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The League of Red Cross Societies and International Committee of the Red Cross: a Re-Evaluation of American Influence in Interwar Internationalism

Abstract

In 1919, the Allied Red Cross societies founded a new international federation of the Red Cross movement, the League of Red Cross Societies. The League of Red Cross Societies brought a new commitment to an “intelligent, peacetime programme”—specifically public health education, medical research, and disaster relief—to a humanitarian movement that had previously focused on wartime medical aid to soldiers. The League of Red Cross Societies initially attracted much attention, but its focus on health and welfare development failed to attract the intergovernmental funding necessary to implement its programme. This article compares the League of Red Cross Societies’ attempt to mount an international anti-epidemic campaign in Poland with a concurrent effort by the International Committee of the Red Cross to mount an international repatriation programme on behalf of prisoners of war in Siberia from 1919–1922. The League of Red Cross Societies’ failure to transform the focus of the Red Cross movement towards health and welfare is indicative of the fact that intergovernmental support for humanitarian relief was reserved for humanitarian crises that were viewed as a clear threat to the peace and prosperity of Europe. Comparing these concurrent relief operations illuminates the political purposes of international relief and the terms through which governments understood international cooperation during the interwar years.

Keywords: repatriation, public health, humanitarian relief, world war, 1914–1918, epidemic, Poland, nongovernmental organizations


DOI: 10.13154/mts.57.2017.37-56
In 1919, with the support of President Woodrow Wilson, the Allied Red Cross Societies founded a new international federation of the Red Cross movement, the League of Red Cross Societies. The League of Red Cross Societies was a much-publicised attempt to establish the American Red Cross’s “wartime model for international health and welfare work on a permanent and global basis.”

It brought a new agenda for “peace work”—specifically medical research, public health education, and disaster relief—to a humanitarian movement that had previously focused on wartime aid to soldiers. It was a classic example of the “commitment to the creation of expert knowledge” that marked philanthropic internationalism and humanitarian organisations during the interwar years.

The League of Red Cross Societies’ focus on long-term development of health and welfare is also representative of what Julia Irwin has called the “Americanisation” of interwar humanitarian aid. American aid operations during and after the First World War were noteworthy for their zealous commitment to centralised efficiency, scientific management (of both caloric intake and public health programmes) and the long-term development of self-reliance. As the largest and wealthiest operations during and after the First World War, American organisations such as the American Red Cross and American Relief Administration became the model for other charities seeking to emulate their success.


The peacetime programme of the League of Red Cross Societies was similarly greeted with much enthusiasm by national Red Cross societies eager to benefit from the wealth of the American Red Cross, and establish their influence in the post-war international order.\(^6\)

However, the League of Red Cross Societies never lived up to its initial promise. It struggled to attract funding for its programme of public health education and disaster relief. By 1921 American funding for the federation had been curtailed, and its ambitious post-war agenda for peacetime development focused on the more modest goals of nursing, public health education, and the Junior Red Cross. The current historiography of the League of Red Cross Societies points to a number of factors that contributed to the federation's failure.

John Hutchinson focuses on the internal bickering between the League of Red Cross Societies and the International Committee of the Red Cross over leadership of the Red Cross movement. For John Hutchinson, the League of Red Cross Societies was outmanoeuvred by the International Committee of the Red Cross, and therefore fell into obscurity.\(^7\) Bridget Towers highlights the fact that the League of Red Cross Societies failed to integrate with the League of Nation's health section, leaving it without a clear institutional home in the new international order. While Woodrow Wilson had envisioned the League of Red Cross Societies as the medical arm of the League of Nations, its European member states were wary of giving funds to a private association, particularly after the United States failed to join the League in 1920.\(^8\) Finally, John Hutchinson, Bridget Towers, and Julia Irwin all agree that the League of Red Cross Societies became a victim of post-war American isolationism, which resulted in the general withdrawal of American aid organisations from Europe. The American Red Cross lost domestic support for its own post-war aid activities and had to shut down its programmes. Funding for the League of Red Cross Societies was likewise cut and only partially replaced by a grant from the Rockefeller Foundation.\(^9\)

While I do not disagree with these explanations, it is my contention that the League of Red Cross Societies’ failure to establish its peacetime programme within either the Red Cross movement or League of Nations reveals more about the multifaceted nature of interwar internationalism and the appeal of American models of scientific

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9 See Julia Irwin: Making the World Safe: The American Red Cross and a Nation's Humanitarian Awakening.
philanthropy. Advocates of international health and welfare programmes believed that scientific, cultural, and humanitarian programmes would promote “a new fraternity and sympathy among peoples” and eliminate the distrust and prejudice responsible for conflicts among nations. For the international experts in charge of the League of Nation’s technical sections and advisory committees, international policies were best formed in an environment insulated from the political exigencies of national interest. Yet, the history of the League of Red Cross Societies reveals that while the League of Nations did recognise humanitarian and public health work as a form of “civic diplomacy” useful in maintaining world peace, its member states only considered certain programmes worth funding. The liberal internationalism underlying the creation of the League held that respect for the sovereignty of nations and a federal structure for world relations were the best guarantees of world peace. As Emily Baughan and Patricia Clavin have both argued, interwar internationalism therefore complemented rather than negated imperial and national identities. Membership in the League of Nations did not mean a state set aside its national interests in favour of international cooperation; rather, it signified a belief that international cooperation would promote the mutual self-interest of states.

All of the humanitarian crises that arose in the years following the First World War—concerning prisoners of war, refugees, famine victims, and epidemic relief—required financing and supplies that surpassed the means of even the wealthiest American charity.

13 This held true for American post-war operations as well as European ones. After the 1918 Armistice private donations to both the American Relief Administration and American Red Cross began to decline precipitously, and these organisations became even more dependent on Congressional appropriations. While they did raise money from private donations (especially from wealthy corporations and philanthropies), the American government provided a majority of the billions of dollars worth of food, medical supplies, and clothing distributed by the American Relief Administration and American Red Cross. See Julia Irwin: Making the World Safe: The American Red Cross and a Nation’s Humanitarian Awakening, pp. 161–162; Benjamin Weissman: Herbert Hoover and Famine Relief to Soviet Russia, 1921–1923,
A clear and recognised need for relief, however, did not automatically translate to funding for these projects. Governments resisted funding projects not tied to establishing the post-war political and economic stability of Europe and preventing the spread of Bolshevism. Even the government-financed assistance programmes of the American Red Cross and American Relief Administration were designed to prevent Europeans from embracing “Bolshevism, anarchism, and other radical ideas.” The League of Red Cross Societies consistently struggled to find funding for its projects, because it was unable to convince a coalition of governments that its public health and medical research programme would make a significant impact on the political and economic stability of the new international order. The European member states of the League were not interested in the general improvement of society but the specific social and economic recovery of Europe from the First World War.

This becomes clear when one compares the League of Red Cross Societies’ attempt to mount an international anti-epidemic campaign in Poland with a concurrent effort by the International Committee of the Red Cross to mount an international repatriation programme on behalf of prisoners of war in Siberia. This article does not aim to give a comprehensive history of the League of Red Cross Societies or post-war aid operations, but to analyse the intersection of national interests, liberal internationalism, and international relief. The fates of these two concurrent aid operations highlight the importance of mutual national interests to the success of League of Nations-funded humanitarian programmes following the First World War.

An “Intelligent, Peacetime Program”

Although the international Red Cross movement could trace its roots back to 1863, it was during the First World War that the Red Cross became the most influential transnational humanitarian network of the early twentieth century. National Red Cross societies in all of the belligerent states played a crucial role in mobilising the civilian population to support the war effort. The Swiss-based International Committee of the Red Cross also enhanced their reputation with national governments by tracking and monitoring the conditions

of prisoners of war and civilian internees in all the belligerent states. With close to eight million men held captive during the war, the treatment, and later repatriation, of prisoners of war was a charged issue in both domestic and international politics.

While all branches of the Red Cross movement experienced growth during the war, the American Red Cross was unrivalled in both its membership and financial resources. Most European national Red Cross societies focused on aid to their co-nationals, but the American Red Cross and other associated American organisations undertook operations in all of the Allied countries, especially Russia, Italy, France, and Belgium. They provided emergency food and medical care, but also “attempted to achieve more long-range and complex social welfare goals.” The American Red Cross organised nursing schools for European women, fresh-air camps for European children, anti-tuberculosis and anti-typhus campaigns as well as a vast array of hygienic and sanitary reform initiatives. Both the Wilson administration and the American Red Cross War Council saw these civilian relief programmes as a powerful tool for creating the healthy, democratic citizens that would prevent future European wars.

As the war drew to a close, the Chair of the American Red Cross War Council, Henry Davison, sought to expand the American Red Cross’ wartime work on international public health through the League of Red Cross Societies. With the war over, Henry Davison believed that the national Red Cross societies should transfer their wartime mobilisation to the peacetime improvement of society through public health, medical research, and disaster relief. His focus was on applying scientific solutions to global problems, providing “not merely efforts to relieve human suffering but to prevent it.”

As preparations for the Paris Peace Conference began, Henry Davison gained the support of President Wilson for his plan. Wilson thought the League of Red Cross Societies could become a medical corollary to the League of Nations, which would further demonstrate the power of international cooperation to solve enduring problems—be they tuberculosis or war. Wilson obtained the support of the other Allied delegations at the Paris Peace Conference and their Red Cross Societies. At his insistence, the mission of the League of Red Cross Societies was officially incorporated into the Covenant of the League of Nations, as Article 25:

16 Davison envisioned an international organisation that would “foster the study of human disease, promote sound measures for public health and sanitation, the welfare of children and mothers, the education and training of nurses and the care and prevention of tuberculosis, venereal diseases, malaria and other chronic or infectious diseases, and would provide measures for handling problems of world relief in emergencies such as fire, famine, and pestilence.” International Conference of Red Cross Societies: Proposed Plan for World-Wide Coordination of Red Cross Activities, pp. 4–5.
The Members of the League agree to encourage and promote the establishment and co-operation of duly authorised voluntary national Red Cross organisations having as purposes the improvement of health, the prevention of disease and the mitigation of suffering throughout the world.\textsuperscript{17}

Having gained the accession of the British, French, Italian, and Japanese Red Cross Societies, Henry Davison called a conference to formulate the programme of the new Red Cross federation. In April 1919, delegates from 24 national Red Cross societies and international medical, scientific, and public health professionals met in Cannes, France. On 5 May 1919, the delegates ratified the Articles of Association of the League of Red Cross Societies. The national Red Cross societies that joined the League of Red Cross Societies agreed to foster medical research, public health education, and disaster relief in their respective countries.\textsuperscript{18} They cited the important role that the American and other national Red Cross Societies had played in managing the influenza epidemic as a perfect example of the need to extend the Red Cross programme into peacetime.\textsuperscript{19} The League of Red Cross Societies headquarters in Geneva would serve as a permanent working organisation of “experts who will keep in touch with the developments throughout the world in the various lines in which the Red Cross is interested.”\textsuperscript{20} These experts would scrutinise new public health practices and medical discoveries, and transmit their recommendations for best practices to national Red Cross societies around the world.

Initial interest in the League of Red Cross Societies was strong. It had no difficulty attracting membership from national Red Cross societies eager to benefit from American funds and influence the new post-war order. For the Red Cross Society of Japan, for example, support for the League of Red Cross Societies formed part of Japan’s larger bid

\textsuperscript{17} Article 25, in League of Nations: The Covenant of the League of Nations, Boston 1920, p. xi; Outgoing cable (Cannes Conference), 2 April 1919, League of Red Cross Societies Miscellaneous Records, 1–8, Hoover Institution Archives, Stanford, California, USA (henceforth HIA); Outgoing cable (Cannes Conference), 3 Apr 1919, League of Red Cross Societies Miscellaneous Records, 1–8, HIA.

\textsuperscript{18} Henry Pomeroy Davison: The American Red Cross in the Great War, New York 1919, p. 287. President Wilson to H. Davison, 13 May 1919, League of Red Cross Societies Miscellaneous Records, 2–36, HIA.


\textsuperscript{20} International Conference of Red Cross Societies: Proposed Plan for World-Wide Coordination of Red Cross Activities, pp. 4–5.
to “maintain the international standing of Japan as a world power.” Henry Davison became the Chairman of the League of Red Cross Societies’s Board of Governors, while the day-to-day operations of the headquarters in Geneva were handed over to the British general Sir David Henderson as Director-General. William Rappard, a member of the International Committee of the Red Cross, also became the first Secretary General. At the first meeting of the General Council of the League of Red Cross Societies in March 1920, Eric Drummond, the League of Nations Secretary General, announced that he welcomed the “closest cooperation” between his organisation and the League of Red Cross Societies. As an apolitical and worldwide concern, Henry Davison believed that the advancement of health and welfare would result in “better conditions and in increased happiness and contentment throughout the world.”

**Combatting Typhus in Poland (1919–1922)**

When news of a typhus epidemic raging in Poland reached the Cannes conference, it presented the perfect opportunity to demonstrate the utility of the new Red Cross programme to an order dedicated to international cooperation. Central and Eastern Europe had suffered from typhus outbreaks throughout the war. After the war, outbreaks of the disease in Russia and Eastern Poland reached epidemic proportions. An estimated six million inhabitants of the former Russian Empire were affected by 1920. By March of 1919 the spread of the disease had become so alarming that sanitary delegates from Poland, Ukraine, Yugoslavia, Austria, Hungary, and Romania requested that the International Committee of the Red Cross help them create an “international sanitary commission armed with full authority and extensive means” for combating the epidemic. These states had only been in existence since the end of the First World War, and found themselves in the midst of on-going conflict. They lacked both the infrastructure and financial means


to mount an extensive anti-epidemic campaign. The International Committee of the Red Cross appealed to the national Red Cross Societies and British Minister in Berne for help. American Red Cross reports from April 1919 warned that 275,000 cases were active from the Baltic, to the Black Sea, to the Adriatic, and as far west as Vienna, Rotterdam and Marseilles.  

Both the practical and political challenges of an anti-epidemic campaign in Poland were complicated by the fluctuating borders of a region still at war. Between November 1918 and January 1921, the Poles registered close to 2.5 million persons who had passed through their border controls. Typhus was brought to Poland by the disorganised flow of prisoners of war making their way home to Central Europe from fighting on the Eastern Front, as well as by Russian civilians fleeing westward from the Red Army. While the Treaty of Versailles had recognised the independence of Poland, the eastern border proposed by the Allied Commission on Polish Affairs pleased neither Polish nor Soviet Russian leaders. Polish nationalists considered that a reconstructed Poland should include all territories with a significant Polish population and culture. This included, at minimum, Bialystok, Grodno, and Wilno, all in the Borderlands of the former Russian Empire. Chief of State and Chief of the Army Józef Piłsudski also aimed to create a Polish-led federation of independent states formed from the Borderlands. He therefore assisted nationalist uprisings in Ukraine, Belarus, Latvia, and Lithuania. The Bolsheviks sought to retain control of the Borderlands through the “Sovietisation” of the region, by either military conquest or popular revolution. Still intent on a world revolution, the Bolsheviks considered Poland and the rest of the Borderlands to be a crucial link between Russia and the eventual Soviet Germany and Soviet Austria and Hungary. These conflicting territorial ambitions led to over two years of violent conflict between the Polish and Red Armies.

In the meantime, the typhus epidemic spread. At the Cannes conference an anti-epidemic campaign in Central and Eastern Europe became the immediate focus of the new League of Red Cross Societies programme. Unlike the influenza epidemic, which had already elicited a robust response from national public health officials and Red Cross societies in Europe and North America, no competent national or international body had implemented measures to address the typhus epidemic. Responsibility for controlling the disease would have naturally fallen on Poland and the other states of Eastern Europe, but these governments had already indicated their inability to mount an effective containment of the disease. In the opinion of the experts gathered at Cannes,

only the great Governments of the world have the resources to meet the demands” of combating this epidemic, which was necessary in order to safeguard the “health and peace of the world.” Henry Davison sent a telegram on 11 April to Clemenceau, Wilson, Lloyd George, and Orlando alerting them to the severity of the epidemic and offering the medical and sanitary expertise of the League of Red Cross Societies.

The Supreme Economic Council in Paris expressed theoretical approval of the League of Red Cross Societies’s proposition to aid the Polish government in their fight against typhus, but finding funding and supplies for the campaign proved difficult. The British Red Cross Society and British Government both offered the League of Red Cross Societies 30,000 Pounds for relief work in Poland and Czechoslovakia, but the French, Italian, and Japanese Red Cross Societies offered nothing to the League of Red Cross Societies. The American Red Cross had agreed to offer a large cash donation to cover the costs of personnel for the relief operation, if the Allied governments gave the League of Red Cross Societies control over surplus transport and disinfection equipment from the demobilising armies in France. The Supreme Economic Council was willing to part with the supplies, but they insisted that Poland and any other Eastern European countries receiving relief pay for these supplies through credit.

Neither the League of Red Cross Societies nor the Polish government felt they should or could bear the total expense of these operations, but the Supreme Economic Council remained adamant that the Allies would not bear the cost of relief. Only the American organisations would come to Poland’s aid. After months of negotiations and an impassioned plea from the Polish Minister of Public Health, Dr. Tomasz Janiszewski, Herbert Hoover and Woodrow Wilson engineered a scheme whereby 6.5 million Dollars worth of army supplies were sold at a discount to the Polish government. The


29 John Hutchinson: Champions of Charity: War and the Rise of the Red Cross, p. 313. See also Central Office of the Campaign Against Epidemic Diseases in Eastern Europe to American Red Cross, 9 September 1919, League of Red Cross Societies Miscellaneous Records (1919–1922), 1–26, HIA.


32 In 1919 the exchange rate was 4.425800 Dollars per Pound, making these supplies worth over 1.4 million Pounds. See Officer, Lawrence H., “Exchange Rates” in chapter Ee of Susan B.
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British government also donated surplus materials. The American Relief Administration covered the cost of transporting the supplies, and the American army covered the cost of a detachment assigned to aid the Polish government in its anti-epidemic work. The American-Polish Relief Expedition worked to establish a *cordon sanitaire* and disinfection stations, almost three-quarters of which were eventually destroyed by the attacks and counter-attacks of the Polish and Bolshevik forces. In July 1920 the relief expedition withdrew entirely, its supplies exhausted.

By the end of 1920 the Allied Powers had also abandoned their military intervention against Soviet Russia. Britain adopted a new policy of “peace through trade,” France focused on anti-Bolshevik propaganda, and both Allied Powers lost interest in Poland’s war with the Bolsheviks. The Allies supported the independence of Poland but did not approve of Piłsudski’s “imperialist” ambitions to expand its territory or create an anti-Russian Federation. Neither the Polish nor Red armies had the ability to achieve a decisive victory, and Poland faced pressure from its Western allies to end the war with Soviet Russia. In 1921, the Peace of Riga finally brought a modicum of stability to Eastern Europe and the opportunity to establish an effective system of sanitary control along Poland’s eastern border.

Once their military intervention against the Bolsheviks had ended, the Allies became even more reluctant to fund anti-epidemic work. Mired in a deep economic crisis and without Gold Reserves to secure their currency in international markets, the Polish government could not afford the expensive imported sanitary supplies necessary to continue their anti-typhus measures. In February 1920, a few months before the planned American withdrawal from Poland, both Lord Balfour and the Polish government


36 Jerzy Borzęck: The Soviet-Polish Peace of 1921 and the Creation of Interwar Europe, pp. 5, 9, 53.

37 Upon independence the Second Polish Republic had no Gold Reserves, as the Russian Empire had appropriated the wealth of its territory during the long period of Russian rule. The Treaty of Riga specified that Soviet Russia was to return the Polish portion of Russia’s Gold Reserves, although in practice the Poles received only a small portion of the 30 million rubles in gold coin or bullion specified by the treaty. See Jerzy Borzęck: The Soviet-Polish Peace of 1921 and the Creation of Interwar Europe, pp. 161, 268–270.
sent another urgent appeal to the League of Red Cross Societies to undertake typhus relief. Convinced that an intergovernmental agency was needed to address the problem, the League of Red Cross Societies sought the cooperation of the League of Nations.

Dr. Christopher Addison, the British Minister of Health, organised an informal conference in April to examine setting up a “permanent organ”[^38] at the League of Nations for matters of health. Members of the League of Red Cross Societies, the Polish Ministry of Health, the International Office of Public Hygiene, and League of Nations Secretariat were invited to attend, as well as health experts from France, Great Britain, Canada, Italy, Japan, Poland and the United States.[^39] This conference recommended the creation of an official Typhus Commission (later renamed the Epidemic Commission), because the Polish authorities and League of Red Cross Societies had already found their resources to be insufficient to the task. The commission would be organised and staffed primarily by members of the League of Red Cross Societies, but appointed and financed by the League of Nations out of a special emergency budget.[^40]

Turning the anti-epidemic campaign into an official League of Nations programme did little to increase governments’ interest in funding an international health organisation. The April health conference had estimated that 3.2 million Pounds were necessary to stop the epidemic in Poland. Members of the British Treasury and British Cabinet expressed almost unanimous opposition to funding the campaign. The British Treasury rejected the potential benefits of international cooperation in the field of public health:

> The doctrine that the British government should tax the British taxpayer for the purpose of combatting typhus in Poland on the grounds that it would be open to [His Majesty’s Government] to look for assistance from the Polish taxpayers (among others) for assistance in meeting the cost of an outbreak of typhus in UK should such occur appears to their Lordships a manifest absurdity.[^41]

The British Cabinet’s League of Nations Committee similarly concluded that Britain had no commercial or hygienic interest in the Polish epidemic. In June they reluctantly consented to donating a maximum of 50,000 Pounds as a sign of benevolence, contingent on France, the United States, Holland, and Spain making equivalent donations. By mid-October France had also reluctantly agreed to provide 50,000 Pounds if three other


[^40]: Bridget Towers: Red Cross Organisational Politics, 1918–1922: Relations of Dominance and Influence of the United States, p. 46.

[^41]: Quoted in Bridget Towers: Red Cross Organisational Politics, 1918–1922: Relations of Dominance and Influence of the United States, p. 45.
countries did the same. Belgium and Greece had contributed 1,000 and 10,000 Pounds, respectively. Italy, Spain, Japan, and Brazil gave nothing in response to the appeal. In December Czechoslovakia and Hungary both responded that they were in dire straits combatting typhus epidemics of their own. Not only did they have no funds to give; they were themselves in need of assistance. It was not until April 1921, nearly a year after the League of Nation’s initial appeal that the British government released the contingency on its donation, and the Epidemic Commission was able to set up headquarters in Warsaw and deliver its first supplies to Poland.42

The League of Nations Epidemic Commission continued to aid the Polish government until 1922, in spite of its meagre budget and reduced scope of activities. Soon after it sent missions to Soviet Russia and Ukraine, Greece, and Latvia, but by 1923 it had run out of money. The Medical Director of the League of Nation’s Health Committee, Dr. Ludwik Rajchman, advocated for the creation of a permanent commission, arguing that epidemic control was best dealt with through international legislation and was of worldwide public concern.43 His argument was a perfect manifestation of the scientific philanthropic ethos of the interwar years, but European governments had no interest in paying for a permanent, international epidemic commission. Rajchman’s proposal was rejected and the effort was never revived.44

Repatriating Prisoners of War from Siberia (1919–1922)

The significance of the League of Red Cross Societies’ and League of Nations’ difficulty procuring funding for anti-epidemic work becomes clearer when compared to a simultaneous request for funds on behalf of un-repatriated prisoners of war from the Central Powers stranded in Russia and Siberia. In July 1919 Herbert Hoover informed the Supreme Economic Council that at least 200,000 German, Austrian and Hungarian
prisoners were in a destitute condition and in need of systematic repatriation.\textsuperscript{45} Although they estimated that very few of these ex-prisoners would survive the winter, the Allies were extremely reluctant to pay for the relief or repatriation of these “enemy” soldiers.\textsuperscript{46} At the urging of the International Committee of the Red Cross, however, the Supreme Economic Council forwarded the matter onto the Council of the League of Nations.\textsuperscript{47} At its April 1920 meeting, the Council voted to appoint a High Commissioner for the repatriation of Prisoners of War in Siberia, and appointed the Norwegian explorer and diplomat Fridtjof Nansen for the task.\textsuperscript{48} Significantly, the Council justified their action by pointing to Article 25 of the Covenant, the same article engineered by Henry Davison and Woodrow Wilson to support the public health work of the League of Red Cross Societies. For the Secretariat and Council of the League of Nations, it was the “unhappy prisoners of war who still remain in the countries of their late enemies”, not the relief of typhus in Poland, that better fit the League of Nation’s interest in the “mitigation of suffering throughout the world.”\textsuperscript{49}

As in the anti-epidemic campaign, only the Allied governments had access to the food and tonnage needed for a successful repatriation programme. Yet, Fridtjof Nansen’s search for funds and materiel among them was much more successful than that of the Epidemic Commission, in spite of governments’ reluctance to recognise the repatriation of


\textsuperscript{48} Fridtjof Nansen had gained international fame in the 1890s for his daring expedition to the North Pole. In the first decade of the twentieth century he parlayed this fame into a series of successes as a Norwegian diplomat. In 1917 he was sent to Washington in order to secure supplies for Norway from the United States and Allies, and was also present during the Paris Peace Conference. By 1920, then, he possessed both the ability to command the attention of the international press as well as diplomatic connections with a variety of nations. He was also an early and ardent supporter of the League of Nations, founding the Norwegian Association for the League of Nations in 1918. Carle Emil Vogt: Fridtjof Nansen, in: Olav Njølstad (eds.): Norwegian Nobel Prize Laureates: From Bjørnson to Kydland, translated by Chris Saunders, Oslo 2006, pp. 119–153.

“enemy” soldiers as their responsibility. The key difference in the success of the repatriation programme lay in the fact that the typhus epidemic in Poland, while undoubtedly a problem in need of international resources, did not present a clear and immediate threat to Western Europe, especially after the end of the Polish-Soviet War. Typhus was a threat to international health only as long as the borders of Central and Eastern Europe were insecure. It was the uncontrolled movement of refugees and former prisoners of war that risked spreading the contagion to Western Europe. While Allied governments were concerned with preventing the westward spread of the disease, they cared less about the control of epidemic diseases elsewhere in the world. Once the borders of Eastern Europe had stabilised and a League of Nations repatriation programme had stopped the uncontrolled movement of men westward, governments had no reason to fund an international public health programme.

The League of Nation’s repatriation programme played a role in stopping the spread of typhus to Western Europe. Far more importantly, however, repatriation was perceived to be a necessary component of the post-war reconstruction and political stability of all of Europe. The continued suffering of German, Austrian, and Hungarian prisoners of war in Siberia was a major domestic grievance throughout Central Europe. Members of the Secretariat of the League of Nations and International Committee of the Red Cross argued that the widespread discontent produced by prisoners’ prolonged absence from home added to the threat of social revolution in the region. Moreover, the return of these men to productive work had the potential to contribute to the economic recovery of Austria and Hungary, which the Allies considered a necessary component of restoring the international financial system.

During the Paris Peace Conference British and American experts had already recognised the necessity of reconstructing the economies of Eastern Europe in order to restore the international financial system to health. It soon became clear, however, that only after the most urgent humanitarian needs of the region had been met could a real economic reconstruction begin. Allied and Neutral countries accordingly made available credits in kind to help countries like Austria meet the basic needs of their populations. The International Committee for Relief Credits was created in 1920 in order to coordinate the distribution of these funds.50

When Fridtjof Nansen first approached the International Committee for Relief Credits, however, they refused his request for funding. The delegates on the committee deemed that the repatriation of these men had no bearing on the reconstruction of Europe, and advised Fridtjof Nansen to seek charitable donations for his work.51 However, the

51 P. Baker, The Appropriation of the funds at the disposal of the International Committee on Relief Credits now sitting in Paris for the repatriation of prisoners of war, 2 Jul 1920,
Secretary General of the League of Nations, Eric Drummond, and a British member of
the Secretariat, Peter Baker, immediately wrote to Lord Balfour and Lord Robert Cecil to
induce the British delegates to change their position. Writing to Lord Robert Cecil, Peter
Baker argued that repatriation and reconstruction were in fact intimately connected. “It is
ridiculous to say that repatriation is not a work of economic and social reconstruction,” he
wrote. “Half-a-million men are still away from their homes, hardly any of them working,
and all of them being fed by Governments.”52 After meeting with Lord Robert Cecil, Lord
Balfour was persuaded of the importance of supporting the League’s repatriation efforts:

Unless the British and French delegates of the International Committee on Relief
Credits are instructed to supply the necessary funds, or unless the British and French
Governments are prepared to find the money elsewhere (which I hardly anticipate),
there will be a most deplorable delay in the repatriation of the prisoners, already too
long deferred, while Dr. Nansen and the League of Nations would be put in a most
embarrassing position, to say nothing of the British Foreign Secretary and the British
Foreign Office. The matter is, as you will see, of great urgency, and touches most
important international interests.53

At the British Cabinet’s insistence, the delegates to the International Relief Credits
Committee reversed their position and granted credits for Fridtjof Nansen’s repatriation
plans. Balfour also used his influence to induce the British Ministry of Shipping and
Reparations Commission to provide additional ships for the transportation of men across
the Baltic.54 Once the British delegates to the Relief Fund reversed their position on
providing credits, the other delegates soon followed. By the end of July 1920, less than
a month after his initial request, Fridtjof Nansen had been promised 635,000 Pounds
from Great Britain, France, Italy, the Netherlands, Switzerland, Norway, Sweden, and
Denmark.55 The American Red Cross also pledged three million Dollars (approximately
820,000 Pounds) to support Fridtjof Nansen’s repatriation work.56 The vast majority

52 P. Baker to Lord R. Cecil, letter, 3 Jul 1920, R1576/40/5198/2792, LNA.
53 A. J. Balfour to Austen, letter, 3 Jul 1920, R1576/40/5198/2792, LNA.
54 P. Baker to J. Gorvin, letter, 8 Jul 1920, R1576/40/5198/2792, LNA; ICRC, General Report
of the International Red Cross Committee on its activities from 1921 to 1923, Geneva
1923, p. 90, Bibliotheque du Comité International de la Croix Rouge, Geneva, Switzerland
(henceforth BCICR).
55 Members of the International Committee for Relief Credits pledged the following
amounts: Great Britain: 227,000 Pounds; France: 115,000 Pounds; Italy: 85,000 Pounds;
Netherlands: 55,000 Pounds; Switzerland: 48,000 Pounds; Norway: 35,000 Pounds; Sweden:
35,000 Pounds; Denmark: 35,000 Pounds.
56 W. Rappard to E. Drummond, letter, 6 May 1920, R1574/40/4373/2792, LNA; P. Baker to
F. Nansen, letter, 15 May 1920, Nansen Archive, Ms.fol.1988, K:10:A(1), Nasjonalbiblioteket,
of the repatriation costs, however, were borne by the German and Soviet governments, who paid not only for the repatriation of their own nationals but that of the Austrian and Hungarian prisoners as well. In this way, a combination of international credit, national finances, and private donations enabled the League of Nations and International Committee of the Red Cross to declare all former prisoners of war returned to their homes by 13 July 1922.

Conclusion

Following the First World War, the League of Red Cross Societies sought to turn the focus of the Red Cross movement towards the peacetime development of health and welfare. Their programme followed an American model of humanitarian aid that focused on professional expertise, scientific management, and long-term health and welfare. Although greeted with much enthusiasm in 1919, the troubled role that the League of Red Cross Societies played in mounting the anti-epidemic campaign in Eastern Europe and staffing the Epidemic Commission proved to be one of its most substantial relief actions. By 1921 it had become clear that the national Red Cross societies comprising the members of the League of Red Cross Societies showed little interest in providing the funds necessary to implement its peacetime health programme. American Red Cross funding for the League of Red Cross Societies was dependent on the participation of other national societies, and it also began to withdraw its support. By 1922 the League of Red Cross Societies was in danger of having to shut down entirely. To cut its operating budget it moved its headquarters to Paris from the more expensive Geneva and convinced Oslo, Norway (henceforth NB).


In 1921 Farrand sent a confidential cable to the League of Red Cross Societies headquarters in Geneva, explaining that the American Red Cross never regarded its four million Dollar pledge of funds “to be necessarily expended, or even available” unless other national societies promised “substantial contributions” within the next year or two. Farrand and Davison also cut the 1921 budget in half, from $700,000 to $400,000. Later that year the League of Red Cross Societies lost its key leaders. Davison became too ill to serve as Chairman of the board, and appointed a former manager of the Northern Pacific Railroad, William G. Pearce, as vice-Chairman. Upon hearing the news of Pearce’s appointment, Rappard resigned as secretary general and took up work as the Director of the League of Nations Mandates Section until 1924. Quotes and information from Farrand to Pearce, telegram, 21 Oct 1921, League of Red Cross Societies Miscellaneous Records, 1–24, HIA.
the American Red Cross to provide funds for one more year of operation. Eventually the Rockefeller Foundation agreed to fund its programmes in hygiene instruction, public health nursing, and the Junior Red Cross; but Henry Davison’s more ambitious plans for a medical department dedicated to international scientific research had to be abandoned. The public health and Junior Red Cross training continued throughout the interwar years, but by no means transformed the primary purpose of the Red Cross societies, for which wartime relief remained the primary focus.

Relations between the League of Red Cross Societies and League of Nations similarly failed to live up to their original promise. The Secretariat repeatedly contacted the League of Red Cross Societies about humanitarian issues of concern to their member states, only to be told that these matters were the purview of the International Committee of the Red Cross. The League of Red Cross Societies envisioned its “intelligent, peacetime programme” as a “natural complement” to the wartime work of the International Committee of the Red Cross. In reality, this division between peacetime and wartime relief was never clear-cut, because the humanitarian assistance of interest to the League of Nations during the interwar years was directly related to the aftermath of the First World War and successive conflicts that threatened the peace of Europe after 1918. Both of the League of Nation’s major humanitarian programmes—the repatriation of

60 New York Times: Americans Guarantee Red Cross Budget, 29 Mar 1922, in League of Red Cross Societies Miscellaneous Records, 1–4, HIA.
62 D. Henderson to E. Drummond, telegram, 23 Feb 1920, R1574/40/3166/2792, LNA. The unresolved relationship between the League of Red Cross Societies and the International Committee of the Red Cross caused a fair amount of confusion among League of Nations officials regarding which organisation represented the “International Red Cross.” While the International Committee of the Red Cross and League of Red Cross Societies did not reach a formal agreement regarding their relationship until 1927, from 1921 onward they had formed an ad-hoc “Joint Council of the Red Cross” to coordinate responses to humanitarian crises. As part of the Joint Commission with the International Committee of the Red Cross, the League of Red Cross Societies helped raise funds for aid programmes on behalf of refugees, famine victims, victims of the Italian-Ethiopian War and Spanish Civil War. In regards to disaster relief, it helped national societies help one another. During the interwar years it raised funds to aid victims of earthquakes in Chile, Persia, Japan, Colombia, Ecuador, Costa Rica, and Turkey. League of Red Cross Societies to League of Nations, letter, 14 Mar 1921, R587/11/11619/10598, LNA.
prisoners of war and the refugee regime overseen by Fridtjof Nansen—were developed in collaboration with the International Committee of the Red Cross, not the League of Red Cross Societies.  

The League of Nation’s concurrent success in regards to repatriation and struggle in regards to the Epidemic Commission illustrate important limits to the role of scientific and humanitarian “civic diplomacy” in interwar internationalism. Inspired by American efficiency and professional expertise, private associations mounted a vast array of technocratic schemes for international aid and cooperation in the decade following the First World War. For the international experts and scientific philanthropists involved in these programmes, the apolitical promotion of “international friendship” seemed a worthy contribution to world peace. The member states of the League of Nations, however, viewed international cooperation as a path to achieving mutually beneficial national goals. The interwar assistance programmes that received support and funding from this coalition of governments remained closely tied to shared self-interests: geopolitical stability, the prevention of social revolution, and the economic recovery of post-war Europe.

The failure of the League of Red Cross Societies was not simply a result of American withdrawal from international relief, but a failure to attract intergovernmental funding for its model of international health and welfare work. While the American government withdrew from relief efforts aimed at maintaining geopolitical stability by 1921, the member states of the League of Nations did not. However, these same states had no interest in fostering the peacetime international cooperation for health and welfare envisioned by the League of Red Cross Societies. When the League of Red Cross Societies’ history is compared with other simultaneous intergovernmental relief activities, it becomes clear that health and welfare was not considered a compelling international responsibility by European governments. Intergovernmental humanitarian assistance in the decade following the First World War was not directed towards general improvement of public health, but the specific reparation of the First World War’s political, social, and economic disruption. Interwar aid remained tied to the war long after peace had been declared.

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