Section I: **Individual Articles**

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Soviet Public Health and Its Pattern of Involved Non-Attachment in International Organizations

Abstract: This contribution analyzes the pattern of how the Soviet drive to participate in international public health expert organizations was permanently entangled with the state's agencies of academic policing – and political agendas proper. Using the League of Nations' Health Organization, the World Health Organization, and the World Psychiatric Association as case studies, I reconstruct how Soviet politics intervened with scholarly endeavors and forced scholars to take on political roles and decisions. Through a three-step longitudinal comparison, my article provides an insight into the restrained pattern of Soviet expert engagement. The contribution argues that, although the state's surveillance and domination over scholars were sustained throughout the entire studied period, each new iteration of detachment and withdrawal was less total in scope and more difficult to legitimize for the domestic expert community itself.

Keywords: expert organizations, international organizations, authoritarianism, knowledge circulation, public health

1 Conflicted Soviet Internationalism

An international, cross-cultural, and transnational exchange of ideas has been one of the central, formative events of intellectual life for centuries – and most prominently so in the timespan since World War I. Throughout this century of political turbulence and excessive violence, intellectual cooperation – and especially in public health – frequently remained one of the few unwavering domains where internationalist thinking survived regardless of autarky- or confrontation-driven national politics. With the scope of research ever-growing concerning processes of connection and interchange in expert communities and intellectual coopera-

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tion,[1] it is ever more crucial to systematically study cases of detachment and disentanglement that may reveal patterns behind conflicts and contestations of otherwise converging international engagement.

A particularly interesting example of this conflicted (involved, but often deliberately non-attached) engagement may be traced regarding the case of Russia. Over the last one and a half centuries, Russia went through several political regimes and ideologies. Each new regime sought to adopt the ways how it allowed its decision-makers, but also experts and citizens to interact with their international communities. Over and over, experts entitled to reach out beyond state borders had to adopt a very distinctive behavior, balancing between a genuine interest in international exchanges and the necessity to perform visible acts of political loyalty to their regime.[2]

This contribution surveys this peculiar pattern of politically pre-defined international disengagement on behalf of Soviet public health experts as seen in three cases throughout the century. It starts with the early Soviet and largely one-way collaboration with the League of Nations' Health Organization (LNHO) – an example that is somewhat longer in temporal terms but the most coherently disengaged in its structural logic.[3] From the interwar period into the late 1940s, the text moves on to the next example of non-attachment as it discusses the Soviet withdrawal from the newly-established WHO in 1949. With the WHO caesura overcome in the mid-1950s and international cooperation in public health productively including the USSR from then on, my third example highlights the narrower institution and yet another episode of the Soviet All-Union Society of Neuropathologists and

1 For the sake of brevity and given the specificity of the focus group under study, I use these terms interchangeably throughout the text, referring to medical experts in their dual role as both research-conducting, academia-policing scholars and intellectuals and their more practical activities in the professional maintenance of public health systems.

2 For this dual loyalty, as the author aptly labels it, see Nikolai Krementsov, *International Science Between the World Wars: The Case of Genetics* (London: Routledge, 2005), 6–10.

3 There has in the last twenty years been a rich scholarship on Soviet entanglement with international public health efforts in the interwar period. For Soviet-German cooperation, see works by Susan Gross Solomon such as *Doing Medicine Together: Germany and Russia between the Wars* (Toronto: University of Toronto Press, 2006) or "Thinking Internationally, Acting Locally: Soviet Public Health as Cultural Diplomacy in the 1920s," in *Russian and Soviet Health Care from an International Perspective*, ed. Susan Grant (Liverpool: Palgrave Macmillan, 2017), 193–216. From more recent research on the Soviet-German bond in the interwar period, see Yulia Ratmanov and Pavel Ratmanov, "Transfer of the 'social hygiene' idea from Germany to Soviet Russia in the compilation of the curriculum on social hygiene in 1922," *Vestnik obŝestvennogo zdorov'â i zdravoohraneniâ Dal'nego Vostoka Rossii* 1, no. 1 (2020): 3.

Psychiatrists (AUSNP) withdrawing from the World Psychiatric Association at the very end of the Brezhnev era in 1983.

Based on these three cases, I argue for a distinctive pattern of conflicted internationalism traceable to Soviet authoritarianism interfering with expert communication across state and ideological borders. On the one hand, there is an apparent and continuous interest among the medical experts themselves to engage with the international community, whether for knowledge and technology exchange on behalf of the Soviet population, or for the globally defined good.[4] On the other hand, this genuine interest in cooperation has continuously been obstructed by the Communist regime. Government actors would, if not entirely prohibit expert communication with actors abroad, at least continuously narrow down the room for maneuver in which professionals could cooperate without fearing repression at home. The fact that the state invaded and sustainably transformed the scholarly and medical landscape meant that international cooperation primarily served as political representation. Cooperation would thus immediately be severed as soon as the Communist entanglement of medicine and politics was seen as contested. In the case of the WHO, this challenge was the result of presumed unfair treatment as a newly recognized superpower.[5] In the case of the World Psychiatric Association, this was the result of the psychiatrists involved finding it practically impossible to resolve a conflictual deadlock, in which they would be contested on politically motivated misdiagnoses and the mistreatment of dissidents. The anxiously ambivalent scenario of international cooperation available for Soviet public health experts might be labeled involved non-attachment: not entirely withdrawn and

4 The former would be applicable to the interwar phase of early Soviet medicine, largely rebuilding the public health system; for instance, through the adoption of the social medicine model, which would be adopted from the broader non-Communist European debate and LNHO engagement, additionally reaching the USSR via its German cooperations and reappropriated for use and further export as the Semashko model (cf. contributions in György Peteri, ed., *Imagining the West in Eastern Europe and the Soviet Union* (Pittsburgh: University of Pittsburgh Press, 2010); Milena Angelova, "Visionarity and Health: The Semashko Model and the Sovietization of Public Health in Bulgaria (1944–1951)," *Balkanistic Forum* 3 (2021): 74–103). For the latter (i. e., the global good apart from the export of public health models to the postwar Warsaw Pact states), consider the massive Soviet engagement with the WHO's large-scale eradication programs within and despite the Cold War context. For a coherent overview, see Marcos Cueto, Theodore M. Brown, and Elizabeth Fee, *The World Health Organization: A History* (Cambridge: Cambridge University Press, 2019).

5 Document Notification by the Union of Soviet Republics concerning participation in the World Health Organization, Executive Board, Seventeenth Session, Provisional Agenda Item 7.2. EB17/32 from 15 December 1955.

isolated but ready to threaten and perform accordingly in case of political – not epistemic – necessity.

This long observational focus may seem unusual, given the salience of dynamic changes in Soviet public health practices, which, in turn, may be further dissected within each of the periods under study. This contribution acknowledges the abundance of research undertaken with regard to each of the mentioned periods (which I discuss further below), such as research growing increasingly important with the new iteration of Russian political and military violence, in turn translating into a disruption of scholarly and medical cooperation yet again. Precisely this disruption of politically forced non-attachment is what forms the primary focus of this contribution. To reveal this pattern, we need to carry out a longitudinal observation of this trend.

2 The Pattern Emerges: Early Soviet Cooperation with the League's Health Organization

I start my analysis of the Soviet pattern of "involved non-attachment" in public health efforts at the onset of both the Soviet regime and the League of Nations. Both topics have in recent years enjoyed good coverage in research and a certain change in historiographic paradigms. East European Studies in the last two decades, mostly referenced in the previous section, have offered a complex picture of Soviet internationalism, not limited to exclusively highlighting its isolationist tendencies. For research on the League of Nations, it has seen a continuous revaluation. It is no longer seen as merely a failed predecessor to the UN, but the first attempt to create a truly global form of internationalism with a far more nuanced approach to its agencies, structures, and its short- and long-term impacts.[6]

Clearly, international and in particular medical cooperation with Russian involvement thrived before the 1920s. The Tsarist Empire was deeply involved in the internationalization of public health efforts throughout the nineteenth century,

6 The literature here is vast and ever-growing, starting perhaps with Susan Pedersen's "Back to the League of Nations," *The American Historical Review* 112, no. 4 (Oct. 2007): 1091–1117; Glenda Sluga, *Internationalism in the Age of Nationalism* (Philadelphia: University of Pennsylvania Press, 2013), or Glenda Sluge and Patricia Clavin, *Internationalisms: A Twentieth-Century History* (Cambridge: Cambridge University Press: 2017). On the sustainable impact of the League of Nations on the UN, see M. Patrick Cottrell, *The League of Nations: Enduring Legacies of the First Experiment at World Organization* (Milton Park: Routledge, 2018). Regarding public health internationalism in the interwar period, see Josef L. Baron, *Health Policies in Interwar Europe: A Transnational Perspective* (Milton Park: Routledge, 2019).

whether in the form of gradually emerging sanitary controls,[7] exchanges of experts, practices, and legal frameworks,[8] the early work of the Red Cross,[9] or early cooperation on cross-nationally comparable lists over causes of death – out of which the present-day International Classification of Diseases originated.[10] My choice of topic, however, is based on the unprecedented consolidation of many public health bodies and initiatives under the umbrella of the League of Nations – simultaneously with the political seizure of power by the Bolsheviks in the collapsing Russian Empire.

In the early years, the newly formed Bolshevik state found itself in almost complete isolation. Former political and economic networks had been seriously disrupted during World War I and were now further contested due to the mutual antagonism of ideologies. On one side of this dichotomy, the early Bolsheviks sought to stir and propel any tension abroad that might trigger a world revolution.[11] Their animosity toward the non-communist West was met with an equally strong sentiment of rejection and suspicion.[12]

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7 On the emerging international regime of sanitary controls in Russia, see Charlotte E. Henze, *Disease, Health Care, and Government in Late Imperial Russia: Life and Death on the Volga, 1823–1914* (Milton Park: Routledge, 2011). For a quite rare scholarly touch on nineteenth-century colonial medicine in Central Asia under imperial rule, see Anna Afanasyeva, "Quarantines and Copper Amulets: The Struggle against Cholera in the Kazakh Steppe in the Nineteenth Century," *Jahrbücher für Geschichte Osteuropas* 61, no. 4 (2013): 489–512. For the interwar period of early Soviet transformation, see Paula Michaels, *Curative Powers: Medicine and Empire in Stalin's Central Asia* (Pittsburgh: University of Pittsburgh Press, 2003).

8 Nancy Mandelker Frieden, *Russian Physicians in an Era of Reform and Revolution, 1856–1905* (Princeton: Princeton University Press, 2014). Based on Frieden's analysis of how the medical profession in late imperial Russia evolved through the standardization of both curricula and administrative structures and their coevolution, also see Angelika Strobel, *Die "Gesundung Russlands". Hygiene und imperial Verwaltungspraxis um 1900* (Bielefeld: Transcript, 2022).

9 For the imperial period, see Inge Hendriks et al., "Women in Healthcare in Imperial Russia: The contribution of the surgeon Nikolay I Pirogov," *Journal of Medical Biography* 29, no. 1 (2021): 9–18. For the early Soviet transformation of the nursing profession, see Susan Grant, *Soviet Nightingales: Care under Communism* (Ithaca: Cornell University Press, 2022).

10 See File *Nomenclature of Causes of Death. Russia*, in the League of Nations Archive, R843/12B/60650/22685.

11 Zara Steiner, *The Lights that Failed: European International History 1919–1933* (Oxford: Oxford University Press, 2005), 131 ff.

12 Diaries by officers of the Rockefeller Foundation's International Health Division reveal a general policy of this foundation to sever any cooperation with Russian scholars around the turn of the 1920s. Regardless of whether a medical expert was a political refugee, a scholar stranded in the newly-formed Bolshevik state, a devoted red cadre, present in the US or abroad doing fieldwork in the post-revolutionary empire, the Rockefeller Foundation did not finance anything until the middle of the 1920s. This does not, however, mean that the USSR did not profit from Rockefeller fund-

However, despite its resentment against the collective West, and the League of Nations representing it, the Soviet government was clearly interested in establishing international cooperation with them. In the early 1920s, amidst and during the aftermath of the Russian Civil War and largely lacking diplomatic recognition, the Bolshevik regime acquired medical assistance for epidemic relief and control offered by the League's Health Committee.[13] Within its national borders, Bolsheviks continuously sought to subdue the country's intellectuals, be it by a coordinated reorganization of academia – and healthcare – under the full control of the state, by repressing those opposing this transformation,[14] or by purposefully investing in those being more cooperative. On the one hand, intellectuals were swiftly ascribed as a class hostile to the new state of workers and peasants. The entire educational and training system was uprooted and then gradually subdued to the needs and political desires of the new government. Former academic qualifications were withdrawn, curricula redrafted, and any protests against imbalances in this process were suppressed.[15]

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ing at all. A considerable part of the LNHO budget was until 1934 covered by the Rockefeller Foundation – and the LNHO pioneered cooperation with the Soviet public health system. For the Rockefeller Foundation's engagement with international public health, see Josep L. Barona, *The Rockefeller Foundation, Public Health and International Diplomacy, 1920–1945* (Milton Park: Routledge, 2015); and Paul Wendling, "American Foundations and the Internationalizing of Public Health," in *Shifting Boundaries of Public Health*, eds. Patrick Zylberman, Lion Murard, and Susan Gross Solomon (Paris: Boydell & Brewer, 2008), 63–86. For the Rockefeller Foundation's hesitance to cooperate with the Soviet regime, see Susan Gross Solomon, "'Through a Glass Darkly': The Rockefeller Foundation's International Health Board and Soviet Public Health," in *Studies in history and philosophy of science. Part C, Studies in history and philosophy of biological and biomedical sciences* 31, no. 3 (2000): 409–418.

13 For the Health Committee's Director Ludwik Rajchman negotiating donations of essential drugs with the Soviet Narkom (minister) for Foreign Affairs Maxim Litvinov, see, for instance, Letter by Rajchman to Litvinov date 02.11.1921, R824/12B/15255/17135.

14 For Bolshevik advances against the universities' autonomy, subsequent protest by professors, and state suppression of this protest, see Kontantin V. Ivanov, "New politics of education in 1917–1922: Reform of High School," in *Timetable of Changes: Review of Educational and Academic Policies in the Russian Empire – USSR (late 1880s–1930s)*, ed. Alexander N. Dmitriev (in Russian, Moscow: Novoe Literaturnoe Obozrenie, 2012), 360–379. For the politics of the cooptation of scholars, see Evgenia Dolgova, *Birth of Soviet Science: Scholars in the 1920s–1930s*, (in Russian, Moscow: Rossiyskiy Gosudarstvenniy Universitet, 2020), 152–176.

15 For the Health Committee's Director Ludwik Rajchman negotiating donations of essential drugs with the Soviet Narkom (minister) for Foreign Affairs Maxim Litvinov, see, for instance, Letter by Rajchman to Litvinov date 02.11.1921, R824/12B/15255/17135. For academic qualifications under the new regime, see Dolgova, *Birth of Soviet Science*, 88–90. For the reinstalment of curricula, see Dmitry A. Andreev, "Proletarisation of High School: 'New Student' as an instrument of educational politics," in *Timetable of Changes. Review of Educational and Academic Policies in the Russian Empire –*

However, even though medical professionals suffered the same amount of deprivation as their peers in other fields of knowledge, they were at least in dire demand by the new regime. It was on their shoulders that the fight against the consequences of famines and epidemics of typhus and postwar syphilis was carried out. Thus, the pragmatic need to retain power was coupled with the demand that the population be covered by public health systems, thereby permitting medical professionals to be recognized by the Bolsheviks in terms of their expertise.

With public health as such in a dire crisis after World War I, and following four years of civil war and famines, as much assistance as possible was absolutely crucial. From international expertise, Soviet medical experts might obtain aid in stocking up their depleted facilities and libraries[16] but also getting reattached to networks of knowledge and technical assistance for addressing the epidemiological challenges they were facing. With little to no investment, their government could harvest the benefits of medical internationalism, which it dearly needed at the time.

Zooming out to the international level, the LNHO pioneered cooperation with the Bolsheviks. Arguably, this was less for the sheer sake of cooperation, as dealing with the Bolsheviks was in the early 1920s seen as a negative political liability. Yet, at the pragmatic level, it was once again the exceptional role and importance of maintaining public health that allowed the buildup of early cooperation. The director of LNHO, Ludwik Rajchman, lobbied to donate pharmaceuticals and vaccines and to initiate campaigns for the prevention of typhus epidemics, or at least containing them within the Soviet borders.[17] Throughout the first half of the 1920s, several courses aimed at public health staff and nurses were carried out within and outside the USSR – in Kharkiv, Moscow, and Warsaw in 1923,[18] and again in Moscow in 1925 – with the LNHO covering the costs of such courses as well.[19] Starting in 1922, a program of interstate exchange and training for medical experts was

USSR (late 1880s–1930s), ed. Alexander N. Dmitriev (in Russian, Moscow: Novoe Literaturnoe Obozrenie, 2012), 494–523.

16 File *Supply of books and scientific documents to universities impoverished by the war. Dossier concerning Russia* (1922) in the League of Nations Archive, Geneva, R1049/13C/24805/23815 (Jackets 1 to 4).

17 File *Epidemics in Russia – Dr. Rajchmann (to Mr. Litvinoff) – Announces the intention of the Epidemic Commission of the League to make a gift of essential drugs to the Russian Health Commissariat. Advises negotiations between Russia and Poland for the purpose of establishing a Sanitary Convention* in the League of Nations Archive, R824/12B/17135/15255.

18 File *2nd series of courses of instruction at Kharkiv, Moscow, and Warsaw 1923. Services of professors* in the League of Nations Archive, R846/12B/28475/23967.

19 File *Training Courses for Public Health Personnel (Russia, etc.) 1925. Courses finances* in the League of Nations Archive, R846/12B/39721/23967.

launched,[20] in which the Soviets were also welcome. One of the first participants to profit from this program was none other than the Soviet People's Commissar (i. e., minister) for Health Nikolai Semashko.[21]

Semashko is a seminal figure for what turned out to be a complete relaunch of the public health system both under a brand new political regime and based on a highly novel organizational framework. Throughout the 1920s and well into the 1930s (i. e., as long as it was politically possible to pursue such an aim), Semashko vigorously managed the grand enterprise of internationalizing the Soviet public health system, or as Gross Solomon aptly puts it, "re-claiming place" for it.[22] As shown in the recent monograph by Pavel Ratmanov, Semashko stood at the apex of a broad campaign propagating the successes of the early Soviet public health system in the US and Western Europe.[23] Nevertheless, no expertise or talent for propaganda can withstand the pressure of totalitarianism. Given his well-documented track record with the LNHO, it may come as a surprise that Semashko would argue for the full autarky of accomplishments in public health when publishing his *Outline on the Theory of Soviet Organisation* in 1947. The League's cooperation programs are entirely missing in this text, and no state but the USSR features positively in the book. What is heavily highlighted is rather the dichotomy between the all-is-well Soviet Union and the decaying imperialist rest of the world. The book, even though published in 1947, largely fits into the interwar trend traced for the public health sectors of other nations that first seriously profited from the international system, be it via the LNHO or its independent but close funding partner the Rockefeller Foundation. For Semashko, this was only included in the text to deny any positive impact of such a cooperation while profiling the presumed national spirit of the positive changes that occurred.[24]

Collective effort for the USSR's own benefit – which was then sold to domestic audiences with as few strings of responsibility attached as possible – was how Semashko characterized early Soviet involvement with international public health efforts, which may come across as harsh only at first sight. Reappropriating gains

20 File *First Interchange of Sanitary Personnel: Sept-Dec 1922* in the League of Nations Archive, R837/12B/20109/25371. For the League's cooperation with the Rockefeller Foundation in organizing and funding these courses, see Barona, *Rockefeller Foundation.*

21 See *Miscellaneous correspondence respecting First Exchange of Sanitary Personnel: September-December 1922* (LON Archive, R837–12B-20109–25371).

22 Gross Solomon, "Thinking Internationally," 193–216, here especially p. 196.

23 Pavel Ratmanov, *Soviet Healthcare at the International Stage in the 1920–1940s: Between "Soft Power" and Propaganda (Western Europe and the USA)* (Vladivostok: DVGMU, 2021).

24 Erik Ingebrigtsen, "Privileged Origins: 'National Models' and Reforms of Public Health in interwar Hungary," in Gyorgy Peteri, *Imagining the West in Eastern Europe and the Soviet Union* (Pittsburgh: University of Pittsburgh Press, 2010), 36–59.

from international public health efforts in this way, largely via the League, was described as if this was an outcome of national efforts alone, a trope that several states in Eastern and Central Europe used in the interwar period.[25] From their very first years in power, the new political regime adopted a strategy of least possible alignment for the maximum possible benefit for itself. The early 1920s saw extensive correspondence between the LNHO (in the person of Director Rajchman or Deputy Director White) and the Soviet officials, typically represented by Narkom (minister) for Foreign Affairs Maxim Litvinov.[26] Negotiations concerned how the LNHO's activities in Soviet Russia should be framed. The Soviet side allowed access to all medical and sanitary facilities across the country, yet vehemently blocked any idea of recognizing the diplomatic immunity of international officers while in the country, or the League as an actor in general.[27] As the Bolshevik regime consolidated over the course of the 1920s and was subsequently recognized by the League, this stance started to soften ever so slowly. It is remarkable that the very same Litvinov who negotiated the LNHO's aid with no strings attached in the early 1920s would be hailed in the Soviet press of the mid-1930s as the one who brought the USSR into the League as a full member.[28]

The case study of interwar involvement with international public health efforts reveals an emerging pattern that we also encounter in parts 2 and 3, in the postwar Soviet engagement with the WHO and the World Psychiatric Association (WPA). One aspect of this pattern has already been mentioned above: the omnipresence of state interests behind scholarly and public health-related internationalism. Political reasoning allowed, restricted, or prohibited international exchanges in the public healthcare domain and decided on the way that international cooperation might take. Political reasoning also had the prerogative to interpret the impact and reassign credentials for it, if it chose to do so. This process of reappropriating international inputs as nothing but national accomplishments was

25 Consider contributions in György Peteri, *Imagining the West in Eastern Europe and the Soviet Union* (Pittsburgh: University of Pittsburgh: 2010) and in particular Erik Ingebrigtsen's conceptual paper suggesting that the Hungarian example of these politics constitutes one instance of the series: Erik Ingebrigtsen, "'National models' and reforms of Public Health in Interwar Hungary."
26 Cf. Rajchman-Litvinov correspondence in the League of Nations Archive (R838–12B-20398–20398); White-Litvinov correspondence in ibid. (R838–12B-20492–20492).
27 File *Relation between the Health Committee of the League and the Russian Government – Communicated by Dr. Rajchman – Records interview between himself and Litvinoff at Genoa regarding this question* in the League of Nations Archive, R838/12B/20398/20398.
28 So, for example, in the country's popular journal *Ogoniok* from 9 October1934, no. 19 (505), which, apart from a detailed report on the events of Soviet admittance to the League of Nations, featured Litvinov's photo on its front page.

introduced and is thus especially easy to trace for the interwar period.[29] In the USSR too, a large part of the improvements to the Soviet public health system, even if achieved with considerable support from international actors like the League of Nations, would become reinterpreted for the domestic population as Bolshevik-created accomplishments. This must have been profitable for Soviet interests, since it was not attached to any long-term responsibilities implicitly included in a committed membership or recognition.

A few decades later, during the early years of the World Health Organization, Soviet participation appears from new angles of involved non-involvement.

3 Ambivalent Superpower: The USSR's Early Engagement with the World Health Organization

The reinstatement of peace and order after the end of World War II brought to life a new global umbrella organization – the UN – as well as several specific agencies, less universal in their focus though not in scale. Unlike in the interwar period, these agencies were structurally autonomous from the UN and its ruling mechanisms, albeit clearly maintaining their close bond with the mother organization, both in public and inherently integrated into the inner architectures of these agencies.[30]

Another difference from the interwar creation of the League consisted of more of the world's recognized powers now explicitly binding themselves as nations sponsoring and carrying the largely upscaled and complex organizational body of practical internationalism. The League had the Big Three (Britain, France, the US) to bring it into existence, while many global and regional powers of the day were more or less deliberately omitted from membership, and the US never fully joined.[31] Both the political landscape and the desire to embrace international

29 I can only but warmly recommend a wonderful conceptual text on this pattern of interwar reappropriation by Erik Ingebrigtsen – in this case, done on a Hungarian case study (Ingebrigtsen, "Privileged Origins"). Hopefully, research on this niche for interwar USSR will eventually be carried out.

30 For the comprehensive history of the World Health Organization, see Cueto, Brown, and Fee, *World Health Organization.*

31 On the limited internationality and the ultimate overpowering by the Big Three (and then Big Two), see Klaas Dykmann, "How International was the Secretariat of the League of Nations?" *The International History Review* 37, no. 4 (2015): 721–744.

cooperation changed dramatically after World War II.[32] The UN and its many agencies were drafted as "all-inclusive" by design (we return to this later) and were now supported by the newly established superpower quintet: the United States, the United Kingdom, France, China, and the Soviet Union.

No longer an outcast, but rather a war-winning power, the USSR entered the era of postwar internationalism under radically different premises compared to two decades prior. In discussions preceding the establishment of the WHO, special consideration was regularly paid to what the Soviet position might be on a given issue and how Soviet interests might be accommodated in advance.[33] The Soviets were reserved slots for representatives to meetings of the Technical Preparatory Committee in 1946, and the inability of the Soviet delegate to make a prepared statement on the birth of the WHO at one of many preparatory meetings was, though bitterly commented upon in a private diary, still duly and readily accepted.[34] While negotiating, the Soviet side managed to get not only one, but three representatives. While also federal member states of the USSR, the Byelorussian and Ukrainian Soviet Republics ended up becoming two additional individual member states of the organization. Thus, the USSR acquired freedom of action, where two additional votes could be automatically counted on toward any motion it suggested or blocked – and any motion could be shifted or proposed by one of these two proxies when convenient to the Soviet Union. The USSR was thus one of the founding powers and an exceptionally well-positioned player in the WHO both at the declaratory stage in 1946 and when the organization was finally and de facto launched during the First World Health Assembly in 1948.[35]

This helped little. A year in and several months before the Second World Health Assembly of 1949, the Soviet Union sent a telegram proclaiming its decision to withdraw from the WHO.[36] The reasons listed in support of the walkout concerned the allegedly unfair preferential treatment given to the US-American mem-

32 On the origins of the UN in the wartime agreements of the Allies, see Dan Plesch, *America, Hitler and the UN: How the Allies Won World War II and Forged a Peace* (London: I.B. Tauris, 2011); Mark Mazower, *Governing the World: The History of an Idea* (London: Penguin Press, 2012).

33 For the exasperation expressed by a Chinese official regarding such treatment, see "Item 4. The Origins of the World Health Organization: A Personal Memoir, 1945–1948," in *Szeming Sze Papers, 1945–1988*, UA.90. F14.1, University of Pittsburg Archives, B.1, F.16, 1982.

34 Ibid.

35 See, for example, the editorial "The First World Health Assembly," *American Journal of Public Health* 38 (October 1948): 1448–1450.

36 Here and later in the passage, I quote from the WHO's document *Notification by the Union of Soviet Republics concerning participation in the World Health Organization, Executive Board, Seventeenth Session, Provisional Agenda Item 7.2.*, EB17/32 from 15 December 1955.

bership.[37] Accusations went into more detail and included, for example, a somewhat quicker executable right for the US to leave the WHO. Should they ever want to, this withdrawal was possible with only one year's notice, not two as in the case of other states.[38] Unfair as it may have sounded, the US carried the largest financial burden of all nations, sponsoring over one-third of the WHO's annual budget in these early years.[39] The Soviet contribution, on the contrary, was far more modest in monetary terms, less so in representative power. In addition, it also enjoyed its boosted presence via two additional memberships for the Byelorussian SSR and Ukrainian SSR. Closing the monetary argument, the USSR was found to be in arrears on its fee payment for more than half a year in 1949 as it left the organization.

Clearly, there was a positive bias towards the US in the early WHO, just as in, arguably, all agencies of the newly created UNO – or rather the recreated, remodeled, and upscaled LON – much so with the help of US-American monetary investments too.[40] The US indeed enjoyed certain preferential treatment, even though the same might have been said about the USSR with its additional representing republics. The argument regarding preferential treatment might thus be considered plausible for the delegations of many nations – however, it must be approached with a good measure of critical thinking for the Soviet side.

Instead, it is logical to interpret the withdrawal in 1949 through macropolitical considerations that had little to do with the World Health Organization as an agency or its mission to promote global public health.[41] The postwar wave of Soviet isolationism from the WHO aligns neatly with both the beginning of the Cold War and its often competing attempts at internationalism,[42] but also with the last wave of

37 Also debated by Charles Easton Rothwell in his "International Organization and World Politics," *International Organization* 3, no. 4 (1949): 605–619.

38 Cueto, Brown, and Fee, *World Health Organization*, 52–53.

39 Ibid.

40 On the World War II origins of the UN and the strong US-American commitment to this project, see, for instance, Plesch, *America, Hitler and the UN*. On the structural continuity and change between the League and the UN, see Amy L. Sayward, *The United Nations in International History*, (London, New York: Bloomsbury Academic, 2017): 7.

41 Cueto, Brown, and Fee, *World Health Organization*, 66.

42 The context of the Cold War triggered an explosive growth in the number of international organizations – a process that, on closer inspection, revealed less of the broader acceptance of internationalist thinking but rather a reduplication of organizations and unions on two sides of the Iron Curtain and the political dichotomy this symbolized (cf. Thomas Davies, *NGOs: A New History of Transnational Civil Society* (London: Hurst & Company, 2013)), 133–135. For the competition between the superpowers, although rather applicable for a somewhat later timeframe, see Peter Ridder, *Konkurrenz um Menschenrechte: Der Kalte Krieg und die Entstehung des UN-Menschenrechtsschutzes von 1965–1993* (Göttingen: Vandenhoeck & Ruprecht, 2021).

Stalinist terror unravelling in the USSR. With regard to the former, the logic of Stalinist terror and accompanying isolationism had already been tested during the interwar period, stylized as self-protection against the constructed enemy of the whole world outside the Soviet borders, with the vicious powers of imperialism just waiting for a chance to infiltrate and sabotage the USSR. Anything that did not play by Soviet-only rules was very easily labeled as hostile and dangerous to its Communist ideology and was to be rejected.

There was definitely a basis for this hostile sentiment in the US-led liberal political landscape of the early Cold War. With Soviet Communism serving as the only ideological alternative to Western liberalism, now greatly strengthened and on equal footing, the anxiety concerning the potential takeover by this ideological adversary was only too palpable. Jamie Cohen-Cole's study of the new interest in the US in psychology scholars reveals how this authoritarian thinking gradually came to be firmly associated with the ideological adversary in Communism – and in Communist expertise too.[43]

This confrontation of worldviews proved unavoidable also when it came to postwar reconstruction and public health. Where the US was set on investing in relief and reconstruction under the Marshall Plan, it clearly sought to oust what Communists might have suggested.[44] James Gillespie mentions the difficulties faced by the UNRRA when Soviet authorities in Czechoslovakia took over the materials of the organization, yet relabeled them as Soviet prior to distribution.[45] In countering the Marshall Plan, the USSR came up with the Warsaw Pact as the most effective alternative it could find under the given circumstances. Aimed at its newly gained satellites in the new Eastern Bloc, it was to make sure that the new Communist countries rejected the offer of Marshall Plan reconstruction assistance.

There was even more momentum with regard to gradually diverging views on public health and how it should be approached globally. Similar to many other spheres covered by the activities of international organizations, this early postwar period saw unprecedented ideological clashes in the field of public health. While both sides of the Iron Curtain agreed that the best way to ameliorate global public health would be through gradually improved standards of living and the eradication of diseases, the envisioned paths toward these goals varied globally. The USSR highlighted the importance of economic growth, whereas the US rather pledged po-

43 Jamie Cohen-Cole, *The Open Mind: Cold War Politics & the Sciences of Human Nature* (Chicago and London: The University of Chicago Press, 2016).

44 See, for instance, David Ellwood, "The Propaganda of the Marshall Plan in Italy in a Cold War Context," *Intelligence and National Security* 18, no. 2 (2003): 225–236.

45 James A. Gillespie in Gross Solomon, Murard, and Zylberman, *Shifting Boundaries*, 120.

litical self-determination and individual autonomy. The Communist bloc invested its energy into supporting decolonization – a fair and reasonable intent, which in addition to its thoroughly positive intention simultaneously contested and undermined the authority of Western liberal powers, all of whom had a rather poor record from the colonial era. This is not to say the Soviet Union was not colonial, because it was. Yet, the issue of Soviet colonialism was hardly an issue in the era under discussion and has only slowly emerged as a historiographic topic in later years.[46] Similarly, the walkout from the WHO was partially justified with reference to US-led negligence with regard to economic underdevelopment and poor working conditions endangering health globally.[47]

To what extent the USSR's withdrawal was a matter of divergent approaches to public health practices – or rather a matter of great geopolitical games played well outside of the realm of intellectuals and medical experts – is visible from the rapid shift in stance after Stalin's death in 1953. Among the medical experts themselves, their level of interest in international cooperation on behalf of global public health efforts might have been unchanged as compared to the moment of the USSR withdrawing from the WHO. Yet, it took political and not scholarly interest and will to allow Soviet public health professionals to rejoin the international terrain.[48]

In 1955, a revived interest in being a part of the global public health scheme was manifested at a session of the UN's Economic and Social Council, and the Soviet wish to be readmitted into the WHO was received, processed, and agreed upon quickly.[49] Given that the Soviet return automatically brought back other members from Warsaw Pact states, which had withdrawn out of expected solidarity, the WHO managed to regain its global aspirations and avert the risk of fragmentation and a subsequent erosion of legitimacy induced by the rejection of the universality of the agency.

A closer look reveals that the USSR and its allies found themselves not reentering the WHO anew, but rather reactivating memberships that, based on the in-

46 This has become a contemporary issue too, following Putinist aggression against former Soviet colonies and its constituent republics. For the Soviet vs. US-led rivalry in the sphere of competing world visions, see Ridder, *Menschenrechte.*

47 Cueto, Brown, and Fee, *World Health Organization*, 63.

48 On the impact of political destalinization in public health in general, see Paula Michaels, "Soviet Medical Internationalism amid Destalinization, 1953–1958," *The Soviet and Post-Soviet Review* (published online ahead of print 2022). doi: https://doi-org.uaccess.univie.ac.at/10.30965/18763324-bja10070): 1–24. Though impossible to discuss in detail here, for an intriguing account of how the concurrent rise of psychopharmacology actually prevented the destalinization of Soviet psychiatry, see Benjamin Zajicek, "The Psychopharmacological Revolution in the USSR: Schizophrenia Treatment and the Thaw in Soviet Psychiatry, 1954–64," *Medical History* 63, no. 3 (2019): 249–269.

49 File EB17/32 of December 15, 1955 by the Executive Board of the World Health Organization: 2.

ternal logic of the WHO, were not regarded as terminated but postponed.[50] As briefly mentioned above, the claim of the UN system in terms of universality deliberately avoided introducing a mechanism for states to cancel their memberships. The difference here lies in the fact that complete withdrawal eliminated all mutual responsibilities and duties, while an inactive membership was still implicitly included in the general mission and vision of the agency, while still also requiring that prescribed fees are paid. Throughout its five years of inactivity, arrears on Soviet payments were calculated and presented in the WHO's fiscal reports, and the same applied to the USSR's other proxies: the Byelorussian and Ukrainian SSRs and all other returning Eastern Bloc members. Though the latter group was expected to pay its arrears sovereignly, the collected debt for the USSR and its two proxies by mid-1955 exceeded a truly astronomical sum of $3.5 million, plus over $600,000 for the fiscal year of 1955 (in current value, each of these sums would be roughly ten times greater).[51] Even though subsequent reports show that not the entire debt but a sum of roughly more than $1 million was internally accounted for and settled as partial payment for the arrears, the financial issue was considered finished by 1957.[52]

It took more than a year for Soviet medical experts to be able to rejoin activities run by the WHO. Documentation is available for over two decades, well into the mid-1970s, on individual new members being nominated to the agency's diverse expert advisory panels and committees, each of these working groups addressing individual prominent diseases (e.g., in various years, brucellosis, lepra, malaria, or the plague), a spectrum of diseases (e.g., the Mental Health Panel or the panel on zoonoses), particular scholarly problems (e.g., the standardization of pharmacopoeia or biological standardization), or challenges regarding the management of public health systems (e.g., health education or international quarantine). Soviet medical experts joined their first panels and committees by the middle of 1958 with two professionals, V. Ershov and V. Soloviev, listed as experts on the Health

50 The head of the WHO, Brock Chisholm, insisted on this inactive status rather than accepting the withdrawal in 1949 (Cueto, Brown, and Fee, *The World Health Organization*, 64). In fact, the WHO was deliberately devised with no exit option, as apparent from the expert discussions preceding the establishment of the WHO. Minutes of the Technical Preparatory Committee for the International Health Conference. Held in Paris from 18 March to 5 April 1946. Thirteenth Meeting (held on Wednesday, 27 March 1946, at 2.30 p.m., Palais d'Orsay, Paris). United Nations, World Health Organization, Interim Commission: 26.

51 Statement showing the Status of Collections of annual Contributions and of Advances to the Working Capital Fund as of 30 April 1955 in the File A8/AFL/11 of 13 May 1955: 3.

52 Statement showing the Status of Collections of annual Contributions and of Advances to the Working Capital Fund as of 30 April 1957 in the File A10/AFL/12 of 8 May 1957: 3.

Education of the Public Panel and the Virus Diseases Panel, respectively.[53] No longer prevented from doing so by their government's isolationist and boycotting drive, medical experts joined in and contributed avidly. Only including expert panels and committees (i. e., not counting the permanent staff at WHO headquarters), the numbers still speak for themselves.

Within a year, the number of experts convening to consult with their international colleagues on various aspects of global public health management reached 60 scholars, and within half a decade, by the mid-1960s, this figure had doubled. From this time on, roughly more than 150 medical professionals from the USSR would, on various occasions, be travelling abroad, obviously entitled to responsibilities of representation, but more importantly the imperative to discuss, exchange knowledge, and scout technology and potential cooperation. In terms of intellectual creativity, Soviet medical science indeed had much to offer. In the years to come, cutting-edge specialists joined the global exchange of medical ideas, including Zinaida Ermolieva, a medical doctor who independently, and parallel to Fleming, synthesized penicillin during World War II, or virologist Viktor Zhdanov, who played a crucial role in the WHO's global Smallpox Eradication Program.[54] Andrey Snezhnevsky, who served as an expert on the WHO's Mental Health Panel in the 1960s, was a seminal figure in his discipline at home, even more so as his nosological model of schizophrenia, which quickly became the mainstream model in the USSR, in later years of his international fame became closely associated with the politics of psychiatrically (mis)diagnosing dissidents.

Accusations of politically rather than medically motivated diagnoses had mounted ever since the mid-1960s. This was especially true after five medical histories could be smuggled out of the USSR and presented publicly to be scrutinized by international psychiatrists in 1971.[55] In response to this conflict, the World Psy-

53 Report on Appointment to Expert Advisory Panels and Committees by the WHO's Executive Board of 2.1.1958 (EB21/46): 21, 79.

54 Cueto, Brown, and Fee, *World Health Organization*, 119.

55 The issue of the political abuse of psychiatry has evolved into a broad epistemic debate on psychiatric ethics, responsibilities, and the limitations of the profession, as well as on the effective means to counter large-scale ethical rule-breaking in medicine. From key authors at the time, the best account of the logic behind Soviet psychiatric abuse is presented in numerous publications by Sidney Bloch and Peter Reddaway. See their *Russia's Political Hospitals: The Abuse of Psychiatry in the Soviet Union* (London: Victor Gollancz Ltd, 1977); Sidney Bloch and Peter Reddaway, *Psychiatric Terror: How Soviet Psychiatry Is Used to Suppress Dissent* (New York: Basic Books, 1977). See also Reddaway's personal recount of the events in *The Dissidents: A Memoir of Working with the Resistance in Russia, 1960–1990* (Washington, D.C.: Brookings Institution Press, 2020). An important piece of present-day scholarship on the political abuse of psychiatry is Robert van Voren, *Cold War in Psychiatry: Human Factors, Secret Actors* (Amsterdam: Rodopi, 2010).

chiatric Association – our third case tracing the pattern of Soviet entanglement in global public health management – came to play an active role. Snezhnevsky and his colleagues, many of whom were trained and supervised by him and thus formed an entire school within the field, were abundantly represented in many international organizations with a public health focus. At the WHO, Eduard Babaian, a recognized narcologist, sat on the expert panel for the Organization of Medical Care,[56] followed by, closer to his expertise, on the one for drug dependency.[57] As a popular expert campaigning against the Soviet representatives adamantly rejecting any productive discussion on the accusations mounted against them, Babaian gave interviews to the Western press while staying in Geneva in his capacity as a WHO officer. Equally so, the Soviet representative and deputy minister for health at home, Dmitry Venediktov, used all his diplomatic skills to contain the psychiatric scandal from spreading and entering discussions at the WHO.[58]

Venediktov's engagement is traceable on many occasions and as such, it exemplifies the variation and complexity of the agency and the impact of a high-profile international expert. While Venediktov's actions helped conceal a systematic breach of medical ethics in the story of the political abuse of psychiatry in the USSR, on other occasions his interventions clearly had a positive impact. While the WHO had moved through a major reform of its structure, administrative politics, and mission, Soviet experts and Venediktov in particular supported initiatives granting more voting power, voice, and space for action to representatives of newly decolonized nations from the Global South.[59] The gradual change in the WHO's administrative culture toward cultural and geographic diversification in the 1970s would not have been possible without a superpower like the USSR, which held onto the agency of those outside the industrial countries of the First World.

The reason for this strong engagement on behalf of weakly represented countries was, once again, primarily political. Such self-imposed advocacy aligned perfectly with the strategy pursued by other Soviet experts representing their country

56 WHO, *Report on Appointments to Expert Advisory Panels and Committees* of 20 December 1961, EB29/32: 72.

57 WHO, *Report on Appointments to Expert Advisory Panels and Committees* of 3 January 1974, EB53/2: 62.

58 See the File Twenty-Seventh Session of the Regional Committee for Europe. Report by the Regional Director. 10 November 1977. World Health Organization, EB61/11: 1. Here, Venediktov was asked to comment on the ongoing conflict at the WPA and the condemnation of psychiatric malpractice by the congress in Honolulu. Venediktov argued that the issue could not be discussed due to a lack of time and available reliable documentation. The issue was then dropped.

59 WHO, Document EB67/Conf. Paper No. 11 from 30 January 1981.

in other UN bodies. Peter Ridder has coined a wonderfully suitable term – "concurrence for human rights" – when talking about the US and Soviet representatives fighting each other for the recognition of newly independent, upwardly striving countries since the 1960s.[60] In a similar stance, the WHO representatives adhered to their national interest and national loyalty above their social roles as international officers – and even well above their professional identities.

A legitimate objection here would be that this would hold true for most international scholars. The Soviets, indeed, had much to offer, whether it involved their highly valuable medical knowledge in the context of the WHO or their role as an omnipresent adversary against the collective West. It is also true that just as in the case of better representation for Third World countries, the impact of international experts with a very firmly set political vision must not have been altogether negative. At times, it resulted in the reappropriation of mainstream popular discourses, as if reinvented by Western actors.[61] However, on less felicitous occasions, the primary position of politics would force Soviet medical experts to step down from their professional identities and support practices quite incompatible with their professional ethics as medical practitioners, scholars, or simply intellectuals. In the worst cases, should the political system go into a sudden ideological nosedive, scholarly interest was the least important. In this regard, the complete withdrawal of Soviet experts from the WHO in 1948 serves as a clear example.

4 The World Psychiatric Association: Pre-emptive Self-Expulsion

So far, we have traced two cases of Soviet non-attachment in the international public health system in general. Whereas the interwar period showed an avid Soviet interest in incoming aid and cooperation, while maintaining an obstinate resentment toward their legal affiliation with the League's Health Organization, the postwar period saw a more varied, though equally peculiar, participation pattern with the WHO.

Our third example leads us to a more discipline-specific yet equally international case where political reasoning yet again dominated over decision-making. In this example, a conflict was triggered when it was proven that Soviet psychiatry

60 See Ridder, *Menschenrechte*, particularly chapters 2–4.

61 On the competition for gender equality as played out across the Iron Curtain, see Kristen Ghodsee, *Second World, Second Sex: Socialist Women's Activism and Global Solidarity during the Cold War* (Durham: Duke University Press, 2019).

had transgressed medical ethics in the name of political expediency. Arguably, the continuous and institutionalized pressure by Soviet government actors on Soviet psychiatry spread the practice of the late Brezhnev era to victimize and sanction political opposition via false diagnoses of mental illness, confinement, and unnecessary, harmful treatment, which ruined the health and reputation of dissidents. The conflict played out on the international stage, where, for over a decade, Soviet psychiatrists would be regularly confronted with charges of politically motivated diagnoses. The politics of the Brezhnev era – making psychiatrists accomplices in the state suppression of dissent and restricting their action space within international organizations – prevailed in 1983. This time, Soviet medical experts walked out of the World Psychiatric Association in order to preempt being expelled.

The Soviet practice of attesting mental disorders to sane but politically active citizens did not begin in the 1960s but earlier, during the Stalinist period. By then, the first accounts of intellectuals being confined to psychiatric asylums first reached international audiences and were only gradually recognized as an issue of interest for human rights groups by the 1960s.[62] Alexander Podrabinek, whose *Punitive Medicine* was the first systematic domestic account of the political abuse of dissidents in the 1970s, traced the roots of unmedical diagnoses to smaller-scale and unsystematic instances of Soviet psychiatrists misdiagnosing and then confining otherwise sane political dissidents. Initially, however, they did so to save these dissidents from capital punishment or the gulag system during the period of Stalinist terror.[63] What had worked as a means to save lives under Stalinism[64] turned into a well-established machine built to systematically persecute political, cultural, and religious non-conformists in the politically milder late Khrushchev and Brezhnev eras. The systematization and institutionalization of psychiatric persecution occurred in the 1960s. One of the "signals" of this turn

62 On Western (in this particular case British) expert and lay audiences only gradually developing an interest in the Soviet human rights movement, and its suppression by means of psychiatry, see the recent book by Mark Hurst, *British Human Rights Organizations and Soviet Dissent, 1965–1985* (London: Bloomsbury Academics, 2017).

63 Alexander Podrabinek, *Punitive Medicine* (New York: Chronika, 1979), 24–25.

64 For a comprehensive overview of Soviet psychiatry in its state as a "normal science" throughout the twentieth century (i. e., focused on daily structures and practices, as well as on the limiting impact of state control upon the epistemic landscape within the discipline), see the recently published monograph by Gregory Dufaud, *Une histoire de la psychiatrie soviétique* (Paris: Éditions EHESS, 2021). On the Stalinist intervention in the epistemic action space of psychiatry, see Benjamin Zajicek, "Soviet Psychiatry and the Origins of the Sluggish Schizophrenia Concept, 1912–1936," *History of Human Sciences* 31, no. 2 (2018): 88–105.

came from a public statement by Nikita Khrushchev himself, who claimed that only mentally ill individuals would oppose the Soviet government.[65]

With international awareness concerning this abuse growing outside the USSR, a complex network of advocacy groups developed over the following decades. This network connected otherwise isolated dissidents in the USSR to a series of working groups – such as those around Peter Reddaway in the UK or representative expert societies like the American Psychiatric Association and the Royal College of Psychiatrists – and reached out further to approach politicians, public personalities, and larger international organizations all the way up to the UN. In the end, the result was a multi-level exercise of pressure on the Soviet All-Union Society of Neuropathologists and Psychiatrists.[66] Beginning in 1971, the issue of psychiatric abuse became a prominent topic for popular, lay audiences and medical experts alike.

The entire 1970s passed in an endless search for mutual understanding and dialogue in an increasingly tense atmosphere of ever-new actors joining this widening debate on ethics and responsibility. The World Psychiatric Association sought to retreat to the position of a "science-only" platform, where this science sought to exist beyond any political tension and agency altogether. The WPA thus favored offering diplomacy and continuously sought to avoid even hypothetical risks of acting according to the political biases of the Cold War. (Accusations of bias were leveled from both the Soviet side and the largely US-American and British sides of the epistemic conflict.) The WPA came under public scrutiny and critique for not responding to the continued abuse in the USSR and for being hesitant in its condemnation. The organization's internal documents reveal that there were fears of a split and subsequent decay should they proceed against their Soviet colleagues by condemning, suspending, or expulsing them. The experience of other Eastern Bloc satellites leaving the WHO out of solidarity with the Soviet withdrawal in 1949 must have weighed hard on the decision-making process at the WPA. Additionally, no superpower had ever been excluded from larger international bodies involving medical – that is, supposedly scientific, universal, apolitical – cooperation.

Tensions mounted, however, when several national member societies from the UK, US, Canada, and others pressured the WPA Executive Committee to take clear action. At the Sixth World Psychiatric Congress held in Honolulu in 1977, there was

65 Quoted in various sources. See, for instance, Koriagin in *Posev*, No. 12 (1987): 45–49.

66 For the track record of extremely productive British human rights groups, see Hurst, *British Human Rights*, as well as the classics on the matter published by actors themselves involved in the campaign against the political abuse of psychiatry: Reddaway and Bloch as well as van Voren (see footnote 55).

an explicit condemnation of the misuse of psychiatric expert knowledge and authority for political means. With the Soviet side continuously withdrawing from dialogue on this issue, the next step would almost unavoidably include the expulsion of the All-Union Society from the World Psychiatric Association by the next congress, which would convene in Vienna in 1983. While the WHO maintained considerable neutrality in this case (we may only guess regarding the extent to which this was the result of the smart strategizing of Soviet officers at various levels), the conflict spilled over into the Human Rights Commission of the United Nations, where a detailed inquiry on the issue was also under preparation.[67]

It is in light of this multilateral and heavy pressure, as well as the inevitability of expulsion following the Honolulu Congress, that the Soviet side withdrew from the World Psychiatric Association in mid-February 1983.[68] Much of how this withdrawal played out will unavoidably remind one of the USSR withdrawing from the WHO in 1949. In both cases, the Soviet side argued that it had been provoked into action by unscientific, politicized activities and thus the unfair treatment it presumably experienced while a member of the organization. In both cases, genuine cooperation at the level of expert projects operated well up until the last moment: Marat Vartanian served as a Soviet representative to the Executive Committee, and an unexpected visit by two high-profile psychiatrists from the USSR was paid to WPA Secretary General Peter Berner only a few weeks before the letter of withdrawal. The visit left the WPA official hopeful for further cooperation and a solution to the conflict.[69] Similar to the WHO case, the formal withdrawal was communicated in writing a few months prior to a major professional convention organized by the organization in question: by telegram four months before the World Health Assembly in 1949 and by letter five months before the World Psychiatric Congress in 1983. Curiously, even the timespan of (temporary) withdrawal – that is, until changes in the domestic Soviet political landscape allowed Soviet experts to appeal for readmittance – was surprisingly the same: six years (1949–1955 and 1983–1989, respectively).

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67 United Nations, Economic and Social Council. Commission on Human Rights. Document "Report of the Sub-Commission on Prevention of Discrimination and Protection of Minorities on its Thirty-Fourth Session. Geneva, 11 August–11 September 1981", E/CN.4/1515 of 28 September 1981: 93.

68 Letter by the Board of Chairs, All-Union Scientific Society of Neuropathologists and Psychiatrists, to President of WPA, Prof. P. Pichot, General Secretary WPA, Prof. P. Berner, Members of the Executive Committee WPA, of 31 January 1983. Sakharov Centre of Democratic Development, Kaunas.

69 World Psychiatric Association, *The Issue of Abuse 1977–1983*, a report from November 1982 stored at the Sakharov Centre for Democratic Development in Kaunas.

There were also obvious differences. While the Soviet walkout from the WHO in 1949 must be interpreted as an unprovoked test of strength and cultural capital as a new superpower, the WPA withdrawal in 1983 was a clear instance of a forced flight to save face, both politically and scholarly. Accordingly, the case of the WPA walkout was followed by an unprecedented amount of backstage diplomacy, wherein high-profile Soviet and Soviet-friendly psychiatrists attempted to build bridges that would allow for the Soviet Union being readmitted.

The USSR's standing as a superpower also played out differently in these two cases. The WHO walkout in 1949 was followed by the withdrawal of six newly Communist states: Bulgaria, Romania, Albania, Poland, Czechoslovakia, and Hungary. Only Yugoslavia did not follow.[70] The situation in 1983 was different. While the GDR communicated a note of protest, it did not withdraw. Similarly, Poland, Romania, Hungary, and Yugoslavia remained members of the WPA, and only three national psychiatric societies from Communist countries joined the USSR in 1983: those of Cuba, Bulgaria, and Czechoslovakia – albeit the latter two only after several months' delay.

We may attribute such a difference to several reasons. In part, this difference must be explained by the fact that for Communist states in the mid-1980s, unlike in the late 1940s, the ratio between expected governmental repression as a result of not following the USSR and the importance of taking part in cross-border intellectual networks had radically changed. All across the Warsaw Pact, even with the still viable danger of repression, the option to self-isolate from international cooperation in Soviet company was not at all a desirable outcome. The degree of international entanglement in the early 1980s was far too high to endanger by means of a largely unnecessary walkout on behalf of other national psychiatric societies in the Eastern Bloc. Arguably, Soviet experts themselves would most likely not have withdrawn had they not felt forced to choose between political and professional loyalties. The choice they made, however, once again proved which of the two aspects prevailed.[71]

70 For the Yugoslav-Soviet split and its impact on the state socialist attempt at internationalism see, on an example of a feminist antifascist movement, Chiara Bonfiglioli, "Cold War internationalisms, nationalisms and the Yugoslav–Soviet split: The Union of Italian Women and the Antifascist Women's Front of Yugoslavia," in *Women's activism*, ed. Francisca de Haan et al. (London: Routledge, 2013), 59–76.

71 The predominance of political considerations behind the Soviet withdrawal from the WPA is an argument strongly supported in van Voren, *Cold War in Psychiatry*, 203–204.

5 Discussion: Learning from Failure?

Analyzing the similarities and differences in Soviet engagement and disengagement offers a deeper understanding of ideological continuities still shaping Russia's current self-positioning in the international sphere, which – especially noticeable since the Russian invasion of Ukraine and the outbreak of the current war – mostly occurs *on behalf of* rather than *by* scholars proper. It gives us a good clue of how authoritarianism impacts the action space of medical experts, shapes their lobbying or vetoing decisions, and affects a broader world with such decisions. To that end, this analysis provides us with a better way of responding to the interpenetration of political ideologies with international public health efforts.

The traceable differences between the walkouts in 1949 and 1983 demonstrate the impact and progress of an internationalism gradually gaining a foothold against Soviet isolationism. From an even broader view, we might also compare them with our first case study of the USSR's non-aligned public health attachment with the interwar LNHO. Table 1 compares and summarizes three distinctive ways in which Soviet public health management was attached to an international community of experts throughout the twentieth century.

Table 1: Modes of attachment and participation in international public health organizations by Soviet experts throughout the twentieth century.

	LNHO	WHO	WPA
POLITICAL BACKGROUND	Consolidation of Communism, Stalinism	Stalinism to de-Stalinization (the Thaw)	Brezhnevism to Perestroika
ESTABLISHED MEMBER OF THE ORGANIZATION	no	yes	yes
REPRESENTATIVE MEMBERSHIP THROUGH	Individual experts (state denies recognition)	State representatives (via nomination by the Ministry for Health and Academy of Medical Sciences)	Scientific society (with representatives reporting to the KGB upon their travels and actions)
CONFLICT GROUNDS	General non-recognition between the USSR and the LON with cooperation effort by the LNHO.	USSR claims preferred treatment of the USA, lack of support for the reconstruction in Eastern Europe, fundamental difference in the understanding of Public Health	Psychiatric abuse and lack of Soviet cooperation to stop it.

Table 1: Modes of attachment and participation in international public health organizations by Soviet experts throughout the twentieth century. *(Continued)*

	LNHO	WHO	WPA
STATES FOLLOWED	No satellite states	Bulgaria, Romania, Albania, Poland, Czechoslovakia, and Hungary	Cuba, Czechoslovakia
STATES THAT DID NOT FOLLOW	Not applicable	Yugoslavia	GDR, Poland, Yugoslavia, Romania, Bulgaria, Hungary
IO'S REACTION	LNHO shows much interest in ameliorating Public Health conditions in the USSR	Regret expressed by many and at many occasions	Regret with stern reservation
DURATION OF WITHDRAWAL	Not applicable	6 years	6 years

Table 1 hints at an interesting tendency regarding the rather restricted, non-involved Soviet attachment to international organizations toward deeper international cooperation on the part of Soviet experts despite all political obstacles and forced isolationism. From a flat-out rejection of cooperation with the League's Health Organization during the interwar period – at least at the level of political decision-making – Soviet public health management could move a step forward, assuming the role of superpower testing its strength with its early withdrawal from the WHO in 1949. Not benefitting from the walkout and the fact that destalinization was taking over domestic politics meant that Soviet medical experts were able to rejoin the WHO quite soon, where they cooperated prolifically and engaged with partners for the good of global public health systems. Their political agencies, never completely removed, softened and became more refined, as Soviet officers in the WHO combined their own interest as a big player at the WHO with actions that at times resulted in thoroughly positive changes in the long run, such as a greater voice for the countries of the Global South within the organization.

By the 1970s and 1980s, Soviet medical experts were well-integrated international players. To that end, their loud and impactful withdrawal from the WPA showed just how severe the epistemic conflict had been over the misuse of psychiatric expertise for political means. Their preemptive withdrawal from the WPA was, in its functional logic, nothing more than a state-led attempt to mitigate the reputational damage to its psychiatric professionals and the Soviet use of its healthcare model as a tool of soft power worldwide. As long as an open and critical discussion of the political background to the conflict remained out of reach, with-

drawal was the only available option. It also took domestic political changes to partially overcome the deadlock of self-isolationism, in turn allowing Soviet psychiatrists to aspire to being readmitted to the WPA, which, under the condition of eliminating documented abuse as soon as possible, was granted in 1989.

The three surveyed case studies in this contribution show a certain pattern in Soviet medical internationalism during the twentieth century. Although never entirely isolated, and most probably genuinely interested in transnational circulations of knowledge and cross-border networking, Soviet medical experts were continuously pressured to adjust their degree of involvement to the political reasoning of their government. This predominance of a political rationale over a professional one might have passed unnoticed in times free of immediate political pressures but could rather quickly escalate to a complete withdrawal if state actors decided accordingly. At the same time, observing the three case studies in sequence, a certain hope may arise regarding the scope of political shutdowns related to medical cooperation: from flat-out resentment toward the LNHO in the early 1920s to the short-term, unprovoked absence from the WHO from 1949 to 1955, to the only hesitantly executed withdrawal from the WPA between 1983 and 1989. Does this hopeful trend allow us to make prognoses about the future character of international medical cooperation in the context of Russia's ongoing war in Ukraine? So far, Russian political actors have only randomly and rather speculatively called for withdrawing from international public health organizations. Experts have not yet followed these calls – though it remains to be seen whether they do should domestic political pressure demand it, just as in the three previous occasions discussed in this study.

About the contributor

Anastassiya Schacht works at the Department of History at the University of Vienna, where her project received a grant from the Vienna Doctoral School of Historical and Cultural Studies. Her PhD research explored how the conflict concerning the political abuse of psychiatry in the 1970s and 1980s evolved, intertwined with tensions of the Cold War, and shaped governmental strategies and professional agendas. This project analyzed the strategies of self-construction and legitimation in international psychiatric networks, action spaces for scholarly autonomy and responsibility, as well as state involvement in the field of science in authoritarian regimes.