BCG. Using it under clinical conditions, however, was very different from using it in a mass public-health campaign. This had never been done before.

Towards the end of 1946, with help from Dr Holm and his staff, the Danish Red Cross began to prepare immunization campaigns against tuberculosis in Poland and Yugoslavia. Requests soon arrived for similar efforts in Czechoslovakia, Hungary, and Germany. In November 1947 Count Folke Bernadotte, the President of the Swedish Red Cross, visited Denmark to discuss a joint anti-tuberculosis campaign, and by the end of the year it had become an international Scandinavian Red Cross venture with Swedes and Norwegians taking part.

Ludwik Rajchman, simultaneously considering how Unicef might best support an anti-tuberculosis drive, contacted Johannes Holm in December 1947. A few days before, Unicef's Executive Board had set up a committee to consider support to medical projects under the chairmanship of Professor Robert Debré, a prominent French paediatrician and friend of Rajchman. Holm convinced Rajchman and Debré that Unicef should participate in the Scandinavian tuberculosis campaign. Their plans were already well advanced and had Danish government backing; but they were facing problems, partly due to strict foreign exchange controls in the Scandinavian countries. Their mobile vaccination vans needed replacing, equipment was in short supply, staffing costs would be high. Unicef's assistance could dramatically expand the programme's reach. Rajchman and Debré enthusiastically agreed.

The story of Unicef's involvement in what became the International Tuberculosis Campaign (ITC)—the largest vaccination campaign ever undertaken up to this time—illustrates Rajchman's supreme grasp of how to manipulate political and administrative machinery to do something for popular health. At this time, the WHO Interim Commission was preparing to become, finally, the World Health Organization, the body formally constituted by UN member states as the single worldwide international health organization of the United Nations. There was a deliberate emphasis on 'single'; the League of Nations' health organization had never been able to assert its direction over a predecessor in international health affairs, the International Office of Public Hygiene, set up in Paris in 1909. Failure to effect a merger between these two bodies had limited the effectiveness of both. Rajchman, a main protagonist in the earlier stand-off, understood very clearly the difficulties Unicef might face from WHO—and from many member states of the United Nations—if it assumed a major role in an international health programme over which WHO had no control.

This was a moment when all the new specialized agencies of the UN—of which WHO was the one with the most protracted birth—were trying to establish their territory and their credentials. Unicef was not a permanent UN body—not the international repository of technical expertise and wisdom on any subject—but an emergency fund to rush relief supplies to children and mothers in need. According to any strict definition, it had no business getting involved with mass disease campaigns run under inter-

national auspices. But Holm's suggestion that Unicef join in an anti-tuberculosis venture was irresistible to Rajchman; it was a campaign after his own heart, exactly the kind of operation he would have desired to lead at the League of Nations. It was also true that Unicef could help in ways that WHO could not. WHO was not in a position to pay for supplies, vaccines, and equipment, in a disease campaign: it was an advisory body set up to offer expertise, not an organization with medical goods on the shelf to give out to prevent children and mothers becoming sick.

Rajchman knew that if Unicef was to be a partner in any health programmes at all—and its founding resolution had specified that it could lend assistance for 'child health purposes generally'—it must do so in a relationship of co-operation with WHO, deferring correctly to WHO's international supremacy in health matters. Neither his own overpowering reputation in public health, nor the distance some senior medical people preferred to keep from him personally, must become an inhibition to cordial partnership between the two organizations.

Borislaw Borcic's role as liaison officer in Unicef's European headquarters was the first important piece of the jigsaw puzzle. Now he saw an equally important role for Johannes Holm. Holm had recently been appointed chairman of WHO's expert panel on tuberculosis. If the same Dr Holm was the director and technical adviser of a tuberculosis control programme supported by Unicef, potential conflict with WHO could be avoided. Holm could also join Unicef's medical committee, the group that Rajchman envisaged undertaking a regular process of consultation with WHO technical experts. In late 1947 and early 1948, Rajchman put tactful but persistent pressure on Brock Chisholm, head of WHO, to help establish arrangements for WHO/Unicef co-operation: he could not be faulted for leading Unicef into autonomous action.

In March 1948, the idea of a joint enterprise for BCG immunization between Unicef and the Scandinavian Red Cross was discussed at Unicef's Executive Board. Holm was invited by Rajchman to present the case in its favour. Some of the delegates were not happy about the proposal: they did not believe that Unicef was the competent body to conduct programmes in the medical field. Mixed feelings within WHO IC about the use of BCG had an effect on some of the delegates. In favour of Unicef's involvement was the fact that the tuberculosis threat could definitely be described as a postwar emergency; that WHO IC itself was not in a position to offer the campaign the relevant supplies and services; and that machinery for consultation with WHO was in the making. Together these arguments carried the day. The possibility was envisaged that, at some future date, the children's fund might hand over its part in the BCG campaign to WHO. The Executive Board agreed to the expenditure of $4 million from Unicef's resources, and the joint enterprise was underway.

On 7 April 1948, the World Health Organization came into formal

existence. A few months later, in July, the first World Health Assembly met. Among the many other items on its agenda was the subject of WHO's relations with Unicef. A resolution was passed which was intended to put Unicef gently but firmly in its place. All international health projects should be planned and administered jointly with WHO, so that any of a continuing nature rather than just emergency band-aid should be handed over at the earliest opportunity. Pending WHO's assumption of all medical projects aided by Unicef, a Joint Committee on Health Policy would be set up with representatives from the two organizations to 'regulate' these projects; this Joint Committee was a purely temporary body, and would cease existence once the handover had been effected. In the case of the BCG campaign, the Assembly recognized that special circumstances pertained, namely the existence of agreements between certain nongovernmental organizations, governments, and Unicef. Rajchman had squeezed the joint enterprise under the wire.

When the new Joint Committee on Health Policy held its first meeting a few days later, the main item on its agenda was to resolve the differences in perspective between the WHO and the Unicef participants about the two organizations' areas of authority. The WHO representatives were, understandably, worried that a second UN agency operating in the area outlined in the WHO constitution—family health, environmental health, sanitation, disease control—might develop out of Unicef. Their assumption, as it transpired, was essentially correct: that is exactly what Unicef eventually became, but not with any independence of action until many years had passed and territorial boundaries had ceased to preoccupy either organization. In its first year or two of life, very few of those observing Unicef and its operations thought of it as anything more than an organization created to deal with a short-term emergency. Another of WHO's understandable worries was that Unicef might enter into long-term financial arrangements to carry out an international campaign—such as the ITC—and then expire, leaving WHO with the bill for something over which it had not been properly consulted and did not fully support. Rajchman and his Unicef colleagues assured their counterparts that Unicef would not obligate itself for health projects it could not fully finance from its own resources. In 1948, this essentially meant the BCG campaign; but other campaigns were also in the air.

Although reservations such as these continued to be aired in the Committee's meetings until the end of the decade, particularly as Unicef showed no inclination to curtail its health activities (rather the reverse), the relationship between colleagues from the two organizations was one of strong mutual respect. The Unicef representatives—Debré, Rajchman, Holm—were, after all, medical men of long experience. The purpose of both organizations was to further health among the peoples, the nations and the children, and issues of territory were minor compared with the

overall goal. In time, it became easier to define the roles of the senior and junior UN partners: WHO was the technical arbiter and adviser; Unicef offered goods and equipment, drugs, vaccines, and medical supplies. Unicef also paid for training fellowships for health personnel, and the advice of WHO experts on specific programmes when it was needed. For many years, Unicef felt under an obligation to seek WHO approval for any assistance it offered to health care programmes. At a point when this no longer seemed appropriate, the practice was dropped. Meanwhile, the Joint Committee on Health Policy did not turn out to be such a transitory mechanism. It still meets.

The ongoing frictions between WHO and Unicef did not inhibit Johannes Holm from pushing ahead with the various national BCG campaigns. BCG vaccination programmes on a modest scale had started in Poland and Germany in April 1947, and by mid-1948 had extended to Hungary, Czechoslovakia, Italy, Greece, and Austria. Holm gradually built up the Scandinavian teams of doctors and nurses and, on the strength of Unicef's contribution, was able to equip them with vehicles, medical supplies, fluid for tuberculin testing, vaccines, laboratory equipment, X-rays for diagnostic work, and streptomycin for tuberculosis therapy. In countries where mass vaccination was to be carried out, arrangements were made for educational and publicity materials. More and more countries began to request assistance from the ITC, including countries in North Africa, the Middle East, and far away in Asia.

Holm, who was inexperienced in mounting such a vast international exercise, consulted closely with Rajchman and Borcic. Rajchman advised him to decentralize authority for the programme as far as he could, and to choose young doctors with obvious leadership qualities to head the various teams. He impressed upon Holm the need to select and train the kind of young men and women who could become part of a new international cadre to serve organizations such as WHO and Unicef in the coming years. One of Holm's recruits was Dr Halfdan Mahler, a young Danish tuberculosis specialist who went to India to head the largest of the campaigns. This experience deeply influenced Mahler's ideas about health care in the developing world, and launched him on a career which took him in time to be the Director-General of WHO.

During 1948 and 1949, the anti-tuberculosis drive was concentrated in Europe. In most of the countries, the campaign's purpose was to vaccinate with BCG all children under 18 years old not infected with the tubercle bacillus. Such a campaign required a considerable degree of organization at national, district, and local level. Usually, all the medical teams concentrated in one province or district, and proceeded systematically to the next until the entire country was covered. This helped to blanket an area with information about the campaign and its purpose.

Two visits to each town and village were necessary. On their first, the

vaccination team carried out a test on all the children by injecting a few drops of tuberculin fluid into the arm. On their second, they would check every child for a reaction to the test; only those whose reaction was negative could receive a BCG shot. Not all of those whose reaction was positive would later develop tuberculosis; to detect active cases, further diagnostic work was necessary. In most parts of Europe, around half of the children tested positive; therefore the BCG campaign could expect to protect definitively the other half.

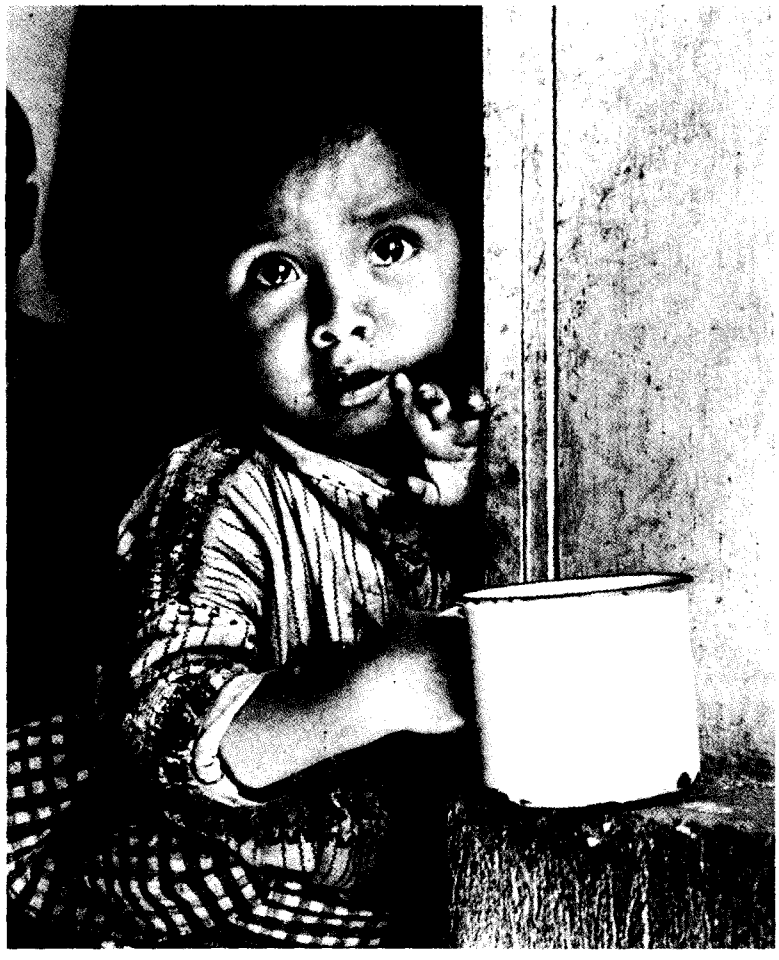
The teams found that the best way to reach every child was to start with the school children, and then test the pre-schoolers and post-schoolers at public vaccination posts: the school children were the best propagandists for assuring a good turn-out of the rest. The most difficult areas were deep in the countryside, where it was hard to inform people, let alone persuade them to travel long distances to bring their children on an appointed day. To be efficiently and thoroughly run, the campaigns required an almost military degree of planning and preparation.

In Poland, the BCG immunization campaign was enthusiastically welcomed and tuberculin testing began in July 1948. The campaign was the largest undertaken in Europe. Sixty Scandinavian doctors and nurses were joined by roughly the same number of Polish counterparts and many more auxiliaries and volunteers to carry out the testing. The vaccine was brought to Warsaw every week from Copenhagen by a special ITC airplane. In village after village, parents responded. Farmers took precious time off from working their land to wrap up their children and take them by horse-drawn cart to the village store or restaurant, temporarily transformed into a tuberculosis testing station. The teams worked fast: 400 tests an hour was the target. They went to schools, to orphanages, and to factories employing adolescents. By December 1949, the teams had tested nearly 5·5 million children, and vaccinated more than half of them. Once the mass campaign was over, Polish doctors and nurses continued carrying out BCG vaccination on a regular basis.

The results of the immunization campaign bore fruit everywhere. Doctors began to report a much lower incidence of tuberculosis among children. Special clinics which had been set up to treat babies with miliary tuberculosis and tubercular meningitis, at first besieged by parents with small patients, began to see their numbers decline. Medical circles throughout Europe were positive about the campaign's results, and began to move ahead with other measures to control and treat TB. Anti-tuberculosis centres were set up; laboratories equipped; diagnostic facilities improved; training courses were run for medical staff. In these projects to upgrade tuberculosis control and treatment in a number of countries, WHO offered technical advice, and Unicef furnished equipment in what was becoming a familiar pattern. Meanwhile, vaccination continued. By the time the ITC phase ended in mid-1951, almost 30 million persons had been tested and 14 million

Ludwik Rajchman, an international public-health pioneer whose experience and lobbying were crucial to the founding of Unicef in 1946. (*Unicef*)

In 1946, refugees returning to Poland travelled in boxcars provided by the United Nations Relief and Rehabilitation Administration. (*UN Archives*)

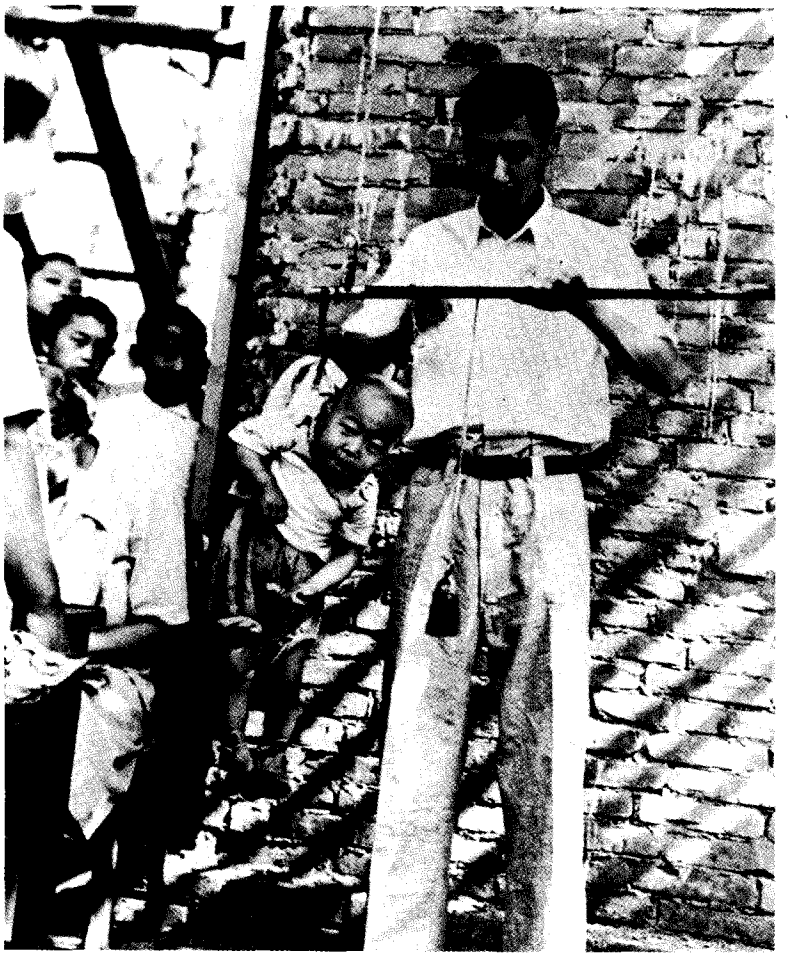


The fight against malnutrition: Guatemala. Here a child waits for free milk provided by Unicef as part of a supplementary feeding scheme. (*UN Archives*)

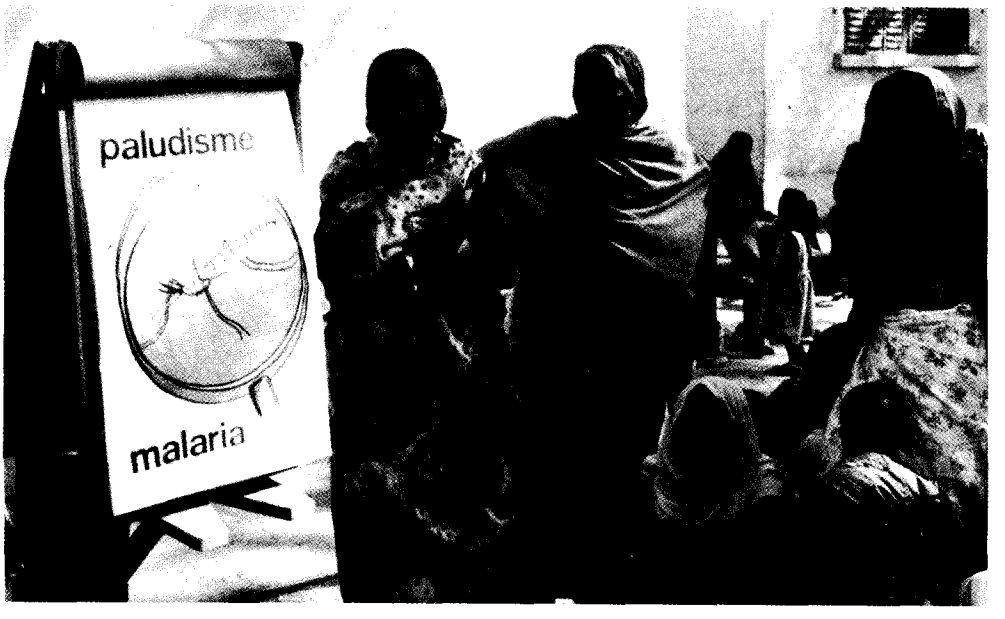
Trick or Treat for Unicef—American children collecting money to help children in poor countries. (*US Committee for Unicef/Avakian*)

When the refugees had to leave their homes in Palestine in 1948, their first and vital need was shelter. Tents were flown in as an emergency measure. (*UNWRA*)

China, August 1946. An abandoned baby found on a city street by a UNWRA welfare worker is near death. (*UN Archives*)



This husky Chinese youngster has just received his daily ration of milk. An UNWRA-trained male student nurse tips the scale. (*UN Archives*)



Flip charts are used to give mothers malaria lectures in N'Djamena, Chad. (*Unicef/Danois*)

vaccinated. Thousands of children and babies with the disease had been treated with streptomycin.

During the postwar years, the largest proportion of Unicef's assistance to medical programmes went to maternal and child health. Several countries were rehabilitating and upgrading their antenatal, maternity, and infant health services. They needed equipment—baby scales, thermometers, laboratory supplies, incubators, oxygen tents—and they needed training for their personnel. Unicef provided the first and sponsored the second, defraying the costs of short courses in social paediatrics for child-care staff from the countries whose own training programmes had been set back by the war. In 1950, the French government set up an International Children's Centre under the leadership of Robert Debré to provide the kind of courses that staff from Europe and elsewhere needed to improve health services for children. These initiatives were taken with the technical approval of WHO, and under the guidance of the WHO/Unicef joint health-policy committee. They were the basis for much of Unicef's later assistance to health care services in other parts of the world.

For drama, however, it was the disease campaigns which attracted notice. The ITC was the largest but not the only co-ordinated onslaught on communicable disease.

Syphilis had also reached epidemic proportions in occupied countries, and the medical authorities in Poland, Czechoslovakia, and Yugoslavia were particularly anxious to bring it under control. Some of the victims were newborn children whose mothers were infected; others were teenagers. Penicillin had recently made syphilis a much easier disease to cure. Its availability at a reasonable price made anti-syphilis campaigns a practical possibility. Unicef became a supplier to the campaigns; by the end of 1949 the Polish government had eliminated syphilis as a major public-health problem, and in Yugoslavia the numbers of children affected by endemic syphilis were decreasing rapidly.

Unicef also took over UNRRA's role in supplying vehicles, sprayers, and insecticides for the control of malaria, typhus, and other insect-borne diseases. The scientific advances of the past generation had reduced the cost and revolutionized the prospects of anti-epidemic campaigns. They were popular, effective, and demonstrated international co-operation at its best. In the wake of the second World War when European services were being rebuilt, the success of the disease campaigns was the harbinger of a new era in international public health.

In the postwar emergency, most of Unicef's assistance went into feeding and other emergency programmes in Europe. But the children of Asia had also suffered from the war. Among the 'countries victims of aggression' on the other side of the world, China was the largest. Millions of the Chinese

people had suffered from occupation longer even than the Austrians, Czechs, and Slovaks.

Japanese forces had begun their occupation of Manchuria in 1931; in 1937, they extended their control southwards across The Great Wall until they had overrun an area as large and even more populous than that eventually occupied by German armies in Europe. After Japan's surrender in August 1945 and the withdrawal of its forces from northern China, the Western Allies hoped that peace would open a chapter of Chinese stability and economic recovery under a broad political coalition. Instead, it unleashed the final phase in the long power struggle between the Nationalists under Chiang Kai Shek and the Communists under Mao Tse Tung.

In late 1945, civil war erupted in Manchuria. For over twelve months, General Marshall, the US envoy, tried to mediate a reconciliation. In January 1947, he gave up. In spite of US support to Chiang's superior forces, his control of mainland China was slipping. The Communist campaign in Manchuria had begun as a guerilla offensive in the countryside; against all expectations it was gradually isolating Chiang's military strongholds. A tide had turned; the Communists were winning.

In November 1944, UNRRA had opened an office in Chungking, Chiang's wartime capital in the south, and began to organize the largest relief and rehabilitation programme ever undertaken in a single country. By the end of 1947, when UNRRA closed down its vast network of operations in areas on both sides of the civil war, its expenditures had amounted to $670 million, and over 2·5 million tons of supplies had been imported and delivered. By early 1947, the Nationalist economy was collapsing rapidly and demoralization and confusion had overtaken Chiang's Administration. UNRRA officials preparing for departure at the end of the year informed Maurice Pate that in the circumstances it had become almost impossible to run an effective relief operation. At the same time, UNRRA estimated that there were at least 29 million children in desperate need of emergency help.

Pate decided to press ahead with a programme and, in April 1948, $5 million was approved for China by Unicef's Board. At the suggestion of Dick Heyward, the Australian delegate, $500,000 was designated for use in Communist-held areas: although a representative of Chiang's government sat on the Unicef Board, the principle of nonpartiality was upheld.

Pate invited Marcel Junod, an eminent Swiss surgeon and the chief wartime delegate of the International Red Cross in Asia, to head the Unicef mission. Junod arrived in China in February 1948 and set up an office in Nanking, the Nationalist capital. He reported to Pate that the circumstances in which the mission had to function were 'unbelievable': social and economic administration was disintegrating. He took on a number of staff from UNRRA, worked out shipping and supply routes, and

managed to start child-feeding programmes in seven cities: Peking, Tientsin, Tsingtao, Hankow, Nanking, Shanghai, and Canton. In each city, respected community leaders were asked to serve on a committee charged with the setting up and the running of feeding centres to which supplies were consigned. A Unicef staff member in each city acted as liaison and executive secretary. Over the course of the next year-and-a-half, 60,000 children in day-care centres were given dried milk and other protective rations according to the standard Unicef pattern. Against the needs, it was an infinitesimal effort; but in the circumstances, Junod and his staff were proud of it.

The feeding programme absorbed most of Unicef's resources for China. But the injunction to offer help to children in Communist, or 'liberated', areas was not overlooked. Junod opened up contacts with CLARA, the Chinese Liberated Areas Relief Association in Hong Kong. In summer 1948, he negotiated permission for a Unicef team to pass through no-man's-land to the town of Shih Chia Chuang in Hebei Province. As his emissary to northern China, Junod recruited Dr Leo Eloesser, a thoracic surgeon from San Francisco currently working under Berislav Borcic in the UNRRA health division. Eloesser, a 67-year-old veteran of humanitarian adventure, had already made one irregular foray into Communist-held territory earlier in the year. He had spent some weeks living in a mountain village near Yenan, Mao's capital, working alongside the Communist forces' medical personnel. Their health system was fragmentary; most of the staff knew little more than the basics; but Eloesser had been impressed, and fascinated, by the health service potential of training large numbers of ordinary people in simple medical and public-health tasks. Eloesser convinced Marcel Junod that feeding programmes for children were not necessary or suitable for the rural areas under Communist control, and that a health-training programme would be more useful.

In August 1948, Eloesser set off for Shih Chia Chuang with Perry Hanson, an ex-UNRRA China staff member now serving Unicef. In the midst of Nationalist bombing raids, they negotiated an agreement with CLARA officials. A Unicef supply centre would be set up for the receipt of drugs and medical equipment transhipped through the fighting lines. Eloesser's training proposals were accepted. His ideas reflected not only the preventive health and first aid techniques evolved by Mao's troops on The Long March, but also corresponded with similar ideas about rural medical practice which had emerged in China in the 1930s. Various pioneers had then begun to recognize that hospitals and clinical medicine could hardly touch the surface of health problems among millions of mothers and children in the Chinese countryside. In due course, these ideas were to crystallize in the rural health-care system popularly known by the epithet applied to its practitioners: the 'barefoot doctors'. At the

time that Eloesser reached his Unicef agreement with CLARA, however, there had been no programme of this kind previously tried in Hebei province.

Eloesser's agreement with the CLARA medical authorities laid down that the new training school would run courses for middle school graduates from local communities in maternal and child health, sanitation, control of communicable disease and first aid. Courses for groups of twenty would last three-months and, as more trainees graduated, teams would gradually be deployed so as to cover all the districts in the liberated areas. Since the population in the area was eighty-two million, the scheme was ambitious, to say the least.

To help bring communicable disease under control, Unicef would provide the equipment for a new vaccine production plant under the directorship of Dr Li Chih Chung, head of the local anti-epidemic bureau. Li became Eloesser's most active colleague. His headquarters were in what had once been a Trappist monastery; it now also became the site of the training school. Conditions were primitive. Li kept small herds of cows and Manchurian ponies for cultivating vaccination lymph and toxoids; bacteriological incubators had to be warmed by kerosene lamp; light, heat, water, and fuel were as precious as gold; essential equipment—watches, thermometers, syringes, jars, and bottles—were so scarce as to be almost irreplaceable. The hardship and constant improvisation demanded in this environment appealed to Eloesser. With great enthusiasm, he organized the erection of a modest building, and assembled a faculty of staff for the programme, including Dr Li. The first course began in November 1948, and proceeded smoothly.

It was not long before the progress of the civil war began to affect Eloesser's project and Unicef's programme throughout China. Late in 1948, the Communist advance began to roll forward at a speed which caught everyone by surprise. As the Nationalist armies began to collapse, all UN personnel—except Unicef's—evacuated Nanking. Tientsin and Peking fell in January 1949; Nanking and Shanghai followed in April and May. The Unicef-assisted child-feeding programmes continued to function for a while, using supplies which were stockpiled before the Red Army arrived. But once these supplies were exhausted, the Unicef staff found that the new authorities were not willing to let feeding continue. This was perplexing; the relations with CLARA had been cordial. The programme in the north had been greeted enthusiastically, so there had been every reason to expect that the new government would look with favour upon an impartial international organization helping children.

Early in the year, Junod returned to New York to discuss the shape of Unicef's assistance to the new China. The WHO/Unicef Joint Committee on Health Policy met in Geneva in April 1949 and discussed support for long-term child welfare: health training, disease campaigns, tuberculosis

control, milk promotion. Plans and funds were tentatively approved, but discussions with the new Chinese authorities proceeded to make little headway.

By mid-1949, only the Nanking and Peking offices remained open. The health training courses had been moved to a centre at Tungchow, just outside Peking; they expanded the student intake and began to achieve solid results. Three Unicef-sponsored faculty members stayed on until January 1950. But everything else ground slowly to a halt. The crucial point at issue was the degree of control Unicef should retain over its supplies once they had landed on Chinese soil; in all countries with Communist regimes, this question and others like it had started to become an issue. In September, after months of discussion, Eloesser judged that an impasse had been reached and left for home. Perry Hanson stayed on in Nanking, still perplexed by what had soured a once-flourishing relation and hoping to break the deadlock.

On 1 October the People's Republic of China was declared. The United Nations refused recognition. By now, US backing for the Nationalist cause was affecting China's relations with every representative of the US, individual or organizational or perceived as either. Into this category fell the UN and its works. Attacks on Eloesser and Unicef began to appear in the Chinese press. From this point onwards, efforts to negotiate a programme and a presence were doomed. Nationalist China was still a member of Unicef's Board. Late in 1950, Premier Chou En-Lai nominated a representative of the People's Republic to take the seat instead; this was a critical test of Unicef's acceptability to the new regime. The vote in the Board was tied, so the delegate from Taiwan stayed on. On 1 December 1951, Hansen received instructions to suspend Unicef's operations and withdraw. The effort to stay in China had failed.

Eloesser's ideas left their mark on Unicef. What mark they left on China is more difficult to judge. The pioneers of the 1930s are rightly credited with designing the model for the 'barefoot doctors' who, two decades later, inspired the admiration of the world. In one thing he was certainly correct: that this was the future shape that maternal and child-health care services must take in the rural communities of the developing world.

As the postwar emergency drew to an end in Europe, Unicef began to phase out its cargoes and terminate its operations. By the end of 1950, seven out of the original thirteen country missions had closed, leaving only Austria, Czechoslovakia, Germany, Greece, Italy, and Yugoslavia in operation, of which the first two were already in the process of closing down. In some of these countries, those whose children's services were less well-established before the war, Unicef continued to provide assistance throughout the 1950s and even the 1960s, mostly to milk conservation

and to the spread of maternal and child health care. But in those eastern European countries whose governments were in political and economic alliance with the USSR, the increasing chill gust of cold war precipitated Unicef's withdrawal. If events had allowed, the same, more modest amounts of assistance which continued to be welcome elsewhere could have been provided. But the international climate was not conducive.

Within the United Nations, the divisions that were beginning to polarize the former wartime allies into rival camps of 'West' and 'East' had emerged as early as the first General Assembly in 1946. Very quickly, the immediate postwar climate in favour of strong international organizations had given way to moves to restrict their role and discretionary authority. With the declaration of the Truman Doctrine in March 1947, the corner in US postwar relations with other States had been turned: support had been pledged to assist free peoples in their struggles against 'armed minorities' or 'outside pressures'.

Bipolarity was strengthened when the Marshall Plan for the recovery of Europe was announced and the USSR rejected its terms, encouraging its eastern European allies to do the same. Long before the outbreak of the Korean War in 1950, and the intervention of UN troops on the South Korean side, the USSR had begun to regard the UN and all its member bodies with increasing distrust.

Attitudes on both sides of the ideological divide began to harden to the point where even Unicef, the purely impartial humanitarian organization for children's relief, was affected. It became more and more difficult to persuade the US Congress that Unicef's operations in eastern European countries offered neither material nor moral assistance to the cause of Communism. Meanwhile, within those countries, these same operations were increasingly looked at askance, particularly the activities of staff who travelled around the countryside checking up on the use of Unicef goods. Most of the officials working with Unicef thought of nothing more than the good of children and the need to help them. But at the ideological upper reaches of national administrations, the idea that such an organization could be run by a truly international cadre of officials, sincere to an oath they would not seek or take instructions from their own governments, seemed neither plausible nor trustworthy. Quite a number of the staff employed by Unicef and other such organizations were North American and British, apparent proof that the organizations were Western-biased.

The distrust cut both ways. Many US citizens who served on the staff of UN relief operations in eastern Europe in the postwar years were later investigated by McCarthy tribunals, and suffered serious career and personal harassment simply because of the geographical accident of their posting. Yet some of the local staff they left behind were harassed or imprisoned for their UN associations.

For many of those committed to the UN, and the brave new world of

international peace and goodwill it was supposed to stand for, this was a profoundly depressing interlude. Some of Unicef's missions in eastern European countries closed abruptly following the expulsion of the international staff. An example was Hungary; a period in which heavy overt and secret surveillance made it more and more difficult to operate led eventually to the government's declaration that a resident office was unnecessary. Accordingly, the whole programme was wound up in November 1949.

Within Unicef, views differed over whether a permanent Unicef presence in a country should be a precondition of continuing to provide assistance; Davidson insisted that it should, while Rajchman disagreed. The Executive Board went along with Davidson. This decision late in 1949 essentially meant that the winding up of Unicef operations in eastern Europe was only a matter of time. Czechoslovakia was the last of the Comecon countries with a Unicef mission on its soil; it closed in March 1951. Poland was the second last. Both retreats took place in a spirit of mutual co-operation.

In May 1949, Gertrude Lutz, a Swiss national who had been working in Poland for Don Suisse, a voluntary organization, was appointed Chief of Mission in Warsaw. Lutz was warmhearted and skillful—and she was a woman. She therefore provoked less suspicion than a male as a staff member of an organization for children. By January 1950, Unicef was the only international organization with a mission still operating on Polish soil: all others had been invited to withdraw. The atmosphere in which the staff worked was very different from the days when Unicef ships had docked in Gdynia and festivities had taken place on the quay. Visas for visitors were increasingly hard to obtain, as was permission to travel in the countryside to visit feeding stations or prospective milk plants. In spite of all her best efforts, and in contravention of the agreement between the Polish government and Unicef, none of the press releases or the few posters she put out were used to tell the Polish people that Unicef was helping their children. This was not a question of Unicef's vanity but of the need for public recognition, without which international co-operation under the auspices of the UN was thought to be in serious jeopardy. As practical expressions of an ideal, the UN organizations were still in their infancy.

Gertrude Lutz closed the mission in Warsaw in December 1950, and handed over its outstanding duties and deliveries to a liaison officer appointed by the government. A few months later, she wrote in reflection: 'In an upheavaled world, ravaged by war, friendly relations must be maintained and humanity respected. Possibilities for co-operation in social welfare and health are very great. There should be no reason why people interested in the same thing and with a common aim should not get together. In materialistic days such as ours, we cannot abandon idealism. While it should be an essentially keen and practical idealism, it must never lack faith'.

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