

RESEARCH ARTICLE

ARA relief campaign in the Volga region, Jewish anthropometric statistics, and the scientific promise of integration

Marina Mogilner

University of Illinois, Chicago, US and Affiliated scholar, Tyumen State University, Russia
Email: mmogilne@uic.edu

Argument

The article builds a case for the Society for the Protection of the Health of the Jewish Population (Obshchestvo Okhranenia Zdorov'ia Evreiskogo Naselenia [OZE]) as a project of medicalized modernity, a mass politics of Jewish self-help that relied on a racialized and medicalized vision of a future Jewish nation. Officially registered in 1912 in St. Petersburg, it created the space for a Jewish politics that focused on the state of the collective Jewish body as a precondition for Jewish participation in any version of modernity. OZE futurism survived the years of World War I and the Russian Civil War, when the organization had to concentrate on rescue and relief rather than on facilitating the development of new bodies and souls. New archival evidence reveals how race science, medical statistics, and positive eugenics became composite elements of the Jewish anticolonial message and new subjectivity.

Keywords: OZE (Society for the Protection of the Health of the Jewish Population); ARA (American Relief Administration); Jews; pogroms; Civil War; starvation; race science; head index; anthropometric statistics; public medicine

This article builds a case for the Society for the Protection of the Health of the Jewish Population (Obshchestvo Okhranenia Zdorov'ia Evreiskogo Naselenia [OZE]) as a project of medicalized modernity, a mass politics of Jewish self-help that relied on a racialized and medicalized vision of a future Jewish nation. Officially registered in 1912 in St. Petersburg, it created the space for a kind of Jewish politics that focused on the state of the collective Jewish body as a precondition for Jewish participation in any version of modernity, from liberal to socialist, and from territorial to nonterritorial. The OZE movement provided a way to reinvent, along the standards of modern culture and science, a collective Jewish subjectivity that was oriented toward progress framed in categories of nation, modern population statistics, and physical vitality. OZE futurism and modernism survived the years of World War I and the Russian Civil War, when the organization had to concentrate on rescue and relief rather than on facilitating the development of new bodies and souls. At the same time, the constructivist medicalized nationalism of the OZE was only reinforced after the February and October revolutions of 1917, which promised new unprecedented possibilities for Jewish self-reinvention as a modern nation.

The role of experts, and especially Jewish medical experts, in the OZE movement is hard to overestimate: they advanced a new language of Jewish politics as a language of medical and anthropometric statistics and constructed new scientific models of Jewishness as a physical groupness. In the 1880s more and more contributors to the Russian Jewish press began calling for a careful investigation of the state of the collective Jewish body by specialists with relevant expert knowledge. Some advocates of this approach dreamed about global scientific revolution as a

necessary precondition for a political revolution that would bring about a new epoch of scientifically guided politics. As one of them wrote, it would be based on a

“*comparative biology of nations.*” Such a science would call to life other related sciences such as the embryology of nations, psychology of nations, psychiatry of nations, anatomy of nations, hygiene of nations, pathology of nations, and so on. The results produced by these scientific disciplines could lay the foundations for a purely practical science – anthropo-valentologia – that is, a theory of exact estimation of the value and merits of human individuals and nations. (Rabinovich 1883, 27:31; emphasis in original)

In this regard, Jewish proponents of medicalized scientific modernity were quite typical modern experts of their time: they believed in the power of modern science to change the world and human nature; many of them embraced “race” as a universal epistemology that explained kinship and solidified genealogies; and physicians among them were thinking in categories of positive eugenics (Efron 1994; Birnbaum 1995; Frank 1997; Efron 2001; Feldman 2004; Hart 2011; Mogilner 2013a, and others). Most of them agreed that at present Jews were an unfulfilled nation, lacking the necessary attributes of nationhood as defined in accordance with nineteenth-century scholarly norms. Specifically, they lacked a commonality of language, traditions, and a unified church, as well as a national territory. If a national territory was the ultimate answer to this problem for some, “race” as hard-core proof of Jewish primordial kinship provided an additional or even alternative answer. Therefore, Jews had to be studied as a race and by Jewish scientists and medical professionals capable of applying the accumulated authentic Jewish knowledge to prepare the collective Jewish body for a future national existence.

The OZE experts included a smaller group of those who explicitly identified as race scientists (Mogilner 2016, 45–63), and a much broader network of experts, mostly physicians, who after the Revolution of 1905–7 started setting up Jewish medical societies, publishing medical periodicals and collections, organizing statistical surveys, debating plans for the reform of Jewish communal medicine, and propagating hygiene among the Jewish folk (Mogilner 2012, 70–106). After the Bolshevik coup of 1917, many of them were targeted as “bourgeois experts,” and the OZE itself was eventually outlawed. At the same time, as this article shows, the post-revolutionary years, that had brought a radical change in the political status quo of the former empire, offered activists of the Jewish politics of self-help and medicalized national self-rejuvenation a unique chance to advance their futuristic vision of medicalized politics. In this regard, the account given in this article supports Adeb Khalid’s correction to the influential works of Terry Martin and Francine Hirsch, who established the role of the Bolshevik regime as a nation-builder, an “affirmative action” state, and a new political sphere of human diversity using the knowledge of pre-revolutionary experts, especially ethnographers and demographers, to designate Soviet nations (Martin 2001; Hirsch 2005). Khalid went further, showing that regional and ethnic expert communities and elites not only participated in the conversation with authorities on the latter’s terms, but in fact adapted the structural situation of the imperial collapse and social revolution to the advantage of the local and ethnic elites (Khalid 2015). Thus, as we will see, the activists of the OZE movement collected racialized Jewish statistics at the least appropriate time and place and advanced a program of medical treatment and eugenics of collective and individual Jewish bodies not by order of the authorities, but as a coordinated effort to implement their own agenda, which had been elaborated well before the Bolshevik revolution and had little to do with the Bolshevik view of Soviet Jewishness.

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The first post-Civil War volume of the journal *Evreiskaia Starina* (Jewish Antiquity) that came out in Leningrad in 1924 under the editorial supervision of the revolutionary populist,

ethnographer, and Jewish activist, Lev Shternberg, featured a remarkable article.¹ It presented results of the anthropological examination of 289 Jewish children in the inner Russian city of Kazan, the recently established capital of the Tatar Autonomous Republic (TASSR, est. 1920). A comprehensive anthropological survey that inspired the article was conducted over the summer months of 1922 by the American Relief Administration (ARA). The ARA played the decisive role in human relief measures during the severe famine in the Volga region, which the article hardly mentioned. This was a striking omission: according to the official Soviet statistics, in 1922, 20 million people were starving in the Russian Soviet Federative Socialist Republic, and 3.7 million more in Ukraine. Nearly 11 million of those starving were children. In several regions the starvation was almost total, as in the Tatar Autonomous Republic, where 96 percent of the population were starving (Beizer 2015, 140). Although anthropometric statistics were collected for Kazan children of different nationalities, the article exclusively focused on Jews. Its author, Boris Vishnevskii, then anthropology professor at a number of Kazan institutions of higher education and head of the Kazan University Medical-Anthropological Society, was soon to become one of the leading Soviet race scientists (Vishnevskii 1924). According to Vishnevskii, in the summer of 1922 there were only 412 Jewish children in Kazan, which never had a significant Jewish community. The survey involved 70 percent of them, ages 6 to 18. The selection included those born in Kazan as well as refugees from former Western borderlands of the Russian empire who arrived in Kazan during the years of World War I and the Civil War. Both groups were represented more or less equally in the survey: out of 135 Jewish boys, 65 were born in the former Pale of Jewish settlement, and 70 outside it, including Kazan; out of 154 girls, 75 came from the Pale and 79 had never lived there (*ibid.*, 268). Vishnevskii analyzed their anthropometric measurements and indexes, comparing children measured in Kazan with Jews of Southern Russia and with German and Austrian Jews, and reaching conclusions pertaining to the general state of the Jewish race. In its most liberal version adapted by Vishnevskii, this discourse of race and nationality as elements of complex imperial formations was shared by many Russian scholars, and not necessarily for explicitly political – colonial or anticolonial – reasons. Russian race science emerged in the mid-nineteenth century as a field, consciously developed in opposition to ethnography as a “humanist” and subjective discipline (Mogilner 2013b). Its founders, natural scientists, embraced evolutionism as a general epistemic framework and western modernity as a social ideal. For them, the very ability to conceptualize social reality in the language of race and to produce a map of subjects and objects of race analysis made Russia a European country and a European empire. Benefiting from the diversity of the Russian empire as a field, Russian race scientists and amateur scholars (physicians, schoolteachers, and other members of the general public interested in “race”) could participate with equal success in explicitly colonial anthropological studies and in anthropology directed at European populations (for details, see Mogilner 2013a). Yet, overall, the European science of race as seen from Russia was not racist, and colonial anthropology was not viewed as dominating the scene (probably, in part because Russia itself bordered on the verge of European “Otherness”), while many Russian anthropologists were liberal opponents of the autocratic regime. Their leaders resisted eugenic approaches and explicit medicalization of their conclusions, for they believed in a natural progression and convergence of “mixed racial types” – the only reality they recognized in the empire – toward a better humanity. At the same time, the place of the Jewish race in this better future humanity remained uncertain. A peculiar combination of philosemitism with the zeitgeist of the time – the perception of Jews as being different and

¹*Evreiskaia Starina* was an official publication of the Jewish Historical-Ethnographic Society created in St. Petersburg in 1908. The head of the society, a leading historian of Eastern European Jewry, Simon Dubnov, edited 10 volumes, 1909–16: four issues per year and one issue of vol. 10 in 1918. After Dubnov’s emigration from Soviet Russia in 1922, Shternberg assumed his responsibilities and edited volumes 11 and 12 (1924 and 1928). S. L. Tsingberg edited the last, thirteenth volume that came out in 1930. The society was officially closed in December of 1929 for “conducting activities that are ideologically alien to Soviet society and Jewish toiling masses” (see Lukin 1993, 23).

mutually related across national and imperial borders – justified singling out the “Jewish racial type” as a unique case of complete race/nation, not related to other “mixed” racial types of the Russian empire. An affirmative action stance of members of the Russian liberal network of race scientists reinforced its Jewish members’ aspiration to use the authoritative language of race for the Jewish national cause. While remaining within the formal limits of the scientific discourse of liberal imperial anthropology, their studies exhibited a much higher degree of medicalization and political instrumentalization of race than was generally acceptable (Mogilner 2016). Vishnevskii was not a Jewish anthropologist, but he developed under the strong influence of the Moscow school of liberal anthropology. It seems that in his article for *Evreiskaia Starina*, which remained his only attempt at Jewish anthropology, Vishnevskii unintentionally transmitted the prerevolutionary medicalized, proactive, and crypto-eugenic understanding of (Jewish) race/nation.

At the same time, the Jews studied by Vishnevskii were not the old prerevolutionary Russian Jews. World War I and the civil war re-amalgamated them into two overarching categories: refugees and locals. This, as well as the transformative early Soviet context in which the article was prepared and published, prompted an even greater shift from the traditional focus on establishing stable features of the “type” toward understanding the mechanisms of racial transformation and the role of the environment and medicalized population politics in it. One of Vishnevskii’s main conclusions referred to Franz Boas’s famous study of descendants of immigrants (Jewish and Italian) to New York. Specifically, he addressed change in the head index, viewed as the most stable anthropometric feature of race, which Boas observed among the first generation of American-born immigrants (Boas 1911; Boas 1912). Vishnevskii’s data for the Jewish children born in Kazan demonstrated the same trend as Boas’s report: the head index of first-generation Kazan-born Jewish children approached the average for native Russian children of Kazan. Children of Tatars – the second major ethnic group in Kazan – were tellingly absent from this comparison, revealing its dependence on the earlier views of Jewish race as being unrelated to other races of the empire. The convergence of Jewish and hegemonic Russian racial types was significant as a proof of overcoming the alleged Jewish racial backwardness and “degeneration,” caused – in a progressive interpretation – by social factors that could be corrected. This promised eventual racial normalization and integration of Jews in the new, more advanced and modern, Soviet environment.

But why did the ARA care? Why did Jews become the focus of the ARA’s statistical efforts in this region of an unthinkable humanitarian disaster, far away from the regions of traditional Jewish settlement? And why were medical and anthropological statistics intended as a medicalized representation of the impact of starvation on humans and practical guidance for relief efforts employed as a language of the post-imperial social imagination?

The ARA, local physicians, and the two versions of progressive politics

The very act of collecting racialized anthropometric statistics within the framework of ARA operations comes as a surprise to anyone familiar with this organization. In all European countries of its charitable operations, and especially in Soviet Russia, the ARA explicitly requested the right to provide food to starving children “without regard to race, politics, or religion” (on the ARA’s policy on race and class, see Fisher 1927, 29–30).

The ARA came to Russia in September 1921, when the civil war was already over and Bolsheviks were consolidating state authority by building a federation of “autochthonous nationalities,” while also trying to control every aspect of life through terror and centralization of any material resources. The extreme scarcity of the latter was the result of the devastation after seven years of wars and revolutions as well as the economic regime of war communism with its central elements: the prohibition of free market transactions and a reliance on forced requisitions of food-stuffs with subsequent centralized redistribution to the population. Together, these factors led to a

dramatic reduction of crop areas and primitivization of agricultural techniques. The severe drought that struck the entire Volga region, the basins of the Kama and Ural rivers, the Don region, parts of Kazakhstan and Western Siberia, as well as Southern Ukraine in 1921, exacerbated the situation. The fact that grain requisitions targeted the most accessible regions, along rivers and railways, explains why the most fertile and rich agricultural territories suffered the most from hunger. The famine spread to 30 provinces with a total population of 30 million people (Poliakov 2000, 129–131). Allowing the ARA – an organization from a capitalist country that did not recognize the Soviet regime – to help those in need testified to the ultimate failure of the Bolshevik government and the horrific magnitude of the humanitarian catastrophe. At the same time, the Soviets regarded the agreement as a way to foster diplomatic recognition of their regime, while Herbert Hoover, the head of the ARA, welcomed the opportunity to extend the ARA's relief operations to Bolshevik Russia as a long-awaited step toward domesticating and eventually eliminating the threat of Bolshevism. Hoover believed that the communist malady was caused by hunger and that the Russian Revolution itself was essentially a “food riot” (Patenaude 2002, 32).

The ARA transmitted to its overseas projects the approaches and social models of American Progressivism: without openly taking any political stance (Hoover promised that the ARA's “representatives and assistants in Russia will engage in no political activities” (“Mr. Hoover's Reply” 1921, 3), the ARA encouraged local initiatives and resolutions of concrete problems by means of mobilizing local civil society.² In all countries where it operated, the ARA employed only skeletal staffs of Americans to supervise large numbers of independent committees of local citizens, thus turning charity into self-help. It took some time for the ARA operatives to realize that any public committee, any public mobilization independent of the state and the ruling ideology, any form of progressive politics even at a local level, were impossible in Soviet Russia. In November 1921 Hoover directed simply that native specialists be hired as paid ARA workers, and their independent initiative was expected to be next to nonexistent (Fisher 1927, 92–93, 124–125). Naturally, physicians made up the most promising pool of potential hires: they were well-qualified to select the most undernourished children for the ARA's feeding program. On September 6, 1921, one of the ARA officials reported back to the United States: “There are about two hundred doctors in Kazan and registration of children can be easily carried out, and is the best possible way to answer the charge of favoritism” (Gregg 1921). Little did the ARA supervisors know that in the past, Russian physicians had mobilized to fight epidemics and hunger, introduced sanitation measures, organized professional societies on local and national levels, and had taken part in all aspects of Russian political and social life, supplying the population with a powerful medicalized expert language of reforms (Friede 1981; Solomon 1994; Hutchinson 1996). After the Revolution, they continued to perform their duties under the worst conditions imaginable and, indeed, were often highly valuable to both local societies and the authorities. It was only logical then that such a motivated group would attempt to use, in their own professional interests, the situation that empowered them with the arrival of Americans. Vishnevskii gives the most striking evidence that physicians in the ARA service were not just technical personnel. In his Kazan article he mentions the local head of the ARA medical division, Dr. O. M. Voidinova,³ who in the summer of 1922 finally managed to overcome the “considerable rigidity of practical Americans” and include in the form for recording medical observations, in addition to a few measurements necessary for the

²See similar observations about the spirit of American philanthropy as practiced by the JDC and the Carnegie and Rockefeller Foundations, which “wanted to transfer the ‘American way’ to the European context through science, the management of projects and the rebuilding of communities” (Davidovitch and Zalashik 2009, 57).

³Ol'ga Mikhailovna Voidinova was 33 in 1921. She graduated from the Moscow University Medical Department in 1917 and for a short time worked as a Zemstvo physician in the Birsks district of Ufa province. Later she became a doctor at the Military hospital in Kazan; simultaneously she assumed positions as school and sanitary physician with the local Narkompros (Ministry of Education) and Narkomzdrav (Ministry of Health). She was demobilized from the medical-sanitation department of the army in 1921, presumably after she had assumed her position with the ARA (see her job application in National Archive of the Republic of Tatarstan [NART], f. P-41, op. 1, d. 70, pp. 63-63rev).

standard ARA Pelidisi test,⁴ a number of anthropometric measurements, such as full height, eyes, hair and eyebrow color, hair structure, eye shape, forehead form, facial features, nasal measurements, ear measurements, skull measurements, and so on.⁵ Not a single ARA document, either published or internal, required physicians to take into account the nationality or race of the starving population. Official medical statistics prepared by Russian physicians and their American supervisors for the *American Relief Administration Bulletins* in 1921–22 also never mentioned nationality or race. At the same time, the original reports composed by the ARA physicians in Kazan divided all children and all their physical measurements, even those collected for the Pelidisi test only, by nationality, thus not only de facto overcoming the “rigidity of practical Americans” but directly violating the main ARA principle of disregarding race and nationality.⁶ Moreover, local physicians made nationality the main structural element of their statistical tables, such as “The list of children of Muslim nationality from Orphanage #3 in the city of Sviiazhsk, who were medically examined according to the method of Professor Pirquet on 22–24 October 1921,” (ibid., 47–48), or “The list of children of Russian nationality from Orphanage #1 in the city of Sviiazhsk, who were medically examined according to the method of Professor Pirquet on 22–24 October 1921,” and so on (ibid., 43–44). Not only children from Russian and Tatar villages were immediately identified by nationality,⁷ but children from urban schools, refugee camps, and orphanages, who often came to Tataria from other regions or whose nationality was not necessarily evident from their names, were just as readily ascribed a nationality in the tables of Kazan ARA physicians.

This consistent nationalization of the initial medical statistics revealed an important aspect of the physicians’ independent agenda: they tended to see scientifically verified and manageable collective bodies as the main actors in the seemingly unstructured post-imperial sociopolitical environment. The Bolshevik project, based on the equally “scientific” category of class, was a part of this larger trend. When the data on children – potential recipients of food relief – were produced not by physicians, but by, say, heads of factories (in the form of requests to the ARA), nationality was never mentioned.⁸ Class, on the other hand, could be indicated directly or assumed (in a clause such as “children of workers of . . .”). While the Bolsheviks pursued the hegemony of the working class as exercised through the proxy of the proletarian state, the so-called liberal professionals, with their specific culture of self-organization, tended to support an alternative version of this same groupist social imagination. The ARA’s resolute rejection of class approach created a space of relative freedom for its medical personnel, who, while sharing in the groupist social vision, made a conscious choice in favor of racialized national stratification of individuals.

In the network that had formed around Vishnevskii, he was definitely the most qualified academic race scientist prepared to work with the category of race. Interestingly, he was the only one without medical training. Vishnevskii graduated in 1916 from Moscow University’s

⁴The test was designed by a Viennese medical doctor and Professor Clemens Pirquet, who served as chairman of the Austrian-ARA public committee. Pirquet devised a formula for determining the degree of undernourishment in children up to the age of fifteen. The measurement was the cubic root of the tenfold weight of the body divided by that body’s sitting height. For adults the average would be 100, for children 94.5. Children with Pelidisi measurement of less than 94 were considered undernourished, and children with a measurement of 90 or less, seriously undernourished (see “Dr. Clemens Pirquet” 1921).

⁵All measurements were taken according to the International Agreement on Anthropological Measurements (Ivanovskii 1913, 103–104; Vishnevskii 1924, 269).

⁶Dozens of such handwritten and hard-to-read tables, composed on the national principal and for internal usage, are collected in NART, f. P-41, op. 1, d. 6 (1921), 137 pp.

⁷For example, “The list of children of Muslim nationality of the village of B. Achysypy of Shiridan volost’ of district 2 of Sviiazhsk kanton, who received medical examination according to the method of Professor Pirquet on 27–28 October 1921” (ibid., 38).

⁸For example, “List of the children of workers of the manufactory of uniform of Alafuzov brothers at Sennoi Market,” 1921. NART, f. P-41, op. 1, d. 6, pp. 60–60 rev.

Department of Physics and Mathematics, where he specialized in physical anthropology and geography.⁹ In 1918, he received a graduate degree in anthropology from his alma mater, under the mentorship of academician Dmitrii Anuchin,¹⁰ a recognized leader of the network of pre-revolutionary Russian liberal race science (the so-called Moscow school). When in 1919, after a year of teaching anthropology at Kostroma University, Vishnevskii applied for the position of anthropology professor at the newly established Kazan North-Eastern Archaeological and Ethnographic Institute, his affiliation with the Moscow school of liberal anthropology played a decisive role. A letter of recommendation stated that “Vishnevskii received good training from our venerable anthropologist D. N. Anuchin and belongs to the so-called Moscow anthropological school.”¹¹ It also stated that “during his stay in Kazan (1919–23), he taught anthropology at the North-Eastern Archaeological and Ethnographic Institute, Kazan University, and Kazan Pedagogical Institute. In addition, Vishnevskii held positions as director of the Statistics Office, head of the Tatar Republic’s Demography Section of the Statistical Bureau, of the Scholarly Division of the Ministry of Education (Narkompros) and of the Division for the Study of Productive Forces of the State Planning Committee (Gosplan) of the TASSR.”¹² The combination of high-ranking academic and nonacademic jobs allowed Vishnevskii to make a normal living during those difficult years, but his choice of nonacademic positions does not look accidental. It suggests that Vishnevskii naturally connected his scholarly expertise as an anthropologist with the new scientific population politics promised by the revolutionary regime. Vishnevskii also chaired the university Medical-Anthropological Society, which, among other goals, worked toward influencing the official policies toward nationalities of the region (Mogilner 2013a, 360–363). As Vishnevskii wrote in the society’s journal in November 1921, “life itself insistently puts on the agenda the task of preparing such researchers-anthropologists, who would be fully armed with modern scientific methods and would start a systematic study of the peoples of Russia” (Vishnevskii 1921, 270).

Vishnevskii used the structural situation created by the ARA’s presence to advance his social vision.¹³ Most probably it was he, the leading Kazan anthropologist, who designed the anthropological program lobbied by Voidinova; and it was he, who used the chance to show the political and social relevance of the assembled data (in the article for *Jewish Antiquity*). Vishnevskii’s bold intention to carry out a new, scientific, population politics should have been shared by other members of the medical network affiliated with the Kazan ARA. Only the solidarity of the local staff can explain how the research initiative that directly contradicted the ARA’s principles became possible: Vishnevskii did not have the institutional authority to override the organization’s instructions.

But the active medical-anthropological social agenda still does not explain the prominent role of Jewish medical statistics in this story: why select a relatively small group with no significant political presence in the region for special analysis? Why did only Jewish medical statistics from Kazan find their way to the broader audience, and why only in the Jewish case did the clandestine progressive agenda of local physicians and anthropologists become verbalized in the context of early Soviet debates about national/racial degeneration and the prospects for racial, social, and political regeneration and integration?

⁹On the complexities of institutionalization of anthropology in Russian imperial universities, where ethnography, geography, and anthropology had been eventually placed at the Departments of Physics and Mathematics, see Mogilner 2013a, 34–53, esp. 43.

¹⁰For Vishnevskii’s personal file, which preserves materials highlighting the early stages of his career up to his arrest in 1937, see Archive of the Russian Academy of Sciences (ARAN), f. 411, op. 6, d. 584. Here pp. 1, 3–3rev.

¹¹NART, f. 1339, op. 2l, d. 1, pp. 41–42rev. [Recommendation Letter from Professor Nikolai Fedorovich Katanov]

¹²ARAN, f. 411, op. 6, d. 584, p. 4; NART, f. 1339, op. 2l, d. 1, pp. 1, 12, 54.

¹³NART, f. 1963, op. 1, d. 12, p. 8 (June 25, 1922–May 26, 1923).

The ARA's "Jewish Question"

There were two categories of the workforce that the ARA preferred not to employ in Soviet Russia: American women and American Jews.¹⁴ These were regarded as the most probable victims of violence, either gender or anti-Semitic (Patenaude 2002, 50–51). In October 1921, the ARA signed an agreement with the Jewish Distribution Committee (JDC), and the latter started providing limited humanitarian aid under the aegis of the ARA. Jews constituted only 2 percent of the population of the Volga region, so the initial contribution of the JDC was rather modest – \$675,000 (about \$9 million in 2016 prices) (Beizer 2015, 147). However, in September 1922, the JDC, while continuing to provide humanitarian assistance via the ARA (until July 1923), initiated independent provision of humanitarian assistance and set up a semiautonomous unit in Ukraine ("Agreement with the Joint Distribution Committee" 1922). This led to the emergence of the "Jewish question" in the ARA and the JDC. For the JDC, the ARA's principle of providing relief without regard to race, politics, or religion created a real financial and moral challenge. The sums raised by the JDC were collected by Jews, from Jews, and for Jews. If the principle of equal relief advocated by the ARA or the class approach of the Soviets were to be followed in Ukraine, where bloody pogroms had taken place literally yesterday and two JDC representatives, Professor Israel Friedlaender and Reform Rabbi Bernard Cantor, were murdered in early July 1920 (Beizer 2015, 86), the recent pogromists would have received food and medical assistance from the ARA-JDC in the same amount as their victims. Hence the Jewish officers of JDC officially and unofficially tried to provide preferential treatment to Jews without openly violating the principle of impartial help. Such is the official story of the "Jewish question" as is known from the available studies on the ARA and the JDC in Soviet Russia (ibid., 147–151; Bogen 1930), which, however, still does not clarify the story behind Vishnevskii's article.

The ARA's "Jewish question" appears in a new light when viewed from the perspective of actual practices in places such as Kazan. The 182 Kazan ARA employees that I was able to identify present a diverse group. They described themselves as Russians, Great Russians, or Russian Orthodox; Ukrainians and Little Russians; Baltic Germans or "German from the Lithuanian Republic"; Tatars and Poles; Serbs, Estonians, and Chuvash. There were even an Englishwoman and a French woman. Out of these 182 paid employees, 10 were Jewish (5.5 percent), and all of them, regardless of their background and position held with the ARA, had medical training: Veniamin Mikhailovich Orlik was a Jew from Siberia, a medical student, who worked as an ARA district inspector; Berta Il' nichna Grin-Gnatovskaia from Kovno province was a dentist; Moisei Abramovich Iglitsin and Abram Isaakovich Shvartsman from Warsaw both graduated from the Medical Department of Kazan University; Evgenii Markovich Konstantinovskii was still a senior student in the same department; Berko Tsalevich Perel'man was trained as a pharmacologist; Sofia Iakovlevna Plenzitser from Mogilev was a doctor's assistant; Talid Saulovna Bronberg, who came to Kazan from the same region, was a nurse, and so on.¹⁵ Jewish employees represented a tiny minority in the local organization, but their presence was more visible and significant than suggested by the sheer numbers. One or two of them served in each of the ARA ten departments, but in one department – the "Department of Medical Statistics" – all the leading positions were occupied exclusively by Jewish employees, with the important exception of "manager of the department" Ol'ga Mikhailovna Voidinoff (this spelling was used in the English-language internal ARA documentation). Non-Jews held only junior positions in this department, which included a typist and two clerks doing calculations (*shchetchiki*).¹⁶ It could well be that the candidacy for the

¹⁴Although it could not reasonably demand that the Quakers, who acted as charity workers in Russia and collaborated with the ARA, bar their experienced staff of female relief workers.

¹⁵NART, f. P-41, op. 1, d. 70, pp. 1-1rev., 12, 21-22, 31, 34, 38, 49, 56, 60, 71, 80-84, 93-94, 118, 130-131, 140-145, 152, 159, 164.

¹⁶List of Collaborators of the Russian-American Committee of Help to the Hungering (original wording! – MM) Children": NART, f. P-41, op. 1, d. 6, pp. 3-6. The Russian equivalent of the document intended for the Soviet authorities is much more detailed, most probably composed a few months after the English original, but it also revealed the same tendency

managerial position occupied by Voidinova had to be approved by, or at least be acceptable to, the local Soviet authorities, while the appointment of other employees in the Department of Medical Statistics was not regulated as strictly.

The archival documents clearly show that the initiative to “nationalize” the ARA’s medical statistics in Kazan (against its official policy of ignoring all the social and national differences of the relief recipients) originated in the Department of Medical Statistics dominated by Jewish physicians. It is therefore plausible to assume that these physicians shared a specific experience that had shaped their understanding of nationality as expressed through “objective” anthropometric features and indexes. A common methodological stance that allowed them to ascribe a certain sociological meaning to individual medical statistics and the willingness to pursue additional research in this direction present the department’s physicians as members of a distinctive network of Jewish professionals–activists. How can this network be located on the social map of early Soviet Kazan?

Kazan used to be one of the main battlefields of the civil war in 1918–19. According to the 1920 census, after the Revolution the population of Kazan had declined by almost one-third (60,000), and even with the influx of World War I refugees comprised only 146,495. Population growth resumed in 1922 with the introduction of the New Economic Policy and became apparent by 1923 (when the number of Kazanians reached 158,085) (Karimova 2003, 230). Against these numbers, 5,081 Jews in 1920 (3.5 percent of the total) decreasing to 4,038 Jews in 1923 (2.5 percent) seem like a small community (ibid.), and indeed, most local Jews and refugees were interconnected. As everywhere in Russia, Kazan Jews were divided politically, but just as elsewhere, the refugee crisis in the wake of World War I (when hundreds of thousands of Jews were expelled to internal regions from the war zone, which happened to embrace much of the former Pale of Jewish settlement) provided a strong impulse for communal consolidation (Gatrell 2005; Sunborn 2014). Physicians, who were not only overrepresented among the Russian Jewish population but also highly professionally connected and socially integrated, played the leading role in Jewish relief organizations.¹⁷

One Kazan physician who championed extensive scientific analysis of the local medical hunger statistics, a professor at the V. I. Lenin Kazan Clinical Institute,¹⁸ Roman (Ruvim) Albertovich Luria, during World War I co-chaired the Kazan division of EKOPO (the Jewish Committee for the Aid of War Victims) and OZE (the Society for the Protection of the Health of the Jewish Population).¹⁹ Luria graduated from Kazan University in 1897 and defended his dissertation there in 1902. For a short time, he worked as a Zemstvo physician and later taught at the Kazan school for doctors’ assistants. One of the two Jewish statisticians from the ARA’s Medical-Statistical Division, Liubov’ Abramovna Person – daughter of Abram Person, the last prerevolutionary chair of the Economic Board of the Kazan Jewish community – studied at the school for doctors’ assistants where Luria was teaching.²⁰ A member of the ARA’s administrative committee, Dr. Efim Moiseevich Lepskii, worked at the Clinical Institute under Luria and also had previous experience in Jewish relief work (Fedotova and Fiodorova 2013, 192). According to the November 1921 issue of the *American Relief Administration Bulletin*, he was among the first local physicians Americans met. Will Shafroth, who came with the ARA scouting party to the Volga region recalled: “We first visited the Second Children’s Hospital. The director, Dr. Lepskii, speaks some English. He seems to be the type who would be valuable as a member of our local committee” (Shafroth 1921, 18). It might well be that Lepskii recommended the rest of the Jewish physicians for positions at the ARA’s Division for Medical Statistics. Archival documents show that Lepskii—director of the children’s hospital, head of the Narkomzdrav’s Department for the

of staffing the Department of Medical Statistics with Jewish physicians exclusively. Unlike the English version that gives only four “collaborators” (a literal translation of the Russian *sotrudnik*), the Russian document lists ten names (NART, f. P-41, op. 1, d. 6, pp. 1-5 rev).

¹⁷On the mobilization of Jewish physicians during the late imperial and early Soviet period, see Mogilner 2012, 70–106.

¹⁸Established in April 1920.

¹⁹On his work with hunger statistics, see NART, f. P-4470, op. 1, d. 6, p. 270.

²⁰She was arrested in Kazan in February 1905 for supplying Jewish soldiers with revolutionary leaflets (see Lifshits 1930, 65).

Protection of Infancy and Motherhood, and physician with prior experience in Jewish relief work turned out to be an active and useful adviser to the ARA. Among other important initiatives, he volunteered to develop “clinical principles” – that is, a scientific and systematic approach to the selection of children for the ARA’s food program in the villages, where there were no physicians able to perform the Pelidisi test or collect accurate anthropometric statistics.²¹ There is no evidence that he ever questioned the practice of nationalization of the medical statistics.

Voidinova’s deputy in the department was Moisei Abramovich Iglitsyn, born in 1887 in Chausy, Mogilev province, in the Pale of Jewish settlement. He graduated from the Medical Department of Kazan University and was drafted into the Red Army as a military physician.²² His personal contacts with other future ARA Jewish physicians, if any, are unknown. His role in nationalizing the ARA’s medical statistics is much better documented. Many of the archival original handwritten tables of medical statistics for specific nationalities are either composed by Iglitsyn, or approved with his signature.²³ From these documents, it appears that Iglitsyn shared the idea of “nation” as an objectively existing biological entity, which could degenerate under unfavorable circumstances, but also be cured under healthy conditions as identified by trained experts. He shared Lepskii’s concern about evaluation methods in the villages. The ARA, Iglitsyn argued, could not rely on superficial observations by state officials who visited villages and selected the most undernourished children based on their subjective impressions. He called this method “inadequate.” Instead, he proposed locating educated people in each village, “even if these are not physicians (one person per district),” and teaching them how to collect medical statistics for the Pelidisi test.²⁴

Iglitsyn’s colleague in the department, Abram Isaakovich Shvartsman, born in 1886, came from Russian Poland. He began his medical education in Warsaw, but graduated from Kazan University. He too was mobilized into the Red Army, and then worked in Kazan at Tatnarkomzdrav (Tatar Ministry of Health).²⁵ We find Dr. Shvartsman’s name in the list of attendees of the meeting that reestablished Evobshchestkom (the Jewish Public Committee for Assisting Pogrom Victims²⁶) in Kazan as a public organization without state funding. This meant that he must have been active in Evobshchestkom when it was originally founded by the JDC with support of older Jewish organizations such as the EKOPO and OZE.²⁷

The name of one of the two Jewish clerks who assisted Iglitsyn and Shvartsman in the department, Fanni L’vovna Elovtsan (the other was Evgeniia Medved’), is mentioned in a report on the activities of the Kazan OZE child-care center, *ochag* (“Ochag” 1918, 25–26).²⁸

Thus, all local Jewish physicians in the ARA service appeared to be connected through the Jewish relief network, and most of them – due to their professional training – were affiliated with the OZE movement. The most constant feature of OZE activities during the turbulent years of war and revolution was the collection of Jewish medical statistics. For the members of the movement who might have different political views, Jewish medical statistics became an impartial, objective,

²¹NART, f. P-41, op. 1, d. 4, p. 13.

²²Anketa (application) No. 1160, in NART, f. P-41, op. 1, d. 70, pp. 60–60rev, 80–82 rev.

²³NART, f. P-41, op. 1, d. 6, 137 pp.

²⁴NART, f. P-41, op. 1, d. 5, p. 26 rev.

²⁵Anketa #82: NART, f-41, op. 1, d. 70, p. 82.

²⁶In June 1920, the JDC reached an agreement with the Soviet government whereby a Jewish Public Committee for Assisting Pogrom Victims (Evobshchestkom) would be formed to distribute welfare assistance from the United States. At the insistence of the JDC, Evobshchestkom also incorporated the EKOPO, ORT, and OZE. Jewish communists, however, obstructed the work of these prerevolutionary organizations and, in early 1921, they had to retire from Evobshchestkom. In 1922, with partial JDC funding, Evobshchestkom provided help to 132,000 children in children’s homes, schools, kindergartens, hospitals, and outpatient clinics.

²⁷State Archive of the Russian Federation (GARF), f. 1338, op. 1, d. 326, pp. 7, 9.

²⁸This report also claims that “local society accords the institution all possible attention and support” and that the attendance rate of the *ochag* is quite high and stable. I was able to work with the complete set of *Izvestia OZE* for 1917–1918–1919 at the State Historical Archive of Moscow (GIAM). Tsitovskaia, G.I. 1918. “Ochag v Kazani (Iz pis’ma G.I. Tsitovskoi) [Nursery in Kazan (from a letter by G.I. Tsitovkaia)].” Here: GIAM, f. 1454, op. 1, d. 16, pp. 69–69rev.

and scientific, profoundly modern language of Jewish nationhood. In practical terms, medical statistics was regarded as the necessary precondition for the development of public national medicine and national self-improvement. This type of social thinking and experience not only prepared the Jewish ARA physicians for collaboration with academic race scientists such as Boris Vishnevskii, but also motivated them to pursue their own medical program that had social and political implications absolutely alien to those of their ARA employers. Moreover, this program was alien not only to the ARA, but to its Jewish partner, the JDC, as well. The JDC representatives admitted this with some astonishment when, after the official Soviet approval of Evobshchestkom, they met with OZE leaders in Moscow (1920) and learned about their ambitious plans. “I must say without the slightest exaggeration,” concluded one of the JDC representatives,

that we Americans have a lot to learn from you. . . . In America, the Jewish public does not possess an ideological vision such as the one we witnessed in your midst. Our activities are mostly focused on philanthropy. . . . But your organization’s aim to solve entire Jewish problems. Your Russian (Jewish) public (activists) are incomparably deeper than our American Jewish public. (Beizer 2012)

Jewish Medical Statistics as national self-cognition

The key link between the ambitious OZE program, the activism of Kazan Jewish physicians, and the article by Vishnevskii that helps connect all the dots was another graduate of the Kazan University Medical Department, Moisei Markovich Grun. In 1920, Grun received two important appointments with Narkomzdrav in Moscow: as chair of the Committee for the Study of Sanitary Consequences of the War and chair of the Committee for the Relief of the Starving in the Volga region. In 1921–22, the years of the ARA activities in this troubled area, Grun frequently visited Kazan on Narkomzdrav business. He was involved with physicians who worked for the Tatar Narkomzdrav and the ARA, such as Lepskii and Luria, and most probably with people from the ARA Department of Medical Statistics. Grun’s official Soviet and post-Soviet biographies present him as a prominent figure in the Russian Zemstvo medical network and early Soviet medicine. The official story usually includes the following episodes: his mentor at Kazan University was the famous professor Vladimir Bekhterev, who also made a splendid career under the Bolsheviks; a successful student, Grun nevertheless postponed graduation to participate in the public relief campaign during the famine and the cholera epidemic of 1891–92; he then became a Zemstvo physician in Samara province and later in Petersburg; he participated in the professional movement of Russian physicians as an active member of the progressive Society of Russian Physicians Dedicated to the Memory of N.I. Pirogov. Moisei Grun was the first one in the history of Russian medicine who at the society’s seventh congress in Kazan (1899) articulated the need for chairs in public medicine in Russian universities, and he had championed this agenda ever since. In 1918–19, Grun worked as head of the Department for Sanitary Statistics of the Narkomzdrav of the Northern Commune (in Petrograd) and then continued his service at the Narkomzdrav in Moscow. When the civil war and the famine were over, Grun started an academic career – first in Moscow and after 1928 in Kazan, where he received the university chair in social hygiene. He finally retired in 1932 and returned to Moscow where he continued studies of medical statistics (“Grun, Moisei” 2004, 125–126; Amirov et al. 2007; Grun 2009). Thus presented, Grun’s biography epitomizes a familiar trope: the successful realization under the Soviets of the progressive project of Russian physicians in the form of medical social control, scientific population management (based on the collection of medical statistics), and free medical service. According to this popular narrative, only the Soviet institutional framework and ideology endorsed by Grun enabled his modernist social thinking and professional activity to produce fruitful results.

Grun's career as a Jewish physician and activist hardly fits into this narrative of an exemplary Soviet expert, which explains why it is completely ignored by his official biographers. Rather, it suggests that similar to ARA physicians in Kazan, Grun used the situation to pursue his own agenda, and this agenda never fully coincided with the ideological goals of his Soviet employers. To his contemporaries, Dr. Moisei Grun symbolized the successful marriage of Russian Populist ideals and the Pirogov Society ethos of professional self-organization and service to the people ("all for the people and through the people") with the new medicalized secular Jewish nationalism ("a healthy nationalism without a trace of chauvinism").²⁹ He was among the founding fathers of the OZE in 1912; among those who had defined the movement's goals as "studying sanitation and hygienic conditions of Jewish life; disseminating among the Jews correct hygienic information; and contributing to the scientific organization of public medicine and in general facilitating the work of preserving the health of the Jewish population" (*Obshchestvo Okhrany Zdorov'ia* 1912, 1; Pozin 2007). It was Grun who most prominently articulated the idea of Jewish "national public medicine."³⁰ Being a humanist and humanitarian, he nevertheless regarded not individuals but nations as real subjects of modern history. As he wrote in late 1918:

We are living through a period of worldwide upheavals. As this revolutionary and evolutionary process unfolds, the fates of peoples and nations are being forged. All peoples and nations have brought innumerable sacrifices to this great process of regeneration, and the Jewish nation – due to its historical fate – took upon itself an incommensurate, lion's share of these sacrifices. The greater the sacrifice, the more rights and reasons the Jewish nation has to believe and hope that its political and social life will now assume a new course. To initiate it, the Jewish nation needs, in the first place, to make the basic foundations of its national life significantly healthier. In this process of rejuvenation, physical recovery and a national, popular revival is possible only by means of Jewish national public medicine. For the mass-scale implementation of this plan, a dedicated staff of physicians is required. (Grun 1918–1919, 9)

The second major requirement was the systematic collection of Jewish medical statistics. OZE ideologists understood statistical work as collective self-diagnostics, the process of national self-cognition. Similar to Grun, they were inspired by Zemstvo statistics and the role attributed to medical statistics by the progressive Russian physicians in general (and possibly by the Zionist demographic and anthropometric statistical project). However, OZE activists went much further in terms of the actual scale of their statistical work and discursive nationalization of medical statistics. Even before the OZE had been registered, Russian-Jewish physicians pioneered nationality-based student surveys targeting only and specifically the Jews (rather than various "classes" or other socially coherent population groups, as was typical at the time) (Mogilner 2012, 90–92). One of the wartime inventions of the OZE activists was a standard medical card for Jewish child-care facilities that became known as the "kindergarten passport."³¹ Besides the data on a child's family situation and social background, these cards included basic anthropometric

²⁹Quotes are from Grun 1918–19, 8 (research done at GIAM, f. 1454, op. 1, d. 17, pp. 3). Many of the Jewish doctors-founders of the OZE were members of the Pirogov Society and shared Populist sentiments. "In an archival manuscript from the early 1920s, 'To a History of OZE,' one of its ideologists (Prof. Gary Pozin believes the author to be Moisei Markovich Gran) wrote that the founders of OZE 'were Narodnik public doctors,' and this fact largely determined the nature and essence of the new-born OZE Society" (Pozin 2007; see also Beizer 2012). On the influence of Russian intelligentsia Populism and medical professional mobilization on Jewish medicine, see also Epstein 1995, 255–256.

³⁰Grun presented the concept of "national public medicine" (*narodno-obshchestvennaia meditsina*) in many of his published works and speeches (see, for example, Grun 1918, 2–10 [research done at GIAM, f. 1454, op. 1, d. 16, pp. 76–80 rev]).

³¹On the card, see D-r V. I. Binshtok, "Polozheniia k dokladu sanitarno-statisticheskoi komissii 'Ob organizatsii statisticheskoi chasti pri obshchestve okhraneniia zdorov'ia evreiskogo naseleniia,'" GARF, f. 9458, op. 1, d. 153, p. 18.

measurements and medical information.³² For the First Conference (*soveshchanie*) of the OZE in 1916, its committee already attempted to review the statistical information accumulated in the kindergartens (*ochagi*), requesting the “passports” and “sanitation forms filled out by physicians” to be delivered to the committee.³³ The obsession of Jewish activists with statistics was greatly intensified by the refugee crisis of World War I, followed by the February Revolution of 1917 that gave Russian Jews basic civil and national rights, and then by the October coup that brought about the bloody civil war and new pogroms. Under these circumstances, the OZE leadership urged their followers to collect statistics – now not only medical but also demographic, economic, and other types of data – as an important way of serving the national cause. The head of the OZE Sanitation-Statistical Department, Dr. Veniamin Binshtok, in early 1918 predicted a new wave of Jewish external and internal migrations. The collection of statistics was necessary not only to assist these moving masses, but also to discursively stabilize the nation in flux. It was deemed urgent to rebuild Jewish self-governing communities and reinforce the mechanisms of self-funding, so critical for the whole project of self-improvement through “national public medicine.”³⁴ In other words, statistics were needed to establish discursive and fully scientific control over the dispersed and distressed nation. The modernist scientific aspect of the enterprise was never forgotten: “All these data are practically needed for sanitary purposes; but one cannot do without them to understand Jewry scientifically, in terms of their pathology, specifics of heredity, and so on” (Binshtok 1918, 18–19).³⁵ Thus, statistics turned into a major instrument of the post-imperial and post-revolutionary reconstitution of the Jewish nation. This explains the fixation of Jewish physicians on medical statistics, regardless of their affiliation: as members of the OZE or Evobshchestkom (during the period of the OZE’s participation in this JDC-sponsored institution and after the OZE was officially ousted from it), as the ARA’s local personnel, or as employees of the Soviet Narkomzdrav.

Whenever possible, the general Soviet statistics were adapted to specific Jewish needs. For example, the materials of the all-Russian agricultural census of 1920 provided information about the rural Jewish population in the Ukrainian countryside, who suffered from the collapse of the old economic order, pogromist violence, and hunger. Jewish activists in the region did not wait for the official publication of the data, but produced their own reports on the basis of raw data collected by Soviet executive committees in the provinces (*gubispolkom*), along the way comparing these Jewish numbers with the data of the agricultural census of 1917.³⁶ In general, however, the

³²The original cards can be examined, for example, in Gosudarstvennyi Arkhiv Kievskoi Oblasti (GAKO), f. P-4018, op. 1, d. 16, 22.

³³GIAM, f. 1454, op. 1, d. 10, p. 19 rev.

³⁴In this regard, the important moment was the All-Russian Congress of Jewish Communities in Moscow, June 30–July 4, 1918, which discussed the organization of Jewish national statistics as a major precondition for the new communal self-government based on the principle of civic nationalism. The plan was to organize, under the elected Central Bureau of Jewish communities, “a statistical division that would concentrate and direct statistical work everywhere in Russia” and to “create a whole system of statistical institutions that would most rationally satisfy practical everyday needs as well as the needs of scientific exploration” (“Organizatsiia evreiskoi natsional’noi statistiki,” in GARF, f. R-9532, op. 1, d. 59, p. 7). The project of the Statute of the Jewish Statistic-Economic Society prepared after the congress, detailed how the plan had to be implemented (*ibid.*, 2-5).

³⁵Accessed at GIAM, f. 1454, op. 1, d. 16, pp. 84rev-85.

³⁶See, for example, GARF, f. R-1339, op. 1, d. 401 (“Statisticheskie tablitsy perepisi o sostave naseleniia v Kievskoi gubernii, 1920”). 188 pp; GARF, f. R-1339, op. 1, d. 402 (“Chernoviki perepisi evreiskogo naseleniia,” 1920), 119 pp. These documents, in addition to regular statistical materials, include handwritten Jewish questionnaires that targeted pogrom victims. They asked about specific circumstances surrounding pogroms, specifying the authority that allowed them (these “authorities” were listed in multiple-choice fashion: names of specific *atamans*, the Army of Ukrainian directory, Makhno, the Red army units, etc.) (see, for example, *ibid.*, 25-25 rev).

exclusive focus of the Jewish statistical project and national goals necessitated independent work in obtaining the primary data, conducted along special programs.

The task of collecting mass medical statistics on the population that had experienced pogrom violence had no precedent either in progressive Russian imperial or new Soviet statistical survey programs. At the same time, this task, carried out by Jewish physicians, in many ways resembled the statistical examination of the starving population initiated by the ARA. Moisei Grun was one of those who personified this parallelism. In 1920, when he accepted appointments with Narkomzdrav, his position with the OZE was that of “an authorized representative of the Central Committee for organizational work in the Western provinces” (a prerevolutionary term referring to Belarusian, Lithuanian, and some Ukrainian territories).³⁷ He often visited Ukraine as a representative of the OZE and later of VERELIF (Jüdische Welthilfskonferenz – Jewish World Relief Conference),³⁸ and, as we know, participated in the famine relief campaign in the Volga region. Medical activists in both regions were facing the same methodological problems. In 1922, when physicians working with the starving population along the Volga river began criticizing the Pirquet (Pelidisi) system as being misleading under local conditions,³⁹ their arguments repeated those advanced by the OZE- and Evobshchestkom-affiliated Jewish physicians, who were working exclusively with Jewish population statistics in Ukraine. One of the latter was Dr. Kh. L. Vilenkina, who conducted medical examinations of children rescued to Petrograd from the pogrom-stricken areas of Ukraine. As she discovered in early 1922, only 15 percent of these Jewish children qualified to receive American food relief on the grounds of their Pelidisi scores. “Our needs, as follows from the results of the survey, are much higher,” Vilenkina concluded, and demanded that additional food aid for children be requested from Evobshchestkom. The existing norms of food rationing, she believed, were “threatening for our weak, malnourished children.”⁴⁰ The problem with Pelidisi, as the ARA physicians came to realize, was the problem of the difference between hunger (in Central and Eastern Europe, where the test had been successfully applied) and the real starvation that they encountered in Soviet Russia (Patenaude 2002, 87). The OZE physicians problematized this difference already in 1916, while analyzing medical statistics of the Jewish refugees receiving their assistance.⁴¹ The understanding of scientific and national specifics of the Jewish situation and its possible lasting consequences for the nation’s future prompted new research and more active accumulation of medical statistics.

This is where parallelism between the Jewish relief initiatives and the ARA ends, as the difference in their response to the flaws of the standard test underlined their conceptual disagreement. The ARA’s ultimate goal was famine relief, so its officers modified the interpretation of certain indicators to better serve their practical objective. Jewish physicians went much further, and

³⁷GARF, f. R1339, op. 1, d. 55, p. 200.

³⁸See, for example, “Minutes of the meeting of VERELIF-OZE, October 23, 1923,” in GARF, f. 1339, op. 1, d. 580, pp. 157–158.

³⁹“Pelidisi Test: Statistical data proves that the Pelidisi method is more acceptable in Russia for children of school age than for younger children. In cases of acrofulosis and in rickets with increase in size of head and abdomen, the test is unreliable, the weight being much increased and the Pelidisi wanting in its correct and objective formula. The Pelidisi works to the disadvantage of children whose sitting height is 50, and to the advantage of children with a sitting height of 70. The test should be applied with great care in Russia and checked by general examination as quite frequently children with Pelidisi of 92–94 are refused because they are well nourished while others with 95 are accepted as medical examination reveals anemia and poor nutrition” (Beeuwkes 1922, 33).

⁴⁰GARF, f. 1339, op. 1, d. 575, pp. 1–2.

⁴¹See GIAM, f. 1454, op. 1, d. 11, “Rezoliutsia konferentsii OZE o rabote evreikiikh obshchin v oblasti zdravookhraneniia, spiski lekarstv, meditsinskih otriadov i dr. Materialy po vrachebno-sanitarnoi deiatel’nosti OZE. 1916–1921,” esp. pp. 10–14 (“Rukovodiashchie ukazaniia dlia stolovykh, ochagov, priiutov i vrachebno-sanitarnykh otriadov OZE po voprodu o ratsionakh pitania”).

concluded that individual national collectives require different methods of obtaining and interpreting medical statistics that would take into account the history and the desirable future of these collectives. In 1922, the Medical-Sanitation Division of Evobshchestkom contacted all its district committees with a request to “immediately” initiate a comprehensive medical-statistical survey of the Jewish children – refugees and pogrom victims – thus “easing our medical work and enriching our statistics” (GARF, f. 1339, op. 1, d. 575, 9–13).

Evobshchestkom feels confident that physicians and personnel of Jewish institutions for children . . . understand the importance of this survey and, despite the difficult conditions under which they work, will fulfill their duty before Jewish children and science. (Ibid., 10)

This plea was accompanied by a number of questionnaires. “Experimental–psychological survey of children” consisted of two long parts (40 entries in the first and 20 in the second) and reflected the newest approaches of psychological and pedagogical disciplines of the time (for example, the second part was based on the method of “free association”). The questions in the first part were formulated so as to explicitly differentiate the life of a traumatized Jewish child into past, present, and future, and to contrast dreams to real experiences. This chronological differentiation of life experience implied a possibility of programming the future by curing (or censoring) negative content from the past:

6. Whom did you fear the most in childhood and why?
7. What did you fear the most in childhood and why?
8. Whom do you fear the most in the present and why?
9. What do you fear the most at present and why?
21. Tell about the most terrible events in your life.
22. Tell about the happiest events in your dreams.
23. Tell about the saddest events in your dreams.
30. What or whom do you want to become when you grow older?
31. What is better – to be Jewish or non-Jewish?
32. Whom do you want to be – Jewish or non-Jewish – and why?
39. Where would you like to be now and why?
40. Where do you want to be when you become an adult, and why? (Ibid, 7-7 rev.)

This questionnaire was part of the large-scale “Medical-characterological survey of children,” that included collecting general biographic information on each child and his/her parents and relatives, and documenting the child’s pogrom experience (“how many, when, where, and under what circumstances” he or she survived pogroms) (ibid., 8-8 rev). Then, there was a second form, purely medical. It was intended as a real mass document: unlike the first questionnaire, it was bilingual, that is, printed in Yiddish and Russian, so not only physicians, but every provincial nurse could use it, and each child could answer its questions about heredity, his or her past diseases, and sufferings (ibid., 23-23 rev). The instructions required physicians to take all the measurements from the children’s naked bodies, paying attention to abnormalities in the forms of their skulls and registering color indicators of skin, eyes, and hair (ibid., 20). This understanding of a profound connection between anthropometric and medical statistics on the one hand, and nationalized and constructivist population politics on the other transcended the sphere of Jewish activism and acquired a more universal meaning of the modern scientific episteme. Only positive eugenics, broadly ranging from the study of heredity and work on individual bodies to work on individual memories and psyche, could produce a modern Jewish nation for the future, including the Soviet future.

Immigrants to modernity

With this idea in mind, Moisei Grun and other old OZE leaders attempted to find a place for the OZE under the new regime.⁴² When the attempt failed, in 1922 Grun became a cofounder, together with other former OZE leaders, of the Society for the Study of Social Biology and Psychophysics of the Jews, which in 1924 was transformed into a committee of the same name under the auspices of the Jewish Historical and Ethnographic Society, now headed by Lev Shternberg.⁴³ The committee published the series *Voprosy biologii i patologii evreev* (Questions of Jewish Biology and Pathology [VBPE], vols. 1–3, 1926–30), which continued the project of Jewish scientifically guided self-modernization on the basis of the accumulation of national medical statistics (Mogilner 2012, 94–95).

In 1923, Boris Vishnevskii left Kazan and moved to Leningrad, where he assumed the position of director of the Anthropological Division of the Museum of Anthropology. This is where Lev Shternberg had worked as the leading ethnographer since 1901. He might have been familiar with the Kazan surveys through Grun, or was informed directly by Vishnevskii. In any case, the article “On the Anthropology of Russia’s Jews” by Vishnevskii, with which I began this story, appeared in the very first issue of the revived Jewish Historical and Ethnographic Society journal *Jewish Antiquity* in 1924. It also featured Shternberg’s own article “Questions of Jewish National Psychology,” very unusual for this specialist on Siberian native peoples. In this text, Shternberg drew a distinction between the flexible features of Jewish national character that were culturally and socially predetermined and those stable hereditary (“biological”) traits, such as intellectualism, rationalism, “social emotionality,” and a tendency to prophesize (Shternberg 1924). This perspective by a cultural anthropologist resembled the views expressed by Grun as representative of Jewish medicalized anthropology in the pages of *VBPE*. Race, according to Grun, was a “stable type of physical-biological nature,” which nevertheless could change under the influence of “specific socioeconomic and biological conditions” (Grun 1928, 7).

It is likewise possible that Shternberg influenced Vishnevskii’s interpretation of Boas’s findings. None other than Shternberg had introduced Franz Boas’s famous study of immigrants to the Russian public in 1912 in his article, “The Most Recent Works on Jewish Anthropology,” published in *Jewish Antiquity* (Shternberg 1912). There, Shternberg critically commented on Ignaz Zolschan’s Zionist anthropology and Maurice Fishberg’s assimilationist interpretation of the Jewish race (Zolschan 1910; Fishberg 1911). In the latter case, he was especially troubled by Fishberg’s rejection of both Jewish racial specificity and “national individuality.” Franz Boas, with whom Shternberg was on friendly terms, received most of his endorsement (Boas 1912). Shternberg introduced him as an impartial scholar without any special political agenda, and presented his research as a model anthropometric statistical project. In this article, which stressed the distorting impact of a specific Jewish political bias on the scholarship of both Zolschan and Fishberg, the Jewishness of Boas was not even mentioned. Shternberg interpreted Boas’s findings about change in the head index among the first generation of American-born Eastern European Jewish children as a major scientific discovery of universal importance: “while before we had been entitled to recognize the stability of human types, now all testify to elasticity of human types, and their stability in a new environment presents an exception rather than the rule” (Shternberg 1912, 320). For the Jewish case, Boas’s universal discovery meant that Jewish “degenerate” racial features could disappear with a change of environment, yet without causing inevitable assimilation and national disappearance.

It was hardly a coincidence that Vishnevskii also drew on Boas’s discovery and used his research framework – the study of immigrants who arrived in some “normal” environment – to organize his own statistical material. Of course, the Kazan environment in the summer of 1922, when the anthropometric survey took place, could not be farther from “normal.” However, with regard to

⁴²GIAM, f. 1454, op. 1, d. 23 (*Ustav OZE*, 1922. 11 pp.). This document has a note: “The project was not implemented but is an example of the Statute on the basis of resolutions by VTsIK and SNK from 8/VIII 1922.” *Ibid.*, 1.

⁴³The best study of Shternberg as an ethnographer, populist, and Jewish activist is Kan 2009.

the situation of “degenerate” Jews from the Pale, who were victims of pogroms, and refugees stripped of their economic and social capital, “immigration” to a new post-revolutionary reality was indeed a major step toward normalization and after some medical work on the national body – integration into this “normality” on their own Jewish national terms.

This version of integration ceased to satisfy the Soviet authorities as soon as they decided on the model of a small territorial nation for the Soviet Jews. The Soviet Union became a world in itself, with nations defined by territories allocated to them and cultures that were supposed to be national in terms of form and socialist in terms of content. Most of the local personnel who worked for the ARA were arrested and disappeared in the GULAG as collaborators with the foreigners. Boris Vishnevskii was arrested in Leningrad in 1937, and by then, his old-time work for the ARA and Jewish organizations was not the main compromising episode. His personal file in the archive of the Russian Academy of Sciences includes a denunciation written by one of his younger colleagues-anthropologists, who accused him of sabotaging the development of Soviet anthropology and presenting a distorted picture to foreign scholars.⁴⁴ Likewise, Jewish activism was completely purged from Grun’s official biographies. Generally speaking, the whole generation of Jewish modernists and progressives, who articulated their vision of Jewish nationalist particularity and post-imperial integration in the language of mass Jewish medical statistics, disappeared – both physically and symbolically – from the pages of Jewish history, late imperial, and early Soviet history as well as the history of global Progressivism in which the ARA occupies such a prominent place.

Today, even if recovered, the experience of Russian Jews is not easy to understand and analyze. It definitely refutes the once popular view that the price of social inclusion and Jewish emancipation had always de-emphasized Jewishness (Cuddihy 1974). It also shows that the Jews were not passive objects of racialized discourse. Even without advancing territorial claims and adopting the framework of a nation-state, they developed a sanitation movement and they medicalized politics, which allowed them to participate in “seeing like a state,” that is, in the post-imperial modernity that ripened and unfolded during the interwar period in the post-imperial nation-states. Paradoxically, while not relying on the support of any nation-state and instead creatively using the structural situation offered by the Bolshevik state (or the ARA – in one specific region), they still qualify as an important case of the “history of health in interwar Europe” that is “in many ways the history of interwar Europe” – the history of the welfare state, the nationalizing state, and the struggle for minority health rights (Borowy and Gruner 2005, 1; Davidovitch and Zalashik 2008, 129). Moreover, in many ways, Russian Jews preceded these interwar developments. They had redefined politics in medical terms and thus found their subaltern way, as a national minority, to voice an alternative vision of Jewish modernity already before World War I. It was this experience that enabled them to formulate their own terms of participation in the Soviet project. The language of race, medical statistics, and positive eugenics became composite elements of their anticolonial message and new subjectivity. But a strong nationalist claim notwithstanding, Russian-Jewish medicalized modernity remained imperial in its wide scope. The national body as its main focus was not limited to nor was it determined by any state borders, neither Soviet, nor the borders of the imagined Jewish national state or territorial republic.

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⁴⁴ARAN, f. 411, op. 6, d. 584.

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Marina Mogilner is associate professor of history and Edward and Marianna Thaden Chair in Russian and East European Intellectual History at the University of Illinois at Chicago. She is a co-founder and co-editor of *Ab Imperio Quarterly* [Studies of New Imperial History and Nationalism in the post-Soviet Space]. She is the author of several monographs, including, most recently, *Homo Imperii: A History of Physical Anthropology in Russia* (University of Nebraska Press, 2013). Mogilner continues to explore different aspects of the politics of knowledge and the history of ethnography and human sciences in the Russian empire and early Soviet Union. Her current research project focuses on Russian-Jewish racialized discourses and practices of modern Jewishness in the nineteenth and early twentieth century Russian empire. Her most recent publications include: "Between Scientific and Political: Jewish Scholars and Russian-Jewish Physical Anthropology in the Fin-de-Siècle Russian Empire," in *Going to the People: Jews and the Ethnographic Impulse*, edited by Jeffrey Veidlinger (Bloomington: Indiana University Press, 2016), 45–63; "Racial Psychiatry and the Russian Imperial Dilemma of the 'Savage Within,'" *East Central Europe* 43 (2016): 99–133; "Human Sacrifice in the Name of a Nation: The Religion of Common Blood," in *Strange World of Ritual Murder: Culture, Politics, and Belief in Eastern Europe and Beyond*, edited by Eugene Avrutin, Robert Weinberg (Bloomington: Indiana University Press, 2017).