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THE VALUE OF A CALORIE: FOOD POLICIES AND THE MAKING OF STANDARDS OF LIVING IN MID-20TH CENTURY ROMANIA

Abstract

My paper proposes a historical account of the genealogy of nutritional standards in Romania from the 1930s until the late 1950s, documenting the strategies behind turning “food” into “nutrition” and “nutrition” into a domain of political concern and governmental intervention. Using archival information, I argue that while central to the socialist state’s effort to recalibrate planning and distribution programs and ground industrialization and urbanization, these nutrition policies echo social outcomes of development worldwide and flesh out multiple possibilities of scaled analysis (global, regional, and national) in the context of the Great Depression, WWII, postwar food rationing, and postwar welfare. Consequently, instead of substantiating the interwar and the postwar as two distinctive political systems, my paper aims to show that postwar approaches to food policies should be linked with a political economy of the workforce that first became transparent in 1930s Europe.

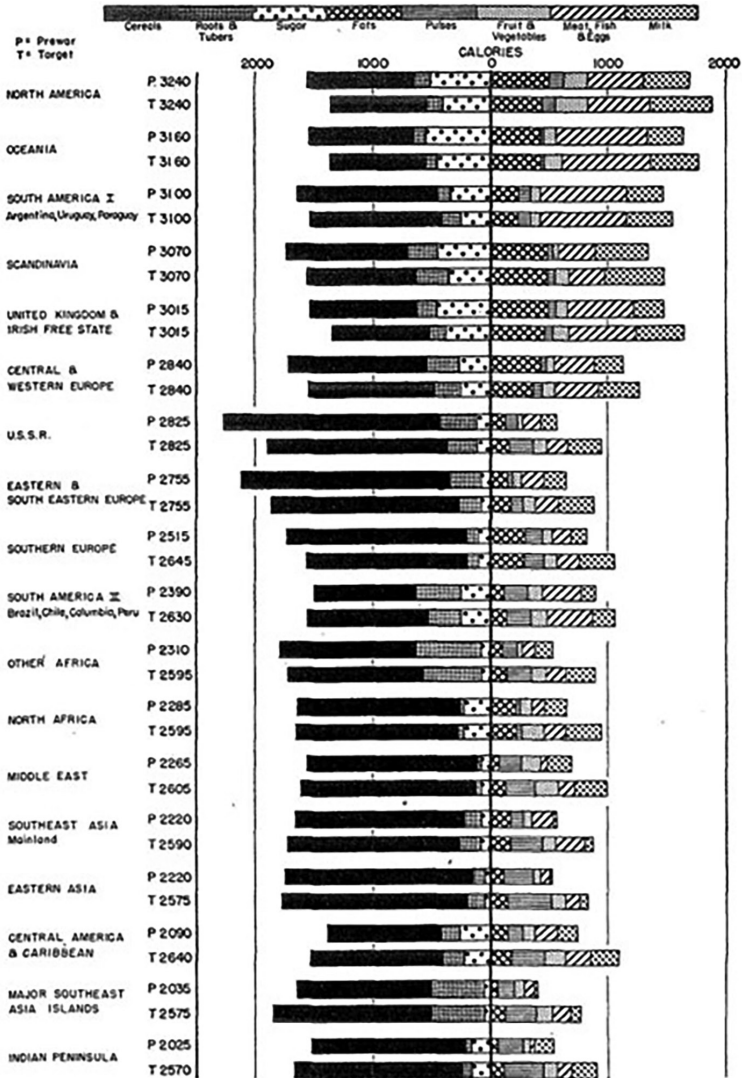
Keywords: nutrition, food, science, Romania, development, postwar reconstruction.

“Fiat panis” [*Let there be bread*], the motto of the Food and Agriculture Organization (FAO) chosen by its first Director General, Sir John Boyd Orr, perfectly sums up the international community’s vision of the elimination of hunger and malnutrition in the post-1945 world. More than before, experts and policymakers seemed to agree that alleviating poverty in vulnerable areas would depend on „periodic appraisals of the prospective production, exports, imports, and consumption of major agricultural commodities in all countries, and contrast these with world

needs for improved nutrition as indicated by consumption goals set by the authorities of each country.”¹ Against this background, FAO launched an ambitious project in 1946 to map daily food consumption in more than seventy countries on every continent. The experts studied several basic food categories: Cereals, Roots, Meat, Fruits and Vegetables, Milk, Eggs, Beans, and Sugar. The study had two objectives. First, they wanted to gather information about dietary habits in the regions. Second, they aimed to determine the extent to which the caloric intake of the population corresponds to physiological needs and the type of activity performed.

Aside from the inherent limitations of a project of this scale - in many cases, aggregate data provided information not only on average consumption but were reconstructed based on sales figures, so homegrown food was not quantified in the official data - the approach provided for the first time a detailed picture of the food situation on a global scale. The data showed that nations in Europe, North and South America, and Oceania had optimal consumption of more than 2,500 calories per day. In the rest of the world, nutrient levels were significantly lower. Of concern, however, was that more than one-third of the world’s population consumed less than 2,000 calories per day, equivalent to malnutrition. But even in those countries where the diet seemed quantitatively adequate, the food did not meet the quality standards recommended by physicians. For example, while in Eastern Europe and the Soviet Union, more than two-thirds of total calories came from grain products, average sugar consumption in the United States was already reaching alarmingly high levels. Aware that many of these data also masked a range of cultural realities, the international experts proposed adapting standards to local conditions and developing programs to ensure a gradual improvement in dietary structure by 1960. Among the solutions offered was to increase the consumption of milk, meat, and vegetables while reducing the consumption of cereals, especially corn.

Pre-war food supplies and nutritional targets in 18 areas of the globe



Source: Food and Agriculture Organization of the United Nations, "First Annual Report of the Director-General to the FAO Conference," Washington, 5 July 1946, p. 13.

In many ways, FAO's efforts were about finding solutions to alleviate poverty, which was already far too present in various corners of the world. However, the international community's mobilization to problematize nutrition in the postwar period must be linked to a more complex development agenda of nation-states, which became transparent in the aftermath of WWII. The reformation ethos that took shape against the backdrop of the extraordinary optimism of those years was the foundation of a new vision of global social modernity that imagined the human subject "as a universal subject whose needs, prospects, and norms could be discovered, interpreted, and fixed by science,"² and the future of humanity as necessarily egalitarian and scientific. In this context, nutrition was not simply an element that belonged to the broader realm of daily well-being but rather „a matter of problems related to the development of the civilization itself.“ As convincingly further stated one FAO document, „these problems were part of the field of social medicine; they were a result of the rapid change in living conditions under the combined influence of various sociological factors, among which we may mention the increase in population, the phenomenon of urban concentration, industrial development, the prolonging of the human life span.“³

A significant number of academic contributions have shown that in the immediate post-war historical context, visions of global social welfare ascertained the belief that "the bureaucratic nation-states"⁴ consolidation was interlinked with renewed population policies,⁵ which made it imperative for grounding organizational modernization initiatives into a new domain of "the government of life."⁶ Since the controversial publication of Thomas McKeown's book (1976) that argued that population growth and mortality's decline owed more to improved nutrition than to medicine's progress,⁷ academics have analyzed food policies in relation to the first and the second globalization,⁸ trans-national food supply chains,⁹ (bio)ethics,¹⁰ or the changing work-regimes.¹¹ Recent interest in international organizations' activities has produced several significant scholarly contributions that flesh out the practices of experts and non-state actors in problematizing national development strategies. In this respect, researchers problematized bio-politics in Eastern and Central European countries. With a focus on the late 19th century and the interwar period, these contributions address some of the significant issues about the government of life of the period, including the involvement of the medical profession.¹² However, these narratives are not linked with the major transformation processes of the early postwar period, particularly

those related to the histories of the making of the industrial workforce, practices, and experiences.¹³

My contribution wants to take a first step towards solving this historiographical deficiency. I propose a historical account of the genealogy of nutritional standards in Romania from the 1930s until the late 1950s, documenting the strategies behind turning “food” into “nutrition” and “nutrition” into a domain of political concern and governmental intervention. The approach starts from the premise that for (semi-) peripheral states like Romania, although they had been well connected to the epistemic communities around international organizations since the interwar period, their inclusion in the Soviet sphere of influence led to a rather brutal rupture with the UN agencies that would determine a series of institutional resettlements in national expert environments. In the 1930s, Romanian experts relied on the international knowledge base to propose solutions for national growth. However, the coming to power of the communist regime meant that additional changes in the food policies would occur along with state industrialization, urbanization, and the collectivization of agriculture. More concretely, mass mobilization and improved productivity required a new approach to workforce nutrition that the state would sustain with the available financial resources at hand. In this regard, as I show below, the official approaches to nutrition gradually evolved from a solution to eradicate poverty to a means to improve labor productivity.

In my own approach, I argue that while central to the socialist state’s effort to recalibrate planning and distribution programs and ground industrialization and urbanization, these nutrition policies echo social outcomes of development worldwide and flesh out multiple possibilities of scaled analysis (global, regional, and national) in the context of the Great Depression, WWII, postwar food rationing, and postwar welfare. Consequently, instead of substantiating the interwar and the postwar as two distinctive political systems, my paper aims to show that postwar approaches to food policies should be linked with a political economy of the workforce that first became transparent in 1930s Europe. I find instrumental here Nicolas Rose’s concept of “the politics of life itself.”¹⁴ He pointed out that because of the development strategies over the last decades, the malleability of human life increased not only because of individualization and human and economic capital flexibilization but also because of “our growing capacities to control, manage, engineer, reshape, and modulate the very vital capacities of human beings as living

creatures". This encounter led to significant international debates about labor and everyday, industrial workforce, planning and provisioning, uneven territorial development, and how issues of governmentality and nutrition came to life in conjunction with actors' practices and individual aspirations, hopes, and novel ways of thinking about oneself. It further problematized how states could reconsider their strategies of social mapping and intervention through new technologies of statistical data gathering and analysis, macro-economic planning, and social forecasting. In doing this, my work could be relevant not only for a better understanding of Romania's particular experience in making food standards immediately after the end of WWII but could also contribute to a growing body of scientific contributions to global history.

When science meets politics ...

Nutrition is a relatively young science. For a long time, doctors believed that as long as the body consumed an adequate amount of food, no causal relationship could be established between a poor diet and a person's bad health. Then, in the late 19th century, experts developed more efficient methods for studying the energy needs of the human body, particularly the intake of carbohydrates, proteins, and fats. It was not until vitamins were synthesized at the beginning of the 20th century (1910-1933) that physicians realized the importance of the quality and variety of nutrients for the optimal functioning of the human body. In this context, the years following World War I saw an unprecedented mobilization of physicians in the service of scientific progress. A series of studies by British and Austrian researchers emphasized the importance of "protective foods" - milk, fresh vegetables, meat, fish, and fruit - in strengthening the body. Other studies conducted in schools also emphasized the importance of milk consumption for children's growth, while several social surveys showed that the consequences of poor nutrition include extremely low life expectancy, high infant mortality, increased morbidity in vulnerable populations, especially in light of the rising incidence of tuberculosis, pellagra, and endemic goiter, or low labor productivity.

Building on the intellectual mobilization of the previous years, in 1929, the Geneva Physiology Commission, which operated under the League of Nations, recommended a daily intake of 2400 calories for an adult at rest. According to these standards, "physiological energy value (total calories

consumed daily, per CPU), expressed in calories, is provided by protein in a ratio of 10-15%, fat 27-30%, and carbohydrate the remainder up to 100% of total calories, with 1 gram of protein providing 4 calories, 1 gram of fat providing 9 calories, and 1 gram of carbohydrate providing 4 calories.”

The first institutional attempts by nation-states to assess the quality of life against these standards date back to the early 1930s, when several countries - Czechoslovakia, Poland, Germany, Switzerland, France, England, and the United States - studied the quality of the population’s diet. Then, in 1935, a joint effort of the League of Nations and the International Labor Organization established recommended nutrition standards for workers. For the first time in modern times, an institutional initiative relied on a body of scientific evidence and set a minimum daily intake of 2500 calories for moderate physical exertion. In addition, the experts argued that nutritional regulations should also consider other aspects such as gender, age, physical constitution, and type of work.¹⁵ Later, between 1938 and 1941, the United States National Research Council drew on the League’s scientific data and proposed combining energy values - calories - with other components such as minerals and vitamins. The Recommended Dietary Allowance (RDA), completed in 1941, was later adopted by many other countries. The nutritional scheme in this document formed the basis for a modern approach to nutrition in the decades to come.¹⁶ To this end, knowledge has emerged as an excellent means of empowering the authorities. By converting food into figures, a somewhat abstract idea, such as redistribution of food, has suddenly become palpable, and “a hypothetical limit of the human need has been synthesized into a political problem that had scientific and organizational solutions.”¹⁷

However, the immediate impact of the “new science of nutrition” on the quality of the population’s diet proved extremely limited. The failure was not necessarily due to the unwillingness of policymakers to transform medical knowledge into instruments of social intervention but rather to a complex of macroeconomic factors that were exacerbated by the onset of the Great Depression in 1929. On the one hand, many people continued to be undernourished despite unprecedented advances in agriculture in the 1920s. The press of the time is replete with information about the inability of national markets to absorb all the food supplies due to low labor incomes, the disorganization of the processing industry, and fluctuations in the economic system. On the other hand, by the late 1920s, countries had drastically restricted food trade to reduce their dependence on foreign markets. Instead of working together to organize an international food

market by regulating tariffs, technologizing processing lines, and linking national freight networks, most national governments have mandated the reduction of food surpluses through harsh production restrictions.

Against this background, in the late 1920s, as the first signs of the global crisis began to emerge, the League of Nations undertook an ambitious effort to mobilize international expertise in food, nutrition, and mass food processing. The League of Nations experts' solutions aimed - in a manner that was if not utopian, at least overly optimistic - at creating a networked system for assessing the nutritional needs of populations, revising social standards, and implicitly formulating effective mechanisms for the circulation of products among countries and regions according to availability and need. The League's goal was to stop the increasing prevalence of "poverty and under-consumption in the midst of potential plenty"¹⁸ and, more importantly, to mobilize international expertise to create practical solutions for economic planning, labor force management, and social rationality. Specifically, the League was concerned with reducing food surpluses by providing food on a transnational scale and formulating a more equitable vision of social welfare that met the standards of European modernity of the time. Based on these contributions, the League of Nations proposed in 1935 to regulate the maximum price of commodities (milk, meat, bread).

Likewise, the League built on existing medical knowledge and proposed a series of solutions to improve the nutritional quality of the population. Among the first programs launched in this regard were the provision of milk in schools, the organization of home economics courses, and access to surplus food at affordable prices for low-income people. As a result, several European countries have established nutrition research programs and public hygiene institutes.

In the academic literature, the fact that the food issue has turned into a domain of intervention for international organizations is described as an example of the moment when food has become a key element in maintaining global macroeconomic balance. In spite of the difficulties of the League of Nations in getting states to cooperate for the common good (by the 1930s, the entire League project had already lost its credibility), the old agenda of the international community was resumed after 1945.

In many ways, World War II enabled the international community to develop more effective levers for producing, transporting, and distributing food to needy populations. A paradox is that the rationalization strategies adopted by numerous nations at war actually reduced producers'

food stockpiles, led to a somewhat more balanced diet, and improved agricultural labor productivity. However, after the end of hostilities and the termination of the wartime economy, more and more actors became aware that without concrete measures further to facilitate access to necessary food for vulnerable populations, the critical situation of the interwar period would soon be reached again. In general, it was necessary to make the production, distribution, and marketing of food more efficient, improve the population's economic situation, and educate them on better eating habits and healthy principles of food preparation. In particular, improving the nutritional condition of the needy population required the mobilization of the authorities, not only to provide food in sufficient quantities but, above all, to organize the distribution system in such a way that the population benefited from the optimal combination of necessary nutrients from the food available nearby.¹⁹ Unlike the interwar period, when the protectionist policies of many countries blocked trade exchanges and condemned a large part of the population to live in poverty, after 1945 the international community seemed more determined than ever to develop "a genuine, long-term coordinated production plan for the best use of its resources on a world scale."²⁰ In this sense, the realization of the new welfare vision became the object of the joint effort of several international organizations, such as FAO, WHO, and ILO, which aimed at transforming welfare standards into transnational and trans-ideological solutions for economic growth.

Catching up with the West

At a time when the international community was struggling to find feasible solutions to facilitate universal food access, the authorities in Bucharest faced an extremely complicated situation. Heavily affected by the political instability and economic blockages caused by the war years and the harsh peace conditions, Romania had to provide food to a population that was already malnourished and demoralized by too many trials. The situation was aggravated by the prolonged drought that hit much of the country's agricultural regions immediately after 1945 and rampant inflation that doubled prices overnight.²¹ As wheat froze and corn spoiled, Bucharest decision-makers had to admit that domestic food production could provide only about 1695 calories, which was by far the lowest level in Europe that

year. The social impact was dramatic. In the words of a British diplomat who visited Romania in 1947,

The population crawled in crowded trains from one district to another, constantly searching for food and more food. They were hungry, homeless, and without clothes. Naked children, it was a familiar sight. The famine was omnipresent. The appearance of the newborn children bore little resemblance to a human being. They were walking skeletons, with protruding bones and bloated bellies, their skin stretched like gray parchments, like a spider's web. They never laughed, and one rarely saw a smile. Death caught up with entire families. Last year 400,000 children were born, today, only 300,000 are alive, and the mortality rate is 25%.²²

In such a context, solutions proposed by international organizations could have provided national policymakers with a good model for institutional practice, not only in terms of turning nutrition standards into food planning and distribution, but also in terms of transnational food trade. However, as would soon become apparent, the local applicability of the trans-național ideas was further complicated by the lack of a coherent professional vision of the role of nutrition as a driver of economic development.

Of course, many ideas that grounded the international expert community effort to reshape the postwar nutritional policy were already known in Romania since the interwar period. Quite important in this respect were the research activities of several social physicians from the institutes of hygiene in Bucharest, Cluj, and Iași. In the 1930s, particularly, they relied on a corpus of Western knowledge to problematize various issues pertaining to public health and nutrition. Perhaps the best known among them was Gheorghe Banu, hygienist, Minister of Health during the Goga government (December 1937-February 1938), and, from 1942, Director of the Institute of Hygiene in Bucharest. In the late 1930s, Banu started working on a monumental 9 volume editorial project entitled *Tratat de medicina sociala* [Treatise on Social Medicine].²³ The harsh conditions during World War II prevented Banu from fully completing his work, and in 1944 only the first four volumes saw the light of day. Nonetheless, the proposed methodology and the effectiveness of this knowledge for instrumentalizing social reform at the Romanian state level remain noteworthy to this day.²⁴

Banu argued that there was a strong interdependence between (in)adequate nutrition and the dynamics of social progress. In a number of articles published in the late 1930s, he showed that nutrition-related morbidity was directly influenced by etiological factors such as occupational status, class, educational level, or income. The vision proposed by Banu and his colleagues was therefore based on an euthenic perspective, that is, on the search for levers to improve the functioning of the human body by improving general living conditions. This would have included, among other things, the implementation of the so-called „metoda a sănătății dirijate” [directed health method], which was nothing more than a collection of ideas about social protection, adequate nutrition, provision of universal medical assistance, and state interventionism in implementing public policies and programs. Or, in Banu’s words, as long as public policies do not take into account the norms of social medicine, their results will remain “empirical and undirected.” Specifically, Banu sought to mobilize nutrition knowledge to achieve two goals. First, he wanted to implement a coherent program to improve child nutrition. His research on child education has already shown that adequate food in the first months of life plays a crucial role in raising healthy children who have the chance to become the nation’s elite. With this in mind, the Romanian physician advocated for introducing nutrition education, maternal education, and milk distribution programs in schools, as was being proposed in international circles at the same time. On the other hand, Banu hoped to reduce social ills that became more and more frequent despite visible agricultural modernization and partial industrialization immediately following World War I. The increasing incidence of tuberculosis, typhoid fever, and pellagra was a worrisome signal of the real benefits of recent economic progress to the welfare of the population, especially of the labor force.²⁵

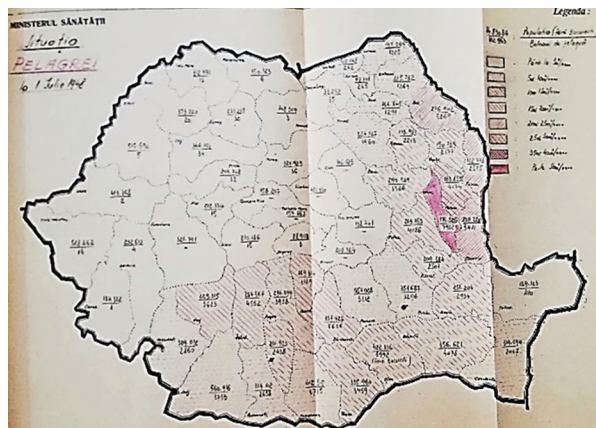
Building on this ideas, by the end of WWII, Romanian authorities acted quickly to improve vulnerable populations’ nutritional situation. The experience of the medical profession during the interwar period played an important role. Unlike in the 1930s, when most initiatives remained in the project phase after 1945, the government decided to make use of the institutional infrastructure of the Ministry of Health. They also took advantage of the international community’s interest in global intervention programs to eradicate poverty, malnutrition, and social diseases. Since 1945, representatives of the Ministry of Health have established cooperative relationships with FAO, WHO, ILO, and UNICEF

to mobilize the scientific knowledge produced in these transnational environments for national social reform projects. In this way, policymakers in Bucharest created the conditions for a scientific and integrated approach to population nutrition.²⁶

One such example was a study jointly conducted by FAO and WHO in the mid-1940s, which showed that many poor populations in countries like Romania, Mexico, and Venezuela ate corn primarily for much of the year.²⁷ The experts believed that the high consumption of this cereal was a direct result of the population's ignorance of nutritional issues, but also that "the extensive consumption of maize is typical of poor, rural areas, which is why maize is also called the poor man's cereal."²⁸ Unlike some Central American countries, where the consumption of beans and vegetables met the need for vitamins and proteins, in Romania, the maize-based diet was supplemented by consuming herbs and other products with low nutritional content. Protective foods such as meat, fish, or milk hardly landed on Romanians' tables.²⁹ This structure of the daily diet puts Romania in last place in the ranking of countries monitored by the FAO in terms of daily intake of niacin and vitamin D. These data provide a convincing explanation for the extremely high number of pellagra cases registered among peasants in Muntenia and Moldova.

Consequently, as early as 1945, the Ministry of Health ordered a national health census for the "national reorganization and reconstruction of the country." The authorities aimed to collect data on the movement of epidemics and social diseases, morbidity due to nutritional problems, and the need for medical personnel in each health district. However, the data collected confirmed several already-known facts to decision-makers. Perhaps the most disturbing of these concerned the identification of more than 300,000 pellagros cases, many of which had not been previously recorded. Although more than 40% of the identified cases were reported from Tecuci, Corvului and Tutova counties, pellagra was present in most counties outside the Carpathians.

Pellagra incidence in Romania in 1948



Source: Arhiva Ministerului Sănătății, Direcția Igienă (Archive of the Ministry of Health, Department of Hygiene), file 336/1948.

On this occasion, the Ministry of Health experts also pointed out that there was a close relationship between the high level of pellagra and the occurrence of cases of infant mortality. In particular, the health experts pointed out that pellagra affected significantly more women than men and, to a much greater extent, young and middle-aged women than older females. These facts were mainly the result of deeply rooted practices in the domestic economy of traditional Romanian families. A series of studies conducted as early as the interwar period showed that family members' access to food varied because of the insufficient quantities available in rural households. For pragmatic reasons, much of the food went to the breadwinners (usually husbands) and young men. Another, somewhat smaller portion went to the children, while the women had to make do with what little was left.³⁰ The poor nutrition of pregnant women and mothers of young children would affect the newborn's health and reduce its chances of survival. According to the statistics, Romania had the highest infant mortality rate in Europe in the immediate post-war years - about 17-19 per thousand.³¹

After summarizing health census data and identifying at-risk areas, authorities launched several epidemiological investigations to get a more accurate picture of conditions on the ground. Using a methodology already patented in the interwar period, the Ministry sent interdisciplinary teams of physicians, sociologists, and statisticians from the Institute of Statistics.

Social scientists' involvement in assessing the population's health status had a pragmatic background. Moreover, the high rates of out-migration during the great drought made it difficult for doctors to record the state of health and forced them to use complex methods to assess social dynamics.

Later, the authorities launched a broad public education campaign about the negative effects of improper nutrition. The local and national press was used to educate the population about the symptoms of pellagra and the means of preventing the disease. For example, a leaflet distributed in Prahova County painted an extremely graphic picture of pellagra:

It is a serious disease that demoralizes people's health; it completely weakens the human body and leads the patient to eye disease or insanity. The disease appears in spring, with red rashes on hands and feet, heartburn, and nervous disorders. The disease is due to the improper diet of the villagers. In order not to get pellagra, it is necessary to consume animal foods: milk, eggs, meat, fat, fish, butter, cheese, as well as fresh vegetables.³²

Although the number of pellagra cases decreased by 40% in 1949 compared to 1948, the Ministry of Health has proposed and implemented a complex plan of action to solve identified problems and prevent new ones. The first step was the establishment of canteens for the pellagros in the rural areas, where rations of protective foods such as bread, milk, meat, and fats would be distributed. The goal of these campaigns was to ensure adequate food rations: 300 grams of whole-grain bread, 1000 grams of milk (100 grams of powdered milk and 900 grams of clean water from a good drinking water source), 25 grams of fat and 200 grams of canned meat every other day. The campaign began each year in February, the period considered most vulnerable after the harsh winter months.

A second step was to draw government programs to reduce infant mortality, which had reportedly peaked "appalling" [*înspăimântătoare*] levels. Beginning in 1947, the Ministry of Health held discussions with WHO on establishing an expert committee on maternal hygiene to address issues related to pellagra and nutrition. Childcare centers became functional in 1947, on the recommendation of UNICEF, providing mothers and children with a network of support. The aim was to determine the regional characteristics of diseases, study the working woman's biology, and set up programs for the scientific organization of health care. In this sense, nutrition became one of the key elements of the whole process. Like the canteens for the pellagros, the childcare centers served as the

state infrastructure for distributing sugar and flour rations to young children and their mothers. In addition, dairy products were to be distributed free of charge in the rural target areas through these networks.³³

However, such a program proved highly complicated, not only because of the rudimentary infrastructure for food transportation and storage but also because of the lack of capacity to produce powdered milk. According to government data, Romania did not own a single milk powder factory in 1947. It was not until 1949 that Bucharest authorities acquired technical documentation from France to construct milk factories in poor rural areas. In the absence of these technologies, the supply of milk powder depended on the reserves of UNICEF. As a result, the number of milk rations dropped from 750,000 in November 1947 to less than 400,000 two years later, when Romania's relations with Western Europe deteriorated, and access to the reserves of international organizations became increasingly difficult. There were few alternative solutions. However, the authorities tried to compensate for the decrease in milk calories with bread and jam rations, relying on them as an additional source of another 5-600 calories per day.³⁴

The program envisioned the establishment of diet kitchens and milk centers to operate near industrial factories and regions with high infant mortality or where milk production was usually low due to challenging economic conditions (Moldova, Eastern Muntenia, Dobruja). Although more than two-thirds of the total milk rations were distributed in rural areas, the state also cared for needy children in urban areas. Children in schools and kindergartens of workers in industrial enterprises were given priority.

Falling behind: pragmatic choices and unhealthy nutrition strategies after 1948

According to FAO and the Romanian National Institute of Statistics estimates, the average consumption of the Romanian population in 1938 was 2766 calories per day. A decade later, in 1947, the average was only 1,700 calories, which was proof enough for the authorities to declare that the country was sinking into a "national calorie deficit." However, the seizure of power by the communist regime (December 1947) and the immediate adoption of an ambitious development program involving heavy industrialization and urbanization required a new vision of nutrition policy. In particular, policymakers had to find a mechanism to provide the industrial workforce with the food it needed without worsening vulnerable populations' already precarious nutritional situation. In short, after

The experience with rationing in the first years after World War II served as a good model. In May 1945, through Decree-Law 348 on the regulation of wages and the operation of the treasury, the State Undersecretariat of Supply legislated the differentiated consumption of the urban and rural population. City dwellers had the right to consume about 300 grams of bread daily or the equivalent in flour (231 grams extract 90) or wheat (256 grams). Industrial workers received a daily supplement of 0.5 to 2 rations, depending on the type of work performed. On the other hand, the rural population received 600 grams of wheat daily. Two years later, in August 1947, cards for food and necessities were introduced, a measure that was maintained until December 1954. Under these new regulations, a maintenance standard of 2500 calories per day was established for adults who did not engage in intense physical activity. Depending on the type of work performed, workers were divided into six hierarchical levels: 3000 calories for clerks, watchmen, and tailors; 3200 calories for upholsterers, dyers, and printers; 3500 calories for tinkers, machinists; 4000 calories for blacksmiths and stonemasons; 4500 calories for farm laborers; 5000 calories for stonemasons and lumberjacks; and 5500 calories per day for those doing hefty work. Children under 7 were to receive up to 1,600 calories per day.³⁵

However, the ideological radicalization brought by the political regime change in Romania after 1948 led to a re-symbolization of medical knowledge. According to official data, the calculation of the daily caloric needs of the different categories of workers was based on a methodology developed by the Soviet physician S. V. Moiseev and contained no references to the League's findings.³⁶ Such an option fleshed out a complicated context. The Romanian authorities relied on Soviet scientific literature to assess the living standard of "the working class" and made a case for taking a step back from non-socialist models. Moreover, research on Romanian workers' daily nutrition should have become part of an East European approach to building a socialist science and a political project about social equity. However, a closer look at the methodologies used at the time in Romania shows that nutrition was a universal science, hardly influenced by ideological or political agendas. For example, the methodology used by Romanian and Soviet specialists in assessing the dietary needs of the population mobilized the same scientific categories as those proposed by the League's experts only a few years ago: differentiation between age, gender, occupation, and professional activity; correlating caloric intake with vitamins and minerals, or balancing protein and carbohydrate intake.

The structure of the daily food of a ration of 5500 calories

Food	Quantity	Calories	Proteins	Fats	Hydrocarbs.
Bread	0,960	2025	49,9	1,9	444,5
Wheat flour	0,035	110	29	0,3	23,4
Corn flour	0,143	480	11,4	3,1	98,9
Pasta	0,055	187	5,7	3,3	39,1
Rice	0,030	103	1,8	0,1	23,1
Sugar	0,080	320	-	-	62,5
Beef	0,150	222	28,9	10,9	6,6
Fats	0,025	216	-	23,3	-
Oil	0,045	391	-	41,9	-
Milk	0,250	162	8,0	8,5	11,7
Butter	0,035	259	0,2	27,6	0,2
Feta	0,050	160	12,6	12,3	
Canned fruits	0,040	105	0,2	-	25,6
Beens	0,050	120	9,0	0,2	20,1
Potatoes	0,300	279	4,8	0,6	62,1
Eggs	1 piece	70	5,4	5,0	9,2
Onion	0,050	18	0,4		4,0
Carrots	0,100	38	0,8	0,2	7,8
Cabbage	0,123	21	1,0	0,2	3,6
Vegetables	0,600	104	10,0	1,2	32,4
Fruits	0,100	55	0,3	-	12,7
TOTAL	3,248	5526	148,3	140,6	787,7

Source: Arhiva Institutului Național de Statistică, fond Nivel de trai (Archive of the National Institute of Statistics, Standard of Living fund) file 508/1953.

The methodology for calculating daily caloric needs contained detailed information on the structure of recommended food intake. For example, a ration of 5,500 calories should have a maximum of 40% portions of cereal, while the rest of the nutrients should come from consuming protective foods such as meat, milk, eggs, vegetables, and fruits. Based on these projections, the authorities envisioned introducing nutrition programs in company cafeterias and revising recipes already used in mass catering. At the macroeconomic level, such methods were intended to rationalize both the planning of agricultural production and the transportation of food and distribution policies between the country's different regions, depending on the demand and availability of products.

Needless to say, such visions were far too ambitious for the actual capacity of the Romanian state to manage the population's diet. A series of data compiled by the National Institute of Statistics after 1950 confirms this hypothesis. For example, an analysis of the nutritional structure of the population in Romania during the first decade of the communist government shows that caloric intake did not approach the 1938 level until 1960. Of course, the industrialization of food production and the efficiency of the transportation infrastructure contributed significantly to the gradual increase in the population's diet compared to the interwar period. In addition, there was a gradual increase in the purchasing power of the labor force, which was accompanied by a decrease in the share of food expenditures in family budgets from 65% in 1950 to 37% in 1960. We can also assume that the information from the late 1950s offered much more comprehensive information on the country's entire population than in 1938 due to the improvement in the methods of collecting statistical data. However, compared to the nutritional norms recognized by nutritionists, calorie intake by nutrient categories was still inadequate for a long time. In 1965, experts still claimed a deficit of 400 calories per day. Even in 1975, cereals still comprised 55% of the diet, while the maximum recommended amount was 40%, and milk and meat were consumed in insufficient quantities.

Nutritive values in 1950, 1955, and 1960 compared with 1938 when daily intake averaged around 2766 calories

	1950						1955						1960					
	Kg/ year	Gr/ day	Cal.	Prot.	Lip.	Gluc.	Kg /year	Gr/ day	Cal.	Prot.	Lip.	Gluc.	Kg /year	Gr/ day	Cal.	Prot.	Lip.	Gluc.
Products of vegetal origin																		
Flour	67.5	185	657	21.1	2.8	133	103.5	283	1005	32.5	4.2	207	163	291	1033	33.5	4.4	212
Corn	55.8	153	545	12.2	4.6	110	88.2	242	862	19.4	7.3	174	84.3	231	822	18.5	6.9	166
Rice	0.7	2	7	0.2	-	2	1.5	4	14	0.3	-	3	1.9	5	18	0.4	-	4
Sugar	6.9	19	78	-	-	19	10.2	28	115	-	-	28	11.0	30	123	-	-	30
Veggies	65.6	180	58	3	0.4	11	86.3	236	76	3.3	0.5	14	91.0	249	80	3.5	0.5	8
Potatos	50.3	138	124	2.8	0.3	28	69.7	191	172	3.8	0.4	11	5.9	16	51	3.7	0.3	8
Fruits	20.7	57	37	0.4	-	9	36.6	100	65	0.7	-	15	39.9	109	71	0.8	-	16
Total net			1390	36.0	14.1	274			2157	56.3	12.8	424			2214	56.1	25.8	427
%			80.2	67.7	38.4	95.1			85.0	73.8	41.3	95.8			82.5	69.9	44.4	96.4
Products of animal origin																		
Meat	16.7	46	97	8.3	6.4	-	20.3	56	118	10.1	7.8	-	26.7	73	153	13.1	10.2	-
Milk	107.6	295	198	10.3	10.3	14.8	111.1	304	204	10.6	10.6	15.2	123	342	229	12.0	12.0	17.0
Eggs	3.0	8	14	1.1	1.1	-	4.1	11	19	1.5	1.3	-	5.5	15	26	2.1	1.8	-
Total net			342	17.2	22.6	14			380	20.0	25.3	14			469	24.2	32.3	16
%			19.8	32.3	61.6	4.9			15.0	26.2	58.7	3.2			17.5	30.1	55.6	3.6
Total v+a			1732	53.2	36.7	288			2537	76.3	43.1	438			2663	80.3	58.1	443

Source: Arhiva Institutului Național de Statistică, fond Nivel de trai (Archive of the National Institute of Statistics, Standard of Living fund), file 3/1960.

Nutritional structure of daily food intake in Romania between 1950 and 1975

Product	Physiological Standard	1950	1955	1960	1965	1970	1975
Total calories (%)	100	100	100	100	100	100	100
Milk	15	11,4	8,0	8,5	6,8	7,5	8,5
Meat and fish	8,0	4,2	3,7	4,4	4,3	5,2	5,3
Eggs	2,0	0,8	0,7	0,9	0,9	0,9	1,2
Fruits and Veggies	15	9,1	8,8	9,4	7,7	7,6	10,4
Cereals	40	62,4	67,3	63,0	64,3	60,4	55,0
Sugar	8,0	4,5	4,5	4,6	6,0	7,4	7,9
Fats	12,0	7,6	7,0	9,2	10,0	11,0	11,7

Source: Arhiva Institutului Național de Statistică, fond Nivel de trai (Archive of the National Institute of Statistics, Standard of Living fund), file 2/1959.

These methodological similarities visible on both sides of the Iron Curtain problematize how expert knowledge was recovered by the communist regime's project to reconfigure social hierarchies in post-war Romania. More concretely, when scrutinized through social lenses, the nutritional schemes employed to determine the population's food requirements in the 1950s unveil some pragmatic decisions. In this respect, after years of recession, the country faced economic difficulties; improving food quality without mobilizing significant financial resources made it imperative for alternative un-expensive solutions that would have produced effects shortly in a society otherwise incapable of reforming its structural backwardness. To this end, improved sugar consumption and other industrial food products would serve as the first step in later nationwide dietary renewal.

According to the time's official regulations, the Romanian workers' daily food ration varied between 2500 calories for an average physical effort and 5500 calories for intense physical effort. Industrial workers and miners generally belonged to the last category. When analyzed thoroughly, the official nutritional scheme flesh out that the more calories were needed the higher the amount of sugar provided. An energy source with benefits similar to meat for the body, the latter lacking almost entirely from the Romanians' table until the late 1950s, sugar offered decision-makers the possibility to increase industrial workers' output with minimal financial resources.³⁷ However, in the long run, the change in consumption had negative implications - aggravated diabetes in industrial environments, most likely caused by the lack of minerals and vitamins from daily food. Medical research conducted in urban industrial environments in the early 1960s showed an increased incidence of diabetes among workers over 30. From a demographic point of view, they were most likely the group of young people of rural origin who first took an industrial job in the early 1950s. Taken out of their home environment, lacking knowledge of food preparation, and without too many financial resources at hand, they have been exposed to somewhat problematic feeding policies. The main problem was the lack of correlation between nutrition change and food education in the new workforce.

Besides scientific knowledge and professional interactions of various kinds, increasing sugar consumption in Romania required bureaucratic coordination. The adoption of centralized planning by the late 1940s could have provided the state with the means to carry out this task successfully.³⁸ The institutional building, centralized decision-making processes, and

long-term planning would have secured economic predictability in a country that aimed to develop through industrialization. However, as many researchers have already pointed out, the discontinuities of socialist planning have reversed the relationship between the state and the citizens.

For instance, after 1948, sugar was supplied primarily to heavy industry employees. In 1951, the most significant quantities of sugar were distributed in the Hunedoara and Stalin regions. However, the products' presence on the stores' shelves did not guarantee that the population afforded them. Until the mid-1950s, the wages earned by urban industrial workers were insufficient to cover the rationed bread, while products commercialized outside the rationing system often remained unsold. Statistical data on workers' and office men's comparative consumption shows that the latter consumed 25% more sugar than the former. In this respect, sugar turned into a precious commodity, easy to store and accumulate in times of crisis, almost a promise of personal safety against macroeconomic shifts. The sugar issue landed on the public agenda when social tensions escalated: the 1952 monetary reform, the abolition of ration cards in 1954, or the bad agricultural harvest of 1956.

Moreover, in 1955, when the authorities cut prices for clothing, household appliances, and books, workers complained that sugar and other industrial foodstuff remained excessively high. Their dissatisfaction persisted amid panic about possible recent monetary reforms and the state's attempts to reduce the labor force's purchasing power.³⁹ To this end, a closer look at how sugar was included in the Romanian planning and provisioning mechanism in the early postwar period could excellently illustrate the many facets of the state's construction. It could also reframe socialist urban and rural spaces by extracting the "bare need" of sugar from a marginalized domain of personal experience and bringing it to the core of complex processes like labor force's mobility, spatial hierarchies articulation, social status negotiations, financial transactions, or every day socialization. In this respect, I argue that socialist planning may be regarded as an outcome of successive decisional adjustments fueled by the population's rising expectations to access products like sugar, products that had been initially used as body strengtheners but which, once included in the daily diet, continued to be demanded by the population despite prices and provisioning fluctuations.⁴⁰

Additionally, to nuance the workings of socialist planning in Romania, one should look at how the relationship between urban and rural areas has been reconfigured since the late 1940s. The post-war Romanian

city became not only a perimeter defined by administrative boundaries but a space where both interactions between inhabitants and various daily practices were adjusted due to the social sensitivities that emerged from the need for a food product like sugar. With the transition from self-consumption to the acquisition of goods and services, the accelerated process of collectivization, and the nationalization of most commercial infrastructure, the population of the cities was advantaged. The inhabitants of these localities had access to a service supply infrastructure that was almost non-existent in the rural areas. For a long time, the communist authorities lacked sufficient financial resources to improve the peasantry's situation. The efforts made to increase sugar production as soon as the communist regime took power were insufficient to cover the villages' needs. In fact, in those years, nutrition standards established by experts could hardly be fulfilled. In 1949, compared to a recommended 10% of the total daily sugar intake, the authorities were able to distribute quantities to meet regulated needs only in the urban environment and only for the rationed system. This product was still almost unknown in the villages, with daily consumption not exceeding an average of 0.5%.⁴¹ If in 1951 the urban/rural consumption ratio was 12 kg to 1.5 kg, in 1954, the average in rural areas was still below that of 1938.

The gap between urban and rural has been maintained until the end of the decade. Between 1951 and 1959, the consumption fund in Romania recorded an annual growth of 4.5%, it was significantly lower than in other socialist countries like GDR (9.0%) or Poland (8, 8%). However, sugar consumption in 1959 was 200% higher than in 1938 and 120% higher than in 1951, even though not all social categories had equal access to such products. Compared to an annual average of 11 kilograms, the rural population consumed 7.9 kilograms, while an average of 19.9 kilograms was reached in urban areas.⁴²

The poor distribution of sugar in rural areas was aggravated not only by the limited provisioning capacities but by other aspects as well. Firstly, making coherent nutrition programs and their subsequent transposition into the planned system was hampered by numerous changes in the professional sphere and the fragmented operation of a central and local bureaucratic apparatus. For example, research into family budgets in rural areas began only after 1952; this deprived the authorities of important information about needs and expectations. As such, distribution was made outside of predictable order. For many years, large amounts of sugar were directed to different regions, sometimes even twice as necessary.

In others, the product was missing from store shelves for long periods. Secondly, the economic difficulties have worsened the interactions between a bureaucratic apparatus and the population. The “choices” made by people through mobility, change of residence, or ignoring laws and legal provisions stifled attempts to administer the state. For example, according to the official regulations, the industrial products that were subject to the state monopoly, such as sugar, would have been directed to cooperatives by centralized planning. The agricultural products collected from the peasantry had to follow the same route in the opposite direction. The problem is that such supply levers could not counteract the peasants’ opposition to renouncing agricultural products in exchange for industrial goods. Unhappy with the quality of the products in the village cooperatives system, those with some financial resources opted to purchase the necessary foodstuff from the big cities’ stores. Thus, the city has become a place marked by the interpenetration of sugar distribution routes and the routes followed by the rural population to capitalize on their products. Intersection points were the places where the most significant quantities of sugar products were sold at unsubsidized prices. For example, in the case of Cluj, the statistical data collected by the authorities indicate significantly higher quantities of sugar marketed in the shops in the city center, especially those close to the food markets, compared to the workers’ quarters.⁴³

Concluding remarks

Despite this rather impressive mobilization of the international community, Romania remains a particular example, favored on the one hand by the institutional changes brought by the new regime and on the other by a series of economic and social conditionalities. However, Romania, classified by the FAO as an advanced country on the basis of average caloric intake, had serious problems in ensuring adequate nutrition for all its inhabitants. Unlike Western countries, where food production and nutrient consumption reached pre-war levels in 1950, this did not happen in Romania until the end of the sixth decade. From this point of view, the Romanian reality after 1948 cannot be isolated from the pre-1948 economic and social realities: the lack of modernization of agriculture, the widespread illiteracy, the low level of industrialization, the exports based mainly on wheat and unprocessed natural resources that brought

financial profits to the industrial elites but had almost no social impact on the population. After 1948, when the authorities launched an extensive industrialization program, the impact was delayed because of the limited resources available for development. There are, of course, many explanations for the way the food situation of the Romanian population developed after 1948. One of them concerns the fact that food production and the restoration of international transportation routes did not reach quickly enough the levels estimated at the end of the war. Another cause was the increased birth rates. A third, and probably the most important, was related to the extremely difficult-to-predict medium-term consequences of the 1946-7 drought, especially in the Eastern European countries.

NOTES

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- ¹⁸ Food and Agriculture Organization of the United Nations, "First Annual Report of the Director-General to the FAO Conference," p. 27.
- ¹⁹ World Health Organization Technical Report Series, no. 16: Joint FAO/WHO Expert Committee on Nutrition. Report on the First Session, Geneva, 24-28 October 1949, p. 18.
- ²⁰ Ibid, p. 10.
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