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Blurring Relief and Development: Religious and Secular Politics of International Humanitarian Intervention during Decolonization in Sub-Saharan Africa

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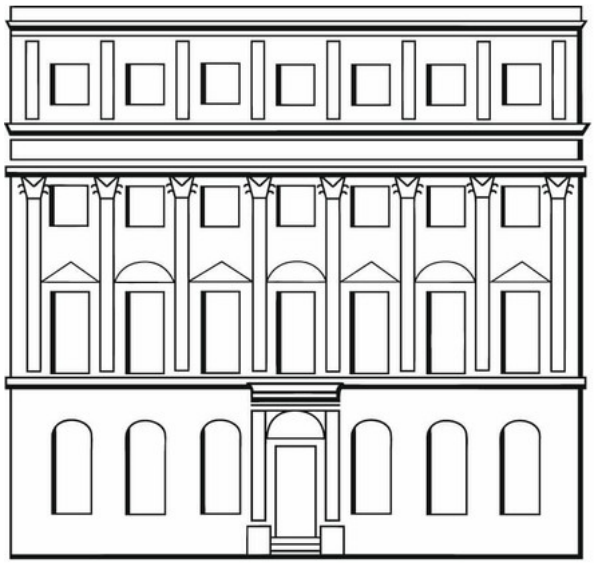

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Blurring Relief and Development: Religious and Secular Politics of International Humanitarian Intervention during Decolonization in Sub-Saharan Africa

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Sub-Saharan Africa did not seem, from the perspective of international humanitarian agencies, to be a region in need of significant intervention in the years following the Second World War, nor even at the advent of the Cold War. To take but one example, the United Nations International Children's Fund (UNICEF), one of several new bodies to emerge from the United Nations Relief and Rehabilitation Administration in 1948, devoted less than 5 per cent of its total aid between 1951 and 1953 to Africa, all in the form of public health initiatives and nutrition, and none in emergency aid.[1] As of 1950, the UN General Assembly had changed UNICEF's emphasis to 'long-range child care programmes, particularly in under-developed countries', but emergency relief in the Eastern Mediterranean and public health in Asia continued to dominate the attention of the organization during the early 1950s. Even in the early 1960s, by which time many African nations had gained political independence and were contributing funds to the United Nations, the UNICEF/World Health Organization (WHO) Joint Committee investment in anti-malarial efforts remained smaller in Africa, in spite of the size of the challenge, as compared with that in Asia.[2]

Earlier campaigns in Congo and Ethiopia aside, it seems that after the Second World War international humanitarian activists and agencies came rather gradually to view sub-Saharan Africa as

[1] A Special Report of the UNICEF Executive Board, 25 Mar. 1953, CF/HST/1985/034/Anx 02/04, 2.

[2] See e.g. UNICEF Financial Report and Accounts for the year 1962, A/5506/Add.1, 4.

a region in need of intervention and assistance. The development of a humanitarian agenda in Africa in the crucial era between the end of the Second World War and the Cold War clearly required several shifts: in geographical focus from war-torn Europe and North Africa to the 'under-developed' world; in the blurring of the aims of relief, long-range aid, and development; and in the co-operation of international organizations with new national governments that replaced imperial regimes. According to E. J. R. Heyward, the Australian delegate on the UNICEF Executive Board from 1947 to 1949 and Senior Deputy Executive Director from 1949 to 1981, few donors were interested in giving 'money for children in the developing world', and European nations such as Sweden believed that child aid in poor countries should resemble that in their own countries.[3] Yet, by 1961 UNICEF, for one, had succeeded in expanding its remit greatly. In a *New Yorker* article celebrating the Executive Director of UNICEF, Maurice Pate, the author praised the organization's work for children and called it 'the least controversial of all of the agencies of the UN, working on both sides of the Iron Curtain'.[4] Even warring enemies such as David Ben Gurion and Gamal Abdel Nasser could share admiration for UNICEF, the author claimed:

> UNICEF has realized that children provide the key to the future: the children today are the history of the future. UNICEF is now forging a link of solidarity between the rich and the poor countries. In an age when so many people are terrified of the destructive effects of the forces that science has placed in our hands, UNICEF offers young people in all countries an alternative which it is worth living and working for—a world with freedom for all people, equality between all races, brotherhood among all men.[5]

Without a presence in Africa, UNICEF could not have achieved this reputation as apolitical and universalist.

To understand how sub-Saharan Africa became one of the most important regions of intervention for UNICEF and arguably other international agencies, it is critical to examine the period between 1948 and 1960, when humanitarianism could not be disentangled from decolonization. Perhaps more important than Africa's apparently fewer relief needs as compared with Europe or the Middle

[3] Interview with E. J. R. Heyward, conducted by Margaret Catley-Carlson, 14 July 1983, CF/HST/INT/HEY-001/M, 6, 10.

[4] Joseph Wechsberg, 'At the Heart of UNICEF', *New Yorker*, 2 Dec. 1961, 69–112.

[5] Ibid.

East was the highly politicized and contested idea of development. This branch of humanitarianism, of course, involved more of a long-term plan than relief, but precisely at stake was gaining the power to define need, its urgency, and the timing of intervention. While European colonial governments in Africa were using development in an attempt to dampen and decelerate African nationalist sentiments, Africans were debating the values of systems of care for the suffering as part of conversations concerning self-help and independence. Meanwhile, foreign Christian missions, which had provided enormous amounts of life-saving and long-range medical relief and other assistance during the colonial era, had to adapt to new political alignments and technologies of aid.

UN and other relief agencies clearly had to navigate these highly competitive and often contentious contexts in their efforts to expand their remits. Competition in humanitarianism was unique neither to Africa nor to this time period, but Africa's history reveals special challenges to the secularization of aid that scholars highlight as an important moment in twentieth-century humanitarianism. As arguably the most evangelized continent in the modern era, Africa's humanitarian landscape could never be fully secularized. Protestant and Catholic missionaries had long had to adapt evangelical strategies to challenges of politics in their own countries and in African locales; indeed, the move to the medical missions, often seen as a more 'secular' form of work, was undertaken in response to 'difficult fields', such as China and among Muslim populations.[6] As Bertrand Taithe rightly notes, missions often stayed on and 'won' in the battle for hearts and minds, despite challenges in decoupling themselves from the colonial regimes.[7] Missions, in some sense, had far greater experience than the newer organizations such as UNICEF in decoupling themselves from politics, which the *New Yorker* writer claimed UNICEF had successfully done. Yet, as this essays will show, UNICEF and other secular organizations did not immediately decouple themselves from Christian missions but instead had to rely on them in Africa, thus strategically blurring the lines in their agendas, at least for a short time.

[6] Andrew Walls, 'The Heavy Artillery of the Missionary Army: The Domestic Importance of the Nineteenth-Century Medical Missionary', in W. J. Sheils (ed.), *The Church and Healing: Studies in Church History* (Oxford, 1982), 287–97.

[7] Bertrand Taithe, 'Pyrrhic Victories? French Catholic Missionaries, Modern Expertise, and Secularizing Technologies', in Michael Barnett and Janice Gross Stein (eds.), *Sacred Aid: Faith and Humanitarianism* (New York, 2012), 140–65.

Africa's history of late colonial humanitarianism presents good examples with which to explore realignments, as well as continuities and ruptures of older patterns. A review of specific colonies and countries between 1948 and 1960 is impossible and impractical. It is worth pointing out that record-keeping on humanitarianism has itself a politics. For African history, any available records were never fully consolidated in African national archives, but scattered in the documentation of imperial countries, international organizations themselves, the government repositories of non-imperial wealthy donor countries, and co-operating non-governmental organizations, such as Christian missionary organizations like Catholic Relief Services and others such as CARE International. The available sources, therefore, largely determine the kind of history of humanitarianism in Africa that it is possible to write, falling loosely within three conventional models of historical narratives of humanitarianism: organizational, politico-economical, and global governance-focused.[8]

This essay cuts across these three models to emphasize key points and patterns that emerge from a regional overview. First, international politics, such as the growth of American power and competition between Cold War blocs, was relevant, but merely overshadowed the importance of African leaders' decisions. African political authorities understood humanitarianism within the context of anti-colonial politics and the challenges of the changing relationship between African rulers and citizen. In some cases humanitarian interventions were sites of resistance and co-operation among different African actors based on earlier politics related to Christian mission or colonial governmental intervention.

A second recognizable factor in humanitarianism in Africa was the continuing importance of Christian missions working independently in humanitarian work and in co-operation with agencies such as UNICEF, the WHO, and others. Significantly, for the United States, working with missions represented a pathway to expanding its presence in Africa. In addition to supporting international co-operative projects, such as the WHO's worldwide malaria campaign in Asia, the American government adopted global food aid policies in the 1950s that directly benefited UNICEF and, directly and indirectly, American Christian and secular non-governmental

[8] Johannes Paulmann, 'Conjunctures in the History of International Humanitarian Aid during the Twentieth Century', *Humanity: An International Journal of Human Rights, Humanitarianism, and Development*, 4/2 (Summer 2013), 218–22.

organizations.[9] Sub-Saharan Africa is an important region in this context because its few short-term relief needs allowed for different kinds of competitive international aid efforts to grow.

Third, many international aid programmes in this period involved some commercial component as a way to incentivize African participation. While it is possible to interpret economic incentives as a stratagem to compensate for the lack of direct need for such programmes, it is also important to understand this strategy historically within the context of mission precedents, which were sometimes the foundations on which international aid programmes built. One good example is UNICEF's early efforts in dairying and milk-drying in Kenya and Nigeria, which began before formal General Assembly recognition of UNICEF work in sub-Saharan Africa. As discussed below, in Nigeria the UNICEF milk scheme was established in the location of a Christian experimental farm. This example does not only illustrate the blurring of lines between forms of humanitarianism, such as food aid and economic development: it also demonstrates the influence of religious missions in shaping debates over dependence and self-help in international humanitarianism. For centuries, self-help was a critical component of Christian missionary discourse as well as Islamic philanthropy, such as the work of Sufi Muslim orders in West Africa.[10] Indeed, the increasing challenges of the secular state and technocratic humanitarian agencies after the Second World War appears to have made African religious humanitarians more vocal in their defence of indigenous charitable systems, as Charlotte Walker-Said shows in the case of Cameroon during decolonization.[11]

Walker-Said and others rightly point out the crippling of African sovereignty caused by international humanitarianism. Yet in the 1950s and 1960s many grass-roots humanitarian actors proved themselves inventive in finding sources of material support to maintain small-scale projects in the face of attempts by international agencies and government actors to control aid. Indeed, the networks

[9] Harry Cleaver, 'Malaria and the Political Economy of Public Health', *International Journal of Health Services*, 7/4 (1977), 557–79, at 571; Richard Ball and Christopher Johnson, 'Political, Economic, and Humanitarian Motivations for PL 480 Food Aid: Evidence from Africa', *Economic Development and Cultural Change*, 44/3 (Apr. 1996), 515–37, at 516.

[10] Maria M. A. Kraag and Maud Saint-Lary (eds.), *Religious Elites in the Development Arena* (Berlin, 2011).

[11] Charlotte Walker-Said, 'Science and Charity: Rival Catholic Visions for Humanitarian Practice at the End of Empire', *French Politics, Culture and Society*, 33/2 (Summer 2015), 33–54.

established by foreign and indigenous Christian actors, which had been 'glocal' since well before the time when secular humanitarian work became so self-consciously international or global,[12] were used by resistant rival factions within Christian communities and, in Islamic settings, by Muslim critics. Large organizations such as UNICEF and international expertise did overshadow such continuing and contested efforts, but they reveal how memories of past projects laid the groundwork for expectations and suspicions of new ones. Moreover, the legacy of Christian medical missions in rural or peripheral areas, while colonial government hospitals and clinics stood in urban centres, reveals the uneven distribution of relief and long-term care at local, regional, and national levels.

A Slow Start

By the time the Second World War had ended and the United Nations Relief and Rehabilitation Administration was mired in conflicts concerning national versus internationalist agendas and the rationing of aid,[13] sub-Saharan Africa had seen modest gains in health and education and rising standards of living. The French military medical approach in Western Africa, Belgian maternalism in Congo, and South African reforms to improve the health of the miners were much more centrally managed than the less evenly distributed Christian mission-led work that obtained in many British African territories. Despite these differences, the conventional historical view of colonial medicine in Africa is that colonial governments shared the tendency to focus on the eradication of vector-borne disease and quarantine during outbreaks of infectious disease, while nutrition and preventative healthcare were not heavily emphasized.[14] Yet local evidence from colonies such as Nigeria in the late 1940s shows that government–mission co-operation led to welfare efforts that covered both quarantine and food distribu-

[12] Barnett and Stein (eds.), *Sacred Aid*; David P. Fidler, 'The Globalization of Public Health: The First 100 Years of International Health Diplomacy', *Bulletin of the World Health Organization*, 79/9 (2001), 842–9.

[13] Jessica Rheinisch, '"We Shall Rebuild Anew a Powerful Nation": UNRRA, Internationalism and National Reconstruction in Poland', *Journal of Contemporary History*, 43/3 (July 2008), 451–76.

[14] Michael Worboys, 'Colonial and Imperial Medicine', in Deborah Brunton (ed.), *Medicine Transformed: Health, Disease and Society in Europe, 1800–1930* (Manchester, 2004), 211–38; Roy MacLeod and Milton Lewis (eds.), *Disease, Medicine, and Empire: Perspectives on Western Medicine and the Experience of European Expansion* (New York, 1988).

tion; and the British government's adoption of the Colonial Welfare and Development Act in 1940 helped to integrate disparate and sometimes competing efforts.[15] Voluntary agencies such as Christian mission societies were encouraged to apply for funds from the British government through this Act. The French colonial government had opened branches of the Pasteur and Hygiene Institutes in Dakar, Kindia, and Brazzaville, and medical missionaries of the White Fathers Catholic order and others filled needs in leprosy work, ophthalmology, and trypanosomiasis research in French West and Central Africa and Madagascar.[16]

While colonial governments were attempting to centralize medical welfare in Africa, the United Nations was seeking to develop specific remits for each individual body emerging from UNRRA. The Children's Fund had been created in 1946 with the specific mission of supplying food relief to children in Europe, primarily by rationing and prioritizing school feeding programmes. In medical work, the Fund distributed penicillin and Bacillus Calmette-Guerin (BCG) vaccine for tuberculosis control in collaboration with the WHO, which was also created in 1946 and had its constitution adopted by member states in 1948.[17] The two branches had to reconcile their division of labour, and the Joint UNICEF/WHO Committee on Health Policy in 1949 outlined a list of medical programmes that would fall to the WHO. The list included the BCG vaccination campaigns to prevent tuberculosis, syphilis prevention and treatment in pregnant women and children up to 18, 'certain malaria projects', and programmes in the Far East and Middle East.[18] UNICEF's functions were more difficult to enumerate but seemed to focus on fund-raising, while the WHO was authorized to act as UNICEF's agent even in child health projects.

The overlapping functions of UNICEF complicated its establishment as a permanent agency, according to accounts by some of the early workers at the organization. Ludwik Rajchman, who trained as a bacteriologist and had served as director of the League of Na-

[15] Proposed Leprosy Scheme, 15 Sept. 1949, The National Archives of the UK, CO 583/288/1.

[16] Louis Aujoulat, 'L'Effort médical missionaire en Afrique', *Marches Coloniaux*, 107 (29 Nov. 1947), 1709–11.

[17] Burhan Ilercil, *UNICEF Program of Assistance to European Countries*, UNICEF Monograph Series, 3 (New York, 1986), 1–3.

[18] 'Report of the 3rd Session of the Joint UNICEF/WHO Committee on Health Policy', E/ICEF/112, 11 May 1949, 2–3.

tions Health Organization and Polish delegate to the Allied powers during the Second World War, had been rejected for membership of the WHO and sought high-level American government support to push for the establishment of UNICEF.[19] As a medical doctor committed to social justice, Rajchman entertained a vision for UNICEF which, unsurprisingly, extended into WHO areas. He sought to continue the League of Nations health mandate to expand interventions ranging from the prevention and treatment of contagious diseases to other preventative and protectionist efforts. Rajchman believed UNICEF should secure penicillin, BCG vaccine, DDT and other insecticides to control mosquitoes and insect vectors of disease, and other medical supplies. He urged that UNICEF should go beyond its earlier remit as supply provider and craft a vision for developing regions. According to E. J. R. Heyward, Rajchman, an unpaid Chairman, disagreed fundamentally with Maurice Pate, the Executive Director, over the perceived overlap between UNICEF and the WHO. Pate was 'extremely pragmatic and not very interested in intellectual questions'. His basic assumption was that 'what had been done in Europe was a good thing to do in developing countries', meaning more feeding of children inside and outside schools, and some distribution of clothing.[20] Rajchman, on the other hand, was committed to the idea of technical assistance to 'countries that had been cut off from the rest of the world with the latest scientific discoveries'.[21] He had to leave UNICEF, however, in 1950, when the Soviet delegation walked out of the UN Security Council to protest against the United Nations' non-recognition of Communist China, and the United States' and other nations' recognition of nationalist China. Calling Rajchmann an ambitious and undesirable character, Walter Kotschnig of the State Department's Division of International Organizational Affairs remarked that 'the US opposed [Rajchmann's] intrigues' to 'attain a position of leadership in UNICEF' before he 'disappeared behind the iron curtain' after 1951.[22] Pate, a well-connected American who had worked as an investment banker, took charge and began to fulfil his role as fund-raiser.

[19] Marta Alexandra Balińska, 'Ludwik Rajchmann, International Health Leader', *World Health Forum*, 12 (1991), 456–65, at 461–2.

[20] Heyward interview (as in n. 3), 11.

[21] Balińska, 'Ludwik Rajchmann', 463.

[22] Mr Kotschnig to Francis O. Wilson, 6 Feb. 1957, NARA, RG 59, stack 250, row 49, Box 44.

In this situation, UNICEF was hoping to find for itself a position in sub-Saharan Africa no longer simply as a child-feeding agency, but as a healthcare provider by promoting the notion that food provision was a form of public healthcare. Given the donors' apparent lack of interest in children in the developing world as perceived by Heyward, and the weakness of the concept of 'development' and policies related to it, Heyward noted, UNICEF found a useful solution in assessing the 'problem of children' as a nutritional one. Heyward claimed that the WHO and the UN's Food and Agricultural Organization (FAO) could accept 'applied nutrition' as a suitable activity for UNICEF. Around this, he crafted for UNICEF a programmatic position on 'a concerted approach to nutritional deficiencies' for which food aid alone was not enough, and suggested that 'applied nutrition' could best address 'non-dietary factors' as well as malnutrition to improve child health.[23] Measles, for one, was explained to the donor countries' public as an opportunistic infection that took hold of malnourished children in Africa, a link that recent research has disputed.[24] Medical research, however, was not really the issue in that era, for Heyward implied that Pate's chief task was to identify an organizational goal for UNICEF. 'I didn't have any training in that field,' Heyward noted, 'I was drawn into it organizationally.'

The provision of food was to be a significant activity for UNICEF and other agencies in Africa because it was noted early in the 1950s that African governments, by then negotiating pathways to political independence from European powers, were reluctant to seek medical supplies from international agencies. In 1952 the staff at the UNICEF office in Paris and the WHO office in Brazzaville agreed that African governments should be encouraged to make applications for UNICEF assistance quickly, but several different problems were noted. Nigeria, for one, wanted no assistance from UNICEF in securing yellow fever vaccine as South Africa had already provided it. Second, the procedure of preparing applications to submit to UNICEF and the WHO required medical specialists who were simply unavailable in colonies such as Gambia. Third, the procedure—requiring a formal request to UNICEF or the WHO,

[23] Heyward interview (as in n. 3), 25.

[24] Amy Rice *et al.*, 'Malnutrition as an Underlying Cause of Childhood Deaths Associated with Infectious Diseases in Developing Countries', *Bulletin of the World Health Organization*, 78/10 (2000), 1207–21.

followed by the despatch to Africa of a specialist to assess the problem in question, and then the actual dispersal of supplies—appears to have been unwieldy.[25] Thus, politics in New York or Paris aside, African governments preparing for independence did not yet seem much interested in the medical humanitarian assistance offered by the United Nations agencies. Food assistance, particularly milk, would prove to be a more effective entrée not just for UNICEF, but, more widely, also for the United States, the ascendant political power both in the international humanitarian arena and in the Cold War.

Expanding the Definition of Humanitarianism: Milk, Polio, and American Corporations

Contrary to the official dating of UNICEF's entry into sub-Saharan Africa as 1952, when Dr Roland Marti, who had served with the International Red Cross, was appointed UNICEF Representative for Territories of Africa South of the Sahara, UNICEF worked in milk programmes on the continent as early as 1950.[26] In 1953 milk supply work was formalized when an agreement was signed between the Belgian government of Congo and Ruanda-Urundi and UNICEF for supplies and services 'on behalf of pregnant women and children'.[27] Significant parts of the agreement stated that the Belgian colonial government could not accept the items if it exported 'any supplies of the same or similar character, except in special circumstances'; no recipient of the supplies or services should pay for them; the government could not charge any duties on UNICEF milk (specifically stated) or services; and the government took all responsibility for paying, in its own currency, all operational and administrative expenses (including 'reception, unloading, warehousing, and distributing').

Why the Congo? UNICEF valued highly the advice of French physicians, especially military medics, who had worked in Morocco and Senegal. The Congo was an immense area for which a new medical campaign might well require approaches derived from military medicine.[28] Second, the Belgian territories were well known

[25] UNICEF Schemes for Africa, correspondence between Aug. and Nov. 1952, National Archives of Britain, CO 859/439.

[26] Michal Iskander, *UNICEF in Africa, South of the Sahara: A Historical Perspective* (New York, 1987), 1.

[27] General Assembly 1953, No. 2228, 17 June 1953.

[28] Heyward interview (as in n. 3); Myron J. Echenberg, *Black Death, White Medicine:*

for their pronatalist efforts in maternal health centres and the creation of 'milk banks', *gouttes de lait*, which operated with the co-operation of mining companies and Christian missionaries.[29] Finally, it should not be forgotten that the Congo's political situation had not yet become explosive and socialist Patrice Lumumba had not yet entered the stage. Thus Congo's quiescence was its asset. UNICEF, it seems safe to assume, intended to work through colonial doctors, mining companies, and missionary medics, since Congo had notoriously few indigenous trained professionals.

Elsewhere in Africa, UNICEF assisted milk plants.[30] The first of four, opened in 1954, was at Vom station in Northern Nigeria's Plateau region, where a hospital station of the Christian Sudan United Mission had been established in the 1920s.[31] The British colonial Veterinary Department had established locations throughout Northern Nigeria to encourage pastoralist women to bring their cream for separation and processing into butter at such locations, where ready markets would also allow them to move their products faster; the skimmed milk was returned to them. The operation was initially intended to produce fats for export to England for soap manufacture, but in time of war the need for dairy consumption grew, and production was expanded. Vom's output grew because the British banned imports of dairy into Nigeria, but after the restrictions were lifted, demand fell off and Vom closed its dairy plant. UNICEF donated $50,000 to convert the existing plant owned by the government and a private company, and most likely worked by Christian missionary-trained workers, into a milk-drying plant.[32]

Bubonic Plague and the Politics of Public Health in Colonial Senegal, 1914–1945 (Portsmouth, 2011).

[29] Nancy Rose Hunt, '"Le Bébé en brousse": European Women, African Birth Spacing and Colonial Intervention in Breast Feeding in the Belgian Congo', *International Journal of African Historical Studies*, 21/3 (1988), 401–32.

[30] Iskander, *UNICEF in Africa, South of the Sahara*, 15–18.

[31] Hans G. P. Jansen, 'Dairy Consumption in Northern Nigeria: Implications for Development Policies', *Food Policy*, 17/3 (1992), 214–36; M. L. Yahuza, 'Smallholder Dairy Production and Marketing Constraints in Nigeria', in D. Rangnekar and W. Thorpe (eds.), *Smallholder Dairy Production and Marketing: Opportunities and Constraints. Proceedings of a South–South Workshop Held at National Dairy Development Board (NDDB), Anand, India, 13–16 March 2001* (Anand, Canberra, and Nairobi, 2002), 201–14, online at ⟨https://cgspace.cgiar.org/bitstream/handle/10568/16607/SS_Proceeding.pdf?sequence=1⟩ [accessed 20 Dec. 2015].

[32] Iskander, *UNICEF in Africa, South of the Sahara*, 17; Aditoye Faniran, 'Creating a Commercial Dairying Industry in a Nomadic Pastoral Economy', *Australian Geographer*, 10/5 (1968), 392–401.

The effect of this revamped production, not to mention any imports of charitably donated milk, on the local dairy industry are unknown, but recent research confirms that average dairy consumption is much higher in Vom than in sub-Saharan Africa as a whole. The disparities in consumption by urban–rural location and ethnicity also suggest how a foreign milk project would have uneven social effects.[33] The structures of production and distribution that already existed no doubt made the site more suitable for UNICEF's experiment. Kenya and two other unnamed colonies were other sites where UNICEF assisted in a milk-drying experiment. The guiding premiss behind these projects was that regions where pastoralists roamed with their cattle did not have evenly distributed milk supplies.[34] In Kenya the government used the project to gain more control over 'small producers in primitive areas' in an effort to modernize production and enforce environmental hygiene regulations.[35] Dairying was seen as 'sophisticated' industrial production, and UNICEF intended to modernize existing low-yield processes in Africa, based on earlier successful experiences in India.

With Pate at the helm, UNICEF collected massive quantities of American milk. A little later, smaller quantities of Canadian and Swiss milk were donated. For example, in 1960 UNICEF received around 50 million pounds of skimmed milk powder, and about 15 million pounds of whole milk powder from the United States, Canada, and Switzerland. The entire 50 million pounds of skimmed milk came free of cost from US surpluses.[36] The delivery was based on the US Congress Public Law 480, later known popularly as the 'Food for Peace' Act, passed in 1954; it provided for American-grown or processed food for foreign countries to be exchanged on credit through government-to-government agreements, and food to be donated for emergencies through such agreements or through private volunteer agencies.[37]

While the most detailed extant data and research on the effects of Public Law wheat relate to countries in Latin America, where national governments protested against the flooding of local markets

[33] Jansen, 'Dairy Consumption in Northern Nigeria'.

[34] Iskander, *UNICEF in Africa, South of the Sahara*, 17.

[35] I. Mann, 'Milk Hygiene Practice in Kenya', *WHO Dairy Industry and Government Support*, 335 (1962), 647–79, at 655–6.

[36] *UNICEF Financial Report and Accounts for the Year Ending 31 Dec. 1960*, 9.

[37] Ball and Johnson, 'Political, Economic, and Humanitarian Motivations', 516.

with cheap foreign food, no information exists on UNICEF's receipt of dairy donations or of their use in developing countries, in particular in sub-Saharan Africa. US State Department correspondence from 1959 concerning United Nations Relief and Works Agency for Palestine Refugees in the Near East (UNRWA) and UNICEF donations is relatively unspecific, but suggestive. In a response to Senator Hubert Humphrey, who asked why the US government did not make more donations to United Nations agencies, the Assistant Secretary of State William Macumber stated that the relevant aid agencies had not asked. He wrote that both UNICEF and UNRWA were entitled to surplus agricultural produce under Title III of Public Law 480, but that so far they had requested only non-fat dry milk: 'UNICEF programs are scattered throughout the world; many of them in dependent overseas territories in Africa and the Caribbean area. UNRWA provides assistance to Palestinian refugees in Syria, Iraq, Lebanon and the Gaza strip. These refuges [*sic*] also received supplementary Title III food assistance from American voluntary agencies operating in the area.'[38]

International Cooperation Administration records make it clear that American surpluses were given to religious organizations (and other kinds of voluntary agencies) working throughout the entire world, not just in the Middle East. Among these organizations were Catholic Relief Services, American Jewish World Distribution Service, World Relief Commission, and Lutheran World Relief.[39] The World Relief Commission, an interdenominational body of American Protestant organizations, was specified as the agent acting for the Pentecostal Assemblies of God. In Africa, too, American Christian medical missions received significant donations of milk from the US government.

Several points should be emphasized about American dairy as well as its distribution into Africa by the Food for Peace programme. First, before the involvement of the US government in supplying dairy to humanitarian agencies—as early as the 1930s, in fact—American Christian missions such as the Church of Brethren imported American breeds of dairy cows into Africa, more specifically into areas such as Northern Nigeria, where an indigenous dairy

[38] United States National Archives Research Administration (hereafter NARA), RG 468, Records of the US Foreign Assistance Agencies, 1948–61, Box 3, P 1168, PL 480 Division, Dept Dir for Ops Food and Ag, 1955–9, folder labelled 'UNICEF-UNRWA'.

[39] Ibid., folder labelled 'International Surplus Committee, Meeting Agendas'.

industry had long existed.[40] Later, in the late 1950s, the United States government was intensely interested in the work of the non-governmental organization Heifer, founded in 1944, which prided itself on making it possible for 'American farm and church people to participate with the US government in building good will and relieving suffering'.[41] Dan West, a member of the Church of the Brethren and aid worker during the Spanish Civil War, founded Heifer after seeing the poor rations of refugees. He was driven by the 'teach a man to fish' philosophy to found Heifer.[42] A selling point for the US government was the reproduction of cattle that bore the marks of American cattle breeds.

Second, the US government saw Public Law 480 as critical for its international policy, particularly in Africa. In 1959 a specific example was cited of how the Title II section of the law worked in Tunisia:

> The US donation of non-fat dry milk is valued highly by the Tunisian and UN personnel working with the distribution programs and the acceptability and properties of the produce have been demonstrated in the programs as they have developed to date. While such officials are aware of the US source of the dry milk, UNICEF also distributes full cream dry milk powder and vitamins from other sources and the total operation tends to become known as a strictly UNICEF program. There has been no publicity or other types of public information on the US source of the non-fat dry milk, although the containers bear the ICA [International Cooperation Administration] emblem and the donation statement in English.[43]

The United States wanted at once to obtain moral benefit from its largesse but also to embed it in the work of UNICEF and other UN agencies. 'Politically sensitive underdeveloped countries can justify to their own people dealing with us bilaterally a little more easily when they know we are also working through the UN program,'

[40] Adamawa Province Annual Report, 1931, by Resident WOP Rosedale, comments of Lieut.-Gov. Lethem, 1931, Rhodes House Library, Oxford, MS Brit. Emp. s. 276, Box 5/1 (file 1), 6.

[41] Robert S. Zigler to Mr Stuart Van Dyke, International Cooperation Administration, 8 Mar. 1958, NARA, RG 286, P 375; International Cooperation Administration Advisory Committee on Voluntary Foreign Aid, Summary Minutes of meeting, 5 Oct. 1957.

[42] ⟨http://www.heifer.org/about-heifer/index.html⟩; Sheila Bryant, 'Pay it Forward: The Heifer International Story', *Journal of Agricultural and Food Information*, 5/3 (2003), 5–9.

[43] Elliott Strauss, Director, Tunis to ICA, 7 Feb. 1959.

wrote one State Department official in 1956.[44] Third, religious organizations were blended into the umbrella of voluntary organizations, particularly CARE International and Heifer, which drew the bulk of their donations and fieldworkers from American Christian congregations. Both of these worked mainly in North Africa and the Middle East at first and, perhaps as a result, kept their religious affiliations rather quiet. In the case of milk distribution in Tripoli in 1958 the US government actually requested that UNICEF, which as yet had no permanent representative on the ground, pass its donations through CARE.[45]

The Libyan example relates to the fourth point, which is that the US government used its food and medical aid to advance into African territories that had previously been European colonies; the organizations through which the USA distributed its material aid were not always precisely demarcated. The Bureau of African Affairs files from the West African countries in the period from around 1959 to 1965 show that the US government became frustrated that African governments had not requested much aid under Public Law 480. Ghana under Nkrumah and Guinea under Sekou Toure were deeply suspect to the Americans because of their relations with the Soviet Union.[46] Indeed, in 1962 Ambassador Trimble's office in Accra noted the deteriorating economic situation in Ghana and believed that Nkrumah's government would probably ask for aid besides the American assistance it was already receiving for the Volta River Dam project. Yet the officials worried that the regime would use American aid in ways that were contrary to American interests. The best solution to this problem, they noted, would be the fall of the regime: 'Should Nkrumah be assassinated and a more moderate form of government be installed, we would of course review our position on PL-480 as well as other types of assistance to Ghana. In the meantime, we should confine any assistance to a moderate PL-480 program . . . based on political considerations.'[47]

In Congo, the Americans saw Lumumba as a potential threat but also understood that inroads could be made through aid donations. Building on the medical infrastructure initiated by the Bel-

[44] 'Considerations Considering [*sic*] UN Technical Assistance Program', 16 July 1956, Box 44.

[45] Marcus Gordon to ICA, from Tripoli, 10 Feb. 1958.

[46] NARA, RG 59, General Records of the State Dept., Bureau of African Affairs A1 3112A.

[47] Ibid.

gian colonizers, Americans began to make their mark in polio immunization, which was also a significant activity of UNICEF. In 1956, when the Belgians reported a polio outbreak in Bukavu and requested immunization from the US State Department, the Americans informed the Belgian Ambassador, Baron Dhanis, that such medicines were reserved only for Americans in Congo. The Baron agreed with the policy and was persuaded, in the end, to use gamma globulin, which was widely available, during the epidemic and then wait for a general export programme to be agreed between the USA and Congo, through which Salk vaccine shipments could be negotiated.[48] It is worth remembering that UNICEF was already present in Congo, and through it, American aid. In 1957, with Belgian approval, Dr Hilary Koprowski, a Polish virologist who had immigrated to the United States, and his team vaccinated 250,000 people with live attenuated polio virus, developed in the USA, over six weeks, to complete what was the largest mass trial to date.[49] The trial began with adults and was extended to include children—so it appears from the records—after an outbreak of the disease.[50] American interest in polio immunization was extremely high, and in the 1950s the USA supported scientists carrying out polio trials in developing countries.[51] By the early 1960s the United States feared it had alienated Ghana over the seating of Joseph Kasavubu at the United Nations following the assassination of Lumumba, but continued assisting development through efforts such as support for American companies like the Plywood Corporation in Congo.[52]

It is striking that the history commissioned by UNICEF blames the European colonial powers for the organization's hesitant start:

> The Metropolitan powers at the time were reluctant to encourage 'interventions' by the United Nations and its specialized agencies. They had their own plans for the development of their territories and since 1946, in the face of growing national agitation, had made funds available for ten-year programmes

[48] 15 May 1956, Subject Polio Vaccine for the Belgian Congo. NARA folder 'Medical Facilities' Box 2A1 3112 F–H, Records relating to Upper Volta and Niger.

[49] Hilary Koprowski, 'First Decade (1950–60) of Studies and Trials with Polio Vaccine', *Biologicals*, 34/2 (2006), 81–6, at 83.

[50] Stanley A. Plotkin (ed.), *History of Vaccine Development* (New York, 2011), 163.

[51] Stuart Blume and Ingrid Geesink, 'A Brief History of Polio Vaccines', *Science*, 288/5471 (2 June 2000), 1593–4, at 1593.

[52] Confidential letter from Francis Russell, American Embassy in Accra, to director of Office of West African Affairs, Department of State, 18 Jan. 1961, NARA, RG 59, A1 3112A, Box 1, folder 22.

aimed at the development of economic resources and the raising of living standards in Africa.[53]

While it is true that the European powers had made welfare-oriented schemes a priority in order to quell growing aspirations for self-rule,[54] it is worth questioning the issue of European resistance to UNICEF. Given the strong likelihood that UNICEF's projects built on or around Belgian and British efforts, and usually in areas of pre-existing missionary work, outright colonial resistance to UNICEF seems unlikely. The UNICEF writer does seem correct in stating that ownership of assistance projects was competitive, the Europeans aiming to maintain a paternalistic relationship with their subjects and Americans working through international organizations such as UNICEF and FAO to bring Africans to their side against the Eastern bloc countries.

Intensifying Competition

While it is commonly accepted that colonial powers used measures such as the Colonial Welfare and Development Act to quell African dissent, and competing Cold War powers used humanitarian aid to garner political support from new nations, what has received less notice is Africa's importance on its own terms, not just as a pawn in East–West relations. Nor has enough attention been paid to how African actors responded to the changing humanitarian climate. Just as world powers politicized humanitarian intervention, indigenous or 'developing world' actors themselves used it strategically for different purposes.

For the American government, apartheid in South Africa, Mau Mau in Kenya, and the increasing militancy of white settlers in Southern Africa were worrying forms of racism. In 1956 Fred Hadsel of the Office of Southern African Affairs of the State Department argued that America should not look to solve Africa's racial problems: 'In the light of our own domestic experience, we should approach the problem of race elsewhere in the world with profound humility. We should be wary of extremists and oppose persons or nations who look at Africa's racial problems with an ulterior purpose.'[55] The USA was not prepared to sever relations

[53] Iskander, *UNICEF in Africa, South of the Sahara*, 1.

[54] Frederick Cooper, *Africa Since 1940: The Past of the Present* (Cambridge, 2002), 31.

[55] Hadsel to Carter Davidson, 24 Sept. 1956, 3; Hadsel to Byroade, 3 Aug. 1956, 2–4.

with South Africa, which had walked out of the UN the previous year because of an Indian-led proposal in the General Assembly to investigate apartheid abuses. Yet Hadsel was acutely aware of African American interest in African affairs. 'One in every ten persons in our country traces his ancestry to this continent,' he wrote to the Director of Chicago Council on Foreign Relations. The Americans had to tread carefully with South Africa especially, which was then the world's largest producer of uranium and had more American capital investment than any other African territory.

Hadsel also worried that South Africa and other African territories 'are less and less inclined to admit or tolerate foreign missionaries'.[56] He considered the US relationship with the African continent to be unique because of religious ties. 'Our missionaries—both Catholic and Protestant—are scattered through its territories, even to the remote areas . . . Yet the world knows we covet no part of the continent.'[57] The American government worried, for instance, about attacks by Nkrumah's ruling Convention People's Party on Christian churches and missionaries.[58] Given the tendency to attribute the anti-American sentiment to political leaders, the American government made a special point of supporting 'people-to-people efforts'. Non-governmental organizations were evaluated on their strength in this regard, with CARE International, for example, advertising itself to the US government as a 'direct medium between American people and others'.[59] The American government also studied the non-religious work of Christian missions operating in regions such as the Central African Federation, in an effort to find projects that it could support.[60]

While race and religion were of interest to American officials in pursuing humanitarian interventions in Africa, the desire to combat anti-American propaganda was without question paramount. The American government sought to dispel European 'poison being fed to Africans' concerning the economic machinations of the United

[56] Hadsel to Byroade, 3 Aug. 1956, 4.

[57] Ibid. 3.

[58] Visits, Missions, Tours, Ghana, 18 Jan. 1961, RG 59, A1 3112A.

[59] 20 Jan. 1961, Report to Orville Freeman, US Secretary of Agriculture, from International Programs Using American Farm Abundance through CARE, Box 9, Food for Peace, 2.

[60] Inquiry on Protestant Religious groups doing work in the Central African Federation, 29 Aug. 1955, Fred Hadsel of OAA to Ross of Phelps-Stokes.

States and the United Kingdom.[61] In 1961 George McGovern, the Director of the Food for Peace programme, wrote in a report that Communists were representing Public Law 480 as a 'necessary evil to unload unwanted surpluses'.[62] American politicians could not give a completely moral cast to their country's nationalistic agenda in Africa.

In some cases, Africans working in humanitarian projects welcomed American assistance to navigate the obstructionism of their European colonial masters. For instance, in Cameroon and Gabon the Ad Lucem medical mission began establishing bush dispensaries, hospitals, and a leprosarium in the early 1930s, but when the Second World War broke out, this endeavour faced enormous challenges. The French medical director was conscripted, and no more funds came from the metropole. The administration of French Equatorial Africa refused to provide any support, believing the mission was competing with the government health service. The hospitals and clinics survived by the sheer will-power of one or two white missionaries and African medical assistants, midwives, and nurses. The mission obtained drugs from the United States and South Africa, and the Red Cross gave a small subvention for a pharmacist.[63] How transregional African networks, particularly in the first decades after independence, shaped grass-roots and official humanitarian interventions is a subject that deserves more attention.

If the outgoing European governments could not control humanitarian efforts as closely as they wished, sometimes the new African governments struggled in the same way. In Northern Nigeria, in 1960, the British Medical Council proposed to undertake a vaccination trial of Bacillus Calmette–Guérin (BCG), previously used against tuberculosis, to prevent leprosy in children.[64] The Council decided to select about 50,000 children in two emirates, Gumel and Kano, on whom 'small blue indelible marks' were drawn, their fathers being charged with the task of bringing them in for monitor-

[61] From US Mission to the EC to the State Dept., Subject European Parliamentary Assembly Discusses Overseas Countries and Territories, July to Dec. 1960, RG 286, folders 6s and 7s, 6.

[62] George McGovern, director of Food for Peace, Report on mission, 1 Feb. to 7 Mar. 1962, NARA, Box 9, Food for Peace, 3.

[63] Aujoulat, 'L'Effort médical missionaire en Afrique'.

[64] 'Assessment of the Suitability of the Northern Region of Nigeria for a Trial of BCG Vaccine for the Prevention of Leprosy in Children, by Dr. R. J. W. Rees, 1960–1', PRO, FD 23/957, 4.

ing over a period ten years, the duration of the study. The researchers decided not to pursue the trial in Gumel, on the grounds that 'the Missionary influence of segregation was strong and the population still feared that the trial would lead to further segregation and therefore they were likely to be uncooperative'.[65] No Christian or international secular organization had had any segregation facility, for leprosy or any other disease, in Gumel, though outpatient clinics, includng peripatetic facilities, were common. If the authorities were correct, public suspicion of Christian segregation of leprosy sufferers was fuelled not so much by actual experience but, more likely, through rumours spread by word of mouth.

The researchers' reason for choosing Kano did not make much sense by their own logic of wanting to avoid Christian missionary influence. Kano had been worked heavily by Christian leprosy missions and Dapsone had been dispensed widely, a situation that the Council had expressly wanted to avoid. A reason for choosing Kano may have been its perceived religious make-up. The Council proposal wanted explicitly to consider religious issues, pointing out that nearly all the field staff were Muslim and specifying that Friday should be a rest day, while the trial should be discontinued altogether during Ramadan. Key Kano Muslim scholars, local imams who performed naming ceremonies for newborns, and native administration employees previously trained in leprosy work were to be engaged for the project.[66] The attention given to these details in a predominantly Muslim region was explicitly designed to distinguish this campaign from Christian mission medicine and perhaps to appease the *ulema*, the clerical class.

Dr R. A. B. Dikko, a Christian whose Muslim father had been converted by an Anglican missionary and who was the first Northern Nigerian to gain medical qualifications in England, was adviser to the Minister of Health during the negotiations for the BCG trial. Dr Dikko raised concerns about the political implications of the campaign and about the secretive aspects of the proposed project. One troubling feature was the intention to conceal the link between the indelible mark and the administration of the vaccine, hiding its meaning even from the village heads so that only the researchers would be able to identify those who were part of the campaign. This mark would provide an infallible means of identifying participants in case other methods—such as the giving of 'Christian names' to each

[65] Ibid. 2. [66] Ibid.

child receiving the trial drug—proved unreliable. The researchers were planning to make it look as if all children were being vaccinated by using a placebo on the others—not actually an inert substance but a preventative for 'some infection prevalent in Nigeria', not yet determined. Dikko's superior dismissed the concerns, stating that 'sometimes Opposition parties use such schemes to turn them into political issues'.[67]

The programme ultimately stalled and was then dropped in 1962. The debate surrounding the proposal had raised matters of religious sensitivities, the perceived overuse of mass drugs, and rivals' politicization of health campaigns, all aspects that international organizations and African governments needed to avoid studiously. Political and medical authorities also had to deal with popular historical accounts and perceptions that connected humanitarian interventions to colonial power. The African masses could use a politician's posture vis-à-vis foreign intervention as a criterion of approval. Indeed, as far back as the late 1940s Muslim political officials working with Christian leprosy missions expressed the fear that they would be accused of misusing aid money collected from Muslims in the form of *zakat*, or alms:

> No application by the [Christian] Mission to establish a School or a dispensary will be approved by the Native Administration (NA) as it is entirely the responsibility of the NA (and not the Mission) which collects money from the peasants in order to help them in such ways. When these peasants become more civilized, there can be a possibility of them criticising the NA for failing to spend public money for the welfare of the public and leaving such responsibilities to the Mission who only afford to do so with subscriptions collected in a foreign country (America) where there is enough money to carry out such proposals.[68]

Humanitarian organizations such as UNICEF had to work around the existing sites. Thus the control of leprosy, a debilitating though not a deadly disease, became a central component of UNICEF work in Africa following the milk distribution efforts. In 1960 anti-leprosy work took up over $300,000 in UNICEF funds as against $200,000 for malaria and $195,000 for yaws.[69] Yaws, a tropical

[67] Ibid. 6, 10–11.

[68] Acting Resident Kano Province to Secretary NP, 2 Oct. 1948, 'Application by the SIM for grants of occupancy', Kano History Culture Bureau, R.910.

[69] UNICEF Financial Report and Accounts for the year ended 31 Dec. 1960 and report of the Board of Auditors A/4783 (New York, 1961), 11. Africa is the only region

infection treated with penicillin, was another important area for UNICEF, and $440,000 was spent on treating it in Nigeria in 1955, when UNICEF hosted an international conference on the disease there.[70]

A spate of visitors went to the American-run Christian Sudan Interior Mission leprosaria in Northern Nigeria, in one case seeking 'to "borrow" some lepers "bad enough" for a U.N.I.C.E.F. film they are helping to produce'.[71] It was reportedly a French proposal, based on the International Children's Centre recommendation, that UNICEF should also fight trachoma, an eye disease. In relation to trachoma, yaws, and leprosy, the UNICEF historian writes: 'at one time in the 1960s it would have been difficult to find an international NGO representative giving a talk on UNICEF who did not discuss trachoma and/or yaws and how important and inexpensive it was to cure and control these incapacitating diseases.'[72] It is clear that the debilitating nature of these diseases led to their prioritization over pressing problems in local perception, such as malaria.

The focus on 'easier diseases' makes sense because the early international malaria control efforts, beginning with intensive mosquito control trials using DDT and other chemicals, proved to be so challenging. Experiments were in progress in other parts of West Africa and in East Africa and Rhodesia.[73] The WHO took the lead in this project, and financial reports suggest that UNICEF provided assistance in shipping DDT, dieldrin (another insecticide), and other necessities for the trials. The DDT supplies cost millions of dollars, while dieldrin was much less expensive. Transport, however, also cost

where leprosy funding outweighed other disease control programmes; in Asia, the Eastern Mediterranean, and Latin America more funding went to malaria control.

[70] Ibid.

[71] Résumé, 2nd Quarter 1956, Katsina Station Reports, Katsina Leprosarium Résumés 1946–68, SR-20.

[72] Alba Zizzamia, *NGO/UNICEF Cooperation: A Historical Perspective*, UNICEF Monograph Series, 5 (New York, 1986), 18.

[73] R. Elliott, 'Insecticide Resistance in Populations of Anopheles Gambiae in West Africa', *Bulletin of the World Health Organization*, 20 (1959), 777–96; V. Ramakrishna and R. Elliott, 'The Vectorial Capacity of An Insecticide-Resistant and a Susceptible Strain of A Gambiae in Northern Nigeria', 8 Apr. 1960, WHO, WHO/Mal/259; F. Kuhlow, 'Field Experiments on the Behavior of Malaria Vectors in an Unsprayed Hut and in a Hut Sprayed with DDT in Northern Nigeria', *Bulletin of the World Health Organization*, 26 (1962), 93–102; L. Bruce-Chwatt, 'Lessons Learned from Applied Field Research Activities in Africa during the Malaria Eradication Era', *Bulletin of the World Health Organization*, 62, suppl. (1984), 19–29.

millions.[74] The African anti-malaria campaign was effectively ended after just five years owing to a variety of complications, but mainly because 'with very few exceptions, it was considered that in most African countries the fundamental elements required for the proper setting up and maintaining of a malaria eradication campaign were inadequate'.[75]

Researchers reported that Africans were very enthusiastic, on the whole, about DDT use, not only for mosquito control but also to combat bedbugs and other pests.[76] The technical requirements of international interventions, however, as well as the fears of DDT toxicity in Western donor countries, trumped African priorities. As resources and management shifted increasingly to large-scale international interventions, the indigenous compassionate and palliative care systems that grew up in the inter-war and post-Second World War eras were increasingly sidelined.[77] Yet the problem was not just the rise of technocratic humanitarianism. Rather, these historical examples show that the competition to control humanitarian interventions was intense in decolonizing Africa, resulting in an environment of rapidly shifting alliances in which a survivalist mentality drove decentralization. American involvement is a key case in point: investments were so diffuse—in mission organizations, bilateral aid, UN programmes, and people-to-people efforts—that they worked against the development of well-managed integrated systems of care. While the lack of colonial investment in humanitarian work in Africa was surely a factor, so too was the escalation of competition brought on by US power and African actors.

Concluding Remarks

Within a short time, Africa did become a region receiving large amounts of humanitarian assistance. Between 1960 and 1965, UNICEF allocations for Africa doubled, primarily from the USA, as funds for Western and Eastern Europe and the Mediterranean dropped off. Up to the present, sub-Saharan Africa remains the

[74] UNICEF Financial Report, 1962, 11–12.

[75] James Webb, 'Malaria Redux', paper presented at the conference 'Development, Health, and Humanitarian Crisis', 20–1 Apr. 2012, Emory University; see also Iskander, *UNICEF in Africa, South of the Sahara*, 8–9.

[76] Observations on Experiments with DDT as residual insecticide for the control of malaria in Freetown, R. Elliott, Malariologist, 1950s, National Archives of UK, CO 554/153/2.

[77] Walker-Said, 'Science and Charity'.

chief beneficiary of the greatest portion of UNICEF aid. According to UNICEF's 2014 annual report, nearly 48 per cent of the total $4.868 billion spent that year went to programmes in sub-Saharan Africa, with Asia coming in second at 15 per cent.[78]

The data presented here are not complete, but allow some important initial conclusions to be made. First, the transformation of purpose in international organizations from relief work outside Africa to the continent occurred by representing Africans as needy, similar to representations in colonial medicine and missionary discourse.[79] While this construction may not have been new or false, it illustrates a striking continuity in international health and humanitarian views on colonial and post-colonial Africa, which Randall Packard has discussed.[80] Second, while colonial-era and immediate post-colonial health investment in Africa was not enough, it was a competitive enterprise into which the international humanitarian actors were drawn. They did not immediately dislodge other kinds of health providers, either missionary or indigenous healers. A fine-grained analysis with attention to local dynamics between 1945 and 1965 shows that colonial officials, Christian missionaries, international relief workers, and European and American government workers played a game of musical chairs, moving between organizations. Rajchman was not alone in fulfilling instrumental roles at the League of Nations, the World Health Organization, and UNICEF; Henry Labouisse, sometime head of the US International Cooperation Administration at the State Department, became executive director of UNICEF in 1965, accepting the Nobel Peace Prize for the organization.

While it has often been said that various agencies of the UN and of international organizations more generally have been pawns in nationalist and Cold War political agendas, how such strategies have worked is an important subject of research. In the case of UNICEF, it has been argued here, sub-Saharan Africa's weakness in public health was an opening that was exploited by many actors. Moreover, UNICEF's anonymizing and over-generalizing treatment of missionary networks can possibly be seen as a first step in the organization's positive self-image being constructed by omission. In later times, the *British Medical Journal* editor Fiona

[78] *UNICEF Annual Report 2014* (New York, June 2015), 5.

[79] Megan Vaughan, *Curing their Ills: Colonial Power and African Illness* (Redwood City, Calif., 1991).

[80] Packard, 'Post-Colonial Medicine'.

Goldee made the far more serious allegation that Ethiopian workers falsified immunization coverage out of fear of losing UNICEF funding. She claimed that UNICEF had become corrupt in order to maintain the positive image it enjoyed for having expanded childhood immunization the world over.[81]

The point here is not to diminish the work of an important organization, but to ensure that history and historical enquiry do not fall by the wayside in the service of the present. The history of UNICEF's rise out of the demise of colonialism and its welfare systems helps expose what may be called a scramble for Africa that began anew, just eighty years after the colonial scramble whose roots lay in the aboliton of slavery and philanthropic initiatives such as King Leopold's International African Association.[82] The reasons why Africans may have had suspicions about the influx of commodities and workers from organizations such as UNICEF should not be forgotten. Such suspicions are rooted in the struggles of African political and religious leaders to take over the reins of power from the European colonial authorities. Humanitarian supplies are numerous, brought by aircraft, boat, rail, and truck, free of charge. Their concomitant is a climate of accumulation, competition, and distribution, all of which could be alluring, inequitable, and therefore potentially dangerous.[83]

Nigeria, Africa's largest economy, today receives one of the largest allocations from UNICEF, but it is not at all clear how the money is spent. There is only one field office in Bauchi for the far North, the region with higher infant and maternal mortality than most others in the country, or in much of sub-Saharan Africa for that matter. Some Nigerians question the work of the organization, but the loss of credibility also stems from a general disenchantment with the health system, which is competitive and woefully underperforming. The problem may well derive from the differing priorities of outside health actors on the one hand, and of large segments of the Nigerian population on the other, as the more recent tensions

[81] Fiona Godlee, 'WHO's Special Programmes: Undermining from Above', *British Medical Journal*, 30 (21 Jan. 1995), 178–82, at 181.

[82] See e.g. Dean Pavlakis, 'The Development of British Overseas Humanitarianism and the Congo Reform Campaign', *Journal of Colonialism and Colonial History*, 11/1 (2010) ⟨http://doi.org/10.1353/cch.0.0102⟩.

[83] Amy Kaler, 'Health Interventions and the Persistence of Rumour: The Circulation of Sterility Stories in African Public Health Campaigns', *Social Science and Medicine*, 68/9 (2009), 1711–19.

over polio immunization illustrate.[84] Yet this essay has tried to reveal that outside actors are not entirely to blame—indeed, their efforts have been used by local actors seeking to build or maintain their own humanitarian networks. Africa is central to the history of humanitarianism, whose modern origins lie buried within the politics of the Cold War, decolonization, religious agendas, and competing secular nationalisms, not least because a great deal more research on Africans' involvement needs to be carried out.

[84] See Elisha P. Renne, *The Politics of Polio in Northern Nigeria* (Bloomington, Ind., 2010).