

Throughout most of human history, maternal and infant mortality rates were appallingly high. The interwar period witnessed an increasing state intervention into maternal and infant health to build a large healthy pool for future soldier recruitment. My project analyzes this understudied process of state-building, asking why states develop different capacities to protect mothers and infants. The United States and Japan, two rising world powers in the interwar periods, were the major cases of analysis. The two countries learned from the European experience of World War I that future wars would be total wars and they must get prepared. The two cases capture a wide range of health outcomes of mothers and infants. The American state performed well in protecting infants but fell far behind in protecting mothers. In contrast, the Japanese state did well in protecting mothers but fell behind in protecting infants.

The disparity between maternal and infant health within a country cannot be explained by typical factors such as health insurance, regime types, or public spending. I argue that whether the state regulated health as a stand-alone health question (the independent approach) or a comprehensive social question (the comprehensive approach) made the difference. Countering traditional insights, I find the comprehensive approach, which integrated the question of health with the question of wealth, race, or immigration status, unexpectedly enhanced social determinants of health and resulted in worse health governance outcomes than the independent approach, which promoted health as universal citizenship regardless citizens' socioeconomic background.

The institutional history of maternal and infant health is still relevant today. Whether to integrate public health questions with other social questions and how to integrate these questions still dominate today's policy debates.