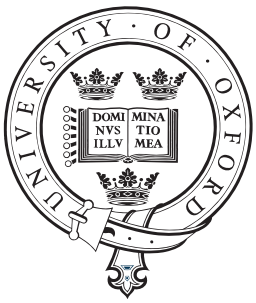
In Aid of Conflict:
A Study of Citizen Activism and American Medical Relief to Spain and China, 1936-1949

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SHORT ABSTRACT.

The outbreak of the Spanish Civil War in 1936 and the Second Sino-Japanese War in 1937 triggered many responses amongst the American public, including a number of private initiatives in medical aid that occupied a borderland between traditional humanitarian relief and political activism. This study is interested in the stories of three organisations arising in this tradition: the American Medical Bureau to Aid Spanish Democracy (AMBASD), the American Bureau for Medical Aid to China (ABMAC), and the China Aid Council (CAC). While three separate initiatives in terms of who was responsible for their creation in the United States, and the communities they sought to help abroad, all three demonstrate parallels in their foundation and development that merit a joint historical consideration.

Emerging from the backdrop of isolationism in U.S. foreign policy, the AMBASD, ABMAC, and CAC became a means of voicing both political and humanitarian ideals through the medium of medicine. In many ways, this thesis becomes a study of lost causes. As political campaigns, none of the organisations in this study succeeded in changing U.S. policy, although the ABMAC and CAC benefitted from interests that overlapped with larger changes in U.S. military alliances. As humanitarian organisations, only one (the ABMAC) lived past the conflict to which it owed its foundation. Their story, however, retains its historical interest in challenging both the way in which we examine the mythology of humanitarian idealism, and our understanding of the balance between internationalism and isolationism in the 1930's United States. For the medical activists of these organizations, medical aid offered both a tangible outlet for personal ethical and political beliefs, but also promised an alternative means of diplomacy that brought greater agency to more popular levels.

LONG ABSTRACT.

The outbreak of the Spanish Civil War in 1936 and the Second Sino-Japanese War in 1937 triggered many responses amongst the American public, including a number of private initiatives in medical aid that occupied a borderland between traditional humanitarian relief and political activism. This study is interested in the stories of three organisations arising in this tradition: the American Medical Bureau to Aid Spanish Democracy (AMBASD), the American Bureau for Medical Aid to China (ABMAC), and the China Aid Council (CAC). While three separate initiatives in terms of who was responsible for their creation in the United States, and the communities they sought to help abroad, all three demonstrate parallels in their foundation and development that merit a joint historical consideration.

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Building from this introduction of medical activism, Chapter 1 grounds the reader in the context from which it grew in the interwar United States. With congressional and federal action of the period seeking to enforce policies of neutrality that would keep the U.S. out of formal commitments to foreign wars, the culture of medical activism stands out. In fact, this context was crucial in encouraging the sort of citizen activism through medical aid that came to define the work of the AMBASD, the ABMAC, and the CAC. While vastly different conflicts in vastly different regions, the Spanish Civil War and the Second Sino-Japanese War became linked in the eyes of many Americans as battles between liberal democracy and fascist aggression. Looking at the stories of these organisations offers to fill in the historical narrative of American internationalism between in the 1930's, which has been overlooked in other international histories of the interwar period.

Chapter 2 introduces the founding of and support behind the AMBASD, the ABMAC, and the CAC as relief efforts organised by concerned citizens. With the AMBASD arising just a few months after the start of the civil war in Spain in 1936, and the ABMAC and the CAC appearing a few months after the formal escalation of conflict between Chinese and Japanese forces in 1937, all three can be traced directly back to these two major conflicts. Although they were not the only organisations founded by Americans in response to these wars, they were the dominant groups in medically oriented work. Nevertheless, despite differences in geographic sympathies, political orientations, and cultural backgrounds, these three organisations show remarkable similarities in their founding. Beginning in New York City, their founders (most of whom were practicing physicians themselves) relied on grassroots organising and fundraising to get their projects underway. As funds accrued, these organisations spread into a network of nationwide chapters.

The AMBASD's foundation of support came from mixed cultural, religious, and ethnic backgrounds, although generally shared leftist political beliefs. Many AMBASD volunteers did, however, come from families of recent immigrants, and often shared a Jewish cultural and

religious heritage. Meanwhile, early ABMAC support drew heavily from populations of Chinese-Americans. Additionally, it found ready support and powerful allies in groups associated with Rockefeller Foundation efforts in China and American missionary groups. The origins and early support of the CAC remain murkier, although, like the AMBASD, they found their most ready support amongst left-wing groups. These three groups also began to define themselves as activist groups, taking action through humanitarian means in response to foreign conflicts where other institutions were failing.

Chapter 3 builds on the commentary of criticism that helped the AMBASD and ABMAC define themselves in contrast with other more established agencies. In this, the American Red Cross became a critical example, both for the practice of aid developed by these groups (offering private medical support of military forces) and as a contrast to what they sought to do (using the preservation of neutrality as the basis for not getting involved). Meanwhile, the more partisan nature of groups such as the AMBASD and the ABMAC actually seemed to bring them greater initial success. In response to the Spanish Civil War, the ARC remained open for donations to aid the Spanish cause, but ARC officials noted that its policy of forwarding donations to both sides of the conflict actually limited the contributions it received.

In response to the outbreak of war in China, the ARC tried to mount a fundraising campaign (at the request of President Franklin D. Roosevelt), but called off the campaign six months later because they found their fundraising goal too difficult to meet. Meanwhile, smaller organisations such as the ABMAC began to gain momentum. Despite the criticism it received, the ARC still offered a model for wartime relief in which both the ABMAC and AMBASD found inspiration. The ABMAC established close working ties with the Chinese Red Cross (CRC) society through its leader, Dr. Robert Kho-Seng Lim, earning the title of the official representative of the CRC in the U.S. – a role that would have typically been held by the CRC's sister red cross organisation, the ARC. Meanwhile, the AMBASD mounted a volunteer movement, sending units of American doctors, nurses, and other medical personnel to Spain in the spirit of ARC activity in the First World War.

Following the examination of the similarities of these groups in the first chapters, Chapter 4 begins to unpack their differences, which become more apparent in examining their variable relationship with the U.S. state. In this, their multifaceted publicity as 'purely' humanitarian groups seeking to assist beleaguered peoples of Spain and China, and political campaigns opposing U.S. neutrality in response to these conflicts, posed a challenge to the U.S. State Department. Under U.S. neutrality legislation, for instance, Americans were prohibited from travelling to Spain. But, although this status was heavily debated within the State Department, the medical volunteers of the AMBASD found a way around this as agents of humanitarian aid.

As the war in Spain – and efforts of the AMBASD – came to an end, the ABMAC and CAC became partners in a larger federated effort to aid China. With the backing of powerful publishing magnate Henry R. Luce, United China Relief (UCR) joined the forces of many smaller aid groups and became a vocal proponent of China's cause. Building from a period in which Chinese-Americans still faced substantial prejudice, such efforts helped transform American attitudes. Through UCR, the ABMAC and CAC also found an ally in the U.S. government, as the U.S. and China entered into a military alliance in the Second World War. Beginning with the extension of Lend-Lease aid to China in 1941, the ABMAC and CAC found a growing source of funds in attaching themselves to the massive increases of money available through the U.S. mobilisation for the war effort. Most of this money came filtered through the UCR via the National War Fund. Announced by President Roosevelt in 1943, the National War Fund formed a coalition between private and state efforts, channelling public donations to private agencies with the U.S. government's seal of approval.

These shifting patterns in the structures of aid form a turning point in state and private relations in the period examined by this study. In the aftermath of the Second World War, the scale of aid mediated by states and new international institutions dwarfed the efforts of smaller private relief initiatives. With the massive growth of the state during the Second World War – which included an extension into the field of aid – smaller private efforts would also find themselves limited in the extent to which they could ally themselves with foreign governments and institutions. And the debate between civilian and military aid formed a central part of the evolving relationship between the U.S. State Department and the AMBASD, ABMAC, and CAC.

Chapters 5 and 6 turn focus more directly to the activities of the AMBASD, ABMAC, and CAC abroad in Spain and China. In examining the work of the AMBASD, the experiences of the medical volunteers themselves rise to the foreground, both for defining the AMBASD's identity as an aid organisation and in forming the basis for its controversy with the U.S. state. In Spain, American volunteers staffed medical units affiliated with the International Brigades on the side of the Spanish Second Republic, affording them a close view of the battles of the Spanish Civil War. Although the ABMAC and CAC made some attempts, they did not mount the same sort of coherent volunteer response established more successfully by the AMBASD. Nevertheless, these groups did send a handful of Americans overseas to China to assist Chinese institutions in relief work, and serve as representatives helping to insure American aid reached the places it was most needed.

In turning attention to the more personalized experiences of individuals on the ground in Spain and China, these chapters shift the historical discussion of humanitarianism away from bigger political debates over the meaning and impact of the humanitarian endeavour to the day-to-day realities of its practice. As historians challenge the mythology of humanitarian neutrality and the diverse means through which international relations are practiced, these stories can often be lost. Individual experiences, however, are important in illustrating the extent to which power in aid was shared in practice. Despite differences in money available and formal influence, the evolution of the relationships and definition of success between private and state initiatives was not driven by any one group or effort. Rather it came to occupy its position through a confluence of factors.

As much as the individual efforts discussed in Chapters 5 and 6 defined so much of American aid in practice, larger changes in political climate still trickled down to have real effects on participants within the AMBASD, ABMAC, and CAC. Chapter 7 analyzes the way the political forces that gave these groups an early advantage ultimately began to tear them apart. Although the AMBASD had since disbanded with the Nationalist victory in Spain, its volunteers became subject to increased surveillance and questioning by the U.S. state in the 1940's for their activities in Spain. Simultaneously, as Cold War tensions escalated, the tentative alliance of groups such as the ABMAC and CAC under United China Relief disintegrated alongside the escalation of conflict between Chinese Nationalists and Chinese Communists in the wake of the Second World War.

Finally, Chapter 8 concludes this study, situating the AMBASD, ABMAC, and CAC as fundamentally lost causes politically, which also offered real relief to populations in Spain and China, albeit on a small scale. Next to U.S. expenditures on the Second World War, including money directed to non-military aid, even the combined efforts of these organisations pale in comparison. This chapter also brings in the later example of Médecins Sans Frontières (MSF) as an international agency drawing from the activist language of these earlier groups in combining humanitarian idealism with more proactive political stances. This later parallel demonstrates the extent to which medical activism remains part of the tradition of humanitarian endeavour, while also describing some of the limitations that kept AMBASD, ABMAC, and CAC efforts restricted to a more particular time and place.

As historians turn towards writing transnational histories of the intricate networks of people and places that connect our world, national histories become internationalized. Although U.S. history finds itself subject to the same re-examination, studies of the interwar period have yet to give the decade of the 1930's the attention it deserves. From a closer look at the internationalism of the 1920's, such histories become sidetracked by the massive changes in American society and domestic policy that dominated the 1930's at the expense of a broader view of the way the U.S. remained connected with global affairs until its involvement in the Second World War. Despite official policies of neutrality, there is a story to be told of how American citizens remained involved in the rest of the world. This study, therefore, seeks to make a small contribution to this by suggesting that official policy and unceasing foreign conflict merely changed the terms under which Americans remained involved in foreign affairs. The latter half of the 1930's created an atmosphere in which humanitarian action through medical activism flourished, and fed into the development of a new emphasis on aid as a response to conflict that followed in the second half of the twentieth century.

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ABBREVIATIONS.

ABMAC	American Bureau for Medical Aid to China
AFSC	American Friends Service Committee
AFSD	American Friends of Spanish Democracy
ALBA	Abraham Lincoln Brigade Archives
AMB	American Medical Bureau to Aid Spanish Democracy
AOA	American Overseas Aid
ARC	American Red Cross
CAC	China Aid Council
CDL	China Defence League
CMB	China Medical Board [Rockefeller Foundation]
CRC	Chinese Red Cross Society
CSI	*Centrale Sanitaire Internacionale*
EMSTS	Emergency Medical Services Training Schools
FAU	Friends Ambulance Unit
HUAC	House Un-American Activities Committee
ICRC	International Committee of the Red Cross
IHB	International Health Board [Rockefeller Foundation]
JAFRC	Joint Anti-Fascist Refugee Committee
KMT	Kuomintang
MSF	*Médicines Sans Frontières*
NACP	National Archives College Park
PUMC	Peking Union Medical College
RF	Rockefeller Foundation
SMAC	Spanish Medical Aid Committee
SRI	*Socorro Rojo Internacional*
SSI	*Servicio Sanitario Internacional*
VALB	Veterans of the Abraham Lincoln Brigade
WWI	World War I
WWII	World War II
YMCA	Young Men's Christian Association
YWCA	Young Women's Christian Association

ARCHIVAL ABBREVIATIONS.

CP-NARA	College Park, National Archive and Record Administration
FM	Fredericka Martin
HP-FDRPL	Hyde Park, Franklin D. Roosevelt Presidential Library
NY-NYPL	New York, New York Public Library
NY-TL	New York, Tamiment Library, New York University
NY-CU	New York, Columbia University, Rare Book & Manuscript Library

CHAPTER 1.
INTRODUCTION.

In the winter and spring of 1938, the short-lived *Journal of the Association of Medical Students* published a debate between Harvard University physiologist and professor, Dr. Walter B. Cannon, and National Secretary of the American Red Cross, Miss Mabel T. Boardman. But what issue lay at the heart of their debate? The question was how to ameliorate modern war with medical aid – and, even more specifically, how to do so in the distant nation of Spain, recently fragmented by civil war. Although their discussion offers an interesting reflection on concepts of modernity in the mid twentieth century, something more fundamental was at stake in Cannon and Boardman's debate. In the late 1930s, with the embers of smaller conflicts throughout the globe threatening combustion, Cannon and Boardman grappled with how, as self-proclaimed servants of a common global humanity and citizens of the United States should serve both communities in responding to the outbreak of war beyond American borders and immediate interests.[1] In a world where both nationalism and internationalism had begun to reach a fever pitch, these two forces faced off regarding the morality of humanitarian intervention.

Cannon and Boardman proposed two visions of aid drawing from the same language of ethics and action. By Boardman's Red Cross standard:

> It may be difficult for those not closely associated with the Red Cross to understand this "spirit of the Treaty of Geneva," referred to in the Congressional Charter. This is the pure spirit of mercy and humanity…It is not a judge, but a mitigator of sufferings caused by war or disaster. No physician worthy of his calling would stop to question the moral character of some injured victim of a sudden

[1] Ian R. Tyrrell, *Transnational Nation: United States History in Global Perspective Since 1789* (Basingstoke: Palgrave Macmillan, 2007).

> accident, before rendering the aid his merciful skill could provide…The very fact of its singleness of purpose gives to the Red Cross a power almost beyond belief.[2]

Boardman connected the 'spirit' of the Red Cross, with the fundamental 'spirit' of mercy within the medical profession – a mercy that was above and beyond assessment of 'moral' character. Less clearly spoken, the connection between moral and political character as foundations for judgment remained closely tied. Boardman also, however, connected Red Cross legitimacy to its relationship to the state, referring both to the Treaty of Geneva, and Congressional Charter of the American Red Cross. Boardman's claim to legitimacy was exclusive in its 'singleness of purpose' and sphere of action. But was the ARC's close connection as a private organisation to the machinery of the U.S. government really unique? With long-standing anti-statist traditions favouring local action over federally organised governance, private bodies have long been employed by American policymakers to generate collective action for public purposes.[3] Making out that sphere to be an *international* one did, however, mark a departure from the ARC's pre-war image. Prior to the First World War, the ARC's focus had remained much more closely tied to domestic disaster relief. By the end of the First World War, however, the American Red Cross had emerged as the preeminent U.S. institution involved in international humanitarian relief.

Cannon did not disagree with Boardman's assessment of the ethical commitments of the medical profession ministering aid to the victims of war. As Cannon himself summarised, 'War, more than any other human experience, puts the medical profession to a supreme test. It is worse than pestilence, for it is almost sure

[2] Mabel Boardman, 'Mabel T. Boardman of the American Red Cross on Medical Aid in Modern War', *Journal of the Association of Medical Students*, 1938, pp. 164–165.
[3] Brian Balogh, *A Government Out of Sight: The Mystery of National Authority in Nineteenth Century America* (Cambridge: Cambridge University Press, 2009).

to include pestilence, starvation and the depths of misery, not only among combatants but also among innocent non-combatants.'[4] Cannon had served in the medical corps in the First World War and, like so many of his colleagues, still looked to the years between 1914 and 1918 as setting the standards upon which to base more contemporary medical responses – the same years that had set a new national precedent for the role of the American Red Cross as a first responder in international aid on behalf on the United States.[5] In the 1930s Cannon became involved in one of the organisations of this study, an organisation dedicated to offering medical assistance to Republican Spain during the Spanish Civil War. He addressed the partisanship of this group directly:

> The question naturally arises, why not aid both sides? Of course, any wounded brought to our units are humanely treated, whichever side they represent. The ethics of the medical guild requires its members to perform their services to friend and foe alike…That is the professional spirit. Why not, then, aid both sides? In a war, differences of attitude are well separated and are likely to be intense. Persons who are at all interested will favor one side or the other. I and persons associated with me in the Medical Bureau sympathize with the legitimate government in Spain, and though we labor with the professional spirit, we apply our main efforts on the side of the government.[6]

Cannon did not question or negate Boardman's 'spirit' of mercy as it would apply to the standards of the medical profession. However, he added a layer of moral responsibility that extended into the political realm. Finding 'the central struggle of our time…dramatized in Spain…between democracy, on the one hand, and aggressive dictatorship, on the other', Cannon found his moral responsibility within a

[4] Walter B. Cannon, 'Walter B. Cannon on Medical Aid in Modern War', *Journal of the Association of Medical Students*, 1938.
[5] Julia Irwin, 'Humanitarian Occupations: Foreign Relief and Assistance in the Formation of American International Identities, 1898-1928' (unpublished Ph.D. Thesis, New Haven: Yale University, 2009); Saul Benison, Clifford A. Barger and Elin L. Wolfe, 'Walter B. Cannon and the Mystery of Shock: a Study of Anglo-American Cooperation in World War I', *Medical History*, 35 (1991), p. 221.
[6] Cannon, 'Walter B. Cannon on Medical Aid in Modern War'.

more selective direction of aid.[7] To actively aid fascism as a matter of humanitarian policy, by Cannon's estimation, corrupted the ideals that fed the humanitarian impulse. As Cannon continued, 'We are permitted by the State Department…to show our sympathy in caring for the wounded and the innocent victims of the insurrection.'[8] For Cannon, becoming a true humanitarian required a political choice beyond neutrality. And he would be joined by many more in this perspective, as private grassroots efforts blended American Red Cross traditions of humanitarian engagement with more consciously political choices.

Using a handful of grassroots organizations founded by concerned Americans, this thesis will explore American medical relief to Spain and China in the late 1930s and 1940s. Although serving vastly different peoples in strikingly distant landscapes – and set apart by their variable political and social support in the United States – these organisations illustrate more than a series of distinct geopolitical responses. The links between these two conflicts, however, have been largely overlooked historically.[9] The people behind this new wave of organisational activity shared fundamental beliefs that caused them to diverge from broader patterns in the American populace and other established American institutions in responding to foreign wars. For some of these international activists, these two conflicts presented parallel threats to democratic traditions. For others – many recent immigrants – regional ties to homelands besieged by conflict present a call to action. What united these diverse groups was their dedication to the development of moral and political activism through the means of medicine, a 'medical activism' inspired by a belief in

[7] Cannon, 'Walter B. Cannon on Medical Aid in Modern War'.
[8] Cannon, 'Walter B. Cannon on Medical Aid in Modern War'.
[9] Tom Buchanan's recent work exploring the 'Shanghai-Madrid Axis' and British responses to the wars in Spain and China provides an important exception, although I am not yet aware of anyone undertaking similar work in American history.

the potential of the individual to mediate international relations as a private citizen and the moral responsibility to make political choices in selecting recipients of aid.[10]

This thesis also seeks to redress an imbalance in current historical treatments of U.S. international relations in the 20th century. In current surveys, many texts neglect to recognise the alternative routes through which the United States engaged in global affairs during the 1930s – a period in which federal foreign policies emphasizing U.S. isolation forced other means of engagement. Even with the recent movement away from a policy- and government-oriented perspective on international relations to a more multifaceted approach that incorporates the totality of interactions amongst 'peoples, organisations, states, and systems', many current scholarly texts still seem to jump from an analysis of the international dimensions of the turbulent 1920s to the major changes that led up to the Second World War at the very end of the 1930s.[11]

The story of these otherwise small and relatively unknown organisations may refine historical understanding of the development of humanitarianism and the evolution of a new sense of global citizenship in the 20th century. As Ian Tyrrell has written of the Women's Christian Temperance Union, these organisations, placed in historical context, offer a window into much larger trends of American international activity and cultural expansion.[12] Although much of the work of the individuals in this study was still framed in highly nationalistic terms, the men and women of my thesis

[10] This term is adopted in this thesis from a passing reference made in Cary Nelson and Jefferson Hendricks, eds., *Madrid 1937: Letters of the Abraham Lincoln Brigade from the Spanish Civil War* (New York: Routledge, 1996), discussed further on pages 13 and 270.
[11] Dennis Merrill and Thomas G. Paterson, eds., *Major Problems in American Foreign Relations: Documents and Essays*, 7th edn, 2 vols. (Boston: Wadsworth Cengage Learning, 2010), II. The most recent edition, for example, jumps from 'Chapter 3: The International History of the Twenties' to 'Chapter 4: U.S. Entry into World War II'. A similar gap is found in: Thomas Bender, *A Nation Among Nations: America's Place in World History* (New York: Hill & Wang, 2006).
[12] Tyrrell, *Woman's World, Woman's Empire: The Woman's Christian Temperance Union in International Perspective, 1880-1930*.

ultimately saw their civic, professional – and patriotic – duty as extending beyond U.S. borders.

Of course, private activism as a response to war was not without historical precedent. Although involving participants more directly in the fray of battle, there are parallels to be drawn to a long traditional of private volunteerism in war, from medieval crusaders to 19th century filibusterers. With their roots in a shared activist impulse responding to crisis through a combination of political and humanitarian ideals, tracing the historical development of the American Medical Bureau to Aid Spanish Democracy, the American Bureau for Medical Aid to China, and the China Aid Council demonstrates the ways in which activist threads of humanitarianism were woven into changing institutional structures of aid, and also how that aid would increasingly be seen as a diplomatic and strategic tool in wielding influence alongside more traditional military aims. In combining traditions of political and humanitarian activism through the more tangible outlet of medical relief, I argue that the people of the AMBASD, ABMAC, and CAC became medical activists, seeking to employ the moral imperative of humanitarian relief to protest American foreign policy and push for more active interventions in foreign conflict just short of war (although even this line at times became hazy). Such humanitarian efforts also gave individuals an outlet for acting on personal ideals during a period in which they felt that their voices were marginalized. Meanwhile, concurrent developments in U.S. foreign policy began to selectively reinforce certain private efforts, illustrating a shift in attitudes towards the potential of humanitarian relief to serve as a mediator of international relations.

U.S. Political Culture in the 1930s: Isolationists and Internationalists

Even as historical trends have brought more and more historians to examine U.S. history in a significantly expanded global perspective, the period of the 1930s remains understudied.[13] Even in McGirr's assessment of the interwar period, which marks both the centrality of international conflicts and the growth of federal power in the U.S., her coverage seems to divide the latter between the two decades: looking at internationalism in the U.S. in the 1920s, and domestic changes in the U.S. in the 1930s. With formal U.S. foreign policy set on a course of isolationism from world affairs, and an economic crisis that brought about major changes in American society, culture, and domestic policy, historical research on this decade has focused predominantly on these themes. And yet, despite such overarching domestic concerns, and foreign policy state that sought to keep the U.S. from intervening in international affairs, there remains an international history to be told. This study seeks to bridge themes of internationalism and domestic change during the 1930s (with the changes begun during this period extending into the 1940s) through an examination of how private international activism developed alongside contrasting – and sometimes collaborative – policies on the federal level.

But, in considering an international history of the 1930s, can isolationism be dismissed entirely? Here, Robert Dallek's 1979 study on Franklin D. Roosevelt's foreign policy offers a starting point for this more nuanced approach.[14] Instead of attributing the basic drive of American interactions in the international sphere of the 1930s as dictated by a desire for complete disengagement from world affairs, Dallek

[13] Lisa McGerr begins to address this imbalance in her synthesis of existing research, although historical analyses of the 1930s continue to be dominated by examinations of domestic issues. Lisa McGirr, 'The Interwar Years', in *American History Now*, ed. by Eric Foner and Lisa McGirr, Critical Perspectives on the Past (Philadelphia: Temple University Press, 2011).
[14] Robert Dallek, *Franklin D. Roosevelt and American Foreign Policy, 1932-1945*, 1979.

depicted a political dichotomy of 'internationalists' and 'isolationists'. Dallek's analysis offers an opportunity to internationalize this period by reframing debates over American activity abroad during the 1930s as less of *whether* the United States should engage in the global sphere, but *how*. Like debates between 'imperialists' and 'anti-imperialists' at the turn of the century, or those of 'interventionists' and 'non-interventionists' at the brink of the Second World War, these dichotomies often crossed traditional political boundaries of the Democratic and Republican parties. As historians have sought to 'internationalize' United States history, the limits of isolationism have become increasingly evident.[15] As argued by Cohen, 'While the narrative of isolationism implies self-obsessed ignorance and contempt for engagement in world affairs' even advocates of 'international peace, justice, arbitration, non-intervention, and anti-imperialism…had little to do with isolation but instead represented an alternative yet activist foreign policy paradigm'.[16] In Cohen's dichotomy, the organisations that developed in response to the outbreak of war in Spain and China in the late 1930s fell somewhere between these extremes. While seeking to ameliorate the effects of war, UCR agencies espoused an interventionist – and ultimately war-affirming – approach to medical relief.

While acknowledging the greater intricacies present in American interwar political culture, the 1930s did see the political influence of the isolationists in congressional action. Over the course of the decade, U.S. interest in avoiding direct entanglement in foreign wars became formally articulated in a series of laws collectively known as the Neutrality Acts. At least in part inspired by popular responses to the Nye Committee's findings, Congress passed the first of these on 31

[15] Warren I. Cohen, *Empire Without Tears: America's Foreign Relations, 1921-1933* (New York: Alfred A. Knopf, 1987); Akira Iriye, 'The Internationalization of History', *The American Historical Review*, 94 (1989), 1–10; Akira Iriye, *Cultural Internationalism and World Order* (Baltimore: Johns Hopkins University Press, 1997).
[16] Cohen, *Empire Without Tears*, p. 138.

August 1935, prohibiting the export of war materiel from the U.S. to any warring nations.[17] Following the Italian invasion of Ethiopia that fall, the act was renewed and expanded to also prohibit Americans from extending loans or credits to belligerents. As private Americans began to seek involvement in the Spanish Civil War, the act was renewed and redefined again in May 1937 to explicitly include civil war and to prohibit the transport of any passengers or materials to belligerent nations on U.S. ships. U.S. citizens were also prohibited from travelling on ships belonging to belligerent nations. Humanitarian aid was still allowed, although aid organisations had to register for a licence from the State Department and submit monthly audits of their activities.[18] However, even within these policies tensions existed, as Roosevelt sought greater executive discretion in applying the Neutrality Acts. He eventually gained a degree of this in the cash-and-carry provision conceded by Congress in the 1939 Act.[19] This provision gave the President the discretion to allow nations at war to acquire any materials in the U.S. except arms, so long as they paid for such items up front and transported them on non-U.S. ships.

Despite such formal attempts to regulate private action in order to prevent national involvement in conflicts beyond American borders, a number of American citizens blatantly defied such action. When nearly 2,800 Americans volunteered to travel to Spain as part of the Abraham Lincoln Brigade, they did so as modern mercenaries, joining the units of the International Brigades on behalf of the Spanish Republic. In China, the American Volunteer Group, led by retired American Colonel

[17] Dallek, *Franklin D. Roosevelt and American Foreign Policy*, p. 102. The Nye Committee conducted hearings between September 1934 and February 1936 investigating American involvement in the First World War. The committee found questionable ties between U.S. foreign policy and the financial interests of the munitions industry, concluding that corporate interests had held too much sway in deciding American state policy.
[18] Eric R. Smith, *American Relief Aid and the Spanish Civil War,* Columbia: University of Missouri Press, 2013.
[19] Dallek, *Franklin D. Roosevelt and American Foreign Policy*, p. 102.

Claire Lee Chennault in 1939, became another privately organised military effort in support of a warring nation launched by Americans during a period of official neutrality.[20] With U.S. entry into the war on the side of China, however, his units would eventually be absorbed into U.S. Army's 23rd Fighter Group.[21] Such private efforts became another iteration of ongoing conflicts between private and state action in the international arena.[22]



Figure 1. Nurse Salaria Kee (above) was involved in Harlem Hospital's fundraising for Ethiopia before traveling to Spain with the AMBASD. Dentist Arnold Donowa was also involved in both projects. (NY-TL, ALBA Photo 131)

Americans choosing to fight on behalf of foreign armies may have left little to be debated when pursued in such direct contrast to American state policy. However, in the field of non-military aid to the victims of foreign conflict, the boundaries proved more difficult to define. Alongside a longer history of debates over the moral and political issues of supplying medical and other forms of relief to people in conflict abroad, private Americans have still chosen to organise relief independently of the state. As early as 1824, American aid organisations sprung up out of sympathy for Greece in the Greek War of Independence. Although supporters of Greece seeking federal backing urged Congress that supplying the Greeks with food and basic supplies was a simple act of

[20] Chennault served as a consult to the Chinese air force since the outbreak of the war in 1937, enlisting a number of American pilots to join Chinese forces in their fight against the Japanese in 1939. Yuwu Song, ed., *Encyclopedia of Chinese-American Relations* (Jefferson, N.C.: McFarland & Co., 2006).
[21] Carl Molesworth, *Sharks over China: The 23rd Fighter Group in World War II* (Washington D.C.: Brassey's, 1994).
[22] For more on the volunteers of the Abraham Lincoln Brigades, see: Peter N. Carroll, *The Odyssey of the Abraham Lincoln Brigade: Americans in the Spanish Civil War* (Stanford, California, 1994); Allen Guttman, *The Wound in the Heart: America and the Spanish Civil War* (New York, 1962); For more on the International Brigades as a whole, see: Antonio R. Celada, Daniel Pastor García and Rosa M. López Alonso, eds., *Las Brigadas Internacionales: 70 Años De Memoria Histórica* (Salamanca, 2007); For Britain's contributions to the International Brigades, see: Tom Buchanan, *Britain and the Spanish Civil War* (Cambridge, UK, 1997).

humanitarianism and would not violate neutrality, they ultimately relied solely on private donations to carry out their work.[23] In the 1930s, Spain and China were not the only nations to stir American sympathies. Earlier, Americans had organised aid for Ethiopia following the outbreak of the Second Italo-Ethiopian War. Sympathy with Ethiopia's invasion by Italy found special resonance within the African American community. As United Aid for Ethiopia raised money to provide non-military aid (some of which was sent to the Ethiopian Red Cross), doctors and nurses of Harlem Hospital in New York collected medical supplies and funds to send a 75-bed hospital to Ethiopia.[24] (See Figure 1.) While these activities served as an inspiration for later organisations dedicated to aid Spain, their activities remained more limited in scope, without the volunteer effort of groups such as the AMBASD.[25]

The United States also had its own tradition of incorporating relief into its foreign relations and diplomatic affairs. Although the Red Cross had maintained a unique relationship with government since its origins in the 1880s, the ARC's intimacy with the U.S. government was solidified in the First World War, as its activities abroad expanded to new precedents.[26] The development of the American Relief Administration (ARA) in the aftermath of the First World War extended American involvement in international spheres.[27] Founded by Congress in 1919, the

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[23] Merle Curti, *American Philanthropy Abroad* (New Brunswick, 1963), p. 22.
[24] Red Ross, 'Black Americans and Italo-Ethiopian Relief 1935-1936', in *Race and U.S. Foreign Policy from the Colonial Period to the Present* (London: 1998), p. 170.
[25] *African Americans in the Spanish Civil War: "This Ain't Ethiopia, But It'll Do'*, Danny Duncan Collum, ed. (New York, 1992), 19-20.
[26] While somewhat dated, Dulles offers the most extensive overview of ARC history - contrasted by Shealy's more critical alternative interpretation of the ARC's past. Foster Rhea Dulles, *The American Red Cross: A History* (Westport, Conn., 1950); Gwendolyn C. Shealy, *A Critical History of the American Red Cross, 1882-1945: The End of Noble Humanitarianism* (Lewiston, NY: Edwin Mellen Press, 2003); Several doctoral dissertations have offered valuable additions since, including: Thomas H. Reynolds, 'American Red Cross Disaster Services, 1930-1947' (unpublished Ph.D. Thesis, New York: Columbia University, 1954); Marian Moser Jones, 'Confronting Calamity: The American Red Cross and the Politics of Disaster Relief, 1881-1939' (unpublished Ph.D. Thesis, New York: Columbia University, 2008); Irwin.
[27] Bertrand M. Patenaude, *The Big Show in Bololand: The American Relief Expedition to Soviet Russia in the Famine of 1921* (Palo Alto: Stanford University Press, 2002).

ARA was tasked with offering relief war-torn Europe. Even this effort turned into a joint public and private venture, with the ARA's initial budget of $100 million doubled by private donations. Not only did the ARA deliver more than four million tons of relief supplies to 23 European countries, but also offered a popular foundation for ARA Director Herbert Hoover, who later served as U.S. president between 1929 and 1933.

However, Hoover's attempts as president to apply a similar technique of co-opting private action under state agency in response to the stock market crash of 1929 and subsequent economic downtown proved insufficient. Roosevelt, taking over the presidency in 1933, took an opposite tactic in clearly defining government and private spheres in his New Deal plan. Olivier Zunz proposes that it was only after the Second World War that the division established by Roosevelt's New Deal between government and private action became irrelevant, and American philanthropic organisations began increasingly turning their attention to overseas relief and reconstruction.[28] Zunz is certainly correct in citing the Second World War as a significant turning point, although this study illustrates that the roots of that movement began in private action before the war. As James Sparrow proposes in *Warfare State*, while many other countries turned towards constructing the modern welfare state, the mobilization of the United States for the Second World War caused significant restructuring of American government and a major break with aloof tradition of the Monroe Doctrine in international affairs established over a century earlier. In Sparrow's words, 'Even if war was not simply the handmaiden of capitalist growth or the product of warhawks' dreams, these years did nonetheless

[28] Olivier Zunz, *Philanthropy in America: A History* (Princeton: Princeton University Press, 2011).

establish a kind of "warfare state" rooted both in society and government'.[29] The organisations of this study – and the 'medical activists' behind them – belong to this tradition as well. Preceding the programme of aid established by Lend-Lease (which would have ramifications for China, if not for Spain), such private aid efforts as described here were intimately tied to war. Although activists would often cite ideals of neutrality in ascribing to humanitarian traditions, this was a humanitarianism couched in the assumption that pacifism was not going to solve the worsening conflicts of the 1930s.

From Medical Activism to Medical Diplomacy

The idea of 'medical activism' differentiates early medical relief efforts to Spain and China from more established international health and welfare activities in a number of ways. Activism not only combines motives of politics and humanitarian ideals, but also classifies such work as a more spontaneous, grassroots effort. Introducing the concept in describing a collection of letters from American medical volunteers in the Spanish Civil War (1936-1939), Cary Nelson labels their story 'the founding moment of modern medical activism…because their motivation was not only humanitarian, but also political'.[30] Nelson highlights the critical conflict within contemporary and historical discussions of aid in proposing a distinct separation between the 'political' and the 'humanitarian'. Humanitarian medical relief was often distinguished from other forms of international involvement in conflict for its independence from the complications of politics. How could one reproach a basic concern for human welfare, based upon the objective scientific realities of modern

[29] James T. Sparrow, *Warfare State: World War II Americans and the Age of Big Government* (New York: Oxford University Press, 2011), p. 7.
[30] Y.S. Wang and T.O. Cheng, 'Leo Eloesser: An American Cardiothoracic Surgeon in China', *Annals of Thoracic Surgery*, 71 (2001), 1387–1388.

medicine? Of course, matters were rarely this simple and the line between political conviction and humanitarian idealism has long been difficult to define.[31] As observed by Emily S. Rosenberg on early twentieth century philanthropic activity, 'Relief efforts, like other philanthropic impulses, were built on contradictory imagery. Although usually cast in apolitical terms, emergency assistance efforts invariably became entangled in politics – both international politics and those of the relief bureaucracies themselves.'[32]

This study does not seek to provide a comprehensive study of organisations at work in either Spain or China, but instead will focus on the development of three: the American Medical Bureau to Aid Spanish Democracy (AMBASD), the American Bureau for Medical Aid to China (ABMAC), and the China Aid Council (CAC). As Americans watched war break out in Spain in 1936 and China in 1937, many felt compelled to find ways to respond. Despite their many differences, the AMBASD (founded in 1936 to aid Republican Spain), the ABMAC (founded in 1937 to aid Nationalist China), and the CAC (founded in 1937 to aid Chinese communists) shared common qualities in 'seeking new avenues of applying private aid initiatives'. Focusing on medical relief as a particular strand of humanitarian aid provides a structure for an examination of how political activism may evolve from grassroots efforts to a larger public enterprise. In this sense, despite their different trajectories, medical relief efforts to both Spain and China illustrate the extent to which the state was beginning to increasingly recognise private aid as a tool of foreign relations.[33]

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[31] Bertrand Taithe, 'The Red Cross Flag in the Franco-Prussian War: Civilians, Humanitarians, and War in the "Modern Age"', in *War, Medicine, and Modernity*, ed. by Roger Cooter, Mark Harrison, and Steve Sturdy (Stroud: Sutton Publishing Ltd, 1998).

[32] Emily S. Rosenberg, 'Missions to the World: Philanthropy Abroad', in *Charity, Philanthropy, and Civility in American History*, ed. by Lawrence J. Friedman and Mark D. McGarvie (Cambridge, UK: Cambridge University Press, 2003), p. 251.

[33] Beginning with the President Truman's Marshall Plan, in the years following the Second World War, humanitarian aid became an increasingly integral tool to policy-makers seeking to push an alternative political system to the Communist world of the Soviet Union.

The organisations of this study, however, were far from the only ones working to aid Spain and China during this period. Many other groups faded in and out of the picture, ranging from similar small, private efforts, to larger institutions such as the American Red Cross and United Nations Relief and Rehabilitation Administration. Meanwhile, Quaker involvement through the American Friends Service Committee maintained a consistent and significant presence in medical relief in both Spain and China. As an organisation that actually maintained a more neutral presence in focusing exclusively on relief, Quaker activities have been largely excluded from consideration here, which chooses to focus more on organisations that incorporated the development of a political voice into their relief efforts.

When the Spanish Civil War ended in 1939, the AMBASD faded away, leaving its veterans to seek new avenues of professional and political action. However, as the U.S. moved closer to the formal military alliance that united China and the U.S. in the Second World War, the smaller private initiatives of the ABMAC and the CAC began to take off. In 1941, both groups (alongside six other private aid agencies) were incorporated under the auspices of United China Relief, Inc. (UCR).[34] In the six years following its foundation, UCR and its member agencies collected nearly $50 million in aid, at least $10 million of which was dedicated to the medical activities of the ABMAC.[35] UCR also acquired an impressive list of supporters, including Pearl S. Buck, J.D. Rockefeller III, Colonel Theodore Roosevelt, Wendell L. Wilkie, and Henry R. Luce. Both Mayling Soong (the Wellesley-educated wife of Nationalist leader Chiang Kai-shek) and First Lady Eleanor Roosevelt were named

[34] The seven other agencies involved in UCR's campaign included the China Emergency Relief Committee, Inc., the China Aid Council, the American Committee for Chinese War Orphans, Inc., Indusco, Inc., the Associated Boards for Christian Colleges in China, the Church Committee for China Relief, and China Famine Relief.
[35] Mudd Manuscript Library, Princeton University, United Service to China Records, Box 4, Folder 7: "Past Achievements and Present Program".

honorary chairwomen.[36] ABMAC leadership appears to have drawn heavily from the medical profession, with physicians presiding over both national headquarters and the ABMAC's various state branches. In 1942, the Chinese ambassador presented medals of honour to six American doctors for their efforts to provide aid to China through the ABMAC.[37] Meanwhile, UCR built upon its relationship with the U.S. government and from 1943 onwards the vast majority UCR's funding came from the National War Fund. Announced in 1943 by President Franklin D. Roosevelt, the National War Fund was developed as a philanthropic foundation meant to offer American citizens 'a share in winning the war, and in winning the right of free men to live in a better world', demonstrating to America's allies abroad that they had 'the backing of all the resources and spirit of the American people themselves.'[38] The idea behind the institution itself, however, did not appear to originate with Roosevelt himself – although he was reported as heartily approving of it in an early discussion with Mr. Joseph E. Davies on the matter.[39]

Internationalizing History

As a study of the intricate networks of individuals that connected places and peoples in the mid-twentieth century, this study also fits into a growing body of work on the history of international organisations. As noted by Akira Iriye, an early proponent for the 'internationalization' of history, 'A focus on international organizations, rather than nations and states, as units of analysis provides a fresh

[36] '$5,000,000 Sought for China Relief', *New York Times*, 3 March 1941.
[37] 'China Honors Seven Here', *New York Times*, 28 Oct 1942.
[38] Franklin Delano Roosevelt, 'Radio Address on the National War Fund', 5 October 1943: <<http://www.presidency.ucsb.edu/ws/index.php?pid=16322>>; Emily S. Rosenberg, 'Missions to the World: Philanthropy Abroad', in Charity, Philanthropy, and Civility in American History, ed by Lawrence J. Friedman and Mark D. McGarvie (Cambridge, UK: Cambridge University Press, 2003), 256.
[39] Hyde Park, Franklin D. Roosevelt Library [Hereafter HP-FDRL], Franklin D. Roosevelt, Papers as President: Official File, b.1–fo.5229: Letter, Prescott W. Bush to General Watson, 23 Mar 1943.

perspective on the evolution of international relations and enables us to reconceptualize modern world history'.[40] Since Iriye's call to arms (or, perhaps more accurately, pens and computers) over a decade ago, increasing numbers of historians have been engaging in this work through the framework of humanitarianism.

There are a number of historians whose work I seek to supplement in this study. Ian Tyrrell's work on international organisations of the gilded age and progressive era offers a valuable demonstration of the ways in which more focused studies on smaller groups may offer a foundation for valuable contributions to the study of a larger era.[41] In doing so, Tyrrell has made critical contributions to the recasting of American history in a transnational context.[42]

Tyrrell's approach offers a significant departure from the Merle Curti's *American Philanthropy Abroad*, although Curti's work remains an excellent introduction, offering an overview of the diverse range of traditions comprising the history of American philanthropic efforts abroad. In his chapter dedicated to assistance during the Spanish Civil War, Curti considers American medical aid efforts to Spain within the context of official American neutrality, providing an overview of the different groups involved in providing relief to both Republican and Nationalist Spain and focusing on how much funding was generated by various groups and where it was directed. He also dedicates a handful pages to China, offering a brief overview of UCR's work as an organization 'not without political overtones'.[43] Curti references the impressive tradition of work established by the Friends Ambulance

[40] Akira Iriye, *Global Community: The Role of International Organizations in the Making of the Contemporary World* (Berkeley: University of California Press, 2002), 1; See also: Iriye, 'The Internationalization of History', 1-10; Akira Iriye, 'The Role of International Organizations', in *The Global History Reader*, ed by Bruce Mazlish and Akira Iriye (New York: Routledge, 2005); Iriye, *Cultural Internationalism and World Order*.
[41] Tyrrell, *Woman's World, Woman's Empire: The Woman's Christian Temperance Union in International Perspective, 1880-1930*; Tyrrell, *Reforming the World: The Creation of America's Moral Empire*.
[42] Tyrrell, *Transnational Nation: United States History in Global Perspective Since 1789*.
[43] Curti, Merle Eugene, *American Philanthropy Abroad: A History* (New Brunswick, N.J.: Rutgers University Press, 1963), p. 425.

Unit in China, whose activities were later merged with UNRRA after the war.[44] UNRRA itself became a significant institution in reconstructing Europe after the war as well.[45]

Robert H. Bremner's *American Philanthropy* offers a valuable addition to Curti's study, particularly in offering a context for China relief in the United States in Roosevelt's War Relief Control Board and the establishment of the National War Fund.[46] More recently, Friedman and McGarvie's edited collection, *Charity, Philanthropy, and Civility in American History*, offers a fresh analysis of the themes visited by Curti and Bremner. In this collection, Rosenberg offers a valuable preamble to this story, focusing on early twentieth century efforts as they developed from the 'missionary-based philanthropic impulses' of organisations such as the YMCA and WCTU to the 'secularization and professionalization' of American international relief that shaped the work of both the ARA and Rockefeller Foundation.[47] This secularization of the missionary impulse resonates with Tyrrell's suggestion that the Rockefeller Foundation 'secularized the mission enterprise' in China from its beginnings in 1913.[48] Certainly the organisations of this study pursued secular aims, even when, in some cases, inspired by religious ties, or, more often,

[44] Curti, *American Philanthropy Abroad*, pp. 465–467; For more on the UNRRA's activites in China, see: Marilla Bliss Guptil, 'The United States and Foreign Relief: UNRRA in China, 1942-1947' (unpublished Ph.D. Dissertation, University of Virgina, 1995).
[45] Jessica Reinisch, Mark Mazower and David Feldman, eds., *Post-War Reconstruction in Europe: International Perspectives, 1945-1949* (Oxford: Oxford University Press, 2011); Jessica Reinisch and Elizabeth White, *The Disentanglement of Populations: Migration, Expulsion and Displacement in Postwar Europe, 1944-49* (Basingstoke: Palgrave Macmillan, 2011); Jessica Reinisch, *The Perils of Peace: The Public Health Crisis in Occupied Germany* (Oxford: Oxford University Press, 2013); Ben Shephard, *The Long Road Home: The Aftermath of the Second World War* (London: Vintage Books, 2012).
[46] Robert H. Bremner, *American Philanthropy* (Chicago: University of Chicago Press, 1988); For a contemporary account of the National War Fund, see: Harold J. Seymour, *Design for Giving: The Story of the National War Fund, Inc., 1943-1947* (New York: Harper & Brothers, 1947).
[47] Rosenberg, 'Missions to the World: Philanthropy Abroad'.
[48] Ian Tyrrell, *Reforming the World: The Creation of America's Moral Empire*, Princeton: Princeton University Press, 2010, p. 228.

pursued with missionary zeal.[49] In the same collection, Hammack adds another chronological chapter in considering the ways in which the Great Depression shaped American philanthropy, both in testing the limits of private philanthropy and in establishing new patterns of state involvement through the expansion of Roosevelt's New Deal programs.[50]

Olivier Zunz's latest work, *Philanthropy in America: A History*, offers an excellent overview of central role of charitable activity in U.S. history from the U.S. Civil War through the 20th century.[51] In this overview, Zunz notes the critical turning points creating by the First World War in the creation of a new 'mass philanthropy', and by the Second World War in internationalizing American philanthropic action. And Marian Moser Jones' recently published study of the American Red Cross offers a much-needed account of the American Red Cross in the early twentieth century up to the New Deal, while additionally offering an excellent critical assessment of the ideals of humanity and neutrality that formed the core of the ARC's public identity.[52]

Approaching the history of humanitarianism from a more explicitly international lens, works outside of American history become valuable resources. Through both edited collections and his survey, *Empire of Humanity*, Michael Barnett has offered a much-needed intellectual and chronological framework for the history

[49] In this tradition, organisations such as those of this study may be seen as politicizing that mission. In doing so, these organisations may have laid an unconscious preamble to more recent proclamations of the power of 'medical diplomacy'. See: Tommy G. Thompson, 'The Cure for Tyranny', *Boston Globe*, 24 October 2005.; Major Jay B. Baker, 'Medical Diplomacy in Full-Spectrum Operations', *Military Review*, Sept-Oct 2007.; Donald F. Thompson, 'The Role of Medical Diplomacy in Stabilizing Afghanistan', *Defense Horizons*, No. 63, May 2008.; David S. Broder, 'Diplomacy That Heals', *The Washington Post*, 15 January 2009.

[50] David C. Hammack, 'Failure and Resilience: Pushing the Limits in Depression and Wartime', in *Charity, Philanthropy, and Civility in American History*, ed. by Lawrence J. Friedman and Mark D. McGarvie (Cambridge, UK: Cambridge University Press, 2003).

[51] Zunz, *Philanthropy in America: A History*.

[52] Marian Moser Jones, *The American Red Cross from Clara Barton to the New Deal* (Baltimore: Johns Hopkins University Press, 2013).

of humanitarianism.[53] Barnett differentiates three eras of humanitarian history as created by the forces of geopolitics, capitalism, and ethics. While proposing a valuable chronological framework for the field, Barnett study neglects the role of cultural forces in shaping humanitarian endeavour. For works focusing on the interwar period, Weindling's edited collection, *International Health Organisations and Movements, 1918-1939*, also offers a valuable account. Weindling's collection focuses primarily on the work of larger international institutions dedicated to health and welfare, including the International Committee of the Red Cross, League of Red Cross Societies, League of Nations Health Organisation, and Rockefeller Foundation's International Health Division.[54]

Building from this growing body of work on American philanthropy and international humanitarianism, this study seeks to bridge the two while remaining rooted in relatively local stories of organisational action. To what extent is it actually worth differentiating between these two concepts: philanthropy and humanitarianism? The differences may be subtle, but are not insignificant. In reviewing the works highlighted above, this author finds philanthropic studies to generally incorporate a broader swath of both domestic and international activities, whereas humanitarianism has come to carry greater connotations of international dimensions. Meanwhile, as much as the history of humanitarianism has touted longstanding traditions of – or, at least, aspirations to – neutrality, as a term relative to times of conflict, humanitarian history becomes much more chequered. For many, including a number of the activists involved in this study, humanitarian responses to

[53] Michael Barnett, *Empire of Humanity: A History of Humanitarianism* (Ithaca: Cornell University Press, 2011); Michael Barnett and Thomas George Weiss, *Humanitarianism Contested: Where Angels Fear to Tread* (Milton Park, England: Routledge, 2011); Michael Barnett and Thomas George Weiss, eds., *Humanitarianism in Question: Politics, Power, Ethics* (Ithaca: Cornell University Press, 2008).
[54] Paul Weindling, ed., *International Health Organisations and Movements, 1918-1939* (Cambridge, UK: Cambridge University Press, 1995).

conflict dictated action that occupied a borderland short of active military intervention. While the concept of 'humanitarian war' (however oxymoronic) is not unheard of, the idea of 'philanthropic war' carries a connotation of conflict outside of direct military engagement. Still, the limits of such semantic debates must be recognised in that, while the actors of this study often referred to their work as being 'humanitarian' in nature, they rarely referred to themselves as 'humanitarians' per se. More often, their professional identity – be it doctor, nurse, or businessman – carried greater weight in their own self-definition.

Historiographies of War & American Foreign Relations in Spain and China

With the organisations of this study deeply rooted in American responses to the Spanish Civil War and Second Sino-Japanese War, scholarship on these conflicts and American foreign policy with Spain and China during this period also become valuable resources.

Since its beginnings in the summer of 1936, the Spanish Civil War has inspired extensive literary and historical reflection. International diplomatic responses have been a major focus, as historians analyse governmental responses and Western policies of non-intervention. The formation of the International Brigades has also inspired much historical research. A mythology has developed surrounding the nearly 2,800 Americans who volunteered to fight in Spain, both honoured and condemned as 'premature' anti-fascists in their ideological commitment. In comparison, however, very little attention has been paid to the larger efforts to provide non-military aid to Spain that spread through the United

States and other Western democracies.[55] More recently, Eric R. Smith's soon-to-be published doctoral dissertation provides a much-needed analysis of the landscape of American aid efforts in the Spanish Civil War, emphasizing the wide range of social, political, and ethnic groups it involved.[56] Smith limits his discussion to the structure and activities of the aid 'movement' within the U.S., and focuses less on their activities in Spain. More gender-oriented studies of women's involvement in the Spanish Civil War also offer a valuable portrait of American nursing personnel, including Julia Newman's 2002 documentary film and Frances Patai's study of American nurses in Spain.[57] Gabriel Jackson also dedicates one chapter of his general history to more institutional responses to relieve Spanish suffering – particularly those of the ICRC and the League of Nations.[58] While Jackson's recognition of these organisations is useful, his discussion of their activities is somewhat cursory and dated. Rey García's commentary on American medical aid offers a more contemporary consideration of the role of the American Red Cross (ARC) and other 'neutral' aid organisations. Examining medical aid efforts in light of the propaganda they generated, Rey García discusses the inherent contrast between partisan medical aid and the non-partisan humanitarian motives they publicized. She notes that of the dozens of American organisations that sent medical aid to Spain,

[55] In comparison to their American colleagues, British historians have directed greater attention to the 'Aid Spain' movement in Britain. For an overview of the British aid movement, see: Jim Fyrth, *The Signal Was Spain: The Spanish Aid Movement in Britain, 1936-1939* (London, 1986). Angela Jackson's work offers another interesting perspective on aid workers in Spain. See: *British Women and the Spanish Civil War* (London, 2002).; *Beyond the Battlefield: Testimony, Memory, and Remembrance of a Cave Hospital* (Pontypool, 2005).; and *At the Margins of Mayhem* (Pontypool, 2008). Tom Buchanan offers some critical alternatives to Fyrth and Jackson's interpretation of the politics of the British aid movement, found in his reviews of their work (see: 'Britain's Popular Front?: Aid Spain and the British Labour Movement,' *History Workshop Journal*, 31(1) 1991.; and 'Review of Angela Jackson, British Women and the Spanish Civil War,' H-Albion, *H-Net Reviews*, September, 2003.) and in selected chapters of his books (see: *Britain and the Spanish Civil War* (Cambridge, 1997) and *The Impact of the Spanish Civil War on Britain: War, Loss and Memory* (Brighton, 2007)).

[56] Smith, *American Relief Aid and the Spanish Civil War*.

[57] Julia Newman (dir.), Into the Fire: American Women in the Spanish Civil War (First Run Features, 2002); Frances Patai, 'Heroines of the Good Fight: Testimonies of U.S. Volunteer Nurses in the Spanish Civil War, 1936-1939', *Nursing History Review*, 3 (1995), pp. 79-104.

[58] Gabriel Jackson, *The Spanish Republic and the Civil War, 1931-1939* (Princeton, 1965), pp. 430-450.

only seven could be considered neutral – of which only the ARC and Quaker Society of Friends participated in any significant way.[59]

In terms of understanding how American units of medical volunteers fitted into the structure of health services in Republican Spain, Spanish historians have provided some of the most detailed accounts. Of these, the works of José Ramón Navarro Carballo, José M. Massons, and Manuel Requena and Rosa Mª Sepúlveda stand out.[60] In comparison to British and American accounts of the International Brigade medical services, which tend to focus more on medical volunteers as part of independent national units, Spanish historians do more to depict the contributions of foreign volunteers as only one piece of a larger international effort. This effort not only enlisted the help of medical personnel from dozens of countries, but was also integrated with the work of Spanish medical personnel. Both traditions offer valuable historical perspectives, which I seek to incorporate in my own analysis. Nicolas Coni's comprehensive study of medicine during the Spanish Civil War offers an exception to this general trend, providing an overview of both Nationalist and Republican medical structures and the medical advances made on both sides.[61] Francisco Guerra also provides an exceptional and exhaustive account of the doctors and nurses at work in Republican Spain, and their fates after the war.[62] Celada, García, and López Alonso also include a number of pieces relating to the structure of International Brigades health services in their edited collection, with several accounts of specific hospitals or clinical sites.[63]

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[59] Marta Rey García, *Stars for Spain: La Guerra Civil Española en los Estados Unidos* (Madrid, 1997).
[60] José Ramón Navarro Carballo, *La Sanidad en las Brigadas Internacionales* (Madrid, 1989); José M. Massons, *Historia de la Sanidad Militar Española* (Barcelona, 1994).; Manuel Requena and Rosa Mª Sepúlveda (eds.), *La Sanidad en las Brigadas Internacionales* (Cuenca, 2006).
[61] Nicolas Coni, *Medicine and Warfare: Spain, 1936-1939* (New York, 2008).
[62] Francisco Guerra, *La Medicina en el Exilio Republicano* (Madrid, 2003).
[63] Antonio R. Celada, Daniel Pastor García, and Rosa Mª López Alonso (eds.), *Las Brigadas Internacionales: 70 Años de Memoria Histórica* (Salamanca, 2007).

Histories of the International Brigades themselves, as an international volunteer force, which joined the battle on the side of the Spanish Republic, also become an important historical source for information about the AMBASD. Although the AMBASD was founded as a separate organisation, it became closely affiliated with the American contingent of the International Brigades. Peter Carroll provides a more recent examination of the volunteers of the Abraham Lincoln Brigade, relying heavily on oral histories, backed up by archival research, including materials from the recently opened Soviet archives.[64] His account becomes particularly compelling as he discusses volunteer involvement in Spain within the broader context of how experiences in Spain fit into people's lives both before and after the war. Carroll pays particular attention to questions surrounding the role of communism. He argues that ALB volunteer involvement arose more from shared working-class political beliefs and concerns over the rise of fascism, than from manipulation by the Comintern and American Communist Party. Carroll mentions some of the more prominent medical volunteers as part of his study, but does not provide a comprehensive account of volunteer medical units.[65] Dialogues over the political components of relief work in Spain fit into a much larger historical debate over the role of the Communist involvement in the Spanish Civil War. In the United States, this debate became particularly volatile with the emergence of the Cold War and the rise of McCarthyism after World War II. Both Allen Guttmann and Peter Carroll have examined some of these issues, while historians such as John Earle Haynes have invoked opposing arguments. In his early analysis of American responses to the war, Guttmann proposes that the war in Spain evoked strong

[64] Peter N. Carroll, *The Odyssey of the Abraham Lincoln Brigade: Americans in the Spanish Civil War* (Stanford, 1994).
[65] Carroll mentions three doctors (Edward Barsky, Irving Busch and the Canadian Norman Bethune), one nurse (Fredericka Martin), one ambulance driver (Milt Felsen), and one pharmacist (Harry Wilkes).

sympathies with the American public through perceived parallels with American ideals of a liberal democracy.[66] Although Guttmann approaches the history of the American response broadly, he does not address the aid movement to Spain beyond considering how it may have demonstrated aspects of American perceptions of Spain.

Although this study focuses on American contributions, a number of studies on British medical volunteers during the Spanish Civil War are also worth noting as valuable references for piecing together the experience of Americans in Spain and the blurring of national lines that separated different national volunteer units in Spain. Manuel Olarte Madero's local history, *El "Hospital Inglés" de Huete*, offers a valuable portrait of an International Brigade hospital. Although founded nominally by British units, Olarte's book demonstrates the extent to which medical units of different nationalities mixed in Spain.[67] Madero also dedicates some pages to discussing other more explicitly "American" hospitals, such as Castillejo and Villa Paz. Linda Palfreeman's recent *¡Salud! British Volunteers in the Republican Medical Service During the Spanish Civil War, 1936-1939* offers an excellent overview of the British medical volunteers, while also offering a valuable overview of how such international units fitted into Republican medical services.[68] Finally, Tom Buchanan's work on responses of the British left provides an excellent model of political analysis, which has recently been extended into an extremely valuable comparison of responses to the wars in Spain and China in Britain.[69] Buchanan's extensively researched work demonstrates

[66] Allen Guttman, *The Wound in the Heart: America and the Spanish Civil War* (New York, 1962).
[67] For instance, at this 'English Hospital', American Mildred Rackley played an important role as administrator and translator – and American nurse Thelma Erickson would also visit. Manuel Olarte Madero, *Las Brigadas Internacionales: El 'Hospital Inglés De Huete'* (Cuenca, 2010).
[68] Linda Palfreeman, *¡Salud! British Volunters in the Republican Medical Service During the Spanish Civil War, 1936-1939* (Eastbourne: Sussex Academic Press, 2012).
[69] Buchanan, *Britain and the Spanish Civil War*; Tom Buchanan, "'Shanghai-Madrid Axis"? Comparing British Responses to the Conflicts in Spain and China, 1936 - 1949', *Contemporary European History*, 21

the extent to which both causes became linked in the eyes of the British left, and gained wider public currency in the notoriety earned in the bombing of civilian populations in both Spain and in China. Although China did not seem to gain the same level of attention in Britain as it would in the United States, it still drew some of those who had volunteered in Spain onto China in the years that followed.[70] Although a substantial secondary literature exists surrounding both of these conflicts – and international involvement in them – relatively few studies exist drawing direct comparisons between them, despite parallels drawn in the eyes of their contemporaries. The overlapping draw of Spain and China during this period can also be seen in a handful of more biographical sources.[71]

Turning to the challenges of American aid to China during this same period, a collection of historical work has emerged surrounding American perceptions of China during this period of change. Both Jesperson and Neils offer profiles of UCR's fundraising efforts in the United States, while focusing less on its activities in China.[72] Brief passing references to UCR and some of its affiliated agencies also appear in a number of other accounts of the history of Sino-American relations in the mid-twentieth century.[73] Although the leading UCR agency in the field of medical relief,

(2012), 533–552; Tom Buchanan, *East Wind: China and the British Left, 1925-1976* (Oxford: Oxford University Press, 2012).

[70] British nurse Patience Darton was one of these. Angela Jackson, *For Us It Was Heaven: The Passion, Grief & Fortitude of Patience Darton - from the Spanish Civil War to Mao's China* (Sussex Academic Press, 2012).

[71] A number of journalists, medical personnel, and other individuals spent time in first Spain, and then China. Amongst the medical personnel, the biographies of Norman Bethune are noteworthy. G.E. Sichon, 'Mémoires Et Témoignages, Les Médicins Des Deux Guerres: Espagne 1936-1939, Chine 1939-1945", *Matériaux pour l'histoire de notre temps*, 19 (1990), 57–64; Jackson.

[72] T. Christopher Jespersen, *American Images of China, 1931-1949* (Stanford, California: Stanford University Press, 1996); Patricia Neils, *China Images In the Life and Times of Henry Luce* (Savage, Maryland: Rowman & Littlefield Publishers, Inc., 1990).

[73] Barbara W. Tuchman, *Stilwell and the American Experience in China, 1911-1945* (New York: The Macmillan Company, 1971); James C. Thomson Jr., *While China Faced West: American Reformers in Nationalist China, 1928-1937* (Cambridge, Mass.: Harvard University Press, 1969); Michael Schaller, *The U.S. Crusade in China, 1938-1945* (New York: Columbia University Press, 1979); Michael Schaller, *The United States and China: Into the Twenty-First Century* (New York: Oxford University Press, 2002); Warren I. Cohen, *America's Response to China: An Interpretive History of Sino-American Relations* (New

the American Bureau for Medical Aid to China has received relatively little historical attention, despite the work of independent historian and current ABMAC president John R. Watt. Both Watt's history of the ABMAC and his edited collection dedicated to its work in Taiwan after 1949 offer valuable starting points for understanding the ABMAC's story.[74] The China Aid Council, also active in the medical field under UCR leadership but with political leanings towards the left, has received even less attention. Thankfully, archival materials for all three of these organisations may be found in the United States, which will serve as valuable resources for this study.

Learning about American communities that became most critical for support of both the ABMAC and UCR, the substantive historical accounts of American missionaries and the Rockefeller Foundation in China provide excellent background. Through the China Medical Board's Peking Union Medical College (PUMC), an international community of physicians and academics developed, as educational exchanges encouraged movement and communication between Chinese and American medical students and faculty. While PUMC historian Bullock has suggested that when war broke out, many of those affiliated with the PUMC 'chose to respond to the war through private retreat', even gaining criticism from American representatives of the Rockefeller Foundation for a 'standoffish attitude' that 'contributed little to the demands of wartime conditions', this was certainly not the case for all.[75] In fact, many of those who later become involved in the work of the

York: John Wiley & Sons, Inc., 1971); Mary Brown Bullock, *An American Transplant: The Rockefeller Foundation and Peking Union Medical College* (Berkeley: University of California Press, 1980).

[74] The ABMAC, still in operation today as the American Bureau for Medical Advancement in China, moved its activities to Taiwan with the exiled Nationalist government after the Chinese Communist victory establishing the People's Republic of China in 1949. John R. Watt, *A Friend in Deed: ABMAC and the Republic of China, 1937-1987* (ABMAC, 1992); *Health Care and National Development in Taiwan, 1950-2000*, ed. by John R. Watt (ABMAC Foundation, 2008).

[75] Bullock, *An American Transplant*, pp. 194–195.

ABMAC and UCR in both China and the United States had been introduced through the PUMC.

Meanwhile, missionary work in the early twentieth century became another important point of contact in the development of an international community with interest in China.[76] Some of the most prominent leaders in the private movement to equip China with medical aid during the war came from missionary backgrounds. Both UCR President Henry R. Luce and novelist and UCR board member Pearl S. Buck were 'mishkids', born in China to missionary parents. Both Luce and Buck were profoundly affected by their early experience in China, and later came to be influential shapers of American public opinion towards China.[77] Dr. Walter Judd, a former medical missionary in China involved in the Student Volunteer Movement, later became a U.S. congressman and active member of UCR. Judd's political life, informed by his experiences in China, also led him to be an influential member of the 'China lobby', speaking vehemently against the Chinese Communists' rise to power.[78]

[76] While support for foreign missionary efforts in China had suffered with the rise of xenophobic nationalism, missionary work continued, albeit at a slower pace, throughout the 1930s. Thomson offers a useful account of many of the missionary efforts during this period. Thomson Jr.

[77] Luce has been the biographical subject for a number of historians including, most recently: Alan Brinkley, *The Publisher: Henry Luce and His American Century* (New York: Alfred A. Knopf, 2010); Luce's specific role in shaping American perceptions of China has also been a more specific focus of study. Through the figure of Luce, both Jesperson and Neil offer some of the most important existing historical accounts of UCR's work. Jespersen; Neils; Much has been written about Buck's role in shaping American images of China through her writing: Karen J. Leong, *The China Mystique: Pearl S. Buck, Anna May Wong, Mayling Soong, and the Transformation of American Orientalism* (Berkeley: University of California Press, 2005); Vanessa Künnemann, '"Following with Bleeding Footsteps?" American Missions in China and the (Gendered) Critique of Pearl S. Buck'.

[78] Kenneth E. Shewmaker, *Americans and Chinese Communists, 1927-1945: A Persuading Encounter* (Ithaca: Cornell University Press, 1971), p. 270.

While the ABMAC tended to draw more from missionary and Rockefeller Foundation communities, the China Aid Council (CAC) found many supporters amongst those active in providing medical aid to the Spanish Republic. CAC executive secretary, Marian Exter, first gained organisational experience working with the American Medical Bureau to Aid Spanish Democracy. The China Aid Council provided support to the network of International Peace Hospitals in the Northwest, which Canadian surgeon and Spanish Civil War medical veteran Dr. Norman Bethune played an important role in establishing.[79] American physician Dr. George Hatem adopted a leading role in China's International Peace Hospitals during the war.[80] China also became the destination for a number of refugee doctors from central and eastern Europe, with many finding politically sympathetic colleagues amongst the Chinese communists, with a handful also serving with U.S. military forces in Nationalist war zones. Brief references to half a dozen of these refugee doctors, as well as Dr. Bethune, Dr. Hatem, and Dr. Brown, appear in Shewmaker's book on American experiences with Chinese communists between 1927 and 1945. (See Figure 2.)



Figure 2. Dr. Brown (standing, left) and Dr. Bethune (standing, right) in China. (Parks Canada, Bethune Memorial House National Historic Site of Canada, www.pg.gc.ca)

[79] Bethune has received significant attention as an outstanding figure for his work in both Spain and China. Dying from sepsis during his service in China, he has since been promoted to the status of hero in China. For biographical accounts of his work, see: Ted Allan and Sydney Gordon, *The Scalpel, the Sword: The Story of Dr. Norman Bethune* (New York: Monthly Review Press, 1973); Roderick Stewart and Sharon Stewart, *Phoenix: The Life of Norman Bethune* (Montreal: McGill-Queens University Press, 2012).

[80] Sidney Shapiro, *Ma Haide: The Saga of American Doctor George Hatem in China* (Beijing: Foreign Languages Press, 2004).

While the religious dimensions of the Nationalist and Communist divide led many with missionary ties to identify with the Nationalist government, others ended up becoming strong supporters of the communists in China. For instance, Canadian physician and medical missionary, Dr. Richard Brown, who also worked in China during the 1930s, had 'nothing but admiration for the Chinese Communists', even as he spoke adamantly against the lack of faith of Russian Communism.[81] Working alongside Dr. Norman Bethune in Northwest China, Brown became an important leader in providing medical services among the Chinese fighting along the Northern front. While Judd and Brown's religious convictions led them to become vocal political figures in some ways, other 'medical missionaries' seemed to be less ideologically motivated in their work in China. Dr. Ruth Hemenway, another American medical missionary who worked in China in the 1930s, later admitted the missionary presence in China was more significant for her as a conduit for offering her professional skills abroad, than an opportunity to act on strong religious (or political) convictions.[82]

Meanwhile, with American entry into the Second World War and the military alliance between the U.S. and China, private aid efforts to China became eclipsed by larger governmental and military initiatives – which reached far beyond any monetary contributions raised by private sources. This period also saw significant changes in federal structures for accommodating – and overseeing – private humanitarian initiatives. There are limited secondary sources for these changes, although Emily S. Rosenberg offers some coverage of these changing

[81] Shewmaker, *Americans and Chinese Communists*, p. 92.
[82] Ruth V. Hemenway, *Ruth V. Hemenway, M.D.: a Memoir of Revolutionary China, 1942-1941* (Amherst: University of Massachusetts Press, 1977).

structures.[83] Rosenberg and others also offer valuable analysis of changing cultural perspectives on humanitarian aid during this period, as an increasingly legitimate form of foreign relations.[84] Some studies written more from a social or political science perspective do also offer some noteworthy historical perspectives on the development of private American aid in the 1940s.[85]

Limitations

Already laden with acronyms, this dissertation does not even begin to consider the full range of organisations that formed in the U.S. in response to the wars in Spain and China. In terms of wider humanitarian aid efforts that sought to mediate relief through the movement of medical volunteers, it leaves out a very important actor in Quaker relief efforts. Organised by Quakers in Britain and the U.S. during the World War I, the British FAU (Friends Ambulance Unit) and AFSC (American Friends Service Committee) operated independently and became destinations for conscientious objectors during both world wars. Quaker-sponsored medical relief has received recognition for offering one of the few truly politically neutral conduits to offer any significant aid during the Spanish Civil War.[86] In 1941, the FAU organised an expedition to China, which sent medical volunteers to work alongside the Chinese Red Cross in mobile units.[87] From the other side of the Atlantic, the AFSC became involved and by the start of 1946 the China Convoy included eighteen

[83] Rosenberg, 'Missions to the World: Philanthropy Abroad'; Emily S. Rosenberg, *Spreading the American Dream: American Economic and Cultural Expansion, 1890-1945* (New York: Hill & Wang, 1982).
[84] See: Brenda Gayle Plummer, 'The Changing Face of Diplomatic History: A Literature Review', *The History Teacher*, 38 (2005), 385–400.
[85] Brian Smith, *More Than Altruism: The Politics of Private Aid* (Princeton: Princeton University Press, 1992); Landrum R. Bolling and Craig Smith, *Private Foreign Aid: U.S. Philanthropy for Relief and Development* (Boulder, Colo.: Westview Press, 1982).
[86] Marta Rey García, *Stars for Spain: La Guerra Civil Española En Los Estados Unidos* (Madrid, 1997).
[87] Davies' history of the FAU during World War II offers a useful account of the China Convoy's work. A. Tegla Davies, *Friends Ambulance Unit: The Story of the F.A.U. in the Second World War 1939-1946* (London: George Allen and Unwin Limited, 1947).

Americans, while just over half of the 139 volunteers still came from Britain.[88] When the AFSC became affiliated with United China Relief, the China Convoy found a significant new source of income. For the remaining years of the war, UCR became the China Convoy's principal source of funding which, combined with a British 'grant-in-aid' and support from the Canadian Red Cross, gave the unit 'far more' money 'than [it] was handling in any other part of the world'.[89] The work of the FAU in World War II later earned the Quakers a Nobel Peace Prize in 1947.

In seeking to connect smaller narratives in the history of humanitarian endeavour through the framework of a few small, private organisations, there is, ultimately, a lot this study leaves out. As a study in U.S. political activism, a broader look at citizen action in response to the wars of the 1930s – beyond medical relief – would offer another interesting story. Alternatively, remaining within the realm of medical relief and humanitarian aid, including an examination of private American responses to the Italo-Ethiopian war would round out this study. In his dissertation on American aid to Spain, Eric R. Smith hints at connections between Spain and the Ethiopian example, noting that in early 1937 the Communist Party sought to redirect aid collected for Ethiopia to Spain, with the slogan that 'Ethiopia's fate is at stake on the battlefields of Spain'.[90] These three major conflicts, all leading up to the Second World War, compose an important trajectory in American interwar history, driving both the more formal statements of American foreign policy claimed in the

[88] Margaret Stanley, the first American nurse to join the China Convoy, later wrote of her experiences after revisiting the country in 1972 with the AFSC. Margaret Stanley, 'China: Then and Now', *The American Journal of Nursing*, 72 (1972), 2213–2218; Margaret Stanley, 'Two Experiences of an American Public Health Nurse in China A Quarter of a Century Apart', *American Journal of Public Health*, 63 (1973), 111–116; British volunteer, John E. Simpson, later published a collection of letters to his future wife, which provide a first-hand account of the China Convoy's activities. John E. Simpson, *Letters from China: Quaker Relief Work in Bandit Country, 1944-1946* (Cambridge, UK: Ross-Evans, 2001).

[89] Davies, *Friends Ambulance Unit*, p. 288.

[90] Smith also noted that many black nationalist leaders supporting aid to Ethiopia complained vocally about these connections, although others, such as Langston Hughes became intimately involved in the causes of both Ethiopia and Spain. Smith, *American Relief Aid and the Spanish Civil War*.

Neutrality Acts of the 1930s, and other responses – such as those examined in this study – working to circumvent or directly confront policies of neutrality.

This study is heavily dependent on archival sources, and with that carries certain, very real limitations, while also offering new detail to previously untold stories. With much of my research on the AMBASD drawing from Fredericka Martin's (head nurse of the first AMBASD unit) own research into the organisation during the 1960s and 1970s, this study will undoubtedly have been coloured by her own interests in research. Nevertheless, she also has provided a truly unique resource in gathering material on people who otherwise do not appear often in the historical record – and in gaining invaluable reflective perspectives on their experiences. Supplementing her work with those of other relevant collections in the Tamiment Archives of New York University – and secondary sources coming from both Spain and the U.S. – conclusions drawn here are echoed in multiple sources.

In terms of my work on China, while vast organisational collections exist for the ABMAC and UCR, very little archival resources remain surrounding the CAC. Not speaking Chinese, I was unable to follow up this organisation in Chinese sources, although there may be a very interesting story to be told there, particularly in tracing its relationship with the China Defence League in China. My own lack of Chinese language skills also precluded me from paying the same sort of attention I tried to give to Spain in considering Spanish responses to American medical relief during the war, although some of the Chinese response could be found from English-speaking Chinese nationals involved in aid from either the U.S. or China. The lack of a resource like the Fredericka Martin Archives in the case of China aid meant that the archival sources used for studying organisations at work in China lack some coherence, and trying to chase up more specific details about individuals often led to

dead ends. This study may have also been improved from some additional research in the U.S., which was not completed due to constraints of time. In reviewing the comparison between American aid to Spain and China during this period, I would have liked a closer examination of ARC records related to Spain and State Department records related to China to round out the comparison. In the case of the former, to see the extent to which AMBASD critiques of ARC inaction and attitudes towards Spain could be verified, and in the case of the latter, to see if any direct discussion of the relevance of private China aid organisations had for U.S. foreign policy. (Particularly as a parallel to the discussions of Perkins and others that are discussed with regard to Spain in Chapter 4.)

Outline of Chapters

The first half of this study will examine the foundation and development of the American Medical Bureau to Aid Spanish Democracy, American Bureau for Medical Aid to China, and the China Aid Council within their U.S. context. More specifically, Chapter 2 will provide a closer examination of the people behind the efforts of the AMBASD, ABMAC, and CAC, and the motivations and rationale for their action. All three organisations were founded on a remarkably similar timeline, formed within a matter of months following the outbreak of the Spanish Civil War in July 1936, and the Second Sino-Japanese War in July 1937. Chapter 3 further develops the idea of "medical activism" as a cultural trend in private aid that contrasted with more established institutions, such as the American Red Cross (ARC). Critically aware of the perceived lack of an appropriate American Red Cross response, organisations such as the AMBASD, ABMAC, and CAC began to supplant the traditionally neutral role of the ARC in foreign medical relief by more directly

embracing the political dimensions of humanitarian aid. Chapter 4 will offer a closer examination of how each of these organisations began to expand, particularly in light of changing federal structures. Beginning as smaller grassroots responses spearheaded, at least in the case of the AMBASD and the ABMAC, by medical personnel with distinctive political beliefs (the CAC's exact origins are murkier), all three evolved to become a part of larger federated aid efforts. In the case of Spain, the North American Committee sought to unite a number of relief responses that had formed in response to the war in Spain. Meanwhile, in the case of China, United China Relief became the uniting force behind an even greater diversity of aid efforts, which included both the ABMAC and the CAC. Meanwhile, over the period of this study, there was a steady progression on behalf of the U.S. government to recruit such private efforts to join U.S. interests in foreign policy. A closer examination of evolving federal attitudes towards the private aid efforts described reflects the extent to which private success depended on alignment with U.S. interests.

The second half of this study turns its attention towards Spain and China to explore the activities of these organisations abroad, and the experiences of Americans sent under the auspices of each. Chapter 5 will examine the activities of the American Medical Bureau to Aid Spanish Democracy in Spain, while Chapter 6 will focus on those of the American Bureau for Medical Aid to China and the China Aid Council in China. Again, many traditions arise in differentiating the activities of each organisation abroad, with each striking its own balance between three general threads of activity: shipping medical supplies and equipment, creating of units of medical volunteers, and offering direct financial support to local health institutions. This section seeks to draw attention to different levels of humanitarian action by focusing on the experiences of the medical volunteers and logistical representatives

that translated organisational policy and ideals to reality in the field. This individualized approach offers a unique perspective in considering some of the more tangible impacts of these organisations, and how experiences abroad shaped a new generation of humanitarians and political activists. Chapter 7 will return to the United States in order to view how the political dimensions – and controversies – of such aid efforts began to turn into a destructive force for the movements. This thesis examines the complex interplay between private and state interests. Both influenced and depended on each other, while private organisations and state bodies sought to maintain autonomy and control. The organisations that ultimately found the greatest financial success were those that ran in tandem with U.S. state interests. Finally, Chapter 8 concludes this study, offering a consideration of how the private efforts described fitted into the larger trajectory of humanitarian medical relief in the 20th century, and how medical activism contributed to the institutionalization of medical diplomacy.

CHAPTER 2.
AMERICA RESPONDS: THE DEVELOPMENT OF PRIVATE AID, 1937-1939

Between July 1936 and July 1937, the two wars that form the starting moment of this study began, thousands of miles apart. Although the Spanish Civil War and Second Sino-Japanese War were products of unique geopolitical circumstances, both became linked in the public eye of the interwar world. Tom Buchanan has begun to analyse such linkages in Britain, where the British left drew a 'Shanghai-Madrid axis' of connected political causes. Both conflicts resonanted with one another, not only in pitting fascist and leftist forces against each other, but also in turning civilians into new targets of the war. In the United States, parallels in public responses can be drawn. Bilbao and Madrid, Shanghai and Nanking all became cities cited as evidence of the new realities of wars for civilian targets.[91] And yet, as news stories of aerial bombardment of civilian centers marched across front pages of both Britain and the U.S., both countries remained firm in official policies of non-intervention. Popular dissent against these policies, coupled with a sense of sympathy and moral obligation towards those mired in the conflicts themselves, laid the foundation for the development of private aid organisations to assist causes in both Spain and China.

The stories of the organisations that follow – including the American Medical Bureau to Aid Spanish Democracy, the American Bureau for Medical Aid to China,

[91] All four of these cities were targets of major bombing raids causing significant civilian deaths, and earning substantial press coverage as a result. Buchanan links these in his comparative study, particularly in the peak of their shared press coverage in 1937. Tom Buchanan, 'Shanghai Madrid Axis'? Comparing British Responsesto the conflicts in Spain and China, 1936-39While this author has not done an exhaustive search of U.S. periodical coverage of both wars, a number of articles comparing atrocities in both can be found – with the greatest focus on civilian threats by aerial bombardment first appearing in 1937. Tolischus, Otto D., 'Berlin Darkened in Vast War Test' *NY Times*, 21 Sept 1937; Hanson W. Baldwin, 'The Fear of Flying Death Darkens: Europe's Skies', *The NY Times*, 26 Sept 1937; Hanson W. Baldwin, 'Spain and China Suffer in Wars that Drag On', *The NY Times*, 9 Oct 1938; 'War Safety Zones Urged', *The NY Times*, 16 Sept 1939.

and the China Aid Council – reveal, however, that aid was meant for more than civilians alone. Arising out of sympathies for a particular side of each conflict (and sometimes smaller factions within one side of one conflict), these groups had distinctive political motivations that accompanied touted humanitarian ideals. Their origins and an examination of the motivation behind their foundation reveal the characteristics that came to define these groups as expanding coalitions of medical activists.

The Spanish Civil War and the American Medical Bureau to Aid Spanish Democracy



Figure 3. Barsky en route to Spain.

> First of all there was an interest in Spain, a country trying, after years of repression, to be a democracy, and in a measure succeeding. So much I had read in newsprint. Then the Spanish government had sent a delegation to beg for American help, American sympathy. I went to a meeting. Yes, that was the beginning.[92]

Dr. Edward Barsky's words encapsulate the starting point for many of the Americans who became involved in sending medical aid to Spain. A native of New York, Barsky helped found the American Medical Bureau to Aid Spanish Democracy (AMBASD) and in January 1937 led the first volunteer unit of American doctors and nurses to Spain. (See Figure 3.) The meeting he described took place in late October 1936 and featured two representatives of the Spanish Republican government. The difficulties they faced resonated with Barsky, who

[92] NY-TL, ALBA 125 (Edward Barsky Papers) [Hereafter: Barsky Papers], b.5-fos.4-21: Edward Barsky, 'The Surgeon Goes to War', p. 11. [Hereafter: Barsky, 'The Surgeon'.]

compared the Spanish struggle for democracy to America's own revolutionary history.

On 17 July 1936, leaders of the Spanish army initiated a rebellion against the recently elected government of the Second Spanish Republic. The Nationalists expected to execute a swift coup d'état displacing the government's insecure coalition of liberal parties. However, the elected government managed to maintain control of key parts of the country and the military uprising became the Spanish Civil War. Although ostensibly an internal conflict pitting the Nationalists of the Spanish Military (including Catholics, falangists, monarchists, and fascists) against the recently elected government of the Second Republic, won by the Popular Front, which included all democratic forces (republicans, liberals, socialists, and anarchists), the conflict quickly bled beyond the borders of Spain. Hitler and Mussolini supplied war munitions and personnel to Franco, turning Spain into a training ground for the total war they would turn on the rest of Europe during the Second World War. The Soviet Union, in exchange for Republican gold, supplied munitions and equipment to Republican forces. Meanwhile, England, France, and the U.S. pushed for an international policy of non-intervention, in practice blocking any democratic support of Spain's Republic, while turning a blind eye to the involvement of Germany and Italy.

With reports of the rapidly deteriorating situation in Spain making their way across the Atlantic, many U.S. citizens felt compelled to respond to the crisis in ways that their government did not. Dozens of aid organisations developed in support of the Spanish Republic, although only a few assumed any real significance. The American Friends of Spanish Democracy (AFSD) was one of the first to appear. Led by Roger Baldwin, president of the American Civil Liberties Union, its mission was to

raise public awareness about the Republican cause, collect donations for the Spanish Red Cross, and pressure the U.S. government to end the embargo.[93] The AFSD served as an umbrella organisation for the creation of the American Medical Bureau and North American Committee. The activities of these subcommittees eventually eclipsed those of their founder and in January 1938 the American Medical Bureau and North American Committee formally combined forces to replace the AFSD as the American Medical Bureau and North American Committee to Aid Spanish Democracy.[94] By the end of the war, twenty-six organisations had registered with the U.S. State Department for licences to engage in relief activities to aid Republican Spain.[95] These organisations drew from a wide range of Americans, finding particular appeal amongst intellectuals, the political left, and certain immigrant and ethnic groups (including not only Spanish Americans, but African Americans and recent immigrants from Russia and Eastern Europe as well). Religious dimension also played a part, with Catholic groups in American generally being encouraged to support the Nationalists.[96] Meanwhile, influenced by the rise of fascism (and anti-Semitism) in central Europe, many Jewish Americans were drawn to support the Republican government, which came to represent an alternative to fascism. Supporting Spain's Second Republic became a sphere of action for Jewish Americans wishing to take a more proactive political stance against Nazi Germany, particularly with Germany's support of Spanish Nationalist forces.

[93] Rey García, *Stars for Spain*, p. 89.
[94] Ibid., p. 104.
[95] Smith, *American Relief Aid and the Spanish Civil War*.
[96] However, there were a number of exceptions to this rule, including Catholic AMBASD nurse Ave Bruzzichesi.

The Founders of the AMBASD

The physicians who helped establish the AMBASD were in many ways representative of the larger aid movement interested in Spain. A respected New York surgeon, Barsky was part of an informal group of physicians who met periodically to discuss contemporary affairs. Many of these men were colleagues at Beth Israel Hospital, where Barsky himself worked and which his father (also a physician) had helped found.[97] Other Beth Israel physicians present in the early discussions that led to the creation of the AMBASD were Dr. Irving Busch, Dr. Jesse Tomac, Dr. Benjamin Segal, and Dr. Milton Feltenstein.[98] A childhood friend of Barsky's, Busch later joined Barsky in Spain. Although Tomac, Segal, and Feltenstein never travelled to Spain themselves, they actively supported the organisation from home throughout the war.

Even before the Spanish conflict, this group of physicians had demonstrated an interest both in progressive causes and issues of international health. Several of those present had helped create Workers' Medical Aid, an organisation founded to provide medical care to strikers and their families along the New York waterfront.[99] Dr. Louis Miller had worked with the medical division of Herbert Hoover's American Relief Administration during the 1920s.[100] Having served as secretary of the committee responsible for purchasing medical supplies to send alongside Russian famine relief, Miller was valued for his knowledge of the history of American medical relief abroad.[101] Others were experienced in the realities of military medicine. Colonel William J. Crookston had worked with the Red Cross during the First

[97] NY-TL, ALBA 1 (Fredericka Martin Papers) [Hereafter: Martin Papers], b.5-fo.15: Barsky Tribute Dinner pamphlet, 1967. See also: Guerra, La Medicina, p. 512.
[98] NY-TL, ALBA 131 (Frances Patai Papers), [Hereafter: Patai Papers] b.5-fo.14: Fredericka Martin, 'Proud Within Themselves' [Hereafter: Martin, 'Proud Within Themselves'], Ch.II, p. 2.
[99] Martin, 'Proud Within Themselves', Ch.II, p. 1.
[100] Ibid.
[101] Barsky, 'The Surgeon', p. 12.

World War and had served in the medical division of the U.S. armed forces in France.[102] All were well educated, with several – including Barsky – having completed part of their medical training in Europe. More importantly, perhaps – particularly in considering the shared values that linked these physicians with their colleagues who would become active in China relief – these individuals nurtured a sense of community that spanned both local and international spheres, and had already proven themselves committed to improving health within all levels of those communities.

Barsky traced the AMBASD's origins to a discussion held one October evening at Miller's house. Stimulated by the pleas of the Spanish Republic for aid, Barsky and his colleagues thought that something should be done. With the Republican government reported as having practically no medical service of its own, Miller argued that 'American medical practice…was never more needed'.[103] Americans had a historical precedent of international humanitarian activity to uphold, even in the contemporary climate of isolationism. Even if the Roosevelt Administration of the mid-1930s emphasized a commitment to domestic issues over international problems, the U.S. government had itself sanctioned the value of humanitarian work with the creation of the ARA and its activities in Russia in the years following the First World War. And where the United States government failed to take action, American citizens had an even longer tradition of taking on the task privately. Furthermore, other nationalities had already begun to act in support of the Republican cause. Dr. Feltenstein's wife, Evelyn Ahrend, an artist, had just returned from studying in France. While there she had been witness to the growing

[102] Smith, *American Relief Aid and the Spanish Civil War*.
[103] Barsky, 'The Surgeon', p.12.

force of Republican sympathizers crossing the border into Spain – including the British Spanish Medical Aid Committee's first medical unit in early August.[104]

AMBASD Expansion: From New York to Nationwide

With these thoughts and convictions behind it, the AMBASD formally established itself as an affiliate of the AFSD on 21 October 1936. The AMBASD named Crookston as its Executive Secretary and Miller as Chairman of the Executive Committee.[105] By the end of the month the AMBASD had established its main office in downtown New York at 20 Vesey Street. The inauguration of its fundraising campaign had been well timed. Less than a month before, the Spanish government's Medical Commission had contacted the AFSD expressing the Republic's need for medical supplies, ambulances, and personnel.[106] Although the earliest discussions of the AMBASD's founders may have focused on the seemingly more achievable goals of simply fundraising to purchase ambulances and medical supplies, the goal of mounting a full medical 'mission' – complete with personnel – was soon adopted.[107]

November and December were busy months. Collection boxes for donations were placed throughout Manhattan. A mass meeting at Madison Square Garden on 26 October attracted over 20,000 people and spurred the collection of almost $15,000.[108] As financial support flowed in for the project, the AMBASD expanded from its central New York hub. A national system of local and regional chapters developed – many of which were formed organically through local interest,

[104] Martin, 'Proud Within Themselves', Ch.III, p. 7-8.
[105] Smith, *American Relief Aid and the Spanish Civil War*.; 'Medical Expedition Will Sail For Spain', *New York Times*, 11 January 1937.
[106] Smith, *American Relief Aid and the Spanish Civil War*.
[107] According to Barsky, the AMBASD's first objective was to send enough equipment and personnel to furnish and staff a 75-bed hospital. Fredericka Martin remembered it as a 50-bed hospital. Martin suggested that it was only after the group began receiving unsolicited offers from interested volunteers that it considered sending personnel.
[108] Smith, *American Relief Aid and the Spanish Civil War*.

only later to seek out affiliation with the New York based AMBASD for organisational and logistical support.[109] These developments were aided by the tour of a delegation of representatives of the Spanish government, which travelled across the country in December 1936 promoting the Republican cause.[110] By February 1937, branches of the AMBASD had been established in Philadelphia, Washington D.C., Baltimore, Boston, Buffalo, Toledo, Cleveland, Detroit, Grand Rapids, Chicago, San Francisco, and Miami.[111]

The AMBASD's national expansion was accompanied by an increasing number of endorsements from outstanding public figures. By the end of the war over half a dozen sub-committees of various professional groups supporting the AMBASD's activities had been established. These included a Writers' and Artists' Committee, Social Workers' Committee, Musicians' Committee, Lawyers' Committee, Theatre Arts' Committee, Psychological Committee and Women's Division.[112] The medical sponsors came from the best universities and medical schools in the nation.[113] Dr. Henry Sigerist of Johns Hopkins University became an official sponsor of the AMBASD and was instrumental in organising a Baltimore chapter. Dentist Dr. M.V. Loef did the same in Philadelphia, as did Stanford's Dr. Thomas A. Addis in San Francisco. Harvard University's Dr. Walter B. Cannon, introduced in this work's introduction, helped with the establishment of a Boston Committee, before later taking on the position of National Chairman.

[109] Martin, 'Proud Within Themselves'.
[110] Smith, *American Relief Aid and the Spanish Civil War*.
[111] Rey García, *Stars for Spain*, p. 90.
[112] Martin Papers, b.14-fo.17: 'Two Years of American Aid to Spain'.
[113] Other names include: C.E.A. Winslow, Yale University; Howard Naffsiger, University of California, President of the American College of Surgeons; Anton J. Carlson, Chicago University; Haven Emerson, Columbia; David J. Davis, University of Illinois; E. C. Rosenow, Mayo Clinic; Bela Schic, Mt. Sinai Hospital; and Florence Sabin, Rockefeller Institute.

As AMBASD founders sought to widen their base of support in the medical community, they found many of their supporters already established, like themselves, in sympathizing with and supporting liberal and progressive causes. A number of AMBASD medical committee members appear, for instance, in Eugene Perry Link's study of politically and socially progressive American physicians.[114] As Link argues, medicine and society were inextricably linked for physicians such as Cannon, Sigerist, and Sabin, and their professional role carried added responsibility for reinforcing positive social change. Not only that, but the physician's unique position in society gave him a particularly important role as an agent of change. While war may have been fundamentally 'inimical to the ideals of the profession', and potentially a challenge to more socially minded physicians, it did not necessarily follow that such figures were pacifists. Sigerist, for example, made a point of differentiating between 'the butchery of imperialist wars' and the more worthwhile 'struggles to establish economic democracy'.[115] Although violent conflict destroyed the physician's more immediate work towards health and wellness, it also presented an opportunity for greater and more far-reaching societal gains to be made. For progressive physicians such as Sigerist, the war in Spain fit easily into this category.

The Volunteers

Gaining general support for their cause at home was one thing; finding people willing to travel to the Spanish war zone to staff the AMBASD's projected hospitals and ambulance units was quite another. Volunteering to join the AMBASD meant leaving family and friends, and perhaps a good job (which was often difficult to come by in the 1930s), to place oneself in the midst of an increasingly violent conflict

[114] Eugene Perry Link, *The Social Ideas of American Physicians (1776-1976): Studies in the Humanitarian Tradition of Medicine* (London, 1992), pp. 225-237.
[115] Quoted in ibid., p.144.

thousands of miles away from home. Nevertheless, by the end of the war almost one hundred and fifty Americans had travelled to Spain as part of more than a dozen different AMBASD units to serve as medical volunteers or support staff. These volunteers included doctors, nurses, dentists, dental assistants, laboratory technicians, x-ray technicians, physical therapists, pharmacists, ambulance drivers and chauffeurs, engineers, cooks, and administrative assistants. While any attempt to provide a detailed biographical profile of this group as a whole is bound to be imperfect based on the limitations of available sources, some general patterns may still be discerned.[116]

A simple survey of the ways in which medical volunteers heard about the AMBASD and its work goes a long way in revealing some of the commonalities that ultimately helped define the group. Public meetings and speaker events proved one of the most successful ways of attracting new supporters. Helen Freeman was one of those present at one of the group's first public meetings and later became a nurse with the first unit.[117] Late in 1937, nurse Ave Bruzzichesi heard Father O'Flanagan speak on behalf of the AMBASD and the Republican cause at the Hippodrome in New York City. Bruzzichesi was 'so impressed by his speech and his appeal for volunteer medical aid' that she 'immediately decided to go to Spain to offer what little aid [she] could as an individual'.[118] Newspaper advertisements proved another simple, but effective, way of finding new volunteers. Dentist Dr. Zachary Stadt traced his involvement to a full-page advertisement he saw in the *New York Times*.[119] Nurse Sana Goldblatt also remembered a newspaper advertisement as having prompted her

[116] Guerra's *La Medicina en el Exilio Republicano* offers a rare and valuable biographical profile of American medical personnel, pp. 511-535.
[117] Martin Papers, b.8-fo.4: FM questionnaire, Helen Freeman
[118] Martin Papers, b.5-fo.24: Ave Bruzzichesi, 'I Was A Catholic Nurse in Loyalist Spain'.
[119] Martin Papers, b.12-fo.2: FM questionnaire, Zachary Stadt.

to apply to the AMBASD.[120] As their activities in Spain expanded, general news coverage of the AMBASD's activities also inspired support.[121]

The interest generated through word-of-mouth communication perhaps proved the most significant method of gathering recruits. Amongst a set of questionnaires completed by AMBASD veterans decades later, nearly half of those who responded said that they had learned of the AMBASD through friends or professional colleagues.[122] In New York, many were inspired by Barsky's example or encouraged directly by him to apply. Doctors and nurses from Beth Israel and other large urban hospitals (such as New York's Bellevue, Harlem, and Brooklyn Jewish), made a significant contribution to the overall staff of the AMBASD. As in the aid movement as a whole, New Yorkers showed particular interest and dedication to the Republican cause.[123] Later on, famous San Francisco surgeon Dr. Leo Eloesser inspired a group of doctors and nurses to form their own Northern California unit. Promotion of the AMBASD by Nurses and Hospital Workers Unions also played an important role in recruiting volunteers. As the first unit's head nurse Fredericka Martin could attest to later, 'Someone from the nurses union asked me if I would be willing…to leave my pleasant rut, and, of course, I was.'[124] Nurse Ray Harris also remembered becoming involved through her union activities.[125]

With many coming from major urban areas and active in developing hospital workers unions, many prospective volunteers had already demonstrated sympathy for progressive causes, if not more definite leftist, socialist, or communist ideas.

[120] Martin Papers, b.8-fo.17: FM questionnaire, Sana Goldblatt.
[121] Nurses Hilda Bell Roberts, May Levine, and Hermine Hartmann trace their knowledge of the AMBASD and the decision to apply as a volunteer to having read about the work the AMBASD was doing.
[122] Seventeen of thirty-two respondents cited friends or professional colleagues as their source for learning of the AMBASD and influences on their decision to apply.
[123] Eric R. Smith, 'New York's Aid to the Spanish Republic', in Peter N. Carroll and James D. Fernández (eds.), *Facing Fascism: New York and the Spanish Civil War* (New York, 2007).
[124] Quoted in Carroll, *The Odyssey of the Abraham Lincoln Brigade*, p. 69.
[125] Martin Papers, b.8-fo.38: FM questionnaire, Ray Harris Marantz.

Historian Frances Patai backs up these general impressions in her study of U.S. volunteer nurses in Spain. Patai ultimately concludes that 'these nurses were not inspired by romantic images of religion-motivated Florence Nightingale', but rather 'were far more influenced by the early twentieth-century public health movement, concurrent new, radical, political ideas, and the Great Depression of the 1930s'. Summarizing the demographics of the group based on her own research, Patai classifies most American nurses in Spain as products of a 'new socio-political climate' in which nursing had become 'a means for poor, immigrant and/or women of colour to get satisfying, decent jobs and economic independence'. Most were 'urban poor or working-class children of immigrants from Eastern Europe or Russia' and more than half were secular Jews. While only twenty-five percent were Communist Party members, nearly all considered themselves liberals who, without identifying with any particular political party, generally 'empathized with the disadvantaged'. Patai argues that volunteering for Spain was merely 'an extension' of work they were already involved with in civil rights coalitions and union activities, all of which were responses to the 'collective disaster' of the Great Depression'.[126]

Meanwhile, several volunteers who later joined the AMBASD's ranks travelled to Spain independently. Celia Greenspan followed her husband, a reporter for the *Daily Worker*, to Spain shortly after the outbreak of war.[127] Once there, she met the Canadian thoracic surgeon Dr. Norman Bethune. Bethune was setting up a mobile blood transfusion service for Republican Spain – the first service of its kind, relying on stored blood donations, and destined to become one of the primary

[126] Patai, 'Heroines of the Good Fight', p. 83-85. Patai connects the nurses of the AMBASD well with the social, political, and economic background of the 1930s. Some of the generalizations she makes could be questioned simply based on the limited number of primary accounts she had available. Drawing from the FM Papers, most of her assertions are attributed to three unpublished memoirs and personal interviews with eight surviving nurses.
[127] NY-TL, ALBA Video 226 (Julia Newman Papers) [Hereafter: Newman Papers]: Interview Transcript, Celia Greenspan, p. 2.

medical innovations emerging from the war. Greenspan, trained as a laboratory technician, offered to help. After working with Bethune, she eventually moved on to the University Hospital in Murcia, where she became involved with the AMBASD, working as both a laboratory technician and nurse. [128]

Doctors Seymour Stanley Robbins and John L. Simon also travelled to Spain independently of the AMBASD. Although volunteering in a professional capacity, both men worked directly under the auspices of the International Brigades as battalion doctors. Robbins, a cousin to one of Barsky's colleagues involved in the AMBASD's founding, had applied to go to Spain with the AMBASD, but was rejected for lack of sufficient experience.[129] Undaunted, Robbins decided to go on his own. Simon, too, had little medical experience when he went to Spain. Still a medical student, he volunteered with the International Brigades as a 'first aid man', only later being promoted to the status of battalion doctor.[130] For medical students sympathetic to Republican Spain and wanting to become involved, the International Brigades offered a popular alternative. Another American, Hank Rubin, was still a student in medical school when the war broke out and volunteered directly with the International Brigades, in which he served as both a soldier and a medic.[131] The examples of these men hint at the depth of motivation that drove so many (including medical volunteers) to go to Spain, as well as the selectivity shown by the AMBASD in choosing personnel. Dedication to the AMBASD's cause was important, but it was of limited use without the experience to back it up.

Another common entry into the AMBASD's medical forces was through the International Brigades. Wounded brigaders – or those with a particular skill – often

[128] Newman Papers: Interview Transcript, Celia Greenspan, p.1-52.
[129] Martin Papers, b.11-fo.19: Letter, I.J. Rosenbaum to FM, 18 Apr 1975.
[130] Martin Papers, b.11-fo.38: FM questionnaire, John L. Simon.
[131] Hank Rubin, *Spain's Cause Was Mine: A Memoir of an American Medic in the Spanish Civil War* (Carbondale, Illinois, 1997).

found their way into the ranks of the AMBASD as ambulance drivers or mechanics. In his memoir of his experiences in Spain, ambulance driver James Neugass remembered two of such *chófers*:

> Marty & Bernie are each trained mechanics, truckdrivers and sterilizers. Marty is a twenty-seven-year-old ex-salesman of anti-freeze mixture from Philadelphia and Bernie, twenty-two, was a printer's apprentice back in New York. Both of them came to Spain through the international underground railway which sends voluntarios to fight in the International Brigades, and both had been transferred from the infantry into our front-line surgical unit because of their special technical skill.[132]

In cases such as these, the sense of distinction between the volunteers of the AMBASD and those of the International Brigades becomes murkier – and such questions were important in the heated debates that would develop both during the war and after surrounding the presence of Americans in Spain as medical volunteers.

The AMBASD followed a rigorous selection process in choosing volunteers. According to Barsky, who was named head of the personnel committee, the 'right sort of people…must not be sentimentalists' and yet the AMBASD 'could only take persons ready to die if necessary for their convictions'.[133] Just as important was experience and 'proven skill' in their current profession. For instance, 'in the manner of chauffeurs,' Barsky continued, 'it meant nothing to us if a man could drive a car; he must also be an all round mechanic, perhaps an orderly, with the right stuff in him to make a nurse if necessary, and he must be young and healthy and mentally well-balanced.'[134] Anticipating the challenges inherent to work in a war zone, those travelling to Spain needed to be reliable and able to cope with the difficulties they

[132] The later editors of Neugass' account identify 'Marty' and 'Berny' as Martin Grumet and Bernard Gerber. James Neugass, *War Is Beautiful: An American Ambulance Driver in the Spanish Civil War*, ed. by Peter N. Carroll and Peter Glazer (New York: New Press, 2008), p. 7.
[133] Barsky, 'The Surgeon', p. 14.
[134] Ibid., p. 14.

would face. This was even more important given their 'volunteer' status: by their choice there was nothing officially requiring them to continue their work. Prospective volunteers had to submit a written application to be considered, followed by an interview and medical examination to confirm their interest, professional skill, physical, and psychological capability.

In recalling selection of personnel, Barsky commented in particular on the high number of 'literary types' that came to the AMBASD offering their services, claiming talents and skills which they often made out to go well beyond writing. Barsky attributed their presence to the AMBASD's 'very impressive permit from the State Department licensing our work and permitting us to send personnel over-seas'.[135] Under U.S. neutrality legislation, American citizens were not allowed to travel to Spain. The humanitarian exception made for the AMBASD thus provided 'a magic carpet' that such 'literary gentlemen…were anxious to ride on'. These 'men and women of imagination and more, of histrionic ability…came disguised as chauffeurs…as ambulance drivers, as mechanics, as male and female nurses and, I regret to say, sometimes as doctors'.[136] The future of the AMBASD's special permission for travel to Spain, however, was not always certain as the U.S. State Department wavered in their official stance permitting medical volunteers to travel to a country otherwise off-limits to American citizens at the time. And for the vast majority of the AMBASD's medical volunteers, the motivations were deeper than Barsky's magic carpet ride for literary gentlemen.

One of the 'literary types' Barsky spoke of with such caution – but who, nevertheless, would develop a close working relationship with Barsky – was James Neugass. (See Figure 4, page 52.)

[135] Ibid., pp. 15-16.
[136] Ibid., pp.15-16.

> Someone showed Major B a poem printed under my name in a magazine which has someone arrived from the states. He read it very carefully, came over to me, and said in a measured voice: "Do you know, Jim, if a chófer started to write poetry, I wouldn't worry: but when a poet begins to drive…" I am not a poet. I have many trades, all of them as dependent on a single idea and conviction as ribs are to the spine.[137]

Neugass became Barsky's personal driver, as well as a general ambulance driver. Despite Barsky's sceptism of such 'literary types', Neugass ultimately proved his dedication and skills as a driver. As Barsky later summarized in recommendation of Neugass' efforts, 'Neugass has driven for me for the past five months, extremely loyal, willing and worked very hard. He drove at the front for four months under tremendous stress and danger and he also deserves every praise which he has rightly earned.'[138] During his five months in Spain, Neugass kept a journal of his experiences. Returning to the U.S. in the spring of 1938 intending to convert his story into a book, Neugass died before his draft was ever published.[139]



Figure 4. Barsky (back left) and Neugass (back right) prepare for departure with a group of AMBASD volunteers. (NY-TL, ALBA Photo 125)

Neugass had been born to a wealthy Jewish family in New Orleans. After spending much of the 1920s and 1930s bouncing around from university to university without completing degrees, working odd jobs (including teaching fencing and selling shoes), and travelling through Europe, Neugass was a writer at heart. As a union

[137] Neugass, *War is Beautiful*, p. 233.
[138] Quoted in Neugass, *War is Beautiful.*
[139] The manuscript itself developed a fascinating story of its own. Lost for over 50 years, a copy that Neugass had sent to a friend for editorial comments was found in 2000, and published as the memoir *War is Beautiful* in 2008.

organizer and member of the Communist Party in the 1930s, Neugass joined the ranks of many Americans who feared the storm brewing in Europe under Hitler and Mussolini, and saw the international movement of volunteers to Spain as an opportunity to fight back. But Neugass struggled with the motivations that brought him to Spain, even as he immersed himself in his work. Shortly after his arrival, Neugass wrote:

> I wish I knew more about war and about medicine. All I know is to drive, to take care of my car and to speak Spanish and to take orders. I am the Major's personal driver and secretary, or adjutant…I'm certain that I don't like Franco and that I like democracy but I have seen nothing of fascism so far and much too much democracy. In my three weeks in Spain I believe I've learned that military strictness is necessary for the successful conduct of any war, that elections during wartime seem a little absurd and that the degree of discipline necessary to win the war counterfeits what many people might think was fascism. We don't have enough strictness. Few of us can bring ourselves to salute the Major or call him anything but 'Doc'.[140]

Neugass' political views, as evidenced by his membership in the United States Communist Party, were clearly an important part of his presence. In fact, Neugass claimed, if it were not for his poor eyesight, he might have volunteered for the infantry. As much as Hemingway and others may have made the ambulance driver-writer into a heroic figure, Neugass claimed not feel it.

> I'm still ashamed of driving an ambulance. I don't like the literary, intellectual, here-to-be-revolted-by-the-horror-of-war, later-to-write-a-book, Allan Seager mock heroism tradition that lies behind my job…But all of those fellows were non-political. Art kept them pure and art embalms them.[141]

His frustration became even more pronounced as he waited for orders to leave for the front. Simply being in Spain was not enough – he needed to be closer to the heat

[140] Neugass, *War is Beautiful*, p. 9.
[141] Neugass, *War is Beautiful*, p. 23.

of battle. 'I am here in Spain, I imagine, because history forever breeds men in the example of Spartacus who have either to give action to words or else become neurotic with self-mortification.'[142] To not be tested by fire, even to not be wounded still gave Neugass a 'sense of inferiority', even as he scribbled away in his notebook.

Motivations

Neugass' writing provides a vivid portrait of the complex motivations (that he himself did not even seem to fully understand) that had driven him to Spain. His account therefore provides both an exceptional account of one individual's story (which was unique in a number of ways), while also offering clues to the broader motivations behind volunteers' decisions to join the AMBASD.

The conditions caused by the economic and social depression of the decade were motivations in and of themselves for many volunteers. American society was in social, political, and economic upheaval. As Dr. Albert Byrne observed simply in describing his own motivations in going to Spain, 'I felt useless' – and in a time when 'M.Ds [sic] seemed to be the most redundant things on the market', Spain offered an opportunity to 'at last be useful'.[143] Before going to Spain, Byrne had worked as a doctor at a series of transient camps established as a New Deal programme in New Jersey. When these were shut down, he moved back to New York, where he joined the staff at Bellevue Hospital. It was there – through his peripheral involvement in the hospital



Figure 5. Laboratory technician Dorothy (Dotty) Fontaine. (NY-TL, ALBA Photo 1)

[142] Neugass, *War is Beautiful*, p. 24.
[143] Martin Papers, b.5-fo.30: Letter, Albert Byrne to FM.

workers' union – he first heard about Spain. Similarly, dentist Jack Klein attributed his decision to go to Spain both to political sympathies and his 'inability to establish a firm base' either 'professionally or economically'.[144] Meanwhile, physical therapist Eugenia Grunsky noted frankly that while humanitarian motives could have played a part, more important was that she needed work, even 'escape' from her life at home. Although she 'knew vaguely [she] was against Hitler and Mussolini and Franco' it was 'certainly not' any political awareness that drove her to Spain.[145] However, Grunsky seems to have been more the exception than the rule.

For many volunteers, humanitarian and political motivations for going to Spain were not necessarily distinguishable. In a questionnaire circulated amongst surviving AMBASD veterans several decades after the war, most respondents cited having been motivated to volunteer for both political and humanitarian reasons.[146] Most political orientations were reported as broadly anti-fascist. As laboratory technician Dorothy Fontaine remembered, 'I was naïve enough to believe that Fascism, if stopped in Republican Spain, might prevent a second world war!'[147] (See Figure 5, p. 54.) When nurse Irene Goldin was asked why she wanted to go to Spain, she reportedly replied with the few simple words of, 'to fight against fascism'.[148] For many volunteers, Spain marked a turning point in their political awareness – or 'loss of political innocence', as put by laboratory technician Morris Kornblum – as vague political leanings were transformed into more definite ideas.[149] Most, it seems, saw their interest in aiding the people of Republican Spain as a basic humanitarian impulse

[144] Martin Papers, b.9-fo.38: FM questionnaire, Jack Klein.
[145] Martin Papers, b.8-fo.33: FM questionnaire, Eugenia Grunsky.
[146] Of 32 respondents, 12 checked both 'political' and 'humanitarian' as motivations. Eleven checked neither, but almost all of these cited a mix of both reasons in the explanation that followed. Two only checked 'political' and three only checked 'humanitarian'.
[147] Martin Papers, b.7-fo.30: FM questionnaire, Dorothy Fontaine Mardfin.
[148] Martin Papers, b.8-fo.18: FM questionnaire, Irene Goldin Spiegel.
[149] Martin Papers, b.9-fo.39: FM questionnaire, Morris Kornblum.

that was a fundamental part of their broader ideology. It was not necessarily a choice between being political and being humanitarian – humanitarian interests were integral to their developing political views.

Still, in contrast with those who came to support parallel aid organisations sending aid to China in the years that followed, the majority of those involved in the AMBASD did not have direct ties to Spain before volunteering. Certainly the historical relationship between Spain and the United States offers a striking contrast to that of China and the U.S. in terms of immigration history. Connections between the United States and Spain, as expressed in the development of the AMBASD, seem more illustrative of the Western and European cultural heritage shared by both Spain and the United States. If the AMBASD found greater support amongst any ethnic or religious group it was amongst Jewish-Americans, many of whom had emigrated (or had family who emigrated) from central or Eastern Europe. For these individuals, their attraction to Spain seems to have arisen more from their awareness of the rise of fascism in central Europe, and concern for the implications that would have not only in Europe, but in the United States as well. Their decision to participate in the war in Spain – albeit as part of the medical services – reflected their perception of the Spanish Civil War as the opening battle to a much larger conflict. Meanwhile, Americans with personal ties to China saw a similarly alarming sequence of events underway in Asia – and by the late 1930s the network of Americans with personal ties to China, outside of familial ties, was extensive.

Organisations working on behalf of China also found ready communities of support through American missionary communities, as well as the Rockefeller Foundation, which had their own extensive histories in China. The Rockefeller

Foundation, however, had its own tradition in Spain.[150] Beginning in the 1920s, the Rockefeller Foundation's International Health Board sent a series of experts to help assess Spain's public health needs and offer support to developing a stronger system. The Rockefeller Foundation offered funding to indigenous efforts against malaria and ankylostomiasis, helped support the renovation of regional health centres in Cáceras, Albacete, and Vallecas, and provided a fellowship scheme enabling over three dozen Spanish doctors and nurses to gain expertise in public health through studies in the United States.[151] None of these efforts, however, were setting up entirely new systems, but rather (at the request of Spanish health authorities) offering financial support to renovate existing medical and public health infrastructure in Spain.[152]

The Second Sino-Japanese War and the American Bureau for Medical Aid to China

By the time the first unit of volunteers arrived in Spain, war was well underway in China. Less than a year after the outbreak of war in Spain, in the peak of another summer thousands of miles east, a skirmish over control of the Marco Polo Bridge in Northern China broke into open warfare between Chinese and Japanese troops. The event marked a turning point in the conflict that had been simmering between the two countries since the Japanese annexation of Manchuria in 1931. Internal struggles between Chinese Nationalists and Communists were ostensibly shelved to pour all of China's military might into battle against a shared

[150] Josep L. Barona, 'The Rockefeller Foundation, Social Policies and Public Health in Spain, 1920-1939', in *American Foundations and the European Welfare States* (Odense: University Press of Southern Denmark, 2013), pp. 33–57; María Isabel Del Cura and Rafael Huertas, *Alimentación y Enfermedad En Tiempos De Hambre, España, 1937-1947* (Madrid: Consejo Superior de Investigaciones Científicas, 2007).
[151] Barona, 'The Rockefeller Foundation, Social Policies and Public Health in Spain'.
[152] The relationship between the Rockefeller Foundation and Spain continued up until the Spanish Civil War, which temporarily interrupted many of its previous activities. Rockefeller Foundation involvement in Spain was renewed again in 1940, with requests by the new Spanish government to help assess Spain's nutritional and public health needs.

foreign enemy. European nations continued to be distracted by the brewing conflicts on their own soil. Meanwhile, the United States was still using its defensive moats of the Atlantic and Pacific Oceans to stay out of the casts of either theatre.

What Dr. Barsky was for American medical relief to Republican Spain, Dr. Frank Co Tui became for American medical aid to Nationalist China. Co Tui had been born in Amoy (Xiamen) China in 1897, but moved to the Philippines with his parents when he was nine years old. He called the Philippines home for the next seventeen years, during which time he earned both his A.B. (1917) and M.D. (1922) from the University of the Philippines. In 1923, Co Tui moved to the United States with his Philippine wife, Praxedes Tanda. By 1937, he had established a stable professional career in New York City, having served on the faculty of New York University's School of Medicine for three years as a professor of experimental surgery.[153] Remembered by friends as a modest and humble man, Co Tui evoked the memory in one friend of 'an Asian Igor Stravinsky, gnome-like, spare but with the same jaunty walk…or of a smaller edition of the fictional Ichabod Crane.'[154] Remembered by others for his 'fiery' personality, Co Tui became a fierce proponent of the ABMAC's work and played a critical role in the organization's early development.[155] Serving as vice president of the organization, in addition to chairing the group's



Figure 6. Dr. Frank Co Tui. (NY-CU, ABMAC Records).

[153] Watt, *Health Care and National Development in Taiwan, 1950-2000*, p. 5.
[154] Betty L. King, 'Memories of Dr. Frank Co Tui: Physician, Scientist (1897-1984)', in *Health Care and National Development in Taiwan* (The ABMAC Foundation, 2008), p. 11.
[155] UCR Records, b.53–fo.7: Letter, LS to DWE, 6 March 1943.

Needs and Disbursements Committee, Co Tui played a particularly important role in building up the group's connections with prominent individuals and organisations in Nationalist China. In 1942 the Nationalist government awarded him the Order of the Brilliant Jade for his service.[156] After the war, Co Tui returned to the Philippines. There, he continued his work as a physician until his death in 1983.

Alongside Dr. Co Tui in the ABMAC's roster of founding members were Dr. Farn B. Chu and Mr. Joseph Wei. Dr. Farn B. Chu was a second generation Chinese-American, born in New York City in 1906. Coming from a large family, with four brothers and three sisters, Chu completing his undergraduate degree at Columbia University in 1926 before going on to receive his M.D. from Yale Medical School in 1930. Chu returned to the New York area after graduation, completing his internship at Jersey City General Hospital and at Morrisania Hospital (in the Bronx). Chu continued to practice in the Bronx and in Manhattan's upper east side (at Lenox Hill Hospital and the Hospital for the Ruptured and Crippled) until his death in 1941. His obituary described him as 'a widely known member of the Chinese community' who 'preferred to live among his own people, although he had as many American as Chinese patients'.[157] Dr. Chu's wife, who was from Shanghai, played an equally active role in the ABMAC's early years, helping organise a popular series of banquet-style dinners in Chinatown to raise money for the organisation.[158]

Like Co Tui, the ABMAC's third founder, Mr. Joseph Wei, was a more recent addition to New York City's Chinese community. Born in Shanghai in 1902 to a Chinese pharmacist, Wei was a professional outlier in the trio of ABMAC founders, pursuing his own career in business rather than medicine. Wei's early education, however, lay in engineering – first at Qinghua University in Beiping, and later at

[156] Watt, *Health Care and National Development in Taiwan, 1950-2000*, p. 6.
[157] 'Dr. Farn B. Chu, 35, Physician, Is Dead', *New York Times*, 20 April 1941, p. 43.
[158] Watt, *Health Care and National Development in Taiwan, 1950-2000*, p. 6.

Purdue University in Indiana. Growing up amidst the political turbulence following the Chinese revolution in 1911, Wei showed an early interest in Chinese politics. At 17, Wei helped lead demonstrations against China's signing of the Versailles treaty when the Allies refused to incorporate guarantees of Chinese territoriality. In the early 1920s, Wei travelled to the U.S. to continue his studies in Engineering. After completing his B.A. at Purdue University, Wei returned to China to work, although would again return to the U.S. in 1935 to manage the American affiliate of a Chinese trading organization. When Wei received recognition from the Chinese government for his services with the Order of the Brilliant Jade, he commented that he was 'grateful' for the award, but 'embarrassed…as it should be a Chinese citizen's duty to do his utmost'.[159] Although resident in the U.S., Wei's involvement in the ABMAC stemmed clearly from his personal ties and sense of civic obligation to his home country. Eventually, in 1943, after 'considerable frustration as an alien', Wei 'was admitted into the Baldwin Locomotive Works in Eddystone, PA, as an inspector of tank and gun parts, engines, and locomotives'.[160] Wei continued to serve on the ABMAC Board of Directors well into the 1980s.

The American Bureau for Medical Aid to China arose one October evening in 1937 when three friends – Dr. Frank Co Tui, Dr. Farn B. Chu, and Mr. Joseph Wei – and their wives met for dinner in New York City. Discussing the latest events in China, they decided talked about the possibility of starting an organisation that would be able to offer urgently needed money and supplies to the embattled Chinese people. Before long, their idea began moving forward and, after gaining the support of the Chinese consul general, Dr. Tsune-Chi Yü, the group christened their

[159] Watt, *Health Care and National Development in Taiwan, 1950-2000*, p. 7.
[160] Watt, *Health Care and National Development in Taiwan, 1950-2000*, p. 7.

new organisation the 'American Bureau for Medical Aid to China'.[161] With the motto, 'Humanity Above All', the American Bureau for Medical Aid to China framed its initial inception within the noble language of neutral humanitarian aid, unpolluted by political ideology. However, in clearly defining the intended recipients of its efforts in national terms, the group simultaneously painted itself in a more political light.

Although borrowing strikingly similar language in its christening to the American Medical Bureau to Aid Spanish Democracy, the leaders of the ABMAC sought to distance themselves from their Spanish cousins from early on. Shortly after the war broke out in China, Dr. Walter B. Cannon made a public announcement offering the AMBASD's Fourth Avenue Headquarters in New York City to colleague organisations aiding the Chinese. 'To all friends of China,' Cannon was quoted, 'the Medical Bureau [to Aid Spanish Democracy] offers the services of the noted medical men who compose our national advisory board. It offers the services of our technical staff, which has gained experience in establishing American hospitals in Spain and maintaining a staff of 113 doctors, nurses and ambulance drivers.'[162] Established in his contributions to relief work in other parts of the world, Cannon was sought out by organisations working on behalf of China relatively early in the war. And while Cannon would become involved, first in the New England Committee for China Relief, and later the ABMAC, he did not hide his first priority as Spain.[163] As the New England Committee for China Relief sought to add Cannon's

[161] NY-CU, ABMAC Records, b.11, 'Medicine on a Mission, A History of the American Bureau for Medical Aid to China, Inc., 1937-1954'. [Hereafter: ABMAC Records, 'Medicine on a Mission'.]
[162] 'Bureau to Aid Chinese', *New York Times*, 29 November 1937; 'Medics to Offer Services to Aid China's Injured', *The Chicago Defender*, 11 December 1937.
[163] Boston, Francis A. Countway Library of Medicine, H MS c40, Walter B. Cannon Papers [Hereafter: Cannon Papers]: Letter, Friends of China to Walter B. Cannon, 19 Oct.1937; Letter, Cannon to Dr. Chenery, 26 Oct. 1937; Letter, Dr. William Lennox to Cannon, 2 Nov. 1937; Letter, Cannon to Dr. Edlin, 9 Dec.1937.

name to their list of sponsors, the ABMAC showed little interest in Cannon's offer on behalf of the AMBASD. As observed bluntly by Co Tui in 1939, 'To have China's cause identified with leftism in the eyes of America would be suicidal' and would 'do for China what was done for Spain: raise a total of two and one half millions among liberals but to hopelessly prejudice the cause'.[164] Co Tui's comments make it his words seem less a reflection of his personal political views than a calculated political decision to attract the greatest possible support for his organisation. Regardless of his own views, it is an interesting perspective to gain from an immigrant to the U.S. of the dominant American political and social culture – and, ultimately, society whose acceptance and support was sought.

Despite Co Tui's hesitance to risk any sort of affiliation with Spain – or the China Aid Council, for that matter – in practice the ABMAC's first weeks and months of activities sound remarkably similar to those of the AMBASD. The ABMAC began its fundraising efforts directly soliciting funds through mailings and organising street campaigns. As New York City shoppers bustled about the city for holiday shopping, 'over 100 Chinese high school and

Figure 7: Co Tui (left) at a fundraising event in New York City's Chinatown. (NY-CU, ABMAC Records)



[164] NY-CU, ABMAC Records, b.22: 'Plan', 11 April 1939.

college students solicited funds from passersby…as each waved in one hand a wood standard bearing a placard and in the other shook a duly licensed metal can'.[165] The political connotations of their activities were not lost on the 'pro-Mussolini black-shirt hooligans' that harassed them.[166]

Nevertheless, by November 1937 over $8,000 had been raised, which went towards the purchase of tetanus anti-toxin, chloroform, bandages and ambulances to send to China.[167] (See Figure 7.) Continuing to gain momentum, by the end of January 1938, the ABMAC was incorporated under New York corporation law and set its next goal at $35,000, which it hoped to raise in cooperation with the United Council for Civilian Relief in China.[168] Throughout the remainder of that winter, a number of benefit dinners were held and by the end of February, the ABMAC had expanded nationwide into a network of local and regional chapters from its base in New York City. San Francisco, with its large Chinese-American population, became another important centre, but New York City remained the central hub of activity. By June 1938, $1,000 had been raised for the Hankow Rest house, $1,000 for the University Hospital in Nanking, while other donations had funded 800,000 doses of cholera vaccine and six ambulance chassis.[169] In July, the ABMAC had arranged an ongoing relationship with an American pharmaceutical company, which promised to donate $1,000 a week for six months.[170] Meanwhile, the ABMAC proved just as active in the cultural sphere, helping organise the visit of a Chinese theatrical group, whose tour of 'An Evening in Cathay' raised another $2,000. That same year marked the beginning of the Bowl of Rice parties – inspired by the Chinese saying that 'a

[165] NY-CU, ABMAC Records, 'Medicine on a Mission', p. 4
[166] Watt, *A Friend in Deed: ABMAC and the Republic of China, 1937-1987*, p. 2.
[167] NY-CU, ABMAC Records, 'Medicine on a Mission', p. 4
[168] The United Council for Civilian Relief in China shared Dr. Frank Meleney amongst its leadership, along with Col. Theodore Roosevelt, Jr., who presided over the organisation.
[169] Watt, *A Friend in Deed: ABMAC and the Republic of China, 1937-1987*, p. 4.
[170] Ibid.

bowl of rice is worth a thousand gold pieces' – in which guests bought tickets to a Chinese meal centred around a bowl of rice.[171] In San Francisco, which would break records for fundraising, these and other ABMAC parties, organised by Paul C. Smith (Managing Editor for the San Francisco Chronicle) raised $48,000 in 1938 alone.[172] ABMAC headquarters, however, would remain strongly tied to New York City, where Co Tui, Chu, and Wei had first begun their efforts

In the months that followed the outbreak of war between China and Japan in 1937, communities of Chinese Americans formed a unique instigating force for American aid efforts to China. For much of the American public, varying levels from simple ignorance of Asian affairs, to more explicitly racist disinterest, still predominated. In Co Tui's own words, the 'stunned inactivity of the American public' immediately following the Japanese invasion of China 'was succeeded in some quarters by a profound defeatism engendered by the enormity of the relief task', while in others 'the neutrality-in-all-things attitude prevailed'. With 'progressives…preoccupied with Spain and other European crises…the result was that while the Chinese communities poured forth their money, the response from the American public was very meagre.'[173] Particularly given their long history of unequal treatment in the United States, supporting China became an important political expression for many Chinese Americans.[174] In addition to the more

[171] NY-CU, ABMAC Records, 'Medicine on a Mission', p. 5. This saying was based on a legend of the Han dynasty. "One day, the story goes, a hungry, weary traveller stopped by a stream where a poor woman was washing clothes. 'Will you give me something to eat?' he asked. She went into her lowly hut and returned with a steaming bowl of rice. Silently she handed it to him. The traveller devoured the food, and promised he would repay her a thousand-fold. 'Nonsense!' she said. 'I do not expect any recompense for a simple act of charity.' But a short while later the woman received a package of 1000 pieces of gold. They were from the hungry traveller, who had now become head of the state.
[172] NY-CU, ABMAC Records, 'Medicine on a Mission', p. 5.
[173] NY-CU, ABMAC Records, b.22–fo. 'National Red Cross Society of China': Co Tui, 'An Analysis of the Factors Bearing on American Participation in Chinese Relief with a Discussion of the American Bureau for Medical Aid to China, Inc.: Plan', 11 Apr. 1939.
[174] With the influx of Chinese immigrants to the gold fields and railroads of the mid-nineteenth century U.S., racial and cultural stereotypes kept Chinese Americans marginalized, even relative to

widespread support these three men found in the Chinatowns of a number of American cities, the ABMAC also attracted a number of other elite Chinese Americans to leadership roles – such as Drs. Lin Yutang and P. C. Chang, who joined the ABMAC's Board of Directors early in 1938.[175] A number of Chinese and Chinese-Americans with diplomatic or political standing – as opposed to medical expertise – were also drawn to the ABMAC. For instance, Mr. C. H. Wang, the younger brother of Dr. C. T. Wang, former Ambassador from China to the United States, was also one of the first to attend ABMAC meetings and became the organisation's treasurer shortly after its incorporation.[176] Chinese Ambassador Dr. Hu Shih and then Chinese foreign minister (and former ambassador to the U.S.), Wang Cheng-t'ing were also recruited to the ABMAC's numbers.

With the possibility of citizenship excluded even from Chinese Americans who had called the U.S. home for decades, support of political and social movements in China became an important way for such groups to exercise their political voice. When Sun Yat-sen, father of the revolution and founder of the Chinese Nationalist Party, travelled to Hawaii to recruit support for his anti-Manchu ideas, he found a wellspring of popular support amongst politically disenfranchised Chinese-Americans who 'were largely excluded from participation in American economic, social, and political life'.[177] Finding a 'sense of purpose and commitment' in supporting the development of a strong and independent China, when Sun Yat-sen's revolutionary

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other immigrant groups. The Chinese Exclusion Act of 1882 became the first and only law to explicitly exclude a group of a people based on ethnic origin in preventing any Chinese (irrespective of technical skill) from entering the country. The act was not repealed until 1943. Dusanka Miscevic and Peter Kwong, *Chinese Americans: The Immigrant Experience* (Hugh Lauter Levin Associates, Inc., 2000); Jean Pfaelzer, *Driven Out: The Forgotten War Against Chinese Americans* (Berkeley: University of California Press, 2008).

[175] NY-CU, ABMAC Records, 'Medicine on a Mission', p. 4

[176] NY-CU, ABMAC Records, 'Medicine on a Mission', p. 3.

[177] Miscevic and Kwong, *Chinese Americans*, p. 124.

ideas carried the day in the Chinese Revolution of 1911, Chinese-Americans rejoiced.

In the decades that followed, however, China's internal political situation deteriorated as feuds between political powers and regional warlords drove the country into civil war. When China's Nationalist Party reorganized Chinese politics as a unifying force for a range of patriotic movements, it simultaneously offered a cohesive political unit around which Chinese living abroad could rally. Such support only became further solidified as Japan's incursion into China's Shandong Province in 1928 established a common enemy – and inspiring the creation of a number of anti-Japanese groups in the U.S., such as the Chinese Citizens' Patriotic League of New York. When full-scale war broke out less than a decade later, such organized forms of support for China gained an even stronger foothold in the United States. To Chiang, the Communists threatened China's future as 'a disease of the heart', whereas the Japanese posed only a threat as 'a disease of the skin'.[178] With the outbreak of the Second Sino-Japanese War in 1937, tensions between Nationalists and Communists were temporarily set aside – although this tenuous alliance would not last.

That same year, an emergency meeting between ninety-one Chinese-American organizations in San Francisco established the Chinese War Relief Association of America. Aiming to provide overseas assistance to the Nationalist Government, the China War Relief Association raised money, organized demonstrations, promoted a boycott of Japanese goods, and picketed shipyards in California, Washington, and Oregon to prevent the shipment of scrap iron – and

[178] Schaller, *The U.S. Crusade in China, 1938-1945*, p. 39.

other possible war materiel – to Japan.[179] In fact, Miscevic and Kwong's classification of such organised political activities by Chinese Americans as 'People's Diplomacy' suggests a valuable historical framework for understanding the establishment and development of the ABMAC.[180]

But the leaders of the ABMAC sought more than popular support. As Co Tui wrote, 'American civilization is strictly a business civilization and business interests have a larger factor in determining action than sentimental ones, specially [sic] now-a-days – with a depression and ten million unemployed. But if humanitarian interests and business interests can be made to coincide then the result will be doubly effective.'[181] Further evidence for its professional and business-like approach appears in the ABMAC's incorporation pursuant to membership corporation law of New York State in January 1938.[182] The ABMAC's ties to the business community are further highlighted by the fact that the organization's first headquarters were held at the offices of Yung Tai and Co., Joseph Wei's workplace, at 40 East 34th Street.[183] In seeking out the financial strength of business interests brought the AMBAC into contact with the philanthropic arm of one of the 20th century wealthiest industrial magnates and a ready community of support with interest in the health and welfare of Chinese abroad.

Rockefeller Medicine & The Missionary Legacy

The Rockefeller Foundation had a long history of interest in China, dating from some of its earliest activities abroad in the early twentieth century. Rockefeller's own Protestant missionary progressivism brought him to work closely

[179] Miscevic and Kwong, *Chinese Americans*, p. 126.
[180] Miscevic and Kwong, *Chinese Americans*.
[181] NY-CU, ABMAC Records, b.22: Co Tui, 'An Analysis'.
[182] NY-CU, ABMAC Records, b.5: Certificate of Incorporation.
[183] Watt, *Health Care and National Development in Taiwan, 1950-2000*, p. 7.

with such enterprises active abroad – and China had longed played a major destination in this missionary community.[184] Shortly after its expansion into the international arena with the establishment of the International Health Board in 1913, it pursued a personal interest of John D. Rockefeller with the formation of a separate division dedicated to promoting Western medicine in China. Within a year of its founding in 1914, the China Medical Board (CMB) had made plans to establish two medical schools in China. Although only one of these planned sites of Western medical education would eventually become a reality, the Peking Union Medical College (PUMC) became a major force in Chinese medical education. As summarized by historian Mary Brown Bullock, 'Designed to train medical leaders for the 'sick man of Asia', the PUMC was a quintessentially American institution being transplanted to China.[185] It was to be sustained financially by funds furnished from the Rockefeller family's Standard Oil Company, nurtured intellectually by the leading medical scientists of the day, and blessed morally by a tacit alliance with evangelical missionary societies.'[186] As observed by a member of United China Relief later stationed in China, 'I have been struck time and again by the fact that although the PUMC graduated very few students, medicine in China today seems to be run pretty much by its graduates'.[187]

ABMAC founders were able to recruit early support from a number of former PUMC faculty in the U.S., many of whom were also outstanding figures in New York City's community of academic medicine. Dr. Frank Meleney and Dr. Donald D. Van Slyke were two such recruits. Meleney was elected second vice

[184] John Heavens, 'The International Commitee of the North American Young Men's Christian Association and Its Foreign Work in China, 1895-1937' (unpublished PhD Dissertation, Cambridge, UK: University of Cambridge, 2013).
[185] Bullock, *An American Transplant*, p. 2.
[186] Miscevic and Kwong, *Chinese Americans*, p. 124.
[187] UCR Records, b.53–fo.10: Letter, LS to DWE, 21 Aug 1942.

president at the first meeting of the board of directors in February 1938, and was later given credit for recruiting Dr. George Vincent – former president of the Rockefeller Foundation and the University of Minnesota – to ABMAC presidency in May 1938.[188] Meleney and Van Slyke offered ABMAC access to the PUMC's American-based fundraising organization, the Yü Wang Fu Association, where they found an organized community with well-established interest in promoting the health and wellbeing of both the Chinese people and their medical institutions. Many of these men had been further roused to action through accounts of Japanese brutality brought back by Dr. Walter B. Judd.[189] Sharing his observations of the products of Japanese aggression at one of the group's early gatherings, Judd offered unequivocal and vivid reports of the brutality and atrocities committed by Japanese forces.[190]

Drawn by his experience in China as a medical missionary, Judd's early presence in the ABMAC highlights another important American dimension of the ABMAC's earliest support. Over the course of the late 19th and early 20th centuries, missionaries had been a critical point of contact between China and the U.S. – both in exporting American culture and ideals abroad, and in interpreting and promoting Chinese culture to American audiences. As Dean Acheson (later secretary of state under President Harry S. Truman) once commented, 'Hardly a town in our land was without its society to collect funds and clothing for Chinese missions, to worry about those who laboured in distant, dangerous and exotic vineyards of the Lord, and to hear the missionaries' inspiring reports.'[191] Was there something unique in the resonance with Americans? In early twentieth century America, such a statement would have been unheard of. The missionary presence in the United States certainly

[188] AMBAC Records, 'Medicine on a Mission', p. 4.
[189] Watt, *A Friend in Deed: ABMAC and the Republic of China, 1937-1987*, p. 2.
[190] NY-CU, ABMAC Records, 'Medicine on a Mission', p. 3.
[191] Jespersen, *American Images of China*, p. 9.

would have contributed to this change, and missionaries often sought to 'translate' China into American terms – terms which became the basis for the great proclamations of friendship that would come to dominate UCR publicity later on.

The first two decades of the twentieth century, in particular, had been a 'golden age' for American missionaries in China, although the movement faced a challenge from the simultaneous rise of Chinese nationalism, which often targeted American missionaries as dangerous allies of other imperial economic and political intrusions into Chinese sovereignty and self-determination. Partially in response to such criticisms, evangelists of the social gospel, who put greater emphasis on improving conditions of poverty, ill health, and educational inequalities, rose in prominence. As a movement within the American Protestant missionary community, proponents of the social gospel argued for the importance of going beyond the focus on individual salvation to address the basic social needs of the communities they served.[192] During the 1930s – as overall numbers of missionaries declined in response to growing political instability and challenging financial circumstances amongst funders in the United States – the new wave of missionaries still active took a critical stance towards their predecessors. Judd was one of these, noting that too many were satisfied with maintaining 'office hours' for their work and otherwise remaining isolated within a 'miniature home land' or 'little America', in which they indulged overriding loyalties to 'their own blood, language, flag, and culture'.[193] In the face of such insensitivity, it was implied that the Chinese could hardly be blamed for antagonism towards American missionaries. In seeking to address this shortcoming of prior missionary movements, the medical missionary became an important new figure, as someone carrying the objectivity and scientific mercy of modern medicine.

[192] Alan Hunter and Chan Kim-Kwong, *Protestantism in Contemporary China* (Cambridge: Cambridge University Press, 1993), p. 123.
[193] Quoted in: Jespersen, *American Images of China*, p. 8.

Judd not only illustrates the way in which medical missionaries became agents of the cultural transmission from the U.S. to China, but also how his experience in China both inspired and gave credence to the political activism of his later life. Growing up amidst a large family in small-town Nebraska, Judd worked his way through his undergraduate and medical training at the University of Nebraska. After serving with the US army in the First World War, Judd earned his medical degree in 1923. Already active with the Student Volunteer Movement (a missionary service organisation founded by university students in 1886), Judd first travelled to China in 1926, sponsored by the Congregational Foreign Missionary Board.[194] Returning to the U.S. in 1938, Judd became a prominent supporter of Chiang Kai-shek – giving 1,400 speeches in 46 states over two years on behalf of the American Committee for Non-Participation in Japanese Aggression.[195] In his developing public life, Judd strove to alert Americans to the threat of Japanese aggression, urging a boycott of Japanese goods and a halt to the supply of war material from the U.S. government well before Pearl Harbor, his interests turned increasingly towards politics. In 1943 he was elected Republican representative to the United States congress, kicking off a twenty-year political career.[196] While Judd's sustained interest in promoting an internationalist vision of America's place in world affairs linked him with collaborators from the other side of the political aisle in some cases (Judd and Democratic Senator Harry S. Truman spent two weeks in 1943 travelling around the U.S. to promote the United Nations), his stringent anti-Communism kept him in close alliance with right-wing groups.[197]

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[194] Neils, *China Images in the Life and Times of Henry Luce*, p. 60.
[195] Lee Edwards, *Missionary for Freedom: The Life and Times of Walter Judd* (New York: Paragon House, 1990).
[196] 'JUDD, Walter Henry - Biographical Information' <http://bioguide.congress.gov/scripts/biodisplay.pl?index=J000278> [accessed 13 December 2011].
[197] See Chapter 7.

The ABMAC's support amongst the medical community had a distinctly academic tone, and networks of supporters were built through university communities. During this period, many physicians within academia who had an interest in China also had some level of connection with the missionary community. While Co Tui had been based at New York University, Columbia University's medical school became a significant contributor to the ABMAC's early leadership.[198] Both Meleney and Van Slyke were professors at Columbia's College of Physicians & Surgeons. Other faculty, including former associate dean Dr. Aura Severinghaus, plastic surgeon Dr. Jerome Webster, physiologist Dr. Magnus Gregerson, and surgeon Dr. George H. Humphreys II all played important roles in ABMAC development.[199] For many of these, of course, an even more salient factor was some prior personal experience with China, which predisposed them to proactive sympathy.

Relationships between Chinese and Americans based on formal academic exchanges had their own history in China. Under U.S. Presidents Theodore Roosevelt and William Howard Taft, 'concerned lobbying from Chinese government representatives, American missionaries and educators' ultimately convinced lawmakers that 'offering scholarships for Chinese to study in America might be a successful "soft" strategy for cultivating better relations with China', which may 'thereby maintain access to its fabled cornucopia of consumers'.[200] In the aftermath of the Boxer Rebellion, the defeated Qing Empire was forced to pay reparations to

[198] Columbia University College of Physicians and Surgeons would continue to play a major role in ABMAC's activities in Taiwan in the latter half of the 20th century. George H. Humphreys II, 'An Early Contact Between the Columbia University College of Physicians and Surgeons and National Taiwan University: Two Accounts', in *Health Care and National Development in Taiwan* (The ABMAC Foundation, 2008).
[199] 'Alumnus Presides over Medical Advancement Program in China', *The P&S Journal*, 18 (1998).
[200] Madeline Y. Hsu, 'Befriending the Yellow Peril: Student Migration and the Warming of American Attitudes Toward Chinese, 1905-1950', in *Trans-Pacific Interactions: The United States and China, 1880-1950*, ed. by Vanessa Künnemann and Ruth Mayer (New York: Palgrave Macmillan, 2009), p. 113.

eight Western nations for damages from the rebellion. The Boxer Indemnity Scholarship Program was established from the U.S. share of these funds, and funded undergraduate or graduate education in the U.S. for about 1300 Chinese. The U.S. also used portions of their Boxer Indemnity to establish Qinghua College as a collegiate prep school run 'in the American way, with American personnel and an American curriculum'.[201] Meanwhile, numerous private American universities – from small liberal arts colleges to Ivy League schools such as Yale, Harvard, and Princeton – established satellite programs in China during the first decades of the twentieth century, as institutional elaborations on missionary enterprises.[202] The establishment of such soft power approaches offered a foundation for later diplomatic claims made by the ABMAC and UCR for the potential of emergency relief and long-term investment in Chinese healthcare infrastructure and medical education to have a wider impact.

However, even as the ABMAC drew support from the community of 'Old China Hands', or the missionaries and businessmen who had been the dominant force in mediating Sino-American relations in the previous century, ABMAC leaders took a critical view of such past traditions. As noted in one report, the extension of Old China Hand attitudes was problematic for its 'paternal, even colonial' control of activities, when 'not many of these "Old China Hands" come into intimate contact with Chinese life and culture, and yet are the main interpreters of the Chinese people in America.' Furthermore, Old China Hands 'who have volunteered for

[201] Ibid., p. 113.
[202] For instance, the Yale-China Association was first established in 1901 as the Yale Foreign Missionary Society. The Yale-China Association would establish the Yali Middle School (a preparatory school), the College of Yale-in-China, and Hsiang-Ya Medical College (under Hume's leadership). Similarly, Princeton-in-Asia formed initially as a group to send Princeton students to China to help staff Y.M.C.A. activities in Peking. Cheng also provides a valuable overview of U.S.-China educational exchanges in: Cheng Li, 'Coming Home to Teach: Status and Mobility of Returnees in China's Higher Education', in *Bridging Minds Across the Pacific: U.S.-China Educational Exchanges, 1978-2003*, ed. by Cheng Li (Lanham, Maryland: Lexington Books, 2005).

service in China', the report maintained, 'have usually secured important positions enabling them to control policies, strengthening (perhaps unconsciously) foreign-operated enterprises at the expense of local Chinese organisations'. Even more bluntly stated, 'the truculence of Old China Hands should not be tolerated but should be rejected along with any help which may be associated with them.'[203] The leaders of the ABMAC sought to design a programme of medical aid that would offer direct support to the national development of a strong and independent China. By the standards of ABMAC leadership, this excluded Communist forces in China.

Dr. Maurice William, the ABMAC's first secretary and member of the Board of Directors, was a dentist with clearly defined political ideas. As a young man, living off of a series of menial jobs, William became heavily involved in the socialist movement. Having migrated to the United States from Russia with his family when he was eight years old, William first sought his professional degree in law. However, he dropped out of his part-time course after hearing New York City socialist congressman Meyer London denounce the profession as 'parasitic'. Searching for a new career path that would take him beyond delivering newspapers and working twelve hours a day in a dairy shop, William settled on dentistry. After all, even 'under the most perfect system of society' there would 'still be rotten teeth'.[204] Paying his way through dental school, William completed his degree in 1907. As William began working in the dental parlours of New York City, however, his social and political conscience continued to develop.[205] Observing the daily struggles of working class New Yorkers – accompanied by a sense of disillusionment following

[203] NY-CU, ABMAC Records, b.2: Itinerary of R.K.S.L.
[204] 'The Dentist Who Changed World History, UCLA International Institute' <http://www.international.ucla.edu/article.asp?parentid=2813> [accessed 26 April 2011].
[205] Highly critical of the standards of care practiced in these lower-income settings for dental care, William would eventually play a leading role in legislation to improve New York standards of care for practicing dentists.

the First World War – eventually led William to reassess the Marxist ideas he had previously espoused. In 1920, he articulated his own philosophy in *The Social Interpretation of History* – a self-published work that would make it far beyond the neighbourhoods of New York City.

It was William's writing that led him to his first encounter with China, albeit indirectly. Indeed, a 1943 Harper's Magazine article even went so far as to refer to William as 'The Dentist Who Changed World History'. Analyses of Chinese revolutionary (and physician) Sun Yat-sen's writing suggest that William's *Social Interpretation* had a powerful impact. As pointed out by University of Chicago historian Harley Farnsworth MacNair in 1930, 'In paragraph after paragraph, Dr. Sun either quoted, almost word for word, or paraphrased, the arguments which he had found in the Social Interpretation of History. He now repudiated several of his own earlier theories, substituting therefore the system of thought which he had recently discovered in Dr. William's work.'[206] In deviating from the Marxist philosophy he had previously espoused, William turned around Marx's focus on the industrial proletariat as the driving force in historical revolution. Instead, William suggested, the consumer was history's primary motivator. As pointed out by Gunde, 'The appeal of William's simple but prescient notion for a Chinese reformer like Sun is obvious: while the Chinese industrial working class early in the twentieth century was miniscule, each and every Chinese, in their hundreds of millions, was a consumer.'[207] In shifting focus towards the consumer, William seems to have added a capitalist dimension to socialist ideology. William's experience as a dentist serving New York's lower classes informed the development of his own social ideas. Building on his professional interest in improving health on an individual basis,

[206] Quoted in: 'The Dentist Who Changed World History, UCLA International Institute'.
[207] 'The Dentist Who Changed World History, UCLA International Institute' <http://www.international.ucla.edu/article.asp?parentid=2813> [accessed 26 April 2011].

William increasingly turned his attention to improving the health of society as a whole. Like many of the physicians of the AMBASD discussed earlier for their 'progressive' political ideals, William's involvement in the ABMAC became an extension of his social and political interests in shaping society.

Despite its conscious efforts to avoid leftist affiliations, the ABMAC ultimately would find itself in a loose alliance with the left-wing China Aid Council. Like the ABMAC, the China Aid Council also established itself in New York City in the fall of 1937 with the aim of providing material medical relief to China. However, the China Aid Council chose to focus on sending this aid to communist forces in China's Northwest provinces – a choice that differentiated their work from that of the ABMAC from the beginning. Since Chiang Kai-shek's nominal unification of power in 1927, an ongoing civil conflict had continued to simmer between the Nationalists and Communists. Unfortunately, the profiles of those behind the China Aid Council's foundation in the United States remain murky. Before joining the larger organisation of United China Relief, there are very few references to the China Aid Council's activities. However, as of August 1938 (roughly a year after its initial founding), a man named Oliver Haskell had taken on China Aid Council leadership as Director.[208] Haskell had first travelled to China as a student in 1929 with the Pomona College Oriental Expedition – a year-long trip taken by ten students from Pomona College in Los Angeles.[209] Like so many other Americans (including those involved in the

[208] NYPL archives, box 1, fo.6, Letter to Lim from Haskell, 10 Aug 1938. A later interview with Haskell dates his involvement with the CAC from 1937 or 1938. Oliver H. Haskell, 'Oriental Study Expedition Oral History Project', 1989, Claremont Graduate University.
[209] 'Oral History Catalogue at Claremont Graduate University / Pomona College Oriental Study Expedition' <http://web.cgu.edu/oralhistory/pomona_college_oriental_study_expedition.htm> [accessed 16 December 2011].

ABMAC), Haskell's interest in China arose out of an educational exchange sponsored by private American institutions of higher education.[210]

Before joining the CAC, Haskell had worked in organising textile workers for the Congress of Industrial Organizations. Haskell's main work for the CAC seemed to involve travelling the U.S. speaking on behalf of the organisation. Recalling a conference in San Francisco's Chinatown for Chinese Benevolent organisations, Haskell describes Chinese-American support dominating the scene of aid, just as Co Tui and the ABMAC had reported. However, Haskell paints a slightly more negative portrait of such donations:

> The problem they had was raising money from the American public for China aid. They were bleeding the Chinese community. Really bleeding them. They would march a Chinese merchant into the shrine in the back of the Chinese six companies in San Francisco, make him kneel down in front of this shrine and swear on the bones of his ancestors that he was giving all he could. They would know what his balance sheet was and they would tell him how much was enough. But they could not get any money from the American public because they didn't know how. They weren't organized to do that. So I spoke about the techniques that could be used by the Chinese, in Duluth or Tacoma or wherever they were, to get money from the American public for China aid.

Even at these meetings, amidst crowds predisposed to aiding China, Haskell's political orientation became a source of controversy. As he remembered later, it was his three-year involvement in the CAC that 'got the Un-American Committee most excited' when he worked for the Los Angeles Housing Authority. Some Chinese wanted to avoid his advice for being associated with the Communist Party. Others, however, urged otherwise, noting the more important issue of the war faced by China. Although associated most directly with Chinese communist forces

[210] Eleanor Thompson offers an excellent introduction to educational exchanges between China and the U.S. in the 1920s in her doctoral dissertation. Eleanor Thompson, 'Social Reconstructionism: An Intellectual History of Radicalism in American Education from the Progressive Era to the New Deal' (unpublished D.Phil. Dissertation, Oxford: University of Oxford, 2011).

through Madame Sun Yat-sen's China Defence League, the CAC also worked with Dr. Robert Lim of the Chinese Red Cross, alongside the ABMAC.

Medical Activism: Urgent Needs and Political Interest

Although the ABMAC and the China Aid Council operated within different political spheres in China and drew from different segments of the American population, in 1937 their structural and functional similarities appear more significant than the differences in their political goals. While addressing the medical needs of different populations within China, both formed in response to the outbreak of war between China and Japan – and the health needs of Chinese soldiers and civilians triggered by this conflict. With the personal interests of their earliest supporters drawing from existing networks of missionary work and educational exchange between China and the United States, the leadership of the ABMAC and the CAC sought to simultaneously express political sympathies and humanitarian ideals through their professional expertise in the field of health. In this activity, they became both interpreters of Chinese history and culture for Americans at home, and exporters of American ideals abroad. In this sense, the ABMAC and the CAC became a new mode of cultural exchange. As the 'secular journalists' became 'the new publicists for American images of China and the Chinese', picking up 'from the legacy of missionary reform activity' to carry out 'one of the essential missionary tasks, spreading the good news to Chinese, not now of Jesus but of America', the ABMAC and the CAC picked up a similar tradition in the secular terms of the Western medical tradition.[211] Through medical relief, the medical activists of the ABMAC and the CAC sought to exercise a political voice, mediated through

[211] Jerry Israel, 'Carl Crow, Edgar Snow, and Shifting American Journalistic Perceptions of China', in *America Views China: American Images of China Then and Now* (Bethlehem: Lehigh University Press, 1991), p. 149.

medicine and supported by their professional expertise. So while the journalists may have been more vocal by nature of their profession, they were not the only secular force to replace the missionary as a cultural – and, increasingly, political – intermediary between the U.S. and China. As argued in the ABMAC's own historical account, 'ABMAC'S continuous and expanding activity…kept the American people constantly posted on Japanese aggression in China, and undoubtedly contributed toward the development of a more favourable attitude to China'.[212]

Considering past historical reviews of American contacts with China in the decades leading up to the outbreak of the war, what is perhaps most striking in all is the general sympathy such outgoing individuals ended up feeling with the communities that they entered – whether Communist or Nationalist, religious or secular. Regardless of what purpose brought such Americans to China, they reportedly seemed to find more similarities than differences with the people they met. As noted by Shewmaker in his survey of American interactions with Chinese communism from 1927-1945, 'whatever their background, [Americans] almost invariably returned from Yenan aglow with praise for China's Communists' and 'though it may seem strange today, there is reason to believe that the Chinese Communists were as impressed by Americans as Americans were by them.'[213] Whether they sympathized with Nationalists or Communists, Americans consistently seemed to read their own culture and priorities into those they supported.

Still, the people of the ABMAC and CAC differentiated themselves from the broader American populace by their dedication to a cause fuelled by such perceptions. But, considering the fact that most of them had other connections to

[212] NY-CU, ABMAC Records, b.2.
[213] Shewmaker, *Americans and Chinese Communists*, p. 4.

China, what was it about the ABMAC that triggered their involvement? In 1937, the Rockefeller Foundation's China Medical Board was still actively supporting medical work through the PUMC. And medical missionaries – although decreased in number – were certainly still active through a clinics and medical schools associated with American missions. Elite American universities still operated campuses overseas. Meanwhile, several independent physicians and nurses had proven that one didn't have to belong to a pre-existing institutional network to travel overseas to immerse oneself in medical work in a foreign land. What did the ABMAC or CAC offer that was different than these other avenues? Why did they feel the need to start a new program, outside of their traditional avenues of contributing to the development of Western medicine in China?

First, these new private organizations were based on forming a response to the urgent medical needs posed by violent conflict. This orientation contrasted sharply with the educational-oriented infrastructure that had enabled many of the Americans involved in these new organisations to get to know China in the first place. From its earliest days, the Rockefeller Foundation had sought to differentiate its philanthropic activities from those of charitable relief. By focusing on supporting educational endeavours and other long-term investments, Foundation officials argued that they would contribute to an infrastructure that would outlast simpler transfers of money or supplies. The China Medical Board and Peking Union Medical College remained true to this mission, even amidst the escalation of war. In fact, the PUMC continued its activities more or less uninterrupted, until Japanese temporarily took over the school in their occupation of Peking. In fact, the perceived lack of engagement in the war effort earned the PUMC criticism from a number of sources. According to Claude Forkner of the China Medical Board and representative of the

Rockefeller Foundation during the war years, 'PUMC grads had become too Americanized, over-isolated from social conditions' and 'unable to adapt to problem situations'.[214] Meanwhile, mission- and university-sponsored medical schools had similar orientations directed towards long-term investment in education based on the American institutional model. As a rapid response to urgent medical needs, these private aid organisations would potentially overlap with another major force in international medical relief – the Red Cross. However, when the American Red Cross failed to mount a significant response in the eyes of those behind ABMAC (and AMBASD) efforts, these medical activists found even greater motivation to develop their own, new, organisational effort.

And so, secondly, in building out of a response to war, the majority of those involved in the new private medical relief organisations discussed had secondary motivations that lay in a more explicitly political realm – or at least political sympathies that served as an added impetus for their involvement. Of course, one could argue that anyone working in China (before or after the outbreak of war) would have certainly had their own political beliefs, which would have coloured their motivations and experiences. What both the ABMAC and the China Aid Council had in common, however, was a defined sympathy with the Chinese as opposed to the Japanese – a partisan leaning that was further made clear by many participants' activities denouncing Japanese aggression, or promoting American action against Japan (in the form of boycotts, etc.). As noted by Dr. Robert R. Williams in describing his own motivations for becoming an ABMAC director in the early 1940s 'My main interests have always been democracy and medicine, and I feel that my interest in the former is due chiefly to my residence in the East. I am delighted

[214] Bullock, *An American Transplant*, p. 195.

therefore to join…in a work which combines my interest in democracy and in medicine and health.'[215] Ultimately, this similarity would bring the two organisations together in an uneasy alliance – like that of the United Front between Kuomintang and Communist China – under United China Relief. However, both organisations also followed more specific political aims, which eventually would divide their fates as the tentative unification under the United Front gave way to the Chinese Civil War. In the early years of the Second Sino-Japanese War, however, the divide between Communists and Nationalists proved less controversial than it would later become in the United States.

Conclusions

The negotiation of response to foreign conflict constitutes one of the central practices of international relations. More often a source of controversy than consensus, opinions vary widely on myriad issues that spring up in relation to such a question. Most revolve around the central issues of the role of war in society and the potential of violence or non-violence to mediate a peace. The Spanish Civil War and the Second Sino-Japanese War were no exception. Arising in the lull between the more all-encompassing total global warfare of the two world wars, these more localized conflicts presented a sharp dilemma to aspirations to keep a global peace.

The wars in Spain and China in the late 1930s shared many qualities, in spite of their equally significant differences. Spain's antagonists split a nation in two – dividing family and friends for political, socio-economic, or religious ideals. Parallel internal fissures were equally present in China, but, in the face of the external threat of Japanese aggression, were temporarily shelved. In the United States, though

[215] PP-APS, Opie Papers, b.1–fo. ABMAC Conference Materials #2: Board of Directors Mtg, 26 Jan 1942.

physically isolated from such distant violence, Americans found their sympathies piqued, for a variety of reasons. Armed with personal, political, and professional rationale, American citizens began to coalesce into groups seeking to take action abroad where they saw more established systems of relief infrastructure failing to act.

In doing so, Americans built upon a much longer tradition of foreign aid. There was a degree of consciousness in this image, with founders of this new wave of relief activity citing more recent U.S. activities abroad. The American Red Cross had emerged as a major force in international humanitarian activity in the First World War. In the decade following, the American Relief Administration had worked tirelessly in Europe. Long before, the U.S. had sent private aid in support of the Greek War of Independence as early as 1842. In Asia, Americans had long travelled with aid in tow via missionary efforts and those of major U.S. philanthropic institutions seeking to expand their activities abroad. Compared to these efforts, however, the AMBASD and ABMAC engaged differently in the conflicts that had triggered their formation. In participating more directly with the conflicts themselves, through their more pointedly partisan distribution of aid. This alliance echoes more with work of national Red Cross societies, which also defined their existence as a humanitarian response to violent conflict. Particularly in the aftermath of the First World War, Red Cross groups had become closely affiliated with national military alliances and their role in this story remains highly relevant.

As the leader in private aid in times of war, the story of the Red Cross – in both its national and international forms – is critical to the development of the aid organisations of this study. While sharing some parallels as a private institution with its idealized humanitarian roots lying in response to war, in this period it became both an inspiration for and contrast to the founders of groups such as the AMBASD and the ABMAC. Although established as the 20th century paragon of humanitarianism in conflict, however, its 'neutrality' was a complication of the ideal. To humanitarian activists on the left, such as those of the AMBASD, the neutrality of the Red Cross became a conservative statement, implicitly supporting Nationalist forces in its action. To those behind the ABMAC, leaning politically towards the right, ARC inaction in the name of neutrality became an embodiment of insular American prejudice and racism. Either way, while offering a model for such groups, the perceived lack of Red Cross action turned the institution into an affiliate of the enemy.

Since the First World War, the Red Cross had become the dominant figure in international medical relief in times of war. Any consideration of the development of private relief efforts must, therefore, consider Red Cross activity. Although the abbreviated name of the 'Red Cross' has become a household name in international aid, it is somewhat misleading term in its suggestion of organisational unity. In fact, 'the Red Cross' was a constellation of national societies affiliated by their symbolic representation and commitment to the Geneva Conventions. The loose coalition of Red Cross societies and the international committee itself offers a valuable historical

parallel to the development of the private medical relief efforts that have become the subject of this study, and an integral part of their story.[216]

The International Committee of the Red Cross

Similar to the organisations of this study, the International Committee of the Red Cross (ICRC) was born out of war. Beginning with the battle of Solferino in Italy, the ICRC and its affiliated national societies that followed owe much of their character and development to the wars of the 19th and 20th centuries.[217] While pursuing international ideals of cooperation, the development of both the ICRC and national Red Cross societies remained closely tied to national identities. While national Red Cross societies became essentially independent entities, closely allied with their respective governments, both the International Committee of the Red Cross (ICRC) and the League of Red Cross Societies (LRCS) served to coordinate their activities and offer support towards some of their financial needs. 'The unity and universality of the Red Cross', as explained by ICRC President Max Huber, 'must not be sought in any outward uniformity of its component parts, but in the existence

[216] For an introduction to the ICRC and origins of the Red Cross movement, see: David P. Forsythe, *The Humanitarians: The International Committee of the Red Cross* (Cambridge, 2006); John F. Hutchinson, *Champions of Charity* (Boulder, 1996); For its development following World War I, see: John F. Hutchinson, '"Custodians of the Sacred Fire": The International Committee of the Red Cross and the Postwar Reorganisation of the International Red Cross', in *International Health Organisations and Movements, 1918-1939*, ed. by Paul Weindling (Cambridge, 1995); Bridget Towers, 'Red Cross Organisational Politics, 1918-1922: Relations of Dominance and the Influence of the United States', in *International Health Organisations and Movements, 1918-1939*, ed. by Paul Weindling (Cambridge, 1995).

[217] As universal as the image of the Red Cross had become as an organisation dedicated to the relief of suffering in war, to think of 'the Red Cross' as a single unified organisation is misleading. Portraying the Red Cross as a 'movement', as many have chosen to do, is perhaps helpful because it obscures complex structural realities. In fact, 'the Red Cross' was a constellation of national societies affiliated by their symbolic representation and commitment to the Geneva Conventions. While national Red Cross societies became essentially independent entities, closely allied with their respective governments, both the International Committee of the Red Cross (ICRC) and the League of Red Cross Societies (LRCS) served to coordinate their activities and offer support towards some of their financial needs.

of strong societies having their roots in the national life, each one, whatever its individual character, embodying the Red Cross idea common to all.'[218]

As universal as its message was made out to be, the Red Cross founding vision was very much rooted in European cultural and religious values. However, within the first decades of the ICRC the growth of national Red Cross societies had spread further and further east, from the Muslim world in Turkey, to East Asia in Japan and China. Major Charles Lynch of the U.S. army medical department even considered the Japanese example to be nothing short of a perfect model of voluntary aid, which 'might be safely adopted…by any nation'.[219] China became a signatory to the 1864 Geneva Convention, establishing the first Chinese Red Cross Society on 6 December 1899. As Caroline Reeves has argued, China's move was a conscientious 'diplomatic manoeuvre' by which it sought admittance to the internationally accepted 'ranks of the civilized'.[220] As made implicit by the peace conference itself – and additionally demonstrated by Japan's ascent into the world's national elite following its victory in the First Sino-Japanese War (1894 – 1895) – the status of a civilized nation was won by proving state capacity to wage war, but choosing to negotiate peace instead.[221] Joining the Red Cross movement not only offered admission to the international community through the acceptance of the 1864 Geneva Convention, but also offered an opportunity to develop martial credentials through the accepted humanitarian apparatus of the Red Cross.

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[218] Max Huber, *The Red Cross: Principles and Problems, 1939-1946* (Geneva, 1947), p. 56.
[219] Quoted in Hutchinson, *Champions of Charity*, pp. 218-219. For a more detailed account of the Russo-Japanese War's impact on medical reform in Britain and the U.S. see: Claire Herrick, ' "The Conquest of the Silent Foe": British and American Military Medical Reform Rhetoric and the Russ-Japanese War', in Roger Cooter, Mark, Harrison, and Steve Sturdy (eds.), *Medicine and Modern Warfare* (Amsterdam, 1999), pp. 99-130.
[220] Caroline Reeves, 'From Red Crosses to Golden Arches: China, the Red Cross, and the Hague Peace Conference, 1899-1900', in *Interactions: Transregional Perspectives on World History*, ed. by Jerry H. Bentley, Renate Bridenthal and Anand A. Yang (Honolulu, 2005).
[221] Reeves 'From Red Crosses to Golden Arches'; Akira Iriye, *China and Japan in the Global Setting* (Cambridge, Mass.: Harvard University Press, 1992).

The martial – and fundamentally war affirming – nature inherent in the foundation of the Red Cross remained central to its identity. Even as its activities expanded beyond the battlefield, the driving motivation of the Red Cross remained the mitigation of the human costs of war by supplementing military medical services as an auxiliary body. The ICRC was not a pacifist institution in attempting to abolish war, but instead sought to soften some of its harsher realities.[222] Backed by the symbol of the red cross on a white background (an inversion of the Swiss flag), the ICRC hoped to stimulate more universal respect for the human casualties of war and furnish the field of battle with neutral teams of Red Cross volunteers to supplement deficient military medical services.[223] While growing out of a basic critique of military medical services as insufficient, inherent in the developing Red Cross movement was also a respect for state sovereignty and established governmental authority. As it sought to create new international standards for the treatment of war's human casualties, the ICRC saw cooperation with government and military structures as fundamental.[224] Hence while the ICRC sought to carve a legitimate space for itself through the creation of a new body of international humanitarian law, national Red Cross societies occupied a challenging role as quasi-governmental entities seeking to bridge both private and public spheres.[225] As described by ICRC President Max Huber in 1934, 'The Red Cross should not be a kind of foreign body within a nation and state; it cannot stand in contradiction to the national sentiment, or to the government upon which it depends for official recognition and the power to perform its prime function – medical relief in the time of war.'[226]

[222] See Forsythe for a more comprehensive history of the ICRC. Forsythe emphasizes the importance of the ICRC's Swiss origins in shaping its essential character and ongoing development.
[223] Hutchinson, *Champions of Charity*, pp. 346–347.
[224] Forsythe, *The Humanitarians*, p. 26.
[225] Forsythe, *The Humanitarians*, p. 20.
[226] Huber, *The Red Cross*, p. 56.

The relationship established between national societies and their respective governments grew increasingly intimate and by the end of the World War I most states formally recognized their national Red Cross societies as auxiliaries to national military medical forces.[227] From its earliest ideal of 'civilizing' the military realm of war, the Red Cross had also offered a conduit for the increasing 'militarization' of society.[228] While the 'true test of philanthropy' for the 1860s Red Cross society may have lay in its assistance of the wounded enemy soldier, the highest ideal of the Red Cross society in the First World War now lay in its ability to mobilize national spirit in support of one's own troops and those of one's allies.

The American Red Cross

The American Red Cross (ARC) underwent a profound transformation over the first two decades of the twentieth century. Emerging from the wreckage of the First World War in 1918, the ARC counted one third of the U.S. population amongst its membership – including twenty million adult members and eleven million 'Junior' members. From a small, private organisation largely dependent on the enthusiasm of its founder, Clara Barton, involvement in the ARC became both a patriotic duty and powerful tool of American diplomacy.[229] During a period which saw the rise of the United States as a global power, the ARC itself became the 'dominant player in American international relief and assistance', offering an 'alternative definition of American nationalism' in contrast to 'both American

[227] Hutchinson develops this argument further in Hutchinson, *Champions of Charity*. In the case of Great Britain, see Mark Harrison, *The Medical War: British Military Medicine in the First World War* (Oxford: Oxford University Press, 2010). For the U.S., see Julia Irwin, *Making the world safe: the American Red Cross and a nation's humanitarian awakening* (Oxford: Oxford University Press, 2013). For China, see Reeves, 'From Red Crosses to Golden Arches' and 'The Power of Mercy: The Chinese Red Cross Society, 1900-1937' (unpublished Ph.D. Thesis, Cambridge, Mass: Harvard University, 1998).
[228] Hutchinson, *Champions of Charity*; Mark Harrison, 'The Medicalization of War - The Militarization of Medicine', *Social History of Medicine*, 9 (1996).
[229] Irwin, *Making the World Safe*.

insularity and militant liberal-capitalist interventions'.[230] Receiving its first congressional charter in 1900, the ARC had come to hold a special role as the preferred relief organization of the U.S. government, which carried the responsibility of fulfilling U.S. obligations to the Geneva Conventions, supporting the U.S. military, and sustaining a machinery for national and international relief in times of peace.[231]

Relations between the ARC and U.S. government deepened further in 1913, when U.S. President Woodrow Wilson was named honorary president of the American Red Cross, setting a new precedent for the direct involvement of the executive branch in ARC infrastructure.[232] This newly defined relationship gave the ARC an unofficial monopoly among relief organisations, having the explicit support of the President and the State Department in its fundraising activities and membership drives. Meanwhile, in the ARC the U.S. government found an ally in the private sector to pursue missions of cultural diplomacy on its behalf, without requiring the investment of federal funds or personnel. As part of U.S. expansion in the Progressive era, the new American international agenda as embodied by the rapid growth of the ARC as 'a moral obligation and a universal social justice issue' also promised to differentiate the U.S. from previous imperial powers.[233] However, alongside America's 'Wilsonian moment' of internationalism, the momentum of the ARC's expansion peaked in 1918.[234]

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[230] Irwin, *Making the world safe*.
[231] 'Congressional Charter of the American National Red Cross', May 2007, 36 U.S.C. §§300101-300111 recodified 2007 <*www.redcross.org/images/pdfs/charter.pdf*> *accessed 22 Feb. 2011*.
[232] '100 Significant Dates in Red Cross History' <http://www.redcross.org/museum/history/100dates.asp> accessed 22 Feb. 2011.
[233] This distinction may also be found in other American wartime medical activities, such as efforts to prevent venereal disease in the First World War, as discussed in Brandt. Allan M. Brandt, *No Magic Bullet: A Social History of Venereal Disease in the United States Since 1880* (New York: Oxford University Press, 1985); Julia Irwin, *Making the World Safe: The American Red Cross and a Nation's Humanitarian Awakening* (Oxford: Oxford University Press, 2013).
[234] For more on Wilson's influence on American interactions in the international sphere see: Erez Manela, *The Wilsonian Moment: Self-Determination and the International Origins of Anticolonial Nationalism* (Oxford, 2007).

As the United States sought to solidify the post-war peace, the U.S. government showed a rising interest in the potential of aid to influence trajectories of conflict. The reconstruction of war-torn Europe became a major focus of the early 1920s. In 1921 the American Relief Administration, in coordination with American Federated Russian Famine Relief (a private organisation), organised U.S. aid to provide famine relief to Russia.[235] Although avoiding participation in a conflict, aid to Russia was not without its own political ramifications. Famine relief to Russia was implicitly sanctioned by the U.S. government and funded with congressional approval, despite more general policies seeking to keep the country out of foreign entanglements.[236] In fact, many architects of Russian famine relief saw its role as critical to counteracting more radical political groups and the growing threat of Russian communism.[237] Meanwhile, victims of natural disasters in East Asia also became recipients of U.S. government aid, with state-sponsored funds supplying relief to victims of the Japanese Earthquake in 1923. Even in its more limited international role, the American Red Cross also maintained interest in Asian disaster relief, supplying famine and flood relief to China in 1920s.[238]

Identity in Crisis: the Red Cross in the Interwar Years

Following the enormous expansion of Red Cross activity during the First World War, the ICRC faced philosophical and financial challenges similar to the ARC in the decades after. As Huber observed in 1934, 'the impetuous growth of international ideas brought about a curious situation for the Red Cross' leading to

[235] Iriye, *China and Japan in the Global Setting*.
[236] Curti, Merle Eugene, *American Philanthropy Abroad: A History* (New Brunswick, N.J.: Rutgers University Press, 1963).
[237] Emily S. Rosenberg, *Spreading the American Dream: American Economic and Cultural Expansion, 1890-1945* (New York: Hill & Wang, 1982), p. 117.
[238] Karen Lynn Brewer, 'From Philanthropy to Reform: The American Red Cross in China, 1906-1930' (unpublished Ph.D. Thesis, Cleveland: Case Western Reserve University).

the loss of 'its former position as a kind of isolated headland in international life' and suddenly opening 'the Red Cross movement itself and all its accomplished service…to question'.[239] After the horrors of the First World War, some questioned the basic approval of war as a function of international relations implicit in Red Cross activities. By simply placing 'a humanitarian bridle upon war', those with more pacifist leanings argued that both the Red Cross and the Geneva Convention were fundamentally 'based upon a false principle'.[240] Other critics saw the post-war period not as a time to reconsider Red Cross wartime activity, but rather as an opportunity to expand its peacetime role. One of these critiques came in the form of American Henry P. Davison and the League of Red Cross Societies (LRCS), which briefly challenged ICRC jurisdiction in the 1920s. Bolstered by the recent expansive successes of the ARC and carrying the blessing of President Woodrow Wilson, Davison sought to supplant the ICRC with a bolder and more expansive international federation of Red Cross societies coordinated by the 'not too obtrusive leadership of the American Red Cross', whose sphere of influence would reach beyond the battlefield to offer a peacetime structure for the promotion of international health.[241] While Davison's LRCS ultimately fell short of its more expansive goals of a Red Cross takeover, he did add a new dimension to discussions of the scope and purpose of the Red Cross as an international body and helped facilitate the development of a new sphere of Red Cross activities beyond the battlefield.

As debates over Red Cross identity in both peace and war simmered during the 1920s and 1930s, the ICRC faced even more basic financial difficulties. At the

[239] Huber, *The Red Cross*, pp. 58–59.
[240] Huber, *The Red Cross*, p. 58.
[241] Hutchinson, *Champions of Charity*, p. 287; Hutchinson, '"Custodians of the Sacred Fire": The International Committee of the Red Cross and the Postwar Reorganisation of the International Red Cross'; Towers, 'Red Cross Organisational Politics'.

International Red Cross Conference in London in 1938, Huber laid out the ICRC's financial state quite bluntly. Blaming both the consistent decline in contributions from national societies since 1928 and the more recent devaluation of the Swiss franc in the contemporary economic climate, Huber argued that, more than ever, Red Cross activity rested predominantly on the shoulders of its national societies. 'It is only they,' Huber noted, 'that have large numbers of voluntary and professional collaborators ready to hand, and only they have large stocks of material to draw upon for relief actions at short notice'.[242] In addition to the difficult financial realities posed by the global economic recession, Huber and his colleagues struggled against the increasingly common national prioritization of domestic concerns over more international agendas. As summed up by Huber, 'If for many the international, and the universal, humane and supranational in general, are the very essence of ethical rightness and a broad spiritual vision, there are others to whom these ideas denote a menace to the national interest, an aberration, or even a cloak for political manoeuvres'.[243]

However, as much as the ICRC and ARC may have sought to retreat from making significant new international commitments, the 1930s witnessed an escalation of conflict in many parts of the world. Between October 1935 and May 1936, Ethiopia became the victim of Italy's rising colonial and nationalist ambitions.[244] The outbreak of civil war following a military coup d'état in the summer of 1936 turned Spain into the next battleground for Europe's rising fascist powers. A year later, longstanding tensions between Chinese and Japanese forces in Manchuria erupted into full-scale warfare. Such conflicts posed important challenges for the community

[242] Huber, *The Red Cross*, p. 86.
[243] Huber, *The Red Cross*, p. 59.
[244] For a thorough account of ICRC activities in Ethiopia during this conflict see: Rainer Baudendistel, *Between Bombs and Good Intentions: The Red Cross and the Italo-Ethiopian War, 1935-1936* (New York) Baudendistel argues marked a major turning point in ICRC.

of organisations dedicated to international relief, which struggled to mount a coherent response.

Despite its promotion by the U.S. government, the ARC's relatively limited activities faced similar financial difficulties. Over the first two years of the war, the ARC donated nearly $60,000 to the ICRC for distribution, in addition to spending approximately $40,000 in emergency relief and repatriation expenses for American citizens stranded in Spain at the outset of the conflict. The ARC also supported the work of the American Friends Service Committee, acquiring 60,000 barrels of flour to be distributed in Spain through American Quaker volunteers.[245] Like the International Committee, ARC officials observed that the Red Cross policy of strict impartiality 'had the tendency to slow down gift giving…as many people prefer to contribute only to the side with which they sympathize'.[246] Meanwhile, more reluctance seems to have come from the ARC itself. Reporting to the ICRC shortly after the outbreak of the war (and an initial $10,000 donation from the ARC, which claimed would be all it could do), 'The whole sentiment of the country is for keeping out of Europe, and in official and private circles the feeling is that we should not expose ourselves in any way that might involve us.'[247] Meanwhile, ARC work in the shipment of wheat and flour through the Friends Service Committee was, according to Dulles, instigated by pressure from the State Department and, later, Roosevelt himself.[248]

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[245] Martin Papers, b.17–fo.14: Letter, Norman Davis to Arthur Hamilton, 8 Dec 1938. The American Friends Service Committee also became active in China, sending units mobile units to serve in many hard-to-reach areas of China. See: A. Tegla Davies, *Friends Ambulance Unit: The Story of the F.A.U. in the Second World War 1939-1946* (London: George Allen and Unwin Limited, 1947).
[246] Martin Papers, b.17–fo.14: 'Memorandum on ARC Activities in Spain'.
[247] James T. Sparrow, *Warfare State: World War II Americans and the Age of Big Government* (New York: Oxford University Press, 2011), pp. 6–7.
[248] Later in the war, the Committee for Impartial Civilian Relief in Spain, headed by a prominent Catholic layman at Roosevelt's request, set the goal of raising $300,000 to finance the work of the ARC and Friends Service Committee in distributing flour. A storm of protest, however, reportedly followed. When Catholics claimed that such work was only a move to give aid to Loyalists, in

As early as April 1937, the ICRC admitted that 'the great obstacle to the success of our appeals is the desire of the public to forward aid solely to the party of its preference'.[249] The success, in comparison, of the numerous aid organisations that had developed to provide aid to one side or the other was putting the Red Cross to shame. The difference was so great that 'the idea of the Red Cross itself is in danger', as 'at least on the governmental side', groups such as 'Red Aid' and 'other auxiliaries of the health service of the army' had begun to 'report directly to the government and ignore the national Red Cross Society'.[250] Meanwhile, the ICRC lamented that these same groups 'never fail to use the sign of the Red Cross on the white ground'.[251] The symbol of the red cross had always been central to the organisation's identity and operations and the ICRC was highly defensive of its use.

Meanwhile, rumours swirled about American Red Cross activities in Spain – or lack thereof. Not only was the reported absence of Red Cross personnel in Spain at issue, but there were also accusations of a Red Cross bias towards Nationalist sympathisers.[252] While the limited activities of the ARC may have left it open to questioning, at least ARC vice president Ernest J. Swift seemed to contradict such reports. Describing his visit to Spain in December 1938, Swift repeatedly revealed sympathies for the Republican government.[253] Returning to the U.S. resolved to 'redouble' his efforts to increase ARC aid to Spain's civilian population, Swift's own

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connection with efforts to lift the embargo on munitions exports, the committee redirected one shipment, in February 1939, directly to the Nationalists. This, in turn, drew outrage from anti-fascists following reports that Franco had been sending flour and wheat to Nazi Germany. The committee (again, a private committee with, it seems, connections to the U.S. government) was ultimately only able to raise $50,000 of its $300,000 goal before shutting down.

[249] Martin Papers, b.17–fo.14: Letter, Guillaume Favre, ICRC to Swift, 16 Apr 1937.
[250] Martin Papers, b.17–fo.14: Letter, Favre to Swift, 16 Apr 1937
[251] Martin Papers, b.17–fo.16: Circular 335, 'Red Cross Action in Spain', 31 Mar 1937.
[252] Martin Papers, b.17–fo.14: Letter, Arthur Hamilton to Norman Davis, 4 Dec 1938.
[253] Martin Papers, b.17–fo.14: 'Vice President of ARC gives his impressions of Republican Spain', 4 Dec 1938.

sympathies seemed to have little effect on the overall policy of the ARC, which continued to play a peripheral role in Spanish relief.

The Spanish Civil War saw the beginning of a critical discourse about the American Red Cross that would intensify in the years following the Second World War. Although some claims were exaggerations, many perceived the ARC as failing to act in accordance with its own purpose.[254] As dentist Zachary Stadt disparagingly wrote in an account of Spain published in the *Harvard Dental Record*, 'As for the American Red Cross in Spain…the least said the better'.[255] The noted lack of immunity accorded to the symbol of the red cross not only exemplified the new brutality of modern warfare, it also reflected an organisational break with warfare of the previous half a century. The AMBASD thus saw itself filling a role left empty by the perceived failure of both the ARC and its larger umbrella organisations, the ICRC and LRCS.

The AMBASD: Political Humanitarians?

Where the Red Cross struggled to maintain their work in Spain under a rigid cloak of impartiality, the AMBASD had a perhaps unexpected advantage. Even as the group emphasized its role in providing purely humanitarian relief, it had a clear political dimension that the Red Cross was lacking. Still, the AMBASD's emphasis on the humanitarian character of its work was ultimately 'not incompatible with the partisan work of the Bureau, given that the Republic represented the American heritage of freedom of expression and press and universal right to education.'[256] When asked by a Spanish reporter whether the AMBASD was part of a political

[254] Martin Papers, b.8–fo.1: 'No Red Cross Aid to Loyalists Claim'.
[255] Martin Papers, b.12–fo.2: Stadt, 'War Service in Spain, Experiences at the American Hospital', *Harvard Dental Record*, 30 Oct 1937.
[256] Marta Rey García, *Stars for Spain: La Guerra Civil Española En Los Estados Unidos* (Madrid, 1997), p. 93. [Author's translation].

movement, Barsky was quoted as replying, 'No, it is entirely without the boundaries of politics and is based on the democratic and humanitarian feelings of the people of the United States.'[257] Democracy and humanitarianism were not only compatible, but inherently linked, and somehow beyond the political realm in arising from a basic interest in humanity.

Just as many of the medical sponsors of the AMBASD argued at home, the medical profession also had a special role in supporting broader – and perhaps more political – activities that would benefit humanity. Writing after the war in Spain to congratulate the president of the American Medical Association for coming out publicly against the Axis powers, volunteer Dr. Friedman noted how happy he was to see a leader of the medical profession take a political stand. Friedman complained that he had long seen attempts of his colleagues 'to separate medicine and politics' as fundamentally flawed. He differentiated the 'politics' he referred to as those that surrounded 'the profound social and economic problems that serve to nullify all the good that scientific medicine can accomplish' rather than local partisan politic issues, which doctors might well seek to avoid. After all, he concluded, 'Who can deny that the future of medicine is inextricably linked with the destiny of democracy?'[258]

Although comments such as Barsky's – unequivocally stating that the Medical Bureau was a purely humanitarian organisation – can certainly be found in AMBASD promotional literature, and was common language in their communications with the U.S. government, attempts to avoid an open discussion of the more partisan aspects of their work were perhaps less conscious than Rey García has suggested. Rey García argues that the fact that U.S. medical volunteers were becoming part of the Republican military medical services once in Spain was not well known and

[257] Martin Papers, b.14–fo.3: Article, *La Vanguardia*.
[258] Martin Papers, b.8–fo.10: Article, n.d..

something AMBASD publicists very consciously 'preferred to omit'.[259] It is true that many of the AMBASD's promotional materials emphasized their work to aid civilian populations. As one pamphlet urged, 'more and more the crying need for medical attention to the women and children of Spain, as well as the combatants, becomes apparent.'[260] Combatants here are included, but as a secondary target for aid, when perhaps in reality they were more likely the first. However, in the same pamphlet, supporters are also urged to contribute in order to 'help to lessen the pain of those soldiers who fight to preserve the democracy of Spain, who die so bravely, and whose lives can be saved, if we can send a hospital caravan to the front'.[261] If anything, there seems to have been a move further away from these perhaps more controversial recipients of American aid as the war continued – an irony considering the closer integration of international medical volunteers with Republican military medical services.

However, in communication with the American media, volunteers seemed by and large forthright about their own sympathies in Spain. As written by Stadt in his own published account, 'We who are of the American hospital have no doubt in our mind as to the services we are rendering and the cause which we are serving.'[262] Most published accounts of AMBASD personnel openly reference the group's association with Loyalist forces, or at least express sympathy with them. Inaccurate or misleading statements regarding the AMBASD's affiliations in Spain sometimes appeared in articles announcing volunteers' departures. For instance, when Dr. Frances Vanzant's departure was announced in the *Houston Post*, the American unit she was a part of was reported as going to serve refugees and the hundreds of

[259] Rey García, *Stars for Spain*, p. 93.
[260] Martin Papers, b.14–fo.17: 'Help Us Send to the Front our Hospital Caravan to Save Lives'.
[261] Ibid.
[262] Martin Papers, b.12–fo.2: Stadt, 'War Service in Spain'.

thousands of Spanish children left homeless by the war.[263] The article announcing her return in the *Houston Press*, however, makes no attempt to gloss over her service 'in the medical department of the Loyalist army' while still portraying her in a sympathetic light for helping to 'build the morale of a shattered people'.[264] While certainly some of these patterns could be attributed to the political leanings of the source they appeared in – such as feature articles on volunteers in the *Daily Worker* and other left-wing publications – not all were so explicitly partisan.

The ICRC Responds to Spain

Meanwhile, Spain presented a challenge to the ICRC as an ostensibly internal conflict. The ICRC's jurisdiction in civil war was still debated. The 10th International Red Cross Conference, held in Geneva in 1921, had established the resolution that 'all victims of civil war or revolutionary disturbances have, without any exception, a right to assistance'.[265] However, where that aid would come from was subject to question. Governments might see the provision of relief to the victims of a rebel party as indirectly aiding law-breakers, and an unwelcome interference in national sovereignty. The 1921 conference concluded that the national society of the relevant country had the primary duty of relief work. If the national Red Cross society could not meet demands, the ICRC would then help organise relief, provided that both the government and insurgents accepted such assistance.

Within a few weeks of the Nationalist rebellion the ICRC had arranged for a delegate from Geneva to travel to Spain to assess the situation. The ICRC had tried

[263] Martin Papers, b.13–fo.19: 'Woman Physician of Houston Will Join Medical Relief Unit in Spain', *Houston Post*.
[264] Martin Papers, b.13–fo.19: 'Dr. Vanzant Returns from War-Torn Spain', *Houston Press*, 21 Jun 1938.
[265] Martin Papers, b.17–fo.16: 'Role and Activities of the Red Cross in time of Civil War', Sixteenth International Red Cross Conference, London, June 1938. Questions about the ICRC's role in civil conflicts were revisited in this 1938 conference, although few substantial changes to Red Cross policy were made.

contacting the Spanish Red Cross to inquire whether 'it desired the assistance of its sister Societies', but had received no response. The ICRC's relative readiness to become involved has led some historians to suggest that the ICRC saw the war in Spain as an opportunity for expanding its influence to civil conflicts.[266] The chosen delegate, Dr. Marcel Junod, had just completed a similar mission to Ethiopia following the Italian invasion. After Junod met with both Republican and Nationalist leaders, the ICRC sent a larger delegation of representatives to 'protect the emblem of the Red Cross' and to 'facilitate the humanitarian work of the Red Cross'.[267] This work, however, soon turned out to be of limited duration and scope as the ICRC struggled to maintain sufficient funds for its activities.

Its chronic lack of funds finally forced the ICRC to re-examine its policy of refusing unilateral gifts. Although wary of accepting 'gifts with political significance', the ICRC decided that it would have to accept gifts destined for one side or the other – hoping that they would come in almost equal proportions, or at least proportions that could be equalized. This change in policy, however, was not widely publicized given the 'truly delicate' status of the ICRC's operation in civil conflicts such as the war in Spain.[268] Despite this concession, however, the ICRC continued to face serious financial limitations and by February of 1938, the ICRC had little choice but to scale back its activities. That month the ICRC announced that the six delegations working in Loyalist and Rebel territory would be reduced to four, and then two – one for the government in Barcelona, the other for the nationalists in San Sebastian.[269] During the first years of the war, these delegations had been working with the two Spanish national societies (both the Nationalists and

[266] Gabriel Jackson, *The Spanish Republic and the Civil War* (Princeton: Princeton University Press, 1987), p. 431.
[267] Martin Papers, b.17–fo.16: 'Memoranda: Cooperation of International Red Cross in Spanish Revolt'
[268] Martin Papers, b.17–fo.14: Letter, Odier to Swift, 2 Aug 1937.
[269] Martin Papers, b.17–fo.16: 'Reduction of Activities in Spain', 7 Feb 1938.

Republicans had their own Red Cross society) and the ICRC headquarters in Geneva to distribute donations of food and medical supplies, operate a family news service, help evacuate and repatriate refugees and internationals, provide prison relief and facilitate prisoner exchanges.

The Red Cross and War in China

When war broke out on the other side of the globe over the hotly contested region of Manchuria, the ICRC already found itself in a compromised position. If the International Committee struggled to mount an effective response to problems in its own European backyard, China posed an even more remote reality. What limited ICRC action had been successfully pursued in Spain seemed to have been largely dependent on previously rare spontaneous 'private collections' and a special 'bond between the Spanish populations of the Old and New worlds'.[270] Clearly facing severe financial constraints, the ICRC subtly acknowledged its limited capacity to respond to events in China. As in Spain, the ICRC's initial response seemed to focus on sending delegates to assess the situation as it developed. In November 1937, ICRC representative Colonel C.E. De Watteville offered a rare glimpse into the conditions along the Northern Chinese front, where he estimated at least 800,000 casualties.[271] ICRC representatives continued offering their own assessments of the war in 1938, when Dr. Robert McClure – a Canadian medical missionary, also reportedly serving as an ICRC official, in addition to the director of the Friends Ambulance Unit – offered a promising assessment of Chinese guerrilla tactics.[272] Other ICRC representatives took a less optimistic view of both the war and the

[270] Huber, *The Red Cross*, pp. 94–95.
[271] 'Chinese Casualties Estimated at 800,000', *New York Times*, 17 Nov. 1937, p. 4.
[272] 'Chinese Will Win, Missionaries Say', *New York Times*, 1 Sept. 1938, p. 11.; NACP, ARC, Central File, 1935-1946 (Group 3), b.1395–fo.985.3, '1942 Directory Red Cross Operations in China'.

ICRC's role in it. When the English Barger and Wright travelled to North China on the ICRC's behalf in 1941, they concluded that the committee 'by reason of its narrow horizon and its unwillingness…to adapt itself to changing conditions, cannot be a channel through which Red Cross assistance from abroad can be effectively given.'[273] Barger and Wright ended up resigning their positions with the ICRC to devote themselves to organising 'a more effective form of foreign assistance'.

Outside of the International Committee action, President Max Huber conceded that only two national societies took action of any significance. In half the amount of time, these two national societies had managed to collect – 'partly, it must be owned, in association with other organizations – donations more than twice exceeding the sums contributed for help in Spain'.[274] While twelve other societies had 'responded affirmatively to the appeals of the International Committee…the Chinese Red Cross, all by itself…furnished 80% of the funds placed at the International Committee's disposal', funding the placement of an ICRC delegate in China for about six months.[275] While Huber failed to name the second recipient of his praise, the American Red Cross seems a likely candidate. As Huber went on to emphasize in reflecting on what lessons might be learned from the relative successes of Red Cross activity in Spain and China, in the case latter, the 'situation of foreign residents' with 'powerful financial connections in Europe and the United States' had 'played an essential part in the success of the collections' made.[276]

Initially, when fighting broke out between China and Japan in the summer of 1937, the ARC expressed little interest in extending itself into Asian affairs. In early September of that year, the ARC made the tentative announcement that it 'might

[273] ABMAC Records, b.22–fo. 'National Red Cross Society of China': Evert Barger and Philip Wright, 'Summary of Reports on a Survey of Red Cross Work in the Northwest', Jul. 1941.
[274] Huber, *The Red Cross*, pp. 94–95.
[275] Huber, *The Red Cross*, p. 93.
[276] Huber, *The Red Cross*, p. 95.

accept contributions for relief work in China' but that it did 'not contemplate sending personnel to China or launching a national campaign'.[277] In the wake of this announcement, several local chapters made additional announcements to the same effect.[278] By the end of September 1937, the ARC had announced that it would spend $100,000 on medical supplies and hospital equipment to send to China. By this time, $30,000 had already been spent on aiding American citizens stranded by the war – with $10,000 coming from American diplomatic officials and $20,000 coming from the Philippine Red Cross Society.[279] Initially, the American Red Cross took the standard Red Cross approach of offering aid to the national societies of both sides. When their offer was accepted by the Chinese, but refused by the Japanese, the ARC chose to focus exclusively on China.[280] The Central Committee did not feel that they could offer much more beyond this basic gesture. The situation was far too complex and they doubted the American people cared enough about China to support a national fund-raising campaign.

What responses the ARC did receive in the late summer and fall of 1937 came mostly from groups with pre-existing connections to China. ARC chapters along the Pacific coast were some of the most active, with residents of San Francisco's Chinatown raising enough money purchase supplies to equip three 500-bed hospitals by October 1937.[281] Some residents of Baltimore, Maryland also took an early interest in Red Cross efforts to improve conditions for the Chinese – both through the local Chinese-American population and a segment of the medical

[277] 'Red Cross to Accept Relief Funds', *Christian Science Monitor*, 3 Sept. 1937, p. 2.
[278] 'For Relief in War Zone', *The Sun*, 5 Sept. 1937, p. 3.; 'Red Cross Here to Aid Chinese', *The Atlanta Constitution*, 12 Sept. 1937, p. 2A.
[279] 'China Sufferers to get $100,000 Red Cross Aid', *The Washington Post*, 30 Sept. 1937, p. 7.
[280] Dulles, *The American Red Cross*, p. 341.
[281] 'Red Cross Orders Drugs to Aid China's Wounded', *The Washington Post*, 2 Oct. 1937, p. 4.; 'Red Cross Equips Chinese Hospitals', *New York Times*, 3 Oct. 1937, p. 32.; 'Princess Aids China Relief', *Los Angeles Times*, 20 Oct. 1937, p. 2A.

community of Johns Hopkins University School of Medicine.[282] 'Without formal solicitation by the local Red Cross Chapter', Dr. G. Canby Robinson and sixteen of his colleagues collected $135.50 in donations to China to be sent through the ARC.[283] Despite the initiative shown by these early efforts, they admittedly had a relatively limited financial impact.

On 25 January 1938, the ARC was called upon by Franklin D. Roosevelt to take a more proactive stance and launch a national appeal for China's relief.[284] 'No question of' parallel aid to Japan arose, as noted by Roosevelt, as 'no Japanese civilians need medical treatment or relief of destitution'.[285] 'By this time, the ARC had transferred $181,000 to the U.S. ambassador in China to distribute.[286] Funds raised in the nascent national campaign were, ARC President Admiral Cary T. Grayson announced, to be expended in China by the American Advisory Committee.[287] While not exactly front-page news, Roosevelt's appeal to the ARC received a small, but enthusiastic press response in the weeks that followed. Commentators in both the New York Times and the Washington Post lauded the appeal, labelled by one as 'unprecedented in American history' for proposing 'assistance to civilians of one nation involved in a foreign war' and yet 'not the less

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[282] G. Canby Robinson, 'Letter to the Editor', *The Sun*, 24 Sept. 1937, p. 12.; 'Chinese Restaurants Here Give for Chinese Relief', *The Sun*, 17 Oct. 1937, p. 3.
[283] 'Chinese Given Fund Japanese Spurned', *The Sun*, 22 Jan. 1937, p. 5. Dr. Robinson, like a number of other Johns Hopkins faculty, had a personal interest in China after having spent time at the Peking Union Medical College.
[284] 'Roosevelt Backs Fund to Aid China', *New York Times*, 25 Jan. 1938, p. 8.; 'Red Cross Seeking Million for China', *The Atlanta Constitution*, 25 Jan. 1938, p. 19.; 'Roosevelt Appeals for Funds to Help Chinese Civilians', *The Sun*, 25 Jan 1938, p. 1.; '$1,000,000 in Chinese Relief Asked', *The Washington Post*, 25 Jan. 1938, p. XI.; 'China Relief Fund Urged', *Los Angeles Times*, 25 Jan. 1938, p. 14.; 'President Roosevelt Asks for $1,000,000 to Aid War Sufferers', *Chicago Daily Tribune*, 25 Jan. 1938, p. 5.
[285] President Roosevelt to the Secretary of State and to the Chairman of the American National Red Cross, 11 Jan 1938, *Foreign Relations of the United States, 1938, Vol. IV: The Far East* (Washington: GPO, 1954), p. 571.
[286] Of this, $130,000 had come directly from the ARC national treasury, while $51,000 had come from public donations.
[287] 'Roosevelt Backs Fund to Aid China', *New York Times*. The American Advisory Committee was a group of 'outstanding' American residents in China appointed by U.S. Ambassador Nelson T. Johnson, drawing largely from American business and missionary communities in China.

acute because…the result of a man-made disaster rather than the work of nature in a malevolent mood.'[288] With Americans' proud history of generosity towards those in need, most coverage implied that the President's appeal would be quickly met. From first lady Eleanor Roosevelt to religious leaders of Hartford, Connecticut, the new mission laid out for the ARC earned vocal supporters, while existing private relief agencies promised to step back from their appeals in support of a more unified national effort under the ARC.[289] As one observer already involved in other private efforts observed, the ARC announcement 'was received with enthusiasm' as 'everyone recognizes that the Red Cross with its great organization and prestige could handle this problem far more effectively than any new organization created for the purpose.'[290] One member of Congress even proposed a bill to appropriate $5,000,000 in federal funds to send to China in support of the civilian victims of war.[291]

The assumptions of American generosity for the Chinese cause raise a number of questions. In 1938, policies of neutrality were still strongly in effect. So what of isolationism? Is it accurate to equate isolationism in the 1930s U.S. with parochialism or indifference, as critics of American foreign policy sometimes did? Or can isolationism be defined more by a belief that non-state actors were best situated to advance international objectives? For critics of American foreign policy, which included many, though not all, of those involved in the organisations of this study, criticisms were based on the former, arguing that isolationist foreign policy embodied a callous indifference unworthy of the American state. In such

[288] '$1,000,000 for Chinese Relief Asked', *New York Times*; 'The Red Cross Appeal', *New York Times*, 26 Jan. 1938, p. 22.; 'Red Cross Aid for China', *The Washington Post*, 26 Jan. 1938, p. 8.
[289] 'Clergy Asked to Aid China Relief Fund', *The Hartford Courant*, 30 Jan. 1938, p. 3.; 'Mrs. Roosevelt to Aid China Fund', *New York Times*, 1 Feb. 1938.; 'Mrs. Roosevelt to Make Radio Plea for China', *The Washington Post*, 1 Feb. 1938, p. X24.; 'Fund Drive Postponed', *New York Times*, 30 Jan. 1938, p. 33.
[290] Cannon Papers, b.40–fo.521: Letter to Franklin D. Roosevelt, 16 Mar. 1938.
[291] '$5,000,000 for China Sought in Congress', *New York Times*, 26 Jan. 1938, p. 11.

circumstances, private actors became the necessary mediators of international relations, but only under duress. By such standards, the U.S. government still held international responsibilities that it was failing to meet. These attitudes, on the whole, however, were truer of the smaller organisations of this study – particularly those helping Spain. In China the situation was different, particularly once the federal government became increasingly supportive of aid efforts. But until U.S. entry to the Second World War, Americans seeking more proactive support of China still faced an uphill battle.

Initial enthusiasm for the ARC's appeal did not seem to translate well into funds. Having only collected $170,000 in public donations since January, the ARC's own prestige was now at stake.[292] The ARC national convention in May 1938 concluded with the resolution that local chapters must take greater action to revive the flagging campaign. After additional prodding from Roosevelt, ARC Chairman Norman Davis attempted to encourage more vigorous local action by setting chapter fundraising quotas and announcing a new deadline of 15 June to meet the $1,000,000 goal.[293] But even calls to donate on behalf of a world 'challenged by the forces of paganism and barbarism' in which 'huns and vandals' were 'in the saddle again' and threatening the very foundation of civilization did not seem to be enough to turn the ARC's campaign around.[294] Finally, on 16 June 1938, the China Relief Drive was officially called off, having only collected $200,000 in public contributions since Roosevelt's initial appeal.[295]

Why did the ARC meet such resistance to this appeal for China? As Red Cross historian Foster Rhea Dulles later claimed, the China campaign was the first

[292] 'Red Cross to Meet in D.C. Next Year; Urges China Help', *The Washington Post*, 6 May 1938, p. X3.
[293] 'Davis Pleads Here for Chinese Fund', *New York Times*, 17 May 1938, p. 14.
[294] 'China Relief Drive Sped', *Los Angeles Times*, 6 May 1938, p. 3.
[295] 'China Relief Drive Ended', *New York Times*, 16 Jun. 1938, p. 9.

time an ARC campaign had met total failure.[296] Dulles argued that the ARC appeal had, from the start, been a half-hearted attempt, strongly resisted by the Central Committee, which anticipated trouble mobilizing an apathetic public from the very beginning. The replacement of ARC Chairman Admiral Cary Grayson following his death in 1938 with Norman Davis does not seem have changed much at the national headquarters. Expending little effort beyond a few formal announcements, ARC chapters followed the Central Committee in taking a passive approach. With some reportedly claiming to have 'received no instructions', many chapters planned only to transmit funds they might receive, with 'no intention of conducting a campaign.'[297] Such reports back up other contemporary observations over a basically disorganized campaign in which 'the plea of the Red Cross for funds was not generally understood' and had not been 'definitely put up to various organizations and churches and individuals as it should have been.'[298] In the end, Dulles argued, 'The American Red Cross had unhappily fallen between the stools of Government pressure in the interest of foreign policy, and public indifference reflecting the prevalent isolationist sentiment among the people as a whole.'[299]

Interestingly, the story of the ARC's failed campaign does not quite appear the same in later ARC reports. In a report attempting to summarize ARC activities in China since 1937, prepared by J. Blaine Gwin in 1943, there is no direct reference to the ARC's failed campaign. Gwin summarizes the ARC's activities since Roosevelt's appeal as follows:

> Following the President's appeal in January for $1,000,000 for China, the American National Red Cross made an additional appropriation of $100,000 and endeavored to stimulate public

[296] Dulles, *The American Red Cross*, p. 342.
[297] Cannon Papers, b.40–fo.521, Letter to Franklin D. Roosevelt, 16 Mar. 1938
[298] I. M. K. Colchester, 'Red Cross', *The Hartford Courant*, 26 Apr. 1938, p. 8.
[299] Dulles, *The American Red Cross*, p. 343.

> interest in the relief fund. Chapters were later placed on a quota basis. All red cross funds were transmitted to the Department of State and transferred through official channels to the American Advisory Committee composed of representative Americans resident in Shanghai. The committee allotted the funds to well established organizations including hospitals and refugee centers. As of June 30, 1938, the total amount of money made available was $629,454.02.[300]

Although Gwin offers an estimate of ARC donations much higher than contemporary news accounts as of June 1938, the next chapter in his narrative jumps to nearly a year later without further comment.

Nevertheless, leaders within the ARC seemed acutely sensitive to the political undertones to Roosevelt's campaign to aid China. In his final plea, Davis acknowledged having heard objections that the drive 'would mean injection of this country into a foreign situation', when the United States was already overwhelmed with needs at home.[301] Opinion polls in 1937 had depicted an American public sympathetic with China, but not sympathetic enough to take any action which might jeopardize U.S.-Japanese relations.[302] Ascribing the ARC's failed China appeal to a prevailing isolationist impulse among the American public fits well with many traditional historical accounts of the period, in which domestic concerns repeatedly trump more internationalist agendas. And, for the average supporter of the Red Cross, perhaps China was 'too political' in 1937. After all, as Dulles has suggested, Roosevelt's suggested target of $1,000,000 was probably designed more as a gesture in foreign relations seeking to censure Japanese aggression while fostering friendship with China, than expecting to make any dramatic impact on the situation in China. However, as the ARC campaign was failing, other private relief organisations were building momentum. In May 1938, the ABMAC received a $25,000 anonymous

[300] NACP, ARC, Central File, 1935-1946 (Group 3), b.1394 –fo.985.08, 'ARC Activities in China'.
[301] 'Davis Pleads Here for Chinese Fund', *New York Times*.
[302] Dulles, *The American Red Cross*, p. 341.

donation and in June (just as the ARC drive was being called off), China Civilian Relief collected $52,842. Such figures suggest a more complex cultural and political dynamic at play than more traditional explanations of an isolationist America.

The Chinese Red Cross Society

While arguably escaping the severe internal divisions that initially crippled the Spanish Red Cross Society, the Chinese Red Cross Society had its own challenges. Serving the medical needs of a country of China's population and size was no small feat. As China dug into war with Japan, its Red Cross society confronted the task of administering to a fighting force of about 3 million soldiers on active duty over a front of 2000 miles. Furthermore, with reports that China's army had not yet organized a complete medical division, which could only have drawn from the 'barely 6,000 qualified and 3,000 'irregular' doctors' that existed nationwide at the start of the war, both the military and the national Red Cross society had a daunting task ahead.[303] By the outbreak of war in 1938, the Chinese Red Cross Society had significantly expanded beyond its turn-of-the-century roots, having been tested in the domestic sphere by a series of floods, famines, fires, and civil unrest that plagued China in the early 20th century. Red Cross hospitals had been opened in Shanghai and a number of other cities and by the 1920s over 300 Red Cross chapters had developed throughout the country.[304]

To respond to the challenge posed by China's new military enterprise, the Chinese Red Cross organized the Medical Relief Corps (MRC). The MRC's mission

[303] ABMAC Records, b.22–fo. 'National Red Cross Society of China': 'Memo on Need for Personnel and Training', 31 Oct. 1941.
[304] Caroline Reeves, 'History of the Chinese Red Cross: Part II', The China Beat <http://www.thechinabeat.org/?p=119> 20 May 2008, accessed 22 Feb. 2011. For a more complete history of the Chinese Red Cross see: Caroline Reeves, 'The Power of Mercy: The Chinese Red Cross Society, 1900-1937', PhD Dissertation, Harvard University, Cambridge, Mass., 1998.

was to 'take care of the wounded and sick on the rapidly extending war fronts' as 'a technical organization' providing qualified personnel (doctors and nurses) which the army so greatly lacks'.[305] By March of 1941, the MRC had established 150 medical units, two thirds of which were attached to armies at the front, with the remaining third distributed between hospitals along lines of communication. Grouped according to nine differentiated 'war areas', each group sought to cooperate with the Army Medical Service, the Emergency Medical Service Training school and civil Public Health Department.[306] The MRC also had its own Medical Supply Service and Transport Service responsible for the preparation and transportation of medical supplies and wounded. As described in one report in the fall of 1941, the MRC sought to 'strengthen the Army Medical Service technically', presumably strengthening the relationship between the Chinese Red Cross and the military, as an 'auxiliary to the Army Medical Service (as provide for by the Geneva Convention)'. Offering a 'modicum of transport and considerable quantities of standard supplies', offering 'technical training by lending personnel to the Training Schools and by conducting training in the various Divisional and Hospital organizations', the 'entire organization' of the MRC and its personnel were placed 'under the direction of the Army Medical Administration, with safeguards for its technical standard and efficiency'.[307]

From 1933 onwards, the MRC was led by Dr. Robert Kho-Seng Lim. Born to Chinese parents in Singapore in 1897, Lim had a much more global upbringing. At the age of eight, Lim's father sent his son to Scotland to begin his education abroad – an experience that reportedly left Lim's English coloured with a Scottish brogue for

[305] Cannon Papers, b.42–fo.545: 'Memorandum on the Chinese Red Cross Medical Relief Corps', 5 Mar. 1941.
[306] Cannon Papers, b.42–fo.545: 'Memorandum on the Chinese Red Cross Medical Relief Corps'.
[307] ABMAC Records, b.22–fo. 'National Red Cross Society of China': 'Memo on Need for Personnel and Training'.

the rest of his life. When war broke out in Europe, Lim crossed the channel to serve as a volunteer in France, where he was assigned to the Indian army as a warrant officer.[308] After the war, Lim returned to Scotland, completing his medical degree at Edinburgh University in 1919. Several years later, Lim followed his mother's footsteps to the United States, winning a fellowship through the China Medical Board of New York to spend a year of research in 1924 at the University of Chicago's Department of Physiology.[309] After returning to China, Lim joined the faculty of the Peking Union Medical College (PUMC). Having already built an impressive roster of academic accomplishments, Lim's public career in China took off in the 1930s, during which time he became President of the Chinese Medical Association, Chairman of the North China Council for Rural Reconstruction, and President of the Chinese Red Cross.[310]



Figure 8. Dr. Robert Kho-Seng Lim, a front right, smiling, with members of the Chinese Red Cross Emergency Medical Service Training School in China. (UCR Records, Box 85)

Under Lim's leadership of the Medical Relief Corps, the Chinese Red Cross underwent significant expansion. By 1940, the MRC had grown from twelve units attempting to cover 20,000 Chinese soldiers to forty-nine units. In that same time,

[308] Horace W. Davenport, *Robert Kho-Seng Lim, 1897-1969* (Washington D.C., 1980), p. 283.
[309] Lim's mother was reportedly one of the first Chinese women to be educated in the United States. Davenport, *Robert Kho-Seng Lim*, p. 286.
[310] Davenport, *Robert Kho-Seng Lim*, p. 291.

Lim had also helped found a school designed to train 200 men a month to become hospital attendants and stretcher-bearers. Lim would later help establish a hospital at Kweiyang, which became the largest medical centre in wartime China. Medical education had become one of Lim's central concerns, and, particularly as war loomed on the horizon in the 1930s as relations with Japan in the north deteriorated, Lim pressed the PUMC to expand their educational endeavour to include broader education of technicians or sanitarians in an attempt to begin to meet China's medical needs. With the PUMC's refusal to reconsider their mission of 'teaching of teachers' – and Lim's own career taking off in a different direction – Lim eventually left the PUMC faculty. In 1941, he was appointed Inspector General of the entire Medical Service.[311]

CRC Connections with the United States

Lim's initiative and talent in developing the Chinese Red Cross Medical Relief Corps was supplemented by his extensive international contacts. During the war, the Chinese Red Cross built substantial support abroad through avenues outside of traditional Red Cross networks of communication, particularly in the United States. One of Lim's well-established contacts in the United States was Harvard Medical School's Walter B. Cannon. In Cannon, Lim found both a faithful friend and fervent supporter. Commenting to the popular American magazine, *Reader's Digest*, in 1939, Cannon depicts Lim as central to his own involvement in American relief to China. 'Dr. Lim,' Cannon wrote, 'is a personal friend of mine' and 'is an admirable organizer

[311] Davenport, *Robert Kho-Seng Lim*, p. 291.

and a very devoted Chinese patriot. My own willingness to be a sponsor of ABMAC rests upon my thorough confidence in Dr. Lim's honesty and efficiency'.[312]

A professor of physiology, Cannon had become a prominent medical figure in 1930s America, both for his research in physiology and for his increasingly vocal role in international humanitarian work. Having volunteered with the ARC during the First World War, Cannon's interests in international humanitarian efforts had not died out during the decades that followed. Cannon had also played a critical role in research on the problem of wound shock, in collaboration with the British and Canadian armies.[313] If anything, they expanded as Cannon's work brought him increasingly in touch with the international academic community. One of Cannon's most significant contributions to physiology was in his development of the concept of homeostasis in human physiology, dependent on a number of cooperating factors operating within an organized framework of self-governance.

Cannon's work earned him invitations to visit fellow physicians and scientists all over the world, leading him to form friendships with colleagues all over the world, which he maintained through an impressive record of correspondence. Encouraged by his personal relationship with fellow physiologist, Dr. Juan Negrín (leader of the Spanish Second Republic during the war), Spain became a particular concern of Cannon's in the 1930s, and he became heavily involved in the work of the AMBASD at home in the United States. Negrín and Cannon's relationship dated from much earlier. Following Negrín's studies at the Physiology Institute in Leipzig, Germany (terminated early in 1916 because of the First World War), Negrín at one point

[312] Cannon Papers, b.41–fo.533: Letter to Robert Littell, 28 Apr. 1939.
[313] Saul Benison, Clifford A. Barger and Elin L. Wolfe, 'Walter B. Cannon and the Mystery of Shock: a Study of Anglo-American Cooperation in World War I', *Medical History*, 35 (1991).

planned to spend two years working with Cannon in the United States.[314] Ultimately, Negrín's path led him in a different direction, back to Spain, where he became director of the newly established Laboratory of General Physiology established by the same institute that had funded his studies abroad.[315] Cannon's friendship with Lim dated from the early 1930s, when the two began sharing academic papers regarding their respective work in the field of physiology.[316] When Cannon's daughter, Wilma, moved to China with her fiancé John K. Fairbank in the early 1930s, Lim extended a warm welcome to the new couple.[317] Their relationship was further solidified in 1935, when Cannon spent three months in China as a visiting professor at the PUMC.[318]

Cannon's first foray into American relief efforts to China came through the New England Committee for Relief in China. Chaired by Karl T. Compton, the New England Committee was one of many grassroots relief efforts that coalesced in the wake of the war in China. By the time President Roosevelt announced his challenge to the ARC to raise funds for China, the group had raised about $700.[319] Not wanting to duplicate efforts – and yielding to the ARC's superior organisational structure and track record – the group ceased their active appeal. However, within a few months Cannon admitted, 'I learned, to my chagrin, that the Red Cross was making no important effort and was largely a receiving organization taking

[314] Josep Lluis Barona Vilar, 'Negrín medico fisiólogo', *Juan Negrín Médico y Jefe de Gobierno, 1892-1956* (Madrid: Minesterio de Cultura, SECC, 2006). For more on Negrín, see also: Gabriel Jackson, *Juan Negrín: Spanish Republican War Leader* (Sussex: Sussex Academic Press, 2010).
[315] The *Laboratorio de Fisiología General* was founded in 1916 by the *Junta para Ampliación de Estudios e Investigaciones Cientificas*, or JAE.
[316] Elin L. Wolfe, Clifford A. Barger and Saul Benison, *Walter B. Cannon: Science and Society* (Cambridge. Mass., 2000), p. 338.
[317] Fairbank, a specialist in Chinese history, later joined the OSS (U.S. precursor of the Central Intelligence Agency) to work in China. Maochun Yu, *OSS in China: Prelude to Cold War* (Annapolis: Naval Institute Press, 2011).
[318] Wolfe, Barger and Benison, *Walter B. Cannon: Science and Society*, p. 333.
[319] Cannon Papers, b.40–fo.517: Letter from Lim to Cannon, 13 Apr. 1938.

contributions which came to it'.[320] Cannon swiftly wrote to President Roosevelt himself, questioning the passivity of the ARC's actions and pointing out the negative effect his appeal to the ARC might have had on other organizations hoping to mobilize American aid to China.[321] A similar letter from the New England Committee for Relief in China was even more forthright, appealing to Roosevelt to use his 'great influence in the appointment of the successor to the late Admiral Grayson, or otherwise to induce the Red Cross to undertake this campaign actively.'[322] As Cannon pointed out, this failure on behalf of the ARC was all the more lamentable given the generous contributions of the Chinese Red Cross to the United States during the Great War.[323] Responding promptly, Roosevelt sought to assure Cannon that 'the meagre response to the appeal has been a matter of great concern to the officials of the Red Cross and they are endeavouring in various ways to secure a more active participation of the public' – but that, regardless, 'the Red Cross would see no necessity for your committee to discontinue its campaign'.[324]

Meanwhile, other private efforts to organise American relief to China had continued to build momentum. In the spring of 1939, Cannon became an official sponsor of the ABMAC, helping Marian Exeter – who had also been involved in Spanish relief through the AMBASD – establish a Boston chapter for the organization.[325] Another organisation rising from American sympathy in the immediate aftermath of the Japanese invasion, the ABMAC came to be a dominant

[320] Cannon Papers, b.70–fo.517: Letter from Lim to Cannon, 13 Apr. 1938.
[321] Cannon Papers, b.40–fo.521: Letter from Cannon to Franklin D. Roosevelt, 24 Mar. 1938.
[322] Cannon Papers, b.40–fo.521: Letter from Karl T. Compton to Franklin D. Roosevelt, 16 Mar. 1938.
[323] Cannon Papers, b.40–fo.521: Letter to Roosevelt, 24 Mar. 1938. Cannon reported that the Chinese Red Cross had donated more than $1,500,000 'for the welfare of our people' – an especially significant sum considering the relative wealth of these two nations at the time.
[324] Cannon Papers, b.40–fo.521: Letter from Franklin D. Roosevelt to Cannon, 26 Mar. 1938.
[325] Wolfe, Barger and Benison, *Walter B. Cannon: Science and Society*, p. 487.

figure in the field of American medical relief to China. As described by one of its founders, Dr. Frank Co Tui, in 1939:

> The friends of China looked to the American Red Cross for action. This was natural since in sudden emergencies the machinery of the American Red Cross were the most effective and in the second place to form an organization for Chinese relief would mean months of delay…There was a delay of months before the American Red Cross acted. The progressives were preoccupied with Spain and other European crises. The result was that while the Chinese communities poured forth their money, the response from the American public was very meagre.[326]

Co Tui places the ABMAC's origins not only in the existence of an active and concerned community of Chinese-Americans and 'friends of China', but also in a perceived failure of Red Cross action. The suggestion that the ABMAC formed in an effort to replace a lacking ARC effort is further echoed in the ABMAC's relationship with the Chinese Red Cross. Lim and Co Tui began their own extensive correspondence early in the war and Co Tui helped the ABMAC become one of the CRC's most lucrative supporters in the United States. In 1940, this relationship was recognized in a certificate from the National Red Cross Society of China unequivocally naming the ABMAC 'their fully accredited representatives in the United States of America, for the purpose of securing medical supplies, raising funds, and making better known the activities of the National Red Cross Society of China, among friends, sympathizers, and humanitarians in that great country.'[327] (See Figure 9.) Even after the ARC began to take a more active role in Chinese relief, the

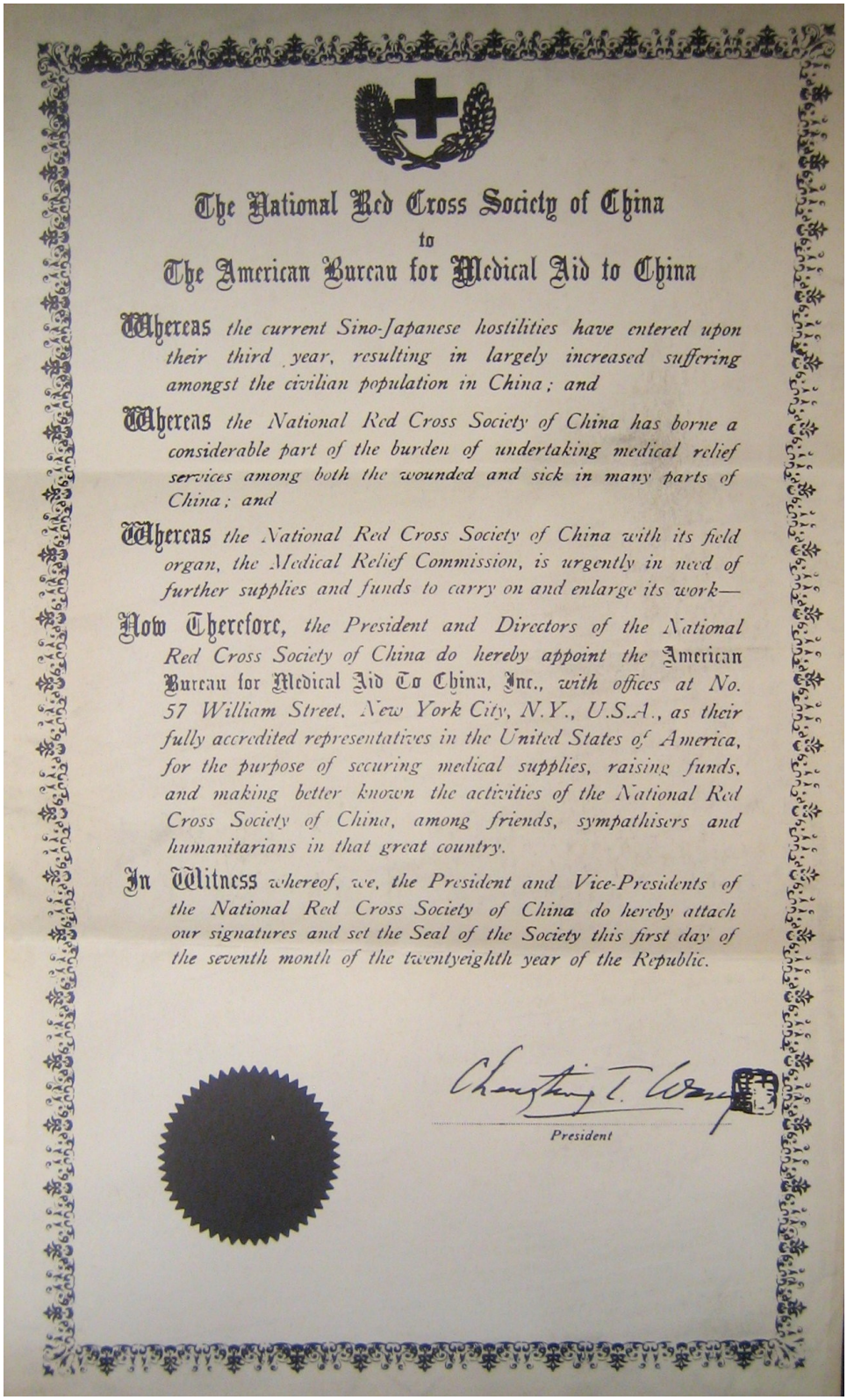
[326] ABMAC Records, b.22–fo. 'National Red Cross Society of China': 'An Analysis of the Factors Bearing on American Participation in Chinese Relief with a Discussion of the American Bureau for Medical Aid to China, Inc.: Plan', 11 Apr. 1939.
[327] ABMAC Records, b.22–fo. 'National Red Cross Society of China': Certificate, 1 July 1940.

ABMAC continued to be recognized as the official representative of the Chinese Red Cross in the United States.[328]

With Lim at the centre of the ABMAC's relationship with the Chinese Red Cross Society, when debates over his leadership arose in China, the ABMAC's unwavering support of Lim and his programs became a major point of friction between it and United China Relief – which, by that time, had become the organisation behind the ABMAC's funding. As noted by UCR field representative Dwight W. Edwards, the EMSTS program '[originated] in the personality of Dr. Robert K. S. Lim'. While admitting Lim to be 'a very able physiologist and a medical journal editor' and 'excellent…promoter and salesman', Edwards revealed doubts existed over 'his present work as administrative leader'.[329] Lim admittedly had a lot on his plate directing the separate programs of the EMSTS and MRC, which received state support through both the Chinese Red Cross Society and the Army Medical Administration. In February 1943, Lim was reportedly 'in a precarious situation' and 'under heavy suspicion on the part of the highest authorities in the Chinese

[328] ABMAC Records, b.22–fo. 'National Red Cross Society of China': Letter from L.S. Woo to Co Tui, 3 Aug. 1944.
[329] UCR Records, b.53–fo.7: 'Confidential Report on EMSTS', 1943.; UCR Records, b.53–fo.7, DWE to LS, 14 Jan 1943.

Figure 9: Certificate from the National Red Cross Society of China to the American Bureau for Medical Aid to China, 1940. (NY-CU, ABMAC Records).



The National Red Cross Society of China
to
The American Bureau for Medical Aid to China

Whereas *the current Sino-Japanese hostilities have entered upon their third year, resulting in largely increased suffering amongst the civilian population in China; and*

Whereas *the National Red Cross Society of China has borne a considerable part of the burden of undertaking medical relief services among both the wounded and sick in many parts of China; and*

Whereas *the National Red Cross Society of China with its field organ, the Medical Relief Commission, is urgently in need of further supplies and funds to carry on and enlarge its work—*

Now Therefore, *the President and Directors of the National Red Cross Society of China do hereby appoint the* American Bureau for Medical Aid To China, Inc., *with offices at No. 57 William Street, New York City, N.Y., U.S.A., as their fully accredited representatives in the United States of America, for the purpose of securing medical supplies, raising funds, and making better known the activities of the National Red Cross Society of China, among friends, sympathisers and humanitarians in that great country.*

In Witness *whereof, we, the President and Vice-Presidents of the National Red Cross Society of China do hereby attach our signatures and set the Seal of the Society this first day of the seventh month of the twentyeighth year of the Republic.*

President

Government' for potential misuse of funds.[330] While Lim was eventually cleared of these charges, the resulting controversy was a part of a major reorganization of Chinese Red Cross leadership, passing the presidency on to Dr. Chiang Monlin and leaving Lim as a 'Technical Advisor'.[331] In the summary of one American observer, the controversy that arose between the MRC and CRC leadership was 'largely based on personal animosities and mutual distrust'.[332]

The Chinese Red Cross and the China Aid Council

The ABMAC sought to defend its title as the primary American representative of the Chinese Red Cross. However, it was not the only private American organisation to be acting on behalf of Robert Lim's CRC in the United States. By this time, the China Aid Council had begun to broaden its activities from its base in New York City. In August 1938, CAC Director Oliver Haskell reported to Dr. Robert Lim, then leader of the Chinese Red Cross Society, that a citizens committee in Buffalo had raised $1,000 for the Chinese Red Cross – and that the China Aid Council had plans of expanding such citizen committees across more of the United States.[333] Haskell and Lim continued to correspond through the fall of 1938 regarding further donations to the Chinese Red Cross, in addition to coordinating the logistics of a handful of medical volunteers partially sponsored by the China Aid Council. Early on, Haskell offered Lim his own analysis of the portrait of China relief in the United States.

'One misunderstanding regarding the situation in America should be corrected. From Miss Smedley's letters it is apparent that she does not realize the

[330] UCR Records, b.53–fo.7: DWE to LS, 13 Feb 1943.
[331] UCR Records, b.53–fo.7, 'Excerpt from National Herald', 5 Feb 1943.
[332] ABMAC Records, b.1–fo. 'American Red Cross', Letter to Allen from Phillips F. Greene, 26 May 1942.
[333] NY-NYPL, b.1–fo.6, Letter to Lim from Haskell, 10 Aug 1938.

nature of the leadership of the American Red Cross. This is a very conservative, not to say reactionary, organization. They raised very little money for China because they didn't half try. They feel that they must be impartial in this war and not help China any more than they help Japan, even though Japan declined their aid. Thus it is impossible for us to get trucks or anything else from the Red Cross.' Meanwhile, Haskell continued, 'It is important that you should understand that the American League for Peace and Democracy is influential mainly among left wing groups. Thus, if it is desired to reach the Red Cross or the United Council for Civilian Relief in China it should be done through Chinese diplomatic channels, either official or unofficial. We can bring pressure to bear on them only very indirectly.'[334]

Meanwhile, the China Aid Council continued to supply the Chinese Red Cross with funds, earmarked for the Northwest. Reporting to Haskell at the end of September, Lim acknowledged the receipt of another $1,500 donation, noting 'We have sent the whole amount to the 8th route army headquarters...through Miss Agnes Smedley for the use of the Reserve Field Hospital'. Responding to an inquiry as to how best the CAC might be able to offer further support, Lim admitted, 'It is difficult for me to consult Dr. Bethune concerning his needs, as he is in Wu-Tai-Shan, Shansi…We have, I think, given him all the important items he asked for. We shall continue to meet all needs of the North West, where Dr. Bethune is, to the limit of our capacity. Already we have sent over $70,000 worth of supplies, and another large consignment is on its way.'[335]

In early October, however, the direct connection between Haskell and Lim seems to have changed, as the China Defence League became the main intermediary between the CAC and China. From that month onwards, all funds directed to the

[334] NY-NYPL, b.1–fo.6, Haskell to Lim, 10 Aug 1938.
[335] NY-NYPL, b.1–fo.6, Lim to Haskell, 26 Sept 1938.

Chinese Red Cross Society from the China Aid Council were to be transmitted by the China Defence League.[336] Meanwhile, the ABMAC's connection with Lim and the Chinese Red Cross Society continued to strengthen.[337]

Reports from Red Cross Units attached to the 8th Route Army offered a unique insight into the political and military activities, as well as wartime social conditions, in China's northwest – reports that became more valuable thanks to the blockade. Writing to the China Aid Council in the autumn of 1938, Dr. Jean Chiang, of the 29th Unit of the Red Cross at Yenan summarized the unit's activities as follows: 'I am writing you on behalf of the people in the Border Region as well as of our Unit to thank you for the help you have extended to us in enabling us to carry out our work. The extreme poverty and ignorance, medically, of this region are particularly keen, but I am glad to inform you that we are already developing a basic health program, which we hope will yield rich results. This work not only aids the wounded soldiers and partisans who are brought back, but also helps their families and the large number of rear workers who are essential for maintaining services for the front. Besides, we are preparing young men and women to go out and carry on political or military activities behind the enemy's lines. It is truly an expression of the United Front.'[338] Chiang was the daughter of the head of the Department of Chinese Studies at the University of McGill in Montreal, Canada. In China, she headed an obstetrical unit operating under Lim's Commission.[339]

Made up of volunteers from Hankow, the 29th Unit of the Chinese Red Cross reached Yenan in February 1938. Located about 400 kilometres north of Xian (Shensi), following the Xian incident Yenan had become the headquarters of the

[336] NY-NYPL, b.1–fo.6, Lim to Haskell, 2 October 1938.
[337] See Chapter 2.
[338] NY-NYPL, b.1–fo.6, Letter from Dr. Jean Chiang, 21 Oct 1938.
[339] Larry Hannant, *The Politics of Passion: Norman Bethune's Writing and Art* (Toronto: University of Toronto Press, 1998), p. 205.

former Red Army and regional government seat.[340] When the local population swelled from 3,000 to 30,000, caves replaced houses as housing for the influx of refugees. The 'Border hospital' (formerly the Red Army Central Hospital) in Yenan followed the same model, and the 'cave hospital' of the Northwest became a popular public interest story for China Aid Council fundraising appeals back in the United States. When the 29th Unit arrived, two other Chinese Red Cross Units had already been working to set up the hospital, where the sanitary corps – working in cooperation with the League of Nations Epidemic Commission – had also established its office.[341]

While predominantly staffed by Chinese, a handful of Western volunteers did appear amongst the Red Cross Units of the Northwest. Arranging the arrival of several medical volunteers was one of the China Aid Council's first activities, arranged by CAC President Oliver Haskell and Lim in the late summer and fall of 1938. By 5 September 1938, Ewen had arrived in Yenan and was on her way to Southern Shansi where she was to join the Red Cross units attached to General Chu Teh's Army.[342] Ewen would join two other Canadians in the Eighth Route Army Medical Services – Dr. Norman Bethune and Dr. Richard Brown.

The American Red Cross enters the 1940s

As private organisations such as the ABMAC and the CAC built relationships in direct support of the Chinese Red Cross Society, the ARC continued to have a presence in China, albeit subdued. Despite the failure of its 1938 public campaign, correspondence dating from 1938 and 1939 suggest it was involved in arranging

[340] The Xian Incident became a turning point in relations between the KMT and Chinese Communist Party in the months leading up to the Sino-Japanese War, leading to a temporary peace between the two political groups to create a United Front against the rising political threat of Japan.
[341] NY-NYPL, b.1–fo.6, 'Report of the 29th Unit at Yenan', Feb to Sept 1938.
[342] NY-NYPL, b.1–fo.6, Lim to Haskell, 5 Sept 1938.

several shipments of sizeable donations of pharmaceuticals to China.[343] Such shipments do not appear to have been publicized, however, and the ARC continued to receive letters of complaint in 1939 and 1940 from private citizens who felt that the ARC was not living up to its responsibility as a representative of the United States in the global arena.[344]

However, a closer examination of ARC records both negates Dulles' claim that the ARC's interest in China was not resurrected until after U.S. entry into the Second World War in 1943 – and a number of the charges laid against it by private citizens. Of course, with the ARC still closely tied to the U.S. government as a quasi-state apparatus, its activities mushroomed after U.S. entrance into the war. Certainly between 1943 and 1946 one finds the greatest concentration of reported ARC activities in China. But by 1942 the ARC's activities in China had expanded sufficiently to warrant the creation of a directory of personnel for ARC operations in China, which consisted primarily of Americans already present in China, whether as diplomatic staff, members of U.S. missions, military personnel, or private businessmen, in addition to prominent Chinese working in state, military, or welfare institutions.[345]

In fact, 1940 marked a turning point in ARC activities in subtle demonstrations of renewed interest in China that quickly rivaled the work of smaller private groups. That year, for example, the ARC purchased and shipped five million tablets of quinine to the Chinese Red Cross, while the ABMAC continued raising money for their third shipment of one million tablets of quinine. As much as the ABMAC may have made up for limits in earlier ARC action in enthusiasm, the ARC

[343] NACP, ARC, Central File, 1935-1946 (Group 3), b.1395–fo.985.6; Cannon Papers, b.41–fo.538: Letter from Ernest J. Swift to Cannon, 10 Apr. 1940.
[344] NACP, ARC, Central File, 1935-1946 (Group 3), b.1395–fo.985.6.
[345] NACP, ARC, Central File, 1935-1946 (Group 3), b.1395–fo.985.3, '1942 Directory'.

still retained a distinct advantage in the simple scale of funding potential available.[346] In the autumn of 1940, the ARC sent its first delegation of ARC representatives to oversee their work abroad. On 8 October, Dr. John Earle Baker (Director of China Relief) and Mr. Walter Wesselius (Associate Director of China Relief) departed for China by clipper ship.[347] Baker and Wesselius contributed to the establishment of three bases for ARC operation in Shanghai, Hong Kong, and Kunming (later to be moved to Chungking).[348] Baker had a long history of work in China, first building railroads, and later serving the American Red Cross in their famine relief operations.[349] Wesselius also had a long history of service to the organisation, beginning in the First World War and continuing in the ARC's domestic operations over the course of the 1920s.[350]

Within six months of the arrival of Baker and Wesselius in China, the Chinese Red Cross Society appealed to the American Red Cross for funds to support its Medical Relief Corps. By the end of the summer of 1941, the ARC agreed to fund the $707,000 that would meet the Chinese organisation's medical supply and transport needs for one year.[351] But that amount was only a fraction of the ARC's financial commitment to China that year. In 1941, ARC reports record shipping $3,909,937.82 in supplies purchased by both government and ARC funds, and garments and surgical dressings donated by chapters.[352]

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[346] Cannon Papers, b.41–fo.538: Letter from Ernest J. Swift to Cannon, 10 Apr. 1940.; Cannon Papers, b.41–fo.538: Letter from Ernest J. Swift to Co Tui, 12 Oct. 1940.
[347] Baker already had extensive experience in China having served as Adviser to the Chinese Ministry of Communication, 1916-1926, and Director of ARC China Famine Relief, 1920-21. See: John Earle Baker, *Explaining China* (London: A.M. Philpot ltd, 1927).
[348] NACP, ARC, Central File, 1935-1946 (Group 3), b.1395–fo.985.408.
[349] 'Wisconsin Man Builds Good Roads to End China's Famines', *The Milwaukee Journal,* 17 Jul. 1921, p. 7.
[350] 'Hialeah Relief Chief Arrives', *Miami Daily News*, 3 Oct. 1926, p. 9.
[351] Cannon Papers, b.42–fo.545: 'Memorandum on the Chinese Red Cross Medical Relief Corps', 5 Mar. 1941.
[352] NACP, ARC, Central File, 1935-1946 (Group 3), b.1395–fo.985.3, 'Shipments', 30 Nov. 1941.

While the ARC's renewed commitment to CRC needs challenged the ABMAC's claim to representing CRC interests in the United States, it did not displace this private organisation entirely. With the ARC's re-entrance, the ABMAC shifted its focus slightly as the two organisations discussed a division of labour that would avoid duplication of efforts. While it had carried out most of its activities through the Chinese Red Cross Medical Relief Corps between 1937 and 1940, from 1941 onwards the ABMAC had less and less to do with the MRC (which had, by then, become a separate entity). Although the ABMAC retained a titular claim to being the CRC's 'official representative' in the U.S., the ARC requested that the ABMAC not use the name of the Chinese Red Cross in its fundraising work.[353] Although the ARC may have been lacklustre in its first attempts to get involved in aid, it sought to re-establish its primacy in dealings with its sister society in China. Part of the ABMAC's increasing distance from the Medical Relief Corps may have also been a result of the funding difficulties faced with UCR after the controversy surrounding Lim's and the reorganisation of the Chinese Red Cross. Meanwhile, besides supporting a small volunteer effort, the China Aid Council had increasingly left support of the Chinese Red Cross Society to ABMAC. Meanwhile, ABMAC shifted its focus towards the support of Lim's Emergency Medical Service Training Schools, the establishment of an Army Nursing School, and support for the development of a vaccine plant.[354] This shift towards medical education marked the beginning of a trend in ABMAC development that would become even more significant by the end of the Second World War.[355]

[353] ABMAC Records, b.6, 'Minutes of Meeting of Committee on Army Medical Administration and Chinese Red Cross in China', 26 Nov 1945.
[354] ABMAC Records, b.22–fo. 'National Red Cross Society of China': Letter to Co Tui, 8 Aug. 1941; Letter, Lim to Greene, 11 Nov. 1941.
[355] See Chapter 5.

Increasing mobilisation for the Second World War contributed to the expansion of ARC activities in 1940, almost without reference to the 1938 campaign. A later ARC report suggests a more continuous chain of work in China, neglecting to mention a failed public campaign. What does exist, in great detail, are detailed descriptions highlighting the logistical challenges of the movement of supplies in China and the Pacific theatre of the Second World War. The ARC played a central role in coordinating the movement of a significant amount of supplies. The Burma Road, started by 200,000 Chinese and Burmese workers in 1937 and 1938, and later extended with the aid of American forces in the early 1940s was a feat of engineering that cut 717 miles through roughly mountainous landscapes.[356] The closure for three months in 1940 by Great Britain in response to Japanese diplomatic pressure foreshadowed the more permanent closure to allied forces following the Japanese occupation of Burma in 1942. Following this more permanent closure, the only way for supplies based in India to make their way into the war zone in China was by air, and the U.S. army made space for numerous shipments of ARC organized supplies to enter China in this way. Nevertheless, the limited space available often prioritized medical supplies for combatants over civilian needs.[357] As the global dimensions of the war intensified, the balance between civilian and combatant needs became an increasingly debated issue. Furthermore, the presence of U.S. military forces in China, with access to a vastly different scale of transportation resources and control of distribution channels, left the ARC in a

[356] Gordon Stiffler Seagrave, *Burma Surgeon* (London: V. Gollancz Ltd., 1944); Donovan Webster, *The Burma Road: The Epic Story of One of World War II's Most Remarkable Endeavours* (London: Macmillan, 2003).
[357] NACP, ARC, Central File, 1935-1946 (Group 3), b.1395–fo.985.408, 9 Jan. 1945.

prime role organizing the distribution of aid as a paramilitary organization, even after other institutions such as UNRRA entered the picture.[358]

Even before formally entering the war – and incorporating the ARC through its military connections – the U.S. government had begun shaking off its isolationist stance through a policy of aid short of war, that drew on private aid initiatives to carry out its work. On 11 March 1941, President Roosevelt signed the Lend-Lease Act, formally ending the pretence of American neutrality, nine months before the U.S. formally entered the war. Although initially constructed to offer material assistance to Great Britain, in April the policy was extended to China and within the first few months of operations, the government's Lend-Lease program had been extended to China as well, supplying Lim with much-needed fuel for the Chinese Red Cross Medical Relief Corps.[359] That same year saw the passage of the Emergency Relief Appropriation Act, which promised $50,000,000 for the 'relief of refugee men, women, and children who have been driven from their homes or otherwise rendered destitute by hostilities or invasion', authorizing the 'purchase, exclusively in the United States' of 'agricultural, medical, and other relief supplies to be distributed through the American Red Cross or such other agencies as the President might designate'.[360] On 17 December 1941, ten days after the Japanese attack on Pearl Harbor, an additional $35,000,000 was authorized for 'the relief of men, women, and children rendered sick of destitute by hostilities or invasion' by the Third Supplemental National Defense Appropriation Act.[361] The years leading up to and following U.S. entrance into the Second World War saw a proliferation of new state

[358] NACP, ARC, Central File, 1935-1946 (Group 3), b.1395–fo.985.408.
[359] ABMAC Records, b.22–fo. 'National Red Cross Society of China': Letter from Lim to Roger S. Greene, 11 Nov. 1941.
[360] NACP, ARC, Central File, 1935-1946 (Group 3), b.1395–fo.985.408.
[361] NACP, ARC, Central File, 1935-1946 (Group 3), b.1395–fo.985.408.

structures to accommodate, encourage, and, ultimately, wield some control over the equally proliferating local and transnational networks of aid.

Conclusions

By the 1930s, institutions such as the International Committee of the Red Cross and its affiliated national societies had become well-established leaders in the realm of medical relief in times of war.[362] In the United States, the American Red Cross had expanded its own purview beyond national boundaries, developing a unique tradition of activity in China over the first three decades of the twentieth century.[363] A closer examination of Red Cross responses – coming from the ICRC, as well as American and Chinese national societies – reveals a valuable perspective from which to examine the development of private American relief efforts to China in the late 1930s. As examples of a developing tradition of private medical activism in the interwar period, such grassroots efforts engaged in a complex interaction with evolving Red Cross responses.

When initial ICRC and ARC responses fell short of expectations in responding to the Spanish Civil War and Second Sino-Japanese War, organisations such as the AMBASD, ABMAC, and CAC gathered strength. However, the trajectories of groups ultimately depended heavily on responses of the U.S. government, whose foreign policy interests did not always match with the political passions of these humanitarian activists. U.S. policy towards Spain, for instance, would never meet the expectations of the more politically motivated constituents of the AMBASD. Meanwhile, those supporting proactive American assistance to the

[362] *International Health Organisations and Movements, 1918-1939*, ed. by Paul Weindling (Cambridge, UK: Cambridge University Press, 1995).
[363] Brewer, 'From Philanthropy to Reform: the American Red Cross in China, 1906-1930'; Marian Moser Jones, 'Confronting Calamity: The American Red Cross and the Politics of Disaster Relief, 1881-1939' (unpublished Ph.D. Thesis, New York: Columbia University, 2008).

Chinese would soon find their own interests aligning with those of the U.S. government.

As private medical aid efforts to Spain and China first developed, their reliance on grassroots organising and activism framed against the perceived failure of the American Red Cross created more commonalities than differences. Both the AMBASD and the ABMAC, for instance, shared a language of critique, despite differences in geopolitical interests. Chapters two and three demonstrated the extent to which both groups resonated with one another in their origins. Both observed the outbreak of conflict from abroad and, through various personal, professional, and political interests, formed a response to these conflicts through the medium of medicine applied as emergency relief to a foreign nation.

However, the differences between the AMBASD and the ABMAC became emerge when looking at how the U.S. government responded to and interacted with both. Here, U.S. policies towards the conflicts each sought to address become salient. While the AMBASD and other organisations aiding Spain faced a constant struggle against the U.S. State Department in carrying out their activities, organisations such as the ABMAC and CAC eventually found a powerful ally in the U.S. government. These alliances cannot be summarized simply as a product of citizen activism successfully lobbying a change in government policy, or as an example of the U.S. government actively seeking allies in a policy course it had already set. While the U.S. government remained, in many ways, the more powerful institution in the equation (at the very least in terms of financial resources), navigating the interactions between these groups was a process of give-and-take between private groups and state resources.

The Controversy of the AMBASD

The first unit of American medical personnel and support staff left without problems. Writing to Secretary of State Cordell Hull on 31 December 1936, AMBASD Chairman Walter B. Cannon had notified the Department in stating plainly, 'The object of the Medical Division is to provide ambulance units, including medical supplies and personnel, to relieve the urgent need of wounded men in the armies of the Spanish Government.' While Cannon admitted that 'the effort to mitigate suffering in the Loyalist armies is, in a sense…taking sides', he argued that the humanitarian dimension of their work overwhelmed such details and must be considered 'praiseworthy in the circumstances'. [364] For Cannon, the humanitarian qualities of this work incorporated the support (through the professional sphere of medicine) of the democratically elected Republican government. Partisan, perhaps – but only by the ethical framework incorporated in Cannon's democratic values.

However, the State Department's reply of 9 January 1937 illustrated a reluctance to grant formal approval of the AMBASD's project, while betraying a lack of an established policy to expressly forbid it. While sympathising with the 'devastation' in Spain and 'any proposals which may be made out to mitigate the terrible suffering of the Spanish people', the State Department emphasized the national policy of 'the strictest non-interference in Spanish affairs'. The Department cited the ARC as deciding not to 'participate directly' in the Spanish war 'by sending its own personnel and equipment'.[365] The State Department framed its objection to Cannon's inquiry by identifying the ARC as the only neutral (and Congressionally approved) conduit for channelling aid and, as such, also the authority on

[364] Martin Papers, b.14-fo.19: Letter, Cannon to Hull, 31 Dec 1936.
[365] Martin Papers, b.14-fo.19: Letter, John Hickerson, Division of Western European Affairs to Cannon, 9 Jan 1937.

humanitarian aid in light of non-intervention. This reaction became a stock response throughout the following months, as inquiries trickled in regarding the legality of the AMBASD's relief work in light of U.S. neutrality. A particularly interesting series of correspondence developed between the Chrysler Corporation and the State Department, discussing whether ambulances and personal armoured cars would be considered military equipment or part of legal humanitarian aid.[366]

With news spreading of the first unit's arrival in Spain, requests for a clarification of U.S. policy also began to arrive from the American Consulate in Barcelona. Citing a recent press release in January 1937, American Consul General Mahlon F. Perkins wrote, 'if the American citizens concerned are, as stated, actually proceeding "for service with the Spanish Government", I cannot see that the humanitarian nature of the service would render them immune from any penalties to which they might be liable under the provisions of the statutes mentioned.' Perkins continued, 'Should it be felt, however, that such Americans are entitled to any more considerate treatment by this office than Americans bearing arms in service of the Spanish Government, I should very much appreciate receiving an expression of the Department's attitude toward a matter which may possibly become a somewhat perplexing practical question.'[367] The State Department still seemed undecided on what their public stance would be.

Over the weeks that followed, Perkins continued sending updates on Spanish news coverage of the activities of American medical personnel. On 12 February 1937, Perkins forwarded an article entitled 'Empresa Humanitaria: La Misión Sanitaria de los Estados Unidos, en Barcelona'. 'Dr. Barsky,' Perkins pointed out, 'is reported as stating that this unit is only the first to be sent and other units are in the course of

[366] Licences for personal armoured cars were refused, while ambulances were allowed as non-military equipment. Martin Papers, b.14-fo.3.
[367] Martin Papers, b.14-fo.3: Letter, Perkins to Secretary of State, 22 Jan 1937.

being organized for service in Spain,' which the article's author describes as ultimately forming 'part of the anti-fascist army'.[368] As February wore on, the State Department continued to struggle with defining its policy. Finally, the State Department replied to Perkins with the telegrammed instructions (and rather unclear distinction) that 'if members ambulance unit referred to form part of military forces they should be treated in same manner as members armed forces', but that 'if merely attached to military forces in performance service humanitarian nature distinction may be drawn between them and members armed forces'.[369]

Meanwhile, as the AMBASD prepared a second unit of volunteers for departure, the group ran into difficulties obtaining passports. On 13 February, the AMBASD telegrammed the State Department to report that passport officials had refused to grant passports to the group's four surgeons and six nurses, closing with the hope that they would 'inform passport officials of correct policy'.[370] Defending their actions to the State Department, a Passport Division official suggested that the purpose of the AMBASD's work in Spain was 'open to question'. While admitting that an exception could simply be made for the group, the official argued that it would seem 'an improper way of handling the situation' and outright refusing to issue passports to those intending to go to Spain would be more consistent with state policy. 'However,' the official went on to warn, 'if passports are refused there is in my opinion little doubt that this organization will do everything it can to bring unfavourable publicity upon the Department, basing it upon the refusal of the Department to maintain its tradition of extending humanitarian aid.'[371] Within a couple of weeks, the State Department had acted accordingly, announcing that no

[368] Martin Papers, b.14-fo.3: Letter, Perkins to State Department.
[369] Martin Papers, b.14-fo.3: Telegram, State Department to American Consul, 26 Feb 1937.
[370] Martin Papers, b.14-fo.19: Telegram, Roger Chase to Cordell Hull, 13 Feb 1937.
[371] Martin Papers, b.14-fo.19, Letter, Passport Division to James Clement Dunn, 16 Feb 1937.

Americans would be granted permission to travel to Spain. To enforce this policy, as of 3 March 1937, all Americans applying for passports would have to sign an affidavit confirming that they would not travel to Spain.[372] As predicted, however, this new policy triggered a public outcry and letter-writing campaign, encouraged by the AMBASD.

The protests came from both individuals and organizations, such as local branches of the AMBASD and civil liberties committees. Many came from physicians, who cited their professional standing in urging the government to change its policy. The American Civil Liberties Union told the AMBASD that they were prepared to take a test case to court to try to overturn the department's decision, as they believed the ruling violated citizens' rights.[373] No legal battle proved necessary, however, as the State Department yielded to public pressure and modified its stance by the end of March. They conceded that passports to Spain would be issued to 'physicians, nurses, and necessary attendants of bona fide medical and relief missions'.[374] And although the AMBASD immediately began orchestrating the departure of a series of new units of volunteers, the question of whether or not they should be considered a 'bona fide medical and relief mission' continued to be a matter of debate within the State Department. Meanwhile, Perkins continued reporting on news of the AMBASD's units in Spain. On 20 April, Perkins forwarded two articles to the State Department announcing the arrival in Barcelona of a second and third unit of American medical volunteers. He minced no words in giving his own assessment of the situation. 'A survey of the facts,' he wrote, 'can leave no reasonable doubt that these expeditions have been sent to Spain not from purely

[372] Martin Papers, b.14-fo.19: 'U.S. Bars Americans From Going to Spain; Members of Ambulance Units Are Included,' *New York Times*.
[373] Martin Papers, b.7-fo.29: Letter, Roger Baldwin to AMB, 15 Mar 1937.
[374] Martin Papers, b.7-fo.29: Letter, State Department to Joint Committee of Physicians, AFSD, 22 Mar 1937.

humanitarian motives, but with the primary purpose of assisting one of the opposing parties to win the war.'[375] In doing so, Perkins even suggested that the AMBASD may be 'lending more effective aid to the "Government" than would an equal number of American citizens bearing arms'. Although he admitted that such relatively small groups of volunteers would be unlikely to have a major impact in determining the final outcome of the war, Perkins saw other problems with their presence in terms of U.S. neutrality. By advertising that 'organized groups of Americans are leaving the United States to help what their opponents call the "Red" or "Communist" cause' he observed that 'their arrival here tends to create the belief that there is a bit of a sham about the "complete neutrality of America".'[376]

What emerges from this debate are the problems and challenges that arose in the practical application of the term 'humanitarian'. While prioritizing combatants as the recipients of aid efforts echoed ARC efforts in the First World War, in a case lacking clear military allegiances, such aid turned into a divisive contradiction of terms. AMBASD volunteers occupied a murky space. While their affiliation with Republican military forces directly contradicted ideals of a completely 'neutral' endeavour, the practical dimensions of their work meant that they were not substantially different from other accepted humanitarian groups acting in times of war, such as the American Red Cross in the First World War.

The AMBASD as Humanitarian Organisation

The composition of the AMBASD's executive committee and the AMBASD's list of professional sponsors played a central role in the portrayal of their work at home. Cannon's leadership and the constituency of the national medical committee

[375] Martin Papers, b.14-fo.3: Letter, Perkins to State Department, 20 Apr 1937.
[376] Martin Papers, b.14-fo.3: Letter, Perkins to State Department, 20 Apr 1937.

reinforced the image of the organisation as one pursuing purely humanitarian – rather than political – work. As argued by historian Rey García, this differentiation was central to the organisation's success.[377] The support of physicians was valuable in that they could be portrayed as acting solely in a professional capacity, looking to relieve human suffering without political designs. The medical volunteers in Spain similarly became 'politically irreproachable'.[378] The inherent 'human interest' in their work was demonstrated in the popularity of promotional events featuring volunteers. Upon returning to the States, many volunteers on speaking tours on behalf on the AMBASD, talking about their time in Spain and raising money for the organisation's work. Tours with ambulances bound for Spain became particularly popular, especially thanks to the star power of promoter, Ernest Hemingway.[379] As prominent visual symbols that were easily accessible to the media, ambulances became useful fundraising and promotional tools.

A number of medical personnel became important advocates for the organisation by offering accounts of their experiences in Spain. Publications ranging from local newspapers to political periodicals such as the *Daily Worker* printed letters from personnel in Spain, or interviews with volunteers who had recently returned home. Although the details and tone of these articles varied depending on the individual and news source, many shared common themes. Their reports were highlighted as first-hand accounts of the Spanish conflict, giving the volunteers a role as witnesses backed up by their professional status. Headlines such as 'Doctor, Serving at Spanish Frontier Tells of War Horror, Human Suffering' and 'Red Cross

[377] Rey García, *Stars for Spain*, p. 92.
[378] Rey García, *Stars for Spain*, p. 93.
[379] Smith, *American Relief Aid and the Spanish Civil War*.

Vanishing, Hospitals Now Targets, says American Doctor' were common.[380] Based on first-hand experience, these articles became testimonials to the terrible realities of war – realities made worse by the new and modern nature of warfare.

The deviations defining 'modern' warfare held particular relevance for medical units. Reports of fascist bombing of hospitals and ambulances appeared in a number of accounts. As Barsky was quoted in one New York newspaper, 'the old days of using a red cross sign for protection in war are gone' as 'the Fascists go for them with airplane bombs'.[381] The use of exploding bullets was also cited as another way in which the conflict in Spain (often more specifically, the way in which fascist involvement in Spain) deviated from the 'established rules of warfare'.[382] Such types of ammunition had been prohibited under the Hague Convention of 1899, but both Barsky and Fried reported observing their terrible effects in human flesh in Spain. Such technological developments marked a deviation, in particular from the First World War. As Neugass later reported, 'A good clean bullet hole which enters one side of a man and comes out of the other is a rare luxury common only in the tranquility of the World War.'[383] By Neugass' account, the actions against the medical units, as they were incorporated into the equation of total war, were even worse than the technological aberrations of advancements in weaponry. 'Part of the Medical Corps of the 11th Brigade of Internationals was captured in front of Alfambra,' Neugass remembered, and 'I understand that they use the side of an

[380] Martin Papers, b.8-fo.10, 'Doctor Serving at Spanish Frontier Tells of War Horror, Human Suffering', *Bergen Evening Record*, 12 Aug 1937; Barsky Papers, b.2-fo.13: 'Red Cross Vanishing', *New York Sun*, 19 Jul 1937.
[381] Barsky Papers, b.2-fo.13: 'Tells of Raids on Red Cross, Dr. Barsky, Home From Spain Says the Symbol No Longer Gives Immunity in War', *New York World Telegram*, 19 July 1937.
[382] Barsky Papers, b.2-fo.13: 'Fascist Airman Bomb Hospitals, Says U.S. Doctor', *New York Post*, 19 July 1937.
[383] James Neugass, *War Is Beautiful: An American Ambulance Driver in the Spanish Civil War*, ed. by Peter N. Carroll and Peter Glazer (New York: New Press, 2008), p. 167.

ambulance instead of a brick wall for the execution of captured medical personnel.'[384] As total war was carried to new extremes, witnesses such as Neugass came to define it as the modern equivalent.

In the Spanish Civil War, as in other 'modern' wars, the boundaries between military and civilian spheres had also become increasingly blurred – ambiguities that 'created a situation in which claims and counter-claims' of enemy brutality were easily 'mobilized'.[385] Building from Max Weber's definition, which differentiates modernity by the application of scientific ideas to the management of society, modern warfare becomes defined by its technological innovation and the new organisation of the bureaucratic structures of war.[386] As a testing ground of new technology, particularly by international fascist powers, the Spanish Civil War certainly filled the technological dimension of this definition. Organizationally, new ground was also broken. In more poetic language, AMBASD ambulance driver James Neugass offers a vision of the new totality of modern warfare, equating it with an infectious agent that pervades the whole of global society. In his words, 'Modern war and leprosy are not declared. They break out. Soon the hide of the earth not long ago infected by the swastika bacillus will swell with white death and our blood will run back to the earth.'[387] The all-encompassing dimensions of total war, the origins of Nazi aggression as a 'bacillus' invading the core of global society, required a total response. And offering medical care to the victims and defenders of Republican Spain became an equally important – and in Neugass' case, more accessible – means of opposing fascism.

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[384] Neugass, *War is Beautiful*, p. 210.
[385] Bertrand Taithe, 'The Red Cross Flag in the Franco-Prussian War: Civilians, Humanitarians, and War in the "Modern Age"', in *War, Medicine, and Modernity*, ed. by Roger Cooter, Mark Harrison and Steve Sturdy (Stroud: Sutton Publishing Ltd, 1998), pp. 26–27.
[386] Mark Harrison, 'Medicine and the Management of Modern Warfare', *History of Science*, 34 (1996), 379–410.
[387] Neugass, *War is Beautiful*, p. 122.

Back at the American consulate in Spain, Perkins concluded his recommendations to the U.S. State Department by unequivocally stating that any concession to the department's passport policy on AMBASD volunteers on the grounds of humanitarian work was groundless. No matter how respectable the AMBASD's leadership at home may have been – and he admitted the organization's list of distinguished supporters was impressive and must sincerely believe in their cause – they were misinformed as to the reality of the situation in Spain, which he summarized as posing the unpalatable choice between 'tyranny' and 'chaos'.

The AMBASD and North American Committee: Political Dimensions

In the aftermath of the outbreak of war, organisations dedicated to aiding Spain multiplied, with their political orientations overlapping with the coalition of liberal parties gathered within the Popular Front. Beginning in May 1937, by congressional ruling, all organisations involved in relief work abroad had to register with the U.S. State Department. Twenty-six organizations registered for work in Spain, although three were responsible nearly half of all relief sent to Spain from the United States.[388] Of these three, the North American Committee to Aid Spanish Democracy maintained strong ties with the United Front, while the Medical Bureau remained most closely connected with the U.S. Communist Party, and the Spanish-American United Spanish Societies to Aid Spain (USSAS) was a socialist-affiliated group. The more generally liberal American Friends of Spanish Democracy, which helped in the initial development of the Medical Bureau and North American Committee (which would later merge), became less influential as the conflict progressed. Such political differentiations were important factors in the relationships

[388] Smith, *American Relief Aid and the Spanish Civil War*.

between these organisations in the United States. For instance, communists and the North American Committee had, early on, refused to support the USSAS for both reasons of political affiliation, and its reportedly high overhead costs (which Smith's research, in fact, confirms).[389] In the end, Smith suggested that such political infighting worked against relief efforts by raising doubts both amongst Spanish Republican officials and a U.S. public cautious of Popular Front interests abroad.

Regardless of its ambiguous status as a military or civilian endeavour, the political dimensions of the AMBASD became even more controversial, both for contemporaries and historians since – particularly regarding Communist involvement. From the perspective of organisational efficiency and success in achieving humanitarian objectives, Communist party involvement thus proved a mixed blessing. On the one hand, rivalries exacerbated by political differences not only led to a potential waste of organisational energy and resources, but also created an unstable public image that became a disincentive for more widespread support. On the other hand, as Smith points out, communist infrastructure – even while failing to 'fully assert its power throughout the aid movement' – did facilitate the building of a nationwide network, in addition to offering a basis for financial efficiency that actually outstripped non-communist groups. As Smith's analysis of State Department records ultimately concludes, organisations with greater communist links were actually able to maintain lower administrative overheads and greater fiscal responsibility than many non-communist organisations. However, the problems posed by Communist links to public image in the United States outweighed the financial realities, and when the North American Committee and Medical Bureau

[389] As reported in January 1937. Smith, *American Relief Aid and the Spanish Civil War*.

merged in 1938 to become the most politically powerful organization, they also became a more visible target for criticism.

Critical reports on questionable overheads, however, often did not account for non-cash donations. And, as Smith notes, financial reports that failed to account for non-cash donations made most organizations look bad, 'regardless of how many or how few communists, socialists, liberals, anarchists and so on were involved in them'.[390] Although, admittedly, overhead costs might have been reduced further 'if not for the movement's apparent interest in creating jobs for leftists', Smith points out that 'the Communist party cannot be held accountable for the movement's apparent inefficiency'.[391] Examining organizational integrity in terms of verifying the destination of funds and supplies would require a more detailed examination of the International Coordinating Committee in Paris, which acted as liaison between international aid organizations and the Spanish government – which fell beyond the scope of Smith's study, and remains unexamined by any previous. Still, Smith points out that a close examination of financial records confirms reports that the majority of donations appear to have made their way to Paris – and both Peter Rhodes, NAC liaison in Paris, and Sandor Voros, writing in a later anti-communist mode both reinforce the organisation's accountability in forwarding the donations received there to medical purposes in Spain.

Ultimately, while the AMBASD may have started – and even maintained itself – as an organisation separate from International Brigade recruitment in the U.S., the fates – and controversies – of the two would become inextricably intertwined in Spain. It is unclear, from a contemporary standpoint, however, the extent to which this story can be trusted. Many of the accounts referenced in this study describing

[390] Smith, *American Relief Aid and the Spanish Civil War*.
[391] Smith, *American Relief Aid and the Spanish Civil War*.

the origins of the AMBASD were written in the height of the Cold War era, at a time when the FBI was investigating many volunteers. Military and medical threads merged further AMBASD also became part of the veterans association for American International Brigade volunteers after the war. Some modern accounts do not differentiate the volunteers of the AMBASD with the International Brigades. For instance, the Spanish translation of Neugass' memoir is titled *La Guerra es Bella* (a direct translation of *War is Beautiful*), with the subheading '*un brigadista internacional en la Guerra Civil Española*' – 'an international brigader in the Spanish Civil War'.

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United China Relief

With Spanish relief agencies in the U.S. (including the Medical Bureau) uniting under the North American Committee, the paths of the ABMAC and CAC would become affiliated with other China aid agencies under United China Relief (UCR). Officially incorporated in the state of New York in the early months of 1941 UCR became an umbrella organisation for eight other relief groups in medical, educational, and economic fields. However, despite facing some similar challenges as the North American Committee in attempting to unite disparate interests under one organisation, in the aftermath of UCR's foundation, private American aid to China would embark on a very different trajectory to that of its Spanish cousin. Although many factors contributed to this decisive difference, UCR's list of supporters certainly didn't hurt.

Although the idea behind United China Relief did not belong to publishing magnate Henry R. Luce, his support – financially, logistically, and ideologically – played a critical role in its development. Luce contributed nearly $60,000 of his

personal fortune to the organisation between 1939 and 1941, and also secured substantial individual contributions from a handful of other wealthy Americans, including Doris Duke (heiress to a family tobacco fortune) and Bernard Baruch (multimillionaire financier who headed the war industries board in the First World War). Baruch would make the largest single contribution in the organisation's history, of $102,340 in 1942.[392] Despite such large bonuses, most of UCR's funding in its first years came from small contributions. Considering UCR's objective of raising awareness and sympathy amongst the American public, this was seen as a highly positive development. In a number of ways, as historian Christopher T. Jespersen has argued, the number of contributions became as important as the amount raised.

While Luce played a critical role in supporting its creation, much of the impetus behind UCR seems to have come from Bettis A. Garside. Garside had a long-standing relationship with the Luce family through the American missionary community in China, and actually became the biographer of Henry Luce's father. Garside had lived in China for four years, joining the Presbyterian mission there in 1922 and also teaching education at Cheeloo University in Jinan. In response to the changing political situation in the Far East in the 1930s, Garside organized the American Committee for Non-Participation in Japanese aggression in 1938, which advocated boycotts of Japanese goods and the prevention of scrap iron being shipped to Japan for use in China.[393] Collaborating with individuals such as Walter Judd, this group became the core of the later 'China Lobby'.[394]

[392] Jespersen, *American Images of China*, p. 49.
[393] Hugh Thomas, *The Spanish Civil War* (London: Penguin, 2003), p. 854.
[394] Neils, *China Images in the Life and Times of Henry Luce*, p. 61.

UCR's impressive Board of Directors became the command centre for its operations.[395] Its initial objectives were planned in four parts. Firstly, UCR was to coordinate and unify existing fundraising efforts by uniting eight smaller relief agencies. Secondly, it sought to become the primary distributor for the money raised in these efforts. Through its eight member agencies operating under the banner of 'humanitarian relief and rehabilitation within China', it would act in five fields: medicine and health, child welfare, education, disaster relief, and economic reconstruction. Thirdly, it aimed to raise awareness amongst the American people about conditions in China, both through its fundraising efforts and more direct educational endeavours in American schools. Finally, it sought to 'reassure the Chinese people that the traditional American feelings of friendship and goodwill toward them persisted'.[396] Within UCR, medical aid became only one piece of a larger expression of American goodwill. With some of these objectives more tangible than others, UCR's Board of Directors also set out a three stage financial plan for raising $5 million in its first year and transitioning leadership from member agencies to the central organisation.

Feeding off of the resources of Luce's media empire, which often served as a platform for Luce's own vision of China, UCR was summarized by one as 'an organization powerful in propaganda'.[397] As argued by Jespersen, 'Although it never operated from overtly political motives as Time Inc. did, the agency nonetheless furthered the same false impressions about China as a land very much like the U.S.;

[395] These included Pearl S. Buck (novelist), William C. Bullitt (former U.S. ambassador to the U.S.S.R.), Paul G. Hoffman (chairman of the Studebaker corporation and future Marshall Plan administrator), Thomas W. Lamont (Morgan House banker), John D. Rockefeller, III (of the Rockefeller Foundation), Col. Theodore Roosevelt, Jr., David O. Selznick (the movie producer behind *Gone With the Wind*), and Wendell L. Willkie (1940 Republican presidential candidate). James G. Blaine (president of the Marine Midland Trust Company) served as UCR's first chairman and Eugene E. Barnett (who, after serving with the YMCA in China for most of the twenties, returned to the U.S. to become executive secretary of the YMCA's International Committee)
[396] Jespersen, *American Images of China*, p. 48.
[397] W.A. Swanberg, quoted in: Neils, *China Images in the Life and Times of Henry Luce*, p. 8.

that is, the Chinese people held the same ideals as Americans, and they sought to replace their ancient and outmoded past with a more workable future closely based upon the American example.'[398] This, however, was not something forced upon the Chinese by foreigners, but invited by them. As Luce once commented on American educational institutions in China, 'If this is imperialism…the Chinese would say: of this imperialism send us and give us more and more'.[399] While Luce's perspective on the state of American education in China may be debated, he consistently spoke of the Chinese with great respect.

Like the AMBASD in publicizing its work in Spain, UCR publicity offered a portrait of the Chinese recipients of American relief as sharing a common religious and political heritage. As Jesperson has argued, 'Because many of its participating agencies were religiously affiliated, UCR functioned, at least in part, as a missionary organisation' which 'meant that the Chinese people's acceptance of Christianity' would 'receive repeated emphasis in UCR's promotional material'.[400] At the same time, transforming China into a nation with as long a democratic tradition as the United States became a second priority. Given the realities of China's recent political history, this argument had to be promoted more in social, rather than political terms. Regardless of the intricacies of the argument promoted, UCR essentially set out the task of making the U.S. and China into allies in the war effort, well before America would officially be pulled into the war. As Garside argued, 'help to China means that she can win a fight which is as much ours as hers' in which 'the Chinese people are holding the Western ramparts for us and for the democratic way of life in the world'.[401] Helping China was a way of helping American interests, for 'in the

[398] Jespersen, *American Images of China*, p. 47.
[399] Quoted in Neils, *China Images in the Life and Times of Henry Luce*, p. 72.
[400] Jespersen, *American Images of China*, p. 50.
[401] Quoted in Jespersen, *American Images of China*, p. 56.

years ahead, a free and independent China will turn to us for all the products that American industry and mechanical genius can produce' and 'both America and China' will 'climb to new heights of prosperity'.[402]

UCR's fundraising activities were varied. While Luce and his wife, Clare Booth Luce, offered the central draw for a number of UCR and Time, Inc. associated events, UCR worked much more broadly. There were Chinese markets, selling tea and other imported goods to raise money. There were radio broadcasts and speaker events. After visiting China themselves in the spring of 1941, Luce and his wife returned to lead a fundraising dinner at the Waldorf-Astoria and report on their travels. Annual Christmas card sales became quite popular, combining, as Jespersen has pointed out, the twin historical roots of American interest in China – Christianity and capitalism.[403] Board-member David O. Selznick helped arrange the auction of a number of original Hollywood manuscripts, including that of *Gone With the Wind*. Luce himself wrote a direct appeal to the subscribers of *Time*, in the fall of 1941. In the end, UCR fell short of its first $5 million goal, raising only $3.25 million in 1941. However, this was still significantly more than had been raised in sum by its separate member agencies in the year prior.[404] Even with such financial advantages made evident, however, some member agencies still chafed at UCR control.

The Challenges Behind a United Effort

While offering benefits (particularly financial), the centralization of power under UCR presented a directed challenge to the organisational identities of many of its member agencies. The ABMAC, for instance, prided itself for occupying a smaller niche in private aid from which, unburdened by a large bureaucratic apparatus, it

[402] Jespersen, *American Images of China*, p. 57.
[403] Jespersen, *American Images of China*, p. 55.
[404] Jespersen, *American Images of China*, p. 48.

could respond more rapidly to urgent needs. Furthermore, operating as individual agencies gave each complete freedom in defining their own activities and policies. When a survey by the Rockefeller group reportedly advised that the CAC and the ABMAC (alongside several other organisations) disband completely to become a part of a united effort, the suggestion was 'met with such a furore from the Agencies that it could not be put across'.[405] However, as the entrance of more humanitarian actors caused the field of private relief to become more and more complex, the 'logic of centralization' eventually won out.



Figure 10. Lennig Sweet. (Princeton, UCR Records, MC135.)



Figure 11. Helen Kennedy Stevens. (Princeton, UCR Records, MC135.)

To avoid wasteful duplication of efforts and achieve greater fundraising power, organisations such as the ABMAC and the CAC joined forces under United China Relief – which was ultimately to serve as a fundraising and coordination organisation, leaving its member agencies with some degree of autonomy.

As one of the most resistant organisations to joining the UCR effort, the ABMAC's intransigence seemed to stem from a number of reasons. One UCR staff member attributed ABMAC to the organization's Executive Director, Helen Kennedy Stevens. 'Miss Stevens,' UCR Program Director Lennig Sweet wrote, 'stands very much on her

[405] UCR Records, b.53–fo.10: Letter, LS to DWE, 6 July 1942.

prerogatives, and will fight at the drop of a hat against anything that seems to be taking away power from ABMAC.'[406] While also granting Stevens recognition for her tenacity in building up a strong organisation, she was not the only source of conflict. 'The men in charge,' Sweet went on to add, may have been 'a swell crowd' with 'justifiable pride in the excellent job they have done', but UCR-ABMAC relations were 'not made any easier by the attitude of their leading Chinese doctor, who feels that the Missions are a form of imperialism and that all contacts should be directly with the Chinese.'[407] Many ABMAC leaders, whose priorities lay with Nationalist institutions in China, saw UCR leadership as being dominated by an older generation of Americans, whose attitudes towards the Chinese verged on imperialistic paternalism. Although UCR's leadership certainly drew more heavily from the previous generation of 'Old China Hands', there has appeared little foundation for such charges in a closer examination of UCR records. Rather, the criticism seems to have been founded more in UCR's hesistance to pick parties to definitively back amongst the various groups vying for power in China, even while generally leaning towards support of the Nationalist government. For the, ABMAC, there were few questions in its immediate affiliation with the structures of the Nationalist government led by Chiang Kai-shek – making enemies of other groups that UCR tentatively supporting through other means. The ABMAC only agreed to join UCR with the understanding that it would serve solely in a financial capacity, leaving the ABMAC completely free to work with its contacts in China in determining what was needed.[408]

[406] UCR Records, b.53–fo.10: Letter, LS to DWE, 6 July 1942.
[407] ABMAC's 'leading Chinese doctor' is presumably Frank Co Tui. UCR Records, b.53–fo.10: Letter, LS to DWE, 6 July 1942.
[408] UCR Records, b.53–fo.10: Letter, LS to DWE, 6 July 1942.

In joining United China Relief, all its constituent agencies sought to distinguish themselves in one way or another. The ABMAC, from the beginning, sought to become the leader in medical aid. From the start, the ABMAC sought an agreement from UCR that they were to be the 'only channel to send assistance to the National Red Cross Society of China, National Health Administration, and Emergency Medical Service Training Schools. In seeking such claims in the medical field, the ABMAC would occasionally run into conflicts with the China Aid Council. As noted in an ABMAC Bulletin published a year after joining UCR, the ABMAC also claimed significant positive influence on UCR. While gaining fund-raising strength, the ABMAC claimed that 89 of UCR's 253 local committees came from ABMAC committees, and that 60 UCR chairmen formerly acted in the same capacity with the ABMAC. Meanwhile, it admitted its most important contribution may have been 'its liaison with the Chinese communities in the United States' in addition to 'its close relationship with the ARC and the China Defense Supplies in this country and the Chinese Red Cross and National Health Administration in China.'[409]

When the CAC joined UCR, it too had expanded nationwide, with over 50 local committees throughout the country. Citing several instances in which it had already begun to coordinate its activities with other agencies, it joined UCR with more enthusiasm than the ABMAC. 'We believe,' as then-chairman Claude Forkner wrote, 'that if the coordinating movement is operated on a basis of democratic participation, the various organizations can work together to much better advantage than singly, and that aid to China can be increased many fold over the present amount raised.'[410] Although UCR might challenge some of the CAC's sovereignty, its

[409] Opie Papers, b.1–fo. 'ABMAC Conference Materials #1', ABMAC Bulletin, Vol. III, No. II, Dec '41 – Jan '42.
[410] UCR Records, b.32–fo.9: 'Information Requested from China Agencies'. Claude Forkner's involvement in the China Aid Council seems to have arisen through the affiliated American

fundraising potential far overshadowed these drawbacks for the CAC. Reporting on the second stage allotments under UCR in September 1941, the CAC noted its continued close relationship with the China Defence League as 'the only organization assisting the guerrilla areas'.[411] In emphasizing the special needs of the Northwest, the CAC noted both the region's historic poverty, and key strategic location in terms of Chinese resistance to Japan. The wartime influx of refugees and the challenges in access – both geographically and politically – were only compounding the problems faced in the region. Its dedication to assisting China's Northwest provinces became the CAC's most distinguishing characteristic within UCR, particularly relative to the ABMAC in the realm of medical relief, and a point it often sought to emphasize.[412]

Alignment of Interests: UCR & the State

Where Spain challenged federal interests in foreign policy, by the time UCR had formed, private aid to China seemed to become an opportunity to supplement state investments in the Sino-American military alliance. Since the early 1940s, state structures for managing and overseeing private aid had been steadily expanding. As one contemporary observer noted, while the U.S. 'may have been neutral at the time

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Committee for Chinese War Orphans. His involvement is somewhat surprising, as Forkner was much more a part of the Rockefeller contingent that joined forces with ABMAC. However, less than a year after the China Aid Council joined UCR, Forkner resigned, citing his rising awareness 'during the past six or eight months…of the fact that my ideas and ideals as they relate to the work of our organization are not in accord with those of the majority of the active members of the executive committee.' Ultimately, Forkner would remain active in aid to China through other avenues, directing the China Medical Board during the war, serving as a consultant to the Surgeon General of the U.S. army in the China, Burma & India theatre under Generals Stilwell and Wedemeyer, and acting as advisor to a commission on medical education in China sponsored by the Chinese Ministry of Education. UCR Records, b.32–fo.5: Letter, Forkner to CAC Board of Directors, 13 Nov 1941; PP-APS, Opie Papers, fo. China 9.

[411] UCR Records, b.32–fo.5: 'Report on Requests for Second Stage Allotments Under UCR', Sep 1941.

[412] As UCR evolved, however, and ABMAC increasingly became the dominant 'medical' agency under UCR, the China Aid Council increasingly played up its activities in supporting child welfare through Mme Sun Yat-sen's 'warphanages' for Chinese war orphans.

in a military sense…there was nothing neutral about the efforts of groups of sympathetic Americans to help sufferers overseas'.[413] As before, the State Department still required the registration of all foreign relief appeals – an action reportedly 'not so much to protect American givers from duplicated or unwarranted appeals, but primarily to keep a watchful Federal eye on all matters relating to the countries involved in the war'.[414] By the end of the registration process, 596 organisations had registered for work in diverse parts of the globe. With such private relief appeals multiplying, in 1942 Roosevelt announced the establishment of the President's Committee on War Relief Agencies. Renamed the President's War Relief Control Board a year later, the War Relief Control Board took the registration process out of State Department hands.[415] With the Chairman of the Board responsible to the President, this gave Roosevelt access to keeping track of the activities of private organisations such as United China Relief, which were to submit regular reports to the board. It also meant that the federal government had a role in regulating and coordinating the timing of fundraising events, particularly in light of revived American Red Cross efforts. Most simply stated, perhaps, it gave the federal government a method of enlisting private charitable enterprise to the broader war effort.

Although the U.S. and China wouldn't become formal allies until the American entrance into the war in December 1941, nominal American involvement (despite claims to neutrality) had already begun in other ways. With the outbreak of war in Europe, the establishment of the Lend-Lease programme on 11 March 1941

[413] Harold J. Seymour, *Design for Giving: The Story of the National War Fund, Inc., 1943-1947* (New York: Harper & Brothers, 1947), p. 3.
[414] Ibid., p. 3.
[415] Franklin D. Roosevelt: "Executive Order 9205 Establishing the President's War Relief Control Board.," July 25, 1942. Online by Gerhard Peters and John T. Woolley, *The American Presidency Project.* <http://www.presidency.ucsb.edu/ws/?pid=16287> Accessed 20 Jun 2013.

effectively ended the pretence of American neutrality, eventually promising over $50 billion in aid to Great Britain, the USSR, France, and China. Although initially designed for Great Britain, which had been struggling under the previous political loophole for aid offered by the cash and carry provision of the U.S. neutrality acts, Lend-Lease aid was extended to include China in April 1941. Although explicitly designed to reverse previous non-interventionist policies by openly allowing the U.S. to lend or lease war material to any nation 'deemed vital to the defense of the United States, small amounts of Lend-Lease money trickled through to the medical realm.

The logistics of supplying Lend-Lease funds to Asia was organized primarily through an organisation called China Defense Supplies. Thomas Corcoran, one of Roosevelt's New Deal advisors, officially chartered the organisation in Delaware as a civilian corporation. As a private organisation, China Defense Supplies avoided political entanglements that it might have otherwise encountered. As Corcoran would later note, 'if we'd tried to set up a government corporation per se, or do the work out of a Federal office there would have been devil to pay on the Hill.'[416] In another letter, it's purpose was painted slightly differently, as one 'organized for the purpose of acting on behalf of the National Government of the Republic of China in respect of securing aid for the Republic of China from the United States of America', in addition to acting as an agent or representative of China in securing Lend-Lease funds.[417] In another document, this one directed to the Secretary of State, the organization was described as 'designated and…acting as an agent, representative, and attorney-in-fact of the Chinese Government, with full power of substitution or delegation, to act either through its own corporate officers or any other corporation

[416] McKean, *Peddling Influence*.
[417] HP-FDRL, Frederic A. Delano Papers, OF 150c, b.2: Letter, D.M. Corcoran to Bank of China, 30 Apr 1941.

or individual designated by it for that purpose'.[418] China Defense Supplies, regardless, shared leadership from the U.S. and China. Roosevelt's uncle, Frederic Delano (who had spent years in China as a businessman), and T.V. Soong, Chiang's personal representative to Washington, served as co-chairmen.[419] Although Lend-Lease funds were not explicitly set out to include medical supplies, ABMAC's Co Tui began making regular trips to Washington as an advisor to CDS on medical supplies and coordinate activities with the American Red Cross.[420] In 1944, China Defense Supplies was reorganized as the China Supplies Commission, with entirely Chinese leadership.[421]

Well before this reorganization, however, the coordination of activities between the many relief agencies sending aid to China was also becoming increasingly important. In 1941, perhaps partially as an announcement of its own return to the scene, the American Red Cross organised a conference on China's Medical and Public Health needs to facilitate an exchange of information about work being done. The meeting's reports, however, were to remain confidential and unreported in the press. Kicking off at ARC headquarters at the end of July, the conference included representatives from a number of organisations and institutions, offering an opportunity for each to begin to define their own spheres of activity within a relief field of increasing complexity.[422] From this conference, it was arranged

[418] HP-FDRL, Frederic A. Delano Papers, b.2: Letter, CDS to Secretary of State, 27 May 1941
[419] Soong, educated at Harvard, was also Chiang's minister of finance, personal banker, and brother-in-law.
[420] ABMAC Records, b.1: 'Conference on the Present Medical Situation in China, 15 Jun 1946.
[421] HP-FDRL, Papers of Harry L. Hopkins, b.173: Letter, Chinese Supply Commission to Harry L. Hopkins, 5 Jul 1944.
[422] Specifically those in attendance included: Edward C. Carter (Institute of Pacific Relations); Marshall Balfour (Rockefeller Foundation); David Bruce (ARC); Walter B. Cannon (Harvard); Charles Corbett (Church Committee for China Relief); Frank Co Tui (China Defense Supplies, Inc.); Claude Forkner (Cornell); B.A. Garside (UCR Executive Director); Ralph G. Hubbell (ARC); Edwin C. Lobenstine (CMB); W.W. Lockwood (American Committee for International Studies); L.M. Mitchell (ARC); Eugene L. Opie (Cornell); Harry Price (China Defense Supplies, Inc.); Philip E. Ryan (ARC);

that the Red Cross would organise civilian relief (and relief of sick and wounded Chinese soldiers, at least where supported by the Chinese Red Cross), while Lend-Lease would offer support to the medical needs of the Chinese Army. Co Tui, representing China Defense Supplies, noted that he was in the process of 'negotiating to secure medical supplies for the armed forces, armories, and certain defense workers under the Lend-Lease program', working primarily through the Office of Production Management and the War Department. The Lend-Lease administration, he reported, envisaged sixteen aviation hospitals as part of an aviation development program, a medical program for the Yunnan-Burma Railway, and a malaria control project operated by the Public Health Service.[423] Meanwhile, the ABMAC continued to insist that without the 'bureaucratic red tape' of these larger institutions, they could still provide more rapid and efficient service for the transmission of medical supplies to both.[424]

The National War Fund

This coalition of private and state efforts was taken another step further in 1943, with the establishment of the National War Fund. Roosevelt announced its foundation in a radio address on 5 October 1943, although the original impetus does not seem to have come from him. As described by Harold J. Seymour, one of the leaders of the fund, 'someone has to hit the good ship with a bottle of champagne. You have to name it, and you have to launch it' and 'we used the White House soundingboard'.[425] Even as early as the summer of 1942 discussions between community leaders had begun about the need for greater coordination between the

Christopher Sharman (AFSC); Donald D. Van Slyke (Rockefeller Institute); Admiral Harry E. Yarnell (US Navy); Mr. Robert W. Barnett (UCR).
[423] ABMAC Records, b.1–fo.1: 'Confidential Report', 31 Jul. 1941.
[424] UCR Records, b.53–fo.7: Letter, LS to DWE, 5 Feb 1943.
[425] Seymour, *Design for Giving*, p. 38.

diverse aid efforts bombarding the U.S. populace for solicitations. Drawing from the system of community chests – a fundraising structure adopted by hundreds of local communities in the aftermath of the First World War – the National War Fund's founders sought to expand the concept of 'cooperation through federation' in fundraising to a national level.[426] Community Chest associations were encouraged to form war chests, with more explicit objectives in war relief, and national headquarters set state quotas for fundraising.[427]

The National War Fund provided a federated structure, within which national relief campaigns – such as UCR – would fit. Its purpose was defined as threefold: 1) 'to determine the nature and the extent of war-related needs', 2) ' to see that everybody has a chance to contribute to the funds required', and 3) 'to channel the sums raised for its member agencies wherever American help is currently most needed'.[428] However, National War Fund leadership also decided that the fund 'could serve no special interest' and that 'the money contributed…had to be disbursed without regard to color, creed, race, or political affiliation' – meaning, for example, that 'labor-sponsored projects could not be designed for the relief of labor groups alone, and that no denominational relief program…could confine its work to the adherents of its own faith.'[429] Such classifications ran counter, in many ways, to the early precedent set by the ABMAC and the China Aid Council. Nevertheless, UCR became one of the sixteen original member agencies, simultaneously yielding some of its fundraising activities to this larger organisation, losing 'the raison d'etre of its

[426] Already in 1942 this pattern had been expanded to a state level in Alabama and Rhode Island.
[427] Seymour, *Design for Giving*, p. 4.
[428] Seymour, *Design for Giving*, p. 7.
[429] Seymour, *Design for Giving*, p. 9.

existence except as liaison between the National War Fund and participating agencies'.[430]

Operating from the idea that humanitarian gestures towards target populations (allies in the war and U.S. armed forces) promised critical support of the war effort, the National War Fund offered a unique avenue for the private American citizen to contribute. Just as civilian populations had become increasingly targeted in the 'total war' of the twentieth century, so they could contribute to the war through non-military forms of relief. Although associated with the executive branch of the federal government, much of the impetus for the National War Fund, like the many other forms of relief discussed, seems to have come from private citizen action. Through the system of locally based war chests, the money it raised did not come from the government itself, but from private citizens making donations to a state-sponsored institution.

Following a model similar to the American Red Cross in its federated structure and largely private financial sourcing guided by state interests, the National War Fund also functioned as a semi-governmental institution. In the First World War, the American Red Cross served this function: so where was it now and why did Roosevelt not seek to use it in the same way now? Certainly Roosevelt had made some effort earlier in his 1938 appeal. However, the development of alternative institutions such as the National War Fund only reinforces the relative state of crisis in which the ARC found itself, which would continue through the Second World War. In this sense, the charges of inflexibility that came from so many of those involved in the private efforts to aid Spain and China detailed in this study seem well-founded, as evidenced by its apparent inability to adapt to the changing

[430] ABMAC Records, b.1–fo.1: Binder introducing Lim to U.S. Aid in China.

circumstances in government and private activity that came with the Second World War.

Instead, the National War Fund worked closely with the federal government, while maintaining its status as a private institution. With Budget Committee decisions fuelled by the question, 'Will this help win the war or help win lasting peace?' the National War Fund insisted upon having Washington approval for its projects. Additionally, a close working relationship with Washington would help minimize the risk of contributing money to projects for which there was public funding – as 'private funds' such as those raised by the National War Fund 'should be confined to emergency situations for which no public funds could be found.'[431] Meanwhile, the U.S. government found an ally not only in offering support for its own troops (through the United Service Organization, which received a substantial portion of National War Fund earnings) and the soldiers and civilians of allied nations, but also in promoting its wartime allegiances to the American public. As summarized by one historian, 'With little or no real authority, and with virtually all its operations dependent on good will, the National War Fund in all its aspects was essentially a public relations operation.'[432] In raising money for the allied war effort, the National War Fund had to 'sell' the war to the American people.

Meanwhile, the National War Fund's implicit support by the U.S. government finally gave United China Relief a degree of formal state recognition that it had long sought. As early as 1941 Luce had written to then Secretary of State Cordell Hull seeking a public endorsement from the Roosevelt administration. Hull, however, declined to return the sample (positive) response Luce had enclosed with his letter on the principle that the State Department did not endorse private fund-raising

[431] Seymour, *Design for Giving*, p. 14.
[432] Seymour, *Design for Giving*, p. 20.

organisation activities, as a matter of policy. Nevertheless, Hull conceded that the government was still 'favorably disposed toward every properly conducted [relief] effort, not in conflict with sound essential or accepted economic policies, to minimize or alleviate human suffering'.[433] Of course, the federal government's alliances with other private organisations – such as China Defense Supplies or the National War Fund – in situations deemed compatible with state interests suggest that Hull's declination 'as a matter of policy' may have been a convenient oversimplification. As cooperation between the government and these ostensibly private agencies grew, both parties were forced to define the perception of the relative responsibilities of private agencies versus the government.

Private Versus Government Action

Inherent to UCR's increased cooperation with state enterprise – both in the U.S. and China – was the need to define expectations of government and private action. This new relationship, mediated through the National War Fund, fits clearly with James Sparrow's 'warfare state'. The war caused a shift in federal priorities from a focus on preserving national welfare (often at the perceived expense of business, whose actions were subject to greater government regulation) to mobilizing all available resources and manpower for national defense. As described by Sparrow, 'Businessmen volunteered to run the war effort at all levels, from local car dealers selling war bonds all the way up to national figures such as Sears, Roebuck President Donald Nelson heading the War Production Board to guide the entire mobilization.'[434] A look at the National War Fund's own board of directors only reinforces Sparrow's observation of the close affiliation between business leadership

[433] Quoted in: Jespersen, *American Images of China*, p. 49.
[434] James T. Sparrow, *Warfare State: World War II Americans and the Age of Big Government* (New York: Oxford University Press, 2011), pp. 6–7.

and the new war mobilisation. This newly constructed relationship between state and private action, however, was not, for the most part, antagonistic. Both parties invoked the imagery and ideology of the 'American way' in their work, appealing to patriotically inspired giving as central to the expected participation of the American public. Although private parties, such as UCR, bolstered their existence by certain advantages of a greater degree of flexibility and responsiveness than might be achieved through strictly governmental channels, they simultaneously saw their relationship with federal entities as symbiotic.

As has been mentioned, the leadership of the National War Fund made a pointed effort of not working in areas where public funds were available. They saw the private nature of their federation of war chests as offering a unique role in filling in gaps left by the government, as much as filling an important role in contributing to the U.S. war effort. Implicit in the activities of the National War Fund (and UCR) was the expectation that the U.S. government should be doing something to help foreign populations such as the Chinese. For the members of UCR, this expectation existed before any formal alliance existed between China and the U.S.; in the case of the National War Fund, such expectations seem to have arisen with the America's formal wartime definitions of 'friend' and 'foe'. At the same time, in cooperating with Chinese agencies, UCR also revealed certain expectations of what the role of the Chinese government should be. With limited funds, UCR did not hesitate in seeking as much government support as possible – seeing itself as having the potential of acting as an impetus for greater government action. In 1943, Edwards reported that 'it has been practically assured that the government grant 50 cents on a dollar for our projects and dollar for dollar on direct relief work,' going on to note that

'certainly they should match the program more than dollar for dollar'.[435] As much as UCR wanted to help the Chinese, it did so with the expectation that the Chinese government would contribute equally.

The question of private versus state funding responsibility seems to have become particularly heated as regards the Emergency Medical Service Training Schools (or EMSTS, a programme run by the Chinese Red Cross), which had already been experiencing serious challenges with regards to its leadership and operation in China. With support for the program split between the Chinese Red Cross and Army Medical Administration, the funding of Lim's program was complicated, without considering the addition of outside funds from the ABMAC and UCR. The controversy over Lim's leadership (as discussed in Chapter 3) did not help anything. Meanwhile, Edwards suggested bluntly that, as 'government project' the EMSTS 'should be entirely under government support' and UCR 'will be quite within its rights as donors to withhold support of government operations, in which there is small or practically no government financial support'.[436] ABMAC leadership continued to see Lim's EMSTS as one of the most important projects on the ABMAC's budget.

With the U.S. and China now fighting alongside one another, the ABMAC increasingly prioritized military medical support within its general emphasis on assisting Nationalist forces. Restating its objectives in a policy statement in 1944, the ABMAC clearly delineated its first priority as supporting the 'medical effort directed toward the successful prosecution of total war' while pursuing the secondary objective of promoting 'the development of wartime medical projects which will

[435] UCR Records, b.53–fo.6: Letter, DWE to LS, 8 May 1943.
[436] UCR Records, b.53–fo.6: Letter, DWE to LS, 14 Apr 1943.

have continued usefulness after the war'.[437] Military needs were to supersede those of civilians. While it noted that the proportion of aid sent by the ABMAC to the military medical services had decreased proportionally, the total increased in 1943 and 1944, with nearly half of its funds being directed towards the Army Medical Administration and the Red Cross.[438] Three quarters of this budget went to training, with the rest dedicated to supporting preventive medical and surgical units working in the field. In making recommendations to the overall breakdown of UCR's medical budget, the Medical Committee formed by the ABMAC recommended that '60% of the medical appropriations go to the Army Medical Service and 30% to the Civilian Medical Service and 9% to medical education'.[439] When UCR's Committee on Coordination (led by Edwards in Chungking) overrode this recommendation, their decision led to a major rift in ABMAC-UCR relations. In ABMAC President Donald D. Van Slyke's view, the Coordination Committee's decision wrongly short-changed support of China's military medical services. UCR, meanwhile, claimed such a division of funds had 'no rational basis whatever' and overlapped unnecessarily with their expectation that Lend-Lease funds were to cover any needed foreign support of China's military. What seems to have been a deeper underlying problem was a fundamental disagreement over variant expectations of state responsibility.

Equally at issue, however, was the ABMAC's continued frustration at the perceived limits imposed by UCR on its action. ABMAC blamed UCR for stifling the initiative and action of participating agencies. These limitations arose most prominently relevant to ABMAC engagement with Chinese government and military institutions, which affected the language of its complaints. When the ABMAC, at one point, sought to break away from UCR and establish a relationship directly under the

[437] ABMAC Records, b.1–fo.1: 18 May 1944.
[438] ABMAC Records, b.1–fo.1: Binder introducing Lim to U.S. Aid in China.
[439] UCR Records, b.53–fo.6: Letter, DWE to LS, 14 Apr 1943.

President's War Relief Control Board as an independent group, it was denied. By the Board's assessment, while 'they did not wish to force a merger, they had made UCR responsible for the distributing and the raising of relief funds in China' – and the ABMAC must, therefore, remain under UCR.[440] Although, ceding fundraising control to the National War Fund did not, in the eyes of ABMAC leaders, ameliorate the situation. 'So long as the US public, through the National War Fund, supplies funds', one ABMAC report concluded, 'UCR bids fair to eliminate or emasculate the Participating Agencies and become the US Almoner to poor China, forgetting the purpose of the donors, and their own code of obligation to fighting men engaged in a critical and supreme struggle against the common aggressor'.[441] More specifically, the ABMAC charged UCR with failing to provide sufficient assistance to the Chinese soldier. 'UCR is interested in disseminating help – it might be said dissipating help, not in concentrating help where it will contribute most towards assisting the Army to bring the war to a successful and more rapid termination, thereby ending the conditions which give rise to the misery and want that UCR desires to mitigate.'[442] In fact, the ABMAC seemed to expect UCR to give the same attention to the Chinese soldier as the United Service Organisation gave to the American soldier, noting that the National War Fund already supplied more than half of its funds to the USO.

UCR and ABMAC leadership clearly had differences of opinion in the priorities of American aid, despite working under ostensibly compatible purposes. But, beyond differences in prioritization on military versus civilian aid and the authority and autonomy of the organisations themselves to make decisions and guide funding, can more direct blame be placed in explaining the contentious quality of the UCR-ABMAC relationship? Personalities certainly contributed and the ABMAC, in

[440] UCR Records, b.53–fo.7: Letter, LS to DWE, 6 Jan 1943.
[441] ABMAC Records, b.1–fo.1: Binder introducing Lim to U.S. Aid in China
[442] ABMAC Records, b.1–fo.1: Binder introducing Lim to U.S. Aid in China

particular, had its share of extremely passionate individuals, dedicated to seeing things a certain way, and unhesitant in seeking to push through their priorities at any cost. Running up against the more staid bureaucratic machinery of UCR – the very sort of bureaucracy ABMAC defined itself in opposition to – frustrations were inevitable. And while UCR's larger bureaucratic structure overseeing so many different groups, and seeking to balance a wider range of interests and priorities, may have slowed down its activities in some ways, and limited the application in others, it does not appear to have been guilty of the explicit (and pointed) inefficiency it was charged with by the ABMAC. Rather, in its own more decided political views – which became equal aims alongside its program of humanitarian relief – the ABMAC ran counter to the more traditional type of philanthropic aid that UCR sought to provide.

Civilian and Military Tensions

The U.S. government's interest in the humanitarian medical relief practiced by UCR and its member agencies went beyond assistance to the civilian victims of war – although these were often the recipients highlighted in UCR publicity. The U.S. government sought to support UCR efforts as an extension of their military enterprise – both as a logistical method to maintain sufficient manpower, and as a way to win 'hearts and minds' to U.S. interests – and American hearts and minds to Chinese interests. As Far East advisor Lauchlin Currie advised to President Roosevelt in March 1941, 'One of the most effective ways of encouraging China and deterring Japan would be to go out of our way in giving evidences of friendship, close collaboration and admiration for China', a mission that 'can be done both overtly and

through "inspired" stories coming out of Washington."[443] Support of humanitarian aid initiatives would have fit neatly with Currie's advice.

UCR and its member organisations, however, often varied in their own interpretation, and one would probably find consistently different answers depending on who was being asked. In 1945, for instance, the Chinese Government offered UCR office space from which to work. However, UCR's Lennig Sweet declined this offer, noting that since 'UCR is not a military or diplomatic organization and we feel that it would not be justified or wise for us to make use of the kind offices of the Chinese government to provide us with quarters under the regulations for the requisitioning of property', hoping to keep it more firmly within the bounds of civilian and non-governmental authority.[444] Nonetheless, those involved in aid to China had connections that fell outside of Sweet's assessment. The volunteers of the ABMAC blood bank, for instance, all received a commission in the Chinese army before their departure from the United States. By this time, the U.S. had entered into a military alliance with China, creating a very different set of circumstances for the few ABMAC volunteers that did make it to China.

In contrast, the similarly murky status of AMBASD volunteers in Spain (even by their own standards) caused significant controversy for the organisation. Although the medical volunteers sent to Spain by the AMBASD essentially became part of the Republican military medical services, through the International Brigades, the organisation also cited the standards of neutrality touted by the Red Cross. Ambulance driver James Neugass wrote of trying to differentiate fascist and Republican patients seeking statistics in *triaje* – and ultimately being told off by the

[443] Mr. Lauchlin Currie to President Roosevelt, 15 March 1941, *Foreign Relations of the United States, 1944, Vol. VI, China* (Washington: GPO, 1947), p. 94.
[444] UCR Records, b.51–fo.9: Letter, General Ho to LS, 22 Jul 1945.

physicians in charge.[445] But the situation was complex, and Neugass also reported, 'Since I do not wish to exaggerate the fashion in which Rebel wounded are treated by the People's Army, I must state that we bring in our wounded before we risk our lives carrying Theirs.'[446] Neugass shares more stories of assistance to fighters of the opposing side. If anything, however, his account of nurse Sana Goldblatt winning the heart of a fascist patient was as much a case of painting the medical work of the AMBASD in a political light. Sana's kindness, while a beautiful case of human mercy in and of itself, has the result of leaving the fascist fighter 'well on his way to physical and political health'.[447] Treating the patient had both the purpose of curing the wounds inflicted by the war – but also in 'converting' him politically.

Neugass, although an ambulance driver, wavers in indentifying himself both as part of the military and as something separate from it. Within the first ten pages, Neugass writes both of 'we' having 'the best semi-professional army' which 'killed naturally and with constant gnawing desire to kill more and more'…but that also 'hated death and war and…could never manage to think of ourselves precisely as soldiers'. Neugass, here, clearly identifies himself in association with the military forces of the International Brigades. Later on, disgusted by the disrespect given to ambulances as yet another military target Neugass writes:

> I've been an instinctive pacifist and a hater of flags and uniforms and, above all, martial music all my life; but I feel that if I catch the man who rolls rocks onto the Mas de las Matas road, I'd like to open him up little by little with my jackknife until I see if I can tell a fascist heart from a democratic heart.[448]

[445] Neugass, *War is Beautiful*, p. 231.
[446] Neugass, *War is Beautiful*, p. 235.
[447] Neugass, *War is Beautiful*, p. 244.
[448] Neugass, *War is Beautiful*, p. 63.

Neugass' words demonstrate not only the transformative experience of being immersed in a zone of conflict, but also the blurry space occupied by AMBASD personnel, particularly ambulance drivers whose work often brought them into the heart of the battle. And it was the role of such individuals that the State Department was so concerned over debating. As much debate as may have arisen at home in the U.S. over the roles of private aid, the experience of the individuals who travelled to Spain and China as representatives and volunteers offers an interesting contrast, and compelling narrative in its own right.

Conclusions

The period discussed in this chapter highlights the differences in trajectories in the development of private aid to Spain and China. From 1939 the Spanish Civil War and Second Sino-Japanese War were clearly headed in different directions. As responses to aid the victims of these wars, the American organisations discussed here paralleled the development of these wars. As the AMBASD faded, the ABMAC and the CAC picked up momentum through the newly founded UCR. This waxing and waning of influence, on the one hand, may be interpreted based both on the changing needs of the targeted recipients (based on the different trajectories of the wars) and the variant publicity in the organisations. But their relationship with the U.S. government also became important: where UCR found itself with interests allied with the federal government, the AMBASD remained at odds with State Department policy.

In these developing alliances, however, neither the state nor the private activists discussed can be described as being the sole drivers of these changes. Certainly, in terms of overall influence and resources available, federal policies and

institutions did have an upper hand. However, private groups were still able to organise significant programmes of aid outside of government policy. Meanwhile, other factors, such as cultural or racial prejudices, seemed to run counter to the groups that ultimately found support. The Spanish, for instance, shared a common western culture and heritage with the U.S., whereas the Chinese still faced significant, legally-mandated cultural and racial prejudices in the U.S. as organisations such as the ABMAC first got underway. And, particularly with the entrance of UCR, such organisations contributed to major shifts in American state and public attitudes. While the issue of whether efforts fell under a civilian or military category was highlighted in debates, the larger political overtones ultimately seem to have taken precedent. Where the State Department found allegiance with organisations sending aid to China with China's rising role as a military ally, it would never move beyond tension over the activities of the roughly 150 Americans who travelled to Spain under the auspices of the AMBASD.

Criticism of American Red Cross inaction aside, the example set by the ARC during the First World War provided an example and inspiration to the medical volunteers of the AMBASD. In many ways, the volunteer movement of the AMBASD echoed ARC work during the First World War to staff hospitals and ambulance units. In further support of allied war efforts, the ARC recruited 20,000 U.S. registered nurses to serve U.S. military medical forces. In the case of the Spanish Civil War, the members of the AMBASD had identified the Republican forces of Spain as the natural allies of American democratic ideals – regardless of formal federal policy. Like its more militant cousins in the International Brigades, the nearly 150 American medical volunteers sent to Spain by the AMBASD converged with Republican military forces, while retaining some degree of autonomy as an independent national unit.

As discussed in Chapter 4, the physical presence of American volunteers in Spain, amidst the battlefields of the war, caused serious difficulties for the organisation's status within U.S. neutrality. However, these volunteers also came to define the organisation itself. Their presence in Spain offered an opportunity for concerned Americans to witness the conflict firsthand, and report home on what they saw. The role of witness both inspired greater political and humanitarian action, reinforcing the intertwined nature of both influences in the organisation's identity.

Integration into the Structure of Republican Medical Services

The AMBASD's first unit finally set sail from New York on 16 January 1937 with a variety of hopes and expectations. Nurse Fredericka Martin described the

group's 'semi-romantic notion of attaching themselves to Spanish [army] units' in the same way that 'foreign ambulance units had worked with French outfits in World War I'.[449] Meanwhile, Barsky envisioned 'help from America in such quantities' and 'so closely identified with the Loyalist forces' that it 'would be impossible to distinguish between the two'.[450] Although the group's organisers had been in contact with representatives of the Republican government, their understanding of what they would find in Spain still seems to have been fairly vague. Their first assumptions, based on reports suggesting that the Republican government had no medical service of its own, were initially fairly accurate. The Republic had, in fact, suddenly lost practically all of its military medical services with the army's rebellion in July, leaving the civilian medical community with the daunting task of recreating a new military medical service.[451] Nevertheless, during the first months of war, efforts to expand the Republic's medical services were carried out 'with almost excessive enthusiasm' as hospitals were founded by political parties, trade unions and almost any group whose leaders were inspired by enough 'fantasy, generosity, and a greater or lesser degree of expertise'.[452] By the end of 1936, a medical service of some 600 doctors (of whom only 100 or so had military experience) had developed.[453]

Others seemed to have had the impression that the unit would become part of ICRC medical services operating in Republican Spain. As Barsky stated very plainly in his later memoir, 'We had been told in New York – or perhaps "commanded" is the word – to ally ourselves with the International Red Cross in Spain.'[454] The Red

[449] Martin, 'Proud Within Themselves', Ch.III, p. 3.
[450] Martin Papers, b.5-fo.17: Letter, Barsky and Rackley to AMB, 20 Apr 1937.
[451] Martin Papers, b.14-fo.13: 'Report on the Health Mission in Spain'.
[452] Quoted in Nicholas Coni, *Medicine and Warfare: Spain, 1936-1939* (New York: Routledge, 2008), p.153.
[453] Josep Lluís Barona Vilar, *Salud, Enfermedad y Muerte: La Sociedad Valenciana Entre 1833 y 1939* (Valencia, 2002), p. 348.
[454] Barsky, 'The Surgeon', p. 22.

Cross, they were told, had assumed the responsibility of organizing the collaborative efforts of 'other similarly medical-minded people' from around the world wishing to offer their professional expertise. A Red Cross hospital had supposedly been set up in Madrid, with the various national groups of volunteers operating as independent divisions within the hospital. Describing his vision, Barsky continued, 'I think most of us even had some sort of mental picture of the building itself and saw the kindly efficient personnel going about their business, yet not too busy to welcome the newly arrived American outfit.'[455] Upon reaching Madrid, however, the unit could find no such hospital.

While the ICRC may have been largely absent from Spanish soil, the Spanish Red Cross in Madrid had taken a much more active role. By the time the American unit arrived, over thirty hospitals were functioning in Madrid, at least two of which seem to have been Spanish Red Cross facilities.[456] The Spanish Red Cross was particularly busy in the first months of the conflict, as the Republic's own military medical services were being developed. Working along the Madrid front, and later expanding into the fronts of Andalucía, Extremadura, and Levante, Spanish Red Cross personnel recovered wounded from the front lines, evacuating them to first aid points and field hospitals established by the Red Cross.[457]

Whatever their initial vision had been – adjunct to the Spanish army or auxiliary to the Red Cross – the leaders of the AMBASD's first unit had to reassess their role upon arrival. 'The only thing we heard about that bore a faint resemblance to this ideal conception,' Barsky claimed, 'was the Hospital No.1 run by the

[455] Barsky, 'The Surgeon', p. 22.
[456] José Ramón Navarro Carballo, *La Sanidad En Las Brigadas Internacionales* (Madrid, 1989), pp. 79–80; Josep Maria Massons, *Historia De La Sanidad Militar Española* (Ediciones Pomares-Corredor, 1994), p. 338. Navarro Carballo cites 32 different hospitals in Madrid itself; Massons claims there were 37. Among these, Navarro Carballo lists two 'Hospital Auxiliar de la Cruz Roja'.
[457] Navarro Carballo, *La Sanidad En Las Brigadas Internacionales*, p. 80.

Internationals in Albacete.'[458] Barsky, Martin, and administrative assistant and translator Mildred Rackley split off from the rest of the group determine where the AMBASD's resources could best be put to use. The advice they received was the same everywhere: for 'linguistic and logistic reasons' they should join the medical services of the International Brigades. Although the group had Rackley to help translate, she seemed to be one of few with any Spanish language skills. Even Spanish and English were not necessarily enough for the incredibly multilingual International Brigades – which at times became 'a veritable tower of Babel'.[459]

While working alongside the Spanish Republican army had been a part of the group's earliest plans, they seemed hesitant about affiliating with the International Brigades. On the ship from New York, Barsky talked of needing to ensure that AMBASD volunteers did not 'openly fraternize' with the ninety or so young men aboard rumoured to be enlisting in Lincoln-Washington Brigades.[460] The AMBASD was 'non-partisan' and the International Brigades were strongly associated with the Communist Party. Barsky suggested that such affiliations could seriously limit the AMBASD's support base at home. Meanwhile, Martin argued that the group's hesitation stemmed less from concerns about their communist associations and more simply from the fact that 'U.S. volunteers had come out of admiration for the Spanish people and wanted to work directly with them'.[461] Even after agreeing to join the International Brigade medical services, the Americans insisted on maintaining a high degree of autonomy. Although 'the Estado Major and the chiefs of the Medical Service of the International Brigade considered the American request naïve and

[458] Barsky, 'The Surgeon', p. 22.
[459] Martin Papers, b.7-fos.26-28: Lini (Fuhr) De Vries, 'Up From the Cellar', p.152.
[460] Barsky, 'The Surgeon', p. 18.
[461] Martin, 'Proud Within Themselves', Ch.III, p. 5-6.

ridiculous', the 'plutocratic' Americans' request was eventually accepted.[462] Barsky and Martin asserted it was the only way to access their contributions of personnel and equipment – which were by no means insignificant.

The Medical Services of the International Brigades

The first unit's arrival in Spain was almost perfectly timed with the development of the International Brigades' own medical services. That same month, Dr. Oskar Telge, a Bulgarian, had been appointed director of the *Servicio Sanitario Internacional* (SSI) and given the task of organising the medical services of the International Brigades.[463] Originally, neither the Republican military nor International Brigades saw the need to create separate medical services for the international forces. However, Spain's international volunteers posed a much greater challenge than had been expected. Dispersed amongst various hospitals, wounded brigaders became easily isolated. Cut off from their units, they became difficult to dispose of if deemed no longer fit for service.[464] Creating a separate medical service for the International Brigades hoped to provide a solution for such 'linguistic and logistic' problems.

Many international volunteers seemed to appreciate the new organisational structure. In letters home after an injury or illness, a number of American International Brigaders talk about their desire to be transferred to an American hospital – and of the comfort that came if and when it finally happened.[465] American

[462] Martin, 'Proud Within Themselves', Ch.III, p. 5-6.
[463] Coni, *Medicine and Warfare: Spain, 1936-1939*, p. 133.
[464] Coni, *Medicine and Warfare: Spain, 1936-1939*, p. 132.
[465] NY-TL, ALBA 4 (Carl Geiser Papers) [Hereafter: Geiser Papers].; NY-TL, ALBA 120 (Paul Wendorf Papers), b.1-fo.4: Letter to Mug, 28 Aug 1937.; NY-TL, ALBA 71 (Vincent Lossowski Papers) [Hereafter: Lossowski Papers], b.1-fo.2: Letter to Mother and Sister, 18 Sep 1937.; NY-TL, ALBA 215 (Jacob Shafran Papers) [Hereafter: Shafran Papers], b.1-fo.6: Letter to Ruth, 22 Dec 1937 and 26 Dec 1937.

hospitals provided medical staff with familiar understandings of health and illness, as well as familiar food, which was often cited as better than the more typically Spanish food of other hospitals. Favourite holidays, such as Halloween, Thanksgiving, and Christmas, could also be celebrated in ways that reminded American volunteers of home. Although most wounded Americans writing home from Spain's hospitals and convalescent centres spoke highly of the medical services as a whole, many letters home show an increasing dissatisfaction with the care provided in Spanish or other international hospitals as the writers waited expectantly to be transferred to an American centre. Even in a group with such an internationalist outlook as the International Brigades, the strains and stresses of injury and illness seemed enough to make the most open-minded patient dream fondly of the comforts and traditions of home.

Carl Geiser's correspondence home between October 1937 and January 1938 illustrates the pleasures and frustrations of being a patient in this international climate. Born in Ohio and a member of the Young Communist League from the early 1930s, Geiser left for Spain to join the International Brigades in April 1937. Although Geiser's first observation after being wounded at Fuentes de Ebro was of the 'excellence' of Spain's medical services, his positive attitude degenerated as his expected transfer to an American hospital was delayed for weeks.[466] Geiser referred repeatedly to the isolation he felt as being one of few – and sometimes the only – American in the hospital to which he was confined. Geiser frequently discussed the strange and frustrating customs he observed in Spanish hospitals, the provision of wine instead of water as a bedside beverage, and the Spanish doctors' persistent inability to cure his diarrhoea – a common complaint amongst foreigners in Spain.

[466] Geiser Papers, b.1-fo.6: Letter to Impy, 16 Oct 1937.

Even the poor sweeping technique of a Spanish nurse was noted as proof of the country's 'backwardness'.[467] He summed up his frustration in one letter, 'I am furious over being left here when I know I would receive better treatment at Benicasim.'[468] Part of Geiser's complaints probably arose from the simple frustrations of being confined to bed and hospital for so long. The length and process of recovery, understandably tried the patience of even the most satisfied patients. As one wounded American admitted simply in a letter home, after a series of letters commending the care and facilities of the American hospital where he was stationed, 'I pour out my grief in letters…because I'm cranky and grouchy about being laid up so long – and since I restrain myself from it here I try to take it out on the people I write to.'[469]

The establishment of the SSI was supported by the parallel creation of the *Centrale Sanitaire Internacionale* (CSI) in Paris. The CSI's development was largely due to the efforts of French physician Pierre Roqués.[470] Roqués had been working in Spain since October 1936, along with a handful of other foreign doctors, who would later be referred to as the embryo of the International Brigade medical services.[471] Roqués' efforts were further aided by the Comintern, which supported the CSI and used it as the primary conduit for donations of medical supplies and personnel.[472] The CSI became the umbrella organisation for directing the deployment of volunteer medical personnel and donated material from dozens of different countries.

It is unclear exactly how much communication existed between the AMBASD and the CSI in its earliest days. In April 1937, Barsky referred to coordination and

[467] Geiser Papers, b.1-fo.6: Letter to Impy, 29 Oct 1937.; Geiser Papers, b.1-fo.7: Letter to Impy, 5 Nov 1937.; Geiser Papers, b.1-fo.7: Letter to Impy, 5 Dec 1937.
[468] Geiser Papers, b.1-fo.6: Letter to Impy, 8 Nov 1937.
[469] Shafran Papers, b.1-fo.17: Letter, Mitch to Ruth Goldstein, 22 Sept 1938.
[470] Navarro Carballo, *La Sanidad en Las Brigadas Internacionales*, p. 77.
[471] Massons, *Historia de la Sanidad Militar Española*, p. 332.
[472] Navarro Carballo, *La Sanidad en Las Brigadas Internacionales*, p. 82.

purchasing committees for the Sanitary Service of the International Brigade having been set up in Paris under the leadership of Dr. Roqués. He noted that he would 'attempt to establish connections' with Roqués as quickly as possible, although he admitted frankly that these committees were 'not functioning as well as they should be'.[473] Even later in the war, San Francisco surgeon Leo Eloesser seemed largely ignorant of the CSI's role and activities. Writing to an American colleague at home, he wondered exactly what the CSI's duties were and who was in charge of its operation and staffing, both in Spain and in Paris. 'Both places are slip shod and inefficient', Eloesser continued, and 'I can cite many instances of delay and neglect in both offices.'[474] Still, letters between the CSI in Paris and AMBASD in New York show there was some communication between the two organisations, even if AMBASD doctors in the field had relatively low awareness or opinions of its work.

By the fall of 1937, the SSI counted in its ranks nearly 250 doctors, 500 nurses or orderlies, and over 600 stretcher-bearers of more than twenty different nationalities.[475] The Spanish formed the largest group, followed by American, English, German and Polish volunteers. Between January 1937 and November 1938, the AMBASD sent more than a dozen units of volunteers to Spain. By the middle of 1938, these volunteers were involved (in varying degrees) in running eight hospitals, while up to three American surgical teams were travelling the front lines in mobile operating units at any given time.[476] The extent of the Americans' resources may have even been a source of slight discord within the international services at the time. While Spanish publicity at their arrival warmly welcomed the new volunteers,

[473] Martin Papers, b.5-fo.17: Letter, Barsky and Rackley to AMB, 20 Apr 1937.
[474] Martin Papers, b.7-fo.11: Letter, Eloesser to Bob Miner, 30 Mar 1938.
[475] Navarro Carballo, *La Sanidad en Las Brigadas Internacionales*, p. 141; Massons, *Historia de la Sanidad Militar Española*, p. 338. Almost 18% of doctors within the SSI were women - a much higher concentration than within the profession as a whole at the time.
[476] Coni, *Medicine and Warfare: Spain, 1936-1939*, p. 131.

some noted that it may have also 'raised contrary feelings in Internationals toiling in hospitals with not even rags enough for bandages'.[477] Beyond recognition for being the largest and most well equipped of the many national units in Spain, a number of AMBASD volunteers reached positions of prominence within the larger Republican medical services. Barsky, who took over as director of all foreign aid units when the SSI was reorganised under the aegis of the *Inspección General*, provides one such outstanding example.[478]

Although most international medical volunteers seem to have been genuinely devoted to their work, the SSI also attracted its share of '*aventureros y falsarios*'.[479] And many more of those with the best of intentions simply lacked experience in the reality and practice of war medicine. As summarised by historian Nicolas Coni, 'Although some of the surgical teams were excellent, many left something to be desired, and there was a resentful feeling especially among some of their Spanish colleagues that they had come to learn by practising on the wounded as if they had arrived in a third-world country.'[480] American nurse Mary Platkin remembered the disparity between her own expectations and the reality she encountered upon her arrival at the hospital at Benicasim. As she confessed to her diary, "I found out very quickly that with all the intrigues between the various nationalities, the undercurrent of opportunists, etc. that everything was just a little different. That although we're all fighting for one grand cause, there was entirely too much petty rot going on between the various groups giving me the impression that each was seeking glory, glory, and more glory.'[481]

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[477] Martin, 'Proud Within Themselves', Ch.III, p. 7.
[478] Navarro Carballo, *La Sanidad en Las Brigadas Internacionales*, p. 104.
[479] Navarro Carballo, *La Sanidad en Las Brigadas Internacionales*, p. 83.
[480] Coni, *Medicine and Warfare: Spain, 1936-1939*, p. 133.
[481] Martin Papers, b.11-fo.5: Diary, Mary Louise Platkin, 26 Jul 1937.

The contributions of national relief committees, facilitated by the CSI, formed the SSI's basis of support. The U.S. was the largest donor of funds by far, contributing over 900,000 francs over the course of the war.[482] Donations from national relief societies were supplemented by support from the army's medical service and the *Socorro Rojo Internacional*, in addition to donations from the brigaders themselves.[483] At its peak in 1937, the SSI boasted over 5000 hospital beds in over thirty different hospitals supported by a central pharmacy, a fleet of ambulances and *auto-chirs* (mobile operating rooms), departments of chemical defence and hygiene and disinfection, and a school for training nursing orderlies.[484]

Although it was officially subject to the Republican Ministry of War, the SSI maintained significant autonomy in running the medical services for the International Brigades over its first year of existence. Coni notes that doctors and nurses working in its service were 'only very transiently' given uniforms or military ranks.[485] While this may have been true in the earliest days of the war, as the conflict progressed – and particularly after the international sanitary service was reorganised under Republican military medical services – military rank played an increasingly prominent role. Like their colleagues in the International Brigades, international medical volunteers were given a *carnet militar,* which included a photo, basic biographical data, profession, and political affiliation.[486] Although the International Brigades may have presented itself as a new type of more democratic fighting force – and indeed some militias strove to maintain social equity between officers and men – military

[482] The next highest donor was Switzerland, contributing 315,000 francs, followed by France, contributing 239,500 francs. Barona Vilar, p. 345.
[483] International Brigade volunteers donated 4 million pesetas to the SSI during the war. Neugass, meanwhile, reported on SRI donations from hospitals arising as a self-sentencing penalty in trials of patients for drunkenness. Navarro Carballo, *La Sanidad en Las Brigadas Internacionales*, p. 140; Neugass, *War is Beautiful*, pp. 14–15.
[484] Navarro Carballo, *La Sanidad en Las Brigadas Internacionales*, pp. 98–99; Coni, *Medicine and Warfare: Spain, 1936-1939*, p. 135.
[485] Coni, *Medicine and Warfare: Spain, 1936-1939*, p. 135.
[486] Martin Papers, b.8-fo.26: 'Carnet Militar', Eugenia Grunsky.

hierarchies still held an important place in practice. Martin suggested that citing military rank could be crucial in providing treatment to the 'reluctant, scared, or obstinate patient' who would 'haggle he did not need to obey' if the nurse or technician was of a lower rank.[487] At the same time, Martin lamented the fact that too many – 'even among our U.S. doctors' – were 'childish' in their desire to get 'the highest number of stripes going'. Nevertheless, she concluded that, 'On the whole we internationals, from the States and England especially, although in uniform…lived and worked exactly as if we were not under military orders. We merely in thought and deed cooperated with the military in order to take care of the wounded and assumed we were equally responsible for the civilian sick around us as we were for civilian wounded in air raids.'[488]

While it operated relatively independently of the Republican army's sanitary service, the SSI followed a similar model structurally – a structure informed by precedents set during WWI. Leaders such as Telge drew particularly from the successes of the French military medical services.[489] While the influence of French physicians in the SSI probably contributed to this design, in the years after WWI the French example was widely acknowledged as a model military medical service. This structure reflected the system of classification of injuries developed in the First World War to decrease mortality rates and expedite the return of recovered wounded to active service. A branching hierarchy of medical stations and hospitals developed, extending from the front lines to the rear.

Orderlies and stretcher-bearers staffed first aid posts assigned to companies along the front. Where possible, each battalion within the International Brigades had

[487] Martin Papers, b.14-fo.9: FM interview, Dr. Jose Fuche Alvarez, 21 May 1971.
[488] Martin Papers, b.14-fo.9: FM interview, Alvarez.
[489] Navarro Carballo, *La Sanidad en Las Brigadas Internacionales*, p. 131.

a medical officer of its own nationality.[490] Mobile surgical teams operated near the front lines, supported by a fleet of ambulances and *auto-chirs*. By the end of 1937, three Spanish, two Catalan, three American, and two British surgical teams were working at the front in this capacity.[491] Field hospitals provided the next line of assistance, with services for internal medicine and venereal disease. These hospitals were set up to convert easily to entirely surgical hospitals should battle conditions lead to a particularly high influx of wounded. Moving further along the route of evacuation, second-line and rearguard hospitals could provide care after the most immediate injuries had been dealt with. The International Brigade's major base hospitals were established in the town of Huete, near Madrid; at Benicasim, north of Valencia along the Mediterranean coast; and at La Pasionara Hospital in Murcia.[492] Convalescent centres provided support for more long-term recoveries. All International Brigade hospitals were open to both brigaders and Spanish patients, with civilians receiving treatment at many of them as well.[493] American physician Irving Busch reported in 1938 that of all the wounded treated by U.S. volunteers in Spain, eighty percent were Spanish (presumably both combatants and civilians, although Busch does not specify the numbers of each) and the remaining twenty percent 'internationals'.[494]

As the war progressed, the parallel structures of the SSI and Republican *Inspección General de Sanidad* only grew closer. By the end of January 1938, the SSI became a subsection of the *Inspección General* under the new name of *Ayuda Médica Extranjera*. With the SSI's director operating under the orders of the *Inspección*, the SSI's headquarters were relocated from Albacete to the *Inspección*'s office in

[490] Coni, *Medicine and Warfare: Spain, 1936-1939*, p. 134.
[491] Navarro Carballo, *La Sanidad en Las Brigadas Internacionales*, p. 132.
[492] Coni, *Medicine and Warfare: Spain, 1936-1939*, p. 135.
[493] Coni, *Medicine and Warfare: Spain, 1936-1939*, p. 136.
[494] Martin Papers, b.5-fo.26: Busch, 'With Our American Hospitals', *The Volunteer for Liberty*.

Barcelona.[495] Meanwhile, donations processed by the CSI specifically for the International Brigades could continue to be directed to international volunteers. The CSI's Paris office formally recognised the reorganisation in March 1938.[496] As the CSI advised AMBASD headquarters in April 1938, 'For the future, you should not use propaganda which speaks of six American hospitals in Spain, for the situation is now entirely changed' and 'propaganda should now stress the needs for the Spanish Sanitary Service, to which the foreign services are attached under the direction of Dr. Barsky.'[497] The political and military influence of the International Brigades was waning, a decline which affected its medical services as well. The newly reorganised medical services would not last a year before all international volunteers – including those in the medical services – were asked to leave Spain by Prime Minister Juan Negrín, who hoped to appeal to the Western democratic powers by ejecting all foreign involvement in the Republican forces.

The First Three Months: From Romeral to Villa Paz

After meeting with leaders of the International Brigades and their medical services in Albacete, the first unit travelled to the small town of el Romeral. South of Madrid, Romeral was about 40 kilometres from the Jarama front. After consulting with the village *alcalde*, the group moved into a recently built schoolhouse. In less than two days, the Americans' twenty tons of hospital supplies had been unloaded, and the newly created wards and operating rooms filled with wounded.[498] The unit had arrived at the height of the battle of Jarama – a Nationalist drive to take over Madrid, which was ultimately rebuffed, albeit at a very high human cost for both

[495] Navarro Carballo, *La Sanidad en Las Brigadas Internacionales*, p. 102.
[496] Navarro Carballo, *La Sanidad en Las Brigadas Internacionales*, p. 103.
[497] Martin Papers, b.5-fo.17: Letter, CSI to AMB, 26 Apr 1938.
[498] Barsky, 'The Surgeon', pp. 27-28.

sides. Just as Romeral was the first test of American medical volunteers, Jarama had been the Abraham Lincoln Brigades' first trial by fire, and the Americans suffered heavy casualties.

Numerous logistical problems had to be overcome as the first unit got their feet on the ground. Organising food, water, and electricity all proved major challenges in their new environment. As Barsky recalled later, 'Already money was of no value and food the precious thing.'[499] Spain's food shortage only became worse as the war continued.[500] In unpacking, the group also discovered that five boxes of material had disappeared in transit. Amongst these boxes were the group's two sterilizers – essential for any surgical activity. Mildred Rackley and driver Carl Rahman went out in search of a replacement, finding a discarded one at a nearby hospital, which Rahman was able to repair so that it could at least function basically – although it left clothes and instruments wet from the steaming process. Meanwhile, electricity in the village was unreliable and was switched off entirely whenever enemy aircraft flew over the sector.[501] Stories of the completion of operations by flashlight or candlelight became a common motif in reports to AMBASD headquarters in New York and volunteers' letters home.

As the lines of battle shifted, AMBASD volunteers soon received orders to move to another location. Less than six weeks after their arrival in Romeral, the majority of the first unit found themselves in Tarancón.[502] Northwest of Romeral on the road from Madrid to Valencia, Tarancón had already been established as an

[499] Barsky, 'The Surgeon', p. 28.
[500] The shortage of food was one of the greatest challenges to physicians in Spain, both in civil and military hospitals. Martin Papers, b.10-fo.3: 'Account of Dr. Barney Malbin'.
[501] Barsky, 'The Surgeon', p. 32.
[502] A 'skeleton staff' of doctors and nurses was left in Romeral to look after the handful of patients who could not yet be moved until they could be evacuated. These included Drs. Perez and Bloom, alongside nurses Lini De Vries and Ray Harris. Martin Papers, b.11-fo.11: Letter, Mildred Rackley to FM, 5 Aug 1971.

evacuation point for wounded, with three small hospitals. The hospitals, however, were seriously lacking in equipment and staff. When the Americans arrived they found only a few beds and a Spanish surgical team with no instruments.[503]



Figure 12. The former hospital of Tarancón, in 2012. (Author's photograph.)

Following their relative independence in Romeral, the Americans were frustrated by the situation in Tarancón. Almost immediately upon their arrival, 'everybody was giving orders' as American equipment and ambulances were dispersed without their approval.[504] 'We soon found it was going to be a pretty mixed up American Hospital,' Rackley recalled, and 'Eddie concluded that the only reason they had wanted us to come to Tarancón was to get hold of our equipment.'[505] The confusion of Tarancón seems to have been only exacerbated by conflicts higher up in the international medical services. Two different officials had been giving Barsky orders, without much communication between them. It was ultimately decided that the American unit would move out of Tarancón and establish a base hospital nearby where they would have greater autonomy. A handful of American personnel worked in Tarancón on and off throughout the remaining year, until the hospitals were largely destroyed in heavy bombing in December 1937.[506]

In early April, the Americans – joined by a second and third unit from the states – moved on to the nearby town of Saelices where they set up a new hospital

[503] Martin Papers, b.11-fo.11: Letter, Mildred Rackley to FM, 5 Aug 1971.
[504] Martin Papers, b.11-fo.11: Letter, Mildred Rackley to FM, 5 Aug 1971.
[505] Martin Papers, b.11-fo.11: Letter, Rackley to FM, 5 Aug 1971.
[506] Martin Papers, b.8-fo.11: Telge, 'A Year of Heroic Work', *Ayuda Médica Internacional (AMI)*.



Figure 13. Congressman Bernard and O'Connell visiting AMBASD units in Spain.
(NY-TL, ALBA Photo 1)

(Villa Paz) and convalescent centre (Castillejo). The hospitals occupied one of the favoured summer homes of the Spanish royal family and were still filled with antique furniture, fine art, and a library full of richly bound books. Lofted granaries became wards, the stable a dining room, and the servants' quarters staff accommodation. A stream ran through the valley, with a dam to generate electric power. There were gardens at each hospital, cultivated by patients and staff.[507] Over the following summer, the staff at Villa Paz dealt with over 2,500 admissions of wounded during the Battle of Brunete.[508] Villa Paz also received visits from two American congressmen.[509] (See Figure 13.)

While Villa Paz was to be the main American hospital centre throughout the war, U.S. volunteers worked at a number of other hospitals throughout Spain. The convalescent centre at Benicasim, touted for its magnificent setting along the Mediterranean coast north of Valencia, had an Anglo-American unit. As described by one American patient:

> The place I am staying at is beautiful, one doesn't even know that there is a war going on in this part of Spain…Imagine me living in a villa with marble floors and stairs, furnished with antique Spanish furniture, with the inner garden known as the patio or courtyard full

[507] Martin Papers, b.5-fo.17: Letter, Barsky and Rackley to AMB, 20 Apr 1937.
[508] Coni, *Medicine and Warfare: Spain, 1936-1939*, p. 129.
[509] Martin Papers, b.5-fo.26: Irving Busch, 'With Our American Hospitals', *The Volunteer for Liberty*.

> of statues and fountains and huge luscious grapes hanging down from overhead vines, surrounded by orange and lemon trees.[510]

Nurse and physical therapist Luba Brisker helped set up the centre's physical therapy department before going on to do the same in Mataró in Catalonia.[511] The three hospitals of Murcia all had American personnel on their staff, with Dr. Frances Vanzant in charge of a hospital for internal diseases and Dr. Sidney Vogel in charge of a surgical hospital.[512] Meanwhile, a number of smaller hospitals were set up or maintained by American personnel along the front lines of battle.

The Mobile Units: Along the Córdoba, Teruel, and Aragon Fronts



Figure 14. An AMBASD ambulance: an important tool for mobile units. (NY-TL, ALBA Photo 125)

As the Americans settled into Villa Paz and Castillejo, plans were being made to send a unit to the south. Led by Barsky, thirty-four AMBASD volunteers travelled to the Córdoba front, where they established smaller front-line hospitals in Pozoblanco and Belalcazar, as well as working as a mobile surgical unit travelling the front lines in an *auto-chir*, or a mobile operating room, and ambulances.[513] (See Figure 14.) Introduced during the First World War, use of the *auto-chir* and mobile

[510] Lossowski Papers, b.1-fo.2: Letter to Mom and Sis, 6 Oct 1937. Photos of the interior of the hospital – including canteen, library, and wards – at Benicasim can be found at the Imperial War Museum's collection of Spanish Civil War photographs.
[511] Martin Papers, b.5-fo.22: Luba Brisker, 'Recollections of my almost 2 years in Spain during the Spanish War 1936-1939.'
[512] Martin Papers, b.8-fo.11: 'A Year of Heroic Work'. An exterior photo of the hospital at Murcia can also be found in the Imperial War Museum collection.
[513] Martin Papers, b.8-fo.11: 'A Year of Heroic Work'.

operating teams was vastly expanded in the Spanish Civil War.[514] By enabling surgeons to operate much nearer to the front, transport time for critically injured patients could be greatly reduced. Meanwhile, with Barsky away at the front, Pitts became Barsky's successor at Villa Paz. When Barsky returned to the U.S. on a fundraising trip later in the summer, Busch took over leadership of American units along the southern front. It was here that AMBASD volunteers had their first introduction to front-line service.

At the front, enemy artillery and aviation became a much more immediate reality for the medical services, which often had to operate under fire. Infectious diseases such as malaria and dysentery were also endemic in much of the Spanish south and AMBASD volunteers found themselves treating large numbers of both combatants and civilians for these diseases.[515] Chief of Belalcazar, Dr. Norman Rintz – who himself reportedly picked up 'the malaria bug' – established a separate malaria ward to meet demand.[516] American volunteers worked along the Córdoba front throughout the summer, celebrating the Fourth of July in the mobile hospital with members of the XIIIth International Brigade and 86th Spanish Brigade.[517] Eventually all staff returned to Villa Paz when the southern hospitals were evacuated in early November of 1937. That autumn, Barsky returned with a new unit, including San Francisco surgeon Leo Eloesser (a 'small long-faced iron-gray-haired thoracic surgeon and university professor…former U.S. Army surgeon…linguist and society

[514] Albert E. Cowdrey, *Fighting for Life: American Military Medicine in World War II* (New York, 1994), p. 7; William Wiesmann, Nicole Draghic and John A. Parrish, 'Advances in Modern Combat Casualty Care With a Vision to the Future', in *Medicine and War* (London, 2008), p. 231.
[515] Martin Papers, b.8-fo.9: Letter, Abraham Friedman to AMB, 10 Sept 1937.; Martin Papers, b.7-fo.22: Letter, Ena Ferwerda to FM. The AMBASD also explored instigating a larger anti-malarial campaign with funding from the Rockefeller Foundation to purchase quinine, although these plans never seem to have gotten off the ground. Martin Papers, b.17-fo.22: Letter to Herman Reissig, 18 Feb 1938.
[516] Martin Papers, b.7-fo.24: Letter, Dorothy Fontaine to FM, 30 Jan 1969.; Martin Papers, b.16-fo.36: Radio Interview, Norman Rintz, Feb 1938, Madrid.
[517] Martin Papers, b.5-fo.26: Abraham Friedman, 'The Southern Front', *AMI*.

figure'), surgeon Edwin Sherman Weisfield of Seattle (another 'U.S. army man'), nurse Ave Bruzzichesi of New Jersey ('a Cimabue Madonna, eyes as liquid as Thais' meditation…and a pious CP member'), and several ambulance drivers, including the author of such colourful descriptions, James Neugass.[518]

In the winter that followed, American mobile units moved north to the Teruel front. While the summer in southern Spain had been oppressively hot, winter in Teruel was just the opposite and both Republican and Nationalist forces had to fight frigid temperatures and snow. As described by Neugass, 'This is Valley Forge and Verdun and the North Pole combined.'[519] A group of American volunteers, again led by Barsky, arrived at their first base just before Christmas. They spent New Year's Eve pushing their convoy of ambulances and support vehicles up steep mountain roads through a blizzard that had forced nearly all fighting to a temporary standstill.[520] Neugass offers a particularly vivid account of the conditions – of snowy roads and freezing exhaustion. At one point, Barsky himself took over the driving while Neugass slept. A unit of West Coast volunteers, led by Eloesser, also travelled to the Teruel front, establishing a 200-bed hospital in Alfambra.[521] In the spring of 1937, Barsky led yet another mobile surgical team, this time to the Aragon front. He was not there long, however, before being called to Barcelona to take over

Figure 15. Eloesser (right) at work in Spain. (NY-TL, ALBA Photo 1)



[518] Neugass, *War is Beautiful*, pp. 117–118.
[519] Neugass, *War is Beautiful*, p. 116.
[520] Martin Papers, b.16-fo.36, Radio Interview, Rintz. For a vivid account of this episode, see also Neugass, p. 96.
[521] Coni, *Medicine and Warfare: Spain, 1936-1939*, p. 130.

the newly reorganized international medical services. By this time, Barsky himself seems to have been showing signs of fatigue. As described by Neugass:

> Major B's health is bad. I do not think he should have come to Spain. Nothing but our bread suits his ulcerated stomach, and nothing but cigarettes will ease his nerves. Tobacco hurts his stomach more than the oranges he eats after he stops the car and throws up what he has mistakenly eaten. Perhaps the Barcelona job will suit him. His nerves and sensitivity and introspection are not those of the soldier {that} will-power and political convictions have made.[522]

Such convictions were certainly tested, not just in Barsky's case, as the battle over Teruel intensified in February of 1938, and the American medical units nearest the front tried to keep up with the casualties. By mid-February, Neugass reported medical staff numbers to have fallen from 32 to 17 – only half of which had been with the previous front-line group.[523] As Republican forces were forced back in the Ebro Retreat, Barsky's mobile unit scrambled to keep up with the casualties and constant movement. Remarkably, up until February, none of the medical volunteers of Barksy's unit had been wounded, until an incident in early March at Urrea de Gaen, just as Franco's forces took the town of Belchite.

Special Units: the American Neurological Unit and the American Dental Unit

While American personnel staffed hospitals from Villa Paz to the front lines, two other groups of AMBASD volunteers were working as semi-independent units. The American Neurological Unit, headed by Dr. Abraham Ettelson, arrived in Spain in the spring of 1937. The group began work at the base hospital and convalescent

[522] Neugass, *War is Beautiful*, p. 261.
[523] Neugass, *War is Beautiful*, p. 220.

centre of Benicasim until they moved to Godela, on the outskirts of Valencia, in mid-August.[524] In January of 1938, the group then moved into the Facultad de Medicina's 1000-bed hospital in Valencia, where they had two operating rooms and two large wards.[525] Supported by nearly a dozen Spanish personnel, the group focused on the treatment of head wounds and injuries affecting the vertebral column and peripheral nervous system.

Meanwhile, dentists Donowa, Posner, Stadt and Klein led the American Dental Unit in Spain. Barsky had urged the creation of such a unit not only for the more expert care dentists and oral surgeons would be able to provide for jaw and facial wounds, but also to offer much-needed routine dental care for soldiers during breaks in fighting.[526] Arriving in the spring of 1937, Posner established himself at Villa Paz, where he treated maxillofacial wounds, as well as providing more routine dental care to the local population.[527] (See Figure 16.) Meanwhile, both Klein and Donowa worked more independently in mobile ambulances along the front lines. In his memoir, Neugass refers to Klein as 'Handsome Jack', playing 'Bach fugues on his mandolin and the far more complicated revolutionary songs which the Andalucians have transformed from their *flamencos*, and which the *chicas* sing all day



Figure 16. Posner (front, third from right) with patients at Villa Paz. (NY-TL, ALBA Photo 1)

[524] Martin Papers, b.7-fo.19: Abraham Ettelson, 'The American Neurosurgical Unit in Spain', *AMI*, No. 10, 1 Mar 1938.
[525] Martin Papers, b.7-fo.19: Abraham Ettelson, 'The American Neurosurgical Unit in Spain', *AMI*, No. 10, 1 Mar 1938..
[526] Martin Papers, b.5-fo.17: Letter, Barsky and Rackley to AMB, 20 Apr 1937.
[527] Martin Papers, b.11-fo.7: John Posner, 'Oral Surgeon in the Spanish Civil War', *Oral Hygiene*, Jun 1942.

long.'[528] 'My job,' Klein later wrote, 'was to spot and prevent teeth that would give trouble in the next year or two.'[529] Klein's personal records chronicle the removal of some 5000 teeth during his stint in Spain. Klein later moved to the American hospital at Vic, just north of Barcelona. Klein recalled the difficulty of his job there, particularly given that much of the group's equipment had been lost during the hurried evacuation of Villa Paz as Republican forces were forced to retreat into Catalonia.

Evacuation: North to Catalonia

As Franco pushed back Republican armed forces, their medical services were forced to evacuate alongside them. Staff had only a few days to organise the evacuation of entire hospitals, including patients, staff, and equipment. Dr. Frances Vanzant remembered receiving the final order to evacuate Murcia around 6.00 p.m. on the evening of 8 April.[530] The first patients boarded an evacuation train by 11.00 p.m. that same night. American Dr. Sidney Vogel had been put in charge of the first train while the British doctor, Tudor Hart, had been assigned the last. With the patients and staff of more than three different hospitals arriving throughout the night, the 'dimly lighted station' was a scene of confusion as 'patients and personnel drifted about…without knowing where to go or what to do.'[531] The group did not finally get under way until 6.00 a.m. the next morning. The trains finally arrived in Barcelona around 2.00 a.m. the following Tuesday. Hospitals in Barcelona accommodated many of the new arrivals, while a number of other hospitals became established throughout Catalonia to house and care for the rest. American

[528] Neugass, *War is Beautiful*, p. 9.
[529] Martin Papers, b.9-fo.37: FM questionnaire, Jack Klein.
[530] Martin Papers, b.15-fo.14: Letter, Frances Vanzant to Mildred Rackley, 21 Apr 1938.
[531] Martin Papers, b.15-fo.14: Letter, Frances Vanzant to Mildred Rackley, 21 Apr 1938..

volunteers helped organise and staff hospitals at Tortosa, Vallivana, Mataró and Vic.[532]

About 40 kilometres north of Barcelona, the hospital at Vic occupied an 18th century monastery, famous for its paintings and unfortunately home to a recurrent problem of typhoid. Dr. Barney Malbin was given the task of organising the hospital's response to an outbreak that occurred at the end of April 1938. Aided by the 'heroic work' of the staff, directed by the 'capable and…tireless' nurses Ruth Davidow and Selma Chadwick, within four days the group had set up 'a perfectly organized typhoid ward with complete isolation technique, its own kitchen and utensils, accurate charting and progress notes for all patients and excellent laboratory investigation.'[533] AMBASD volunteer Dr. Leonard Larsen was one of those to fall ill. Accounts of the resulting mortality rate vary. While Eloesser, in charge of the hospital at Vic, claimed there were no deaths, Larsen guessed there were about a dozen, and dentist Jack Klein reported ten.[534] Still, the group's rapid response limited the outbreak to 147 cases (proved by laboratory culture) out of a patient and staff population of nearly 2,000. The outbreak proved interesting from a medical standpoint given that 90% of the hospital's population had been immunized against typhoid, and of those with proven infection, 67% had received a full vaccine series. [535] Lab technician Dotty Fontaine also observed the curious incidence of typhoid amongst 'internationals' despite widespread inoculation. Fontaine speculated

[532] Martin Papers, b.5-fo.24: Bruzzichesi, 'I Was a Catholic Nurse'.
[533] Martin Papers, b.10-fo.3: 'Account of Dr. Barney Malbin', p. 6.
[534] Harris B. Shumaker, *Leo Eloesser, M.D.: Eulogy for a Free Spirit* (New York, 1982), p. 181; Martin Papers, b.9-fo.37: FM questionnaire, Klein.
[535] Barney Malbin, 'Typhoid Fever Occurring in Immunized Persons,' *The Journal of the American Medical Association*, Vol. 115, 6 July 1940.

whether there might be differences in the causative organisms that caused American vaccines to be less effective.[536]

The Demands of Work and Volunteer Health

In volunteers' daily life, it took much less than the outbreak of an epidemic of typhoid to put their own health at risk. The intensity of work was highly variable, dependant on shifting battle lines and changes in fighting. Reports of sleepless nights and days on end of feverish work appear throughout volunteer accounts, whether driving ambulances, working in the operating room, or carrying out laboratory duties. Nurse Lini De Vries recalled falling ill one by one in the intensity of their first days at Romeral. 'I can remember going off duty with a temperature of 104,' De Vries wrote, 'And then I remembered no more for two days, except delirium. Delirium with bombs, fascists, anti-fascists, languages, a nightmare.'[537]

De Vries was not the only AMBASD volunteer to spend time in Spain as both patient and staff. But while many volunteers experienced both roles, few were seriously incapacitated by illness or injury. Early in 1938, Dr. Weisfield had 'an upset in his intestinal tract while at the front' and spent a few days at the hospital in Benicasim.[538] Diarrhoea and gastrointestinal distress were a basic reality for most – both staff and soldiers – at one point or another. Dysentery and lice were also common. Nurse Leonora Temple was hospitalized for a number of days with a seriously infected arm.[539] Nurse Esther Silverstein left Spain in 1938 after contracting malaria, undulant fever, and dysentery.[540] Dr. Albert Byrne reportedly

[536] Martin Papers, b.7-fo.24: Letter, Dorothy Fontaine to FM, 19 Apr 1970.
[537] Martin Papers, b.7-fos.26-28: De Vries, 'Up From the Cellar', p. 149.
[538] Martin Papers, b.7-fo.11: Letter, Eloesser to AMB, 22 Jan 1938.
[539] Martin Papers, b.13-fo.5: FM questionnaire, Leonora Temple.
[540] Patai Papers, b.4-fo.3: Dexter Waugh, 'Lincoln Brigade Honors Women,' *San Francisco Examiner*, 25 Jan 1977.

caught pneumonia after 'operating for 6 days and 6 nights without hardly a rest between cases'.[541] Jaundice was another frequent complaint. Many also reported returning to the U.S. having lost significant amounts of weight. Given the intensity and stresses of their work, it is perhaps unsurprising that volunteers' immune systems were often unable to keep up with the demands placed upon them. Dr. Mark Strauss also spent time as a patient, described by Neugass as lying 'upstairs on one of the few mattresses; silent, fever-dilated eyes staring upwards, refusing to be evacuated…betrayed not only by the Intervention Committee but by himself' with his lungs…gone back on him' and 'blue eyes and cheeks bright with fever'.[542]

Front-line work offered the most trying conditions of all. Medical volunteers frequently had to operate under the direct threat of enemy bombardment. Many noted the simple necessity of their work causing them to 'forget the constant sound of cannons, aerial bombs, and the many noises that accompany a battle'.[543] Such conditions tested one's psychological as well as physical endurance. For ambulance drivers, exposure to enemy bombardment was even more integral to the nature of their work and combat neuroses were a significant risk. Expectations of ambulance drivers were high, even if their role was often less 'technical' that that of other medical personnel. 'The Major [Barsky],' was reported to have 'violent and understandable opinions about the care of our transport', believing 'that ambulance drivers should sleep on the stretchers in their ambulances' and 'wander never more than a hundred feet away from their steering wheels during daytime.'[544] The 'ideal

[541] Martin Papers, b.5-fo.29: Letter, Thelma Erickson to Mother, 2 Mar 1938.
[542] Neugass, *War is Beautiful*, pp. 167, 212.
[543] Martin Papers, b.16-fo.36: Radio Interview, Rintz.
[544] Neugass, *War is Beautiful*, p. 13.

chófer', according to Neugass, 'drives all night, sleeps in his car all morning, and works on her engine all afternoon'.[545]

Despite their proximity to active fronts, remarkably few American personnel were wounded. Nurse Helen Freeman was one of the exceptions. (See Figure 17.)



Figure 17. Helen Freeman with her arm in an 'airplane splint'.
(NY-TL, ALBA Photo 125)

Freeman was part of a mobile surgical unit led by Barsky that was working on the Aragon front when she was injured. The group had set up the tents and equipment of their mobile hospital in an olive grove at Urrea de Gaen, not far from the front. Although operating with enemy aircraft overhead was common, this time the AMBASD encampment became a direct target. One bomb landed just a few feet away from the tent in which the group had set up their operating theatre, with shrapnel tearing through the canvas walls. Decades later, Nurse Anne Taft still remembered the events of that day clearly as she described looking up to see friend and colleague slumped up against one of the tent poles, her head bleeding profusely.[546] While Freeman's forehead only suffered a relatively minor surface wound, her arm was seriously fractured. Although she underwent several operations to repair the bone and nerve damage, the arm never fully healed.[547]

In that same bombing, Cresencia, a Spanish nurse working with the unit, also received a flesh wound to the buttocks and ambulance driver Jack Quiñones a broken leg. Freeman returned to the United States as soon as she was able to travel.

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[545] Neugass, *War is Beautiful*, p. 143. Describing Frank Reilly Parker, who was born in the U.S. but lived in Vancouver, Neugass dubbed him the 'lucky Irishman' because he outlived so many of his ambulances.
[546] Neugass, p. 108 Martin Papers, b.12-fo.11: Letter, Anne Taft to FM, 2 Feb 1969.
[547] Martin Papers, b.8-fo.7: FM questionnaire, Helen Freeman.

She arrived just in time for a mass meeting at Madison Square Garden and became a focal point for AMBASD publicity. Meanwhile, when the Tarancón hospitals were bombed in December 1937, nurse Sonia Merims had three ribs fractured from a flying rock while tending to wounded in the street.[548] Such constant aerial pressure undoubtedly affected morale, and Neugass describes one nurse (who, it is speculated, was Sonia Merims) claiming, 'I can't stand it anymore. They send me back to Paris, *et je sui vrai Parisienne*, for rest and an operation on my tonsils…I can't stand more…when the planes come over I can't do my work. I thought it might disappear if they sent me to the Front…it's hopeless. The planes will rule. We will not win.'[549]

Ambulance drivers were at higher risk as they travelled to and from the field of battle retrieving wounded. (See Figure 18.) Council Carter, the group's only African American driver, was given a leave of absence to recover from injuries he received.[550] Randall Smith was injured twice, his ambulance having been in numerous bombings. He described one such event in a letter home:

Figure 18. Mildred Rackley (left) and ambulance driver Carl Rahman point out bullet holes in an AMBASD ambulance. (NY-TL, ALBA Photo 1)



> What a feeling! My ambulance was filled full of holes from three different sides – indicating I was…really in the centre of attractions. Had to drive myself to the hospital – about 20 kilometres – wounds didn't hurt – only flesh wounds but short a pint of blood all over my shirt.[551]

[548] Martin Papers, b.10-fo.13: Diary, FM.
[549] Neugass, *War is Beautiful*, p. 172. If this was, in fact, Merims, it is unclear whether this came before or after her injury.
[550] Martin Papers, b.6-fo.3: News Release, MBASD.
[551] NY-TL, ALBA 100 (Smith Papers), b.1-fo.3: Letter, 2-3 September.

Although Smith's injuries may have only been 'flesh wounds', they kept him hospitalized for nearly two months. Ambulance drivers did receive 150 pesetas every ten days for frontline work – compared to 100 pesetas a day for rear pay. Barsky, in contrast, was reported to earn 400 pesetas in exchange for his work.[552]

Down Time

Parallel to the intensity of work in the height of battle came lulls, in which medical personnel found themselves with very little to do. During such 'periods of idleness', staff might spend 'the time scrubbing, improvising equipment and materials, sterilizing and setting up wards and operating rooms, dietary facilities, laundry, etc.'.[553] Spare time could also be put to more entertaining pursuits and both staff and patients recall festive gatherings. American patient Jack Shafran described the holiday celebrations at Villa Paz with great enthusiasm. From feasts of 'the best I've had in Spain', to the dance that followed, Shafran 'really had a swell time'.[554] On New Year's Eve:

> We finished off the old year with a bang – we had the first snowfall of the year at the hospital – so – we had a big snowball fight – what fun – (I sprained an ankle so – I am in bed today) – at night we had a small blow out. Just the hospital – it was practically stag – singing songs in about 6 different languages…New Year's couldn't be New Years without liquor – you guessed it honey – plenty flowed.[555]

[552] Neugass, *War is Beautiful*, p. 64.
[553] Martin Papers, b.11-fo.34: Letter, Ann Shuldiner to FM, 12 Aug 1968.
[554] Shafran Papers, b.1-fo.6: Letter to Ruth, 26 Dec 1937.
[555] Shafran Papers, b.1-fo.7: Letter to Ruth, 1 Jan 1938. See also Figure 11.

Despite taking place amidst a war, such 'fiestas' were often remembered fondly as examples of the sense of international community and comradery that developed in Spain.[556] As noted by Neugass in one of his many reflexive musings over what had brought him to Spain, it was 'not, certainly, to go to dances'…although he remembered plenty, including one 'the English Hospital had prepared for the staff of VP'.[557]



Figure 19. Patients enjoying a snowball fight at Villa Paz. (NY-TL, ALBA Photo 1)

For others, such as Neugass, the lulls in activity gave him the opportunity to write – although he was certainly not limited to writing in times of inactivity. Whether in the quiet of a hospital ward or behind the steering wheel of his 'sweetheart', Neugass scribbled – and drew attention. 'The *Asaltos* think I'm out of my mind', he admits, writing by firelight.[558] 'I tell them I am writing a long letter to my girl, that I so mistrust the Spanish mail system that I am waiting until I get to Paris, where I will dispatch the entire epistle, and that I keep a carbon copy because of the danger of being sued.'[559]

[556] Martin Papers, b.8-fo.10: Friedman, 'Operating Under Flickering Flashlight to Accompaniment of Bombs', *Bergen Evening Record*, 30 Mar 1938; Martin Papers, b.8-fo.18: Letter, Irene Goldin Spiegel to FM, 2 Feb 1969; Martin Papers, b.8-fo.38: Ray Harris Marantz, Radio Speech, 16 Jan 1938.; Martin Papers, b.5-fo.26: 'The Southern Front', *AMI*.
[557] Neugass, *War is Beautiful*, p. 29.
[558] Neugass, *War is Beautiful*, p. 125.
[559] Neugass, *War is Beautiful*, p. 84 Neugass actually kept carbon copies to send sections of the account back to the U.S. as it was being written, revealing his original intention of transforming his work into a book.



Figure 20. The library at Benicasim. (London, Imperial War Museum Library, HU 33018.)

Idleness posed an even more constant challenge for patients who were bedridden or hospitalized for long periods of time. One wounded American volunteer, Carl Geiser, wrote home from a Spanish hospital about 'a fly-catching session' he and other ward neighbours had to stave off boredom – though unfortunately 'even that became dull'.[560] Once he had achieved some mobility, Geiser explored the hospital library, where he found a Spanish book of algebra, which he used to 'entertain' himself by 'extracting cube roots and binomials and dealing with imaginary figures'.[561] Another morning, Geiser 'even worked a while' rolling bandages for the hospital. All of such pursuits, perhaps with the exception of fly-catching, were common activities for the convalescing patient. At Villa Paz, for a time, there was 'almost one staff member for every patient, not because we are overstaffed, but because of the policy of giving easy work to the light wounded.'[562]



Figure 21. The recreation room at Benicasim. (London, Imperial War Museum Library, HU 33016).

[560] Geiser Papers, b.1-fo.6: Letter to Impy, 26 Oct 1937.
[561] Geiser Papers, b.1-fo.7: Letter to Impy, 21 Nov 1937.
[562] Neugass, *War is Beautiful*, p. 19.

Established convalescent centres, such as Benicasim, tried hard to combat the enforced idleness of the recovering patient. (See Figures 20 and 21, previous page.) Volunteers formed recreational and educational committees, dedicated to providing opportunities for activities ranging from political discussions to friendly sports matches. At Benicasim, a typical week's events included Spanish classes, news reports, an evening cinema or concert, weekly dances, and hikes in the country.[563] When Geiser was eventually transferred to Benicasim, he was thrilled with the 'myriad and one activities' for the convalescent. 'Library, writing room, canteen, wall newspapers and in sports, soccer, handball, volleyball, horse shoes, hiking, swimming, tennis and almost anything you can think of,' Geiser wrote home.[564] It seemed to matter little to Geiser that most of the sporting opportunities he praises so highly were still off limits to him, due to the nature of the injury that had landed him in the hospital in the first place.

Idle time was not always so well appreciated and at times seemed to nurture discontent among staff. Recalling getting past the initial rush of wounded at Romeral and 'onto a regular schedule, with time off to eat and sleep', De Vries noted that the group 'began being conscious of the food we were eating, chick peas and artichoke hearts, flavoured with tough burro meat' and 'began griping about things'.[565] Rackley recalled that as the patient numbers dwindled with the shifting of battle lines, the hospital at Romeral became 'a hotbed of unrest and rumours' and if they hadn't received more patients (or orders to move on to Tarancón), everybody would have

[563] Martin Papers, b.15-fo.18: S.H Abramson, 'The Anglo-American Group in Benicasim', *AMI*, No. 9, 1 Feb 1938.
[564] Geiser Papers, b.1-fo.8: Letter to Impy, 13 Dec 1937.
[565] Martin Papers, b.7-fos.26-28: De Vries, 'Up From the Cellar'.

soon been 'at one another's throats'.[566] Neugass discusses dwindling morale within the nurses in particular:

> The morale of the nurses is beginning to split up into petty complaints and gossip, in the lack of work…The nurses worry that some of them work more than others, that B. caters to the Spanish enfermeras, that so-and-so hoarded the sardines she got from the states, that Annie the talkative Queen of the Operating Room thinks that the ward florences are beneath her, and that she ought to be awarded a corporal's stripes. Selma gets far, far too many packages from home and makes too much of a martyr of herself. Rose thinks she's the Virgin Mary and she's a bootlicker because she doesn't join the others in complaining about sleeping quarters, the food and the lack of packages and mail.[567]

News of ongoing inter-staff conflicts even seemed to be reaching New York. When August Towsen left for Spain as an ambulance driver with the fifth unit he was given the special instructions of sending AMBASD executive secretary Crookston – also Towsen's neighbour in New York – a 'true report' of what was going on. Crookston was reportedly concerned about news from AMBASD personnel in Spain 'which gave the impression that they were doing nothing but fight among themselves.'[568] Towsen later admitted that 'most of the people were acting very immature'. While the AMB's medical units in Spain were often publicised as images of harmonious industry, the reality seems to have been much more variable.

Controversies and Coupling: Interpersonal Relationships within the AMBASD

Just as might be expected amongst any diverse group of people living in close quarters under trying and difficult conditions, the AMBASD's units in Spain experienced their share of interpersonal complications. The range of such personal

[566] Martin Papers, b.11-fo.11: Letter, Mildred Rackley to FM, 5 Aug 1971.
[567] Neugass, *War is Beautiful*, p. 194.
[568] Martin Papers, b.13-fo.10: Letter, August Towsen to FM, 19 Aug 1968.

interactions ranged from the combative to the romantic, but had a very real effect on volunteers' experiences and work.

In several cases, personal disagreements directly affected where AMBASD personnel were assigned to work and how long they may have stayed. Although it's not clear what, if any, role it had in her departure, before she left Martin apparently had a falling out with African American nurse Salaria Kee, who had charged Martin with discrimination against her. According to Martin, the disagreement had arisen after she had been 'elected spokesman' by Dr. Busch and others to persuade Kee to postpone her impending marriage with Irish International Brigader Pat O'Reilly.[569] Despite the AMBASD's use of Kee as a public image of the progressive and open-minded nature of their endeavour – the first racially integrated military medical division in U.S. history – Kee reported feeling somewhat isolated because of her race. Crossing the Atlantic to Spain, the doctor in charge of her group had apparently refused to sit at the same table as her. Kee said that the ship's Captain quickly solved the problem by inviting her to dine at his table, which she continued to do for the rest of the voyage.[570] Clearly, while the volunteer units of the Spanish Civil War may have established a new precedent in racial integration preceding the changes that came in the Second World War, it was a process of integration still in transition and tensions remained. Meanwhile, an 'unfair dislike' of Mildred Rackley for her 'formal manners' and general 'jealousy of her close friendship with Barsky' seems to have been a contributing factor in her decision to leave Villa Paz to help the British set up a hospital at Huete.[571] Personal disagreements contributed to the movement of other personnel too, as lab technician Dorothy Fontaine accounted for

[569] Martin Papers, b.7-fo.25: Letter, FM to Dotty Fontaine, 12 Feb 1971.
[570] Salaria Kee O'Reilly, 'While Passing Through', *Health & Medicine*, Spring 1987.
[571] Martin Papers, b.8-fo.18: Letter, FM to Irene Goldin Spiegel, 10 Sept 1970.

her move to Belalcazar from Villa Paz as a result of her inability to get along with colleague Rose Freed.[572]

Dentist John Posner seems to have been disliked even before he arrived in Spain. An 'opportunist', even 'before Spain was in our consciousness', Posner seems to have been the source of ongoing discontent among his colleagues at Villa Paz.[573] Having apparently instigated a movement to establish separate dining tables for staff and patients at Villa Paz, a series of questionnaires were circulated amongst AMBASD personnel to gauge interest and support. Nearly all voiced strong opposition to the idea, with one respondent suggesting simply that the best way to improve conditions at the hospital would be to 'squash Dr. Posner'.[574] In particular, people protested that such a proposal was against the very principles of equality and international cooperation that were fundamental to the reason so many volunteers were there in the first place.

Posner himself seemed to have felt similarly antagonistic to his presumed opponents.[575] He has since been attributed with authorship of a satirical description of 'nature notes' on the species of the 'Americana infermera'. The species, said to originate in the large cities of America:

> Was first seen in Spain in the early part of February, 1937. Noted for its clear bell like trill or call, especially amongst the females of 'Americasbest' repeated at frequent intervals. It is most gregarious, but strongly resents the intrusion of any foreign species into its lair, or nest. Noted for 'its' voracious habits of frequently indulging in nocturnal feasts, to which a few chosen males are sometimes invited. Is very addicted to certain drinks or beverages, notably the juice of a plant called grape, or in its more potent form, 'champagne'. Frequently suffers from real pain afterwards. Plumage. Usually blue or white, with a ruff around the neck of contrasting colour. Will not

[572] Martin Papers, b.7-fo.24: Letter, Fontaine to FM, 30 Jan 1969.
[573] Martin Papers, b.9-fo.37: FM questionnaire, Klein.
[574] Martin Papers, b.11-fo.7: Anonymous questionnaires.
[575] According to Guerra, Posner left Spain after six months feeling 'disgusted' with the communist influence in the medical services.

> breed well in captivity. Is of a delicate constitution, which makes it almost impossible for it to acclimatize itself in a foreign climate.[576]

Posner was not the only one to note the abundance of wine in Spain – and volunteers' general willingness to take advantage of it. As Martin wrote simply of her own progress on recording the history of AMBASD volunteers in Spain, 'if I were to put down' every episode in which 'a staff member was drunk I would need to write in ten volumes'.[577] Not all interpreted the nurse's romantic tendencies with such vitriol. As noted by Neugass, with the 'strings of admirers' attracted by the nurses, 'many of the men are put to sleep at night by a sedative dreaminess of unrequited love, thus saving us much luminal'.[578]

Meanwhile, nurse Toby Jensky appears to have been one of the inspiring figures for Posner's piece of creative writing. Alluding to a similar episode in letters home during the summer of 1937:

> As for me – I'm doing well and am contented – for a while all the girls were very much disgruntled – it seems that a couple of sex starved old fogies decided we were immoral and put down some silly rules for us – which we resented – I didn't come to Spain to be made a lady of – Before this we and anybody else we invited used to get together in the nurses quarters usually my room and eat and gab – one of the rules is – no men allowed in our rooms – what they expected us to do with 3+ girls in each room – I'm hanged. Anyway the rules still stand – but what the hell – so we have more to eat ourselves.[579]

Despite such rules, Jensky managed to enjoy multiple flirtations and romantic intrigues during her time in Spain, mostly with patients among the International Brigades. First there was the Czech she met in Barcelona, then the English sculptor – 'about 6 ft 2 – blond – very mod', and later the American with whom she had 'more

[576] Martin Papers, b.11-fo.7: 'Americana Infermera'.
[577] Martin Papers, b.7-fo.24: Letter, FM to Dotty Fontaine, 5 May 1970.
[578] Neugass, *War is Beautiful*, p. 22.
[579] NY-TL, ALBA 55 (Toby Jensky and Philip Schachter Papers) [Hereafter: Jensky and Schachter Papers], b.1-fo.1: Letter, Toby Jensky, 17 Jul 1937.

of a cat and mouse affair'.[580] The English sculptor was her 'big romance' and the two were nearly married in Spain. After the war was over, Jensky visited him in England, where, despite sceptical letters home, they were finally married.



Figure 22. Toby Jensky on the S.S. Normandie en route to Spain.
(NY-TL, ALBA Photo 55)

Jensky was not the only one to fall for a member of the International Brigades. (See Figure 22.) As mentioned earlier, nurse Salaria Kee married Irish International Brigader Pat O'Reilly. Irene Goldin married an Austrian brigader.[581] Ave Bruzzichesi married Lincoln Brigader A. Wolfman.[582] Romances among staff were also common. Amidst the gossip mills of later years, Dr. William Pike and nurse Lini De Vries were rumoured to be lovers, while nurse Ray Harris recalled a tryst with another staff member in the linen closet.[583] Nurse Thelma Erickson and Dr. Albert Byrne were married in Valencia on 22 February 1938.[584] Dr. Philip Goland reportedly married a Spanish student nurse in Valencia as well.[585] Becky Shulman also supposedly married a Spaniard during her time abroad. Even when romances didn't result in marriage, they could be a source of tension amongst the staff as a whole. Nurse Mary Platkin lamented the gossip at Benicasim, where, as one of four Americans, she felt constantly scrutinized. As she

[580] Jensky and Schachter Papers, b.1-fo.1: Letter, Jensky, 9 May 1937 and Letter, Jensky, 17 Jul 1937; Ibid., b.1-fo.2: Letter, Jensky, 11 Nov 1937.
[581] Martin Papers, b.8-fo.19: Letter, Monica Milward.
[582] Francisco Guerra, *La Medicina En El Exilio Republicano* (Alcalá de Henares: Universidad de Alcalá, 2003), p. 520.
[583] Martin Papers, b.7-fo.24: Letter, Dorothy Fontaine to FM, 19 Apr 1970; Martin Papers, b.8-fo.37: Letter, Ray Harris Marantz to FM. Pike, a former New York psychiatrist, used his psychiatric experience to treat war-shocked volunteers. He also, reportedly, vaccinated hundreds in the Jarama trenches and came to be 'known affectionately as Captain Shitty because of insistence on good hygiene'. See also Neugass, *War is Beautiful*, p. 85.
[584] Martin Papers, b.5-fo.29: Letter, Thelma Erickson to Mom, 2 Mar 1938.
[585] Martin Papers, b.8-fo.11: Letter, Mark Rauschwald to FM, 11 Oct 1970.

confessed to her diary, 'Everybody in this little dizzy place knows who we are going out with and where'.[586]

Interpersonal complications and the problems that they may have caused were not limited to the Americans in Spain. As Celia Greenspan wrote from another international hospital where she worked, 'Unfortunately we have too many surgeons here now and they act like prima donnas' causing 'an undercurrent of ill feeling and dissension that gets on my nerves'. But thankfully, Greenspan continued, 'My German is so bad that no one bothers to tell me all the lurid details of what this one said to whom and the outcome of petty triumphs and defeats.'[587] The British Spanish Medical Aid Committee seems to have faced similar problems. Dr. A.L. Cochrane, of the British unit, admitted that in addition to political conflicts, 'the big social differences between members of the unit', the 'fair amount of sleeping about with all the consequent jealousies', and the simple lack of sufficient work all led to significant difficulties amongst personnel at the British hospital in Grañen.[588]

Sometimes personal conflicts and rivalries had more serious consequences. The circumstances surrounding the arrest of Dr. Albert Byrne by Republican authorities in the spring of 1938 are still somewhat shrouded in mystery, but discord within the ranks of AMBASD personnel may have been a contributing factor. His arrest followed Byrne's return to Valencia in February after falling ill at the front. There he joined fiancée and Nurse Thelma Erickson, who was working under Dr. Abraham Ettelson of the neurological unit. They were married soon after and reportedly began trying to secure leave to return home. Some of those with a more cynical view of the couple's marriage, said that it was through Thelma's influence that Byrne actively began denouncing the Republic, while others argue that it was another

[586] Martin Papers, b.11-fo.5: Diary of Mary Louise Platkin, 26 Jul 1937.
[587] Martin Papers, b.11-fo.31: Letter, Celia Greenspan, 11 Jul 1937.
[588] Martin Papers, b.14-fo.15: Letter, A.L. Cochrane to FM, 15 Jul 1971.

American doctor within the unit who wrongly reported him to authorities. A contemporary report noted simply that, 'according to authorities…Dr. Byrne was arrested because of his unwillingness to recognize that doctors, like soldiers, must consider themselves militarized.'[589] Whatever the reasons behind it, Byrne was eventually released and allowed to return to the U.S., although his marriage with Thelma did not last. (See Figure 23.)

Figure 23. Dr. Albert Byrne and Nurse Thelma Erickson in Spain. (NY-TL, ALBA Photo 1)



The political climate in Valencia seems to have been particularly unfavourable for AMBASD volunteers, as nurses Leonora Temple and Cleo Duncan were also arrested there and imprisoned for a short period of time. The American consul in Valencia, Woodruff Wallner, was able to secure their release after only a few days. Both girls were preparing to leave Spain to return home and, as Wallner observed simply at the time, 'foreigners desiring to leave Spain…inevitably arouse the suspicion of the authorities'.[590] Meanwhile, Republican authorities apparently arrested the African American nurse Salaria Kee, suspecting she was a Nationalist 'moor' in disguise.[591] Although Kee was released promptly, the episode is still an interesting indication of potentially deep-seated Spanish prejudices.

The details surrounding the death of pharmacist Harry Wilkes are even murkier. Wilkes had first travelled to Spain with the first AMBASD unit and, after taking a personal leave in the fall of 1937, returned in January 1938. When he did not

[589] Herbert Matthews, 'Three Raids on Valencia', *New York Times*, 6 Jul 1938.
[590] Martin Papers, b.13-fo.7: Letter, Waller, 19 Aug 1938.
[591] NY-TL, ALBA Audio 66 (Arthur H. Landis Oral History Collection) [Hereafter: Landis Collection], b.1-fo.66-16: Interview with Rebecca Schulman.; NY-TL, Landis Collection, b.1-fos.52-53: Interview with Anne Taft.

return to the States again as expected the following summer, his family began making inquiries. Writing to AMBASD headquarters in July 1938, Dr. Sidney Vogel explained that 'Wilkes died a heroic death on the front while fulfilling his duties in defense of liberty and the Republic of Spain'.[592] Only much later was this story discounted in light of new records suggesting that Republican authorities in fact executed Wilkes for his alleged participation in black market schemes involving drugs, currency, and fine art.[593]

Perceptions of Americans in Spain

The reputation of American nurses as poor at acclimatising to their foreign situation lampooned in the 'Americana infermera' also resonates with other accounts. Discussing the progress of her own research into Spain's international medical volunteers after the war, Martin noted that some European colleagues still resented the 'separatism' of U.S. doctors and nurses. While acknowledging the validity of their attitude, Martin also noted, 'They just don't realize how knowing only English and being slow to pick up other languages debarred us gals from intimacy.'[594] Martin described Villa Paz, in particular, as encouraging U.S. isolationism amongst the volunteers. The atmosphere there was 'contaminated' by a 'fear of leaving the womb which affected most of the female personnel and most of the doctors', an unfortunate circumstance even if 'the base of the fear was understandable…with the poor facility most U.S. people have for dominating

[592] NY-TL, ALBA 214 (Wilkes Papers), b.1-fo.2.
[593] NY-TL, 'Guide to the Harry Wilkes Papers, 1937-1938', 2006.
[594] Martin added that linguistic difficulties were compounded by the 'innocence and unworldliness of our most sophisticated gals which even the English with their freer sex habits shocked'. Martin Papers, b.7-fo.25: Letter, FM to Fontaine, 12 Feb 1971.

another language and having assumed that they were to be in American hospitals and groups.'[595]

Despite the Americans' reputation for being ill-equipped for the multilingual nature of the Republican medical services, volunteers forced into situations working outside of predominantly American teams were extremely positive about their experiences. After Eloesser returned to the U.S., Ave Bruzzichesi became head operating room nurse for a Spanish surgeon.[596] Esther Silverstein stepped into a similar role for famous Catalan surgeon, Moises Broggi, after having worked with the British at Huete, along with Irene Goldin.[597] Those who spoke languages other than English – such as Hermine Hartmann, Lini (Fuhr) De Vries, and Luba Brisker – also found themselves able to make valuable contributions working amongst non-English speaking nationalities.



Figure 24. Dr. Frances Vanzant. (NY-TL, ALBA Photo 1)

Shortly after her arrival in Spain, Dr. Frances Vanzant found herself in charge of a hospital in Murcia. (See Figure 24.) Vanzant was the only American in her hospital and later recalled the challenges of taking over without knowing any Spanish. When she arrived she had only three English-speaking patients and fewer than a dozen of her staff spoke any English.[598] Despite the linguistic challenges of her position (which seem never to have been fully remedied, despite months of her own attempts to learn Spanish), Vanzant spoke highly of her experience. Her arrival itself was 'heralded and well received', as the chief doctor introduced her the next day to

[595] Martin Papers, b.8-fo.18: Letter, FM to Irene Goldin Spiegel, 10 Sept 1970.
[596] Martin Papers, b.5-fo.24: Bruzzichesi, 'I Was a Catholic Nurse'.
[597] Martin Papers, b.8-fo.18: Letter, FM to Irene Goldin Spiegel, 10 Sept 1970.
[598] Martin Papers, b.13-fo.19: Letter, Frances Vanzant, 22 Nov 1937.

patients and staff as 'a distinguished doctor from the U.S., very famous'. Vanzant described 'the build-up' as 'very helpful to me, straddled with the difficulty of knowing no language except English'.[599] Within a day Vanzant had a referral from a nearby hospital to 'see the famous doctor'.

The Americans' positive reputation preceded them in more places than Murcia. Dr. Julius Hene wrote home about the popularity of the Americans with the local population in one town:

> We have developed an enormous practice with the townspeople and the peasants. They stream in all through siesta to have scratches dressed. Every kid in town comes in regularly every day to have his knees bandaged with the latest Johnson & Johnson lenkoplast contraptions and politically we can't refuse them.[600]

For Hene, the reputation and potential of American medicine served as a bridge – both socially and politically – to connecting with the Spanish people. Locals also received the AMBASD's first hospital enthusiastically and the staff in Romeral developed a good relationship with the town. When Rackley complained about the terrible condition of the roads connecting the front to Romeral – and her concerns about the effect it might have on the transportation of the wounded – the *alcaldes* of Romeral and a neighbouring village immediately gathered groups of locals to set about repairing them.[601] Nurse Lini De Vries said later that villagers were practically fighting one another for the opportunity to help the Americans, be it in the kitchen, as nurses' aides or assistants to the drivers and mechanics.[602]

Ambulance driver James Neugass' description of the physical manifestation and local impact of American aid at the hospital at Villa Paz reveals a patriotism and

[599] Martin Papers, b.13-fo.19: Letter, Vanzant, 22 Nov 1937
[600] Martin Papers, b.9-fo.10: Letter, Julius Hene, 15 Aug 1937.
[601] Barsky, 'The Surgeon', p. 28.
[602] Martin Papers, b.6-fos.26-28: 'Up From the Cellar', p. 146.

pride in their work that reinforce the ways in which such boldly 'international' efforts remained firmly grounded in national identities.

> In six months American money, American technical skill, American hands and sweat have helped the Spanish establish and organize what must be a fair imitation of a first-class American hospital in the Infanta's former home…Meanwhile peasants come to us from all Cuenca province with the ills which have afflicted them for centuries, expecting miracles. The Saelices doctor, one of the few medical men of this region who did not skip to the fascists, complains that we are taking away his trade. He is so unfamiliar with modern medicine that it would be unwise for us to take him in with us or to set him up in a village clinic. Should we take fees from his former patients? A new world is not born without agony.'[603]

The account given by Neugass sharply contrasts the limitations of Spanish medicine and resources with the wealth of material and knowledge of the American volunteer unit. Although the Americans seem to have generally viewed positively in local communities, one must also wonder what Neugass' Saelices doctor might have said about the AMBASD presence. Nevertheless, for many local children, the presence of foreigners such as AMBASD volunteers proved a memorable novelty, looked kindly upon for sharing food, candy – and the occasional 'lenkoplast contraption'.[604]

From the arrival of the first unit, Americans and Spanish worked alongside one another in hospitals and mobile units. Many American nurses, who were involved in training Spanish 'chicas' in the art and science of modern nursing, developed particularly close friendships with their new colleagues.[605] Throughout volunteer accounts, respect for the Spanish people as a whole, and the battle they were fighting, resounds. Of course, Spaniards of more conservative backgrounds may have looked less favourably on the American imports. Nurse Anne Shuldiner

[603] Neugass, *War is Beautiful*, p. 29.
[604] Josefa Andres, trans. by Aelwen Wetherby, 2012; Juana Barreras Fato, trans. by Aelwen Wetherby, 2012. (Interviews conducted by Dorothy Eubanks).
[605] Martin Papers, b.6-fos.26-28: 'Up From the Cellar', pp. 150-151.; Martin Papers, b.11-fo.34: Letter, Shuldiner to FM, 12 Aug 1968.; Martin Papers, b.6-fo.10: autograph book belonging to Ruth Davidow.

remembered a 'mixed reception from the community' at Belalcazar – with 'cordiality and support from the *alcalde* and councillors and shopkeepers', but scant acknowledgement from the 'people from the beautiful homes…when we walked or rode by and greeted them'.[606] While the political overtones of their work in such a highly charged political environment may have been inescapable, evidence of volunteers basic interest in helping the people they encountered in Spain appears again and again. Increasingly, as the war progressed, AMBASD officials also made more and more attempts to include and train Spanish personnel. Even over the few short months James Neugass spent in Spain, he noticed a difference. Writing from Alcorisa in January, 'We plan to leave our skill in Spain, not only our bodies. A Spanish expert is now being trained to take over the management of the garage. Spanish are put into responsible positions all over the IV as fast as they can be secured.'[607]

From Republicans to Refugees

As the Nationalists closed in on the last pocket of Republican territory, the flow of refugees toward France intensified. From the last week of January to the first week of February more than 450,000 refugees had crossed the border into France.[608] American nurse Ave Bruzzichesi later described the evacuation as 'the most impressive' and 'most heartbreaking episode of the entire war'.[609] The dismal scene of flight from Spain was only exacerbated by the French government's poor preparation for the huge influx of refugees. Once across the border, refugees were gathered into camps, where conditions were terrible – 'a disgrace to all democratic

[606] Martin Papers, b.11-fo.34: Letter, Shuldiner to FM, 12 Aug 1968.
[607] Neugass, *War is Beautiful*, p. 174.
[608] Neugass, *War is Beautiful*, p. 122.
[609] Martin Papers, b.5-fo.24: Bruzzichesi, 'I Was a Catholic Nurse'.

countries'. By the time Bruzzichesi left, 'a typhoid epidemic had started at St. Cyprian, a diphtheria epidemic at Camp Arles…and many died from lack of food and the cold'.[610] Pneumonia and scabies were also common. After entering France, Bruzzichesi joined a British group that provided medical care to refugees in the camps.[611] Many of the camps had practically no shelter from the wintry conditions, and there were shortages of both food and water.[612] The burden of suddenly having to provide for so many refugees – many already physically exhausted, if not sick – was admittedly daunting and France received limited outside aid.

In recognition of the intensifying humanitarian crisis that was developing in the winter of 1938-1939, President Roosevelt appointed a committee to help the ARC and AFSC in providing 'impartial' civilian relief in Spain. Despite the AMBASD's ongoing presence and activities, they were evidently still considered too politically volatile for this last minute official gesture towards the victims of the Spanish conflict. The committee hoped to gather $500,000 to be applied to the cost of shipments of wheat to Spain, but fell far short of their goal in only raising $50,000. Roosevelt, who had begun to believe that U.S. foreign policy towards the conflict had been mistaken, apparently considered taking even more proactive measures, but was advised against doing so by congressional and State Department advisors.[613] However, despite some efforts to encourage several undercover military operations on Spanish soil, there seemed to be little to be done in the absence of any dramatic change in policy.[614] Although Roosevelt admitted to pressure groups that American policy in Spain 'had

[610] Martin Papers, b.5-fo.24: Bruzzichesi, 'I Was a Catholic Nurse'.
[611] Patai Papers, b.1-fo.5: Letter, Bruzzichesi to Eloesser, 29 Jan 1940.
[612] Thomas, *The Spanish Civil War*, p. 856.
[613] Jose Maria Thomas, *Roosevelt and Franco During the Second World War: From the Spanish Civil War to Pearl Harbor* (New York: Palgrave Macmillan, 2008), p. 20.
[614] Jose Maria Thomas; Dominic Tierney, *FDR and the Spanish Civil War: Neutrality and Commitment in the Struggle That Divided America* (Durham: Duke University Press, 2007).

been a grave mistake' it was too late to save Republican Spain.[615] On 1 April 1939, Francisco Franco declared victory following the surrender of the last Republican forces. London and Paris officially recognized the Nationalist government on 27 February 1939 and Washington followed suit on 3 April 1939.[616]

Meanwhile, the North American Committee had already begun to splinter by internal political differences. Communists within the organisation set out on their own, while other segments of the committee were incorporated into other relief organisations.[617] The North American Committee and AMBASD had increasingly turned to other established institutions to join forces. In November 1938, the *Erica Reed* set sail for Spain, laden with food and relief supplies. Carrying cargo worth $250,000, the donations of supplies came from multiple sources – including the American Red Cross, American Friends Service Committee, and Federal Surplus Commodities Corporation – each of which seems to have been credited in various sources with the primary responsibility behind the *Erica Reed*.[618] However, once Barcelona had fallen to Nationalist forces in January 1939 the national network of humanitarian relief assembled by the North American Committee had crumbled.[619] A handful of AMBASD volunteers – such as Bruzzichesi – remained as workers in these camps, while others sought to rejuvenate relief efforts in the U.S. by reorienting the discourse towards the plight of the refugees. For the majority of AMBASD volunteers, however, the end of the war meant a return to the United States.

[615] Dallek, *Franklin D. Roosevelt and American Foreign Policy*, pp. 178–180.
[616] Dallek, *Franklin D. Roosevelt and American Foreign Policy*, pp. 178–180.
[617] Eric R. Smith, 'Anti-Fascism'.
[618] Eric R. Smith, 'Anti-Fascism'.
[619] Eric R. Smith, 'Anti-Fascism'.

Conclusions

The presence of the AMBASD's volunteers in Spain afforded a small group of Americans a unique perspective of the Spanish Civil War. As much political debate as their work may have inspired over the significance of the AMBASD for American foreign relations, their presence formed the core of the AMBASD and its impact in Spain. The highly personal experiences of volunteers transformed their experience, and the significance of the AMBASD after their return to the United States. For some it inspired greater political activism, while for others it transformed political idealism into something based on personal connection rather than more abstract philosophizing. While there was the impetus for organising ABMAC work about the movement of medical volunteers to China, such work never took off in the same way.

While many factors contributed to this difference in organisational practices between the AMBASD and the ABMAC, the chronological backdrop of the Second World War played a major role in the development of ABMAC's policy. With huge amounts of manpower and resources being devoted directly to the American war effort, the availability of would-be volunteers changed significantly. The more global war fundamentally changed the prospects for the type of medical activism initially pursued by the AMBASD and the ABMAC, which relied on private and independently organised action.

While the volunteer movement mounted by the AMBASD came to define its practical identity, the medical relief orchestrated by private groups in aid of China lacked a parallel dimension. Although Robert Lim of the CRC had encouraged the ABMAC to send medical volunteers to help alleviate China's shortage of personnel, the ABMAC's plans to supply units of volunteers never really got off the ground. Partially due to high linguistic and professional standards set by the ABMAC's Medical Committee, very few American volunteers met the necessary standards.[620] The ABMAC found greater success in responding to Lim's request in helping fund the return journeys of a couple of dozen Chinese physicians, nurses, and medical personnel studying in the United States. Similarly, although the CAC helped coordinate the travel of a few medical volunteers to serve alongside Chinese communist forces, numbers were limited.

More often, Americans involved in medical service in China in the early years of the war against Japan and through the Second World War became involved in the private aid efforts of the ABMAC, CAC, and CRC because they were already living and working in China. And those who were sent through the private aid channels discussed in this study were, more often, in posts of organisational representatives, helping orchestrate the logistics of aid. So while private U.S. aid efforts did provide an avenue for some Americans to become witnesses to the escalating conflict in East Asia, organisations such as the ABMAC and CAC did not hold as unique a position as the AMBASD in offering a route for private citizens to travel to conflict zones

[620] ABMAC Records, b.22–fo. 'National Red Cross Society of China': Letter to Co Tui, 8 Aug 1941.

beyond American borders. In China, many of the Americans were already there. For others, seeking to offer medical service amidst the suffering of war, traditional national military channels offered a more direct route, followed shortly after the establishment of major international institutions such as the United Nations Relief and Rehabilitation Administration.

ABMAC Volunteers & the Chinese Red Cross

Throughout the extensive correspondence that developed between the CRC and ABMAC, the need for medical personnel became a recurring theme. As noted by Lim in a letter to Co Tui in 1941, 'There is certainly an important need for personnel in China and ABMAC will be doing great service if aid can be given to alleviate the shortage of personnel.'[621] By that same year, ABMAC leadership declared that the organisation was entering its 'fourth stage' of relief work, which would prioritize China's manpower shortage in working to supply supplemental medical personnel.[622] Having addressed shortages of emergency supplies, medical equipment, and transportation supplies in its first three stages, the question of personnel seemed a natural next step.

By January 1942, the ABMAC's Board of Directors had begun discussing plans to send a cadre of volunteers. Lim had particularly emphasized the need for general surgeons (particularly for orthopaedic cases), nursing supervisors, and experts in public health. But, although money had been allocated, 'wartime conditions' were blamed for 'making volunteers hard to come by'.[623] The ABMAC's selectivity, however, certainly did not help. In that same meeting, a number of names were

[621] ABMAC Records, b.22–fo. 'National Red Cross Society of China': Letter to Co Tui, 8 Aug 1941.
[622] PP-APS, b.1–fo. 'ABMAC Conference Materials #10', 'Program of the ABMAC', 30 Jun 1941.
[623] PP-APS, b.1–fo. 'ABMAC Conference Materials #2', Minutes, Board of Directors Meeting, 26 Jan 1942.

reported as being under consideration, but few of these met the Medical Committee's basic requirements.[624] The application form for medical, technical or dental service in China with ABMAC required applicants to report on basic biographical and professional training information, in addition to reporting on any ROTC or other military training. Candidates were required to submit two references and a confidential report of a medical examiner. The application form made explicit that volunteers would be accepted for a two-year commitment, either as a medical officer or technician under the National Red Cross Society of China or National Health Administration of China.[625] Only those qualified with a M.D. would be considered, automatically disqualifying a group of 16-18 osteopathic doctors who volunteered in the spring of 1942.[626]

In the months (and years) that followed, the numbers of those rejected for service in China ultimately exceeded the numbers of those accepted. Repeatedly, contacts in China expressed concern over the abilities of potential American volunteers to withstand conditions in China. Dr. Leo Eloesser, who had served in the Spanish Civil War with the AMBASD, had volunteered to assemble a small unit including himself, an intern, and two nurses.[627] However, following reports from the Chinese ambassador suggesting that the kinds of equipment needed by Eloesser would not likely be available and that conditions in China might exceed Eloesser's

[624] For instance, of four public health experts considered negotiations were underway with Dr. Arne Barkhaus and George Bachman, while two other volunteers – Dr. Nathan Sinai and Dr. Robert Korns were unable to accept. Surgeon Dr. Adrian Taylor had been reportedly considered, but was also unable to accept. It was unclear if Barkhaus, being born in Denmark – and married to a German-born woman – would have troubles getting a visa. PP-APS, b.1–fo. 'ABMAC Conference Materials #2', Minutes, Board of Directors Meeting, 26 Jan 1942.
[625] PP-APS, b.1–fo.'ABMAC Conference Materials #8': Agenda, Medical Committee Meeting, 24 Mar 1942.
[626] PP-APS, b.1–fo. 'ABMAC Conference Materials #3': Minutes, Medical Committee Meeting, 28 Apr 1942.
[627] PP-APS, b.1–fo. 'ABMAC Conference Materials #2', Minutes, Board of Directors Meeting, 26 Jan 1942.

constitution, the offer was turned down by the ABMAC Medical Committee.[628] In 1945, just as the Second World War came to an end, Eloesser travelled to China instead under United Nations auspices to teach surgery, becoming involved in the training of China's 'barefoot doctors'.[629]

Despite the predominant string of rejections, a few American volunteers did make it over through ABMAC channels. Dr. Adele Cohn, a specialist in tuberculosis, arrived in China in 1941. Dentist R. Gordon Agnew, who would later write *Dental Education in Postwar China* under the National Dental Health Board of the Ministry of Health (1945), personally escorted thirty cases of surgical and dental instruments, a dental x-ray machine, 22 microfilm readers, and two microscopes to China via India.[630] Dr. John Scudder, a specialist in blood transfusion and surgery on the faculty of Columbia University's College of Physicians and Surgeons, also travelled to China with an ABMAC-organized Blood Bank. With Scudder, travelled two Chinese physicians studying under Scudder in New York – Dr. Helena Wong, and Dr. Chien-Lung Yi.[631]

[628] PP-APS, b.1–fo.'ABMAC Conference Materials #8': Agenda, Medical Committee Meeting, 24 Mar 1942.
[629] Y.S. Wang and T.O. Cheng, 'Leo Eloesser: An American Cardiothoracic Surgeon in China', *Annals of Thoracic Surgery*, 71 (2001), 1387–1388.
[630] PP-APS, b.1–fo. 'ABMAC Conference Materials #8': Report on Purchasing, Collecting, Shipping, March 1942.
[631] PP-APS, b.1–fo. 'ABMAC Conference Materials #2': Minutes, Board of Directors Meeting, 26 Jan 1942.; PP-APS, b.1–fo. 'ABMAC Conference Materials #5': Agenda, Medical Committee Meeting, 24 Feb 1942.

Scudder's work with the ABMAC in setting up a blood transfusion service in China was preceded by extensive work in setting up a similar program in Great Britain. In late 1939, Scudder and Charles R. Drew, a former graduate student in his research lab, began work setting up Blood for Britain.[632] At that time, the use of plasma (the liquid component of blood holding blood cells in suspension) as a substitute for whole blood in transfusions was still in its early days. Recently, however, Scudder and Drew had proven that plasma could be refrigerated and stored for up to two months and had also begun work with dried plasma formulations, and the Blood Transfusion Betterment Association of New York recruited them to design a program that would send American plasma and transfusion techniques to Britain through the American Red Cross. Drew (an African American) later became the Medical Director for the program, in a pioneering role considering that the first pilot project had excluded black donors at the insistence of the armed forces, and even in its later stages kept donations made by whites and blacks segregated.[633] (Interestingly, Figure 25 of an ABMAC blood bank in the U.S. appears remarkably segregated, although



Figure 25. Mayor La Guardia (of New York City) attends an opening of a blood bank for China. (From ABMAC promotional material, Princeton UCR Records, MC135.)

[632] There appears to be some disagreement over the extent to which Scudder and Drew each contributed to this project, with some arguing that Scudder had very little to do with it. Spencie Love, *One Blood: The Death and Resurrection of Charles R. Drew* (The University of North Carolina Press, 1997).; National Library of Medicine, Profiles in Medicine, The Charles R. Drew Papers: 'Plasma for Great Britain', 1941. Accessed online, 22 May 2013: << http://profiles.nlm.nih.gov/BG/>>.

[633] National Library of Medicine, Profiles in Medicine, The Charles R. Drew Papers: 'Plasma for Great Britain', 1941. Accessed online, 22 May 2013: << http://profiles.nlm.nih.gov/BG/>>.

some records of volunteer numbers contradict that image, with as many white donors as others.)

Although ABMAC plans for the blood bank began in the early 1940s, it took several years for a unit to actually get underway. Nevertheless, on 12 July 1944, the blood bank began operations in Kunming.[634] A few days before the ABMAC team departed, each U.S. and Chinese member was given a commission in the Chinese army.[635] General Ma, the representative of China's Ministry of War, was the first donor, and in the week following its opening, the blood bank registered more than 20,000 soldiers, students and college professors.[636] Although one might wonder about the reception of a centre for blood donations, which might have been seen as a risky or dangerous practice by standards of traditional Chinese medical practice, it appears that Western medical traditions had gained enough of a foothold by this point so as to minimize controversy and still gain substantial support. Americans present in China also spoke highly of the blood bank's impact. As Joseph W. Stilwell wrote to Dr. Van Slyke in 1944, 'The Chinese Bloodbank…has been extending a grand service to the brave and tenacious Chinese soldiers in the Yoke Forces' and 'many soldiers have been saved by the fine work of your organization'. For Stilwell, the power of the blood bank went well beyond its medical work. 'Everything possible,' Stilwell continued, 'will be done to keep this humanitarian project a powerful weapon which will long be remembered'.[637]

Scudder himself eventually made it over to China in 1945. Traveling with two nurses returning to China from studies in the U.S., Mrs. Elsie Chung Lyon and Miss

[634] UCR Records, b.53–fo.4: Letter, DWE to LS, 1 Dec 1943.
[635] In the first group sent were Chien Lung-Yi (M.D.), C.S. Fan (M.D.), Louis de Fott, Jean Chun Liu, Luetta Chen, Ruth Derr, Adet Lin, and Betty Eng. UCR Records, b.53–fo.4: Letter, DWE to LS, 1 Dec 1943.
[636] UCR Records, b.53–fo.4: Letter, DWE to LS, 1 Dec 1943.
[637] PP-APS, b.1–fo. 'ABMAC Board of Directors': Minutes, 24 Oct 1944.

Margaret Tchou, and 1,200 pounds of equipment, Scudder's visit provided updates to ABMAC leadership about their programs. He was surprised at the great backlogs of medical supplies and ABMAC donations stuck in Kunming. Although the American Red Cross had helped to move many of these supplies, Scudder remained disturbed at the amounts of microfilms, books, and other ABMAC donations that were simply going unused.[638] As a physician and volunteer in a small American relief organisation, Scudder achieved remarkable access to important people and places during his visit. In May, Scudder wrote to UCR President Charles Edison:

> I have just returned from China where I have been working with the Chinese Blood Bank, having been requested to go to China by the former Chinese Surgeon-General Hsu Hsilin. While working there, I went with a convoy down into the valleys. I saw the Army hospitals, which could be better called hostels. I visited what was called a 200 bed hospital which had neither a nurse nor a doctor to take care of the wounded…I also went to Chungking where I had an interview with the Generalissimo. In that interview, the Generalissimo expressed his appreciation of ABMAC's program. He told me of the needs of his soldiers for better medical care; of his hope that the ABMAC would continue to help in improving and strengthening the Army hospitals and urged that ABMAC increase its aid toward the medical care of his soldiers.[639]

At this point, ABMAC reportedly had plans underway to send $50,000 in donations to China through the U.S. Army. (Although Van Slyke would later contest this.) The U.S. Army could transfer money at a more favorable exchange rate (by a difference of about 33%), which made many aid agencies eager to find a way to use this channel to transmit funds. However, as UCR president Edison noted, ABMAC's plans were questionable as 'if either the Chinese or American government discovered that we were using the U.S. army as a channel for transmitting our relief funds to China we would at once get into serious trouble, and might have the very generous

[638] UCR Records, b.52–fo.3: Letter, LS to MF, 14 Apr 1945.
[639] UCR Records, b.52–fo.2: Letter, Scudder to Edison, 14 May 1945.

arrangements made for us through the united clearing board taken away entirely'.[640] In the end ABMAC's donation did not go through army channels. Regardless, UCR had been against the plan from the beginning, arguing that such moneys were 'non-governmental funds given for relief purposes' rather than 'governmental funds used in carrying on direct war effort'.[641]

Meanwhile, as China continued to face manpower shortages, ABMAC continued to investigate ways of addressing this need. Forkner, speaking to the steering committee of UCR as early as 1942, argued that priority should be placed on getting Chinese doctors back, missionary doctors and nurses back, and to line up reserved U.S. army or navy doctors. Forkner's prioritization of China even led him to suggest that draft age American medical personnel might even be assigned first for military duty in China rather than the United States.[642] In 1945, UCR was still discussing the matter, as Forkner reportedly continued negotiations with the War Department. By UCR's estimation, such a medical mission could become highly important for the war effort, helping protect both the Chinese army and the Chinese populace.

The recruitment of Chinese physicians as volunteers for the Chinese Red Cross Society represented a conscious change in policy. Although initially searching for American personnel, the ABMAC Medical Committee encountered difficulties finding American volunteers of the abilities and caliber requested by Lim. As outlined by one member of the Medical Committee:

> Originally Dr. Lim had asked us to send him quite a number of American exports. However, as soon as America got into the war it became increasingly difficult to find and send the type of American

[640] UCR Records, b.52–fo.2: Letter, LS to Edison, 16 May 1945.
[641] UCR Records, b.52–fo.2: Letter, LS to Edison, 16 May 1945.
[642] PP-APS, b.1–fo. 'ABMAC Conference Materials #8': Agenda, Medical Committee Meeting, 24 Mar 1942.

> personnel he wanted. Dr. Bachman, upon his arrival in china, reported to us that the emphasis had changed and that our job was to locate Chinese doctors in this country, in China and in South America who had training in Western medicine and arrange for their transportation to China.[643]

However, even this enterprise faced challenges, as many of the Chinese meeting this description were reluctant to return to war-torn China.

One network that became extremely important was that of the Rockefeller Foundation, whose presence in China and established educational exchanges had created a ready-made community of highly trained Chinese medical personnel on temporary programmes of study in the United States. Reporting on the availability of Chinese doctors and technicians in the United States on Rockefeller grants, Dr. Lambert reported that the Foundation was sponsoring 27 fellows in April 1942, including 10 from the PUMC. However, the problem was that few seemed interested in returning to China. In fact, reporting in 1942 none, with the exception of Dr. Marion Yang, '[wanted] to return to China immediately or in the near future'.[644]

Dr. Marion Yang had been born in 1891 at the American Board Mission. She earned her M.D. in 1917 at the Union Women's Medical College. She joined forces with the PUMC in the 1920s to pursue specialty training in obstetrics and gynaecology. Studying in the U.S. (at Johns Hopkins) and in England 1925-1926, she would continue to split time between the U.S. and China over the following two decades.[645] Returning to China to serve on the faculty of the PUMC, Yang returned to the U.S. for further studies on a Rockefeller Foundation fellowship in the late

[643] PP-APS, b.2–fo. 'ABMAC Minutes of the Board of Directors': Minutes, 27 Oct 1942.
[644] PP-APS, b.1–fo. 'ABMAC Conference Materials #3': Minutes, Medical Committee Meeting, 28 Apr 1942
[645] Biographical details courtesy of the research notes of Dr. Nicole Barnes, shared via email 27 June 2013. Based on research conducted at Rockefeller Foundation Archives in Tarrytown, New York.

1930s or early 1940s. And yet, as the war escalated, a strong sense of duty called her back to China. As she described to the ABMAC Medical Committee (which would help fund her return journey):

> I am still anxious to return as soon as possible, unless I can render some useful service to the war by remaining in this country…In peace-time, I will be very happy in settling down and study for a period of years in this country. When in war-time, trained as a physicians and a position held as mine and stay away from duties, feel somewhat guilty. In addition, I might influence a number of Chinese doctors to return, if I return myself.[646]

Yang returned to China in the early autumn of 1942, along with Dr. Ping Yang Liu.[647] Both Yang and Liu had been in the United States on Rockefeller Foundation-funded activities, and had their return financed by both ABMAC and the Rockefeller Foundation. At least two other Chinese physicians in a similar position had planned to return around the same time, but cancelled their trips at the last minute.[648]

For Chinese returning to China to serve with Lim, an agreement was made in which ABMAC guaranteed their salaries, as paid by the Chinese Red Cross Society. New medical graduates were to receive $25 per month; established doctors, $75 per month; and Chinese specialists or heads of department $150 per month.[649] American specialists were to receive potentially different salaries, arranged individually 'commensurate with the ability and skill of the doctors and the need for their service in China'. But ABMAC, admittedly, did not have 'the same financial or social backing as the personnel for the Mission Boards or the Rockefeller

[646] PP-APS, b.1–fo. 'ABMAC Conference Materials #8': Agenda, Medical Committee Meeting, 24 Mar 1942.
[647] PP-APS, b.2–fo. 'ABMAC Executive Committee #4': Minutes, Medical Committee Meeting, 22 Sep 1942.
[648] Dr. S.C. Chen, biochemist (1939 RF Fellowship, permitted to stay on under ABMAC auspices with the understanding that he would return to China when passage was attained) and Mr. Jen-Chun Chang (1941 RF fellowship). PP-APS, b.2–fo. 'ABMAC Executive Committee #4': Minutes, Medical Committee Meeting, 22 Sep 1942.
[649] PP-APS, b.1–fo. 'ABMAC Conference Materials #8': Agenda, Medical Committee Meeting, 24 Mar 1942.

Foundation' and because it lacked an endowment or 'no real property from which it could compensate its personnel for incurred injuries or disability, the compensation for service should', it was concluded, 'be higher than that of the Mission Boards'.[650] This discussion seemed to contrast with the expected compensation for some Chinese studying in the United States. Dr. Margaret Hie Ding Lin, for instance, first contacted Co Tui in November 1941, writing from the University of Illinois (where she was completing her PhD) of her desire to return to China.[651] In other correspondence with the ABMAC's medical committee, she noted her desire to return based on the conditions of 'modern living quarters, a good salary, and transportation paid' – a standard of living 'just like the missionaries'. Nevertheless, it was concluded that, 'The Committee felt that Dr. Lin's demands were not in line with the spirit in which doctors should go out to serve on Dr. Lim's staff, and recommended that we terminate negotiations with her'.[652] With requests from China for Chinese personnel with a Western medical and educational background, many of those meeting such standards seemed to have significantly different expectations, not only for their living conditions, but also their career ambitions. One Chinese physician, Dr. Shu Chu Chen, working as a tuberculosis specialist in the U.S., would only return on the condition that he be able to institute his tuberculosis plan for China – a plan that received a low priority amidst China's wartime demands. Helena Wong would only return – 'by aeroplane' – if 'placed in charge of a clinical

[650] PP-APS, b.1–fo. 'ABMAC Conference Materials #8': Agenda, Medical Committee Meeting, 24 Mar 1942.
[651] Tarrytown, New York-Rockefeller Foundation Archives, b.77–fo.540: Letter, Lin to Co Tui, 20 Nov 1941. Courtesy of Dr. Nicole Barnes.
[652] PP-APS, b.1–fo. 'ABMAC Conference Materials #8': Agenda, Medical Committee Meeting, 24 Mar 1942.

lab or medical clinic or allowed to practice or teach parasitology…under the Chinese Red Cross'.[653]

Despite difficulties recruiting Chinese working or studying in the U.S., a cadre of physicians and medical personnel seemed finally ready to set sail – complete with all necessary approvals and paperwork.[654] All but one of these ten were Chinese. Meanwhile, recruitment of American personnel was put on hold in the autumn of 1943. 'Dr. Bachman', it was reported, 'has stressed in his recent cable (and so did Dr. Adele Cohn in her recent letter) the hardships and hazards that make adjustment of foreign doctors so difficult at Tuyunkuan', with 'present conditions' being such as to 'make it almost impossible…to consider sending American nurses through India to China'.[655] Indeed, the conditions described by Columbia physician and tuberculosis specialist Dr. Adele Cohn, who had travelled to China early in the war, described conditions as becoming increasingly difficult. Writing to the ABMAC in September, she reported:

> I feel honestly that my work here is useful and after two years apprenticeship in adaptation and understanding Chinese patients it would be a pity to go home. I do hope the board can see their way clear to increase my salary since it is trying to live under these not-too-easy conditions and to have perpetual worries about making the proverbial ends meet. I honestly can tell you I have sold everything I can possibly sell to increase my funds and I do not want to part with necessary things.[656]

Supported by the ABMAC, Cohn had joined the Chinese Red Cross as a volunteer. Meanwhile, over a year later, a group of six more Chinese physicians and medical scientists studying in the U.S. (including Marion Yang) still had yet to leave.

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[653] PP-APS, b.2–fo. 'ABMAC Executive Committee #2': Minutes, 11 Jan 1944.
[654] This unit consisted of: J.C. Chang, Y.P. Liu (Harvard), S.C. Shen, Tsui-Mei Huang Sung, Mildred Tie, H.Y. Wang, Helena Wong, and Marion Yang. PP-APS, b.2–fo. 'ABMAC Executive Committee #3': Minutes, 5 Oct 1943.
[655] PP-APS, b.2–fo. 'ABMAC Executive Committee #3': Minutes, 5 Oct 1943.
[656] PP-APS, b.2–fo. 'ABMAC Executive Committee #2': Minutes, 11 Jan 1944.

Another group the ABMAC discussed actively seeking out for volunteer included mission boards with activities in China.[657] Ruth Derr, a registered nurse who traveled to China as a volunteer funded by the ABMAC, spoke Chinese from having been born in China to an American missionary family. Scudder also came from a family with extensive missionary ties – albeit predominantly to India. Certainly, as discussed in Chapter 2, the ABMAC found a ready community of supporters in the United States amidst those with missionary ties to China. Some, like Walter B. Judd, became extremely vocal supporters both of the ABMAC and Nationalist cause, based on their experiences in China. Not all, however, would share the same political orientation from their time abroad, and the China Aid Council and Chinese Red Cross also found a number of supporters amongst missionary communities in the Northwest.

Figure 26. John B. Foster's 1938 passport photo. (Minneapolis, MN, John B. Foster Papers)



The Volunteers of the Northwest & China Aid Council

Missionary enterprise also led to contact between westerners and Communists, which at times inspired foreign support for the Communist cause. John B. Foster, for instance, was a missionary and teacher at Central China College who would become a vocal supporter of the communists, and volunteer with the Chinese Red Cross

[657] PP-APS, b.1–fo. 'ABMAC Conference Materials #3': Minutes, Medical Committee Meeting, 28 Apr 1942.

Society in the Northwest. (See Figure 26.) Watching the growing conflict with Japan, Foster's prior pacifism turned towards activism – and his initial sympathies for the Nationalist government turned towards the Chinese communists. Initially noting in a letter home that 'real Christianity radically applied' as 'the only alternative to communism', Foster increasingly began to perceive similarities between communism and Christianity.[658] Between 1937 and 1939, Foster discussed military and political affairs with a number of Chinese leaders. As he learned more, his attitudes towards the Chinese communist became increasingly positive – while his assessment of the Nationalist government became increasingly critical. By early 1938, Foster was discussing his observations of communism in most letters home, concluding that 'perhaps it is in China that we shall see first the synthesis of communism and Christianity'.[659] Soon, Foster became involved in refugee relief in Hankow through the Chinese Red Cross, Northwestern Partisan Relief Committee, and China Defence League. He also traveled with the 8th Route Army to Shansi, where he served in a Red Cross hospital until personnel were evacuated following Japanese occupation. His more 'activist' interests, however, got him into trouble with mission and college officials. Choosing to resign from Central China College, Foster returned to the United States, working for the U.S. Information Service in the late 1940s.[660] He tried to publish parts of his China journal in 1938, but had his work rejected for spending too much time discussing communism, and not enough providing first hand material about the Chinese people. Indeed, his reports from this period focus primarily on political and ideological concerns. Foster did speak of his utmost

[658] Minneapolis, MN, Minnesota Historical Society, Manuscripts Collection, John B. Foster Papers, 1928-1984, +52, Res. 54, and P7778: Letter, Foster to parents, 27 Jul 1936.
[659] Minneapolis, MN, Minnesota Historical Society, Manuscripts Collection, John B. Foster Papers, 1928-1984, +52, Res. 54, and P7778: Letter, Foster to parents, 2 Jan 1938.
[660] Foster's left-wing political leanings remained unshaken, and in the 1960s became an outspoken critic of American involvement in Vietnam. He returned to China shortly after its opening to the West, in 1974.

respect and admiration for the Chinese people, appealing in letters home for the assistance of the American people.[661]

Canadian nurse Jean Ewen also first travelled to China through missionary means, although never seems to have shared Foster's deeply religious motivations. Denying any personal religious convictions, Ewen first travelled to China in March 1933 as a nurse with the Franciscan Fathers of the Sacred Heart. 'The Canada we were leaving behind,' Ewen later wrote, 'was locked in the Depression, and as recently graduated nurses, we were lucky to have a job of any sort, let alone one that promised such great adventure.'[662] Ewen's mother had died in the flu epidemic of 1919, leaving her father – with whom she had a troubled and complicated relationship – in charge of the family. As Ewen left for China, her father was facing an appeal hearing for being arrested for sedition as a member of the Communist Party in China. Ewen avoided the hearing the blunt recollection that 'wild horses couldn't have dragged me there', after a childhood in which she had felt her father's dreams of revolution offered him a more interesting role to play than that of being a father to his children.[663]

Moving between mission stations at Changtien, Kiang Kia, and Chu Li Chang, Ewen picked up an impressive command of the Chinese language and set up a number of dispensaries to great acclaim amongst mission staff. However, she confessed to being far from a missionary herself, in any sense of the word. 'I could not be,' she wrote, 'for the spirit of self-denial most certainly wasn't part of my make-up. To live like the missionaries one had to deny one's personal interests. All of this altruism confused me a little. I did things because I wanted to do them, it was

[661] Wang, Xinyang, 'Introduction to John B. Foster Papers', 21 Jun 1984.
[662] Jean Ewen, *China Nurse 1932-1939* (Toronto: McClelland and Stewart, 1981), p. 9.
[663] Ewen's father lost the appeal, and was sentenced to five years in the Kingston Penitentiary.

that uncomplicated.'[664] Joining local celebrations at Chiang Kai-shek's agreement to sign the articles of the United Front in October 1936, Ewen recounted her desire to go join the Eighth Route Army.[665] Nevertheless, in June 1937 she and her two friends (also nurses) decided to return to Canada, where she had no trouble finding work. Ewen would be home less than a year before finding herself once again en route across the Pacific to China. Her descriptions of motivations resonate strongly with many of the descriptions given by the volunteers of the AMBASD in their choices to travel to Spain – almost more so than some of the more professionally oriented descriptions of many of those the ABMAC was trying to recruit for the Chinese Red Cross.

In contrast to the ABMAC's lesser priority on sending personnel, one of the first activities of the China Aid Council involved arranging for a handful of individuals – including Ewen – to travel to China as medical volunteers. Like ABMAC's volunteers, they were to join the forces of the Chinese Red Cross society, although were sent to the Northwest. Not long after reading an article by Agnes Smedley describing the horrors of civilian bombing, Ewen received a mimeographed letter from Smedley, 'appealing for doctors and nurses for China', passed on to Ewen by her sister Isobel. After some internal debate, Ewen reported to the Communist Party Headquarters the next day. Her recollection of her discussion with Sam Carr was colourful. 'We want you to go to China with Dr. Norman Bethune and an American, Dr. Fraad'. 'You mean the Communist Party is sending us?', Ewen asked. 'Who else?' was Sam's booming reply, with the instructions that she was 'to look after the doctor'.[666] Ewen then travelled to New York City, where she was given a

[664] Ewen, *China Nurse*, p. 35.
[665] Ewen, *China Nurse*, p. 43.
[666] 'The doctor' being Dr. Bethune, whom Ewen concluded must be 'one of the saints'. Ewen, *China Nurse*, p. 45.

psychological screening by the China Aid Council assessing her motives for joining the American-Canadian Unit they were about to send. In New York, she met Dr. Norman Bethune for the first time, along with other China Aid Council staff, at the home of the League for Peace and Democracy.[667] The original American contingent of their party, Dr. Fraad, had been replaced by Dr. Parsons – who would end up separating from Bethune and Ewen in China, effectively transforming the American-Canadian Unit into simply a Canadian one.[668]



Figure 27. Bethune at work in China, circa 1938. (Parks Canada, Bethune Memorial House National Historic Site of Canada,

Before travelling to China in 1938, Bethune had served Republican forces in Spain. Over the course of the 1930s, Bethune had become increasingly concerned with socio-economic origins of disease, becoming equally active challenging colleagues and urging reform to Canada's medical system. In 1935, he travelled to the Soviet Union, becoming a committed Communist Party member that same year. In Spain, Bethune helped set up a mobile blood transfusion service based out of Madrid.[669] When the reorganization of the Sanidad Militar was announced in the spring of 1937, Bethune was deeply frustrated at the prospect of foreign units losing their autonomy.[670] However, Canadian funds to support the transfusion service he had established were still needed. Returning to

[667] Ewen, *China Nurse*, pp. 45–46.
[668] Ewen, *China Nurse*, p. 48.
[669] It was not, however, the first, as has often been attributed to him. A similar service had already been set up by Dr. Frederic Duran I Jorda in Barcelona, although it did not cover as large an area in having the same mobility. Roderick Stewart and Sharon Stewart, *Phoenix: The Life of Norman Bethune*.
[670] Roderick Stewart and Sharon Stewart, *Phoenix: The Life of Norman Bethune*, p. 205.

Canada in the summer of 1937, Bethune proceeded to tour North America speaking on behalf of the Spanish cause. Reading of the newly developing conflict in China, and protests along the Vancouver waterfront against Japanese aggression, Bethune promptly became inspired by a new cause. (See Figure 27.) With the military situation in Spain having deteriorated, and Bethune feeling he had gone everywhere he could to speak on behalf of Spain, he wrote to the Spanish Aid Committee in Toronto to notify him that his participation was needed more directly elsewhere.[671]

Bethune arrived in Hong Kong on 20 January 1938, supported in part by funding from the China Aid Council. [672] After arriving in Yenan, Lebanese-American physician George Hatem helped Bethune establish medical services for the front lines. Having travelled to China independently in 1933, Hatem joined the Chinese Communist party and dedicated the rest of his life to practising medicine in China.[673] Hatem met and interpreted for many Westerners in China during the war – and in the decades that followed. (See Figure 28.) He travelled (secretly) with friend and journalist Ed Snow, whose book *Red Star Over China,* would be one of the first introductions of Mao Zedong and the Chinese Communists to the English-speaking world. Snow describes Hatem as being, 'beneath



Figure 28. Dr. George Hatem (left) in China. (As shown in Ma Haide: The Saga of American Doctor George Hatem in China).

[671] Allan and Gordon, *The Scalpal, The Sword*, p. 165.
[672] Some evidence suggests that the American League for Peace and Democracy took on the bulk of these expenses. The exact relationship between this organisation and the China Aid Council is unclear, although Ewen's memoir would suggest that the two were related in some way, at least in their early days.
[673] Sidney Shapiro, *Ma Haide*.

a superficial cynicism serious about one thing' in wanting to 'find his purpose as a doctor'.[674] Like himself, Snow concluded, Hatem had found that purpose when 'Hitler sent him to China', when 'the world was no longer a pretty place for young people who understood where Hitlerism was leading it', with the Japanese 'going in the same direction' that 'threatened to take Chiang Kai-shek…with them'.[675] Like so many of the volunteers in Spain, fascism, as embodied by Hitler, was the motivation behind their decisions to travel abroad and, in the case of Hatem, openly embrace Communism as an opposing political ideology. In 1936, Mao appointed Hatem 'Medical Advisor to the Army Department of Health'.[676] These years were, ultimately, only the beginning of a lifetime in China, as he watched it progress from a period of conflict, to a closed communist system, to its re-opening to the West, becoming, as biographer Sidney Shapiro has noted, a 'superb diplomat without portfolio'.[677]

The China Aid Council, through their share of the UCR budget, also helped fund the travel from Spain to China of a number of refugee doctors from central and Eastern Europe.[678] Although no American volunteers were sent, nearly two dozen physicians left Spain for China in continuation of their relief work after volunteering their professional services in Republican Spain.[679] Others were sent by the China Medical Aid Committee in Great Britain and an equivalent committee in Norway. Most of these physicians were of German or Eastern European origin. Two later wrote memoirs of their experiences.[680] In 1943, the

[674] Sidney Shapiro, *Ma Haide,* p. 33.
[675] Sidney Shapiro, *Ma Haide*, p. 34.
[676] Sidney Shapiro, *Ma Haide*, p. 44.
[677] Sidney Shapiro, *Ma Haide*, p. 2.
[678] Sichon, 'Mémoires et témoignages, Les médicins des deux guerres'.
[679] G.E. Sichon, 'Mémoires et témoignages, Les médicins des deux guerres'.
[680] Dr. W. Freudmann, *Erhebet Euch! Ein Arzt Erlebt China* (Verlag, Linz-Urfahr: Neue Zeit, 1947); Fritz Jensen, *China Siegt* (Wien: Stern, 1949).

paths of nine of these volunteers took another interesting turn when, at the request of General Joseph Stilwell, they were sent to Burma by the Chinese Red Cross to help improve the organisation of medical services under the new American command of Chinese forces in the China-Burma theatre, although little is known of their activities since.

Dr. Hans Mueller was one of these. Writing in the American magazine *Reader's Scope* in 1945, he offered American readers a glimpse into wartime medical conditions in China through the story of a 'typical' Chinese patient. Emphasizing Li's humanity and humility in contrast to the brutality of his Japanese aggressors, Mueller also makes a case for the heavy needs of the International Peace Hospitals. Serving an area of 600,000 square miles with a population of over 50 million people, Mueller highlights the enormous task facing the International Peace Hospitals 4,000 beds.[681] Despite the immensity of such numbers, Mueller concludes on a positive note, referencing the impact already made by international efforts, through people such as Norman Bethune and Dr. Dwarkanath Kotnis. Kotnis, of the Indian National Congress Medical Mission to China, became director of the West Hopei Hospital before contracting pneumonia and dying.[682] Like Kotnis, Bethune is also described as a martyr to the Chinese cause. Working with the Chinese Eighth Route Army, Bethune cut his finger during a routine operation, contracted sepsis, and died in 1939. He became a legend in China in the years that followed, and to this day the Bethune International Peace Hospital in Shijiazhuang memorialises his name.

With their origins in the early years of the war, the International Peace Hospitals became important destinations for China Aid Council funding. Initiated in July 1938 by the International Peace Campaign's Paris Conference, the International

[681] UCR Records, b.77–fo.13: 'A Guerrilla Doctor Reports from China', Jan 1945.
[682] Mueller attributes his death to overwork and a lack of the sulfa drugs necessary to treat the disease.

Peace Hospitals initially received most of their support from the China Campaign Committee in Great Britain.[683] Disrupted by the outbreak of war in Europe, however, the newly formed China Defence League (based in China) increasingly helped organise money for the International Peace Hospitals from the United States, Canada, and New Zealand. The China Defence League (CDL) soon became the CAC's sister organisation in China, and distributed the bulk of funds collected by the CAC.

The China Defence League

In 1938, after the Japanese capture of Shanghai forced her to move to Hong Kong, Soong Ching Ling – wife of former Chinese revolutionary Sun Yat-sen – helped to found the CDL. Conceived of by Soong and Zhou Enlai with the purpose of organising relief for forces and civilians along the frontlines of battle in the Northwest, the CDL sought to consolidate the anti-Japanese united front and publicize the efforts of the Communist guerrilla forces against the Japanese.[684] As one of the group's Chinese leaders (Liao Zhengzhi) envisioned, the CDL would seek to connect with foreign groups dedicated to aiding China. Although Soong served as nucleus of the CDL, the organisation involved a more international cast of characters from its inception.[685] James Bertram, a journalist from New Zealand who had spent a substantial period of time with the Eighth Route Army (led by the Communists) was an early recruit, carrying a report from Zhou Enlai to Soong Ching Ling on the needs of the Chinese wounded from Wuhan.[686] Bertram suggested inviting Mrs. Hilda Selwyn-Clarke, as an influential foreigner in Hong Kong, to join the League as

[683] NY-NYPL, b.2–fo.1-2.
[684] Israel Epstein, *Woman in World History: Life and Times of Soong Ching Ling (Mme. Sun Yatsen)* (Beijing: Foreign Languages Press, 2004), p. 324.
[685] Ibid., p. 356.
[686] Ibid., p. 356.

honorary secretary. 'Wife of the newly arrived head of medical services in the Hong Kong government, she had, unusual for a woman of high society in a British colony, a Labour Party background', whom 'Bertram had known…as a functionary in the British Society for Cultural Relations with Soviet Russia (SCR)'.[687] One of the group's earliest meetings took place at the home of M.C. Tang, a Cambridge-educated progressive who worked in a Belgian bank, and became the League's Co-treasurer, alongside Norman France, a Chinese-born, British professor at Hong Kong University.[688]

The CDL, while committing itself to certain relief priorities, was unequivocal about the hoped-for political ramification of its programmes. Soong's assessment of the organisation was frank in recognizing its dual purposes in 'not just humanitarian relief' but also as a way 'to serve the Chinese people's resistance'.[689] Such language echoed the dual priorities of other groups, as expressed in political or militant terms, as contrasted with more neutral humanitarianism. The CDL, as with the ABMAC, and even the AMBASD in Spain, offered clear opposition to traditions of humanitarianism touting neutrality above all. Although they sometimes employed the language of neutrality as a tool in seeking fundraising and support, they proclaimed just the opposite in other venues, touting their role as voluntary paramilitary organisations. As echoed in a 1939 report, 'The China Defence League is not neutral. Everywhere it helps China's fight. Though its function is purely relief, it applies that relief where it will strengthen the Chinese people in their struggle.'[690]

In its plan for expanding work in the United States, the CDL sought to actively focus on promoting its cause amongst U.S. labour groups. 'Committees who

[687] Ibid., p. 357.
[688] Ibid., p. 357.
[689] Ibid., p. 361.
[690] NY-NYPL, b.3–fo. 3-5: Report, Nov 1939.

aided Spain' were also to be targeted. Medically, it aimed to 'get a group of American doctors to support actively a hospital unit of the International Peace Hospital', with the argument that the IPH got 'no support from the government' and 'depends largely on regular contributions from the China Campaign Committee (London) which is now suspended'. It also sought to collect aid for the orthopaedic hospital, in cooperation with ABMAC, which also worked to provide support. In seeking to 'strengthen the Chinese people in their struggle', military forces also became important targets for CDL aid – particularly for the New Fourth Army Medical Bureau and Yenan Base Hospital, which were also emphasized as especially important given their lack of governmental support.

The 'Experts' & UCR Representation Abroad

Instead of a large volunteer movement of medical personnel, what was more consistent across the ABMAC, CAC, and UCR was the placement of organisational representatives in China, who may or may not have had medical qualifications, but whose role was to serve as a logistical liaison on the ground. For the ABMAC, Dr. George Bachman served in this position, supported on a $21,800 salary by the ABMAC.[691] Dwight W. Edwards, filled a parallel role as UCR's Field Director and representative in China in March 1942.[692] Initially 'on loan' to UCR from the YMCA, Edwards had a long history of experience in China. Born in Minnesota and educated at Princeton, Edwards had joined the YMCA after completing his masters in mathematics to teach overseas. After one year in Japan, Edwards moved to China – where he would spend the next four decades, working for the YMCA, Princeton-in-Peking, Yenching University (also affiliated with Princeton), and United China Relief.

[691] PP-APS, b.1–fo. 'ABMAC Conference Materials #3': Executive Committee Meeting, 10 Mar 1942.
[692] UCR Records, b.53–fo.10: Letter, Frank V. Slack to BAG, 19 Mar 1942.

Eventually, Edwards would come to focus exclusively on his UCR activities, until his retirement and return to the U.S. in 1946.[693] As UCR's primary representative in China, Edwards' observation and assessment of recipient programs proved influential in guiding decisions about the distribution of UCR funds back at the organisation's New York headquarters. Edwards also became important as a point of coordination for the diverse array of private American – and state – organisations that would become active in humanitarian relief in China the early 1940s. Dr. Claude Forkner, previously affiliated with the China Aid Council, also travelled to China in the fall of 1943. Although officially traveling as a representative of the Rockefeller Foundation's China Medical Board, Forkner maintained close contact with the ABMAC and UCR, providing information about medical conditions during the war.[694]

Although many of these were Americans (often with previous experience in China), this group also included some Chinese. Cheng Pao-Nan became one of these for the ABMAC. Travelling to Rangoon and Calcutta in March 1942, Pao-Nan wrote regularly to update ABMAC leadership on the status of supplies sent. He also facilitated the purchase of medical supplies in both places in response to Chinese requests, with ABMAC funds.[695] Szeming Sze also travelled to China in the fall of that year as a director of the ABMAC.[696] Despite the ABMAC's apparent philosophy of actively recruiting and involving Chinese personnel, it was not without charges of over-involvement in Chinese affairs. In 1943, UCR's Dwight Edwards and Lennig Sweet discussed reported criticism from Szeming Sze, J. Heng Liu, and some other Chinese doctors over the 'close supervision' that ABMAC had been giving to some

[693] UCR Records, b.53–fo.10: Letter, BAG to Frank V. Slack (YMCA), 16 Mar 1942.
[694] PP-APS, b.2–fo. 'ABMAC Executive Committee #3': Minutes, 5 Oct 1943.
[695] Pao-Nan describes going to Calcutta for 2 reasons: to acquaint himself with local conditions and purchase medical supplies for the NHA, as requested by P.Z. King. He also met J.B. Grant, director of the All India Institute of Health and Public Hygiene. PP-APS, b.1–fo.1 'ABMAC Conference Materials #4': Letter, Pao-Nan to Frank Meleney, 26 Mar 1942.
[696] PP-APS, b.2–fo. 'ABMAC Executive Committee #3': Minutes, 5 Oct 1943.

of the projects initiated by Dr. P.Z. King, director of China's National Health Administration.[697] Nevertheless, Sweet noted, Dr. Marion Yang, was on UCR's side, and was 'doing her best to put the idea that we are trying to dominate out of the minds of the Chinese people by telling them about the activities we are carrying on'.[698]

Nevertheless, such selections – and the more general philosophy the ABMAC in actively recruiting Chinese personnel – were a departure from some pre-existing traditions of sending 'expert' Americans to China. In September 1942 Haldore Hanson of the U.S. State Department contacted ABMAC for assistance in the selection of American experts to be sent to China. 'His request', however, ran 'counter to the advice by Dr. Bachman, Dr. King, Dr. Sze and others to send Chinese trained in the methods of Western science, instead of American'.[699] Although part of this increasing reliance on Chinese representation does seem to have been a unique interest of ABMAC leadership, this was also a result of challenges finding American personnel of the necessary qualifications. As another American organisation with an extensive history of work in China, the YMCA faced similar challenges in staffing. The tradition of sending American expertise to China had, however, much deeper roots leading back into the late 18th and early 19th centuries. Even more recently, the U.S. Division of Cultural Relations had spearheaded similar projects on behalf of the U.S. State Department.

Founded in 1938, the Division of Cultural Relations was established to coordinate international activities in the fields of educational and intellectual exchanges and more general cooperation in fields of art, music, literature, and other

[697] Rockefeller funding and U.S. medical education had also contributed to King's career development in the shape of an International Health Board Fellowship to study public health at Johns Hopkins. Bullock, *An American Transplant*.
[698] UCR Records, b.53–fo.7: Letter, LS to DWE, 5 Feb 1943.
[699] PP-APS, b.2–fo. 'ABMAC Minutes of Executive Committee': Minutes, 15 Sep 1942.

productions of cultural enterprise.[700] Designed as a supplement to – rather than a supplementation of – existing private efforts in these fields, this institution also sought experts in the fields of medicine and public health to send to China. As remembered by Roger S. Greene, an American diplomat who became involved in China aid through the China Medical Board and American Committee for Non-Participation in Japanese Aggression, the China Section initiated communication with the Chinese government to see if a mission of American expertise 'would be agreeable and helpful'. Based on his experience in China, Greene become a consultant to the Division of Cultural Relations, preparing a detailed report in 1942 summarizing the medical situation in China, including the extent of U.S. aid. Heavily emphasized in its recommendations was the space that should be left for medicine in state-supported cultural interchanges, not only for the intrinsic value of supporting the development of 'inductive science' in China, but also for the conclusion that 'effective aid to medicine and public health in China should contribute to our victory' in the war.[701]

Like the officials of the ABMAC, one of the ways the cultural division explored supporting Greene's recommendations was through the export of U.S. medical expertise to China. In 1942, Greene discussed a list of former medical missionaries with State Department official who might be willing to return to China under state auspices.[702] Greene suggested that such volunteers might find a place abroad for their professional expertise working with General Stilwell's China forces. Between 1941 and 1943, funds were applied from the Emergency Fund granted to the President by Congress to send 29 individuals, which included (as decided by the

[700] Ben M. Cherrington, 'The Division of Cultural Relations', *The Public Opinion Quarterly*, 3 (1939), 136–138.
[701] Boston, Houghton Library, Harvard University, Roger S. Greene Papers, MS Am 1864 [Hereafter Greene Papers], Folder 2135: 'Medical Activities in China'.
[702] Greene Papers, Folder 778: Letter, Greene to Grummon, 10 Apr 1942.

Executive Yuan) experts in medicine and public health, agriculture, communications, and certain industries'.[703] However, again, with the competing demands of the armed forces and war industries, such experts had proved more and more difficult to find. By October 1942, although five health experts (in nutrition, the preparation of vitamin concentrates, drug manufacture, the production of biologicals, and sanitary engineering) had been requested by China's National Health Administration, Greene regretfully reported that none of the experts had yet to be sent. The State Department seems to have found more willing volunteers in recent immigrants from Europe. Dr. Isidore Snapper, a Dutch citizen who was in the process of becoming naturalized in the U.S., had the additional support of the China Medical Board, for having already served at the PUMC.[704] However, another initially promising volunteer (an Austrian immigrant) was rejected for having too strong of a German accent.[705] The fact that such volunteers were to be considered representatives of the U.S. state was still evident.

Even as the State Department continued to seem of two minds about the role of American medical aid to Spain, its importance in the U.S. government's interest in supporting China as a military ally became more and more apparent. One group of medical volunteers that did end up in China was the U.S. Public Health Service's medical commission sent to support construction workers on the Yunan-Burma railway, particularly in malaria prevention.[706] The U.S. government's interest in the humanitarian medical relief practiced by UCR and its member agencies went beyond assistance to the civilian victims of war – although these were often the recipients highlighted in UCR publicity. The U.S. government sought to support UCR

[703] PP-APS, b.2–fo. 'ABMAC Minutes of the Board of Directors': Minutes, 27 Oct 1942.
[704] Greene Papers, Folder 780: Letter, Greene to Haldore Hanson, 27 Nov 1942.
[705] This physician was Dr. Jules Freund. Greene Papers, Folders 788-789.
[706] Greene Papers, Folder 2135, 'Medical Activities in China'.

efforts as an extension of their military enterprise – both as a logistical method to maintain sufficient manpower, and as a way to win 'hearts and minds' to U.S. interests – and American hearts and minds to Chinese interests. And while UCR (and through UCR, the ABMAC and the CAC) fitted into this framework as a private extension of State Department interests, UCR officials themselves seemed hesitant to step too far into this role. For instance, in 1945, the Chinese Government offered UCR office space from which to work. However, Sweet declined this offer, noting that since 'UCR is not a military or diplomatic organization and we feel that it would not be justified or wise for us to make use of the kind offices of the Chinese government to provide us with quarters under the regulations for the requisitioning of property', hoping to keep it more firmly within the bounds of civilian and non-governmental authority.[707] However, this did not always square with the more politically active – and more partisan – interests of the ABMAC and the CAC.

The Blockade to the Northwest

The tension between UCR, ABMAC, and CAC interests became particularly pronounced in debates between field personnel of the three organisations over what sort of action should be pursued relative to the blockade of Northwest China, which made difficult the transmission of funds and supplies into guerrilla areas from as early as 1942. Just as differences of opinion between Nationalist and Communist forces in China would consistently threaten the tentative alliance of the United Front, so United China Relief was constantly challenged by the contrasting political allegiances of the ABMAC and the China Aid Council. Although initially these political

[707] UCR Records, b.51–fo.9: Letter, General Ho to LS, 22 Jul 1945.

differences may have been largely overlooked through the Nationalist inclusion of Communist leadership under the United Front, as relations between the two deteriorated UCR's response became more difficult.

Initiated by Nationalist forces, the blockade might have cut off Japanese forces in the Northwest, but was equally detrimental to the communist forces in the region. Writing to UCR in 1941, CAC's Forkner discussed the urgency of the situation, attributing the blockade to the intransience of local authorities.[708] With local authorities confiscating goods and materials, American aid organisations found the maintenance of accountability a problem, as they could no longer insure that goods donated to the region would reach their intended destination. As a result, according to the ABMAC's Bachman, 'practically no supplies have been sent to the guerrilla areas' and 'it is difficult to get money into the guerrilla areas' as 'banks are not willing to take the risk'. Additionally, Bachman wrote, 'I have been told that the central government is not in favor of sending anything into the guerrilla areas unless there is every assurance that they arrive in the proper hands, and this is difficult to do at the present'.[709]

The conditions of the blockade extended to the transmission of information, as the Nationalists waged a battle of attrition against the Communists in the midst of their fight against Japan. Still UCR sought ways to assess the situation in the Northwest. When Robert Barnett, liaison officer for United China Relief, travelled to China, through Chungking, he was given coded instructions by an unknown person in the China Aid Council for ways he could report back on activities in the Northwest. From the simple telegram, 'ARRIVED CHUNGKING SAFE HEALTH EXCELLENT', Barnett would provide the telegram recipient with a detailed account

[708] UCR Records, b.32–fo.5: Letter, Forkner to Edward Carter, 20 Sept 1941.
[709] NY-NYPL, b.2–fo.16.

of the status of Mme. Sun's programmes. 'ARRIVED', Barnett was instructed, was to mean that he had seen Mme Sun and talked to her about medical aid. 'CHUNGKING' was to indicate that the guerrilla areas were no longer being blockaded (with its omission from the telegram indicating the opposite). 'SAFE' or 'SAFELY' was to indicate that Mme Sun was able to send money into areas in support of the peace hospital. If 'IS' was added to 'HEALTH EXCELLENT', Barnett could communicate that Mme. Sun had heard particularly from the hospital in North Kiangsu regarding the transmission of supplies to that area.

Still facing the blockade in 1943, UCR's Edwards discussed the problem with Lennig Sweet, UCR Director of Program Operations and former YMCA worker in Peking. Based on his assessment of the situation, Edwards advised against accepting gifts designated for the northwest area as a logistical impossibility. While 'we are all very sympathetic informally…it is generally agreed that any request for priority to ship medical supplies designated for this purpose into China would not only meet with flat refusal but also prejudice those making the request in the eyes of the authorities', with the problem being 'not so much a lack of supplies as it is the transport of supplies'.[710] As evidence, Edwards reported the failure of two trucks of supplies sent two years prior to ever reach their destination after being detained by local authorities. The question of the blockade had already been a matter of discussion for Edwards and Sweet. The year prior, Sweet had noted in communication with Edwards, 'Many of us over here feel that it is not fair that there should be practically an embargo against them and that strong pressure should be put on to suggest to the Chinese Government that they be given money and supplies

[710] UCR Records, b.53-fo.4: Letter, DWE to LS, 7 Dec 1943.

which have been forwarded from this country.'[711] Meanwhile, Edwards was more reticent. Responding a few months later, Edwards summarised his views on UCR donations to the Northwest, particularly as channelled through the China Aid Council:

> I wish to point out another matter which has to be confidential, but which is of course distinctly work for the 8th route army in communist territory. The political tension is such that the committee of ours, which in its personnel and particularly in its Chairman, has those who are in political life, will find it very difficult to discuss this question and to reach any judgment which is well balanced and unbiased. By this I do not mean that they personally would not approve of helping in this region; but the knowledge that they were participating in aid to these people would be used against them politically and might even involve their personal freedom. I think that their own committee will have to be content with what recommendation I send personally to them in this connection. Of course I will act in full consultation with the CDL and shall try to obtain as unbiased a view point as possible. However, I hesitate very much to bring this question up for any formal discussion in the Committee.[712]

By Edwards' assessment, the political overtones inherent in aid to the Northwest, particularly in supplies directed explicitly to communist military forces there, put UCR's program at risk. Operating, as it did, with the approval and cooperation of the Nationalist government, Edwards did not hesitate in implying that involvement in CAC activities could risk UCR's reputation as a neutral humanitarian organisation. Although one might question whether Edwards' hesitation came from a genuine concern for UCR neutrality or a distrust of the Communist cause, the fact that he also found enemies within the ABMAC for concerns over some of their connections and targets for aid suggests the former.

Edwards had also taken a highly critical view towards Lim and the Emergency Medical Service Training Schools of the CRC – a project of high priority by the

[711] UCR Records, b.53–fo.10: Letter, LS to DWE, 24 Apr 1942.
[712] UCR Records, b.53–fo.7: Letter, DWE to LS, 10 Nov 1942.

ABMAC's estimation. His assessment would help spark an open battle between ABMAC and UCR leadership, which had as much to do with ongoing organisational disagreements over decision-making in program operations and financial appropriations.[713] While his criticism rested primarily on reports of corruption and inefficiency amongst the EMSTS, led by Lim, he also openly questioned the ABMAC's emphasis on medical aid as directed towards military endeavours. Such attitudes placed him opposite those of UCR's Medical Committee, particularly those of the Army Medical Sub-Committee.[714] Dominated by the ABMAC, UCR's Medical Committee included all 17 members of the ABMAC Medical Committee, with Helen Kennedy Stevens of the ABMAC acting as secretary.[715] The ABMAC's Co Tui chaired the military sub-committee within this, and argued strongly for army medical aid as central to China's resistance and therefore of high priority to ABMAC and UCR aid – an opinion that became one shared by the committee as a whole.[716] Forkner, for instance, as another member of UCR's Army Medical Sub-Committee, reported being 'amazed to find that the recommendations of the medical subcommittee of UCR (ABMAC Committee) were largely disregarded by Edwards' committee'.[717]

In this conflict, CAC representatives in the United States defended Edwards. In terms emphasizing UCR professionalism as a neutral humanitarian institution, the CAC supported Edwards' analysis, which found fault with Lim and the EMSTS for rumours of reported corruption and inefficiency. As noted by the CAC's Alice Carter, 'In employing a field director, UCR is using the same procedure as the ARC

[713] See Chapter 7 for a further discussion of 'The ABMAC Affair'.
[714] The UCR Medical Committee also included a sub-committee dedicated to civilian medical services and a sub-committee dedicated to medical education.
[715] UCR Records, b.53–fo.10: Letter, LS to DWE, 6 July 1942.
[716] UCR Records, b.53–fo.7: Letter, LS to DWE, 31 Mar 1943.
[717] UCR Records, b.53–fo.6: Letter, Forkner to LS, 25 May 1943.

which has its representatives all over the world.'[718] The problem, fundamentally, seemed to be a question of the role of the American agency in administering relief, with the China Aid Council and UCR pushing for the proactive presence of American representatives (by the standards set by the American Red Cross), while ABMAC sought a closer relationship with Chinese Nationalist authorities. While ABMAC supported a proposal for the Chairman of the UCR Program Committee in China to be appointed by the Executive Yuan, the China Aid Council sided with UCR leadership in the concern that such an action would 'endanger…the whole American concept of administering relief through private agencies free from government influence'.[719] In these debates, CAC leadership emphasized its role within UCR as a humanitarian organisation seeking discerning judgment in the efficiency and neutrality of destined recipients of UCR aid.

However, at the same time, the question of the blockade remained, for the CAC, a matter of equal importance by the same discerning standards. Encouraged by reports from the CDL, lifting the blockade became a matter of humanitarian necessity under similar terms. Writing to CAC Executive Director Mildred Price in 1943 of recent resolutions made between the KMT and Communists (promising 'increased democracy', while not showing any real movement towards resolution of the civil conflict), Soong Ching-ling suggests that such resolutions at least 'give good ground for an immediate campaign in America for the lifting of the blockade at least on medical supplies' as 'if equality of all parties is promised after the war, it is obviously high time that the equality of wounded fighters in their right to medication and treatment should be made real immediately.' Soong goes on to argue passionately, 'The grotesque anomaly of this situation should be resolved at once,

[718] UCR Records, b.32–fo.2: Letter, Mrs. Edward C. Carter to Van Slyke, 24 Feb 1944.
[719] UCR Records, b.32–fo.2: Letter, Mrs. Edward C. Carter to Van Slyke, 24 Feb 1944.

and in our favor. It is time to mobilize relief organizations and people of good will in America for this non-partisan objective, and to make it a test of our government's professions of tolerance and democratic aspirations.'[720] Soong's argument reveals the common expectation for private organisations to stimulate state action.

The blockade on the transport of medical supplies was eventually relaxed. In 1944, the U.S. Ambassador in China reported to the Secretary of State that the Central Government had begun allowing the passage of medical supplies. He attributed the change to pressure arising from publicity given to a message from Mme. Sun Yat-sen in an unspecified American publication and increasing questions from foreign press correspondents.[721] Ultimately, however, supplies did slowly make their way to the Northwest, with the help of the ARC and U.S. Army. As reported in January 1945, 10 tons of supplies had been marked for movement from Yunnan province to Yenan for the International Peace Hospitals, consisting of 'more medical supplies than IPH have been able to secure for the past 3 or 4 years'.[722] With over 5 tons already reportedly moved by the U.S. army, the ARC noted that publicity over this shipment had to be kept quiet until the army completed its mission. While citizen expectations and outside pressure may have played a part, such were not the only forces at work.

Private Aid and State Responsibility

As much as Edwards provided an important link for UCR in China, he clearly also became a point of controversy within the organisation. To a certain extent, there is nothing surprising about this, as differences between headquarters and field

[720] UCR Records, b.32–fo.3: Letter, Soong Ching-Ling to Miss Price, 20 Sept 1943.
[721] The Ambassador in China (Gauss) to the Secretary of State, 23 Feb 1944, *Foreign Relations of the United States, 1944, Vol. VI, China* (Washington: GPO, 1947), p. 352.
[722] NACP, ARC, Central File, 1935-1946 (Group 3), b.1395–fo.985.408, 9 Jan. 1945.

offices might be expected in any organisation, particularly those spanning such large geographical distances. But how much of this controversy was as much a result of the dualism between state and voluntarist impulses? At a more basic level, these battles evidenced more fundamental disagreements in what the relative roles the various private and state efforts should assume. ABMAC's affiliations sought to build an intimate relationship with Nationalist health structures – cooperating closely with Chinese officials in the National Health Administration, Army Medical Services, and Chinese Red Cross Society. Meanwhile, the China Aid Council argued against an overly intimate relationship with Nationalist leaders, emphasizing UCR's responsibility as a private organisation to act independently of government structures. Of course, acting in support of another private organisation – and one with affiliations that were increasingly targeted by the Nationalist government as potential threats to Nationalist control – it is difficult to say how much this may have been a matter of principle as opposed to a response to a particular political situation. Like the Communist groups it aided, which were frustrated by the limits placed on their political participation in China's governance, the China Aid Council distrusted the Nationalist government. Meanwhile, sharing the view of the Nationalist government in which Communists posed a dangerous political threat to Chinese unity under Nationalist leadership, ABMAC distrusted the Communists of North China.

Edwards, while undoubtedly subject to his own political leanings, seems to have based more of his criticism and support on what he deemed to be the most efficient application of UCR funds. Given the very real difficulty of getting funds and supplies to the Northwest – given the political situation in China – supporting more established Nationalist enterprises would have indeed been seen as a more practical

use of UCR's resources. Edwards revealed more of his own perspective by contrasting support of Chinese military medical services with the needs caused by the 1943 Honan famine. Reporting on the famine to Lennig Sweet, Edwards noted:

> The situation is very serious, and Kiangsi, Chekiang and Kwangtung all present problems which demand heavy support. It has been argued by some that the Government is responsible for the relief of the people in these stricken districts and particularly Honan. The argument could be applied very much more cogently to the Army Medical Administration. In this case, there is no factor of natural disaster or aggression on the part of the enemy, and it is a proposition, in which the Government is 100% responsible, for which it can provide funds if it so desires and in which it has the support of its Allied friends.[723]

Edwards clearly differentiated the responsibilities of the state in natural versus man-made disasters. Not only did Edwards maintain the expectation that the Chinese government ought to be responsible for the basic medical needs of its own military forces, but he also emphasized the American military's additional responsibility as a military ally of China. Referring again to the debate over the EMSTS, Edwards' perception of state responsibility played a significant role in his criticism of UCR support for Lim's programme. Beyond citing noted inefficiencies in the current administration of the EMSTS, Edwards also argued that it was not worth UCR support as other resources – including those of the American Army Medical Service – were available for the same purpose (i.e. the training of military medical personnel). According to communications between Edwards and Colonel Williams of the American Army Medical Service's new training program of Chinese medics, Col. Williams was not only 'quite in agreement with the policy of the Committee on

[723] UCR Records, b.53–fo.6: Letter, DWE to LS, 7 Apr 1943.

Coordination', but welcomed the possibility of UCR support of his program, if such support was needed.[724]

Conclusions

How much of the political nature of these organisations may have been forced by circumstance, rather than originating from individual motivations? As private American medical relief evolved, the political dimensions of aid varied. While organisations such as ABMAC and the China Aid Council found an early advantage in more openly embracing their own particular political leanings, in joining the federated effort of United China Relief, both were asked to dampen aspects of their own political agendas. This would be a difficult process, which often led to friction between the ABMAC, the CAC, and UCR.

In the post-war era, as the semblance of alliance between Nationalist and Communist Chinese forces dissolved in the wake of the defeat of Japan, the particular political sympathies of these smaller organisations would, once again, rise to the foreground. Meanwhile, moving from an organisational to an individual level, the political dimensions of these organisations become more complex. One must wonder, in such cases, how many individual differences originated in personal factors versus larger political questions. As the heightened political tensions of the Cold War came into effect, the consensus established amongst many of these groups began to disintegrate completely. Just as the context of the Second World War had fundamentally changed the potential of the medical activism 1930s, the early Cold War created an entirely new climate for such private aid efforts.

[724] William's training projects involved 'what he calls first-aid and combat surgery and is confined to training for six weeks to two months'. UCR Records, b.53–fo.6: Letter, DWE to LS, 7 Apr 1943.

Delving further into the political dimensions of these aid efforts, particularly as the American political climate became increasingly anti-communist, pre-existing fault-lines within organisations became highlighted, as new ones began to emerge. In these situations, the more politically oriented members of such efforts rise to the foreground, highlighting the ways political activism became intertwined with the provision of medical aid. Meanwhile, accusations (particularly towards groups with overlapping Communist sympathies) of the ways in which relief efforts had become anything *but* humanitarian – serving purely political purposes instead – illustrates the extent to which medical aid was increasingly as a political tool, both by actors within agencies and the U.S. state.

The private medical activists of the late 1930s thus found themselves in a new set of circumstances, which both encouraged and limited their potential impact. By now, the war in Spain had ended, and AMBASD volunteers became subject to increasing suspicion and harassment in the U.S. for their leftist – and potentially subversive – political leanings. The conflict in China continued. With its Japanese aggressor dispelled, the brewing internal battle between Nationalist and Communist forces emerged in full and the differences between the ABMAC and the CAC within UCR became similarly apparent. Meanwhile, with vast expansion of state infrastructure during the Second World War, and the creation of new transnational institutions dedicated to addressing issues in international health, smaller private efforts found themselves outpaced. While the linkage of political aims with humanitarian relief pursued by medical activists became more pervasive in the ideologically charged Cold War environment, the scale had changed entirely. Meanwhile, that same

ideological charge also began to overpower smaller activist efforts, as such private interests in foreign governments and nations could as easily been interpreted as dangerous subversion.

The Divisions of 'United' China Relief

Tensions existed between the ABMAC and the China Aid Council from the earliest days of United China Relief. On one level, these tensions may be seen as a product of two organizations simply trying to stake claims in a climate of limited funds for similar (that is, medical) aims. The contrasting political sympathies of the two organizations – towards Chinese Nationalists and Chinese Communists – also played a part. Even before the two were thrown into alliance under United China Relief, Co Tui had stated:

> It is almost impossible for the newly created organizations to merge. The China Aid Council…is identified in the eyes of the majority of Americans as leftists and even communistic. This is not wholly true but the impression is there. To have China's cause identified with leftism in the eyes of America would be suicidal…The Bureau must not only dissociate itself from the China Aid Council but must take the leadership in the relief field. The statement has been made that to differentiate between right and left here when there is union in China is divisive tactics. But it is precisely because of our effort to present a picture of democratic unity that we must not allow recognized leftists in America to dominate the picture in Chinese relief work.'[1]

Co Tui makes it seem that his aversion towards the China Aid Council arose more from a strategic interpretation of the American political climate, rather than any deeply held personal beliefs. But the political differences Co Tui identifies would only become increasingly significant over the decade that followed. As the United Front alliance between the Kuomintang and Chinese Communist Party disintegrated into the Chinese Civil War in the latter half of the 1940s, Cold War debates over the threat of communism escalated in

[1] ABMAC Records, b.22: 'Plan', 11 April 1939.

the United States, and United China Relief struggled to maintain a sense of shared purpose as members within these organisations became more deeply entrenched in their political differences. In contrast to UCR's image of bureaucratic efficiency and professional relief, the ABMAC became a home for some with much more decisive and impassioned political views – whether representative of the ABMAC or not.

One of the most strident voices of dissent within both ABMAC and United China Relief came from a man named Alfred Kohlberg. Born in San Francisco in 1887 to first-generation German-Jewish immigrants, Kohlberg became a passionate sinophile through his business producing and selling 'kohlkerchiefs', made in China and sold in high-end New York department stores.[2] In 1952, he married Ida Jolles, whom he met in China in 1941 through shared business interests. Forced out of her native Austria by the rise of the Nazi Party (Jolles was also Jewish), Jolles had relocated her prominent Viennese needlepoint establishment to China. And unlike many of the volunteers of the AMBASD, whose Jewish cultural or religious heritage and opposition to Nazism led them towards the Communist Party, Kohlberg and his wife proved staunchly opposed to both systems of political belief.[3] Kohlberg, in fact, was 'mortified by the large number of American Communists who were born Jews', and helped to create the American Jewish League Against Communism in 1947.[4] Nevertheless, Kohlberg's political passions would far outweigh his religious identity, leading him into close collaboration with Christian Evangelicals and conservative Catholics in the early Cold War period.[5] Indeed, in setting up a committee to oppose any transfer of American autonomy in foreign policy to a supra-state or international institution, the

[2] Robert E. Herzstein, 'Alfred Kohlberg, Global Entrepeneur and Hyper-Nationalist' (presented at the The Historical Society, Chapel Hill, NC, 2006), p. 7.
[3] Joseph Charles Keeley, *The China Lobby Man: The Story of Alfred Kohlberg* (New Rochelle, NY: Arlington House, 1969), p. 26.
[4] Kohlberg openly blamed existing anti-semitism in the United States on leftist, politically active Jews. Herzstein, 'Alfred Kohlberg', p. 4.
[5] Herzstein, 'Alfred Kohlberg', p. 5.

committee instead recommended that U.S. foreign policy should be based 'solidly on Moral Law, Patriotism, Enlightened Nationalism, and the Teachings of Christ'.[6]

Whether an 'enlightened nationalist' or, as historian Herzstein has noted, a 'hyper-nationalist' in his perspective, Kohlberg was certainly not in favour of isolating the U.S. within the global community. Rather, Kohlberg's vision of the U.S. sustained an active and engaged foreign policy. However, Kohlberg's vision of an engaged American foreign policy did not leave much space for outside leadership. As described by Herzstein:

> Kohlberg only wore his internationalist hat when it came to free trade and global commerce…Kohlberg would have a well armed United States, if possible in coordination with allies, arbitrate any major dispute between two other countries. If one of the parties refused arbitration, or failed to abide by its decision, the U.S. would attack the named aggressor.[7]

In the Second World War, Kohlberg even went so far as to support an American vision of military might that he offered his services (twice) to the U.S. Air Force as a 'kamikaze' pilot. As Herzstein aptly describes, 'We might call Kohlberg a super-patriot, who sought status and acceptance by promoting his own patriotism. He also sought the approval of conservatives by denigrating the dedication of his liberal or leftist fellow citizens.'[8] Herzstein attributes a certain degree of this to Kohlberg's insecurity amidst mid-twentieth century anti-Semitism – which put him on the counter-attack before anyone might question his own dedication to American priorities. Although certainly conservative (and a self-proclaimed Republican since casting his first vote in 1908 for William Howard Taft),

[6] In 1948, Kohlberg had also been involved in forming the American Jewish League Against Communism. Keeley, *The China Lobby Man*, pp. 242–244, 248.
[7] Herzstein, 'Alfred Kohlberg', pp. 6-7
[8] Herzstein, 'Alfred Kohlberg', p. 6

Kohlberg was not the traditional Republican in many of his views, and would become increasingly disillusioned with the Republican Party over the course of the 1940s.[9]

Kohlberg's internationalism led him to actively support and promote the cause of Chiang Kai-shek's Nationalist government. As Kohlberg once commented to his wife, 'First I am an American, second I feel Chinese, but above all I am a human being'.[10] Kohlberg's humanitarian interests remained framed in distinctly nationalistic terms. In the early 1940s, Kohlberg began searching for a philanthropic outlet to supplement his commercial engagements in China. Investigating American aid agencies operating in China, Kohlberg ruled out a number of these following 'on-the-spot checks' of activities and programmes, and detailed inquiries into their financial affairs. The ABMAC, however, earned Kohlberg's approval in best serving Chinese interests and keeping overhead costs low. As Kohlberg's involvement deepened, he joined the organisation's Board of Directors and travelled to China (on personal funds) a number of times to investigate ABMAC's field programmes in operation. Initially, Kohlberg's reports back to the ABMAC were largely positive. As noted on a trip in 1942, Kohlberg reported, 'The people running the hospitals and clinics were mostly volunteer workers with no political interests'.[11] Kohlberg could have used a relatively similar description for himself, as his transformation into the political activist of later years would not begin until the following year.

In 1943, Kohlberg became increasingly active surveying medical and relief activities in China, being recruited as a private citizen by both Chinese and U.S. government sources to report on his observations. In March of that year, J. Heng Liu, public health officer with the Nationalist government, wrote to Kohlberg personally, suggesting that AMBAC and UCR

[9] In 1949, Kohlberg declined an invitation to a Republican Party fundraiser because 'I feel the Republican Party has failed in its duty to the Republic.' USC Records, b.75-fo.9: AK to William L. Pfeiffer, 7 June 1949. [7649]
[10] Keeley, *The China Lobby Man*, pp. 163, 22.
[11] PP-APS, b.1–fo. 'ABMAC Conference Materials #2': Board of Director Meeting, 26 Jan 1942.

representatives Bachman and Greene were 'grossly misinformed' about the financial backing for medical supplies to the Chinese army, and were falsely perpetuating the 'impression that the Chinese Army Medical Service and the Public Health Service are entirely supported, in cash as well as in supplies from American sources'.[12] Around the same time, Kohlberg was summoned to Washington D.C. by Roosevelt's Far East advisor, Lauchlin Currie, who shared reports of the 'hopelessness' of the Chinese National Government and its armies.[13] Both Liu and Currie seemed to identify Kohlberg as a potential resource based on his extensive involvement in China for both business and private aid.

When Kohlberg returned to China in the summer of 1943, his perspective on China – and the many conflicting reports of the Nationalist government and military forces – would become decidedly vehement. Traveling to China in June, July, August and September of that year to investigate rumours that supplies being sent to the Chinese Red Cross were ending up on the black market instead, Kohlberg was also invited to visit Chinese forces on 9th War Front.[14] His travels went even farther when 'the 56-year-old Kohlberg' went 'against the advice of American officials in Chungking' and – without the necessary Chinese permits – rode every available means of transport through the five provinces before concluding that all charges against the Chinese were totally untrue or substantially exaggerated'.[15] Although Kohlberg did find that sulfa drugs were being sold on the black market after being sneaked over the hump, ABMAC supplies were reportedly not involved. What became more important for Kohlberg, was the fact that his observations of a competent and dedicated

[12] ABMAC Records, b.38: Letter, J. Heng Liu to AK, 30 March 1943. [7414] Liu was a public health officer with the Nationalist government, who had earned his M.D. at Harvard University and later worked at the PUMC. In October 1946, he became AMBAC's Medical Director in China. Watt, *A Friend in Deed: ABMAC and the Republic of China, 1937-1987*.
[13] Keeley, *The China Lobby Man*, p. 54.
[14] ABMAC Records, b.11: 'Medicine on a Mission'.
[15] Tae Jin Park, 'In Support of "New China": Origins of the China Lobby, 1937-1941' (unpublished Ph.D. Dissertation, Morgantown, West Virginia: West Virginia University, 2003).

Nationalist army did not correspond with the reports he had become privy to in Washington. Over the course of the following year, Kohlberg traced the origin of reports of Chinese incompetence to the American Council of the Institute of Pacific Relations.

The polarization of Kohlberg's political views were fuelled substantially by his personal investigations of the Institute of Pacific Relations, which he decided had become the source of a Communist conspiracy. Founded in 1925 as an international organisation in the spirit of Wilsonianism, the Institute of Pacific Relations sought to support scholarly work, collaboration, and publication (including the soon-to-be controversial journal, *Amerasia*) on international relations with the Far East. Inspired, in part, by conversations with ABMAC board member and dentist Maurice Williams, Kohlberg committed himself to an extensive review of IPR coverage of Far Eastern affairs in *Amerasia* alongside a review of two communist publications – *The New Masses* and *The Communist*. The correlation Kohlberg found between the two led him to conclude that the only possible explanation was that William's suspicions were correct – and that the IPR was being manipulated by Communist propaganda. As Kohlberg described, 'it became clear that the IPR and the Communist publications had switched their attitudes toward China radically each time there had been a radical change in the world situation affecting China'.[16] Kohlberg went to great lengths to detail his findings, and initiated a battle against the IPR. In May 1945, Kohlberg approached the Rockefeller foundation, encouraging them to discontinue their support of the IPR based on Kohlberg's findings.[17] His activities also contributed to one of the first legal cases of Cold

[16] Keeley, *The China Lobby Man*, p. 77.
[17] USC Records, b.75-fo.6: Letter, Raymond Dennet to Executive Committee, 24 May 1945.

War espionage to pit Soviet and American forces against one another in 'the Amerasia affair'.[18]

The ABMAC Affair

Meanwhile, inspired by the observations of his travels to China in 1943, Kohlberg began to chafe with ABMAC leadership and in December of that year resigned as Chairman of the Executive Committee and ABMAC Director. Triggered by the ABMAC decision earlier that month to remain allied with UCR, Kohlberg's reasons for resignation stemmed from his dissatisfaction with UCR leadership, particularly in Dwight Edwards' position as UCR Field Director.[19] Kohlberg had urged the ABMAC to withdraw from UCR and seek funding directly from the National War Fund. Kohlberg lacked confidence in UCR leadership at home and in China – arguing that 'there is no one on the Coordinating Committee or in UCR who knows anything about Sino-American relations and that, aside from Dr. King, there is no one on the Coordinating Committee who is a doctor or who is immediately concerned with the war effort'.[20] Kohlberg blamed Edwards (and ABMAC representative George Bachman) for Robert Lim's ejection from leadership of the Chinese Red Cross and the EMSTS. Kohlberg also found Edwards and Bachman's false assessments responsible for the separation of the Chinese Red Cross and EMSTS, in turn causing the end of American aid to the EMSTS.[21] However, Kohlberg seemed unable to convert Lim himself to this assessment of the situation. After meeting with Lim in 1943, Kohlberg had to admit, 'I had to tell him that he had proven a great disappointment to me…All I had been able to get out

[18] Harvey Klehr and Ronald Radosh, *The Amerasia Spy Case: Prelude to McCarthyism* (Chapel Hill: University of North Carolina Press, 1996).
[19] Cannon Papers, b.44-fo.574: Letter, AK to Van Slyke, 22 Dec 1943.; USC Records, b.73-fo.18: Letter, AK to JLM, 28 Dec 1943.
[20] USC Records, b.53-fo.4: Letter, LS to DWE, 23 Nov 1943.
[21] USC Records, b.73-fo.18: Letter, AK to JLM, 28 Dec 1943.

of him was that the changes were a fait accompli and he had no hard feelings towards anyone'.[22]

Kohlberg's criticism of UCR came on many levels: its basic inefficiency and irrelevance as an organisation since the development of the National War Fund, its failure to provide sufficient emphasis on army medical aid, and its 'missionary bias'.[23] UCR dismissal of Kohlberg's demands that Edwards be removed from his position as field representative did not help. Although the UCR Board did, in fact, appoint a special committee to investigate Kohlberg's allegations against Edwards, he was ultimately exonerated from all charges.[24] The result led Kohlberg to accuse UCR of nepotism centering around UCR's ties to the missionary community. By Kohlberg's analysis, there were two principal communities in China seeking UCR support. 'One group,' Kohlberg explained, 'is the missionary developed institutions, the introducers of western medicine and education to China. The other group is the Chinese institutions under government supervision carrying medicine and education to the millions and to the army.'[25] The problem, according to Kohlberg, was that in drawing predominantly from American missionary community to staff personnel groups, Chinese leaders and institutions had begun to suspect UCR of unjust partiality. 'Missionary workers in China,' Kohlberg firmly advised, 'should be made to understand that in spite of their sacrifices…they should refrain from any criticism of any Chinese institution, unless they are directly connected with it, and, in that case, the criticism should be made to the responsible heads of the institution only and never to others.' Any more subtle criticisms, Kohlberg suggested, would ultimately make it back to Chinese ears, with potentially damaging effects. In Kohlberg's own dramatic words, 'Criticism of China and Chinese institutions by

[22] PP-APS, Opie Papers, b.Op3-fo.12: ABMAC Reports to Executive Committee, 25 Sept 1943.
[23] USC Records, b.73-fo.18: Letter, AK to JLM, 28 Dec 1943.
[24] This committee consisted of Paul Hoffman, Mr. Henry R. Luce, and Mr. James G. Blaine.
[25] USC Records, b.73-fol.18: Letter, AK to JLM, 21 Apr 1944.

missionaries, among themselves, to other Americans, to American military personnel and in reports home, all of which eventually comes back to Chinese ears, is building up to a crescendo of misunderstanding, with results that I fear to contemplate.'[26] Before closing, Kohlberg referenced a story of an American medical man – Dr. McClure – who reportedly insulted Chinese feelings, with the suggestion that Edwards' actions had been even worse. UCR, however, had not heard the last from Kohlberg.

'United' China Relief?

August 1945 saw the official end of the Second World War in Asia when Japanese armed forces surrendered to Allied commanders. But the battle continued in China. With Japanese aggression neutralized, Chinese Nationalists and Chinese Communists could finally turn their full attention to their mutual animosity. United China Relief began to plan its post-war course. However, like its Chinese counterparts, UCR faced serious fragmentation within the various interests of its constituent programmes in medical aid. The controversy centred principally upon the China Aid Council and Northwest relief. As Edwards wrote to UCR chairman in the late fall of that year, 'I think serious consideration should be given to our Labor and China Defence programs…the former from the viewpoint of how much the CIO & AFL are actually giving – the latter from the viewpoint of the civil war which is actually under way at the present time.'[27] Sweet agreed that the matter ought to be reviewed. UCR's relationship with Chinese communist forces was a 'ticklish' matter. 'A very strong minority in our constituency would be very angry if we did not continue to support the Northwest program', Sweet noted, 'while others are insistent that none of their money go to Chinese communists.' It hardly seemed to matter that only a very small percentage

[26] USC Records, b.73-fo.18: Letter, AK to Garside, 19 May 1944.
[27] USC Records, b.51-fo.7: Letter, DWE to McConaughy, 26 Nov 1945.

(Sweet estimated about 5%) of UCR funds were being directed towards these more controversial programmes. By this time, the Canadian government was reportedly sending $650,000 to 'the Northwest program' – leaving UCR's $104,000 to pale in comparison.[28] In light of this, Sweet argued, it would probably be better to convert UCR's contribution from payment in gold to payment in Canadian dollars. The Canadian ambassador was reportedly 'personally…interested in large support to the International Peace Hospitals', 'motivated…by a desire to use Canadian funds in such a way as to be a predominantly Canadian supported project and thus bring Canada's name before the Chinese public.'[29]

Meanwhile, in October of 1946, Kohlberg's name began to reappear in UCR correspondence, this time on behalf of the American China Policy Association.[30] Kohlberg demanded evidence that UCR funds channelled through the CAC to the China Defence League had reached their intended destination for their intended purpose: medical aid. In his demand, Kohlberg alleged that he suspected that some part of the US $715,737.52 in question had been 'diverted for purposes of Communist propaganda'.[31] Kohlberg contacted a number of individuals within UCR regarding his suspicions, including UCR President (and New Jersey governor) Charles Edison, demanding details about what exactly had happened to the funds directed for the International Peace Hospitals.[32] In his letter, Kohlberg emphasized the continued 'wartime' conditions, further noting his opposition towards extending American relief to 'allies and enemies alike' – as much as he might generally agree

[28] USC Records, b.51-fo.6: Letter, LS to DWE, 28 Dec 1945.
[29] USC Records, b.51-fo.7: Letter, DWE to McConaughy, 26 Nov 1945.
[30] Kohlberg had founded the American China Policy Association in 1944 as a means of combating the perceived biases of the Institute of Pacific Relations.
[31] USC Records, b.50-fo.4: Letter, Garside to DWE, 6 Jun 1947.
[32] After spending a number of years writing poetry in Greenwich village under the pen name of Tom Sleeper, Edison joined the family business established by his famous father, Thomas Edison, and began to think about going into politics. Edison's political career as 42nd governor of New Jersey had broken with family tradition when he ran as a Democrat, although he would later return to the conservative politics, founding the Conservative Party of New York State in 1963. Stanley D. Bachrack, *The Committee of One Million: 'China Lobby' Politics, 1953-1971* (New York: Columbia University Press, 1976), pp. 20–21.

with the principle of 'non-partisanship in relief.[33] For Kohlberg, the political significance of relief outweighed any proclaimed humanitarian intentions. And, in the case of China, the Communists were Kohlberg's primary enemy. 'We have info', Kohlberg wrote, 'that the money does not go to the ostensible objectives of the charity, but is turned over for the use of the Communist underground in Nationalist China.'[34] Kohlberg's evidence seems to have been based on the fact that UCR funds were channelled to the China Defence League in US dollars and Chinese yen – neither of which, Kohlberg reported, were valid in Communist regions.

In the months that followed, Kohlberg's demands remained unanswered and UCR continued to send funds to the Northwest, although the controversy around the CAC's program continued. When supplies to the International Peace Hospitals appeared to be held up, the CAC became suspicious. 'I think the China Aid Council group are a bit disturbed,' Sweet wrote to Edwards, by a concern that 'some of the members of the Committee on Coordination may be opposed to sending help to the International Peace Hospitals and, therefore, the grant is being held up'. Sweet seemed to waive this off. 'I am quite sure,' he continued, 'this is entirely without foundation' although 'in view of all the tensions, we must lean over backwards to not even seem to be prejudiced'.[35] However, their political objectives were become a concern to Sweet. 'I am…inclined to feel', Sweet wrote, 'that the political objective which so strongly motivates the CAC would be a very distinct handicap to their assuming a leading field responsibility in the child welfare program'.[36] Taking Sweet's commentary as representative of UCR leadership as a whole, such political motivations were a hindrance to the organisation's real work and purpose. 'They are such outstanding

[33] USC Records, b.75-fo.9: Letter, AK to Charles Edison, 20 Oct 1946.
[34] USC Records, b.75-fo.9: Letter, AK to Charles Edison, 20 Oct 1946.
[35] USC Records, b.50-fo.6: Letter, Sweet to Edwards, 26 Feb 1947.
[36] USC Records, b.50-fo.4: Letter, Edwards to Sweet, 27 Jun 1947.

proponents of the work in the communist areas,' as Sweet continued to Edwards, 'there will be great danger that they would be involved in such a complex of political, medical and child welfare programs that much confusion would be added to the picture'.[37] By this time, CAC work was predominantly focused on issues of child welfare, while maintaining responsibility for liaising with the International Peace Hospitals to disburse UCR funds. (Of the $800,000 budgeted to child welfare by UCR in July 1947, the majority of these funds came from the China Aid Council.[38])

Since Kohlberg's threats to make his accusations against the China Aid Council public never seem to have led anywhere. It probably didn't help that, by this time, Kohlberg had gained a reputation amongst UCR leadership as a figure who was 'overzealous at best', if not 'a bit fanatical'. However, it appears that UCR must have come up with evidence sufficient to prevent Kohlberg from laying any more public charges against the China Aid Council or UCR for misappropriated funds. At least, the China Aid Council's recordkeeping seems to have maintained sufficient evidence that the nearly $1.5 million it channelled to medical projects in the Northwest reached its intended destination. Admittedly, as pointed out by UCR staff at the time, responding to Kohlberg's allegations required 'having some reasonably reliable evidence to show that the China Defence League [which distributed China Aid Council funds]…actually used the money for the purposes designated'. Throughout most of this episode, UCR leadership's primary concern seemed to be the avoidance of the negative publicity that might arise from more public accusations at a time when the organisation was already struggling with a post-war decline in fundraising.

As the constituent groups of UCR showed increasing political polarization, UCR officials tried to adjust responsibilities and priorities between the ABMAC and the CAC. By

[37] USC Records, b.50-fo.4: Letter, Edwards to Sweet, 27 Jun 1947.
[38] USC Records, b.18-fo.8: Letter, National Budget Committee to USC, 22 Jul 1947.

Edwards' ideal, the ABMAC would take charge of the field of medical relief – without 'centering its interest on national medicine and public health' – while the CAC's passions by be neutralized by being given 'broader responsibilities so that objectivity becomes necessary'.[39] The ABMAC, in leading UCR's medical work, had become increasingly focused on medical education during this period. Through ABMAC encouragement, these predominantly went towards government medical schools. Although, it was noted in the same report, 'civilian hospitals and civilian medical colleges in the communistic areas' were also being supported. The ongoing medical missionary presence, despite the turbulence of the war, can also be noted in the 150 protestant and Catholic mission hospitals still being supported through UCR funds.[40] In 1948, UCR's medical program continued to support government projects through the ABMAC, private hospitals through the American Advisory Committee, and International Peace Hospitals through the China Aid Council. IPH support included 10 hospitals, consisting of 8,000 beds, offering free service to patients and some medical training. These hospitals covered an area serving 140,000,000 people. The private hospital support offered by AAC was principally in transporting medical supplies and offering training subsidies, serving nearly 500 dispensaries and clinics, which included Chinese, Roman Catholic, and Protestant institutions. Meanwhile, the ABMAC was working to support students through the Chinese Medical Association, in addition to promoting medical education through a fellowship program and equipment support for 11 teaching institutions. It was also still involved in the pyrogen-free fluid and blood bank projects.[41]

[39] USC Records, b.50-fo.6: Letter, Edwards to Sweet, 9 Sep 1947.
[40] All falling under the $1,720,000 for UCR's Medical and Public Health Budget. USC Records, b.18-fo.8: Letter, National Budget Committee to USC, 22 Jul 1947.
[41] USC Records, b.16-fo.18: 'Brief Description of Projects (1948)'.

The New Institutions

By 1948, however, the landscape of American relief had changed significantly. The United Nations Relief and Rehabilitation Administration (UNRRA) had been active for several years, dominated by U.S. leadership. Adapting to this new force in the realm of international relief work, UCR become involved in distributing a significant amount of UNRRA materials and supplies. Their work in this realm reportedly earned UCR an unsolicited commendation from UNRRA's American 'experts' in welfare, led by Mr. Douglas Falconer.[42] UCR did so well, in fact, it was 'hoped that during the coming year some similar arrangement can be evolved for handling a percentage of the post-UNRRA relief which the American people are to send to China through Congressional grants.'[43] CNRRA and CLARA were also operating, with resources dispersed amongst more than the international Peace Hospitals alone. The 'need in liberated areas so great, that even if full CNRRA allocations delivered, urgency remains.'[44]

That same year also saw the foundation of a new national federation for foreign services, American Overseas Aid. Established at the request of the government, through the Advisory Committee on Voluntary Foreign Aid, the American Council of Voluntary Agencies for Foreign Service with the sanction of the U.S. State Department, the AOA-UNAC appeal was established 'to bring under one roof the important volunteer agencies for foreign relief and service and the American part of the UN appeal for children', offering 'better over-all control, a minimum of administrative expense' and 'a maximum of effect

[42] Falconer had been director of the greater New York Fund, before becoming Deputy Director of UNRRA in China. The statement read: 'We, the undersigned, as field service workers for UNRRA, have had the opportunity again and again to see how USC is administering in china the funds entrusted to it by the American public. We have been deeply impressed with the caliber of the personnel, both Chinese and American, in the projects which USC has undertaken to aid and by the harmonious cooperation between them in projects where they are working together.' USC Records, b.18-fo.8: Letter, National Budget Committee to USC, 22 Jul 1947.
[43] USC Records, b.18-fo.8: Letter, National Budget Committee to USC, 22 Jul 1947.
[44] USC Records, b.50-fo.6: Letter, Alice Carter to Sweet, 25 Feb 1947.

along lines in harmony with our American interests abroad' as a federated enterprise.[45] Certainly this was not the first time the U.S. had seen a federally-instigated federation of efforts. Since the National War Fund had been liquidated in 1946, the major foreign aid agencies that had fallen under its jurisdiction had once again been left to independent fundraising campaigns, a change seen as creating greater competition, confusion, and public hostility to foreign relief. After the reported failure of many campaigns in 1947, the AOA sought to return to earlier models streamlining such requests into a single appeal. Despite such an official-sounding pedigree, the AOA, it was argued, was 'in essence a People's Movement' offering a channel through which 'the goodwill and generosity of the American people may be expressed' as 'a dramatic demonstration of the typical American spirit to participate voluntarily in the relief of human needs and to promote human welfare'.[46] The AOA was to take responsibility for raising UCR's 1948 funds.[47]

Even as the AOA emphasized the populist expression of its program, its fundraising appeals were simultaneously crafted for the American corporate community. For decades, American philanthropy had been funded and, in large part, defined by America's corporate bodies. In marketing its fundraising activities to corporate donors, the AOA recognized this role even more explicitly:

> American business certainly didn't create the problems which beset most of the overseas world, but American business cannot hope to escape their depressing effects. You don't have to be in the export trade to know that all American enterprise has something vitally important at stake in what is happening on the other sides of the oceans which surround us. The U.S. Government is moving in official channels to extend basic assistance to foreign nations whose economic

[45] USC Records, b.17-fo.8: Agreement between AOA and USC, 5 Dec 1947. The Advisory Committee was a successor to the President's War Relief Control Board, established by the Secretary of State and Secretary of Agriculture at the request of the president 'to tie together the governmental and private programs in the field of foreign relief and to work with interested agencies and groups'. USC Records, b.16-fo.17: Department of State Circular No. 8, 1 Dec 1950.
[46] USC Records, b.18-fo.7: 'A Special Presentation From American Overseas Aid – UN Appeal for Children'.
[47] USC Records, b.17-fo.8: Letter, Victor A. Rule (AOA) to Garside, 10 Dec 1947.

> well-being is vital to our own stability. Is government economic assistance enough? Millions of children – tens of millions of children – are confronted with the stark and real and immediate problem of survival. For them, the crisis is NOW! American business has a stake in the survival of these children. Now is a time when the abundance of the American way of life, translated into immediate help, can be a shining example, a guiding beacon in a world torn by doubt and anxiety. Private American Voluntary Aid can be an effective salesman for the American way – a warm demonstration that America has what it takes.[48]

Corporations were considered a vital key to U.S. government success – and, indeed, an extension of the government. 'Corporations, as legal entities, are creatures of government, and government recognizes the obligation of corporations to make gifts to philanthropic causes by providing a legal income tax deduction for such gifts.' And corporate giving was more than a humanitarian service, with the appeal reporting 'governmental approval all down the line as a necessary and essential part of our foreign aid policy.' Supported by the U.S. votes to the newly formed United Nations, the U.S. was bound to do all it could. 'American prestige would suffer considerably were we to fail to do our private part in a world effort.' In the footsteps of his predecessor – and many before, no doubt – President Truman himself offered his own letter of endorsement.[49]

Defining UCR in the Post-War Period

During the Second World War, UCR had come to play a role as a corollary to the American war effort. In the post-war climate of diversifying institutions dedicated to humanitarian purposes – including many coming from government sources – UCR officials felt increasing pressure to defend their continued existence. In contrast to government agencies, UCR publicity argued that its status as a private organisation freed it from bureaucratic red tape, enabling to act more swiftly and efficiently than government

[48] USC Records, b.17-fo.8: Advertisement, 'No Time to Strike Out!".
[49] USC Records, b.18-fo.7: Letter, Harry Truman to Lee Marshall, 6 Nov 1947.

programmes, with lower administrative costs.[50] UCR, however, also presented its projects in medical, educational, and economic relief to China as carrying much greater weight. Such a 'private, personalized effort', it was argued, 'can be a catalyst to hasten the series of reactions which will make China a modern, democratic nation'.[51] However, UCR still saw its involvement as limited – explicitly claiming its plans 'to work ourselves out of a job' as the need for help diminished.'[52]

In 1949, as the civil war in China reached its climax, UCR produced a detailed policy statement delineating its purpose. This statement became an argument, additionally, as to why individual Americans should feel a responsibility, beyond government initiatives for offering assistance to China. The argument was framed by a rationale ranging from proclaimed 'self-interest' to the highest moral initiatives of humanitarian endeavour:

> On the basis of self-interest alone, a free and independent China, able to raise her own standard of life, is essential to a world in which America can maintain her own freedom and way of life. China, dominated by any outside power, or so weak and divided as to invite aggression, would be a direct threat to America's peace and security. At the level of idealism, Americans cannot ignore China because of the moral imperative in the needs of nearly one-quarter of the human race.[53]

While speaking for a broad range of relief work (certainly beyond the medical realm), this policy statement could read as easily as a statement of foreign policy released by federal initiative. Although the paragraph above is only an excerpt of a larger document, the practical definitions of the proffered 'aid' end up taking a place secondary to grander interests of foreign relations. Even the title of one document – 'Why China is important to us…and to the world' – pushes the reader towards thinking in terms of U.S. foreign policy

[50] USC Records, b.21-fo.6: 'Statement of Policy in Making Appeals for China', p. 5.
[51] USC Records, b.16-fo.17: 'The 1949 Program of USC.'
[52] USC Records, b.21-fo.6: 'Why is China important to us…and to the world?', p. 4.
[53] USC Records, b.16-fo.17: 'The 1949 Program of USC.'

and engagement.[54] China's inherent interest and value to U.S. interests lay in its perceived position as a critical component to the balance of power in Asia – both for its size and geographic location. Since the Chinese could 'align themselves with nations with a Communistic form of government', 'seek a union of all Asiatic peoples to form a bloc against the West', or 'cooperate with the democratic nations of the world'. UCR's policy statement stuck closely to the American narrative of a unique Sino-American friendship by arguing that most Chinese, 'by tradition and temperament', would prefer the latter, to maintain that. 'We enjoy their respect and trust because they like our free form of government, the basic philosophy of our people and the proven sincerity of our non-imperialistic international policy.'[55] It also cited China and America's long history of educational and business exchanges in explaining why China was now looking to the United States for guidance. Finally, UCR's statement concluded on a note of urgency, arguing 'If we do not take advantage of this opportunity to render assistance, China must and will turn to others, and she will change her concept of government in the process. If we are not friendly, she may be forced into alliances and treaties which will impose a boycott on America and the western democracies.'[56]

Whoever wrote this document made clear references to Republican politician Wendell Willkie's 'one world' vision, as had been highlighted in his 1943 book. After traversing the world by plane in a forty-nine-day trip to four continents, Willkie had announced, 'There are no distant points in the world any longer. I learned by this trip that the myriad millions of human beings of the Far East are as close to us as Los Angeles is to New York by the fastest trains. I cannot escape the conviction that in the future what

[54] USC Records, b.21-fo.6: 'A proposed statement of USC's policy for 1949', p. 3.
[55] USC Records, b.21-fo.6: 'A proposed statement of USC's policy for 1949', p. 3.
[56] USC Records, b.21-fo.6: 'A proposed statement of USC's policy for 1949', p. 3.

concerns them must concern us, almost as much as the problems of the people of California concern the people of New York. Our thinking in the future must be worldwide.'[57] As a member of the UCR board of directors, Willkie's trip had informed UCR's educational program.[58] Such right-leaning internationalists connected U.S. interests to global engagement in a way that countered more isolationist or non-interventionist elements of the U.S. Republican party.

As UCR sought to promote Willkie's global vision, it spoke of its work as unique in connecting forces of popular and state initiative. While emphasizing its connection to the recognized government of China, UCR simultaneously painted its aid as going beyond the level of the state to connect people to people – an implicit advantage to private work. As its 1949 policy statement confidently predicted, 'Constructive aid to China now is not only a great humanitarian service but a lasting investment in international good-will and cooperation'.[59] Education became central to this international popular network, and support of higher education – by the standards to which UCR's own leaders had aspired – became increasingly prominent in UCR projects over the course of the 1940s. By 1949, UCR claimed to be supporting 70% of China's private universities.[60]

This emphasis on developing an educated elite that might lead China into the future extended into UCR's medical programmes, although carried with it its own controversy. Even within ABMAC, debates existed over the extent to which an American model of elite medical education, with its emphasis on research and specialization should be imported to China. Even those coming out of training in this model through the Peking Union Medical

[57] Donald W. White, *The American Century: The Rise and Decline of the United States as a World Power* (New Haven: Yale University Press, 1996), p. 211.
[58] USC Records, b.21-fo.6: 'Why is China important to us…and to the world?', p. 5.
[59] USC Records, b.21-fo.6: 'Statement of Policy', p. 1.
[60] USC Records, b.21-fo.6: 'Why is China important to us…and to the world?', p. 4.

College did not necessarily think it was the best method and there were heated debates on the ABMAC board. In fact, a discussion of this matter amongst UCR leadership in medical terms seems to have informed a much broader policy statement later published on the role of UCR influence on the development of Chinese democracy. Reporting from a 1946 meeting with McConaughy and Sweet:

> China is the greatest testing spot for the next two decades, but Dr. McConaughy pointed out that their government, although democratic, might not necessarily be the American brand of democracy, and we have no right to impose our type of democracy on the people of China. The American medical profession has a great tendency to impose its form of medicine on China. Dr. McConaughy thinks that China's medical problems are so stupendous that state medicine is the only solution. The American doctors want to train specialists, etc. but Dr. McConaughy is not sure that that would be the best thing for China.[61]

Here, the question of medical infrastructure became intimately linked to political values, demonstrated both by the terms of the debate and the fluidity with which political values were exchanged with medical values. By similar standards, for Alfred Kohlberg, the nature of medical care was tied up in the insidious political threats facing the United States. Testifying before the Appropriations Committee of the U.S. Senate in 1948 Kohlberg summarized, 'What we face is an ideology plus a force. This ideology promises Socialism, economic Democracy, miraculous medicine, free education, no more exploitation, racial equality and every variety of "pie in the sky"…The force is the Communist International'. Kohlberg presented a multi-step plan to Congress for what he saw as responsible expenditure of the congressional purse in the conduct of foreign relations – a plan which, perhaps, did not stray that far from the actions ultimately taken by the United States in the

[61] USC Records, b.21-fo.6: 'Meeting – June 1946'. Origins for later policy documents cited footnotes 102-110, making practically the same statement – but not in terms of medicine.

height of the Cold War. Under this plan, 'American economic charitable, relief or reconstruction aid shall be permitted only to nations entering the alliance'.[62]

Aid and the China Lobby

Not only were private aid organisations such as UCR increasingly speaking of their work in the political language of strategic foreign relations, but they were also becoming avenues for individuals to establish expertise in political realms. For a number of individuals involved in ABMAC and UCR leadership, the political motivations of their work overlapped with those of the 'China Lobby' – a loosely affiliated (albeit largely unofficial) group of Americans dedicated to promoting the cause of Nationalist China and Chiang Kai-shek in the United States.[63] The China Lobby became controversial for many Americans for its potential connections with the Nationalist government. Alongside this criticism came the personal attack on Kohlberg that he was working directly for the Nationalist Government to get money for it out of the U.S. government – an action that could amount to the same sort of treasonous action charged with American communist-sympathisers in China (and in Spain). Both sides shared a common language of accusation – in which U.S. citizens were accused of personal involvement with a foreign state, with all the implications of treasonous national disloyalty that carried – and defense – emphasizing the fundamentally nationalist, American, patriotism of the accused.

[62] The alliance was to include all nations willing to cooperate in providing armed aid to one another should one country be attacked militarily by an armed Communist power.
[63] Alfred Kohlberg & Walter Judd, for example, both proved particularly vocal members of the China Lobby, basing much of their expertise in the matter on their personal experience with China, through their work and involvement in private aid to China.

Those involved in the China Lobby were also some of the United States' most vocal anti-communists. Kohlberg, as already discussed, was certainly one of these.[64] But beyond such overlaps in members' political interests, the heated debates of history and historiography surrounding American communism and anticommunism became relevant for the organisations of this study. Kohlberg's charges against the CAC, and UCR for its support of the CAC, bring this debate to life. In the case of the CAC, no substantial evidence appears in UCR's financial records to suggest that CAC funds were being diverted for anything other than their medical and child welfare purposes described. And yet historian John Earl Haynes has proposed that the China Aid Council was under strong U.S. Communist Party influence as a communist-front organisation. In defense of his position, Haynes has written, 'Its executive board members were all at home in the Popular Front wing of liberalism of that era and certain key staff and board members were secret CPUSA members and…later…cooperated with Soviet intelligence after the United States entered WWII.'[65] Indeed, evidence provided in his book, *Spies: The Rise and Fall of the KGB in America*, suggests that Mildred Price (prominent in the China Aid Council as its executive secretary) and Duncan Lee (a member of the China Aid Council's executive board) were both active agents in Soviet espionage.[66] Meanwhile, Philip Jaffe, editor of *Amerasia* and one of those

[64] Kohlberg's vehement anti-communism, in fact, brought allegations that he had been the instigator behind Joseph McCarthy's senatorial initiative, although such allegations were reportedly false, by two of his more idolatrous biographers: both Buckley and Kohlberg emphasize the timeline of Kohlberg and McCarthy's relationship – noting that there had been no contact between the two until after the Senator's 'crusade' had begun, and that the two became acquainted only at McCarthy's request.

[65] John Earl Haynes, 'RE: The China Aid Council' [email to Aelwen Wetherby], (11 Aug. 11) <jhay@loc.gov>

[66] Mildred Price (married name Mildred Coy) was the executive secretary of the China Aid Council in New York. She was also, reportedly, a secret CPUSA member and KGB contact during the Second World War. DC-Library of Congress, Manuscript Division, Alexander Vassiliev Papers, b.3: White Notebook No.2, pp. 9 & 33; b.4: White Notebook No.3, pp. 105-6. There is also, according to Haynes, 'a January 1946 FBI background file on Mildred Price which notes that the Military Intelligence Division of the War Department had identified Price as an associate of Juliet Poyntz who was an agent of the KGB in the early 1930s and of the GRU in the mid-1930s.' (Silvermaster file, 65-56402, serial 356.) 'The FBI reports that Duncan Lee, a member of the executive board of the China Aid Council in the early 1940s, was also a secret Communist and, later, a very

charged with illegal possession of confidential government documents in the *Amerasia* affair, was another involved in the China Aid Council, first as a general board member, and later as Treasurer. Edward C. Carter, a target of Kohlberg anti-communist attacks connected to *Amerasia* was also involved in United China Relief. His wife Alice served amongst China Aid Council leadership.[67]

Further details on Price are difficult to find. In June 1942, Price accepted an invitation from Carter to join the Program Committee of United China Relief.[68] Four years later, she would travel to China on behalf of her work with both the China Aid Council and United China Relief, with the intention of spending up to six months abroad. Briefing Edwards on her expected arrival via UNRRA plane in May, Sweet urged Edwards to involve Price in UCR activities as much as possible, potentially offering desk space at the UCR office for her to more effectively review UCR's child welfare budget. By this time, Price was also a nominal executive secretary of UCR's Committee on childcare and development – admittedly 'largely only a paper committee' – although Price's main interest seems to have remained with the China Aid Council. Sweet suggested to Edwards that Price was in China in order to try to organise a China-based committee for the China Aid Council, based on the rationale that if ABMAC had such a committee, the CAC should have one too. Sweet painted Price as representative of the CAC in her enthusiasm and energy for the Chinese cause, while lamenting their relatively exclusively focus on a handful of specific projects. With CAC 'more and more…taking over the entire child welfare field' (an 'entirely unconscious' move, according to Sweet, as 'there is no tendency to shortcut us in this

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active Soviet spy when he served as an officer in the Office of Strategic Services.' (Sources courtesy of John Earl Haynes, 'RE: The China Aid Council' [email to Aelwen Wetherby], (11 Aug. 11) <jhay@loc.gov>.)

[67] 'Mrs. Carter…does not wish CAC to be too closely tied up with any movement of the central government and I think if CAC support is to be given, she will have to be assured that there will be no government domination of the program.' USC Records, b.51-fo.1: Sweet to Edwards, 12 Jul 1946.

[68] ABMAC Records, b.22: Letter, R.K.S. Lim to Roger S. Greene, 11 Nov 1941.

particular'), Sweet encouraged Edwards to involve her as much as possible in providing the tools to more effectively review UCR's child welfare budget and work, so that she might become a more effective force within UCR in this area upon her return. 'The real purpose of the trip is to help Mildred Price become more effective after her return rather than to give any special technical assistance at present.'[69]

On one level, there seems little to dispute with Haynes regarding Communist overlap and membership of those involved in the China Aid Council. However, limits are reached in applying his conclusion regarding, for instance, surrounding Senator McCarthy's actions as 'an understandable and rational response to a real danger to American democracy' – albeit unfortunately misdirected towards frequently innocent parties – to the aid organisations of this study.[70] The extent to which Haynes might classify groups such as the CAC and AMBASD in Spain as dangers to American democracy as potential expressions of subversive Communist influence, working counter to American ideals, falls short considering the evidence that the financial and material resources of such groups were directed towards the medical aims that they publicized. There is little to dispute in noting Communist Party involvement in aid to both Spain and China. As part of the 'Popular Front' of the 1930s, which brought the U.S. into ostensible cooperation with Communists – alongside ostensible cooperation between Chinese Communists and Nationalists – left-wing American activists enjoyed a degree of political insulation that would disappear in the later 1940s. But, with this political insulation, did aid organisations become a cover for other, more subversive, political activities? That is where the debate begins to deepen, although this study has found nothing to suggest that the aid groups discussed were constructed with that purpose.

[69] USC Records, b.51-fo.6: Letter, Sweet to Edwards, 16 May 1946.
[70] John Earl Haynes quoted in Marc J. Selverstone, 'A Literature So Immense: The Historiography of Anticommunism', *OAH Magazine of History*, 24 (2010), 7–11.

The Veterans of Spain

With the end of the war, those AMBASD volunteers who had been in Spain faced the challenge of returning home and re-establishing their lives. A few ambulance drivers – who had been recent immigrants before volunteering – had difficulty re-entering the U.S. due to visa issues.[71] Many more had difficulties finding work. For some, injuries or illnesses acquired in Spain prevented them from immediately resuming their normal lives. The AMBASD tried to help those that it could, providing letters of recommendation or other small financial contributions to help pay doctors' bills.[72] For others, the negative implications of having gone to Spain were themselves the biggest obstacle to the resumption of work. Luba Brisker later attributed her difficulties in finding work to having been in Spain, although she eventually found employment in the medical clinic of the Soviet Pavilion.[73] The threat of having Spain on one's resume would become even greater as anti-communist sentiment in the U.S. intensified with emergence of the Cold War.

Some AMBASD personnel were able to build upon their Spanish wartime experience by joining U.S. military medical services in the Second World War. Among AMBASD personnel to serve were nurses Rose Abramson, Ave Bruzzichesi, Selma Chadwick, Fanny Golub, Salaria Kee, Clara Leight and Hilda Bell Roberts; doctors Abraham Ettelson, Julius Hene, and Sidney Vogel; physical therapist Eugenia Grunsky; and dental technician Joseph Highkin. Rose Weiner volunteered for military service with the Red Cross, U.S. Army and War Manpower Commission, but was rejected for being '1 inch short and 13 lbs

[71] Three examples are Epiphanio Lopez, Alvarez and Gonzalez. Martin Papers, b.9-fo.7.; Martin Papers, b.8-fo.13: Letter, June 9.
[72] Martin Papers, b.9-fo.26.
[73] Martin Papers, b.5-fo.22: Letter, Brisker to FM, 30 June 1969.

underweight'.[74] William Pike, although his service as the Chief Medical Officer of the 15th Brigade in Spain could have raised red flags, still served in the Second World War as a colonel in the army air corps.[75] Dentist Jack Klein also volunteered, but the army spent so long 'investigating' him that he officially became overage for service before he could be accepted.[76] Rose Wachsman also volunteered and was apparently to be sent to Germany, but in the end was kept in service in the United States because of her 'questionable' background.[77] Leo Eloesser volunteered but was rejected for 'premature anti-fascism'.[78] Both Eloesser and Bruzzichesi became part of UN medical services after the Second World War.[79] Helen Freeman contributed to the international profile of AMBASD volunteers' later lives by working in Germany as a public health nurse for German refugees from 1947 to 1949.[80] A number of other AMBASD personnel considered going to China after the war ended. Doctor Abraham Friedman, Nurse George Moser, and ambulance driver Council Carter all publicly discussed China as their next possible destination.[81]

Upon returning to the United States from Spain, the volunteers of the AMBASD joined surviving members of the Abraham Lincoln Brigades in their veteran association – the Veterans of the Abraham Lincoln Brigades (VALB). The VALB offered a common meeting ground for those having experienced the war in Spain. It also continued to promote the cause of the Spanish Republic, while keeping alive the historical memory of those who participated. The merging of these organisations after the war has complicated the historical

[74] NY-TL, ALBA 116 (Rose Weiner Papers), b.1-fo.1: Letter, ARC, 19 Aug 1942.
[75] Neugass, *War is Beautiful*, p. 85.
[76] Martin Papers, b.9-fo.38: FM questionnaire, Klein.
[77] NY-TL, ALBA Audio 18 (John Gerassi Oral History Collection) [Hereafter: Gerassi Collection], ALBA A 18-187: Interview, Rose Wachsman Sorkin.
[78] Martin Papers, b.7.-fo.11: FM questionnaire, Leo Eloesser.
[79] Patai Papers, b.1-fo.5: Ann X. Smith, 'Jersey nurse joins UN organization after hectic battle experience', Sunday Star-Ledger, 10 Nov 1946.
[80] Martin Papers, b.8-fo.7: FM questionnaire, Helen Freeman.
[81] Martin Papers, b.8-fo.10: Robert W. Clark, 'Home from War in Spain, Friedman May Go to China', 13 Jul 1938.; Martin Papers, b.10-fo.17: 'Horrors of Spanish War are Related'.; Martin Papers, b.5-fo.3: News Release.

picture. On the one hand, this direct alliance between the volunteer fighters of the Abraham Lincoln Brigades with the medical volunteers of the AMBASD suggests that volunteers of both forces served in Spain as part of the same military effort. And while their efforts did, eventually, merge with those of the International Brigades, it is easy to forget the origins of the AMBASD as a separate entity. Through their experiences on the ground in Spain, these individuals shared a profound, and often transformative, experience. This close connection has often led to contemporary accounts that do little to differentiate between the military volunteers of the ALB with the medical volunteers of the AMBASD. For instance, the Spanish translation of James Neugass' memoir, *War is Beautiful: an American Ambulance Driver in the Spanish Civil War*, was published in Spanish as *La Guerra es Bella* (a direct translation) with the subtitle *Diario de un brigadista Americano en la Guerra Civil Española,* or 'Diary of an American Brigader in the Spanish Civil War'. While this translation may help a Spanish audience situate Neugass' presences in Spain historically, it equates medical and military units. While, on the one hand, this is valuable in illustrating the complex identity of the AMBASD both in the United States and in Spain, it also risks conflating the two. While the volunteer movements of the ALB and AMBASD may have become intertwined in Spain, it misses a part of the picture to equate the two entirely, as, despite the overlaps in their work and support, the Abraham Lincoln Brigades and American Medical Bureau to Aid Spanish Democracy arose as two distinct American responses to the Spanish Civil War.

Meanwhile, later accounts of AMBASD volunteers may often be complicated by the Cold War political persecution many faced. As nurse Fredericka Martin lamented to a friend in 1970:

> Most of our former co-labourers in Spain have successfully buried their memories of Spain, almost as if deliberately. I suspect that the pressure of McCarthyism induced this reaction – if questioned they would truly

> remember. The least political people remember most clearly all sorts of details…The most religious members of our units – staunch defenders of their service there – also recall events freely and clearly.[82]

The pressure and severity of anti-communist sentiment in the U.S. in the decade that followed the Spanish Civil War must be taken into account in studying the memories of veterans of the AMBASD. Nevertheless, amongst the several dozen AMBASD volunteers who were willing to discuss their experience, no one regretted their decision to go to Spain. In interviews and correspondence from the 1950s onward, AMBASD volunteers express the value their experience in Spain held for them. As described by nurse Luba Brisker, 'In spite of the hardships encountered there, I consider the experience of being in Spain, of trying to help the Spanish people fight fascism one of the most satisfying two years of my life and which brought me the greatest personal benefits in every respect.'[83] Even Albert Byrne, who encountered more difficulties than most given his stint in a Republican Spanish prison, later called Spain the 'greatest experience I ever had'.[84] Others were less effusive. As expressed briefly when asked if she had any regrets, physical therapist Eugenia Grunsky replied, 'No – most miserable and interesting year I ever had.'[85]

Premature Anti-Fascists

Although anti-fascism may have become socially and politically acceptable following American involvement in the Second World War, the Spanish Republic's purported affiliation with communism figured large in public and official perceptions of American volunteers and veterans increasingly became subjects for investigation in the anti-communist

[82] Martin Papers, b.8-fo.18: Letter, FM to Irene Goldin Spiegel, 23 Jan 1970.
[83] Martin Papers, b.5-fo.22: Letter, Brisker to FM, 30 June 1969.
[84] Martin Papers, b.5-fo.30: Letter, Byrne to FM, n.d..
[85] Martin Papers, b.8-fo.33: FM questionnaire, Eugenia Grunsky.

atmosphere of the post-war era. With Communist Party members certainly amongst those involved in the AMBASD, the political dimensions of the VALB were further complicated by divisions within the communist party. While the extent to which the CPUSA may have had any direct influence in AMBASD and, later, VALB activities may remain a matter of controversy, one must also consider that political involvement in the communist party meant different things for different people. While there were certainly those involved in the Communist Party out of more definite sympathies with the political potential of the Soviet Union under Stalin, for many others the Communist Party offered, more simply, a political contrast to fascism. In light of the persecution of Communist Party members that followed, untangling individual motivations in this sense thus becomes incredibly difficult – not even considering the number of those involved out of more broadly left-wing and anti-fascist sympathies, with no ties to the Communist Party.

Not long after its members had returned to the U.S. and the war in Spain had ended, the Medical Bureau and North American Committee to Aid Spanish Democracy attracted the attention of the House Un-American Activities Committee (HUAC).[86] In February of 1940, authorities arrested two doctors of the AMBASD for violation of an 1818 U.S. statute that prohibited the recruitment of Americans in foreign armies.[87] Although both were released and all charges dismissed, the incident became just one of many to affect AMBASD veterans. Such cases directly addressed the central question that had fuelled State Department debates – whether medical volunteers were to be considered part of a military effort. In doing so, medical aid was identified as a corollary to military intervention,

[86] Barsky Papers, b.2-fo.7: Reissig Testimony, 2 May 1939.
[87] Carroll, *The Odyssey of the Abraham Lincoln Brigade*, p. 230. Ironically, the 1818 Neutrality Act also dealt with a matter of Spanish-American relations, albeit inspired by an American who had acted against Spanish sovereignty. Sean T. Perrone, 'John Stoughton and the *Divina Pastora* Prize Case, 1816-1818', *Journal of the Early Republic*, 28(2): 2008, pp. 215-241.

attempting to turn AMBASD activities into treason. While evidence might support such claims, given the intimacy of AMBASD units with Republican army forces, such laws were certainly invoked selectively. After all, in sharp contrast to the AMBASD and American participants in the International Brigades, not only did the ABMAC and CAC find ongoing U.S. support through UCR, but the American Volunteer Group also created an private military outlet for Americans committed to supporting Nationalist China well before U.S. entry into the war.

The 'Flying Tigers', as the AVG was also known, were a small group of American pilots who volunteered alongside Chinese air force. Formed at the request of Chiang Kai-Shek and his wife, and organised in the United States by retired American Colonel Claire Lee Chennault, the AVG served in action in China for less than a year. To work within U.S. neutrality legislation, the AVG operated clandestinely, allowing the U.S. to maintain formally neutral relations with Japan – even if such 'neutrality' was called into question by Japan.[88] As Madame Chiang-Kai Shek confided in a letter to Helen Kennedy Stevens of ABMAC, 'Before Pearl Harbor, the only two forces which convinced the Chinese people that Americans were fond of them and concerned about their welfare were General Claire L. Chennault's Flying Tigers and ABMAC.'[89]

In the decade after the Second World War, the prevailing political climate became increasingly unfriendly towards those with potential Communist sympathies or ties, and veterans from Spain became some of the first targets in the war against communism on the home front of the Cold War. In December 1947, the ALB, VALB, and JAFRC were all

[88] Song, pp. 25–26; Wanda Cornelius and Thayne Short, *Ding Hao: America's Air War in China* (Gretna: Pelican Publishing Company, 2004). For Japan, however, Flying Tiger tactics bordered on banditry and guerrilla warfare, with the threat that any airmen would be treated as such if captured – or, in other words, executed. Webster, *The Burma Road*, p. 65.
[89] ABMAC Records, b.11: 'Medicine on a Mission'.

declared subversive organizations by Attorney General Tom Clark. Following the McCarran Internal Security Act of 1950, the VALB was required to register as an agent of a foreign government. Four years later, the organisation was forced to face the Subversive Activity Control Board, which alleged a direct link between the ALB and the Communist Party.

Five months after the end of the Second World War, HUAC issued subpoenas to Barsky and other executives of the JAFRC. When Barsky and his colleagues refused to hand over the organisation's financial records and the names of contributors and recipients of aid, they were held in contempt of Congress and convicted in June 1947.[90] Despite three years of appeals challenging the constitutionality of the HUAC hearings, the Supreme Court refused to review the convictions. Barsky was sentenced to six months in prison and fined $500, while other members of the JAFRC executive board were given lighter penalties. Dr. Louis Miller, who had hosted some of the earliest meetings leading to the formation of the AMBASD, was one of those also involved.[91] Returning to New York after serving his sentence at the Federal Penitentiary in Petersburg, Virginia, Barsky faced censure by the New York State Board of Regents, which suspended his medical licence on the grounds of his conviction. Although Barsky's medical colleagues stood by him and filed an Amici Curiae on his behalf, after four years of appeals the Supreme Court upheld a controversial six-month suspension of his licence. As Judge William O. Douglas's dissenting opinion observed in 1954, 'So far as I know, nothing in a man's political beliefs disables him from setting broken bones or removing ruptured appendixes safely and efficiently…When a doctor cannot save lives in America because he is opposed to Franco in Spain, it is time to call a halt and look critically at the neurosis that has possessed us.'[92]

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[90] Carroll, *The Odyssey of the Abraham Lincoln Brigade*, p. 286.
[91] Martin Papers, b.5-fo.14: Richard O. Boyer, 'They're Jailing Anti-Fascists Now', 19 July 1947.
[92] Barsky v. Board of Regents 347 U.S. 442, S Ct (1954).

Barsky was not the only AMBASD volunteer to face persecution under the new political terms of the early Cold War. In 1957, Nurse Ena Ferwerda was suspended from her job at a Veterans Hospital in Togus, Maine for her past 'subversive' activities.[93] She was granted a hearing after a few months, at which she showed her passport, stamped 'valid for Spain' and signed by the Secretary of State.[94] Ferwerda ended up winning her case and was re-instated at the hospital eight months later, with back pay. In Florida, nurse Rose Wachsman received a court subpoena for activities relating to her time in Spain.[95] Wachsman had already been fired from her job at Mount Sinai, apparently for reasons relating to Spain. When nurse Lini De Vries began receiving visits from the FBI, she decided 'the future looked decidedly bleak' and moved to Mexico.[96] Fredericka Martin, seeking a friendlier political climate, also moved to Mexico in the 1950s.[97]

Conclusions

Tracing individuals such as Mildred Price in an effort to understand how her involvement in the China Aid Council may have overlapped with a double life in Soviet espionage – or the extent to which one may have influenced her activities in the other – goes beyond the scope of this study. One might even make the same argument for a closer analysis of Kohlberg's relationship with the Nationalist government of China and his involvement in ABMAC and the China Lobby. What is important about these controversies is what they reveal about the power attributed to private citizens – whether constructive or subversive – as influential actors in the field of international relations. Hoping to stimulate

[93] Martin Papers, b.7-fo.22: Letter, Lester to FM, 25 Feb 1972.
[94] Martin Papers, b.7-fo.22: Letter, Ena Ferwerda to FM, 24 Jan 1970.
[95] Gerassi Collection, ALBA A 18-187: Interview, Rose Wachsman Sorkin.
[96] Martin Papers, b.6-fo.14: Article in Holland Herald, pp. 20-22.
[97] Guerra, *La medicina en el exilio republicano*, p. 524.

international action in both private and state spheres, they hoped to become unofficial diplomats mediating Sino-American (and perhaps, Soviet-American) relations. Regardless of whether or not they were able to achieve any of their political aims, the controversy surrounding their activities suggests that private citizens could be mediators in international relations – for better or for worse – and American medical activists carried with them the expectation of the state to represent U.S. interests abroad. And yet, the space for the voluntarist impulse was no longer the same.

Although the wars ended in Spain and China, the activism of those involved in these organisations did not disappear. While the AMBASD had dissolved, its medical volunteers joined forces with the Veterans of the Abraham Lincoln Brigades. Remnants of UCR merged with the ABMAC, which moved its base of operations to Taiwan with the exiled Nationalist government. The China Aid Council faded into obscurity, even as the Chinese Communists consolidated their power. Either inspired by what they had observed abroad, or seeking new outlets for the activism that had inspired them to become involved in Spain and China relief originally, many of those involved in these campaigns of medical relief found themselves embroiled in heated political debates at home in the U.S. as the ideological battles of the Cold War began to take off in the 1940s. Meanwhile, as the decades passed, many of those still found ongoing reasons to continue to promote the causes they had espoused in the late 1930s. In particular, veterans of the AMBASD would have a political leader in Francisco Franco's rule of Spain up until his death in 1975, while those involved in ABMAC continued to fight for the Nationalist government's claim to China up until the present day.

VALB Renewal and Ongoing Activism: The Nicaragua Ambulance Campaign

As the heated debates of the McCarthy era passed, the VALB experienced a renewal in the increasingly liberal climate of the 1960s. Despite this, their protests against Franco's Spain had essentially no effect on American foreign policy and rarely even made the

mainstream media.[98] For many of the AMBASD's volunteers, Spain became just one chapter in a life of political activism and progressive interests. Like ALB veterans, for AMBASD medical volunteers 'political activity had become a matter of habit' and 'the surest measure of personal fulfilment and the value of a life's work'.[99]

Evidence of the ongoing political interests of AMBASD veterans can be seen in a number of examples. During the 1960s, Barsky was involved in providing emergency medical services to civil rights and peace movement workers in the south through the Medical Committee for Human Rights. Martin, who moved to the Pribilof Islands of Alaska in the 1940s, became an activist for Alaska Native rights.[100] After moving to Florida, Rose Wachsman Sorkin played an active role in the Women's International League for Peace and Freedom.[101] In Mexico, Lini De Vries became an advocate for native Mexicans, and travelled through rural communities teaching public health.[102]

In the 1980s, the AMBASD inspired the VALB to undertake a fundraising project to send ambulances to Nicaragua. The campaign began with a full-page advertisement in the *New York Times*, which drew parallels between Nicaragua and Spain, while citing veterans' own experiences:

> We, the veterans of the Abraham Lincoln Brigade, know that if Hitler, Mussolini, and Franco were alive today, they would support the "Contras". To our regret and horror, these forces get most of their support from the CIA. As the first Americans to fight against the Fascist Axis in Spain, we were beneficiaries of medical aid from the people of the U.S.A. Today, we ask for your support in donating a much needed, fully equipped ambulance to the people of Nicaragua.[103]

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[98] Carroll, *The Odyssey of the Abraham Lincoln Brigade*, p. 362.
[99] Carroll, *The Odyssey of the Abraham Lincoln Brigade*, p. 362.
[100] Patai Papers, b.3-fo.3: Patai, 'Eulogy for Fredericka Martin'.
[101] Patai Papers, b.4-fo.7: Patai, 'In memoriam: Rose Wacksman Sorkin (1909-1993)'.
[102] Martin Papers, b.6-fo.20: William P. Coughlin, 'Lini De Vries, teacher, committed activist, 76', Boston Globe, 1 Apr 1982.
[103] NY-TL, ALBA 8 (Steve Nelson Papers) [Hereafter: Nelson Papers], b.5-fo.40: Advertisement, *New York Times*, 2 Dec 1984.

The advertisement raised $100,000 and five ambulances were soon en route to Nicaragua.[104] Meanwhile, three ALB veterans in Seattle initiated their own campaign, Northwest to Nicaragua, with the support of other local and regional groups.[105] Through advertisements, letter-writing campaigns, and fundraising events showing The Good Fight, Northwest to Nicaragua eventually raised sufficient funds to send three equipped ambulances.

Like the AMBASD, the Nicaragua ambulance campaigns fused political and humanitarian dimensions. As expressed simply in one fundraising letter written from 'a medical doctor all too familiar with pain and suffering' to a 'fellow human', the organisation's 'goal is humanitarian rather than political or ideological' in striving 'to raise enough money to buy and ship urgently needed ambulances and medical supplies to the people of Nicaragua'. [106] At the same time, the organisation's political interests were also acknowledged as the letter went on to describe the situation in Nicaragua, the political complexities, and the United States' own questionable role in supporting the Contras. The ability to use these varied factors as a fundraising tool was consciously recognized by Northwest to Nicaragua. As noted in a set of directions for fundraisers: 'For more sceptical people: Emphasize the humanitarian aspects. Talk about saving lives…For enthusiastic people: It's a tangible step to offset official and covert warmongering.'[107] The ambulance campaign thus sought to turn its combined political and humanitarian dimensions into its strength. While the two might be inextricably linked, one or the other could be emphasized depending on the audience. Inspired by their perceptions of its predecessor in Spain so

[104] Nelson Papers, b.5-fo.40: 'Lincoln Brigade donates ambulances to Nicaragua', *The Advocate*, 18 Apr 1985.
[105] Nelson Papers, b.5-fo.40: Don Duncan, 'Spanish War vets giving Nicaragua a hand', *The Seattle Times*, 6 Mar 1985.
[106] Nelson Papers, b.5-fo.40: Promotional Letter, Ambulances for Nicaragua.
[107] Nelson Papers, b.5-fo.40: 'Information About Shares, Northwest to Nicaragua Fund Drive'

many decades before, those behind the Nicaragua campaign seemed to see no contradiction between its role as both a political campaign and more politically neutral humanitarian endeavour.

AMBASD Failure as Political Campaign for Spain

Just as its later twentieth-century descendant in Nicaragua had done, the AMBASD straddled the contrasting spheres of political campaigning and apolitical humanitarian ideals. The organisation's very title reflected this divide in the neutral and official-sounding language of the 'American Medical Bureau' followed by the more politically charged descriptor of its purpose 'to Aid Spanish Democracy'. While the combination of these characteristics may seem in some ways contradictory – particularly given the organisation's tendency to describe its humanitarian focus as distinctly apolitical – both dimensions were crucial parts of the AMBASD's identity and not necessarily incompatible. As has been outlined in this study, the AMBASD achieved very quantifiable results as an organisation seeking to provide medical care to the victims of war, even if its overall impact was relatively small. And as comparisons in Chapter 3 between the AMBASD and the Red Cross suggest, its political nature was crucial to this success.

On the other hand, if the AMBASD hoped to make its political campaign more successful by emphasizing the humanitarian idealism of its mission, this approach seems to have been less successful. The aim of the combined Medical Bureau and North American Committee to Aid Spanish Democracy to influence American policy towards Spain and lift the embargo was ultimately unsuccessful. As physician and historian Martin Shapiro observed in his analysis of American and British aid to Republican Spain: while 'a successful medical aid campaign to people in a military conflict may save some lives' it was unlikely to

'affect substantially the course of the conflict', and that those 'primarily interested in influencing political or military developments…may find tactics other than medical aid campaigns more useful in accomplishing their goals'.[108]

Shapiro's conclusion operates from the premise of examining the AMBASD as a political campaign with the secondary function of providing medical care. However, this distinction may not necessarily be so facilely applied. While public discourse with the AMBASD's executive officers and committees may indicate organisational priorities, such language seemed to vary depending on who was being asked and when. Drawing larger conclusions about the nature of the AMBASD becomes even more difficult when one looks to the volunteers – who were the functional reality of the AMBASD – for clues. Their motivations, as discussed in Chapter 2, varied widely between individuals. Even examining the motivating factors behind one person's decision reveals a complicated picture that is not easily simplified to a single overarching influence. In this sense, the question of whether the AMBASD was driven more by political or humanitarian idealism begins to appear superficial. Again, one must return to the simple fact that both motives played important roles.

The ABMAC & the Failed Political Campaign for Nationalist China

Meanwhile, from the 1950s onwards, the ABMAC's papers become interspersed with the materials of an organisation known as The Committee of One Million. Spearheaded by Nicholas de Rochefort, a Frenchman who renounced French citizenship in 1954 to become an American citizen (following his arrival in 1949 for a lecture tour), the Committee of One Million was a group established to campaign against the admission of a

[108] Martin F. Shapiro, 'Medical Aid Provided by American, Canadian, and British Nationals to the Spanish Republic During the Civil War, 1936-1939', *International Journal of Health Services*, 13 (1983), p. 443.

Communist China to the United Nations.[109] De Rochefort found a strong political ally in congressman (and ABMAC supporter) Dr. Walter B. Judd. Alongside Governor Charles Edison (former UCR President), Frederick C. McKee, Dr. B.A. Garside (a co-founder of UCR and later ABMAC president), and Marvin Lieben, a coalition formed to petition then President Eisenhower directly.[110] The group became a vocal lobby, with some unresolved controversy in its origins, with historian Stanley Bachrack unable to access CIA records to confirm or negate whether there had, in fact, been CIA involvement and support in de Rochefort's earliest petitions.[111] (Bachrack's central concern in this aspect of his investigation was whether or not the Committee of One Million's origins were an early instance of the CIA intervening in covert political operatives on a domestic level.) In the end, it appears that the organisation did not succeed in collecting its proclaimed one million signatures, although did feed into the development of the National Committee on United States-China Relations in the 1960s.

As a political campaign, the ABMAC can also be read as a story of failure, despite its longer existence. Following the relocation of ABMAC's foreign offices to Taiwan, Watt cited ABMAC's new literature publicizing these concerns: 'Without intention, ABMAC has become a factor in America's present-day dilemma of existence, the struggle against Communism. The responsibility has not been sought but it is fully accepted by ABMAC.'[112] Watt shores up his argument by offering proof in the sincerity of ABMAC's purpose by noting the fact that 'ABMAC representatives' also 'actively participated in such organizations as Aid Refugee Chinese Intellectuals and the Committee of One Million'. By these examples,

[109] Bachrack, *The Committee of One Million*, p. 53.
[110] Bachrack, *The Committee of One Million*, p. 54.
[111] The transcripts of De Rochefort's testimony before the Far East and Pacific Subcommittee of the House Committee on Foreign Relations (chaired by Judd) on 31 July 1953 were locked away during Bachrack's research in the 1970s under a house rule protecting testimony of executive sessions. Bachrack, pp. 55–58.
[112] Watt, *A Friend in Deed: ABMAC and the Republic of China, 1937-1987*, p. 10.

he contrasted ABMAC with 'agencies such as the China Medical Board or the United Board for Christian Higher Education, which diverted their former China funds to colleges throughout East Asia, ABMAC devoted its efforts exclusively to the R.O.C. on Taiwan and principally to Nationalist government medical agencies.'[113] In so doing, the ABMAC became 'an important symbol of moral and political aid to the Nationalist forces struggling to regroup on Taiwan'.[114] Watt attributes much of this laser-like focus and dedication to Nationalist China to Dr. B.A. Garside's leadership as executive director, a position he took over in 1950.

B.A. Garside would also prove a loyal friend and supporter to Kohlberg's anti-communism – and one who shared Kohlberg's distaste for both Republican and Democratic political powers. Given the Republicans' 'sad mess of their responsibility as the opposition in not challenging the tragic blunders of the administration in the field of foreign policy during the past decade', as Garside wrote to Kohlberg in a personal letter in 1949, 'now there doesn't seem much hope of a vigorous attitude on the part of either the Republicans or the Democrats unless the general public can somehow be informed and aroused.'[115] Garside's message was a populist one – which contrasts with Herzstein's authoritarian portrait of Kohlberg. But in political terms, the two still shared much in common, with Garside labeling the issuance of the controversial White Paper on American policy towards China as a 'colossal blunder' and 'the most dangerous diplomatic mistake since Munich'.[116] Garside's religious faith was personally important and seemed to help push him decidedly against 'atheistic communism' in favour of 'theistic democracy'.[117] Garside notes first becoming

[113] Watt, *A Friend in Deed: ABMAC and the Republic of China, 1937-1987*, p. 11.
[114] Watt, *A Friend in Deed: ABMAC and the Republic of China, 1937-1987*, p. 11.
[115] B.A. Garside, *Within the Four Seas* (New York: Frederic C. Beil, 1985), p. 134.
[116] Garside, *Within the Four Seas*, p. 134.
[117] Garside, *Within the Four Seas*, p. 134.

aware of the 'communist problem' in 1945, describing 'communist propaganda' as 'promising things' that one 'can't have' – 'at no cost'.[118] Garside openly discussed participating in the China lobby, which he referred to more simply as a 'press label'.[119] In 1950, USC offices merged with the ABMAC's and Garside himself took over the leadership of the ABMAC.[120]

But how did ABMAC's continued commitment to the Nationalists in Taiwan actually play out? Their work initially focused on continuing their support of the Nationalist military medical services, but soon expanded into designing a program for civilian health. Initially, President Chiang 'offered ABMAC $18,000 per month to carry on a health program in Taiwan', but this offer declined as beyond the scope of what ABMAC might realistically be able to accomplish. Instead, Dr. Liu set up a Chinese and American coordination committee in Taiwan to address these issues and continued to work as ABMAC representative in China. This left the ABMAC, according to Watt, 'in a position to get on with what it could do best' which was 'namely to assist with the development of modern health services'.[121] Indeed, in some ways Taiwan gave ABMAC something of a blank slate for developing a comprehensive civilian and military health system. They no longer would have to struggle with the diversity of opinions within UCR to design a version of Chinese health as they dreamed it would be best.

In the 1950s, debates among ABMAC's activists faced the challenge of convincing those on the political right that China was still a cause worth fighting for – and that an international vision of a more global future did not have to be equated with Communism. As one sceptic had written to Garside, 'after after four hundred years, the Chinese have not been able to show any more improvement than to eventually turn to communism, I hardly

[118] Garside, *Within the Four Seas*, p. 98.
[119] Garside, *Within the Four Seas*, pp. 111–112.
[120] Garside, *Within the Four Seas*, p. 114.
[121] Watt, *A Friend in Deed: ABMAC and the Republic of China, 1937-1987*, p. 11.

think the nation is worth much to work or die for. To say that china has not had the opportunity to move forward is naively absurd.'[122] Another 'American first-er', as they came to be labelled, wrote to UCR, delineating the concerns of this group, being sceptical that donations could be made without 'interference by present rulers of China', that 'people of this country should take care of their own, first' and, only after this, 'if I have anything left for my neighbor I propose to choose the neighbor and it is not going to be behind the "Iron Curtain" or dominated by the Communist Party'.[123] The response to this letter highlighted their agreement with the latter, noting the breakdown of funds to be: 28% to Chinese doctors, educators and leaders taking refuge in the U.S. after the Communist takeover, 53% for financial assistance for Chinese teachers in 12 colleges/universities – 'all of them…friendly to the American people, and to American ideals of freedom, democracy, and Christianity', 7% to the college of rural reconstruction in West China (as remnant of the Mass Education Movement), and the remaining 12% administered through the Church World Service for child welfare work.[124]

For America's China activists, the Communist takeover in 1949 effectively ended their activities on the Chinese mainland – regardless of which side they had been fighting for. As noted in an UCR memo to the State Department's Advisory Committee on Voluntary Foreign Aid:

> As you know, the domination of the China mainland by the Communists has shut off completely the forwarding of funds from the United States for the support of religious, educational, and humanitarian activities there. At present neither USC nor any of its member agencies is sending any funds whatever to the China mainland, nor seeking contributions for work in that area. However, some of our agencies are doing all they can to secure assistance for the Chinese

[122] UCR Records, b.70–fo.11: Letter, BAG to R. William Barton, 27 Mar 1951.
[123] UCR Records, b.73–fo.18: 8 May 1950.
[124] UCR Records, b.73–fo.18: 8 May 1950.

> people outside of mainland China who are still carrying on the fight against Communism and are working in friendly cooperation with America.[125]

USC itself was 'put in moth balls' on 31 December 1950, but maintained a legal existence to continue collecting any unsolicited contributions it might receive (which continued to trickle in at a few thousand dollars a month). Terminating the salaries of its employees, but maintaining its same Officers and Board of Directors it passed any remaining business on to ABMAC, joining their offices. But despite the continued efforts of a Chinese lobby within the United States to make it otherwise, the Communists remained in power and only 'intensified their restrictions on American religious and humanitarian activities'.[126] The anti-foreign element in Communist power even affected the China Aid Council, whose activities faded into oblivion, alongside pressure amidst the American political climate at home.

The Development of Medical Activism

Historian Cary Nelson has claimed that the AMBASD represented the 'founding moment of modern medical activism'. While a full consideration of Nelson's claim goes beyond the scope of this study, one can certainly find later echoes of the precedent set by the AMBASD (and the other organisations of this study). Throughout the latter half of the twentieth century, a number of more 'activist' medical aid organisations developed, consciously striving to bridge the political and medical divide. Médecins Sans Frontières (MSF), or Doctors Without Borders, would become one of the most prominent of these, winning the Nobel Peace Prize in 1999 in recognition of its work. For one of its founders, Bernard Kouchner, the founding of MSF even drew direct inspiration from the international aid organisations of the Spanish Civil War.

[125] UCR Records, b.16–fo.17: Letter, UCR to Advisory Committee on Voluntary Foreign Aid, 15 May 1953.
[126] UCR Records, b.76–fo.2: 3 Aug 1951.

MSF was founded in 1971 by a group of French doctors and journalists driven by dissatisfaction with the perceived failure of states and existing institutions to respond adequately to the victims of the Nigerian civil war. The story of MSF's foundation shares notable parallels with the organisations we have examined in this study – an awareness and concern for the victims of violence of a foreign conflict, and a fundamental dissatisfaction with the response being mounted by existing institutions. In developing a more activist response, the historical example of Spain even played a role in inspiring and motivating MSF's foundation. One of MSF's most prominent founders was highly aware of the Spanish Civil War's tradition of citizen activism. Born in 1939, Bernard Kouchner reportedly grew up haunted by the history of Jewish persecution in the Second World War. Inspired by the 'anti-fascism' of this generation, Kouchner joined the union of Communist students while in medical school.[127] As the conflict in Biafra escalated, it increasingly became – to Kouchner – his own 'Vietnam', or 'Spanish Civil War'.[128] While sharing many historical roots with the foundation of the Red Cross over a century before, the founders of MSF sought to '[project] the image of a more engaged and daring version' of their well-established predecessor.[129] Also like the AMBASD (or ABMAC and CAC), both the Red Cross and MSF had arisen in response to the conditions of conflict, identified suffering through 'an initial framework of health, rather than poverty or hunger', and strove to address these issues through active operational programmes travelling to where the need was greatest.[130] Where the Red Cross had failed as a silent witness to many of the atrocities of the Second World War, MSF sought to adopt the contrasting persona of a witness who would not remain

[127] Anne Vallaeys, *Médecins Sans Frontières: La Biographie* (Paris: Fayard, 2004), pp. 40, 42.
[128] 'Kouchner se refere souvent a l'Espagne republicaine et a l'auteur de l'espoir: "nostalgiques de la guerre d'espagne, nous aurions voulu salver de nos fusils les aviateurs blesses qu'acompagnait Malraux dans la descente de Terruel'. Vallaeys, *Médecins Sans Frontières*, p. 81.
[129] Peter Redfield, 'A Less Modest Witness: Collective Advocacy and Motivated Truth in a Medical Humanitarian Movement', *American Ethnologist*, 33 (2006), p. 6.
[130] Redfield, 'A Less Modest Witness', p. 6.

silent. As described by one academic, MSF was 'explicitly founded to mediate crisis in terms of human health'.[131]

While the world into which the smaller organisations of this study emerged was vastly different, descriptions of early MSF missions as 'haphazard in organization, largely symbolic in impact, full of romantic panache, and entirely temporary in duration' evoke the AMBASD's own activities in Spain.[132] MSF's focus on engaging with the media is another important aspect shared with the AMBASD – although the latter's ability to do so was obviously limited both by the media technology of the day and volunteers' sometimes controversial status within U.S. neutrality law. Nevertheless, one of the most basic volunteer motivations for working with MSF – the opportunity to 'feel like a real doctor' in responding directly to a clear medical need – echoes strongly with some of the AMBASD's own volunteers, as Albert Byrne described Spain as offering him the opportunity to 'at last be useful' as a doctor.[133]

The professional capacity of the medical volunteer – a central figure in the AMBASD's work, in contrast with the efforts of the ABMAC or CAC – also became important to their role as witness. As mentioned earlier, a very conscious part of MSF's mission – and a perhaps less conscious, although nearly as important part of the AMBASD's project in Spain – was to transform the medical volunteer into a witness to crisis while addressing the practical and immediate concerns threatening individual health. This privilege, or burden, of observation came with the additional responsibility of publicising the problems he or she encountered.[134] Doctors, nurses and other medical personnel had, of course, long

[131] Peter Redfield, 'Doctors, Borders, and Life in Crisis', *Cultural Anthropology*, 20 (2005), 328–361 (p. 329).
[132] Redfield, 'Doctors, Borders, and Life in Crisis', p. 333.
[133] Redfield, 'Doctors, Borders, and Life in Crisis', p. 335. For more on Byrne's motivations, see Chapter 2.
[134] Redfield, 'A Less Modest Witness: Collective Advocacy and Motivated Truth in a Medical Humanitarian Movement', p. 10.

been witnesses to the brutal realities of the battlefield. Their more public persona as medical activists, compared by Redfield to traditions of 'virtuous testimony' by the public intellectual and gentleman scientist, was a divergence from the Red Cross tradition and 'silence' or confidentiality promised by the Hippocratic Oath.[135] At the same time, the physician as public witness seems a natural role to have adopted. The physician was already a professional imbued with moral respectability, whose skills depended largely on his or her power of observation. The physician was also a technical expert backed by the rigorous demands of scientific inquiry.

By these standards, the idea of medical activism reveals itself as a distinct product and reflection of modernity. Medical activists, whether working from the field of battle or amongst local populations at home, strive to use both the compellingly noble and selfless argument of humanitarian idealism and the respect and authority accorded to the technical expertise of medical professionals to achieve much broader social change. As summarised by Redfield's analysis of MSF's contemporary role in humanitarian relief, 'by integrating medical expertise and public expression, the work of this group illustrates an overtly motivated form of scientific research, finding facts in the name of values, in the pursuit of both technical and ethical ends.' Redfield goes on to argue that through these methods, 'collective actors' such as MSF have come to play a central role in 'defining secular moral truth for an international audience'.[136] The idea of humanitarianism as defining 'secular moral truth' validates claims about its inherent independence from politics. However, the extent to which the activists behind MSF, or the AMBASD, or the ABMAC, really tried to

[135] Redfield, 'A Less Modest Witness: Collective Advocacy and Motivated Truth in a Medical Humanitarian Movement', p. 3. The Hippocratic Oath reads, 'About whatever I may see or hear in treatment, or even without treatment, in the life of human beings – things that should not ever be blurted out outside – I will remain silent, holding such things to be unutterable.'
[136] Redfield, 'A Less Modest Witness: Collective Advocacy and Motivated Truth in a Medical Humanitarian Movement', p. 3.

transcend political questions. After all, as demonstrated in this study, directly embracing the political dimensions and potential implications of aid not only became central to the identities of these organisations, but also gave them an initial advantage in their work. Although, compared to the AMBASD and ABMAC, MSF becomes less directly involved in the conflicts it serves amidst. Where the AMBASD and the ABMAC became close affiliates of foreign militaries, MSF has traditionally maintained a greater degree of independence in the field. Nevertheless, one might begin to wonder just how much has really changed since the nineteenth century use of the term 'humanitarian' – initially used to negatively describe a political class, much like today's often derogatory reference to the 'bleeding-heart liberal'.[137] When organisations such as the AMBASD and the ABMAC used the term humanitarian to describe their work, alongside their own equally voiced political orientation, questions naturally arise.

While Redfield forms his theories based specifically on MSF, his conclusions are highly relevant for this history as well. While the AMBASD certainly was aware of cultivating both a political and humanitarian character, those involved in the organisation's work seemed most basically concerned with being the 'moral avatar' of humanitarian effort – the 'responsible human' as defined by Redfield.[138] When AMBASD Chairman Walter B. Cannon reflected on the role of medical aid in modern war, he admitted the question of such selective aid as practiced by the AMBASD naturally arose. In describing the AMBASD's partisan stance, Cannon wrote:

> Of course, any wounded brought to our units are humanely treated, whichever side they represent. The ethics of the medical guild requires its members to perform their services to friend and foe alike…That is the professional spirit. Why not, then, aid both sides? In a war, differences of attitude are well

[137] Taithe, 'The Red Cross Flag', p. 25.
[138] Taithe, 'The Red Cross Flag', p. 7.

> separated and are likely to be intense. Persons who are at all interested will favour one side or the other. I and persons associated with me in the Medical Bureau sympathize with the legitimate government in Spain, and though we labour with the professional spirit, we apply our main efforts on the side of that government.[139]

Cannon's words reflect a multifaceted sense of responsibility that summarises the AMBASD's work well. His summary of his own perspective offers a valuable representation of the inherent philosophy motivating nearly all of the medical activists in this study. In describing his own sympathies and motivations, Cannon is at once a responsible physician striving to relieve human suffering, a responsible citizen seeking to enforce democratic ideals, and a responsible human trying to act in accordance with his own beliefs, which value human life through secular ideology. Simplified to these basic forms, there is a great sense of continuity between the organisations of this study and later developments such as MSF.

However, there are limits to the comparisons between MSF and the smaller organisations of this study. With their nationally limited foci, it is difficult to equate all with the more global vision promoted by MSF, with its larger geographical distribution. Although all share a sense of dissatisfaction with contemporary responses to conflict, whether from existing institutions or state structures, their relationship to the conflicts themselves varied. In contrast to organisations such as the AMBASD in Spain or ABMAC in China, MSF does not seek out the same sort of alliance with foreign military or governmental structures as these organisations did. This may be largely a product of their relative historical contexts. In the later interwar years, with the failure of new international structures such as the League of Nations to contain conflict, there was a slowly growing political consensus towards the limitations of neutrality and the perceived necessity of responding to aggression with force.

[139] Martin Papers, b.14-fo.17: Cannon, 'On Medical Aid in Modern War'. In addition to his political sympathies, Cannon was also a personal friend of Spanish Prime Minister Juan Negrín.

In the decades following the Second World War, amidst the tensions of the Cold War, there was perhaps a greater resistance to engaging directly in conflict in the same way.

What stands out in striking contrast between reading the histories of American medical activist organisations in the 1930s as antecedents to MSF is the role of the state and nation within their framework of internationalism. Whereas MSF's title suggests it sought to work explicitly 'without borders', organisations such as the AMBASD, ABMAC, and CAC applied their own dissolution of impermeable borders more selectively, focusing on connecting the United States with one nation.[140] These organisations became a mediation of the more negative connotations of nationalism. As historian Karen Minden once observed in writing a study Chinese medical elite, 'When I surmised that the Chinese alumni were motivated by a fervent nationalism, I was gently corrected with the observation that ai guo, love of country, was not to be confused with the negative exclusiveness of national sentiment.'[141]



Figure 29. President Roosevelt (left) with Chinese ambassador Hu Shih (middle) and James G. Blaine, UCR chairman (right), looking at a Chinese scroll gifted to Roosevelt on 30th anniversary of the Chinese Republic (1942). (Princeton, UCR Records, MC135)

The role of nationalist language in the publicity – and mythologies – of the organisations of this study seems to share much with Gary Gerstle's description of American 'civic nationalism' in the age of Roosevelt. During this time, Gerstle suggests,

[140] Which was often even more selectively than the sense of the legal entity of nation-state as sympathies developed for one group within a divided country.
[141] Karen Minden, *Bamboo Stone: The Evolution of a Chinese Medical Elite* (Toronto: University of Toronto Press, 1994), p. 5.

nationalism became increasingly painted as something going beyond the boundaries of race and creed, while simultaneously continuing to be wrapped up in older, racially bound rhetoric.[142] Indeed, Gerstle offers a valuable re-examination of the 20th century United States in contrasting this 'civic nationalism' with 'racial nationalism' as two concurrent and competing threads in 20th century American history. Using Gerstle's model of American nationalism, the organisations of this study seem to embody an effort of various segments of the American public to expand the American ideal of civic nationalism to an international community. In this, the United States still featured prominently – both as a unit and entry point for translating the importance of these activists' more global vision to American audiences, and as an exemplar in their efforts to construct a more global world.

In a broader comparison between MSF and the organisations of this study, UCR stands out slightly from the smaller activist groups discussed more above. In terms of organisational structures, UCR operated on a different scale. Nevertheless, despite its more complex bureaucratic structure and closer affiliation with federal structures UCR leaders still forwarded their work as arising from a grassroots effort. As Edwards once argued to UCR leadership in the U.S., 'If [UCR] falls down on its assumed obligations, we are abandoning some of the best social leaders in China, both Chinese and Western, who are working from the grassroots for these ends and have already attained significant results.'[143] With term of 'grassroots' rooted in politics (describing, according to the *Oxford English Dictionary*, 'the rank and file of the electorate or a political party'), it also connotes a segment of the population who might otherwise have limited access or power to enacting social change. The activists of the medical aid organisations of this study were, in this sense,

[142] Gary Gerstle, *American Crucible: Race and Nation in the Twentieth Century* (Princeton: Princeton University Press, 2002).
[143] UCR Records, b.50–fo.2: Letter, DWE to BAG, 15 Sep 1947.

somewhat unique in that many came from a background of greater professional stability and educational investment; or, in other words, from socio-economic strata that tended to have greater access to those dictating formal policy. Because, for many, it was their medical education that gave them that expertise, it became the clearest route for validation of their own political voice when it came to influencing foreign policy.

Even within the category of 'medical' relief, however there were differences of opinion. As Edwards complained of UCR agencies in a letter to Sweet, 'They are not ready to consider the needs of China as a whole…ABMAC is interested in the national medical education, but is not interested in the general medical program in China…the CAC is interested in the general child welfare program in China, but they show a tendency to political prejudice…the FSU is interested in their policy of reconciliation and is ready to serve any cause.'[144] But while each of these organisations narrowed their vision of their own unique contribution in the field of American relief, the claims of the larger impact such contributions would have remained the same. By consciously contributing to the construction of international relationships between the United States and some of its foreign neighbours across the Atlantic and Pacific, these groups depicted their work as expanding the field of foreign diplomacy into a more popular enterprise going beyond official embassy relations.

As the language of constructing 'people-to-people' connections from a grassroots level became more pervasive in private aid efforts, it seems to have trickled into more official state efforts. Writing of its origins in 1947, American Overseas Aid publicity emphasized the personal connections it sought to support in noting that 'fundamentally, the anxiety about the world's hungry and homeless is based on a human relationship…a

[144] UCR Records, b.50–fo.3: Letter, DWE to LS, 7 Aug 1947.

relationship between one human being and another human being' and that 'between many thousands of human beings, who remember that charity is not an institutional word, but that charity is the basis for all our relationships with men and women'.[145] And the positive interpersonal dimensions of relief work could feed into U.S. foreign policy interests. As Secretary of State Dean Acheson wrote in a letter to UCR officials in the spring of 1949:

> One of the chief reasons, in my opinion, for the good will and friendly esteem which Americans have always enjoyed in China is the generous, unstinting and sympathetic attitude which private American organizations have inevitably adopted toward the problems which have faced the Chinese…It is my hope that during the troubled period through which China is now passing these private American organizations which have contributed so much to the welfare of the Chinese people will not diminish their efforts but will continue insofar as possible the activities which they have so generously supported in the past. I would have no objection to your using or quoting the views which I have expressed in this letter.[146]

The extent to which Acheson's words may be political posturing or sincere may be debated. However, Acheson himself, in his increasingly prominent role in the Truman administration, was one of the key architects behind the development of the Truman Doctrine and, later, the Marshall Plan. Both of these policies became defining American policies of the early Cold War, in seeking to respond to the threat of communism through strengthening the economic prosperity of countries (particularly in Europe) seen as susceptible to communist take-over. In both plans, developing the relationships between the United States and other nations was seen as an additional bulwark against the perceived Communist menace. Using the term 'grassroots' as only one example, practitioners of humanitarianism built upon similar language across many types of institutional structures. Regardless of the

[145] UCR Records, b.18–fo.7: 'Origins of the AOA', p. 11.
[146] UCR Records, b.70–fo.1: Letter, Dean Acheson to Paul McNutt, 13 Apr 1949.

organisation's size, bureaucratic structure, or mission, 'grassroots' became a term used to validate humanitarian practice by its own ideals, much like the concept of neutrality.

And since the First World War, the number and types of private organisations had expanded exponentially. Between 1919 and 1939, Americans donated more than $8.3 billion to voluntary organizations for work abroad. During this period, the vast majority – 70%, or $5.8 billion – had been directed to recipients through religiously affiliated organizations.[147] This was a period of rapid growth in private American voluntary organizations. As cited by Smith, 'Fifteen (18.8 percent) of the 80 largest U.S. PVOs in 1980 began in 1918 and 1938.' Of these, a number 'were created primarily to engage in overseas relief', particularly in response to conflict or natural disaster.[148] Meanwhile, between 1941 and 1945, the U.S. government spent $296 billion ($4,014 billion by today's dollar) on military operations of the Second World War.[149] This figure does not include veterans' benefits, interest on war-related debt, or assistance to allies. Through its Lend-Lease programme, the U.S. spent nearly $50 billion dollars in assistance to over 30 countries.[150] From the more simple oversight of the War Relief Control Board (reportedly based on a Canadian model), the National War Fund was developed as a more direct method for the U.S. government to encourage and participate in popularizing foreign relief. (See Figure 30, page 304, for a geographic illustration of the extent to which the National War Fund paralleled the U.S. war effort.) While leaving such efforts ostensibly under private control, the War Relief Control Board did not lose sight of the ways in which such efforts might be of service to national

[147] Smith, *More Than Altruism*, p. 37.
[148] Smith, *More Than Altruism*, p. 38.
[149] Stephen Daggett, 'Costs of Major U.S. Wars', Congressional Research Service, 7-5700, RS22926, 29 June 2010. <http://www.fas.org/sgp/crs/natsec/RS22926.pdf> Accessed 20 Feb 2013.
[150] Office of the Historian, Bureau of Public Affairs, United States Department of State, Milestones: 1937-1945, 'Lend-Lease and Military Aid to the Allies in the Early Years of World War II.' <http://history.state.gov/milestones/1937-1945/LendLease> Accessed 20 Jun 2013.

interests, and urged many of private agencies to include 'American' in their title, so that the origin of aid would be made evident.[151]

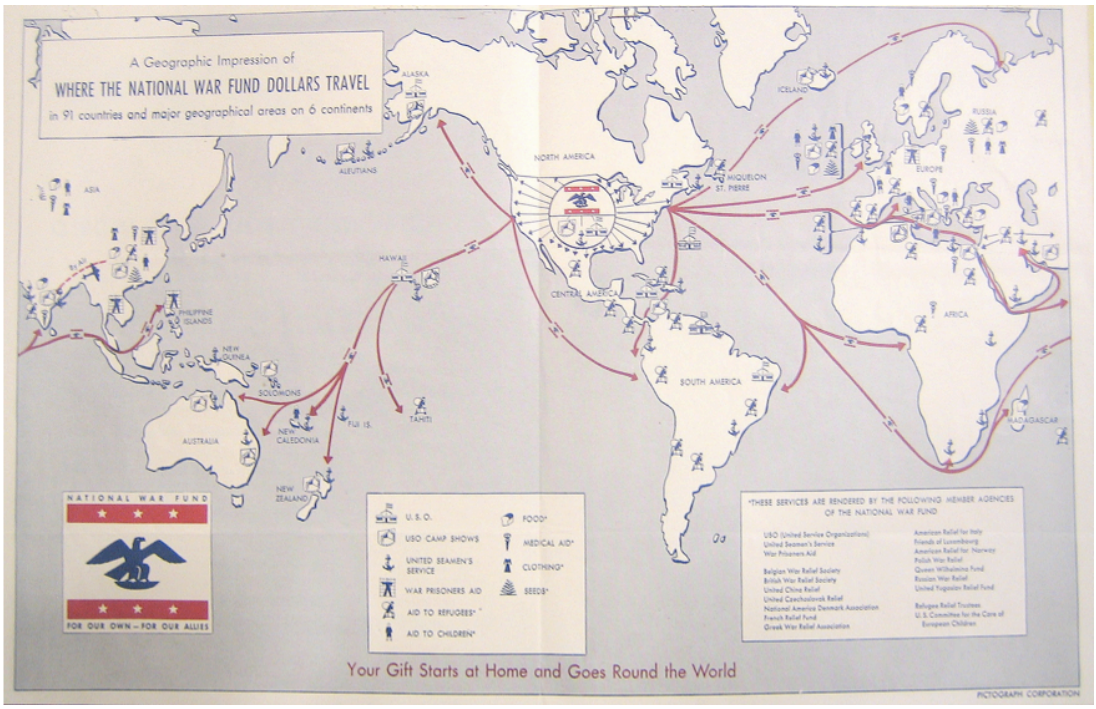


Figure 30. A map showing the distribution of money raised through the National War Fund, closely paralleling the U.S. war effort. (Princeton, UCR Records, MC135.)

Meanwhile, in 1945 alone the NWF appropriated $11,512,452 to United China Relief.[152] Between 1942 and 1948, UCR and its member agencies would direct nearly $50 million in aid to China. Of this, a substantial share (at least $10,000,000) was dedicated to the medical work of the ABMAC.[153] Although the role of the NWF and UCR may be debated, wartime donations for American aid to foreign allies, such as China, saw a major increase from pre-war levels, which may be seen in a brief overview of the ABMAC's budget. Between April 1941 and 1942 ABMAC budgeted around $100,000 for their projects abroad

[151] Smith, *More Than Altruism*, p. 40.
[152] UCR Records, b.17–fo.8: 'AOA Questionnaire', 29 Oct 1947.
[153] UCR Records, b.4–fo.7: "Past Achievements and Present Program".

and administrative and fundraising activities at home.[154] In 1944 – 1945 year, the ABMAC's financial purse had jumped to over $3,000,000 – a 35% share of UCR's $9,000,000 budget.[155] By the last years of the 1940s, however, the ABMAC's income would drop significantly from its wartime levels. In 1948 the ABMAC's income was down to $113,000 and in 1949 it fell to $96,700.'[156] In 1949, the ABMAC had received $342,867 through UCR. (That same year, the American Church Committee of the Mass Education Movement also received $6,672 for health clinics, the Church World Service $67,461, while the CAC and AMADCO received $18,533 for child welfare work).[157]

However, other institutions were also developing. The United Nations Relief and Rehabilitation Administration became a major force and 'between 1943 and 1947…distributed over $15 billion in resources to war victims and refugees…70% of which was donated by the U.S. government and much of it in food.'[158] Although, as discussed in Chapter 3, the ARC's first fundraising campaign for China (announced January 1938) was called off for failing to meet its one million dollar goal, before the campaign ended, the ARC had still managed to send a reported $629,454.02 in funds to China. (Whether this figure was solely to aid Chinese people and institutions, or included the $30,000 transmitted after the war first broke out to American citizens living overseas, is unclear.) Although the ARC went through a period of doing very little, by 1943 this had changed. At the end of that year, the ARC reported having transmitted $1,190,895.67 of its own funds to China – and disbursing $3,107,091.98 given by the U.S. government.[159] In December 1946, having since reversed its policy on cash grants, an ARC report noted having given $296,081,485.06 in

[154] ABMAC Records, b.1: ABMAC History.
[155] UCR Records, b.53–fo.1: Letter, Wilym Jenkins to DWE, 8 Sept 1944.
[156] Watt, *A Friend in Deed: ABMAC and the Republic of China, 1937-1987*, p. 8.
[157] UCR Records, b.16–fo.17: American Private Philanthropy in China, 1949.
[158] Smith, *More Than Altruism*, p. 41.
[159] NACP, ARC, Central File, 1935-1946 (Group 3), b.1395–fo.985.08.

cash grants to the CRC.[160] Considering that the CRC's own 1946 campaigns in China raised $689,439,120, the ARC's donations obviously constitute a significant figure in comparison to the budget one might expect for the CRC.[161] As much as UCR had raised, its total operational figures paled in comparison.

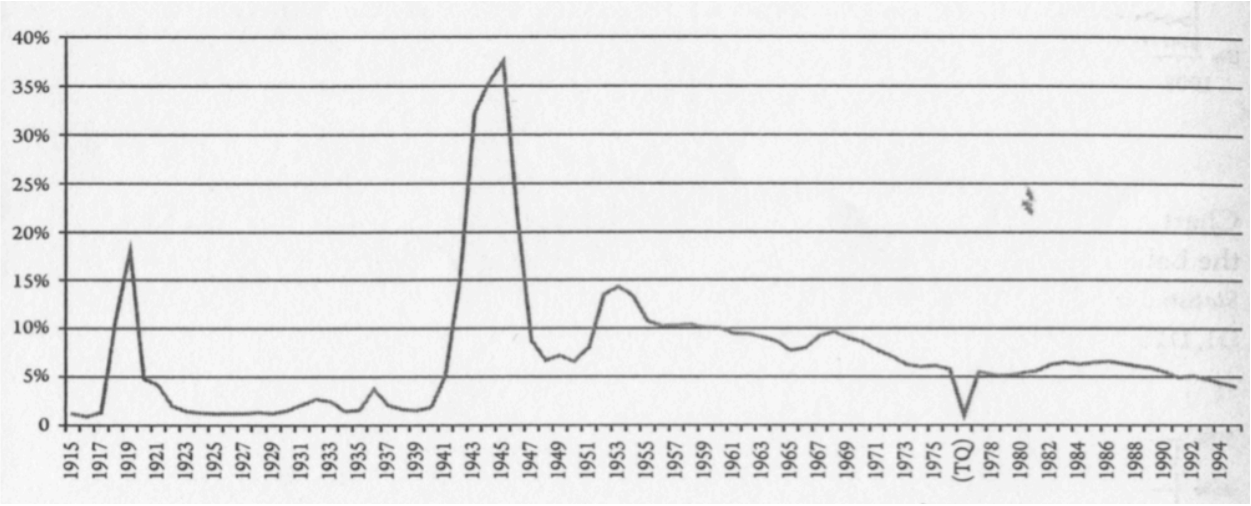


Figure 31. U.S. Military Spending as a Proportion of the GDP, 1915-1995. Although not in absolute numbers, the spike in expenditure (peaking at 1945) illustrates the profound impact of the Second World War on the U.S. economy. (Shown in Sparrow, *Warfare State,* Oxford: Oxford University Press, 2011. *Adapted from:* Susan B. Carter et al, eds., *Historical Statistics of the United States—Millennial Edition.* New York: Cambridge University Press, 2006.)

Meanwhile, money sent to Spain operated on an even smaller scale by its overall financial profile. The highest overall total raised by private groups was, according to historian Richard Traina, approximately $1.8 million.[162] Traina's estimate, however, came from a report written by Joseph C. Green, head of the Office of Arms and Munitions Control, which the State Department had admitted before the report was even completed

[160] NACP, ARC, Central File, 1935-1946 (Group 3), b.1395–fo.985.08.
[161] NACP, ARC, Central File, 1935-1946 (Group 3), b.1395–fo.985.08.
[162] Richard Traina, *American Diplomacy and the Spanish Civil War* (Bloomington: Indiana University Press, 1968).

that its financial figures may be misleading.[163] Beyond this, few new estimates have been made.

One key difference between the financial realities of aid efforts to Spain and China remains the effect of U.S. entry into the war alongside China. As Sparrow demonstrates in a series of graphs concluding his *Warfare State*, the Second World War completely changed U.S. spending. While U.S. military investment was the most direct recipient of such changes, private aid programmes to China, such as those promoted by UCR, found it easy to tap into these resources. And as much money as the figures represent, particularly relative to efforts to aid Spain, or the private efforts to aid China before UCR and the National War Fund, such numbers pale in comparison to overall U.S. expenditures during this period. (See Figure 31 previous page.)

Money and the Myth

In a moment of recognition of its limited scope, UCR itself noted that its real value lay not in the quantities raised, but in its dual 'humanitarian and utilitarian purposes' and that 'insofar as it does serve these two constructive purposes it is making a contribution to both China and to America far greater than the sums involved'.[164] And such a rationale – in which the high ethical purposes and impacts of humanitarian endeavour rises effortlessly beyond its material reality – is hardly uncommon. In his *Empire of Humanity: A History of Humanitarianism*, Michael Barnett speaks critically, as have others before him, of the self-perpetuated mythology of humanitarianism. According to Barnett, in the 'world of ethics…humanitarianism presents itself' as inhabiting, 'humanitarians often act as if they can

[163] Smith, *American Relief Aid and the Spanish Civil War*.
[164] UCR Records, b.21–fo.6: 'Statement of Policy in Making Appeals for Support, and Interpreting the Situation in China'.

have it both ways…complaining about politics and states "encroaching on their turf" even though they "have always defined their turf in political terms".'[165] Barnett, like so many contemporary historians of humanitarian aid, seeks to correct the suggestion that impartiality and neutrality played a strict role as 'part of humanitarianism's original DNA'. Such may be the myths of humanitarianism, but some of Barnett's critics raise the question of whether Barnett himself creates a new version of this mythology in his historical analysis. As David Rieff writes in review of Barnett:

> The less exalting truth, as Barnett surely knows but writes as if he does not know or else does not care, is that people have all sorts of motivations for doing what they do…As long as the work they do is valuable, these motivations are of little importance. In the end, Barnett has too much respect for what he believes humanitarianism incarnates as a set of values, an ethics, and too little respect for what humanitarians actually do. Without this perspective, his religious conclusion would be impossible; with it, it is simply wrong.[166]

Although Barnett's language does have a tendency to veer into loftier realms, Rieff's criticism somewhat misses its mark. It is true, as this study has shown, that the motivations behind the work of self-proclaimed humanitarians are myriad. And there has existed a tendency to allow the language of the ethical and moral high ground humanitarians seek to occupy to overrun the narrative of their history. But equally, in seeking to redress this imbalance, one can also too easily veer into the baser motives of international interventions. So-called humanitarian work is rarely, if ever, the somehow 'pure' and 'neutral' endeavour it may support its reputation to be. Few historians today would argue otherwise, and there has long since been a historical consensus negating the apolitical neutrality of humanitarianism in practice.

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[165] Quoted in David Rieff, 'The Wrong Moral Revolution: On Michael Barnett', *The Nation*, 5 October 2011.
[166] Rieff, 'The Wrong Moral Revolution'.

However, it is in an examination of the humanitarians themselves that the greatest value of this history resides. Not to draw the sweeping religious conclusions that override motivation, as in Rieff's critique, but to see such actors in their most basic, flawed humanity. In one of his reflections of the Spanish Civil War, James Neugass described an AMBASD nurse giving an extra egg to a fascist soldier. While one could dissect this episode – and the motivation behind it in any number of ways – it is in the potential impact of this narrative that makes the history of these organisations worth remembering. With the history of the Spanish Civil War still a hotly divisive issue in modern Spain, these stories have the ability to remind people of the moments of human connection in the midst of the inhumanity of war. Even more basically there exists a problem in thinking of the organisations of this study as 'humanitarian'. Operating from Barnett's contemporary definition (of humanity, impartiality, neutrality, or independence), it would be a stretch to suggest that they were impartial, neutral, or sought independence from the parties involved. But they did maintain a faith in and dedication to humanity. Of course, conflict itself has been labelled 'humanitarian' in its purpose and motivation, so one might still question the real difference between such groups and aims.

Final Thoughts

In the end, we return to the argument shared by all the organizations in this study. Whether the technical philanthropic experts of UCR, the passionately Nationalist supporter of ABMAC, the fervent anti-fascist of the AMBASD, or Communist in the CAC, etc. – all justified their existence in their role connecting people to people. In doing so, it was consistently argued, they were building friendships in terms both defined by nationality and superseding it – supporting the friendship between the United States and China, or the

United States and Spain. National identity became implicitly equated with 'the people' by American democratic ideals. And it was almost always framed in very 'American' ideals of a uniquely American democratic history – whether 'Communist' or 'Nationalist', 'Republican' or 'Loyalist'. Friendships were built, as were new enmities.

American efforts to rally a national effort behind Republican Spain lasted only a few years. In China, the effort lasted longer, fuelled by Sino-American cooperation in the Second World War. The ongoing struggle for power in China also contributed to a much more complex diplomatic history. In the 1920s and 1930s, 'American Far Eastern diplomacy…was carried out – if not always conceived – by a mere handful of State Department officials.'[167] The people of the ABMAC and the CAC sought to redress this perceived imbalance by becoming proactive in mediating Sino-American relations as individual citizens. The leaders of UCR sought many of the same goals, but whereas the ABMAC and CAC turned first to foreign Chinese leadership, UCR sought to do so principally through different channels. The conflicts that arose within UCR surrounding these organizations were largely disagreements over the channels chosen. But is this a change in how diplomatic history is viewed? Diplomatic history has always, in part, consisted of the stories of individual interactions between persons. However, as global communication increasingly connected different parts of the world, private citizens became more proactive in seeking to mediate such relations themselves.

In contrast to MSF, during this earlier period, however, people's value was still connected to national and political identities. ABMAC wanted to help the Nationalists, to make their vision China's future. The CAC had their own vision, allied with the Chinese Communists. The AMBASD in Spain had its own vision for Spain, which was as much a

[167] Bachrack, *The Committee of One Million*, p. 13.

reaction against the perceived threat of fascism in Europe as it was connected to any particular vision for Spain itself. Ultimately these limitations in their view of internationalism would cause their disintegration. As much as their language described a broad reaching, all-inclusive internationalism, in practice it was still limited by nationality. In later eras, similar responses to foreign conflict would arise – as grassroots responses arising from sympathy for the victims of foreign lands. Some of these would remain, like the organizations discussed in this chapter, tied to nationalism. However, over the course of the twentieth century the language of international aid increasingly moved away from the 'nation' as a unit defining the world, as we can see in the increased of new terms of international relations, from the transnational to the global.[168]

While still relying on the term, 'international', *A Different Kind of Diplomacy*, edited by Dr. Jack Fisher in 1987 describes the same type of citizen movement. In the forward to this edited collection, Dr. Armand Hammer relates the story of his involvement in mounting a private American response to the Chernobyl disaster in the Soviet Union. As Hammer states in opening, 'I am a firm believer in the concept that one individual can, and does make a difference, and that one of the highest rewards available to humans is the opportunity to contribute in however small a way, to the better good of mankind.'[169] Hammer had been involved in medical aid to the Soviet Union since the 1920s, first travelling there as a recent medical school graduate waiting to begin an internship. Hammer appears to have been independently wealthy, as he describes mounting a private effort – with his own resources –

[168] Ultimately, the efforts of the 1930s and 1940s of this study fit much more clearly into Barnett's age of 'neo-humanitarianism', whose values share more with nationalism and the Cold War, with an emphasis on development and sovereignty. While a more full reconsideration of his chronological breakdown goes beyond the scope of this study, this author would suggested that using the Second World War as the tipping point between this new age and the previous (named 'imperial humanitarianism' by Barnett) is incorrect. The interwar period, in fact, shared much more with the decades immediately following the Second World War than with the decades prior to the First World War.

[169] Jack C. Fisher and Debra Armstrong, eds., *A Different Kind of Diplomacy: A Source Book for International Health Volunteers* (Plastic Surgery Research Foundation, 1987).

to supply grain, ambulance, and medical supplies. From these efforts, 'the newly established government of the Communists under Lenin allowed me to undertake several business concessions in the U.S.S.R. which were very successful and started me on my career of an international businessman rather than a practicing medical doctor'. In the end, Hammer concludes:

> I believe my experiences, only a few of which I have described here, point to the importance of private citizens offering their own kind of help to people of other countries. I would emphasize, however, that I do believe that such assistance while it can be and often is independent of government action and policy, should nevertheless be in accordance with U.S. government policies and beliefs. It can act as a complement to official policy and perhaps serve as a bridge to help bring nations closer together in pursuit of the common goals of peace and a better life for all mankind.

At the end of the day, nations are still the units of our world, so perhaps we are still bound by these. And other efforts, such as those embodied by MSF offer a contrast to Hammer's account. Arising more out of a discourse of criticism towards existing official channels, whether those of government or existing private or semi-private institutions (such as the Red Cross), these efforts become linked with the earlier traditions of the organisations of this study.

James Sparrow has suggested that understanding the cultural foundations of collective political action has all too often occupied a blind spot for historians and political scientists alike. He argues that rather than restrict analyses to lofty ideologies or the proclamations of pressure groups, a focus on 'the interplay between state formation and political culture at the grassroots' make it possible 'to uncover the shared assumptions that ordered both cooperation and conflict within the polity'.[170] This study may offer a small contribution into understanding a cultural tradition of humanitarian endeavour. And, from that basis, present a

[170] Sparrow, *Warfare State*, p. 9.

glimpse into the tremendously multi-factorial nature American foreign relations in practice. Rather than attempt to reduce either history – that of humanitarian development, or that of American foreign relations – to a dominant theme, this study tries to identify many. Although certain groups held more power than others, change arose not from the control of any one group or individual.

Tracing private aid efforts in the period of transition marked by the Second World War confirms the war's role as a major turning point in the balance between private and governmental power. Amidst the exigencies of war, would-be critics of U.S. policy generally pursued ways of embracing federal power and seeking to use it to their own advantage, rather than protest or dismantle it.[171] AMBASD attempts to bend U.S. foreign policy towards the cause of Spain inspired those of ABMAC to take a different political tact, while UCR's entrance surpassed both in finding federal allies. While the organisations of this study varied in their challenges and criticism to federal efforts, all remained consistent in establishing a political voice as a symbiotic companion to humanitarian intervention. A symbiosis of aid and action that came before the post-war era, when humanitarian institutions established new standards of aid that built upon such smaller predecessors.

[171] Sparrow, *Warfare State*, p. 11.

APPENDIX A.

AMBASD Volunteer Profile.

Doctors

Nearly thirty physicians and surgeons travelled to Spain on behalf of the AMBASD. All but one were men. Their ages ranged from mid-twenties to mid-fifties. They came from all over the U.S., although a particularly strong contingent (roughly half) came from New York and other major cities of the Northeast. Six were immigrants, four coming from Russia, one from England, and one from Spain. Many were single when they travelled to Spain, although a few were married with families. The vast majority were of Jewish heritage, although only a handful self-identified their religion as such.[1] While many seem to have been involved with or sympathetic to liberal and progressive political causes besides Spain, only three are definitely known to have been members of the Communist Party. At least five attended medical school or completed post-graduate medical training in Europe.

Nurses

By the end of the war, over fifty women (and at least one man) had volunteered in Spain as nurses with the AMBASD. Most were in their twenties, although some were in their mid-thirties, and at least one was forty to fifty years old at the time. Almost all were single – many of them were only a few years out of nurse training. As with the doctors, the nurses came from all over the U.S., with a particularly large percentage coming from New York and the Northeast. At least nine were immigrants, coming mostly from Russia and Eastern Europe. Two of these were Dutch immigrants. One nurse was African American. At least nine identified themselves as Jewish, one as Catholic, and one as Protestant. Several – including some of those mentioned above – described themselves as agnostic or non-practising, regardless of their background. While many clearly identified with liberal and

[1] Guerra, *La Medicina*, pp.511-519.

progressive politics, only three of those who completed Martin's later questionnaire claim to have been members of the Communist Party.[2]

Other

AMBASD efforts also included many other types of medically qualified personnel. The dental unit included four dentists and three or four dental assistants. Five laboratory technicians, one x-ray technician and one pharmacist also worked for the AMBASD in Spain. Both Eugenia Grunsky and Luba Brisker were physical therapists, although the latter was also a trained nurse. The demographics of this somewhat disparate group appear relatively comparable to the doctors and nurses involved. At least two were immigrants – one from Peru and the other from Russia. Though volunteers came from all of the United States, the largest concentration came from New York. At least two classified their religion as Jewish, and one as Protestant.

Although most volunteers involved in the AMBASD's work in Spain were individuals with professional qualifications – such as doctors, nurses, dentists, and medical assistants or technicians – people without such qualifications were just as integral to AMBASD's programme of medical relief. The AMBASD also recruited ambulance drivers and chauffeurs, mechanics and engineers, and administrative staff to support the medical units. Such support staff travelled with almost every unit to sail to Spain. Mildred Rackley, an acquaintance of Barsky's and a fluent Spanish speaker, accompanied the first group as a hospital administrator and translator. For others, the role of support staff provided an opportunity for spouses to accompany loved ones to Spain – although the AMBASD generally tried to avoid sending married couples to Spain together because of the personal complications this might cause in the field.[3] Helene Weissman, who worked in the AMBASD's New York office, was asked to take her administrative skills to Spain, where she joined her husband,

[2] Patai cites approximately 25% as belonging to the Communist Party. See: Patai, 'Heroines of the Good Fight'.
[3] Martin Papers, b.5-fo.12: Letter, Benjamin Segal to Marianne King, 13 Oct 1937.

physician Oscar Weissman.[4] Alba Novac worked as a cook and general assistant. Her husband, too, was already in Spain, although as a volunteer in the International Brigades.[5] Ambulance driver Evelyn Rahman eventually joined her husband in Spain as well. Although both of the Rahmans had applied to become ambulance drivers with the First Unit, only Carl had been accepted. Besides the AMBASD's unwritten policy of trying to avoid sending husband and wife together, Evelyn had to battle against a male leadership that initially questioned her ability to be a driver – a task generally assigned to men.[6] She nevertheless became a valuable addition and popular figure both in Spain and in AMBASD promotional literature at home.

Ambulance Drivers

The AMBASD sent over twenty drivers to Spain as recruits from the U.S., while a number of others joined AMBASD services once there. Driving an ambulance proved a relatively popular way for injured members of the International Brigades to continue to stay involved in some aspect of the war effort while they recovered. The ambulance driver had achieved a new status since the First World War. American writers such as Ernest Hemingway and John Dos Passos – both of whom had driven ambulances in the First World War and actively spoke out on behalf of the Republic during the Spanish Civil War – helped popularize the figure of ambulance driver as hero. Compared to other groups of volunteers with the AMBASD, relatively little is known about the ambulance drivers as a whole. At least five were immigrants from Spain, with clear personal or familial ties supporting their decision to volunteer. At least one was an African American. James Neugass' recently published memoir, *War is Beautiful*, offers the most extensive portrait to date of an AMBASD ambulance driver, in addition to offering a glimpse into the personal details of a handful of others. Neugass himself, like a number of other AMBASD volunteers was Jewish and spent

[4] Martin Papers, b.13-fo.33: FM questionnaire, Helene Weissman.
[5] Martin Papers, b.10-fo.25: FM questionnaire, Alba Novac.
[6] Smith, 'New York's Aid', p.48.

time in New York (in addition to travelling extensively in Europe), although was originally from New Orleans.[7]

Following the examples set by Hemingway, Dos Passos and others, a number of drivers also had artistic or literary interests. James Neugass, already discussed, offers a prime example of this. Although his first published novel came after the war, his work had been published in a number of journals of poetry before. Judson Briggs, for instance, was already an established artist in the United States. His activism in favour of Republican Spain not only drove him to volunteer with the AMBASD as a driver, but also led to an artistic exhibition held in his honour in Paris in April 1938.[8] Showcasing 17 of Briggs's own paintings, alongside a study of Picasso's famous 'Guernica', this exhibition was another important method of publicising the work of organisations such as the AMBASD and CSI while promoting the cause of the Spanish Republic. Other drivers doubled as correspondents, using their experiences working in the midst of the conflict as a springboard for writing their own commentary on the conflict. Whatever their other interests may have been, the ambulance drivers of the AMBASD did more than just drive vehicles – they served as general 'handymen' for the medical services throughout Spain. As lab technician Dotty Fontaine fondly recalled, 'My greatest admiration…was for the Ambulance drivers. They were ingenious, imaginative and coped with their problems in an extremely efficient way.'[9]

[7] James Neugass, *War Is Beautiful: An American Ambulance Driver in the Spanish Civil War*, ed. by Peter N. Carroll and Peter Glazer (New York: New Press, 2008).
[8] Martin Papers, b.5-fo.21: CSI Pamphlet.
[9] Martin Papers, b.7-fo.24: Letter, Fontaine to FM, 30 Jan 1969.

APPENDIX B.

American Volunteers in China.

In comparison to the example of the demographic profile of the volunteers of the AMBASD in Spain, it is difficult to collate information about their parallels in China. Because the ABMAC, the CAC, and UCR never organised a comparable volunteer effort, there aren't really many volunteers to offer a basis for such an analysis. In comparison to Spain, China seems to have offered a temporary home to more independent volunteers, or foreigners already living abroad, who came to work with some of the same Chinese institutions supported by the organisations discussed here. Although this study looks at some of them, a full accounting of all such independent volunteers was beyond the scope of this study, and therefore are not included in the summary to follow.[10] To summarise material discussed elsewhere in this study, the following offers a brief glimpse at an overview of each of the three primary organisations discussed.

The American Bureau for Medical Aid to China

Although the ABMAC discussed mounting units of American volunteers to send to China, ultimately these plans never took off. Nevertheless, at least two doctors travelled to China as medical volunteers funded by the ABMAC. Both of these came from the faculty of Columbia University's College of Physicians and Surgeons. One was a female specialist in tuberculosis care (Dr. Adele Cohn), the other a male specialist in blood transfusion (Dr. John Scudder). A male dentist from New York (Dr. R. Gordon Agnew) also travelled to China as an escort for supplies being sent by the ABMAC, and may also have offered some of his professional expertise while abroad. The ABMAC also funded the travel of one

[10] As an example, John B. Foster was highlighted in Chapter 6 as an American missionary living in northern China who worked with the Chinese Red Cross as a foreign volunteer. Dr. George Hatem is another example of an American who had moved to China before the war, and became an integral part of Communist health care efforts during the war and after.

American nurse with previous work experience in China to return as a volunteer (Miss Ruth Derr). Both Derr and Scudder came from missionary families who had spent significant time in China and India. With Scudder's blood transfusion unit, one trained American mechanic (Louis de Fott) also travelled to China on behalf of the ABMAC.

More significantly, the ABMAC helped fund the return travel to Spain of at least 13 of Chinese doctors and nurses studying in the U.S. on Rockefeller Foundation fellowships.[11] In a number of these cases, the costs were split between the ABMAC and the Rockefeller Foundation. Chinese physicians working or studying in the U.S. who returned to China included at least four female physicians, and at least seven male physicians. Additionally, two female nurses returned with the blood transfusion unit led by Dr. John Scudder.

Additionally, the ABMAC offered salaries to two full-time representatives of the organisation to remain based in China for coordination with local agencies and other logistical work. One was American (Dr. George Bachman), and the other Chinese (Cheng Pao-Nan).

The China Aid Council

The CAC helped fund the travel of at least two physicians from North America (both male, Dr. Norman Bethune and Dr. Parsons). One female nurse (Jean Ewen) also travelled with this unit. Both Ewen and Bethune were Canadian. Dr. Parsons was American, but split off from the group early on. This researcher was able to find little on Dr. Parson's background. The CAC also helped fund the travel of volunteers of other nationalities. The total number of these is unknown, but includes at least one Dr. Hans Mueller (a refugee of central Europe) and Dr. Dwarkanath Kotnis (from India). Other refugee doctors working in China may have also received CAC funding, but limitation in remaining CAC records do not offer a full illustration.

[11] Those who ABMAC records confirm sending back to China include: Dr. Helena Wong, Dr. Chien-Lung-Yi, Dr. Marion Yang, Dr. Ping Yang Liu, Dr. J. C. Chang, Dr. Y. P. Liu, Dr. S. C. Chen, Dr. Tsui-Mei Huang Sung, Dr. Mildrid Tie, Dr. Hy Wang, Dr. Helena Wong, Mrs. Elsie Chung Lyon, and Miss Margaret Tchou. Other personnel were under discussion by the Medical Committee at various points, but not all returned to China.

UCR

As an umbrella organisation for the previous two groups, UCR did not send any medical volunteers, although did have one full-time representative in China (Dwight W. Edward) for logistical work coordinating agency efforts. At various points throughout the war, other UCR leaders and donors would travel to China periodically to review efforts.

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