The Politics of Surveillance in the Interwar Czechoslovak Periphery: The Role of Campaigns Against Infectious Diseases

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Überwachungspolitik an der Peripherie der Tschechoslowakei in der Zwischenkriegszeit. Die Rolle von Kampagnen gegen Infektionskrankheiten

Dass die Slowakei und Transkarpatien *(Podkarpatská Rus)* in den neu entstandenen tschechoslowakischen Staat eingegliedert wurden, zählt zu einer der dramatischsten Nachwirkungen des Ersten Weltkriegs, zu der viele Fragen noch offen sind. Die vorliegende Studie untersucht die Diskurse und Praktiken, die von den tschechoslowakischen Behörden als Ausdruck eines inneren Kolonialismus bezüglich der gesundheitlichen Verfassung der Bevölkerung in der östlichen, „nicht-historischen" Peripherie des Staatsgebiets (ein)geführt worden sind. Die Tschechen als die dominante Kernbevölkerung strebten nach einer strengen Überwachung der östlichen Peripherie, deren Bevölkerung als soziale Risikogruppe wahrgenommen wurde. So wurde die Nationalitätenpolitik, flankiert von der Gesundheitspolitik, zum wichtigsten Instrument einer Strategie, in deren Rahmen der angeblich „unzuverlässigste" Teil der Bevölkerung, die Roma, in den fragilsten Gebieten des neuen Staates, Slowakei und Transkarpatien, überwacht wurde. Der Aufsatz verfolgt am Beispiel der Bekämpfung von Infektionskrankheiten die Umwandlung eines öffentlichen Tokenismus in eine dauerhafte Segregationspolitik, die sich gegen die Roma richtete. Bei der Ausgestaltung der Politik gegenüber ethnischen Gruppen in der Tschechoslowakei spielte dieser Richtungswechsel in den folgenden Jahrzehnten eine zentrale Rolle.

KEYWORDS: interwar period, Czechoslovakia, Eastern periphery, Roma, internal colonialism, public health

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Introduction

A post-Foucauldian view of public health as a tool of surveillance brings into analytical focus the nexus of ethnicity, disability, and gender as a main pathway for producing discursive practices justifying policies of inequality, exploitation, and segregation.[1] Such a desirable deconstruction of this intersectionality relies heavily upon historicizing the practices of surveillance exposed by the most disfranchised groups, including the Roma. Over the past two centuries, presenting the Roma as a threat to people's health has served diverse political aims across the countries. First introduced by Heinrich Moritz Gottlieb Grellmann[2], scapegoating "filthy" Roma parents, especially mothers, for their unhealthy approach to their children transformed over time into an intractable prejudice aimed at connecting the resonance effect of genetic predisposition to various diseases and the lack of a healthy mode of life amongst the majority of the Roma population across the world.[3] Several cohorts of racially minded scholars propagated a wide range of stigmas concerning the vulnerability of the Roma, explained by the limited ability of the Roma to care for their own health and the health of their children. Obesity[4], dental problems[5], high-risk pregnancy[6], and other health issues have had a long-term impact on the objectification of the Roma and the legitimization of severe forms of surveillance over them. Inequality in health remains one of the most visible pieces of evidence for the ongoing racialization of Roma, even where there are attempts to provide access to welfare services and ensure better care.[7]

The contemporary history of CEE countries and especially Czechoslovakia points to the outstanding role of health care in the treatment of the Roma, including the promotion and practice of diverse forms of segregation together

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1 DAVID ARMSTRONG: The Rise of Surveillance Medicine, in: Sociology of Health and Illness 7 (1995), 3, pp. 393-404.
2 HEINRICH MORITZ GOTTLIEB GRELLMANN: Die Zigeuner: Ein Historischer Versuch über die Lebensart, Verfassung und Schicksale dieses Volkes in Europa, nebst Ihrem Ursprunge, Dessau 1783.
3 LAURA CORRADI: Gypsy Feminism: Intersectional Politics, Alliances, Gender and Queer Activism, New York 2018.
4 ALAITZ POVEDA, MA EUGENIA IBÁÑEZ, ESTHER REBATO: Heritability and Genetic Correlations of Obesity-Related Phenotypes among Roma People, in: Annals of Human Biology 39 (2012), 3, pp. 183-189.
5 PAVLA KARÁSKOVÁ, ALENA KAJANOVÁ: The Roma Population and Selected Aspects of Dental Care, in: Česká stomatologie 117 (2017), 1, pp. 8-12.
6 TERESA JANEVIC: Associations between Racial Discrimination, Smoking during Pregnancy and Low Birth Weight among Roma, in: European Journal of Public Health 27 (2017), 3, pp. 410-415.
7 MARIA EVA FÖLDES, ALINA COVACI: Research on Roma Health and Access to Healthcare: State of the Art and Future Challenges, in: International Journal of Public Health 57 (2012), pp. 37-39; VĚRA OLIŠÁROVÁ et al.: Cultural Features Influencing Eating, Overweight, and Obesity in the Roma People of South Bohemia, in: Nutrients 10 (2018), pp. 838-847.

with extreme transgressions such as enforced sterilization.[8] Further, various attempts to ensure transitional justice for those exposed to the arbitrariness of public health policies have encountered particular obstacles to coming to terms with the "bad" past of the Czech-Roma and moving the relationship toward reconciliation. Even though the history of Roma segregation is embedded in the interwar relations between the Czech (historical) lands and the Eastern periphery made up of "non-historical" Slovakia and Subcarpathian Ruthenia, revisiting the impact of core-periphery frameworks on the policies concerning the Roma relegates to the margins of the re-historicizing process the continuities in the segregation of the Roma. Everything affiliated with (post)colonialism seems to maintain either a violent connotation to be accepted as a sort of accusation or is rejected as a kind of artificial and insensitive Westernization of the unique experience of Czechoslovakia.[9]

   Though the echo of sacralizing interwar policy, in contrast to socialist historiography, continues to be reproduced in Czech public discourse, contemporary historians have absorbed the rhetoric of critical revision of nation-building in Czechoslovakia, albeit with varying interpretations of Czechoslovak policy towards the Eastern periphery. It is reasonable to differentiate two main types of historical consciousness elaborated within recent revisions of views on Czechoslovak policy towards its periphery: 1) one with a particular focus on exploring why Czechoslovak authorities sustained a defeat in their nationality policy towards Slovakia and Subcarpathian Ruthenia[10]; and 2) one addressing the role of the interwar period in shaping the ambiguity and multiplicity of national consciousness within the Eastern periphery[11]. Polarizing

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8   ALEXANDRA OPREA: Towards the Recognition of Critical Race Theory in Human Rights Law: Roma Women's Reproductive Rights, in: JACQUELINE BHABHA, ANDRZEJ MIRGA et al. (eds.): Realizing Roma Rights, Pennsylvania 2017, pp. 39-57.

9   ONDŘEJ SLAČÁLEK: The Postcolonial Hypothesis: Notes on the Czech "Central European" Identity, in: ALPPI Annual of Language & Politics and Politics of Identity 10 (2016), 10, pp. 27-44.

10   PAUL SEBASTIAN: Securitizing the Unknown Borderlands: Czechoslovak Subcarpathian Rus and Its Minorities, in: Europe now (2017) URL: https://www.europenow journal.org/2017/12/05/securitizing-the-unknown-borderlands-czechoslovak-sub carpathian-rus-and-its-minorities/ (2018-11-24); JAN RYCHLÍK, MAGDALÉNA RYCHLÍKOVÁ: Podkarpatská Rus v dějinách Československa 1918-1946 [Subcarpathian Ruthenia in the History of Czechoslovakia], Praha 2016; ANDREJ TÓTH: The Position of Carpathian Ruthenia in the Political System of the First Czechoslovak Republic on the Background of the Issue of Parliamentary Elections and References of Main Political Currents by Carpathian-Ruthenian Voters (1918-1938), in: West Bohemian Historical Review 6 (2016), 1, pp. 57-77.

11   The most visible impact of this approach is seen in the work of Geoffrey Brown within his complementary analysis of the public rhetoric of Czechoslovak authorities: GEOFFREY BROWN: Depictions of Subcarpathian Rus in the Czech Newspapers of the Czechoslovak First Republic, 1919-1922: Developing Public Support for the Refusal of the Rusyn Right to Autonomy?, diploma thesis, Charles University Prague, 2012, and IDEM: "The Spirit of Dictators": Rusyn Accusations of Corruption and Imperialism

public views on the policies enacted by the authorities in the Eastern periphery started already during the interwar period.

While the public figures surrounding Masaryk stressed the unique role of the Czechs, whose mission was to educate and involve Slovaks and Rusyns in progress and Slavic brotherhood, leftist politicians introduced the critical rhetoric of colonialism: "The Czech masters arrived in the 1920s—they said they brought freedom. But freedom is fluid, and they started soon to advance culture. Now neither freedom nor culture are in the game. They manage much more real things. They do not pay attention to losing the good attitude of the Rusyns. Who colonizes with such sentiments?"[12] Determined by political affiliation, these mutually opposed views established the ongoing binary opposition in interpreting Czechoslovak policy concerning the Eastern periphery as either progressive or pernicious. In the contemporary historiography of interwar Czechoslovakia, this dichotomy directly aggravates studies of minorities in the Eastern periphery, those seen by Czechoslovak authorities "as a brake in the process of acculturation,"[13] "people perceived as subversive, especially in its borderlands,"[14] namely, the Jews and the Roma.

The position of the Jews in Slovakia was much worse than their socio-political circumstances in Bohemia and Moravia. In her rigorous study of Jews in interwar Slovakia, Rebekah Klein-Pejšová[15] explores the challenges and solutions of the Slovak Jews, who found themselves faced, on the one hand, with intolerance from the side of local nationalists and, on the other, with the manipulative tactics of the Czechoslovak authorities, who were intimidated by the closeness of the Jews with the Hungarians. The loyalty of the Jews from the Eastern periphery to the Czechoslovak state, an outcome of their struggle for survival, directly affected their dramatic destiny after 1939.

During the Second World War, the Roma population, especially in Subcarpathian Ruthenia, suffered a worse fate, as they represented the ultimate outsiders.[16] Among other core reasons legitimizing the harsh anti-Roma position was a view of them as "as the home of dirt and infectious diseases,"[17] which supplemented the more widespread view on Roma criminality. According to Joanie Willett and Thilo Lang, dominant discourses do not appear in a vacuum, but must resonate with broader assemblages of culturally produced

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against František Svojše and Officials in Czechoslovak Ruthenia, in: Bohemia 57 (2017), 2, pp. 346-366.

[12] IVAN OLBRACHT: Hory a Staletí [Mountains and Centuries], Praha 1936, p. 37.

[13] PABLO GONZALEZ CASANOVA: Internal Colonialism and National Development, in: Studies in Comparative International Development 1 (1965), 4, pp. 27-37, here p. 32.

[14] RAZ SEGAL: Beyond Holocaust Studies: Rethinking the Holocaust in Hungary, in: Journal of Genocide Research 16 (2014), 1, pp. 1-23.

[15] REBEKAH KLEIN-PEJŠOVÁ: Mapping Jewish Loyalties in Interwar Slovakia, Indiana 2015.

[16] SEGAL (as in footnote 14), p. 7.

[17] Ibidem, p. 9.

space.[18] I focus on the role of moral campaigns against infectious diseases, initiated in the Eastern periphery in 1919 as part of "cordon sanitaire" actions and continuing until the end of the 1930s, in framing the long-term victimization of ethnic minorities (especially the Roma) and producing new assemblages of prejudices.

The text consists of four parts. The first aims to explore the shift in the policy concerning the Eastern periphery as intensifying the internal colonization of Slovakia and Subcarpathian Ruthenia. Following this, I investigate the role of public health as an agent of internal colonization. The next part focuses on the battle against infectious diseases in the periphery that brought together national and global agendas of surveillance over the periphery. The impact of these campaigns on the public discourse concerning the Roma is investigated in the last part. The main sources consulted include the archive of the Ministry of Health (at the National Archive in Prague), the archive of the Expositure of the Ministry of Health (at the National Archives of Slovakia in Bratislava), the State Archives in Košice, the archive of the National Museum in Prague and publications in local newspapers.

Internal Colonialism of the Czechoslovak Periphery: Between Cultural Unification and Racial Hierarchies

Like Bulgaria and Yugoslavia, interwar Czechoslovakia faced the issue of defining the nation, not in opposition to imperial masters, whether anti-Turkish or anti-German, but in terms of the main strategy to homogenize the nation after achieving independence. While an outstanding degree of political turbulence in interwar Bulgaria reverberated with the contest among different political movements to utilize the historical unity of Bulgarians, Yugoslavia and Czechoslovakia turned to a synthetic definition of the nation stemming from the idea of the common Slavic origin of the ethnic groups who made up the nations—Czechs and Slovaks in the case of Czechoslovakia. Czechoslovakism introduced a double meaning concerning the interrelation between Czechs and Slovaks; either they together comprised a nation or the Slovaks were actually Czechs, only less developed.[19]

The official division of the country into historical (Bohemia and Morava) and non-historical (Slovakia and Subcarpathian Ruthenia) parts inclined the authorities to reproduce the model of a dual society consisting of the dominant cultural group and a peripheral group, which was, to a large extent, regionally concentrated in the Eastern part of the country. According to Michael Hechter, such societies practice either a diffusion model that suggests

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[18] JOANIE WILLETT, THILO LANG: Peripheralisation: A Politics of Place, Affect, Perception and Representation, in: Sociologia Ruralis 58 (2017), 2, pp. 258-275, here p. 262.

[19] ELISABETH BAKKE: Doomed to Failure? The Czechoslovak Nation Project and the Slovak Autonomist Reaction 1918-38, Oslo 1999, p. 179.

the probability of peripheral acculturation or internal colonization and the likelihood of an assertion of the peripheral culture. While "the kernel of the diffusion perspective concerns […] the concomitant increase in core-periphery interaction,"[20] "internal colonization does not lead to a type of social and economic development in the colony which is recognizably similar to that of the metropolis."[21] What was the policy of the dominant group, the Czechs, concerning the Eastern periphery and its population?

During the first interwar decade, enlightened Czech paternalism infiltrated various realms of daily life in Subcarpathian Ruthenia and Slovakia, from daily habits to welfare policies. Bringing forward the social mobilization perspective assumes that the initiation of cultural contact between core and periphery is generally beneficent.[22] For instance, by celebrating the increase in consumption of beer among Rusyns, the article "Where beer brews—there it goes well"[23] reproduced the main clichés regarding the Czechs as agents of the civilizing process: the young Rusyns, who served in the Czech army, introduced the "healthy" Czech habit of drinking beer instead of an unhealthy obsession with *kořalka*, a kind of local distilled beverage.

According to Hechter, "interaction *per se* is seen to be an insufficient condition for the realization of national development. This is best done by the manipulation of cultural symbols and values."[24] The practices of the colonizing power are shaped through policies that constrain, transform or destroy indigenous values, orientations and ways of life as an adequate response to the "backwardness" of the periphery.[25] From the very beginning, Czech propaganda emphasized the atypical, non-Slavic, behavior of the periphery, explained by the pernicious influence of Hungarian domination:

"The living conditions of our Rusyns are extremely simple: the houses are without chimneys and furniture but designed for living together with small livestock and poultry. Our Rusyn doesn't like the troubles of those who work. He has time enough for dreaming about the secrets of his own world and religious issues. He works only as he needs and leaves his work when the occasion offers. He is satisfied with the simplest food but he likes drinking distilled beverages that the Hungarians used for degenerating local people. The Rusyn doesn't like to send his children to school, but when he has done it, he expects that everything will be free of charge, which is the consequence of the abusive influence of Hungarians, who

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[20] MICHAEL HECHTER: Internal Colonialism: The Celtic Fringe in British National Development, 1536-1966, London 2017, p. 8.
[21] Ibidem, p. 30.
[22] Ibidem, p. 22.
[23] Kde se pivo vaří, tam se dobře daří: Podkarpatská Rus si zvyká na pivo! [Where Beer Brews—There it Goes Well: Subcarpathian Ruthenia Gets Used to Beer], in: Slovenský deník from 1927-02-10.
[24] HECHTER (as in footnote 20), p. 22.
[25] Ibidem.

have bought Slavic souls for money and various benefits in favor of their Hungarization."[26]

By consistently presenting Slovaks and Rusyns as victims of the past, official rhetoric not only provided the arguments for postponing the promised autonomy for these territories but also justified the call for establishing and maintaining strong surveillance over the periphery: "The main prerequisite for granting autonomy is to make the people who can neither read nor write mature for autonomy. We do not want to recriminate them but we had to establish schools in Subcarpathian Ruthenia as well as in Slovakia."[27] In these words of Masaryk, it is easy to recognize "the idea of the 'divine right' of the educated to govern" introduced by James Coleman as a consistent example of colonial thinking.[28]

Internal colonization stems from linking economic and occupational differences between peripheral groups to their cultural differences.[29] In public discourse, the difference between Slovaks and Rusyns directly addressed their imperial past. The Slovaks, it was thought, should re-unify with their own Slavic values and "their own deeply rooted culture" after centuries of Hungarian domination.[30] The same factor, Hungarian domination, was supposed to be "the source of total decay of the [Rusyn] people."[31] Interwar Czech experts coherently developed the issue regarding the relationship between Czechs and the ethnic groups from the Eastern periphery by measuring the degree of the groups' otherness and establishing a hierarchy of commonalities with the core (Czechs).

In 1920, Karel Chotek[32] was obliged by the Ministry of Public Health and Physical Culture to monitor the health of school-age children. Chotek and his

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[26] JOSEF PEŠEK: Kulturní poměry a osvětová práce v Podkarpatské Rusi: Sbírka informativních přednášek pořadaných tělocvičnou jednotou Sokol [Cultural Conditions and Enlightenment in Subcarpathian Ruthenia: A Collection of Informative Lectures Organized by the Sport Union Sokol], Užhorod 1921, pp. 11-12.

[27] TOMÁŠ MASARYK: Rozhovor pro Prágai Magyar Hirlap from 30.IX.1922 [The Interview to Prágaj Magyar Hirlap 30.IX.1922], in: IDEM: Cesta demokracie, vol. II, Praha 1934, pp. 329-332, here p. 330.

[28] JAMES S. COLEMAN: The Political Systems of the Developing Areas, in: GABRIEL A. ALMOND, IDEM (eds.): The Politics of the Developing Areas, Princeton 1960, pp. 532-576, here p. 548.

[29] HECHTER (as in footnote 20), p. 32.

[30] ALOIS HORA: Organizace státní správy Podkarpatské Rusi: Propagační knihovna československého cizineckého úřadu [The Organization of Public Administration in Subcarpathian Ruthenia: The Library of the Propaganda Department of the Czechoslovak Administration of Foreign Affairs], Praha 1919, p. 2.

[31] KAREL KADLEC: Podkarpatská Rus: Přednáška konaná ve Státovědecké společností dne 21. května 1920 [Subcarpathian Ruthenia: Presentation for the Society of the Czechoslovak State Research 21 May 1920], Praha 1920, p. 24.

[32] Karel Chotek (1881-1967), a famous ethnographer and a student of Lubor Niederle, focused on rural populations, developed demography at the Comenius University,

team visited all schools in the Eastern periphery and conducted a complex anthropological survey among the children aged eight to fifteen years old. The main aim of the survey was to ascertain the resemblance between the Czechs and Slovaks that explained why Jewish and Roma children were strictly excluded from the sample as "foreign." The rigorous anthropological measurement concluded that "there are both differences and similarities be-tween contemporary Czechs and Slovaks, but the differences are significant and should be related to internal, local differentiation explained by the anthro-pological profiles of neighbors (Poles, Russians and Hungarians)."[33] The vari-ation in social welfare was seen as another significant factor; Chotek empha-sized the addiction to alcohol as one of the most significant factors damaging the population:

> "*Palinka* [a local distilled beverage] is indeed a kind of fatality for these people. They do not use money earned by blood and sweat for the good—they either spend it on drink or lose money to cheap entertainment. The addiction to drinking is so strong that they sell everything even at the expense of good nutrition for their children. Among those children who took part in our survey, only twenty per cent had eaten cooked meals, and half had eaten only bread with whey."[34]

Also, ethnicity was posed as a main contributing factor: "Despite it [the difference in welfare], high diversity is seen among groups of children with comparable social and hygienic conditions of life but with different ethnic origins."[35]

Along with invalidation of the Slavic population, the anthropologists aimed to demonstrate the distance between Slovaks, and partially Rusyns, from the non-Slavic population: Jews, Hungarians, Germans and the Roma. The Jew-ish population, whose share was quite large and tended to increase, was seen as one of the main obstacles to the emancipation of the Slavic population from the imperial past. Czech experts directly labeled these regions as the "most Jewish" ("nejžidovčtejší") in order to stress the vulnerability of the Slavic population there.[36] Antonin Bohač[37] stressed the closeness of Jews to Germans and Hungarians and, respectively, their alienation from the main-stream development of the nation in terms of accepting the language, culture and, even more, their political affiliation. He emphasized the necessity of

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Bratislava, between 1921 and 1931, and then continued his academic career at Charles University in Prague.

[33] KAREL CHOTEK: Ethnické rozdíly v anthropologii dítěte (se zřetelem k Slovensku) [Ethnic Differences in the Anthropology of the Child (with a Focus on Slovakia)], Bra-tislava 1922, p. 2.

[34] Ibidem, p. 7.

[35] Ibidem, p. 3.

[36] ANTONIN BOHÁČ: Statistika a demografie Moravského Slovenska [Statistics and De-mography of Moravian Slovakia] in: LUBOR NIEDERLE (ed.): Moravské Slovensko, Praha 1922, p. 818.

[37] Antonin Bohač (1882-1950), was a pedagog and demographer, an associate of Masa-ryk, and the grounder of Czechoslovak censuses.

emancipating the Slavic population from dependence on the small and middle-sized businesses of the Jews as a pre-condition of their revitalization.[38] In his turn, Karel Kadlec[39] highlighted the role of the Jews in the devastation of the Rusyns because the former had purchased the best agricultural territories, blocking the options for developing the Rusyns' rural economy.[40] This argument was deepened by Vojtěch Suk[41], who directly compared the role of Jews in Ruthenia with the negative role of Indians, who were seen as blocking the progress of the indigenous population in Africa, a motive adopted by Suk from British colonial thinking. Thus, Suk compared the Czechs, "powerful and progressive facilitators of progress," with British civilization, which "supervised the African population in the reframing of social order and the replacement of interstitial elements."[42] Czech scholars successfully adopted the German view on the Jews as a self-isolated group; even Suk emphasized that only the Jews who lived in the Eastern periphery could be defined by this concept. The concept of explaining degeneracy by partial self-isolation was transferred onto other ethnic minorities, mainly the Rusyns and the Roma.

Chotek was the first to introduce the opposition of two groups of Rusyns by differentiating them according to their localities, being either mountain hamlets, distanced from the Slavic population, or lowlands, well integrated into the core population: "Those who live in mountain hamlets are directly affected by neighboring Croatians and Hungarians, and along with this, their social conditions are miserable."[43] This argument gained the most systematic elaboration in the studies by Suk, who conducted two field researches in Subcarpathian Ruthenia, in 1920 and 1930; both were not only supported by the authorities but were also promoted at the international level. After completing his second survey, Suk obtained an additional grant for presenting the results of his studies on "primitive" ethnic groups in Ruthenia at the Royal Anthropological Institute of Great Britain and Ireland in London. More than ten publications prepared by Suk in English and Czech between 1931 and 1935 disseminated a particular view of the population of the Eastern periphery as one blocked by multifaceted self-isolation.

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[38]   BOHAČ (as in footnote 37), p. 819.
[39]   Karel Kadlec (1865-1928) was a famous Czech lawyer, historian and slavist who led the Faculty of Law at Charles University.
[40]   KADLEC (as in footnote 32), p. 21.
[41]   Vojtěch Suk (1879-1967), born as Adalbert Schück, was a world-renowned Czech anthropologist, who established and led the Anthropological Institute in Brno and conducted several anthropological surveys in different countries.
[42]   VOJTĚCH SUK: Židé na Podkarpatské Rusi [Jews in Subcarpathian Ruthenia], in: JAROSLAV ZATLOUKAL (ed.): Podkarpatská Rus: Sborník hospodařského, kulturního a politického poznání Podkarpatské Rusi, Bratislava 1936, pp. 128-137, here p. 135.
[43]   KAREL CHOTEK: Tělesný Ráz obyvatel moravského Slovenska: Příspěvek k antropologii Slovenska [The Physical Development of the Inhabitants of Moravian Slovakia: An Article about the Anthropology of Slovakia], in: NIEDERLE (as in footnote 36), pp. 823-836, here p. 825.

The starting point was the original otherness of Rusyns in contrast to the rest of the population of Central Europe: "Though we accept that Subcarpathian Ruthenia belongs to Central Europe—in geographical terms, in terms of ethnic origin and the culture of Rusyns, we have gained much evidence emphasizing their oriental nature."[44] Next came a systematic ethnic cleavage of Rusyns according to the degree of assimilation. While a smaller share of Rusyns, who lived among Slavs, was considered to be the Dinaric (mixed) type, the majority, who lived in upland villages, were regarded as belonging to the Lapponoid (pure) type. This last non-Slavic type was seen by Suk as the primary evidence for the self-isolation of these Rusyns, which, in combination with poor living conditions and unhealthy habits, made them comparable in their degeneracy with the Jews who lived in the same region.[45]

During the interwar period, Czech anthropologists consistently cultivated the perception of the Eastern periphery in terms of distinctive ethnic identity or, even more, by dividing its population into advantaged and disadvantaged groups that needed to become acculturated to the core. Building racial hierarchies reverberated with the apprehension of the Czechoslovak government towards the inability of these regions to behave in line with the political interests of the dominant cultural group. The deficit of political loyalty started to be explained by the extremely low level of social development that made Slovaks and Rusyns easy targets as enemies of civilization.

This pattern was mirrored in the issue of public health, one of the three official priorities concerning the periphery, together with education and agricultural reform, which was targeted at replacing the pastoral economy with an arable one.[46] The role of public health and physicians was especially emphasized concerning the Ruthenian population living in mountain hamlets: "For those darkest upland places, we ask the sun and the physicians to be there and clean those people by remedial surveillance."[47] Indeed, the politics of public health in the Eastern periphery put forward the role of physicians and nurses in contrast to sustainable institutionalization of public health in Bohemia.

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[44] Vojtěch Suk: Antropologie Podkarpatské Rusi s některými poznamkami o lidských plemenech vůbec a o metodách antropologických, předběžná zpráva [Anthropological Notes on the Peoples of Carpathian Ruthenia with Remarks on Races in General and on Some New Methods in Anthropology, Preliminary Report], Brno 1932, pp. 6-7.

[45] Ibidem, p. 17.

[46] Tomáš Masaryk: Rozhovor pro "Jövo" [Talking for "Jövo"], in: idem: Cesta demokracie, vol. 1, Praha 1933, pp. 252-255, here p. 254.

[47] Jaroslav Zatloukal: Úvod [Introduction], in: idem, Podkarpatská Rus (as in footnote 42), pp. 1-10, here p. 9.

Public Health as an Agent of Internal Colonialism: The Cultural Division of Medicine

Internal colonization stems from the spatially uneven wave of modernization over state territory that creates relatively advanced and less advanced groups: "As a consequence of this initial fortuitous advantage, there is crystallization of the unequal distribution of resources and power between the two groups."[48] During the interwar period, political representation of the Eastern periphery remained extremely weak in articulating its own political will. Moreover, those Slovak representatives who achieved influential positions mainly advanced the interests of the core.[49]

Vavro Šrobár, a Slovak physician and the first Czechoslovak Minister of Health and Physical Culture (1918-1920), maintained consistent political affiliation with the Agrarian Party, the most influential party during the interwar period. Simultaneously, he led the Ministry of Law Unification. Later, Šrobár obtained the position of the Minister of Education. Advocating a systematic pro-Czech vision for the development of Slovakia, Šrobár not only shared the main priorities of 'civilizing' non-historical areas of the new state but also established a branch of the Ministry of Health in Bratislava as a structure for monitoring public health. Contemporary evaluation of his impact on policy-making concerning public health has varied from defining him as a knight of democracy[50] to an oppressor of the interests of the Slovaks[51].

One of Šrobár's first actions concerning the development of public health was a survey aimed at assessing the state of regional hospitals. The survey included more than eight dimensions, including the administration and legal regulations of property, buildings and their condition, hygienic standards, the scope of health care services, target groups of patients and types of diseases, and the number of physicians and nurses. The outputs of the survey were presented as "maps" aimed at persuading people that sanitation and the general progress of health care were indispensable to the civilizing process, especially for the most Eastern part of periphery, Ruthenia.[52]

The systematic lack of hospitals and other public health services operated as a main explanation of the dire state of the population's health in official documents: "Entire regions are dying there [and] the level of health care is unbelievably low; alcoholism, tuberculosis, syphilis and hyper thyroid domi-

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[48]   HECHTER (as in footnote 20), p. 8.
[49]   BAKKE (as in footnote 19), p. 172.
[50]   JOSETTE BAER: A Life Dedicated to the Republic: Vavro Šrobár's Slovak Czechoslovakism, Stuttgart 2014.
[51]   KAREL PASNER: Osudové okamžiky Československa [Moments of Destiny in Czechoslovakian History], Praha 1997.
[52]   Epidemiologická zpráva od januára 1919 do 15. júla 1928 [Report about the Pandemic State from January 1919 to 15 July 1928], in: Slovenský národný archív (SNA) [State Archives of Slovakia], Bratislava, Expositura Ministerstva veřejného zdravotnictví (EMVZ) [Branch of the Ministry of Health and Physical Culture], box 106.

nate. As we go further East, living conditions become worse and our task more important."[53] The "uncivilized" attitude of the Rusyns towards their own health was seen by the officials of the Ministry of Public Health as the main challenge to solving this task: "Rusyns do not have any basic knowledge about the sources of infectious diseases and accept the voice of God chastising them for their sins, and in the main, they turn to the church for help, not to physicians."[54] Tellingly, this attitude continues to be utilized today to explain the resistance of the peripheral population to directives issued from the core dominant group.[55]
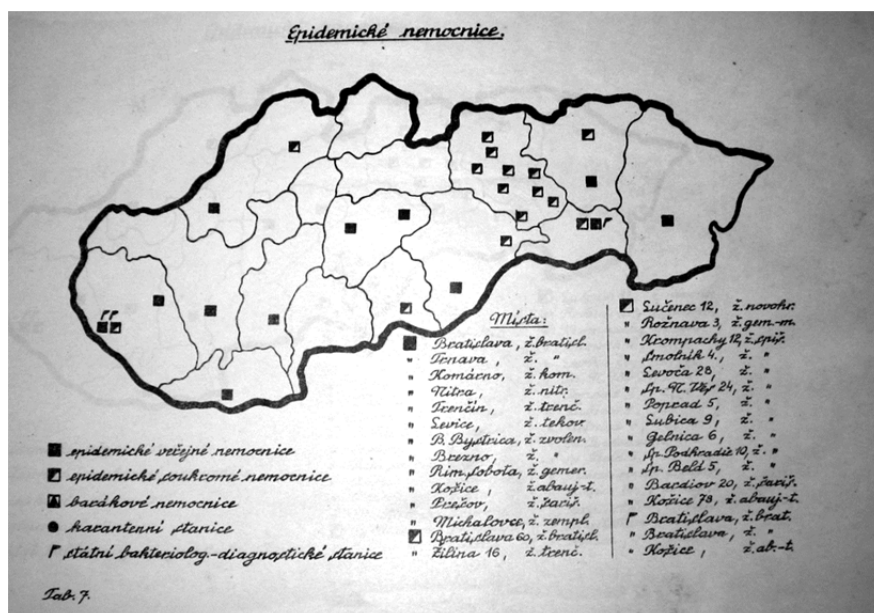

Fig. 1: Sanitary epidemic stations and the preparedness of local hospitals for outbreaks of epidemics, in: SNA, EMVZ, box 12

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[53] Zpráva o tom, co Československý Červený Kříž dosud vykonal a čeho potřebuje k další své práci [Report about the Czechoslovak Red Cross, its Activity until Now and its Needs for Next Plans], 1923-12-28, in: Národní archiv, Praha (NAP) [National Archives Prague], Ministerstvo Zdravotnictvi (MZd1/MZD1), box 14, folder Československý Červený Kříž [Czechoslovak Red Cross].

[54] Zpráva o veřejném zdravotnictví v Podkarpatské Ruse, 1922 [Report about the State of Public Health in Subcarpathian Ruthenia, 1922], in: NAP, MZD1, box 6, folder Prezidium Ministerstva zdravotnictví i tělesné výchovy [Central Committee of the Ministry of Public Health and Physical Culture].

[55] RYCHLÍK/RYCHLIKOVÁ (as in footnote 10), p. 152.

The victimization of the peripheral population can be seen reflected in the minimization of the role of local professionals in reinforcing the civilizing process: "The people of Subcarpathian Ruthenia were politically and socially oppressed or literally enslaved for a long time. Thus, an intractable barrier between the people and those who name themselves intellectuals has appeared."[56] Limited trust in local experts was extended to physicians as well. Anna Falisová[57] describes the role of nationality and political loyalty in the assessment and selection process among physicians as the most consistent driving forces behind the lack of physicians in peripheral regions—because those professionals who submitted the applications often were evaluated as not politically loyal enough, while the number of "well-behaved" physicians remained very limited and insufficient. This type of view legitimized the recruitment of Czech experts to study such issues, indicate the most suitable strategies and then civilize the Slovaks and the Rusyns.

During the first post-war decade, Czech physicians led the branch of the Ministry of Health in Slovakia. The Czech physician Bohumil Vacek[58] led the branch between 1918 and 1926; then, until the end of 1937, he worked at the State Hygienic Institute in Prague, becoming director of the institute in 1928. Another central figure of the Czech surveillance of public health in the periphery was Karel Driml[59], who was appointed by the Ministry of Health and Physical Culture to establish the organizational framework for developing health education and social hygiene in Moravia and Slovakia.[60] Driml was sent to Brno[61], where he was obliged to transform the Local Department of Health Care (Zdravotní oddělení zemské správy) to bring its operation in line

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56   MASARYK, Rozhovor (as in footnote 46).

57   ANNA FALISOVÁ: Úradní lekári na Slovensku (v 20. rokoch minulého storočia) [State Physicians in Slovakia in the 1920s], in: IVANA FIALOVÁ, DANIELA TVRDOŇOVÁ (eds.): Od špitála k nemocnici: Zdravotníctvo, sociálna starostlivosť a osvěta v dějinách Slovenska, Bratislava 2014, pp. 269-278, here pp. 275-276.

58   Bohumil Vacek (1871-1965), who trained at Charles University between 1890 and 1896, started his career as a district physician in Velké Meziříčí and then continued as chief medical officer in Vyškov in Moravia.

59   Karel Driml (1891-1929), a close friend of Alisa Masaryk, was one of the first Czech physicians to gain the fellowship of the Rockefeller Foundation for studying American public health, and a famous advocate of the eugenic approach to health care. He had obtained the position of "chief ministerial commissioner" (vrchni ministerský komisar) and was supposed to lead the Department of Propaganda of Health Education at the State Institute of Hygiene but died suddenly in 1929.

60   Dr. Karel Driml ministerský mistotajemník: zdravotnická výchova na Moravě [Dr. Karel Driml, Adviser of the Ministry of Health and Physical Culture: Health Education in Moravia and Slovakia], 1927, in: NAP, MZd1, box 325, folder Presidium Ministerstva veřejného zdravotnictví a tělesné výchovy [Executive Committee of the Ministry of Public Health and Physical Culture].

61   Brno remained the administrative center for public health, welfare policy and education of the periphery, despite the presence of comparable sub-divisions of the relevant Ministries in Bratislava.

with the standards that had been introduced in Bohemia. Further, Driml was appointed to adapt his methods of health care propaganda to the specifics of the region. He not only energized the network of health education centers within the Czechoslovak Red Cross but also prepared a set of propaganda materials aimed at bringing forward culturally sensitive contexts. Driml made several instructional films specifically addressing the peripheral population. Following his own novel approach, Driml used folklore themes and fairytales for making the films attractive to the audience.[62]

In Hechter's conceptualization, this allocation of social roles, in which those positions commonly defined as having high prestige are reserved for the dominant cultural group (Czech physicians) while the less advanced group is denied access to these roles, led to the cultural division of labor and stabilized the stratification system.[63] Further, the pathways of institutionalizing public health in the core and the periphery significantly varied. In the Czech regions, the authorities combined the intensive elaboration of a centralized system of surveillance over health, delegating the responsibility for developing public health to local authorities. During the interwar period, several institutions responsible for establishing better standards of hygiene and public health were established, including the State Institute of Hygiene (Státní zdravotní ústav) and the Masaryk Academy of Labor (Masarykova Akademie Práce). In addition, local authorities were obliged to institutionalize social care and public health and to embed them in local infrastructure within diverse projects encouraged by international organizations[64].

In Slovakia and Subcarpathian Ruthenia, the Czechoslovak Red Cross was the key actor in the development of public health in the Eastern periphery. Led by Alice Masaryk, the daughter of the first Czechoslovak President Tomáš Masaryk, the Red Cross developed mobile forms of public health care, such as a network of physicians and nurses who visited families with young children, or the system of convoys (groups of specially equipped motor vehicles), as the main approach to stopping infectious diseases. It is possible to recognize in this approach, typical of colonial policy, a focus on a narrow range of primary commodities seen as sufficient, which did not lead to the type of social development in the colony that would be recognizably similar to that of the metropolis.[65]

Realizing the obvious disadvantages of the strategy offered by central authorities, Slovak physicians were interested in the institutionalization of pub-

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[62]   Dopis na Župný úřad v Košiciach [Letter to the Local Authorities in Košice], 1926-04-17, in: Štátny archív v Košiciach (SaK) [State Archives in Košice], Fonds of Košicka župa 1923-1928 II.YV, box 522, folder Spoločnosť čsl. Červeného kríža Divizia pre Slovensko [Czechoslovak Red Cross, Subdivision for Slovakia].

[63]   HECHTER (as in footnote 20), p. 8.

[64]   VICTORIA SHMIDT: Public Health as an Agent of Internal Colonialism in Interwar Czechoslovakia: Shaping the Discourse about the Nation's Children, in: Patterns of Prejudice 52 (2018), 4, pp. 355-387.

[65]   HECHTER (as in footnote 20), p. 30.

lic health comparable with the politics in Bohemia, and they made several attempts to do so but without tangible results. In early 1920, a professor at Comenius University, Stanislav Růžička, sent a request to the Ministry of Health to establish a Pasteur's Institute in Bratislava.[66] The request was prepared by local physicians, and Růžička was delegated to negotiate because he was not only Czech but also the younger brother of Vladislav Růžička, a leading Czech eugenicist and professor at Charles University. The main justification for the request from the side of Slovak physicians was the increasing number of cases of rabies among livestock as well as among people, and the readiness of local staff to establish and provide services comparable to the operation of the Pasteur's Institute in Prague. The request was accompanied by a rather detailed plan, which included options for choosing the building and the budget. In response, the Ministry provided a stern rejection, citing the sufficiency of the institution in Prague for serving the interests of entire country:

> "Temporarily situated in the Hospital of Vinogrady, only the Pasteur's Institute was equipped for accepting all cases of rabies among the humans and the livestock of the entire country. Moreover, the Ministry of Public Health and Physical Culture does its best in order to achieve sustainability in the operation of this institute as independent organization. Taking into account the state budget, we cannot establish new institutions while already-existing organizations remain incomplete in terms of facilities and staff."[67]

Another attempt to establish an institution comparable to the Czech State Institute of Hygiene was made in 1923. The physicians and local authorities of Bratislava initiated the establishment of the Socially Hygienic People's Institute (Sociálno-zdravotniský ludový ustav), aimed at fighting tuberculosis and sexually transmitted diseases, prostitution and alcoholism, decreasing infant mortality and refining hygienic standards for housing to prevent the dissemination of social pathologies.[68] The budget of the institution consisted mainly of Red Cross donations targeted at developing services for mothers and infants, and after establishing a network of mobile counseling centers for mother and children, the Institute ceased operations.

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[66] Dopis Profesora hygieny Dr. Růžičky v Bratislavě: Potřeba Pasterova ústavu na Slovensku na Ministerstvo Českoslov. Republiky s plnou mocou pre správu Slovenska [Letter by Professor of hygiene Dr. Růžička from Bratislava: About the Need to Open a Pasteurs Institute in Bratislava to the Ministry of Czechoslovak Republic with Authorization in Slovakia], 1920-03-11, in: SNA, EMVZ, box 5, No. 2051 1920.

[67] Odpověd na návrh na zřízení státního Pasterurova ústava v Bratislavě, Ministerstvo Veřejného zdravotnictví a tělesné výchovy v Praze [The Answer of the Ministry of Public Health and Physical Culture to the Request to Establish a Pasteur's Institute in Bratislava], 1921-05-23 in: SNA, EMVZ, box 5.

[68] Navrh mestskej rady vo věci založenia sociálno-zdravotniského ludového ustavu a kvůli tomu vymenovania příslušného kuratoria [Proposal of the Local Council for Establishing a Social-Medical People's Institute and Relevant Supervisory Board], ibidem.

The consistent stratification of public health in the Eastern periphery dovetailed with the political interests of Czechoslovak policy. While the political loyalty of the peripheral population remained questionable, the authorities also needed to introduce efficient strategies of surveillance. Also, from the very beginning, campaigns for public health met with the resistance of peripheral inhabitants and skeptical follow-up on the part of local physicians who did not accept the representations that the Ministry of Health tried to bestow upon them. This contest became more delineated because of the direct affiliation between the public health pressure and the mission of newly established international organizations.

Public Health in the Eastern Periphery: The Resonance of International and Internal Colonialism

The first decade of the interwar period can be defined as an era of grand politics concerning diseases across the world.[69] Connecting previously developed and vastly different concepts of international health, the League of Nations Health Organization framed the global community of countries in terms of health and health care.[70] The mission to re-establish the world order after the First World War brought the issue of health onto the global agenda. The very first model for internationalizing public health and providing global health security operated in favor of dividing the world into developing countries, where the early warning of potential outbreaks of infectious diseases was to be provided, and the rest of the world, developed countries that should be protected: "Global health security aimed to implement systems of preparedness for events, the likelihood of which is incalculable, but whose political, economic, and health consequences could be catastrophic."[71] A global disease surveillance system started to be seen as indispensable for these purposes, along with fear-based public campaigns[72]. Between the 1920s and 1930s, in order to reinforce their political status, international organizations such as the Health Section of the League of Nations and the International Labor Organization (ILO) initiated several campaigns concerning various, mainly infectious and sexually transmitted, diseases. National governments easily adopted

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[69]   NANCY LEYS STEPAN: Eradication: Ridding the World of Diseases Forever?, New York 2011.

[70]   IRIS BOROWY: Coming to Terms with the World's Health: The League of Nations Health Organization 1921-1946, Frankfurt a. M. 2009, pp. 13-15.

[71]   ANDREW LAKOFF: Two Regimes of Global Health Humanity, in: International Journal of Human Rights, Humanitarianism, and Development 1 (2010), 1, pp. 59-79, here p. 60.

[72]   MARILOU GAGNON, JEAN DANIEL JACOB, DAVE HOLMES: Governing through (In)Security: A Critical Analysis of a Fear-Based Public Health Campaign, in: Critical Public Health 20 (2010), 2, pp. 245-256.

these campaigns as tools for legitimizing newly established states.[73] Interwar Czechoslovakia was at the vanguard of promoting the measures offered by the League of Nations and ILO.[74]

Those who study internal colonialism stress the role of international development that "occurs within the colonial structure: the expansion of 'civilization,' social and technical progress, the Westernization of the world, evangelization and proselytization, the diffusion of liberal and socialist ideas."[75] Central to global health security, the division of the world into a core that should be protected and a dangerous periphery aligned with the division of Czechoslovakia into historical, more civilized, parts and non-historical, barbarian, parts. Easily fostered, the alarmist pathos of the League of Nations and the Rockefeller Foundation who financially encouraged international measures put national public health at the foundation of policies concerning groups within Czechoslovakia's population that were seen as underdeveloped—not familiar with hygiene, potential transmitters and victims of diseases—namely, the populations of the peripheral regions, Slovaks and Rusyns.[76]

In 1921, the Ministry of Health established particular requirements for Slovakia and Subcarpathian Ruthenia concerning the prevention of infectious diseases. By following the recommendations of the League of the Nation, the Ministry obliged regional authorities to report each case of an infectious disease, along with monthly reports about the epidemiological situation. Special, stricter regulations were introduced for the peripheral areas of Slovakia and Subcarpathian Ruthenia. Firstly, military base physicians were obliged to inform the Ministry about the number of cases of infectious diseases every two weeks.[77] The State Railway Authorities also reported each case of an infectious disease disclosed among passengers. Those regions situated close to the border with Hungary were required to inform the Ministry about the cases of infectious diseases there and, further, the Czechoslovak authorities asked the Hungarian authorities to inform them about infectious diseases in the areas near the border. Clearly, these measures opposed the good and trustworthy Czechoslovak authorities to the irresponsible behavior of the former oppres-

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[73] RANDALL M. PACKARD: A History of Global Health: Interventions into the Lives of Other Peoples, Baltimore 2016, pp. 67-69.

[74] Czechoslovakia was one of the first nine countries that engaged the ILO.

[75] GONZALES CASANOVA (as in footnote 13), p. 30.

[76] Dopis Antonina Kolinského Exposituře ministerstva veř. Zdravotnictví a télesné výchovy v Užhorodě: O potirání pohlavních nemocí [Letter of Antonin Kolinský to the Expositure of the Ministry of Health and Physical Culture in Uzhgorod: About the Struggle against Sexually Transmitted Diseases], 1921-02-08, in: SNA, EMVZ, box 83.

[77] Zdravotní statistika československé armády za dobu od 1. řijna 1921 do 30. září 1925. Svazek 1 [Health Care Statistics of the Czechoslovak Army between 1 October 1921 and 30 September 1925. Part 1], ibidem.

sors, Hungarians, who had left the periphery on the margins of progress and lagging behind the proper tempo in terms of public hygiene.

Czechoslovak authorities reproduced each of the international campaigns concerning a wide range of diseases, even those that would be hardly applicable to this territory, such as encephalitis lethargica or anthrax. The diligent reproduction of international recommendations concerning the control of various infectious diseases aimed at advancing the recognition of Czechoslovak authorities at an international level and reinforcing the position of the center within the periphery. Thus, the struggle against infectious diseases infiltrated propaganda targeted at the populations of outlying areas.

The Ministry of Health established a special division for monitoring mass media (Referat tlačový a zpravodajský) reporting on Slovakia and Subcarpathian Ruthenia, aimed at not only tracing the publications in local media but also preparing the relevant materials concerning the new campaigns promoting public health and social hygiene. This measure also responded to the contest between the center and the periphery. The authorities established consistent political control over local physicians through the procedures of recruitment and retraining; mainly, they met with skepticism or, more often, a do-nothing reaction from the side of the physicians concerning the monitoring of infectious diseases.

Being obliged to inform the Ministry about diseases and measures against infections, local physicians refused to accept the alarmist pathos of the central authorities. To the contrary, they emphasized the absence of cases or reinterpreted the symptoms of life-threatening diseases as symptoms of the usual issues typical of the lack of personal hygiene. With a particular dose of humor, the regimental doctor Ballner, who was, like other physicians working in peripheral regions, obliged to report the cases comparable with typhus and cholera, mentioned in his report: "As every year during the period when fruit is ripening, the number of diarrhea cases has increased, and we question ourselves 'Why does it happen?'[…] The toilet facilities in rural areas are not sufficient, either in terms of quantity or quality, and there are people who like fruit."[78] Decreasing the pathos concerning the "invasion" of infectious diseases, such resistance from the side of local physicians hampered the efforts of the center to perpetuate moral campaigns in favor of reinforcing the loyalty of the periphery. The measures against venereal diseases, especially in the army, also met with a skeptical response from local professionals, who recognized in the attempt of Czechoslovak authorities to ban prostitution an unrealistic and, moreover, a disloyal approach to the army.[79]

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[78]   Opis Rozšíření úplavice a tyfu, do Bratislavy [Report about the Distribution of Dysentery and Typhoid to Bratislava], 1922-08-26, in: SNA, EMVZ, box 79, folder Divisní nemocnice v Bratislavě Bakteriologická pracovna [Military Hospital in Bratislava. Bacteriological Department].

[79]   PETER CHORVÁT: K problematike interakcie armády a pohlavních chorôb v moderných dějinách Slovenska [About the Issue of the Interaction between the Army and Venereal

Meeting with the consistent resistance of the periphery, the core needed to perpetuate the emotional affective markers concerning the issues of disease and health that would resonate with the expectations of peripheral populations and provide the option for the core to exercise its symbolic power—especially because of the obvious limits of the political and economic power of the Czechoslovak authorities. The turn to moral panic concerning the Jews and the Roma as internal "others" seemed inevitable in the discursive practices of the authorities.

Moral Campaigns against Infectious Diseases: Scapegoating the Roma and Victimizing the Periphery

Along with the increasing number of Jews, the proportion of the Roma in the periphery grew—dramatically according to the central authorities: in Slovakia, from 8,000 in 1921 to 30,626 in 1931, and in Ruthenia, from 418 in 1921 to 1,357 in 1931.[80] In combination with an increasingly alarmist approach concerning the negative role of the Roma in the spread of diseases throughout the historical part of the country[81], the campaigns aimed at monitoring and preventing infectious diseases in the periphery heavily relied upon the moral panic that emerged about the Jews and the Roma. Klein-Pejšová describes the case of Rósa Reizer, a Jewish refugee who travelled from Prague and became an exemplary victim of the abuse of Slovak authorities who, in the areas of public health and national security, consistently resisted the acceptance of Jews in the early 1920s.[82] Achieving more and more success in eradicating infectious diseases[83], Czechoslovak authorities started to label the Jews and the Roma the "last bastion" in the fight for better public health.[84]

Between 1919 and 1920, Czechoslovakia made significant progress in the eradication of smallpox—the number of cases decreased from 11,000 to

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Diseases in the Modern History of Slovakia], in FIALOVÁ/TVRDOŇOVÁ (as in footnote 57), pp. 374-379, here p. 377.

[80]   ROBERT VÁŇA, OLDŘICH PINKAS: Biologie cikánů v republice Česko-Slovenské [The Biology of the Gypsies in the Czechoslovak Republic], in: Biologické listy 23 (1938), 3/4, pp. 184-198.

[81]   VICTORIA SHMIDT, KAREL PANČOCHA: Building the Czechoslovak Nation and Sacralizing Peoples' Health: The Vicissitudes of Disability Discourse during the 1920s, in: Journal of Contemporary Central and Eastern Europe 25 (2017), 3, pp. 307-329.

[82]   KLEIN-PEJŠOVÁ (as in footnote 15), pp. 45-46.

[83]   BRANISLAV ŠPROCHA, PAVOL TIŠLIAR: Úmrtnosť, zdravotný stav a chorobnosť obyvateľstva Slovenska v medzivojnovom období [Mortality, Health State and Morbidity of Slovak Population during the Interwar Period], in: FIALOVÁ/TVRDOŇOVÁ (as in footnote 57), pp. 446-458.

[84]   SHMIDT/PANČOCHA (as in footnote 81).

2,000 and the number of deaths dropped from 1,000 to 200.[85] Any case of smallpox was considered a challenge to the most successful campaign against infectious diseases and a reason to attract public attention to the issue. In 1920, the escape of the "Gypsy" gang of Großovs from Morava to Bohemia, a group whose members were identified as being in touch with a transmitter of smallpox[86], attracted serious attention from the authorities—even the Central Police Office in Prague published a special release about this case:

> "In the district of Maršíkov, near Šumperk, smallpox has appeared among the Gypsies. The transmitter was a forty-year-old Gypsy female, Maria Weinlichová, who arrived from Hrušovany (Silesia) on the ninth of February to attend to her relatives. She contracted smallpox, and on February 11, she became ill—being among thirteen other members of this Gypsy gang in the van located in the public garden near the local hotel. Only one week later was the physician able to pick her up and place her in the hospital. Also, her daughter, with her husband and three-year-old son, who was not vaccinated, escaped to the north of the country. After that, three other cases of smallpox were diagnosed among the Gypsies who stayed. Due to the extreme degree of insecurity, we call for emergent measures aimed at identifying and detaining these Gypsies, placing them in the hospital, vaccinating them and leaving them in isolation for a 16-day period."[87]

This report can be seen as a comprehensive example of the anti-Roma propaganda of that period—embedded in the strategy of victimizing the Eastern periphery of the country (the infection moved from Moravia to Bohemia) and creating a common enemy for both the center and the periphery as possible grounds for further unity. Also, at the beginning, this public rhetoric did not target its object—to unite the center and periphery against the common enemy, the "Gypsies."

The lenses of internal colonialism as a repressive system focus on "the specific solution of class and ethnic conflicts in the periphery that are longer lasting and more violent than in the metropolis."[88] Since 1921, local authorities in Slovakia were obliged to prepare regular reports about the criminal activities among the Roma, including data concerning cases of infectious diseases. Remarkably, the majority of the reports from different regions stressed the apparent normality of the Roma who lived in Slovakia[89] and, along with

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[85] HYNEK PELC: Zdravotní stav obyvatelstva Československé republiky v jejím prvním desítiletí [The State of Health of the Population of the Czechoslovak Republic during its First Decade], Praha 1929.

[86] Opis: Maršíkov, neštovice [Description: Smallpox in Marsikov,], 1920-03-06, in: SNA, EMVZ, box 79, folder Zemská politická správa v Brně [District Department of the Government in Brno].

[87] Oběžník: Onemocnění cikánů neštovicemi na Moravě, V Praze [Circular: Infection of the Gypsies by Smallpox in Moravia, in Prague], 1920-03-12, in: SNA, EMVZ, box 79, folder Zemská správa politická v Praze [District Department of the Government in Prague].

[88] GONZALES CASANOVA (as in footnote 13), p. 31.

[89] Od moldavského hlavního služného číslo 5878/921 odd. adm. Předmět: Stihania cigánov, úprava [From the Moldavian Main Police Station No. 5878/921. Subject:

this fact, emphasized the difference between the behavior of the Roma who had experienced sedentarization and a good relationship with the local population and those who moved to Bohemia "to steal, rob and kill."[90] By asking the government "to change the previous prescription in line with specific approaches to the Gypsies that differentiate our situation from that of the Gypsies from Bohemian regions,"[91] local authorities stressed the necessity to approach those "Gypsies" who had committed crimes and practiced an asocial mode of life as unreliable foreigners.[92] Several moral campaigns against the Roma in favor of public health implemented by authorities in the Eastern periphery between 1922 and 1926 gradually changed the opinion of the locals concerning the Roma. It is reasonable to differentiate several waves of moral campaigns aimed at legitimizing the surveillance of unreliable areas and groups, which directly affected public discourse concerning the Roma. The persecution of the Roma became an indispensable part of this process. The most visible impacts were the campaigns against trachoma (1920-1925) and sexually transmitted diseases (1919-1927).

Tellingly, the title of prescriptions concerning the prevention and elimination of trachoma among the public, "Reminder about Trachoma" or "Egyptian Ophthalmia,"[93] introduced a name for the disease which would directly link trachoma with the Roma, whose Egyptian origin remained one of the most disseminated stereotypes. Further, the prescriptions put forth children as the target group for prevention because

> "Children are the most targeted victims of this disease, which makes them unable to attend school, and disrupts their education. Trachoma remains a great obstacle to a good education and sustainable wellbeing; thus, everybody must prevent this disease—in their own best interest."[94]

This focus aimed to involve not only physicians but also educators—another professional group whose loyalty was desirable. During the campaign aimed at eradicating trachoma, the Ministry of Education and Enlightenment conducted a survey among school inspectors in Slovakia and Subcarpathian Ruthenia. The survey consisted of four questions regarding: 1) the number of "Gypsy" settlements in the district; 2) the number of school-aged children

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Surveillance of the Gypsies, Corrections], Košice, 1921-10-15, in: Fonds of Košicka župa 1923-1928 II.ZV box 430, folder Služnovský úrad v Moldavě [Office of the Local Authority in Moldava].

[90]   Úprava stíhania cigáňov: Úprava [Surveillance of the Gypsies: Corrections], 1921-09-22, ibidem, folder Policejní ředitelství v Bratislavě [Police Department of Bratislava].

[91]   Opatrenie proti cigánom [Measures Against the Gypsies], 1921-07-15, ibidem, folder Služnovský úrad v Ždani [Office of the Local Authority in Ždan].

[92]   Úprava stíhania cigáňov (as in footnote 90).

[93]   The name "Egyptian ophthalmia" stemmed from the first trachoma pandemic in Europe launched by infected soldiers of Napoleon's Army after their expedition to Egypt.

[94]   Lidové poučení o trachomu—egyptském zánětu oči [People's Reminder about Trachoma or Egyptian Ophthalmia], 1925, in: SNA, EMVZ, box Protitrachomová akcia 1919-1927 [Anti-Trachom Action 1919-1927].

there; 3) school attendance by "Gypsy children" and the options to increase it; and 4) the health of "Gypsy" students, especially the magnitude of infectious diseases, with a focus on trachoma.[95] Tellingly, admitting the fact that no one among the Roma students attended school regularly, except "those sedenterized Gypsies who eventually stopped being counted as part of the minority,"[96] the inspectors reported the awful state of hygiene among the children and estimated the magnitude and distribution of infectious diseases as the main obstacle to the placement of the Roma into mainstream schools. Shifting the focus from sedenterization to an extreme form of integration (the authorities asked about the possibility of teaching Roma children in mainstream schools) inclined Slovak educators to reproduce the range of prejudices that, in the later 1920s, evolved into the grounds for the campaign aimed at establishing tough legislation against the Roma: "The general backwardness of the Gypsies would threaten the education and upbringing of the children of good parents. The idea to teach the Gypsy children alongside other children seems to be a dangerous mistake."[97] In their answers, the inspectors emphasized the close interrelation between the lack of health and ineducability of "Gypsy" children:

> "Due to the liability of the Gypsy children to contract infectious diseases, it is impossible to place them together with other healthy children. Because of the lack of hygiene, Gypsy children suffer from diverse infections and skin diseases. These threats should be eliminated before there is any consideration of placing Gypsies together with our children."[98]

The inspectors stressed the impossibility of solving this issue through an assimilative strategy and emphasized the obvious failure of the assimilation policy of the Habsburgs: "For centuries, the greatest states have tried to solve this issue [education for the Roma], but without any positive outcomes; even they were unable to find a proper way."[99] This provocative reminiscence led to the conclusion "to cast aside democratic values and issue a special law for Slovakia and Subcarpathian Ruthenia aimed at empowering local authorities to apply tough measures against the Gypsies."[100] The removal of children from their biological families and further placement into institutions was seen as the only possible solution:

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[95]   Obeznik číslo 20: Výchova cigáňov [Regulation No 20: The Education of the Gypsies, 4], 1923-08-04, in: SaK, Fond Košicka župa 1923-1928 II.ZV, box 315, folder Referat Ministerstva školstva a národnej osvety v Bratislave [Ministry of Education and People's Enlightenment in Bratislava].

[96]   Výchova cigáňov [The Education of the Gypsies], 1923-08-25, Košice, ibidem, folder Školský inšpektorát v Košiciach [School Inspection in Košice].

[97]   Výchova cigáňov [The Education of the Gypsies], 1923-09-13, Košice, ibidem, folder Školský inšpektorát v Michalovcach [School Inspection in Michalovce].

[98]   Ibidem.

[99]   Výchova cigáňov [The Education of the Gypsies], 1923-08-23, Košice, ibidem, folder Okresný úrad v Medzilaborci [Local Authorities in Medzilaborce].

[100] Ibidem.

"The education and rearing of the Gypsy children should be the task of social services, along with making decisions about establishing special residential care units for Gypsy children […] Each healthy Gypsy child should be removed from their parents at two years old and placed into an institution until young adult age. Such institutions should have fields, gardens and diverse workshops for teaching the Gypsy children to work."[101]

Further, the inspectors stressed that even intensive dissemination of residential care would be limited in achieving successful assimilation and could bring only very modest results: "In terms of their [the Roma's] social development, we must move them, at the very minimum, to the level of Rusyns; the most important task is to find jobs for all of them."[102] Contrasting the Roma to the Rusyns, the Slavic minority seen as the most degenerated ethnic group besides the Roma, inclined the inspectors to define the mission to educate the Roma as self-denial or even as punishment: "The cohort of those who would be appointed to teach Gypsies should be made up of those who have outstanding pedagogical talents and also those who were educators but because of committing an offense have lost their job."[103]

The campaign against trachoma brought into action the intersectionality of childhood, health and ethnicity as an efficient frame resonating with a prior cultural scheme for unifying the periphery and the center in the name of the nation and against "others". Initially, the public campaign aimed at promoting the new law, 1922 Combating sexually transmitted diseases in the Eastern periphery, also exhibited this pattern. In February 1923, *Bratislavské Noviny* published statistical data concerning infant mortality according to which among 100 infants who died, thirteen had syphilis. The article concluded with the sentence: "Reality calls for action!"[104] and indeed, actions started to be implemented.

Within the campaign targeted at making prostitution illegal[105], Czechoslovak authorities established strict regulations for conducting forced medical examinations and, further, forced placement into hospitals for those seen as risk groups for transmitting venereal diseases.[106] In peripheral regions, especially the borderlands, measures to combat female prostitution were specified

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[101] Výchova cigaňov, Michalovce (as in footnote 97).

[102] Výchova cigaňov, Medzilaborce (as in footnote 99).

[103] Ibidem.

[104] Pohlavní choroby medzi det'mi na Slovensku [Venereal Diseases among Children in Slovakia], in: Bratislavské Noviny from 1923-02-14.

[105] This campaign was one of the first initiatives prepared by the Division for the Study and Reforms of Public Health Activities and directly supported by the Rockefeller Foundation. For a more detailed analysis of this campaign and the historical reasons for its downfall, see NANCY WINGFIELD: The World of Prostitution in Late Imperial Austria, Oxford 2017.

[106] Vládní nařízení k Zákonu o potírání pohlavních nemocí: Původní výnos k němu [Government Prescriptions to the Law about Combating Sexually Transmitted Diseases: Primary Implications.], 1924-01-21, in: SNA, EMVZ, box 97, folder Presidium Ministerstva veřejného zdravotnictví a tělesné výchovy.

and the list of risk groups obliged to submit to enforced medical examination was extended.[107] Roma women were included in this list, together with the female staff of hotels and restaurants.[108] The general attitude toward prostitution included prejudices against the periphery and foreign women. In 1927, one of the central Slovak newspapers, *Národný Denník Bratislava*, directly associated the magnitude of professional prostitution in the Eastern region of Slovakia with "the oriental nature prevailing among the local population."[109] In particular, Roma women were easily associated with this pattern of prejudice. Slovak local authorities stressed that the most dangerous and uncontrolled groups of prostitutes were young Hungarian students who tried to wear out, and mainly catch, the Czechoslovak soldiers who served on the Eastern border, and the "Gypsy" women who served the lust of the most uneducated groups of the population (peasants), which increased the risk of venereal diseases being transmitted.[110]

The sociological portrait of the typical male who could plausibly contract venereal disease was described in *Slovenský Denník*.[111] The article stemmed from a survey conducted among the men treated as venereal patients in Bratislava's hospitals in 1926. The sample included 2,745 males. The main focus was on factors such as marital status, nationality, residence and religiosity. Not surprisingly, the largest share of all patients were single men living in cities and towns, in contrast to the married inhabitants of villages. According to the results of the survey, the largest share of venereal disease patients living in rural areas was from Subcarpathian Ruthenia. Among Jews, the share of those who had sexually transmitted diseases was the greatest—46.5 per 10,000 inhabitants, and among Rusyns, this share was the smallest—19.4. Further, among Judaists and non-believers, the share of patients was the highest—56 and 46 respectively, while among Protestants, it was the smallest—17. The assessment of the reliability of this survey remains beyond the scope of this analysis, but obviously, being published in the most popular daily newspaper, this review of the survey shaped a particular image of the average transmitter of venereal diseases: a single, poor Jewish man, either a Judaist or

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[107] Tištěná instrukce provádění policejního dohledu [Printed Instruction for Medical Surveillance Provided by the Police], 1921-12-16, ibidem, folder Ministerstvo veřejného zdravotnictví a tělesné výchovy: Odbor pro studium a přípravu reformy zdravotní péče [Ministry of Public Health and Physical Culture: Division for the Study and Reforms of Public Health Activities].

[108] Pravidlené ošetřování cikánok [Regular Medical Examination of Gypsy Women], 1922-06-10, ibidem, box 97, folder Tekovský župan: Policajný dohl'ad nad prostitucí na Slovensku [Tekovsky District: Police Department of Monitoring Prostitution in Slovakia].

[109] Vředy Košic [The Ills of Košice], in: Národný Denník Bratislava from 1927-08-02.

[110] Ibidem.

[111] Venerické choroby ve februáre 1926: Liečené [Venereal Diseases in February, 1926: Treatment], in: Slovenský Denník from 1927-05-05.

a non-believer who lives in Subcarpathian Ruthenia and, with high plausibility, could be infected by a "Gypsy" prostitute.

Juxtaposing the Roma and the Jews in the campaign against venereal disease and prostitution—the social ills of the periphery, the authorities mainly solved the political task to prepare the grounds for cleansing policies, rather than to prevent the distribution of sexually transmitted diseases. Also, reports about the outcomes of forced medical examinations indicated both the lack of the grounds to prescribe to the Roma the role of core transmitters and the intention to find evidence in favor of that. For instance, in the report of the police station in Turciansky Sv. Martin, the fact that only three of 28 detained Roma women had venereal diseases was described as "only three received a positive outcome."[112]

The pattern of "Gypsy contagion" (cikánská nákaza) concerning the Eastern periphery started to be reproduced in the products of propaganda. In the outreach film, "The Shadow in the Light / Blind Juro / Stubborn Juro" (*Stín ve světle / Slepý Juro / Tvrdohlavý Juro*, 1928), targeted at the Slovak population[113], Karel Driml, while implementing other strategies of public health propaganda, started to disseminate the narrative films and wrote several scripts including *Stín ve svelte*, which consistently reproduced a negative image of the "Gypsies" as carriers of trachoma. Like other outreach films targeted at infectious diseases, *Stín ve světle* consisted of fiction and documentary. The fiction aimed to demonstrate the bad patterns that determined diseases, followed by a documentary portion that sought to improve knowledge about the consequences and prevention. The two-part framework of the outreach film

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[112] Vyrochná zpráva o prevádzaní zákona o potieráni pohlavných nemocí: V Turč. Sv. Martine [Annual Report About Implementing the Law of Combatting Sexually Transmitted Diseases: In Turciansky Sv. Martin], 1928-01-10, in: SNA, EMVZ, box 97, folder Okresný úřad v Turčianskom Sv. Martine [Local Authorities in Turciansky Sv. Martin].

[113] Being one of the many outreach films targeted at promoting public health, *Stín ve světle* tells the story of a young Slovak man named Juro who is in love with Maryša. Her attention is the subject of the contest between Juro and another man, Janko, who is not as handsome and musically gifted as Juro. While Maryša definitely chooses Juro, she decides to save money and enjoins other men, including Janko, to the team of seasonal workers. Because of poor hygienic conditions, all are infected with trachoma. While Janko decides to visit a physician and receive treatment, Juro ignores his disease and relies on his health and immunity. Tellingly, the film shows the unhealthy influence of the Jews—in order to relax, Juro visits a small Jewish night-seller where he drinks a lot and meets prostitutes. When they come back, Maryša realises that her fiancée needs medical attention and tries to persuade Juro to seek treatment, but only in vain. Juro leaves his love and decides to try his luck in emigration. But being visibly sick, Juro is unable to pass the medical examination and the migration authorities send him back. Losing his vision, he takes the only possible job for the blind in a rural area—as a shepherd. In the end, a totally blind Juro sits near the church and Maryša, who is now Janko's wife and the mother of his children, is giving bread and money to him. For a description of the film, see http://www.filmovyprehled.cz/cs/film/395450/stin-ve-svetle (2018-11-30).

was obviously influenced by the films created by Americans and Germans for global campaigns aimed at promoting new standards of public health and minimizing outbreaks of disease.

The documentary part of this film starts with a moving globe, rapidly covered by a black color, indicating the distribution of trachoma. Then, the distribution of trachoma is represented by pointers that move from South to North and from Asia to Europe. These images comprehensively employ the core tenet of the regime of global health security, namely, the idea of a common enemy for human civilization.[114] Immediately after that, the "Gypsy" circus appears—approaching the border zone. Its performance runs for approximately one minute and includes images typical of European postcards depicting the "Gypsy" circus: a performance by a bear, a game between a monkey and its "Gypsy" owners, and playing the tambourine. Then, a close-up shot reveals a man, presumably Roma, who is rubbing his eyes. In line with the Western canon of health propaganda, the documentary part is filled with graphic images of those who have lost their eyes because of trachoma—and irresponsible behavior—including attendance at a "Gypsy" circus.[115] The film reproduces the entire range of prejudices against the Roma, who appear as aliens arriving in Europe, and tries to attract the attention of ordinary people, shown as totally unable to take responsibility for their own health. Placing the Roma in first place in the order of the most dangerous threats inclined the public to see them as the highest possible risk.

While at the beginning of the 1920s, the peripheral authorities did not share the intolerant view of the Roma exhibited by state officials, in the second half of the 1920s, the general attitude of local Slovak authorities changed dramatically—moving towards consistent intolerance of the Roma and urgent calls for action against them. At the end of November 1924, the local authorities in Košice received a complaint from the local inhabitants of Michalovce, a district situated near the border with Ukraine, prepared by the lawyer Michal Slávik. The main request, which was to indicate the permanent address of the Roma who lived in Michalovce in order to justify the possibility to remove them, mentioned "the well-known intention of Gypsies to occupy the area against the interests of the local population and to disseminate diseases."[116] In his allegation, Slávik indicated 226 "Gypsies" who lived in

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[114] JAMES MORONE: Enemies of the People: The Moral Dimension to Public Health, in: IDEM (ed.): The Devils We Know: Us and Them in America's Raucous Political Culture, Kansas 2015, pp. 128-147.

[115] DEBORAH LUPTON: The Pedagogy of Disgust: The Ethical, Moral and Political Implications of Using Disgust in Public Health Campaigns, in: Critical Public Health 25 (2015), 1, pp. 4-14.

[116] Pravotar Dr. Michal Slávik v Michalovciach. Vec: Zistenie domovskej príslušnosti cigánov č. 64485 924 [Lawyer Dr. Michal Slávik in Michalovici. Subject: Identification of Permanent Addresses of the Gypsies no. 64485 924], 1924-11-24, in: SaK, Fond Košicka župa 1923-1928 II.ZV, box 410.

Fig. 2: Shots of the documentary part of *Stín ve světle* (1928). Source: National Film Archive

Michalovce without any permanent address. In the official reply, local authorities referred to 18,000 "Gypsies" who lived in the region without any legal address. The officials also stressed the lack of efficient legal regulations for solving the "Gypsy issue."[117]

Along with admitting their inability to solve the issue immediately, the authorities in Košice decided that they would communicate with the Ministry of Internal Affairs in Prague. This clear shift in the attitude of Slovak authorities towards the "Gypsy issue" can be explained by several waves of moral campaigns against infectious diseases initiated by the central authorities in peripheral regions. Along with consistent criminalization of the Roma, these moral campaigns should be seen as one of the driving forces behind the anti-Roma pogroms in Slovakia that occurred at the end of the 1930s, as well as justification for the absence of criminal proceeding against those who organized and committed pogroms.[118]

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[117] Odpoved na číslo 64485 924 [Reply to the letter No. 64485 924], 1925-06-25, ibidem, folder Okresný úrad v Košiciah číslo 17820/925 [Local Court in Košice No 17820/925].

[118] PAVEL BALOUN: "Let's Slaughter the Gypsies!" Anti-Roma Pogrom in Pobedim in 1928, in: Střed (2017), 1, pp. 55-88.

Conclusion

During the interwar period, the Eastern periphery remained one of the biggest political challenges to the Czechoslovak state, which was limited in its economic and political capacities to produce efficient regulations for integrating Slovakia and Subcarpathian Ruthenia. In combination with the presence of Germans and Hungarians, directly accepted as an external threat, critically low loyalty among peripheral inhabitants predisposed the authorities to communicate with the periphery from the position of the international agenda and transfer civilization to a "backward" region.

The policy of the Czechoslovak authorities concerning the public health of the periphery was shaped by two mutually resonating assemblages of colonialism: the prescriptions of international organizations concerning public health, and multiple racial hierarchies aimed at legitimizing the stratification of ethnic groups within the peripheral population. The task to produce the discursive practices aligned with both assemblages failed several times, until the authorities could find a pathway to link its agenda with a stigma acceptable by Slovaks and Rusyns—seeing the Roma as a key source for the transmission of dangerous diseases.

The campaigns aimed at preventing infectious diseases embedded the stigma against the Roma into emotionally strong markers of childhood, ethnicity and disease, which ensured the resonance of scapegoating the Roma with a prior cultural scheme of the periphery. Consistently labeling the Roma living in Eastern periphery as "Gypsy contagion," the Czechoslovak authorities dexterously moved from the inefficient stigma of an external "other" (the Hungarians) to dominant discourse concerning the Roma as an internal "other." During the next decades, this stance was transformed into a repository for racism, structural violence and, even more, extermination of the Roma in Subcarpathian Ruthenia and the Protectorate of Bohemia and Morava during the Second World War.

Regional stigmatization plays a specific function in terms of broader national identities.[119] The recurrent pattern of victimizing the periphery because of its inability to solve the "Gypsy issue" was accentuated by Czechoslovak authorities until the end of the 1980s. The continuity between the interwar campaigns and the socialist cultural division of policies concerning the Roma in the Czech and Slovak parts of the country calls for deepening our recognition of a more repressive approach to the Roma among Slovak professionals over the twentieth century as a product of internal colonialism.

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[119] WILLETT/LANG (as in footnote 18), p. 260.