

Foreign representative offices of the Soviet Red Cross in the 1920s and 1930s in the context of the international health policy of the USSR*

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Abstract

This article examines the activities of the foreign representative offices of the Soviet Red Cross in the 1920s and 1930s in the context of the international policy of both the People’s Commissariat of Health (PCH) of the RSFSR, and the Soviet state as a whole. Having initially taken the form of humanitarian work relating to famine relief and recovery in the RSFSR, the international activities of the Russian Red Cross Society (RRCS) soon took on additional unstated but politically important aspects. The RRCS in the 1920s and 1930s was not a structural division of the RSFSR PCH, but a separate institution with its own budget. The foreign missions of the RRCS and the PCH remained independent of each other until 1929 when they were merged following a change in Soviet government policy. In general, the foreign missions of the Soviet Red Cross in this period were not just a tool in the international activities of the RSFSR PCH, but had particular functions, which changed over time. This study draws on materials from the State Archives of the Russian Federation (on the Council of People’s Commissars of the USSR, the Alliance of Red Cross and Red Crescent Societies of the USSR, the Central Committee of the RRCS, and the All-Union Bureau of Foreign Health Information of the RSFSR PCH).

Keywords

history of medicine, history of healthcare, international relations in healthcare and medicine, Soviet Red Cross, Russian Red Cross Society

Introduction

A fair amount has been written on the history of the international activities of the Russian Red Cross Society (RRCS). The best-studied period is that of

the Russian Civil War and the early 1920s, when the country was fighting famine and its aftermath (100 let Krasnogo Kresta... 1967; Bugnion 2000; Egorysheva 1973; Toman 2002; Fayet 2021). However, almost nothing has been written on the foreign representative offices of the RRCS (from 1925 the Alliance of Red Cross and Red Crescent Societies of the USSR (ARCRCS)) after its recognition by the International Committee of the Red Cross (ICRC) in 1921.

A decree of the Council of People’s Commissars of 7 August 1918 put the RSFSR PCH in

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charge of the activities of the RRCS and instructed the latter to coordinate its activities with the PCH's general plan and directives (100 let Krasnogo Kresta... 1967, p. 59). The first head of the Soviet Red Cross was Veniamin Sverdlov. He was replaced in July 1919 by the RSFSR's Deputy People's Commissar for Health, Zinovy Solovyov. Accordingly, Russian historians have tended to study the international activities of the Soviet Red Cross in the context of the work of the PCH (100 let Krasnogo Kresta... 1967; Egorysheva 1973).¹

Modern researchers into the history of the Red Cross have concluded that it performed quasi-diplomatic functions in Soviet Russia (Toman 2002, p. 5). According to Jiří Toman, the Soviet government's attitude to the organisation was highly pragmatic: it used its services to help achieve its main goals of preserving the Soviet state and ensuring the victory of the global proletarian revolution. Accordingly, the RRCS was often used for political propaganda (Toman 2002, p. 49–50).

During the Civil War and the RSFSR's international isolation, the Red Cross became practically the only legal channel for the Bolsheviks to communicate with the outside world, and the West with the RSFSR. During the famine in 1921, Soviet Russia was forced to allow entry to Red Cross missions from the USA, the Weimar Republic and other states. At the same time, according to German medical historian Wolfgang Eckart, all sides used this channel for the purposes of "carrying out intelligence activities and espionage" (Eckart 1993, p. 110).

What, then, did the international activities of the Soviet Red Cross in the 1920s and 1930s consist of? Was it one of the manifestations of medical internationalism? Or was it a Communist propaganda tool abroad under the guise of a humanitarian organisation? Or perhaps the Soviet Red Cross² was used as a front for the Bolsheviks' underground activities in foreign states? And why did the RRCS, officially subordinate to the PCH, have a network of representative offices abroad separate from it?

This article aims to shed light on the activities of the foreign representative offices of the Soviet Red Cross in the context of the international policy

of both the PCH and the Soviet state as a whole. In answering the questions set out above, we will delve into the history of the establishment of the network of RRCS representative offices in the early years of the Soviet regime, and its reform in the 1920s and 1930s.

Our study draws on materials from the State Archives of the Russian Federation (GA RF), on the Council of People's Commissars of the USSR (F. R5446), the ARCRCS of the USSR (F. R9501), the Central Committee of the RRCS (F. R3341) and the All-Union Bureau of Foreign Health Information of the PCH (F. A-482. Op. 35). It does not deal with the foreign Red Cross missions of the other Union republics prior to 1925.

The first steps of the RRCS on the international stage

From 1917, Soviet policy regarding the Red Cross was based on a combination of humanitarian and political goals, but the political aspect dominated (Toman 2002, p. 20). The commitment of the RRCS to the international Geneva Conventions of 1864 and 1907, as well as its status as the legal successor to the pre-revolutionary organisation, were enshrined in degrees of the RSFSR Council of People's Commissars (Toman 2002, p. 26–29). There was a political as well as a humanitarian reason for this: the need to expedite the repatriation of prisoners of war, since there were around two and a half million Russian prisoners of war in the former Central Powers, representing a significant reserve of trained soldiers, which both the Soviet government and its opponents had eyes on (Bugnion 2000, p. 23).

The Soviet Red Cross was established in November 1918, but even before then a special Foreign Department was created as part of the administrative office of the RRCS Central Board of Management (100 let Krasnogo Kresta... 1967, p. 74). On 2 September 1918, a joint meeting of the PHS Board and the Committee for Reorganisation of the RRCS considered whether to establish missions in Germany and Austria-Hungary and to import food under the Red Cross flag (100 let Krasnogo Kresta... 1967, p. 73). The Bolsheviks recognised the specific nature of the RRCS and understood the political interests associated with prisoners of war, as well as the intermediary role it could play in

¹ See also M. Dyachkova. The first foreign missions. In *Sovetskiy Krasnyy Krest* [The Soviet Red Cross]. 1977; 1: 20–21. (In Russ.)

² The RRCS and the ARCRCS.

dealings with the rest of the world (100 let Krasnogo Kresta... 1967, p. 58).

Thanks to its humanitarian principles, the RRCS was able to overcome the RSFSR's international isolation. This led to an increase in the role of the Foreign Department of the RRCS Central Committee. In 1920, the head of the RRCS Foreign Department, lawyer Yevgeny Korovin, observed in the ICRC publication *Revue internationale de la Croix-Rouge* that "The lack of a diplomatic service has compelled the RRCS representatives abroad to perform, to a certain extent, the functions of the People's Commissariat for Foreign Affairs. The Foreign Department of the RRCS Central Committee was the means through which the Red Cross society carried out this diverse activity" (Toman 2002, p. 47; Korovine 1920, p. 1083).

The Treaty of Brest-Litovsk provided for prisoner exchanges. However, the outbreak of the Civil War meant very few people were repatriated to Russia. In early 1919, the Entente Powers effectively banned the exchange of prisoners between Germany and Soviet Russia out of concerns that the liberated Russian prisoners of war would join the Red Army (Bugnion 2000, p. 31–32). Prisoner exchanges were not revived until early 1920.

To support the repatriation of prisoners of war, the RRCS opened representative offices in Germany, Britain, Austria-Hungary, Azerbaijan, Bulgaria, Denmark, Estonia, the USA, Finland, Georgia, Lithuania, Poland, Romania, Czechoslovakia, Ukraine, France and Switzerland (100 let Krasnogo Kresta... 1967, p. 64). The staff of these first missions included Bolshevik revolutionaries. For example, Yakov Davtyan (Davydov) went to France in February 1919 with the aim of helping soldiers and officers of the Russian Expeditionary Force to return to their homeland. In November 1920, he became the first head of the Foreign Department of the All-Russian Extraordinary Commission for Combating Counter-Revolution and Sabotage (the Cheka). The hostility of foreign governments to the RSFSR was reflected in their treatment of Red Cross representatives: the RRCS mission in Poland was shot at in late December 1918, and the RRCS missions in Germany, Czechoslovakia and Hungary were arrested (Barynkin 2012).

The most important foreign representative office of the RRCS was its mission in Switzerland, which opened in 1918, and was headed from August that year by Sergei Bagotsky, who had become

a close supporter of Lenin after emigrating (100 let Krasnogo Kresta... 1967, p. 64; Toman 2002, p. 39; Arunin 1970). The main objectives of the RRCS mission in Geneva were to achieve international recognition for the Soviet Red Cross, to build ties with the ICRC, and to gain control over the foreign assets of the pre-revolutionary RRCS. At the same time, its ideological and information-sharing work among prisoners of war was no less important. Through this, it was expected to oppose the attempts of counter-revolutionary forces to organise anti-Soviet propaganda.³

Other foreign missions of the Soviet Red Cross also engaged in political propaganda. In France, for example, under diplomat Dmitry Manuilsky, the RRCS was able to repatriate soldiers for the Red Army, raise funds, and publish a bulletin in French and Russian on the successes of Soviet Russia in public health and education. The representative office in Britain focused on purchasing medical equipment and medicines (Toman 2002, p. 47–48).

As such, the foreign representative offices of the Soviet Red Cross not only sought to support the repatriation of prisoners of war but also served as a source of information on developments in the young Soviet republic.⁴ These functions were hard to reconcile with the organisation's declared humanitarian role (Toman 2002, p. 48).

Attracting foreign assistance for famine relief

The ICRC officially recognised the RRCS of the RSFSR on 15 October 1921. At the same time, it retained ties with the pre-revolutionary RRCS, mindful of its humanitarian work (helping Russian refugees abroad) (Toman 2002, p. 40). Meanwhile, a humanitarian disaster was unfolding in Soviet Russia. Famine on an unprecedented scale had struck the Volga region, Ukraine, part of the Ural region, and the North Caucasus. The RRCS foreign representative offices faced the new challenge of securing aid for the victims (Egorysheva 1973) and set about campaigning hard to raise funds. In the USA and Switzerland, they produced exhibitions on the

³ See M. Dyachkova. The first foreign missions. In *Sovetskiy Krasnyy Krest* [The Soviet Red Cross]. 1977; 1: 21.

⁴ See M. Dyachkova. The first foreign missions. In *Sovetskiy Krasnyy Krest* [The Soviet Red Cross]. 1977; 1: 20–21.

famine in the Volga region. The RRCS representative offices in Switzerland, Germany, Belgium, the Netherlands, Czechoslovakia, Poland, the USA, Lithuania, Britain and Italy published bulletins on the famine situation and the main challenges facing the relief effort, containing appeals for donations (Egorysheva 1973).

These appeals found a response from philanthropic organisations in Europe, who combined to form the International Committee for Russian Relief, led by the League of Nations High Commissioner for Refugees and celebrated Norwegian polar explorer, Fridtjof Nansen. Meeting regularly in various European cities, the RRCS representative in Switzerland, Sergei Bagotsky, the PCH representative in Germany, Yakov Goldenberg, the RRCS representative in Britain, Varvara Polovtseva, and the representative of the Swiss Red Cross, Edouard Frick, assisted Nansen in securing support for the famine victims in Russia and coordinating work with the RRCS and PCH.⁵ In Italy, fundraising for the famine victims by the Italian Red Cross and the Catholic Church was led by Mark Sheftel. He served as Secretary of the Medical and Public Health Section of the Economic Delegation of the RSFSR in Italy from the end of 1920, and as the representative of the RRCS and PCH from 1922.⁶ The main achievement of the European RRCS representative offices was overcoming the international isolation of the RSFSR (Itogi borby... 1922, p. 23).

The amount of funds raised in Europe was much less than that raised by the American Relief Administration. The RRCS representative office in the USA was established in November 1921 on the basis of the Soviet Russia Medical Relief Committee, which had been set up in April 1920 with its

headquarters in New York. The aim of this organisation was to collect medicines, medical equipment and literature for the RSFSR (or raise funds to purchase them). Thanks to its efforts, medical supplies worth more than three billion dollars were sent to Russia in less than a year.⁷ The RRCS mission in the USA was headed by Dr. Dmitry Dubrovsky, an émigré from Russia who had moved to America in 1905. He was an active member of the Communist Party, who knew Trotsky well, and in 1920 was the Secretary of the Russian Soviet Government Bureau in the USA, headed by Ludwig Martens.

In September 1939, Dr. Dubrovsky stated at hearings of the House Un-American Activities Committee of the US House of Representatives that in the early 1920s he had travelled almost every year to Moscow, where he had met Lenin, Kamenev, Stalin, Trotsky, Bukharin, Krasin, and other Soviet leaders. An important unspoken part of the work of the RRCS representative office in the USA was reselling diamonds confiscated in the USSR there at reduced prices (Investigation... 1939, p. 5137–5154).

The network of foreign missions of the Soviet Red Cross in the mid-1920s

After dealing with the aftermath of the famine in the USSR, the RRCS turned its attention in 1923 to obtaining foreign assistance in providing humanitarian aid to the population of Germany's Ruhr region, Japan, Turkey and Iran following natural disasters (Venediktov 1987, p. 39).

By the end of 1924, there were ten representative offices in the RRCS network: in New York (the USA, Canada and Mexico), London (Britain), Berlin (Germany, Belgium and the Netherlands), Rome (Italy), Bern (Switzerland), Vienna (Austria), Prague (Czechoslovakia), Tehran (Persia), Warsaw (Poland) and Athens (Greece).⁸ In the second half of the 1920s, following the establishment of diplomatic relations between the Soviet Union and Japan (in 1925) and France (in 1925), the RRCS representatives also appeared in these

⁵ GA RF. F. R9501. Op. 6. D. 25. The International Committee for Russian Relief. L. 34; GA RF. F. R9501. Op. 6. D. 86. Minutes of a meeting of an action group of the International Committee for Russian Relief at the Representative Office of the RSFSR PCH in Berlin, 22 June 1922. L. 86; GA RF. F. A-482. Op. 35. D. 48. Meeting of comrades Bagotsky, Sheftel, Vasilyev and Goldenberg, 17 December 1922 (copy). L. 121–122; GA RF. F. A-482. Op. 35. D. 48. Minutes of a meeting on 29 January 1923 (copy) [comprising Bagotsky, Vasilyev and Goldenberg]. L. 123–124.

⁶ GA RF. F. R9501. Op. 5. D. 45. Letter from the Secretary of the Medical and Public Health Section of the Economic Delegation of the RSFSR in Italy, M.S. Sheftel, to Z.P. Solovyov, dated 23 December 1921. L. 13.

⁷ See Soviet Russia Medical Relief Committee. In Soviet Russia. 1921; IV (8): 191–192.

⁸ GA RF. F. R3341. Op. 6. D. 53. Reference information on the Russian Red Cross Society. L. 179.

countries (Ikuta 2001).⁹ The RRCS representative office in Berlin played a key role: funding for the representative offices in Switzerland, Italy, Greece, Britain and the USA went through it.¹⁰

Among the RRCS foreign representative offices in the first half of the 1920s, the mission in Harbin played a special role. It was established on the basis of the local Workers' Red Cross organisation, which had been founded by Chinese Eastern Railway (CER) trade unions in 1920. However, because the Far Eastern Republic (FER) had claims to the CER in 1920–1922, the Soviet Red Cross organisation in Harbin was historically connected with the RRCS representation in the Far East rather than the RRCS Central Committee in Moscow. After the FER merged with the RSFSR, the Workers' Red Cross in Harbin was incorporated into the overall RRCS network in March 1923, but as a division of the RRCS representation in the Far East rather than a foreign representative office.¹¹

The RRCS began to expand its network of representative offices in Asia in 1925, appointing new representatives in Persia and Turkey. The former was tasked with establishing friendly relations and assisting the recently established Red Lion and Sun Society of Iran. The latter (the former RRCS representative in Austria, Efraim Goldenstein) worked to strengthen the existing relationship between the RRCS and the Turkish Red Crescent Society.¹²

As a result of the increase in Soviet trading activities in China's Xinjiang Province in the 1920s, by 1929 the Soviet government faced the complex challenge of providing health care for the numerous employees of its diplomatic and trade representative offices. At an interdepartmental meeting under the

ARCRCs Executive Committee on 27 November 1929, it was decided to put the Soviet Red Cross in charge of all aspects of the organisation and administration of Soviet medical centres in Xinjiang.¹³ The budget funds for maintaining the medical network came mainly from allocations from the Council of People's Commissars of the USSR and the PCH, and insurance contributions from interested Soviet organisations. The ARCRCs Executive Committee appointed medical centre managers, approved the appointment of other medical workers, and worked to provide material support for the Soviet medical network within the limits of a previously agreed budget.¹⁴

The working methods of the RRCS representative offices in Asia differed from those of its offices in Europe and America. In every Persian city where Soviet citizens lived (Tehran, Bandar-e Gaz, Bafrouch (now Babol), and so on), the RRCS organised committees and units to assist the local Red Lion and Sun Society organisations in healthcare work. They also helped to organise first aid clubs, made donations, established four grants for Persians at the social insurance hospital in Tehran, and so on.¹⁵

In Xinjiang, the ARCRCs medical network assisted both Soviet citizens and the local population. The ARCRCs medical centres not only provided treatment, but also performed health education work (lectures and exhibitions) aimed at "improving the population's public health awareness".¹⁶ This niche was typically used for the covert promotion of Soviet values and principles in Asia outside the USSR.

In addition, according to the Regulations on the Medical Centres of the Alliance of Red Cross and Red Crescent Societies in Western China, doctors were to study the local social and occupational illnesses, and develop dispensary methods for them

⁹ GA RF. F. R3341. Op. 6. D. 352. Letter from Z.P. Solovyov to Professor E.G. Spalvin, dated 13 May 1927. L. 1.

¹⁰ GA RF. F. R9501. Op. 5. D. 44. Letter from the Chairman of the Central Committee of the RRCS, Z.P. Solovyov, to the representative of the RRCS in Germany S.I. Bratman-Brodovsky, dated 24 July 1925. L. 211–211 ob.

¹¹ See The Red Cross Society of the RSFSR: Report for 1924–1925. Moscow: Central Committee of the Red Cross Society of the RSFSR, 1926. P. 5 (In Russ.); GA RF. F. R3341. Op. 6. D. 53. Summary information on the offices, establishments and institutions of the RRCS for the Far Eastern District in the last quarter (October, November and December) of 1923. L. 54–57.

¹² See The Red Cross Society of the RSFSR: Report for 1925–1926. Moscow: Central Committee of the Red Cross Society of the RSFSR, 1927. P. 61. (In Russ.)

¹³ GA RF. F. A-482. Op. 35. D. 366. Minutes of an interdepartmental meeting under the Executive Committee of the Red Cross and Red Crescent, dated 27 November 1929. L. 43.

¹⁴ GA RF. F. A-482. Op. 35. D. 366. Regulations on the Medical Centres of the Alliance of Red Cross and Red Crescent Societies in Western China. L. 27.

¹⁵ See Report on the activities of the Red Cross Society of the RSFSR in 1926–27. Moscow: Central Committee of the RRCS, 1928. P. 42. (In Russ.)

¹⁶ GA RF. F. A-482. Op. 35. D. 366. Regulations on the Medical Centres of the Alliance of Red Cross and Red Crescent Societies in Western China. L. 27.

that were acceptable in the local conditions.¹⁷ Under this pretext, an in-depth medical geographical study of Xinjiang Province was carried out.

Employees of the RRCS foreign missions

All kinds of people worked at the RRCS representative offices abroad. Almost all of them combined their RRCS work with other duties. The RRCS representatives in Britain (Varvara Polovtseva) and Switzerland (Sergei Bagotsky) were simultaneously representatives of the PCH and the All-Union Society for Cultural Relations with Foreign Countries (Fayet 2014), while the RRCS representative in Italy (Mark Sheftel) worked for the PCH and the Soviet trade delegation in Rome. The head of the RRCS mission in the USA, Mexico and Canada, Dmitry Dubrovsky, also represented the Red Cross organisations of Georgia, Armenia and Byelorussia (Belarus), as well as a number of other Soviet organisations.

The RRCS representatives in Germany (Stefan Bratman-Brodovsky), Austria and Turkey (Efraim Goldenstein), Japan (Professor Yevgeny Spalvin) and Persia (Mikhail Slavutsky) were on the staff at diplomatic missions. Sheftel and Goldenstein had links with the Joint State Political Directorate under the Council of People's Commissars of the USSR (OGPU): the former worked for it in Italy and the USA; the latter was a resident OGPU agent in Austria, Turkey and Germany (Abramov 2005, p. 131; Dienko 2002, p. 121, 242). We also know that Grigory Rabinovich, posted to America as the ARCRCS representative from 1934 to 1938, was an OGPU Foreign Department operative.¹⁸ Another employee of the ARCRCS mission in the USA in 1934 was Dr. Yakov Shterngluz, who had also worked with the OGPU, but had previously been the chief physician at a hospital in Persia.¹⁹ The RRCS representative

in Greece was Yevgenia Ustinova-Grigorovich, the wife of the USSR's Plenipotentiary there, Aleksei Ustinov, while the RRCS representative in France from 1926 to 1927, Alexandrina Rakovskaya, was the wife of the USSR's Plenipotentiary there, Christian Rakovsky.²⁰ The RRCS representative in Poland from 1920 to 1937 was the well-known Polish public and political figure Stefania Sempołowska,²¹ whose determination to protect the rights of Russian prisoners of war led her to being accused of Bolshevik sympathies in Poland, and of bourgeois tendencies in Soviet Russia.²²

Reform of the Soviet Red Cross in the second half of the 1920s

The reorganisation of the RRCS began in 1925, when a resolution of the Council of People's Commissars of the USSR established the ARCRCS (100 let Krasnogo Kresta... 1967, p. 83). The alliance was formed "to represent the interests of the republican national Red Cross and Red Crescent organisations in dealings with the government of the USSR", and to "coordinate the activities of these organisations abroad and work on issues important to all members of the Union, and for mutual assistance in their work" (Toman 2002, p. 55). It should be noted that until the mid-1920s the RRCS representative offices abroad existed in parallel with representative offices of the Red Cross societies of the Union republics (Ukraine, Armenia and Georgia), whose interaction was almost entirely uncoordinated. After the reform, each society in the ARCRCS was able to have foreign representative offices but it was understood that these could combine by mutual agreement into a single foreign mission (Toman 2002, p. 55).

The Secretary of the Central Executive Committee of the USSR, Avel Yenukidze, was appointed Chairman of the ARCRCS Executive Committee.

¹⁷ GA RF. F. A-482. Op. 35. D. 366. Regulations on the Medical Centres of the Alliance of Red Cross and Red Crescent Societies in Western China. L. 27.

¹⁸ See S. Kiperman. The "King of Soviet intelligence" in America. In *Evreiskiy Obozrevatel* [Jew Observer]. 2012: 11/239. (In Russ.) <https://jew-observer.com/puti-i-sudby/korol-sovetskoj-razvedki-v-amerike/>

¹⁹ GA RF. F. R9226. Op. 1. D. 44. Short biography. Shterngluz, Yakov Arkadevich. Copy. L. 84–84 ob.

²⁰ GA RF. F. R9501. Op. 5. D. 47. Letter no. 30/s, to A. G. Rakovskaya from the Executive Committee of the ARCRCS of the USSR, dated 2 March 1926. L. 2.

²¹ She was not a citizen of the USSR, and was not entirely loyal to it.

²² See L. Dolzhanskaya. The Bureau of representatives of the Polish Red Cross in Russia and the Russian Red Cross in Poland (1920–1937) and representatives E. P. Peshkova and Stefania Sempołowska. *Novaya Polsha* [New Poland]. 2008; 6 (98): 31–35. (In Russ.)

The reorganisation of the Soviet Red Cross had far-reaching consequences for its foreign representative offices. Prior to 1926, all correspondence with the RRCS foreign representative offices was sent in the name of Zinovy Solovyov, but afterwards it was sent in that of ARCRCS Executive Committee Secretary D.G. Zlatkovsky, who had previously worked for the Ukrainian Red Cross.

Until 1926, the foreign representative offices of the PCH and RRCS operated as an integrated network jointly led by People's Commissar for Public Health Nikolai Semashko and RRCS head Zinovy Solovyov, and coordinated by the People's Commissariat for Foreign Affairs. Correspondence was often duplicated to both institutions, and the foreign representative offices accepted and carried out requests irrespective of which of the two they formally related to. In official correspondence, the heads of the missions often confused whose interests they were representing, frequently giving the names of both institutions. In just two countries (Germany and France) were the PCH and RRCS representatives different people, but the RRCS mission in Berlin and Paris was more of a technical office. Personnel switched back and forth between the two. For example, the former representative of the RRCS and PCH in Italy, Mark Sheftel, headed the All-Union Bureau of Foreign Health Information of the PCH (OBZSI) from 1925 to 1927.²³

In November 1928, the Chairman of the RRCS Executive Committee, Deputy People's Commissar for Public Health of the RSFSR, and Head of the Chief Medical Department of the Red Army, Zinovy Solovyov, who had had significant administrative authority, died after a long illness. The period of the "Great Break" began in the USSR, and the "Old Bolsheviks", including People's Commissar Nikolai Semashko, found their position beginning to weaken.

In February 1928, the Soviet Red Cross representative in Switzerland, Sergei Bagotsky, wrote to his colleague in Britain, Varvara Polovtseva, that their position had become "very much more difficult, solely because the management of our Red Cross policy has fallen out of the hands of the RRCS, which had its own line, which it pursued systematically."²⁴

²³ GA RF. F. A-482. Op. 41. D. 3773. Personal file of Mark Solomonovich Sheftel. L. 1–4.

²⁴ GA RF. F. R9501. Op. 6. D. 42. Letter from S. Yu. Bagotsky to V.N. Polovtseva, dated 27 February 1928. L. 6–6 ob.

Following the reorganisation of the Soviet Red Cross, the ARCRCS Executive Committee entered into a confrontation with the PCH and its staff. The main role in this was played by the ARCRCS Executive Committee Secretary (and later Head of the Foreign Department), D.G. Zlatkovsky and the new Soviet Red Cross representative in France, L.B. Gelfand (who had ties with the OGPU, but defected in 1940) (Prokhorov 2005, p. 146–148).

In 1928–1929, the foreign representative offices of the PCH were merged with those of the ARCRCS.²⁵ Following this reorganisation, a resolution of a meeting of the People's Commissariats of Health of the Union republics on an OBZSI report noted the "almost complete cessation of the activities of the OBZSI representative office in France" and "severe downsizing of the OBZSI representative office in Germany". The meeting also resolved to strengthen work with countries in Asia, and to consider the need to create OBZSI representative offices in Persia and Turkey, increasing the Bureau's staff accordingly.²⁶

In early 1928, ARCRCS Executive Committee Secretary D.G. Zlatkovsky proposed dismissing Sergei Bagotsky (another "Old Bolshevik", who had become a close supporter of Lenin after emigrating) as its representative from Switzerland, leaving him with only the functions of the RRCS representative.²⁷ Zlatkovsky accused Bagotsky of failing to fulfil Moscow's instructions in his dealings with the ICRC,²⁸ of registering in his own name a building in Geneva acquired by the RRCS in 1918–1919, and of creating conflict with the ICRC.²⁹ In the end, however, Bagotsky was cleared of all these accusations (Ratmanov 2020).

²⁵ GA RF. F. R5446. Op. 10. D. 1336. Extract from an appendix to Minutes No. 22/309 of a meeting of the Council of People's Commissars of the USSR, dated 6 August 1929. L. 2.

²⁶ GA RF. F. R9501. Op. 5. D. 44. Copy of a resolution of a meeting of the People's Commissariats of Health of the Union Republics on an OBZSI report [1929]. L. 382.

²⁷ GA RF. F. R9501. Op. 6. D. 42. Letter from S. Yu. Bagotsky to V.N. Polovtseva, dated 27 February 1928. L. 6–6 ob.

²⁸ GA RF. F. R9501. Op. 5. D. 44. Letter from the representative of the ARCRCS of the USSR in Switzerland, S. Yu. Bagotsky, to D.G. Zlatkovsky, dated 15 December 1927. L. 234–235 ob.

²⁹ GA RF. F. R9501. Op. 5. D. 44. Letter from the Executive Committee of the ARCRCS of the USSR, L.B. Gelfand, dated 15 June 1929. L. 371–371 ob.

The international activities of the ARCRCS in the 1930s

At the end of the 1920s, the goals of the Soviet Red Cross were considerably revised. Priority was given to providing health care for the Red Army and the workers and peasants of the USSR, creating healthier living conditions for the Soviet population, and, primarily, public health preparedness for wartime. (Voronina 2011) The focus of the international activities of the ARCRCS also changed.

In the 1930s, the most significant ARCRCS mission abroad was its representative office in the USA, the functions of which included the sharing of medical information between Soviet organisations and American doctors on matters of medical science and discoveries in medical practice, as well as on the restoration of family connections between Soviet and US citizens. However, the main function of the Foreign Department of the ARCRCS Executive Committee (and its American representative office) at the end of the 1930s was tracing former US army soldiers and their family members who had relatives in the USSR, so that the latter could receive appropriate pensions.³⁰

During World War I, many soldiers in the American and Canadian armed forces were killed or disabled, meaning that their relatives were entitled to government cash payments. Since some veterans had relatives only in the USSR, the ARCRCS representative office in the USA, together with the American Red Cross, the Canadian Red Cross, and the Jewish Welfare Board, lodged claims on behalf of the veterans' Soviet relatives for the benefits due to them (Voronov 1929).

The scale of these operations can be seen from the amount of American benefits and pensions due to Soviet citizens in cases dealt with by the RRCS alone in 1927: two million rubles. The total amount that could potentially have been sent to the USSR was around 30 million rubles. Apart from the veteran support (in its various forms), many Soviet citizens were entitled to various pensions and insurance payouts from the USA (for example, for mutilations,

work-related injuries, and so on.)³¹ In 1934, there were 350 cases of money being received.³² This was a way of ensuring a flow to the USSR of American currency, which the Soviet state badly needed.

The foreign representative offices of the ARCRCS were wound up at the end of the 1930s, when the USSR adopted a policy of international self-isolation. The last representatives returned to Moscow: Bagotsky from Switzerland in 1937, and Rabinovich from the USA in 1939.

Conclusion

Researchers studying the national Red Cross societies have shown that political leaders in many countries around the world sought to nationalise and militarise the charitable work of the Red Cross societies as much as possible (Forsythe and Rieffer-Flanagan 2007, p. 10–11). In every country, this led to the national Red Cross societies being dependent on the national civilian and military authorities, but significantly autonomous with regard to the ICRC (Forsythe and Rieffer-Flanagan 2007, p. 10–11). In this context, the history of the Soviet Red Cross appears no exception from the general rule.

Having initially taken the form of humanitarian work relating to famine relief and recovery in the RSFSR, the activities of the RRCS soon took on additional seemingly unstated but politically very important aspects. The Soviet functionaries of the Red Cross were not just medical specialists or social activists, but also worked for the OGPU or engaged in political propaganda. Accordingly, the representative offices of the Soviet Red Cross in Europe and the USA performed a variety of tasks. Their employees did not just perform quasi-diplomatic functions. The offices were also centres of political propaganda, under the guise of health education work.

In Asia outside the USSR, political propaganda and dual-purpose research activities (medical geographical regional studies) were built into the activities of the ARCRCS medical centres even when the regulations governing their work were being written. In this way, the Bolshevik pragmatists, while

³⁰ GA RF. F. R9501. Op. 5. D. 63. Copy of the Regulations on the Foreign Department of the Executive Committee of the ARCRCS of the USSR, dated 29 June 1939. L. 124–125; GA RF. F. R9501. Op. 7. D. 5. Soviet Red Cross Representation in the United States. L. 49. (In Engl.)

³¹ Report on the activities of the Red Cross Society of the RSFSR in 1926–27. Moscow: Central Committee of the RRCS, 1928. P. 41.

³² GA RF. F. R9501. Op. 7. D. 5. Soviet Red Cross Representation in the United States. L. 49. (In Engl.)

officially espousing proletarian internationalism, performed various objectives related to geopolitical strategy under the cover of the ARCRCS, and had a definite influence on the local population. If openly promoting Soviet ideas and values did not always look possible, incorporating activism into health education work was easier. However, this issue requires more detailed study.

In the 1920s, the RRCS and PCH created two networks of representative offices abroad operating in parallel. However, bearing in mind that the PCH oversaw the activities of the RRCS, this duplication confused people at the time, especially given the shortage of funds. The People's Commissariat of the Workers' and Peasants' Inspectorate tried on numerous occasions to eliminate this duplication, while the People's Commissariat for Foreign Affairs sought to unify all the foreign representative offices under its umbrella.³³ The existence of the independent foreign representative offices of the RRCS and PCH can be explained in the context of the bureaucratic structure of the Soviet state, in which each institution strove to monopolise particular functions and to increase the number of organs subordinate to it. For example, the PCH sought to create a "unified" Soviet healthcare system, but other bodies wanted to retain their own medical institutions.

³³ GA RF. F. A-482. Op. 35. D. 2. Copy of letter no. 1648, to the Deputy People's Commissar of the Workers' and Peasants' Inspectorate, Avanesov, from the RSFSR PCH, dated 30 March 1921. L. 2; GA RF. F. A-482. Op. 35. D. 35. Copy of letter no. 063506, to the People's Commissar of Public Health of the RSFSR from the Deputy Head of the People's Commissariat of the Workers' and Peasants' Inspectorate, dated 23 October 1922. L. 318–319; GA RF. F. A-482. Op. 41. D. 552. Letter from the Plenipotentiary of the USSR in Germany, N.N. Krestinsky, to People's Commissar for Public Health of the RSFSR N.A. Semashko, dated 30 May 1924. L. 21–21 ob.

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The RRCS in the 1920s and 1930s was not a structural division of the PCH, but a separate entity with its own budget, corporate interests and supporters in the Council of People's Commissars and the Communist Party Central Committee. The RRCS foreign missions were established three years earlier than those of the PCH, and already had clearly defined functions when the latter were created. People's Commissar for Health Nikolai Semashko needed international contacts to assist with the functions of the PCH, but would not and could not use other foreign representative offices (of the RRCS, People's Commissariat of Education and People's Commissariat for Foreign Affairs). First, any work needed funding; second, Semashko wanted to have representatives abroad personally loyal to him.

Ultimately, the PCH often engaged heads of RRCS missions as its foreign representatives, but always paid extra for this work out of its own budget. Meanwhile, the foreign missions of the RRCS had their own functions, unconnected with the work of the PCH, of which they were formally totally independent. The People's Commissariat for Foreign Affairs envied the international activities of the PCH (the RRCS foreign representative offices were under the full control of the People's Commissariat for Foreign Affairs), but had no desire to take on the organisation of international medical relationships. Within this Soviet bureaucratic system, the RRCS and PCH were able to retain their independent foreign missions until 1929, when the Soviet government changed its policy, and the foreign representative offices of the RRCS and PCH were merged.

Thus, the work of the foreign representative offices of the Soviet Red Cross in the 1920s and 1930s was part of the USSR's overall international policy. At the same time, the foreign missions of the RRCS and ARCRCS were not just a tool for the PCH's international activities, but had their own functions, which changed over time.

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