

‘Factory of invalids’: Mortality, disability and early release on medical grounds in GULAG, 1930-1955

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By

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To my parents

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Short Abstract

This thesis forms the first detailed, scholarly account of the so-called '*aktirovka*', or medical release practices in the GULAG in 1930-1955. It explores two interlinked lines of inquiry. The first concentrates on medical release as mendacity: an informal tool of the GULAG administration to reduce mortality rates. Terminally ill invalids, discharged early on medical grounds, died soon after release, but camp doctors deliberately excluded these fatalities from medical registries.

The second line of inquiry constitutes a more general history of medical release, with a specific focus on decision-making, institutional confrontations around *aktirovka*, the evolution of its regulations and, particularly, overall quantification. Up until now, the total number of official invalids discharged from the GULAG in 1930-1955 remained unascertained. Without this figure, any meaningful conversation regarding a more precise estimate of additional GULAG-related deaths was all but impossible.

As the first principal quantitative contribution to the scholarship, this thesis establishes this figure, determining it to be around *one million*. Furthermore, having estimated the general magnitude of medical releases, the present project considers the range of possible survival rates among medically released invalids. The thesis 'follows' medical released invalids on their almost unstudied return journeys from the camps, traces their mortality and identifies four subgroups in the general mass of the medically released in relation to their probable life outcomes ('terminally ill', 'chronically ill', 'survivors' and 'bogus invalids').

As the second principal quantitative contribution, the thesis generates a novel educated estimate of additional 800,000-850,000 deaths of released 'certified invalids' ('*aktirovannye*'). This raises the death toll directly caused by the results of GULAG incarceration to 2.5 million (prisoners only). This original estimate is substantially different from the only two available figures found in the academic literature to date (1.7 and 6 million respectively).

In addition, the thesis develops three original arguments. First, central administrative intervention in mortality distortion was not meticulously coordinated, but was ad hoc, reactive and short-term. Second, medical release demonstrated not an exponential, but a ‘wave-like’ pattern. The rise of the ‘wave’ correlated with crisis periods in GULAG operations (war, national famines). Its fall coincided with more ‘normal’ periods and improved supply. Third, the scale of medical releases did not increase exponentially over time with an apex in the late 1940s – early 1950s. Their numbers dramatically plummeted in the post-war period, being in the order of thousands and tens of thousands, not hundreds of thousands or millions, as some scholars contend.

Methodologically, the present thesis explores for the first time the history of medical release through the prism of three responsible agencies: the GULAG, the camp Procuracy and the Ministry of Justice. It depicts an unknown turf-war among and within them. The dissertation argues that medical release policy was not scrupulously coordinated, but represented a complex knot of contradictions between irreconcilable agendas (‘mendacious’, ‘productionist’ and ‘legalist’). Importantly, this thesis discovered that the camp Procuracy, formally an oversight agency tasked with inspecting the GULAG, often colluded with the NKVD in the distortion of mortality rates – both in Moscow and on the ground.

As the basis of its explanatory mechanism, the project introduces a new three-tier model of mortality recalculation. The tiers were based on incidents of mortality among medically discharged ex-cons in three stages, as found in the documents. The first tier included deaths of the released in the camp or colony. The second encompassed mortality en route, after departure from the place of confinement. The third factored in mortality after arrival at a destination. This project ‘follows’ an average invalid, released on medical grounds from the GULAG, exploring each tier of the model. It develops a novel methodological algorithm to reappraise official mortality, which allows one to trace the data of ex-inmates’ deaths after release and revise official - and deficient - mortality records. For

the first time in the historiography, this thesis recalculates death rates for several localities and periods. Henceforth, scholars can productively apply this model as a universal template for future recalculations of GULAG death statistics, as soon as more evidence from various camps and colonies becomes available.

Extended Abstract

This thesis forms the first detailed, scholarly account of the so-called '*aktirovka*', or medical release practices in the GULAG in 1930-1955. It explores two interlinked lines of inquiry. The first concentrates on medical discharge as mendacity, a tool for artificial mortality reduction. The second constitutes its more general history, with a specific focus on decision-making, institutional confrontations around medical release, the evolution of its regulations and, particularly, overall quantification.

The first and main line of inquiry pursued by the present thesis concerns what is probably the most contentious issue in GULAG histories: its death toll and the actual role of mass releases from the camps. The problem holds far more than strictly empirical value. As this thesis argues, the successful resolution of this controversy holds explosive theoretical potential for a fundamental reassessment of the GULAG as an institution and, broadly speaking, of Soviet penalty in general.

Historiography

This thesis highlights two opposing factions in the scholarship: the 'believers' and the 'sceptics'. The distinction between them stems from their attitudes to the central summary reports on mortality and mass releases in 1930-1955, published during the 'archival revolution' of the 1990s. The 'believers' (Zemskov, Getty, Rittersporn, Wheatcroft, Ertz, Weiner and many more) generally accepted the veracity of the reports, ostensibly because the figures were 'classified' (the 'Mafioso Tax' analogy). Building on the central summary reports, they claimed that 1.7 million people died in the GULAG, out of roughly 18 million in 1930-1955 (10% death rate, 90% survivors). Conversely, the 'sceptics' (Alexopoulos, Khlevniuk, Ellman, Berdinskikh, Isupov, Applebaum and several others) emphasised the underestimated variable of mass medical releases, completely ignored by 'believers' apart from Wheatcroft. Ostensibly, the policy of 'release-to-die' via medical discharge deceptively suppressed registered mortality. Authorities deliberately released terminally ill inmates to cut costs, produce

‘convenient ’indicators in the reports and avoid prosecution from inspectors. However, almost none of the ‘sceptics’ looked into this hypothesis on a deeper empirical level. They briefly mentioned the possibility, but never elaborated it, with the sole exception of Alexopoulos. She was the first to produce, in 2017, the only estimate of GULAG-induced deaths that was an alternative to the ‘official’ figure: six million dead, combining ‘official’ mortality and alleged ‘unofficial ’deaths after release, and signifying a 30% death and 70% survival rate in 1930-1955.

Contribution

The present thesis engages with both scholarly factions and their estimates of mortality, critically interrogating their sources, methodologies and interpretive frameworks. While building on their achievements and agreeing with the proponents of the ‘release-to-die ’contention in principle, the present dissertation produces its own set of arguments and rectifies the most salient drawbacks of the ‘sceptical ’position. First, they adduced no statistical evidence indicating that medical release indeed fraudulently reduced death rates for even a single locality. Second, none of the ‘sceptics ’produced direct quantitative proof that central Moscow statistics contained any understatement of deaths due to medical release at all. Third, the role of the central authorities in deception via *aktirovka* remained not fully understood. Alexopoulos offered the only explanation of their agency. She posited a centralised, long-term, highly coordinated ‘release-to-die ’policy deliberately guided from Moscow, and that deceptive mass releases increased exponentially over time and allegedly reached their peak in the late 1940s and early 1950s. This resulted in annual discharges of hundreds of thousands and even millions of terminally ill invalids.

This thesis, however, suggests an alternative interpretation. It develops three original arguments. First, intervention of central authorities in mortality distortion was ad hoc, reactive and short-term, not meticulously coordinated on a long-term basis. Second, medical release demonstrated not an exponential, but a ‘wave-like ’pattern. The rise of the ‘wave ’correlated with crisis periods in

GULAG operations (war, national famines) and resource deficits. The fall coincided with more 'normal' periods and improved supply. Third, the scale of medical releases did not increase over time, but dramatically plummeted in the post-war period, being in the order of thousands and tens of thousands, not hundreds of thousands or millions.

Additionally, this dissertation seeks to strengthen the 'release-to-die' argument with a broader, more conclusive evidence base. To verify the validity of the 'release-to-die' conjecture, it employs two principal arguments: quantitative and qualitative. For the quantitative argument, developed in Chapter 1, the dissertation provides precise numeric confirmation of the understatements in the central statistics – at least for some camps and chronological periods. It also recalculates mortality for a few localities by factoring in released invalids' deaths. This thesis makes such recalculations for the first time in the historiography. They reveal that the real mortality in randomly chosen camps and colonies was higher than in the agreed scholarship so far.

Moreover, this thesis elucidates the as-yet uncharted degree of spatial and temporal proliferation in invalids' deaths after release. It reveals an enormous spread in these fatalities across time and space, from Arkhangel'sk to Tashkent, Ukraine to Khabarovskii krai in almost every year in the 1930-1955 timeframe. Therefore, the present project contends that ex-inmates' mortality should not be discarded as a negligible, irrelevant demographic process. It was not confined to one or two atypical camps, but constituted a nationwide phenomenon. This newly discovered magnitude makes it an indispensable addition to the GULAG death toll.

As its qualitative argument, developed in Chapter 3, this study introduces previously unheard voices from Soviet bureaucrats themselves. In newly discovered documents, they concede – sometimes hiding their confessions behind a tangled web of evasive language – the fraudulent motives behind the procedure.

Furthermore, instructions stipulated that the invalids were supposed to be sent to relatives, civilian hospitals or exile. However, the empirical particularities of this transition across time and space remained almost unexplored. As a result, the scholarship has had an extremely vague understanding of what actually happened with the medically released after discharge. The ‘believers’ construed them as ‘survivors’. On the other hand, the dissident ‘sceptics’, particularly Alexopoulos, argued that almost all of the released invalids were on the brink of death and should therefore be included in the GULAG death toll. However, both claims were conjectures. As this thesis shows in Chapter 2, the fates of GULAG invalids after release were far more complex. They cannot be boxed in this dichotomy. Therefore, the present project considers the range of possible survival rates among medically released invalids. It identifies four new subgroups in the general mass of the medically released in relation to their probable life outcomes: ‘terminally ill’, ‘chronically ill’, ‘survivors’ and ‘bogus invalids’.

The present thesis reconstructs the journey of the average invalid after discharge in Chapter 2. As the basis of its central argument, developed in Chapters 1 and 2, it introduces a new three-tier model of mortality recalculation. The tiers were based on incidents of mortality among medically discharged ex-cons in three stages, as found in the documents. The first tier included deaths of the released right in the camp or colony. The second encompassed mortality en route. The third factored in mortality after arrival at a destination. Scholars of the GULAG can productively apply this model as a universal template for future recalculations of statistics, as soon as more evidence from various camps becomes available.

In relation to the second line of inquiry - a general history of *aktirovka* - pursued in Chapters 4 and 5, there were several major lacunae. The first involved the triumvirate of Soviet state agencies that executed medical release: the OGPU–NKVD–MVD (the GULAG, which identified candidates), the camp Procuracy (which provided oversight), and the Ministry of Justice (which issued the final

verdict in each case). The few mentions of *aktirovka* in the existing scholarship predominantly came from a one-dimensional bureaucratic standpoint, notably including the perspectives of either the NKVD–MVD (in almost all cases) or, to a much smaller extent, the Ministry of Justice (being still very insufficiently researched). It was unclear how and why decision-making inside all three bureaucratic superstructures evolved over time. Essentially, the complex interplay among and within the pertinent agencies in various periods were unexamined both in Moscow and on the ground.

This thesis, by contrast, employs fresh multi-institutional optics in its research into medical release, simultaneously drawing from local and central records for the first time in the historiography. It demonstrates a previously ‘unseen’ turf-war around *aktirovka* among three agencies: the OGPU–NKVD–MVD, the Procuracy, and the Ministry of Justice (MIu). As this thesis demonstrates, medical release was animated not by a unified, well thought out, scrupulously coordinated policy, but represented a complex knot of contradictions between irreconcilable agendas (‘mendacious’, ‘productionist’, and ‘legalist’). Importantly, the camp Procuracy has been totally disregarded. Up to this day, it constitutes one of the most unstudied state agencies under Stalin. Consequently, this dissertation devotes particular attention to the obscure and often contradictory role of the camp Procuracy in its supervision of *aktirovka*. It argues that the camp Procuracy, although formally tasked with oversight over the GULAG, actually very often colluded with the NKVD. Acting as tacit allies or even obedient proxies of the NKVD’s institutional interests, camp procurators helped GULAG administrators distort reported death rates via medical release.

Finally, the total number of official invalids discharged from the GULAG via medical release in 1930-1955 remained unascertained. Without this figure, any meaningful conversation regarding a more precise estimate of deaths caused by GULAG detention was all but impossible. As an overarching empirical contribution, this thesis provides this figure, determining it to be around one million. It also offers its own provisional estimate of GULAG-induced deaths (2.5 million). This

figure is substantially different from the only two estimates found in the literature to date (1.7 and 6 million).

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List of Abbreviations

ASSR	Autonomous Soviet Socialist Republic
GKO	State Defence Committee
GUAS	Main Administration of Airfield Construction
GULAG	Main Administration of Camps
GULGMP	Main Administration of Camps For Metallurgical Plants and Mines
GULPS	Main Administration of Camps For Industrial Construction
GUSHOSDOR	Main Administration of Highways
GULZHDS	Main Administration of Camps For Railway Construction
ITK	Corrective-labour colony
ITL	Corrective-labour camp
GTU	Main Prison Administration
GUITU	Main Administration of Corrective-Labour Establishments
Narkomzdrav	Health Ministry
Narsud	People's court
NKGB-MGB	Ministry of State Security
NKiu-MIu	Ministry of Justice
NKPS-MPS	Ministry of Transport
NKVD-MVD	Ministry of Internal Affairs
MZ	Places of Confinement
Obkom	Regional Committee of the Communist Party
Oblsud	Regional court

OCHO	Operative-chekist department
OGPU	Unified State Political Administration
OITK	(Regional) Section of corrective-labour colonies
OK	Convalescence team
OP	Convalescence point
RSFSR	Russian Soviet Federated Socialist Republic
SANO	Sanitary/Medical-Sanitation department
Sanchast'	Sanitary section
Sobes	Ministry of Social Security
Sovnarkom	Council of People's Commissars (Ministers)
URO-OURZ	Allocation and Distribution department
UITLiK	(Regional) Administration of corrective Labour camps and colonies
ULLP	Administration of Forestry Camps
UPK	Criminal Procedural Code
UNKVD	Regional administration Of Ministry of Internal Affairs
Politotdel	Political department
z/k z/k	Prisoner

INTRODUCTION

Research questions and contributions

What link could possibly connect Soviet writers Varlam Shalamov, Efrosinia Kersnovskaia, Veniamin Kaverin, Iurii Dombrovskii, Vasilii Grossman, and Iurii Nagibin? Is there a bond that unites them with the philosopher Alexei Losev, his wife Valentina Sokolova–Loseva, actor Petr Viliaminov, prominent tsarist and Red Army general Andrei Snesev, Platon Platonov, son of influential writer Andrei Platonov, and Boris Solonevich, a brother of GULAG memoirist Ivan Solonevich? What do these famous people share with hundreds of thousands of ordinary Soviet prisoners in Stalin’s era? There is at least one commonality. They were all directly or circumstantially related to the process of early release on medical grounds from the USSR penal system – the GULAG.¹

Medical discharge was introduced in the new RSFSR criminal procedural code (UPK) of 1923.² The procedure was novel and was borrowed from the progressive Western penological practice of so-called ‘compassionate release’.³ When an inmate became so ill that he or she could not perform even token labour, camp medics assessed them as part of a special commission (*komissia po aktirovke*). If their illness was deemed to be ‘grave and incurable’, the detainee was granted official ‘certified’ (*aktirovannyi*) invalid status. After a review by a procurator, the invalid would be released through a court decision before the completion of

¹ This thesis uses the acronym GULAG in two ways: the Soviet system of judicial incarceration in general (camps and colonies) and the penal central administrative apparatus under the aegis of the OGPU–NKVD–MVD (Secret police and the Ministry of Internal Affairs, which administrated the camps between 1930–1960). Sometimes I also use generalized ‘camps’ to signify both camps and colonies (two main types of institutions for sentenced prisoners), when this distinction is irrelevant.

² Ugolovno–protsessual’nyi kodeks R.S.F.S.R.(Moscow: Iurid.izd–vo Narkomiusta, 1923).

³ Mary Bosworth, *Encyclopedia of Prisons & Correctional Facilities* (Thousand Oaks, London: SAGE, 2005), 150–151.

their sentence under Articles 457, 458, 461, and 462 of the RSFSR UPK.⁴ After release, the ex-inmate was supposed to be transferred into the care of relatives, civilian hospitals, or administrative exile. From the early 1930s, this seemingly humanitarian method of parole came to be known as *aktirovka*, *aktatsia* or *aktirovanie*.⁵ Derived from the neutral verb ‘*aktirovat*’ (‘issue an act’), the bureaucratic term initially signified a formal ‘certification’ confirming that dilapidated items (like old clothes or dysfunctional machinery) were in an irreparable state. In the production-centred GULAG context, it also applied to people. Up to this day, this neologism (*aktirovka*) is informally employed in contemporary Russian prisons by doctors, jurists, penal officials and prisoners alike with identical semantic meaning, a distant ‘echo’ of the vocabulary inherited from the Stalinist forced-labour camps.⁶

Why is *aktirovka* in the GULAG a focal point of this research? The history of medical discharge is inextricably intertwined with the most contested dilemma of GULAG studies: its overall death toll and the interrelated function of mass releases from the camps. However, despite the prodigious amount of research dedicated to the Soviet penal-industrial complex, no scholar to date has told the story of this phenomenon in granular detail. The present thesis strives to fill this gap. It aims to produce the first scholarly account of *aktirovka* from 1930–1955. Due to the sources’ limitations, the 1930s are used in this dissertation mostly for contextualization, while the focus is on the 1941–1955 period. This study concentrates on the

⁴ And the analogous articles of respective republican codes. For example, in the Azerbaijani code it was Article 445 (State Archive of the Russian Federation; hereafter GARF.F.R–9492.Op.5.D.58.L.2); in the Ukrainian one – Article 389 (GARF.F.R–9492.Op.5.D.53.L.229).

⁵ See entry ‘*aktirovka*’ in Zhak [Jacques] Rossi, *Spravochnik po GULAGu*, 2 vols. (Moscow: Prosvet, 1991), Vol.1, 12–13; Another widespread meaning of ‘*aktirovat*’ – an assessment of the outside temperature (‘*aktirovat*’ pogodu’); for ‘*aktatsia*’ example see GARF.F.R–9492.Op.5.D.61.L.107.

⁶ Z.M.Zugumov, *Russkoiazychnyi zhargon: istoriko-etimologicheskii tolkovii slovar’ prestupnogo mira* (Moscow: Kn.Mir, 2015), 15. For example of ‘*aktirovka*’ term usage in 2019 context see ‘190 let tiuremnoy meditsine v Rossii’. Accessed 24 December 2019. https://www.newsru.com/russia/12jul2019/ik2_inmate.html .

medical release of two legal subcategories of the Soviet penal population: prisoners and so-called ‘labour soldiers’ (*trudarmeistsy*), who were internees of the Labour Army.⁷ However, it does not intend to explore every possible aspect of *aktirovka* in each camp that existed under Stalin. Broadly, the present project pursues two specifically defined avenues of inquiry.

The first area of investigation: aktirovka as mendacity

The first primary line of inquiry focuses on medical release as a surreptitious, deceptive mechanism for the suppression of death rates. Following the debunking of the pre-archival ‘traditional’ tropes, which likened the GULAG to an ‘Auschwitz without Ovens’ (almost no releases and tens of millions of victims) during the 1990s ‘archival revolution’, only two estimates of the system’s death toll have appeared in the academic literature over the last 30 years. The first estimate emerged during the initial wave of archival-based scholarship following the opening of central GULAG archive in 1989 (Viktor Zemskov, J. Arch Getty, Gabor T. Rittersporn, Alexandr Dugin, Stephen Wheatcroft, Simon Ertz, and many others).⁸ According to this authoritative interpretation, out of roughly 18 million prisoners who ‘passed’ through the system between 1930 and 1955, 1.7 million died (10% in relative terms). Ninety per cent of inmates supposedly survived the incarceration. Golfo Alexopoulos put the only alternative reassessment of the official figures forward in 2017. She claimed that at least six

⁷ On the ‘Labour Army’ as a distinctive GULAG phenomenon see A. A German, A.N Kurochkin, *Nemtsy SSSR v ‘Trudovoi Armii’: 1941–1945* (Moscow: Gotika, 1998); V. M. Kirillov, et.al, *Gedenkbuch: Kniga pamiati nemtsev–trudarmeitsev Bogoslovlaga 1941–1946* (Moscow and Nizhnii Tagil: BIZ, 2008); G. A. Goncharov, *‘Trudovaia Armia’ na Urale v gody Velikoi Otechestvennoi voiny* (Cheliabinsk: Cheliabinsk State University, 2006).

⁸ For the most influential example see J. Arch Getty, Gabor T. Rittersporn, and Viktor N. Zemskov, ‘Victims of the Soviet Penal System in the Pre-War Years: A First Approach on the Basis of Archival Evidence,’ *American Historical Review* 98, 4 (1993): 1017–49.

million people died due to GULAG detention between 1930 and 1953. This meant 30% death and 70% survival rates respectively.⁹

The fundamental difference between these two interpretations lay in their treatment of medical release variables. The proponents of the lower mortality estimation almost completely ignored it and its connections to the issue of official data reliability. They obtained the 1.7 million figure from the summary reports of the GULAG central administration in Moscow and considered the number adequate. Their argument was that the top–secret, functional nature of these cumulative figures predetermined their high veracity. Ostensibly, the GULAG authorities had no practical reason to falsify classified mortality statistics, which were essential for internal administration. This historiographical faction could be classified as ‘the believers’.

Conversely, Alexopoulos highlighted the putative systematic ‘release–to–die’ policy via medical release. She drew upon and expanded several other scholars’ contributions (such as that of Viktor Berdinskikh, Oleg Khlevniuk, Vladimir Isupov, Michael Ellman, Anne Applebaum and others), who superficially conjectured that *aktirovka* may have been used to artificially deflate death rates, although they never elaborated on the details. According to Alexopoulos, medical release greatly distorted central mortality statistics, particularly in the late 1940s and the early 1950s, when invalids were allegedly freed or relocated on a mass scale to ‘other places of detention’ (such as special settlements). Purportedly, the mass release of the terminally ill exponentially increased over time (with a peak in the late 1940s and early 1950s, the most deadly period in the existence of the camps). Using educated extrapolations, Alexopoulos arrived at her figure of six million of ‘registered’ deaths combined with those ‘unregistered’ after release. Importantly, she implied that the practice was part of a highly coordinated policy of the central authorities. Medical release was used on a mass scale by

⁹ Golfo Alexopoulos, *Illness and Inhumanity in Stalin’s GULAG* (New Haven, CT: Yale University Press, 2017), 16, 243.

Moscow to deliberately ‘hide the destructive capacity of the system’ by releasing millions of dying prisoners. This dissident and outnumbered scholarly faction can be labelled ‘the sceptics’.

This thesis aspires to critically interrogate both factions’ evidence base, methodology and particularly their estimates of inmate mortality.¹⁰ Above all, it seeks to generate its own alternative provisional projection for additional deaths, provoked by GULAG detention. Hereafter, the term ‘additional deaths’ in this thesis denotes fatalities additional to the official central GULAG mortality data.

The present thesis furnishes a novel educated estimate of 800,000-850,000 deaths of released ‘certified invalids’ (*‘aktirovannye’*), not included in the central GULAG reports on mortality. This raises the death toll directly caused by the results of GULAG incarceration to 2.5 million (prisoners only). This original estimate is substantially different from the only two available figures found in the academic literature to date (1.7 and 6 million respectively).

However, the present study by no means tries to definitively resolve the issue of official mortality data revision in its entirety. The inaccessibility of the sources, as well as the colossal scale of the task, makes this impossible. Nevertheless, this work intends to make a first firm step into the right direction. Whereas the present dissertation builds upon contributions of ‘the sceptics’ and agrees with the ‘release-to-die’ argument in principle, it strives to introduce much needed nuance. This project intends to mend the most salient weaknesses of the ‘sceptical’ exposition. There are several.

First, ‘the sceptics’ acknowledge the deceptive nature of *aktirovka* in a somewhat peremptory manner. Essentially, this conclusion is embedded in the very premises of the

¹⁰ For a detailed critique of both factions, see the historiographical section of this Introduction.

‘release-to-die’ argument itself. The distortion of mortality via medical release is presented in their work as a proven inarguable fact. Nevertheless, as I contend, it still remains unclear how seriously it affected registered mortality or whether it even existed at all. Crucially, no cases of mass death of ex-cons had been located in the archives. Neither a temporal nor a spatial proliferation of these potential uncounted deaths has been ascertained. There is only a logical hypothesis, mostly inferred from anecdotal or circumstantial evidence. As late as 2020, none of these scholars has provided quantitative proofs that conclusively demonstrates the artificial reduction of mortality rates in even one camp or colony. Moreover, ‘the sceptics’ did not provide direct statistical evidence indicating that the central Moscow statistics are indeed deficient to any degree.

Consequently, this thesis seeks to strengthen the ‘release-to-die’ argument with a broader, more conclusive evidence base. To verify the validity of the conjecture, it employs two principal arguments – quantitative and qualitative. As the main quantitative argument, the present dissertation provides precise numeric confirmation of the understatements in the central statistics – at least for some camps and chronological periods. It also recalculates mortality for a few localities by factoring in released invalids’ deaths. Such recalculations will be done for the first time in historiography. They purport to reveal that the real mortality in randomly chosen camps and colonies was higher than it has been agreed upon in the scholarship so far.

This thesis elucidates the as-yet uncharted degree of spatial and temporal proliferation in invalids’ deaths, both after release in the localities themselves and during return journeys. For the first time, it reveals an enormous spread in these fatalities across time and space: from Arkhangel’sk to Tashkent, Ukraine to Khabarovskii krai in almost every year in the 1930-1955 timeframe, occurring with different intensities and magnitudes. Therefore, ex-inmates’

mortality should not be discarded as a quantitatively negligible or irrelevant demographic process.

As its main qualitative argument, this study introduces previously unheard voices of Soviet bureaucrats themselves. In newly discovered documents, they concede – sometimes hiding their confession behind the tangled maze of evasive language – the fraudulent motive behind the procedure.

Second, the most obvious gap in the ‘sceptical’ evidence base constitutes the actual fate of invalids after discharge.¹¹ Their documented history abruptly ends after the formalization of the release. Then invalids dissipate in the realm of speculation. ‘The believers’ have mixed them up with all other types of GULAG releases and interpret their discharge as a sign of system’s unexpected ‘survivability’. On the contrary, ‘the sceptics’, particularly Alexopoulos, construe medically discharged prisoners as dying or terminally ill. However, which claim successfully holds up? It is not yet clear. We know that released invalids were in theory supposed to be transported away from the localities, either to their relatives or into civilian health care establishments.¹² Nevertheless, what happened to these people in practice during the transfers remains virtually unknown. Did invalids indeed die on their way back? Did they manage to survive? How widespread was their mortality, if it occurred at all on a noticeable scale? The scholarship does not answer these questions. As Ellman pointed out in 2002: ‘At the present time there does not appear to be any data available on the number of those who died within, say, six months of being freed from the GULAG’.¹³ It is still the case in 2020. Hence, it is important to reconstruct the hypothetical return journey

¹¹ This cogent point is raised by Steven Maddox in ‘New Directions in GULAG Studies: A Roundtable Discussion.’ *Canadian Slavonic Papers* 59, no. 3–4 (2017): 376–95.

¹² Oleg V. Khlevniuk, *The History of the GULAG: From Collectivization to the Great Terror* (New Haven, CT: Yale University Press, 2004), 37.

¹³ Michael Ellman, ‘Soviet Repression Statistics: Some Comments.’ *Europe–Asia Studies* 54, no. 7 (2002):1153.

of an invalid, released on medical grounds from the GULAG. This thesis ‘follows’ the discharged beyond the boundaries of the places of confinement to determine the range of their potential life outcomes in order to make an assessment of possible survival rates among medically discharged. It identifies new four subgroups in the general mass of the discharged in relation to their probable life outcomes (‘terminally ill’, ‘chronically ill’, ‘survivors’ and ‘bogus invalids’.)

As the cornerstone of its central argument and explanatory mechanism, the present dissertation develops a new three-tier template model for mortality recalculation. Each of the tiers is based on a major nexus point of these relocations: camps themselves, transportation process and destination locations. This model provides scholars with a powerful analytical and methodological tool. In a longer-term perspective, it could be applied to systematically reappraise the official mortality data for each of the myriad GULAG localities.

The second area of investigation: aktirovka’s general history

The first line of inquiry is indelibly linked to the second principal area of investigation, explored by the present thesis, which is the more general history of medical release. Specifically, it examines five key facets of *aktirovka*: decision-making dynamics, related institutional frictions around it, the evolution of its regulations, their implementation on the ground, and particularly its overall quantification. Let us discuss them in turn.

In relation to decision-making and institutional confrontations, there are at least two major lacunae. A triumvirate of Soviet state agencies executed medical discharge: the OGPU–NKVD–MVD (the GULAG – identifying candidates); the camp Procuracy (which provided oversight); and the Ministry of Justice (who issued the final verdict in each case). The few mentions of *aktirovka* in the existing scholarship predominately come from a one-dimensional

bureaucratic standpoint, notably including the perspectives of either the NKVD–MVD (in almost all cases) or, to the much lesser extent, the Ministry of Justice (the latter being still very insufficiently researched).¹⁴ As a result, ever–morphing rationales revealing the ‘positive’ or ‘negative’ decisions for early release on medical grounds still represent a ‘grey area’. It is unclear how and why decision–making inside all the three bureaucratic superstructures evolved over time. Essentially, the complex interplay between and within pertinent agencies in various periods continue to be uncharted both in Moscow and on the ground. This thesis, by contrast, employs fresh multi–institutional optics in its research of medical release, simultaneously drawing from local and central records.

Importantly, the camp Procuracy remains totally disregarded. Up to this day, it constitutes one of the most unstudied state agencies under Stalin.¹⁵ As Jeff Hardy pithily pointed out in 2016: ‘Recent works on the Stalinist GULAG, while at times using prosecutors’ reports to describe the terrible living conditions suffered by prisoners, have all but ignored the Procuracy’s oversight role’.¹⁶ Dan Healey reiterates this sentiment: ‘The story of the judicial supervision of the GULAG is unwritten’.¹⁷

¹⁴ Thus, Alexopoulos’ work mainly builds upon the central archive of the GULAG (F.R–9414 in GARF) and does not use local materials. Furthermore, one should acknowledge the important, but brief pioneering contributions by Galina Ivanova and Marc Elie, who both used central USSR Ministry of Justice materials in their descriptions of medical release (F.R–9492 in GARF). G.M.Ivanova, *Istoriia GULAGa, 1918–1958: Sotsial'no–ekonomicheskii i politiko–pravovoi aspekty*. (Moscow: Nauka, 2006), 414–418; Marc Elie, ‘Les anciens détenus du Goulag: libérations massives, réinsertion et réhabilitation dans l’URSS poststalinienne, 1953–1964’ (PhD diss., EHESS, 2007), 74–76.

¹⁵ Conversely, the general (regional) Procuracy under Stalin has been researched considerably better. See Immo Rebitschek, *Die Disziplinierte Diktatur: Stalinismus Und Justiz in Der Sowjetischen Provinz, 1938 Bis 1956* (Beiträge Zur Geschichte Osteuropas Bd. 51. Köln, 2018); A.G. Zviagintsev, A.G.Orlov, *Prigovorennye vremenem, Rossiiskie I sovetskie prokurory. XX vek, 1937–1953* (Moscow: Rosspen, 2001); Zviagintsev and Orlov, *Zalozhniki vozhdai: rossiiskie i sovetskie prokurory XX vek, 1954–1992* (Moscow: Rosspen, 2006).

¹⁶Jeffrey S. Hardy, *The GULAG after Stalin: Redefning Punishment in Khrushchev’s Soviet Union* (Ithaca, NY: Cornell University Press, 2016), 236. The only serious, informative

During the period under scrutiny, the Procuracy, a distinctive Soviet control and inspection agency, had a separate department dedicated specifically to the oversight over ‘places of detention’ (*Otdel* – from the late 1940s – *Upravlenie po nadzoru za mestami zakliucheniia*). The so-called ‘camp procurators’ were assigned to the individual local GULAG administrations and had the legal authority to criminally prosecute officials and inmates alike for various transgressions, sometimes investigating mass mortality incidents and the falsification of data. Crucially, they were also tasked with the inspection of medical release. The camp Procuracy’s almost unexamined materials are extremely useful for the goals of the present study. However, this agency was by no means an impartial enforcer of laws and should be treated as critically as any other state structure. Consequently, this dissertation devotes particular attention to the obscure and often contradictory role of camp Procuracy in its supervision of *aktirovka*. It argues that the camp Procuracy in practice was very often colluding with the NKVD. Acting as tacit allies or even obedient proxies of the NKVD’s institutional interests, camp procurators helped GULAG administrators to distort reported death rates.

Second, the agency of the central authorities of all three bureaucratic actors has still not been fully tackled and explained. If medical release was indeed mendacity to lower death rates, should we consider the practice as exclusively low-level shenanigans to mislead the central apparatuses (comparable to the more well known inflation of production output, the notorious ‘*tufta*’)?¹⁸ Or, on the contrary, did the top administrative echelon somehow deliberately act as an accomplice or even a catalyst in the manipulation of statistics?

attempts to describe this peculiar external check on GULAG operations was made by Hardy, but for the Khrushchev’s period (see Hardy, *GULAG*, 96–129).

¹⁷ Dan Healey, ‘Lives in the Balance: Weak and Disabled Prisoners and the Biopolitics of the GULAG,’ *Kritika: Explorations in Russian and Eurasian History* 16, no. 3 (2015):533.

¹⁸ *Tufta* – a slang word from ‘camp lexicon’ for false accounting in order to inflate ones’ successes (usually associated with production). On this analogy see Alexopoulos, *Illness*, 154.

Alexopoulos so far have offered the only interpretation of Moscow's intervention. She argues that there was a long-term, systematic, carefully orchestrated central 'release-to-die' policy, which exponentially increased over time between 1930 and 1953.¹⁹ This thesis proposes an alternative original argument. It argues that central interference in mortality distortion was not meticulously coordinated, but could be characterised as ad hoc, reactive, and short-term.

Concerning the evolution of administrative and legal regulations, one has to note that its trajectory continues to be incompletely and occasionally erroneously depicted. During period under scrutiny, *aktirovka* was implemented through at least eight different internal directives and operational orders. Some of them have received no scholarly attention so far. Moreover, it is not yet clear why authorities required this persistent revisal of instructions, as well as the fundamental differences as well as similarities between these acts. For example, scholarship has still not explained why political prisoners (Article 58) and dangerous 'common criminals' were occasionally officially eligible for medical release, but then sometimes excluded from it for years.

The same is true about the implementation of official instructions on the ground. Was medical release executed differently, depending on a specific camp's administration and the time period? What exogenous or endogenous factors predetermined this variation? Even the most basic facts—like invalids' sex (gender), age, the articles of the criminal code under which they were sentenced, and particularly the official diagnoses that served as the basis for discharge, remain unknown. Meanwhile, the invalids' health condition upon release, which appears in these neglected medical examination files, could serve as key evidence in support or refutation of the 'release-to-die' argument. This thesis addresses these gaps. Among other things, it shows that the most widespread diagnoses for medical release in crises periods was

¹⁹Alexopoulos, *Illness*, 2, 133,154.

extreme starvation and worst forms of the pulmonary TB. It was almost impossible to survive for long, suffering from such afflictions.

Finally, the most basic question still remains unanswered: how many people were formally released as ‘certified’ invalids between 1930–1955? Again, in 2002 Ellman pointed out that ‘the release of prisoners on the point of death was official policy and practiced on a currently unknown scale over many years’.²⁰ This scale remains to be determined as of 2020. Neither the distribution nor dynamics of these releases on a camp–to–camp or national level is known. There are only bits and pieces of relevant figures scattered around document collections and monographs. The present project argues that the overall systematic quantification of medical release is critical for obtaining a more precise approximation of the unregistered ex–inmates’ deaths. Therefore, this quantification constitutes one of the main empirical aims of this thesis. As one of its principal empirical contributions, this project shows that roughly one million prisoners was released on medical grounds between 1930 and 1955.

After establishing the general magnitude of medical releases, the present dissertation considers the range of possible survival rates among medically released invalids. Essentially, this project strives to produce a statistical database of the potential uncounted GULAG–induced deaths. As with any other database on the Stalinist period, it will not be complete and the most evident gaps in the sources are for the 1930s. It certainly could be corrected and expanded further. Nevertheless, this dissertation establishes lower range of data for the majority of the period under scrutiny. This first iteration of a database can serve as a framework for other GULAG scholars. It will provide a baseline for case studies of mortality recalculation both on a national and regional level.

Historiographical critique

²⁰Ellman, *Statistics*, 1153.

There not been a single dissertation or monograph dedicated specifically to the problems of the GULAG mortality figures, nor their reliability. This thesis is an attempt to break away from the decade-long tendency to use inmate death statistics as a mere illustration of the larger theme of abnormal mortality under Stalin. It strives to prove that the existing historiography fails to adequately analyse the issue of GULAG mortality in relation to the early release of invalids. Reasons behind that failure are complex. They concern the availability of sources, methodologies and interpretative frameworks. To understand them, it is necessary to analyse the general development of Sovietology from the 1920s to the present day. The critique below examines how scholarship addressed (or failed to address) three fundamental problems which are central to this thesis – inmate mortality, camp invalidism and medical releases.

The Soviet pre-archive period of prisoner mortality research (1920–1989)

Before 1989, all mortality data in the Soviet penitentiary system was strictly classified. Mass death, scurvy, typhus and emaciation diverged from the official image of humane rehabilitation through ‘corrective labour’ for delinquents, propagated by the Soviet government.²¹ USSR penologists simply concealed and ignored mortality in places of confinement.²² Non-official materials about the camps were almost never published in the

²¹ For typical official Soviet ‘whitewashing’ of corrective-labour camps (ITL) without any mention of mortality figures see for I.L.Averbakh, A.Ia.Vyshinskii, *Ot prestupleniia k trudu (opyt analiza i obobshcheniia metodiki rabot v oblasti ‘perekovki’ v Dmitrovskom i drugikh ispravitel’no-trudovykh lageriakh)* (Moscow:1936); S.Firin, *Itogi Belomorstroia: doklad na prezidiume Komakademii* (Moscow:Partizdat, 1934) and M.Pieshkov, L. Averbakh, S. Firin, and A.Williams-Ellis, *The White Sea Canal : Being an Account of the Construction of the New Canal between the White Sea and the Baltic Sea* (London: John Lane, 1935).

²² E.G. Shirvindt, *Les prisons en U.R.S.S.* (Paris: Bureau d’Éditions de Diffusion & de Publicité, 1927).

Soviet Union.²³ This situation has greatly influenced the composition of the source base before 1989, which largely consisted of ex-prisoners' eyewitness accounts and memoirs.²⁴ Death featured prominently in these recollections, but individual victim's accounts could never provide a reliable complete statistical picture.²⁵

A case in point is the influential multivolume epic *GULAG Archipelago* by Alexander Solzhenitsyn. Solzhenitsyn never tried to assess the overall death toll of the 'Archipelago' itself, stressing that 'it is impossible to estimate by extrapolating from the few who survived how many of us servitors of Clio and Calliope perished — because we, too, had no likelihood of surviving.'²⁶ Two of his arguments are important for this thesis. Implicitly, he implied that the number of deaths could be estimated as within the tens of millions because few people survived their sentence. Explicitly, Solzhenitsyn labelled the GULAG institutions as 'destructive-labour' camps, which were tantamount to 'death camps'.²⁷

Western pre-archival Sovietology: the 'totalitarian' school (the 1940s-1989)

²³ Except for a brief period of liberalization during the late 1950s and the first half of the 1960s, 'camp prose' was published in the Soviet Union extremely rarely: E.g. A.I.Solzhenitsyn, *Odin den' Ivana Denisovicha* (Moscow: Sovetskii pisatel', 1963); A.V.Gorbatov, *Gody i voiny* (Moscow: Voenizdat, 1965).

²⁴ Convict memoirs published before 1940 are numerous. For the earliest examples, see S. A. Malsagov and F. H. Lyon, *An Island Hell: A Soviet Prison in the Far North* (London: A.M. Philpot, 1926); Iu .D. Bessonov, *Dvadtsat' shest' tiurem i pobeg s Solovkov*. (Parizh: Impr. de Navarre, 1928).

²⁵ That consistent pattern is evident not only in the GULAG survivors' memoirs but, for example, in the testimonies of Holocaust survivors as well. See Stephen Wheatcroft, 'Victims of Stalinism and the Soviet Secret Police: The Comparability and Reliability of the Archival Data-Not the Last Word.' *Europe-Asia Studies* 51, no. 2 (1999): 329.

²⁶ Alexander Solzhenitsyn, *The GULAG Archipelago, 1918-1956: An Experiment in Literary Investigation* (New York: Harper Perennial Modern Classics, 2007, Vol.2), 489.

²⁷ Archipelago, Vol.2: 1. *Istrebitel'no-trudovoi*, a pun on 'corrective-labor'.

Robert Conquest published the first comprehensive estimate of penal deaths under Stalin in his seminal monograph *The Great Terror* in 1968.²⁸ He claimed that as many as 12 million people died in the GULAG between 1936–1950 (with two million of deaths in 1937–1938 alone).²⁹ Even higher, truly astronomical estimates (up to 60 million dead) appeared later, put forward by scholars who were inspired by Conquest’s method. *The Great Terror’s* appendix on ‘Casualty Figures’ formulated an influential methodological approach for analysing GULAG mortality, both in absolute and relative terms. Conquest’s method began by establishing a relative yearly coefficient, which was then taken rather arbitrarily and extrapolated for the whole camp system, to provide extremely high stock and flow figures of the total GULAG population. According to Conquest, the average death rate hovered around 10% per annum and 20% per annum in 1937–1938. Eleven years later, he published another monograph in 1978, dedicated to SevVostLag–USVITL (part of Dal’stroi) penal cluster in the Soviet North–East (the infamous Kolyma). Using the same imprecise methodology as in *The Great Terror*, Conquest asserted that in relative terms mortality in SevVostLag fluctuated between 20–35% per annum, while in absolute figures ‘Kolyma cost 3,000,000 lives’.³⁰ These numbers were definitely used by the West in the ideological confrontation with the Soviet Union during the Cold War. The equation of Nazi extermination camps and the GULAG system was especially popular at this time, and many who made this comparison built upon that estimated statistical data.

²⁸Robert Conquest, *The Great Terror: Stalin’s Purge of the Thirties* (London : Macmillan, 1968). Conquest was preceded by and partly built on the pioneering work of David Dallin and Boris Nicolaevsky, *Forced Labor in Soviet Russia* (London: Hollis & Carter, 1948); Zamorski, Kazimierz, and Pietro Zwierniak, *La Justice Sovietique* (Rome: Magi-Spinetti, 1945); H. Shwartz ‘A Critique of ‘Appraisals of Russian Economic Statistics’, *Review of Economic Statistics*, XXX, (1948):148–155; Abdurakhman Avtorkhanov, *The Reign of Stalin* (London: Bodley head, 1953); Stanislaw Swianiewicz, *Forced Labour and Economic Development: An Enquiry into the Experience of Soviet Industrialization* (London: Oxford University Press, 1965).

²⁹Conquest, *Terror*, 708.

³⁰Conquest, *Kolyma: The Arctic Death Camps* (Oxford University Press: 1979), 13.

The importance of Conquest's contribution to the subject, however flawed it may seem now, is undisputable. He was the first to assess the overall scale of GULAG mortality despite his extremely limited source base, which resulted from the Soviet Union's omnipresent and even iniquitous censorship. In spite of the fact that the book's quantitative analysis lacked accuracy, his qualitative descriptions of conditions in the camps have proved to be supported by the documents. Moreover, his methodology had broader implications and influenced many writing about the subject in the 1970s and 1980s.³¹ It shaped public opinion concerning mortality in the camps not only in the West, but in the Soviet Union as well, after the initiation of *perestroika* in 1986.

For this project, it is important to emphasize two cornerstone arguments of 'traditionalist' historians:

1) Mortality in the GULAG was estimated in the tens of millions.

2) Releases from the system were exceptionally rare. It functioned like an 'Auschwitz without Ovens' via 'extermination through labour'. As Conquest argued in 1990: '...of those who went into the camps, only a small proportion even came out again....In general, releases were very rare, and survival until the post-Stalin amnesties rarer still'.³²

Nevertheless, the crucial shortcomings of traditionalists became clear after the partial opening of the archives. Prisoner mortality figures in their works were used as background illustrations to larger themes and not as specific research question. Secondly, the uncritical

³¹ Roy Medvedev, *Let History Judge: The Origins and Consequences of Stalinism* (Oxford: Oxford University Press, 1989), Dmitrii Volkogonov, *Stalin: Triumph and Tragedy* (London: Weidenfeld and Nicolson, 1991), Stephen Cohen et.al, *The Soviet Union since Stalin* (London: Macmillan, 1980), Steven Rosefielde, *Red Holocaust* (Routledge, 2010) – to name just a few that were all impacted by Conquest's and Solzhenitsyn's mode of reasoning.

³² Conquest, *The Great Terror: A Reassessment* (New York: Oxford: Oxford University Press, 1990), 338–339.

idealization of narrative sources (predetermined by total classification of official statistics by the USSR) and somewhat superficial use of quantitative methods has led to quantitative exaggerations. Finally, the pervasive political influence of the Cold War context was detrimental to impartiality.

'GULAG debate' of the 1980s: 'revisionists' versus 'traditionalists'

Some of the abovementioned critical remarks were formulated by a group of younger scholars, dissatisfied with 'traditional' interpretations of the Soviet terror from the 'totalitarian school'. In the scholarship, this faction is usually designated as 'revisionists', although many of them considered the term to be pejorative and not an adequate reflection of the diversity of their opinions. I also consider the concept of a 'revisionist school' to be a reductive simplification, particularly in 2020. Robert Thurston was profoundly different in his views from, say, Wheatcroft or Sheila Fitzpatrick.

Their arrival on the scholarly scene initiated a veritable 'war of numbers', involving a long, increasingly personal and politicized discussion of the Soviet repressions, including inmate mortality. Traditionalists labelled revisionists 'neostalinists', while the latter replied by branding their opponents as 'cold warriors'. As Edwin Bacon stresses: 'while both sides in these debates protested that they simply sought the truth, the perception was that ideological supporters of the Soviet regime played down the extent of the GULAG and its brutalities,

whereas opponents exaggerated them. So far as GULAG population estimates were concerned, the hawk went high and the dove low'.³³

Four main actors of the debate, which went for years on the pages of the *Slavic Review* and *Soviet Studies* journals, were Wheatcroft and Robert Davies (representing 'revisionists') against Steven Rosefielde and Conquest (representing 'traditionalists'). This debate, although thought provoking, has no historical value in the present day.³⁴ Without archives as an objective criterion, the controversy could not reach any meaningful conclusion and dragged on in a vicious circle. For the purposes of this thesis, it is important to mention how the divide between 'revisionists' and 'traditionalists' shaped the modern landscape of scholarly thought in the 1990s and 2000s during the so-called 'archival revolution', when the Soviet archives were partially opened. It has profoundly changed studies of GULAG mortality and taken them to a whole new level.

Archival-based period (1989–2000): 'the believers'' victory.

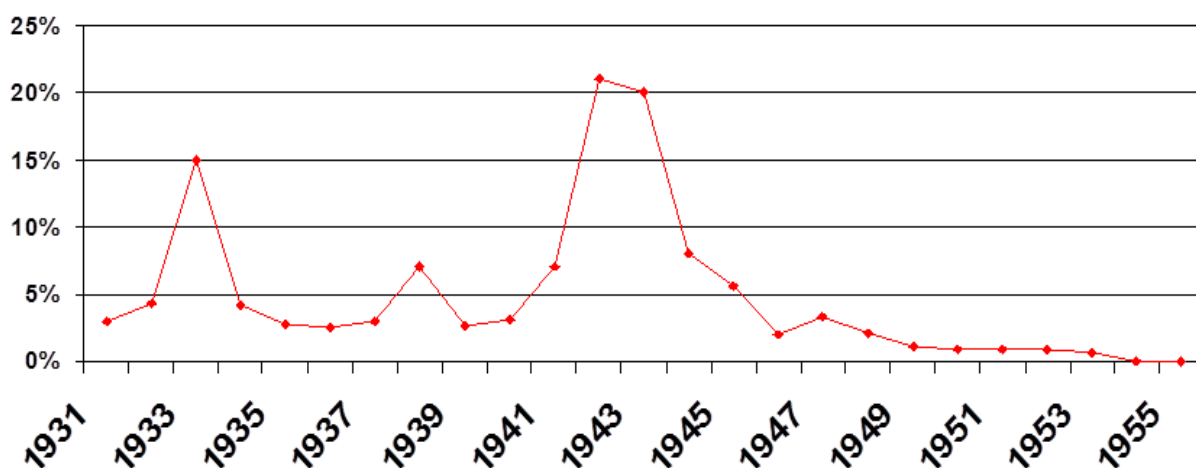
In November 1989, a breakthrough occurred in GULAG mortality research as a result of the policies of *glasnost*' and *perestroika*. The Soviet historian Zemskov began to publish statistical sets of penal data, drawn from the newly declassified files of the GULAG central

³³ Edwin Bacon, *The GULAG at War: Stalin's Forced Labour System in the Light of the Archives* (New York: New York University Press, 1994), 6.

³⁴ See for the long series of articles in *Soviet Studies/Europe–Asia Studies*, ranging from 1981 through 1989.

apparatus in Moscow.³⁵ Like Zemskov, Aleksandr Dugin presented practically identical figures obviously drawn from the same central archive.³⁶ Since the evidence that appeared was a ‘smoking gun’ argument for the opponents of the ‘totalitarian’ school, they replicated his findings in Anglophone academia in 1993. The result of their collaboration was highly influential article by Zemskov, Getty and Ritterpsorn, published in the *American Historical Review*.³⁷

Graph Intr.1.Average death rate in the GULAG, 1931–1955



Source: *Istoria Stalinskogo GULAGa*, Vol.4, 55.

The above publications were essentially a reproduction of summary statistical reports compiled for internal use by the central GULAG administration, and they were very valuable at the time because of the following reasons:

³⁵ V.N. Zemskov, ‘Arkhipelag GULAG: glazami pisatel’ia i statistika’, *Argumenty i fakty*, 45,1989 ; ‘Zakliuchennye, spetsposelentsy, ssyl’no-poselentsy, ssyl’nye i vyslannye’, *Istoriia SSSR*, no.5 (1991):151–165 ; ‘GULAG (istoriko–sotsiologicheskii aspekt)’, *Sotsiologicheskie issledovaniia*, no. 6 (1991): 10–27 and no.7 (1991): 3–16.

³⁶ A. N. Dugin, ‘GULAG: Otkryvaia arkhivy’, *Na boevom postu* (Moscow), 27 December 1989; ‘Stalinizm: legendy i fakty’, *Slovo* (Moscow), 7, 1990; ‘Govoriat archivy: neizvestnye stranitsy GULAGa’, *Sotsial’no–politicheskie nauki*, no. 7(1990); ‘GULAG glazami istorika’, *Soyuz*, 9 (1990).

³⁷Getty et.al, *Victims*, 1017–049.

1) Scholars finally received declassified documents from the system, including overall ‘inflows’ and ‘outflows’ of various categories of the incarcerated population and official mortality statistics for analysis. According to these reports, out of 18–20 million inmates that passed through the system during 1930–1953, roughly 1.7–1.8 million prisoners died in absolute figures. The rest were released, transferred or escaped. In relative terms, only 10% died. The average annual death rate appeared to be much lower than anticipated and hovered around 3–5% in the 1930s, with significant fluctuations for certain key years (1932–1933, 1938, 1942–1944, 1947) (see Graph Intr.1). By the end of Stalin’s reign, relative mortality in the penal system fell below 1% per annum.

2) The publication contained information that Steven Barnes aptly called ‘the most important archival–based revelation’ concerning the GULAG.³⁸ As a quote from the article exemplifies: ‘During the 1934—1953 period, in any given year, 20—40 per cent of the inmates were released, many times more than died in the same year... it was in fact a penal system: a particularly harsh, cruel, and arbitrary one, to be sure, but not necessarily a one–way ticket to oblivion for the majority of inmates.’³⁹

3) No ‘extermination agenda’ was ever found. On the contrary, the GULAG had a surprisingly sophisticated medical infrastructure.⁴⁰ Moreover, central administration in Moscow bombarded the periphery with seemingly categorical orders to lower mortality rates, improve medical care and even punish camp personnel, as high as camp commanders, for high rates of mortality.

³⁸Steven Barnes, *Death and Redemption: The GULAG and the Shaping of Soviet Society* (Princeton, NJ: Princeton University Press, 2011), 10.

³⁹ Getty, et.al., *Victims*, 1041,1044.

⁴⁰ Healey, *Lives*, 527–56.

These discoveries, unexpected and even counter-intuitive for the time, marked a pivotal moment in the history of GULAG scholarship. To some, the figures that became known appeared to be too low, but no credible criticism has been developed until very recently. Consequently, the academic impact of the abovementioned breakthroughs in the 1990s, 2000s and 2010s was enormous. Over the course of 30 years, these data had been reduplicated in countless dissertations and monographs all across the world.⁴¹ The vast majority of new post-1991 literature on the Soviet penal system built upon these revelations.⁴²

These findings heavily influenced not only academic research, but also public opinion, more popular histories and comparative studies. For instance, Timothy Snyder notes that ‘it turns out that, with the exception of the war years, a very large majority of people who entered the GULAG left alive’.⁴³ Nikolaus Wachsmann in his comparison of the Nazi and Soviet systems concluded in 2015 that ‘NKVD prisoners were more likely to be released than to die, whereas the opposite was true for prisoners in the wartime SS concentration camps. In all, some ninety per cent of inmates survived the GULAG’.⁴⁴

In Western scholarship the ostensible ‘90% survival rate’ generated a new vibrant reinterpretation of the GULAG, which has become widely accepted. However harsh, the GULAG *raison d’être* was not only penal but also economic, to colonize the remote but

⁴¹ For just one example out of many see Richard Overy, *The Dictators: Hitler’s Germany and Stalin’s Russia* (London: Allen Lane, 2004). Economic historian Robert Allen notes that ‘deaths in prisons and GULAG camps were low in 1939 and 1940’ without any mentions of medical releases in *Farm to Factory: A Reinterpretation of the Soviet Industrial Revolution* (Princeton, N.J.; Woodstock: Princeton University Press, 2003), 262.

⁴² For one of the most recent examples of reproduction of these figures see Alan Barenberg ‘Forced Labour in Nazi Germany and the Stalinist Soviet Union’ in *The Cambridge World History of Slavery*, 4 (Cambridge: Cambridge University Press, 2017), 633–54.

⁴³ Timothy Snyder, *Bloodlands: Europe between Hitler and Stalin* (London: Bodley head, 2010), XIII.

⁴⁴ Nikolaus Wachsmann, *Kl: A History of the Nazi Concentration Camps* (New York: Farrar, Straus and Giroux, 2015), 8–9.

resource-rich frontier to minimize state expenses. According to this premise, Soviet camps had an active ‘revolving door’ and mass releases, so they were not a ‘truly genocidal institution’ or a ‘death chamber’.⁴⁵ From a purely economic standpoint, it seemed pointless to destroy the state’s own workforce (capital input). As late as 2015, Aiden Forth urged:

Historians must resist the impulse to sensationalize suffering in the GULAG or conflate Soviet camps with the death and unrelenting terror of Nazi extermination camps. Indeed, the sober revisionist exploration of the quotidian experiences of inmates and the putatively humanitarian and rehabilitative agenda articulated by Soviet officials might serve to complicate popular assumptions about the GULAG as a vehicle of political terror.⁴⁶

It is certainly true that one should avoid the direct equation of the GULAG and Nazi extermination camps. On the other hand, the call to stop ‘sensationaliz[ing] suffering in the GULAG’ and place emphasis on its ‘humanitarian and rehabilitative agenda’ (undoubtedly inferred from the alleged ‘90% survival rate’) is most definitely premature and dangerously misleading. As this thesis will show, we still do not know even the approximate GULAG death toll. Besides, we do not yet fully understand the impact and the extent of the ‘release-to-die’ policy, so we cannot make any viable value judgments of this kind. The above sentiments stem from the total omission of medical release data, which in my view is a serious analytical weakness. If half of the medically released invalids died soon after release, the GULAG immediately becomes a fundamentally different system from the image envisaged in the 1990s scholarship. As Ellman explains: ‘...the large number of people recorded as being freed are not necessarily a sign of the humaneness of the system but may simply reflect—at least in part—its callous attitude to its prisoners’.⁴⁷

⁴⁵ Barnes, *Redemption*, 2. On ‘revolving door’ metaphor see Alexopoulos, ‘Amnesty 1945: The Revolving Door of Stalin’s GULAG,’ *Slavic Review* 64, no. 2 (2005): 274–306.

⁴⁶ Aidan Forth, ‘Britain’s Archipelago of Camps: Labor and Detention in a Liberal Empire, 1871–1903.’ *Kritika: Explorations in Russian and Eurasian History* 16, no. 3 (2015): 677.

⁴⁷ Ellman, *Statistics*, 1153.

This dissertation argues that the interpretation of mass releases, exclusively based on the Moscow statistics, is only partly correct. It dramatically oversimplifies the complex problem of GULAG mortality recordkeeping. I contend that the above arguments have become widely accepted precisely because there were no successful attempts to criticize them using local archival evidence and rigorous methodology. This was the case until the important and provocative contribution of Alexopoulos in 2017, but her work did not resolve the question in many crucial regards. The failed attempts to criticize central statistics are described below.

Unsuccessful attempts to criticize central data in the 1990s–2000s

Were there any academic efforts to critically reassess the official mortality figures in the 1990s and the 2000s? Curiously, the Russian historical community remained silent on the issue. Despite the fact that hundreds (if not thousands) of books and articles have been produced in post-Soviet republics on the GULAG, not a single historian ever tried to critique them.

In Western academia, the situation was a little better, but not profoundly different. Edwin Bacon suggested in 1994 that ‘genuine and impressive as the new figures were, though, the story which they told remained incomplete and unclear’.⁴⁸ Despite his nuanced summation, his monograph was built on an extremely narrow archival source base, roughly ten case-files from the central archive. Overall, his superficial critique added little to the understanding of the figures and did not cast any doubts on the data’s reliability.

Meanwhile, the last round of ‘GULAG debate’ of 1980s reached a more conclusive phase during the 1990s and involved the same old protagonists: Wheatcroft versus Conquest

⁴⁸ Bacon, *War*, 25.

and Rosefielde.⁴⁹ After the publication of the central data in 1993, adherents of the totalitarian school quickly began to lose their firm ground in the controversy and clung to their obsolete methods and sources. A case in point would be Rosefielde's attempt to prove the internally inconsistent nature of Zemskov's data by using methodologically flawed statistical sophistry.⁵⁰ The most reasonable comments from 'traditionalist' side in the debate most likely came from Conquest. He appeared more serious than Rosefielde and admitted that his previous estimates were indeed exaggerated, since there were no reliable sources available at the time. However, he remarked that 'official Soviet material was as likely to be false as any other: ...it is as easy to fake impressive tabulations as to invent a single figure'.⁵¹ Also, Conquest shrewdly noted that 'documents should be treated with at least as much scepticism as any other source' and 'even when a GULAG document is right as to totals, its categories may be wrong or misleading'.⁵² These two points are surprisingly valid in the light of the present research.

Importantly, Conquest was the first in the Western academia who invoked the probability of the 'release-to-die' policy during his polemics with Wheatcroft, although he did not have any archival evidence to support his assertion. In 1997, he argued: '...as to the numbers "freed": there is no reason to accept the category simply because the MVD so listed them, and, in fact, we are told of 1947 (when the anecdotal evidence is of almost no one

⁴⁹ Wheatcroft, 'The Scale and Nature of German and Soviet Repression and Mass Killings, 1930–45.' *Europe–Asia Studies* 48, no. 8 (1996): 1319–353; 'Not the Last Word.', 315–45; 'The Scale and Nature of Stalinist Repression and Its Demographic Significance: On Comments by Keep and Conquest.' *Europe–Asia Studies* 52, no. 6 (2000): 1143–159; Steven Rosefielde, 'Stalinism in Post-communist Perspective: New Evidence on Killings, Forced Labour and Economic Growth in the 1930s', *Europe–Asia Studies* 48, no. 6 (1996): 959–87; Conquest, 'Excess Deaths and Camp Numbers: Some Comments.' *Soviet Studies* 43, no. 5 (1991): 949–52, 'Victims of Stalinism: A Comment.' *Europe–Asia Studies* 49, no. 7 (1997): 1317–319; 'Comment on Wheatcroft.' *Europe–Asia Studies* 51, no. 8 (1999): 1479–483.

⁵⁰ Rosefielde, *Stalinism*, 969.

⁵¹ Conquest, *Deaths*, 949.

⁵² Conquest, *Comment on Wheatcroft*, 1481.

released) that this category concealed deaths...⁵³ In 1999 he noted that: ‘in the two cases in a single family, we are told that they were released when on the point of death and so did not figure in the deathroll’.⁵⁴

Nevertheless, these rational remarks were greatly undermined by his other doubtful claims (such as reliable nature of eye-witness reports, even when it came to statistical estimates). As a result, his reasonable points were drowned along with others in Wheatcroft’s seemingly impeccable criticism. Conquest’s opponent deftly employed statistical revelations to undermine the main arguments of traditionalists. Ultimately, neither Conquest nor Rosefielde could produce any persuasive counterarguments that were based on archival material. Their interlocutor shared Zemskov’s confidence, albeit considerably more carefully, in the fact that mortality statistics were reliable, even if not totally correct. Wheatcroft contended: ‘Of course it would be rash to presume these data were in any absolute way perfect, but there seem to be no intrinsic grounds for presuming that these indicators are greatly falsified’.⁵⁵

John Keep, joining the discussion in 1997, noted that published figures ‘should be regarded as provisional pending further independent investigation’. According to him, death statistics for some years were ‘clearly understated’ and ‘much more work need[ed] to be done on mortality rates in camps and colonies before we can arrive at plausible figures’.⁵⁶ Keep warned that scholars should not to be ‘mesmerized’ by the newly published GULAG summary data. He drew attention to the well-established fact of the regular fabrication of production output figures in the camps (*tufta*). Keep asked why inmate statistics should be any different

⁵³ Conquest, *Victims*, 1317.

⁵⁴ Conquest, Comment on Wheatcroft, 1481–1482.

⁵⁵ Wheatcroft, *Not the Last Word*, 324–325.

⁵⁶ John Keep, ‘Recent Writing on Stalin’s GULAG: An Overview.’ *Crime, Histoire & Sociétés* 1, no. 2 (1997):99.

from production figures. He underscored that the Soviet penal system was after all a ‘criminal body’ and therefore its records are as reliable as ‘the average Mafioso’s tax return’.⁵⁷

Wheatcroft retaliated by comparing Mafioso tax returns to official publications in *Pravda*, while classified GULAG data (including mortality statistics) were more like internal (and therefore very reliable) records of the mafia. He concluded: ‘There is a difference between inflating output to simulate fulfilment of planning targets and not registering the prison population. Camp officials were made responsible of the prisoners that had been entrusted to them, and there was conscientious reporting of this. I stand by the statement ...that “there is a satisfactory degree of reliability in accounting”’.⁵⁸ Ultimately, Keep’s remarks were prudent, but too general. As with the case of Conquest and Bacon, they were not backed up by archival statistical material. Conversely, Wheatcroft confidently quoted central summary reports of the GULAG and appeared more credible overall.

To conclude, as of 2000, ‘the believers’ were definitely victorious in their reassessment of the GULAG’s scope and lethal capacity. The absence of constructive criticism for many years and the declining interest in the topic of GULAG mortality gradually created a deeply ingrained notion that this problem has been more or less explored. It seemed that 1.7 million people indeed died in over 35 years of system’s existence, 10% in relative terms, while 90% managed to survive.⁵⁹ This stereotype was perpetuated by a few academic scholars

⁵⁷ Keep, ‘Wheatcroft and Stalin’s Victims: Comments.’ *Europe–Asia Studies* 51, no. 6 (1999): 1090.

⁵⁸ Wheatcroft, On Comments by Keep and Conquest, 1150.

⁵⁹ The publication of extensive document collections on the GULAG in the early 2000s, featuring mortality reports (being the same old summary tables of the central GULAG administration) seemed only to confirm Zemskov’s discoveries and the general reliability of the numbers. See Kozlov, V. P., ed. *Istoriia stalinskogo GULAGa: konets 20–kh—pervaia polovina 50–kh godov. 7 vols.* (Moscow: Rosspen, 2004); A.I.Kokurin, and N. V. Petrov, eds. *GULAG: glavnoe upravlenie lagerei, 1917–1960* (Moscow: MFD, 2000); A.I.Kokurin, and Iu. N. Morukov, eds. *Stalinskie stroiki GULAGa, 1930–1953* (Moscow: MFD, 2005). Additionally, two scholars, Alexandr Kokurin and Iuri Morukov, published their own account

themselves, who were growing more and more confident (and over-confident in some examples) with each passing year.

Zemskov can exemplify this trend. In 2014, he specifically referenced the ‘lack of criticism’ and ‘wide acceptance of his numbers’ as a reason to believe the reliability of the numbers in his highly polemical monograph.⁶⁰ On the other hand, Barnes more carefully noted that official figures of GULAG are somewhat imprecise, but ‘it is unlikely they are off by the orders of magnitude’.⁶¹ Getty and Oleg Naumov contended in 1999 that official figures ‘are not wildly wrong because of the consistent way numbers from different sources compare with one another’.⁶²

The consensus among the majority of historians (especially in Russia, Western scholarship is a bit more critical) on the reliability of GULAG mortality statistics can be effectively summed up by a pair of quotes. First, Zemskov contended in his answer to his critic: ‘Nevertheless, we are confident that all subsequent clarifications and additions (if any appear) will not fundamentally affect the statistics ..., presented in my articles’.⁶³ Second, Iurii Morukov, a Russian Ministry of Internal Affairs Academia professor, stated in 2000: ‘Such a representative corpus of sources gives us the basis to believe that none of the documents

on mortality in the GULAG in 2000, four years later after Zemskov’s article dealing with the problem. See ‘GULAG: struktura i kadry’ in *Svobodnaia mysl’*, XXI, vol.10 (2000):114–115. Since they all worked in the same archive, with the same documents, it was absolutely logical that their figures were consistent and almost identical to one another.

⁶⁰Zemskov, *Stalin I narod. Pochemu ne bylo vosstania* (Moscow: Algoritm, 2014), 83–84.

⁶¹Barnes, *Redemption*, 289.

⁶²Getty, O. Naumov, *The Road to Terror: Stalin and the Self-destruction of the Bolsheviks, 1932–1939* (New Haven, Conn, London: Yale University Press, 1999), 593.

⁶³Zemskov, ‘K voprosu o mashtabakh repressii v SSSR’, *Sotsiologicheskie issledovania*, no.9 (1995): 119.

introduced in the future could radically change the overall picture of mortality in the GULAG'.⁶⁴

This dissertation seeks to challenge that confidence. With the overestimations of the 'traditionalist' school left behind as obsolete, a critical evaluation of the central figures presented by 'the believers' is essential. To be sure, it is undeniable that 'the believers' radically improved our understanding of the phenomenon of GULAG mortality with their invaluable archival research and justified critique of 'traditionalist' exaggerations. More fundamentally, this thesis would not be possible without their work in the archives.

However, after the refutation of totalitarian school's myths, at least part of 'the believers' contingent slowly started to create their own myth of 'absolutely precise' or 'true' statistics of the GULAG, which had quite detrimental consequences. Inadvertently, it provoked the stagnation of the field. That is why intervention of 'the sceptics' (particularly Alexopoulos's 2017 monograph), who emphasized the overlooked *aktirovka* factor, was very important for the revitalization of research on the GULAG mortality. However, the proper reassessment of the official figures is far from complete. Some legitimate criticism could be also marshalled against the 'sceptical' viewpoint, based on their methodology and evidentiary base. Consequently, this thesis critically engages with 'the believers' and 'the sceptics', leaning towards the 'sceptical' hypothesis, but with considerable caveats. Next, I analyse the arguments, sources and methods of each faction in detail.

Critique of 'the believers'

During the controversy of the 1990s 'the believers' put forward several main arguments to support the veracity of the central data. They can be summarised as follows.

⁶⁴ Kokurin, Morukov, *Struktura*, 115.

a) Unwarranted trust in the central records and lack of local sources

The most important flaw of ‘the believers’ constitutes their somewhat uncritical trust in the central Moscow records. Whereas Wheatcroft, Rittersporn and Getty were initially far more careful, Zemskov almost from the very beginning labelled newly published central figures to be ‘absolutely precise’.⁶⁵ That increasing confidence in the data’s reliability can be observed in Western academia as well. Wheatcroft, who was more moderate in his generalizations in the 1990s, remarked in 2009 about penal accounting agencies that ‘there is no reason to doubt the ability, honesty and reliability of their calculations’.⁶⁶ However, ‘the believers’ have never worked at a local level to cross-reference the central mortality data they presented in 1993 and later.⁶⁷ If we carefully study the bibliographies of all articles and monographs written by Zemskov, Getty, and Rittersporn over the course of the last 25 years on the subject of GULAG death rates, we would notice one consistent pattern: they never analysed local mortality statistics. For instance, Zemskov’s numerous publications on mortality rates in the GULAG, even in the 2010s, were almost exclusively based on GULAG central administration reports. This is surely a major deficiency. Quoting Paul Gregory: ‘We never could have understood the Soviet enterprise through the records of Gosplan or of the industrial ministries, as Berliner’s and Granick’s managerial studies showed, and as did Kotkin’s study of Magnitogorsk. Case studies of individual camps are “where the action is”’.⁶⁸

b) Alleged consistency of the central and local GULAG data

⁶⁵ Zemskov, ‘Politicheskie repressii v SSSR (1917—1990)’, *Rossia XXI*, No 1–2 (1994):119.

⁶⁶ Wheatcroft, ‘The First 35 Years of Soviet Living Standards: Secular Growth and Conjunctural Crises in a Time of Famines.’ *Explorations in Economic History* 46, no. 1 (2009): 29.

⁶⁷ Zemskov, *Spetsposelentsy v SSSR, 1930–1960* (Moscow: Nauka, 2003).

⁶⁸ Paul Gregory, review of ‘Death and Redemption: The GULAG and the Shaping of Soviet Society’ by Barnes, *Law and History Review* 30, no. 2 (2012): 653.

Another widespread ‘believers’ argument is that central records of GULAG and NKVD are supported by corresponding primary data in the localities and that makes them verifiable. To illustrate, Wheatcroft in 2009 claimed that ‘generally the data in these penal archives is extremely full and detailed and has been found to be mutually consistent across central and thousands of local archives across the country’.⁶⁹

This assertion is problematic in relation to the GULAG. There has never been systematic research in the local camps’ archives in order to double check the central records. The majority of camp archives are still kept in the internal archive system of the security agencies, which are *de facto* outside federal law and extremely hard to work with. Hundreds of camps, colonies and prisons existed under Stalin.⁷⁰ Scholars have never seen a single file from their respective archives until this very day. Importantly, a few case studies of individual camps produced in the more liberal 1990s and early 2000s never critically collated local and central mortality data.

For example, in the last decades we have well–documented Russian–language research on local camps.⁷¹ However, these historians never tried to compare local mortality figures with

⁶⁹ Wheatcroft, *Standards*, 29.

⁷⁰ For the list of all local archives of the camp system see Smirnov et.al, *Sistema*.

⁷¹ I. D., Batsaev, Kozlov A. G. *Dal'stroi i Sevvostlag NKVD SSSR v tsifrakh i dokumentakh: v 2–kh ch.* Magadan, 2002. Vol 1–2; Batsaev, *Osobennosti promyshlennogo osvoeniia severovostoka Rossii v period massovykh politicheskikh repressyi (1932–1953)*, *Dalstroi* (Magadan:SVKNII DVO RAN, 2002); A.S.Navasardov, *Osvoenie Severo–Vostoka SSSR v 30–e gg. XX v.(istoriko–demograficheskii aspekt)*(Magadan: SVNTS DVO RAN, 2004); S.A.Shulubina, ‘Sistema Sevvostlaga, 1932–1957 gg.’ (Dissertatsia ... kandidata istoricheskikh nauk, Magadan, 2002); V.Berdinskikh, *Viatlag: Istoriia odnogo lageria* (Moscow: Agraf, 2001); O.V.Kornilova, *Kak stroili pervuiu sovetskuiu avtomagistral' (1936–1941 gg.)*(Smolensk: Svitok, 2014); N.V.Upadyshev, ‘GULAG na evropeiskom severe Rossii: Genezis, funkcionirovanie, raspad (1929–1960 gg)’. (Dissertatsia ... kandidata istoricheskikh nauk, Pomorskii gosudarstvennyi universitet, 2009); N.A.Morozov, *GULAG v Komi krae 1929–1956*(Syktyvkar: SGU, 1997); A.B.Suslov, ‘Spetskontingent v Permskom krae v kontse 20–kh – nachale 50–kh gg. XX v.’ (Dissertatsia ... doktora istoricheskikh nauk, Ekaterinburg, 2004); S.M. Mel'nikov, ‘Dal'stroi kak repressivno–produktivnaja struktura NKVD–MVD

the central records. The same tendency is emerging in Western GULAG case studies. One example is the otherwise assiduously researched monograph by Barnes on Karlag in Northern Kazakhstan.⁷² The author takes the mortality figures from both Karlag's Sanitary department and central administration for granted. Likewise, Christopher Joyce had demonstrated the same attitude towards official camp mortality during the Great Terror.⁷³

The only qualification that authors use from time to time is the acknowledgment that mortality may be 'incomplete' or 'understated', but as in the 1990s, without archival verification.⁷⁴ A recent example is a monograph by Alan Barenberg on Vorkutlag (which is excellent in any other respect), where he mentions that 'the GULAG's...own records tended to underestimate mortality'.⁷⁵ In the appendix to the book, he uses both central and local data of Vorkutlag without any criticism.⁷⁶ Another similar case is the meticulously researched

SSSR (1932–1953 gg.) (Dissertatsia ... kandidata istoricheskikh nauk, Tomskii gosudarstvennyi universitet, 2002); L.I.Gvozdkova, *Istoriia repressii i stalinskikh lagerei v Kuzbasse* (Kemerovo, 1997); Zakharchenko, A.V., A. I. Repinetskii, eds. *Strogo sekretno. Bezymianlag.1940–1946 (Dokumenty, fakty, suzhdenia o Bezymianskikh lageriag Osobogo Stroitel'stva NKVD SSSR)*(Samara: MGPU, 2006); E.Burdin, *Volzhskii kaskad GES: Triumf i tragediia Rossii* (Moscow: Rosspen, 2011); A.G.Mironov, *Osobyie lageria MVD SSSR v Komi ASSR (1948–1954)* (Syktyvkar: SGU, 2001); R. Bikmetov, *Ispol'zovanie spetskontingenta v ekonomike Kuzbassa, 1929–1956* (Kemerovo: Kuzbasskii gosudarstvennyi tekhnicheskii universitet, 2009); A.Kustyshev, *Uhtizhemlag, 1938–1955* (Ukhta: UGTU, 2010); S. Dil'manov and E. Kuznetsova, *Karlag* (Almaty: 21 Vek, 1997);N.Dulatbekov, *Karlag* (Karaganda: Universitet Bol'shak, 2012); S.A. Shevyrin, 'Prinuditel'nii trud v lageriakh I koloniakh na territorii sovremennogo Permskogo kraia, konets 1920–kh – seredina 1950–kh' (Dissertatsia ...kandidata istoricheskikh nauk, 2008).

⁷² Barnes, *Redemption*, 2006.

⁷³ Christopher Joyce, 'The GULAG, 1930–1960: Karelia and the Soviet System of Forced Labor' (Ph.D. Diss., University of Birmingham, 2001).

⁷⁴ E.g. J.Otto Pohl, *The Stalinist Penal System: A Statistical History of Soviet Repression and Terror, 1930–1953* (Jefferson, N.C.: London: McFarland, 1997), 5,130.

⁷⁵ Alan Barenberg, *GULAG Town, Company Town: Forced Labor and Its Legacy in Vorkuta* (New Haven, CT: Yale University Press, 2014), 3.

⁷⁶ Barenberg, *Vorkuta*, 270.

monograph by Hardy on the GULAG under Khrushchev. He notes that data on deaths was not ‘fully reliable’, but fails to provide any examples of that unreliability.⁷⁷

What is the result of this imbalance in the source base of various scholars? For years, scholars have been writing histories of the GULAG through the tendentious prism of its central apparatus or have used local archives without the critical collation of central figures. It gradually has become an analytical weakness of the field. Scholars have neglected an entire plethora of contradictory factors that influenced lower ranking bureaucrats during the collection, processing and presentation of the statistics to the central authority. All-Union regulations of the system are well known, but we have a poor understanding of their implementation on the ground as well as of interplay between centre and periphery. This study argues that without factoring in the peripheral level of the system (at the archives of the individual places of confinement) we overlook and possibly oversimplify numerous crucial aspects of mortality recordkeeping on the ground.

c) Overconcentration on a single bureaucracy (the GULAG)

Closely related is another demerit of ‘the believers’ methodology: the excessive focus on a single bureaucracy, notably the GULAG itself. ‘The believers’ almost never worked with the Procuracy’s or Ministry of Justice’s files to obtain another institutional outlook on mortality recordkeeping. The result is the occasional inadvertent adoption of rationalizations taken directly from NKVD officials, especially from camp doctors.⁷⁸ Sheila Fitzpatrick perspicaciously warned, ‘Scholars tend to absorb the bureaucratic perspective of the institutions they work on...Institutional archives are full of self-justification and tend to show

⁷⁷ Hardy, *GULAG*, 13.

⁷⁸ E.g. Zemskov, *GULAG*.

the institution in the best possible light'.⁷⁹ The GULAG medical and statistical services that were responsible for recording mortality were no exception, as this thesis will show.

d) The 'Mafioso internal records' argument

The main argument in support of the veracity of mortality data that was advanced by 'the believers' is its classified nature. In the debate with Keep quoted above, Wheatcroft compared GULAG secret data with internal accounting conducted by Mafiosi, who were 'scrupulously accurate and zealous in keeping their internal records'.⁸⁰ He argued that 'secret accounting materials should not be confused with the non-secret propaganda materials'. Again, he claimed that the fear of prosecution for falsifications ostensibly increased the reliability of the internal top-secret data. According to Wheatcroft, 'when MVD leaders were briefing Stalin in their top security *'Osoby papki'* reports they had good reason to avoid the charge of misleading him'.⁸¹ Precisely the same vindications are reiterated not only by Zemskov and Dugin, but also by Andrei Suslov and Mikhail Morukov.⁸² This thesis will use the issue of GULAG mortality to prove that the MVD's top officials misinformed Stalin and the Politburo. In another interpretation, Simon Ertz explicated that the mortality statistics of the GULAG was not only top secret but also 'functional'. The GULAG leadership required objective information for rational decision-making. Therefore, there was no need to manipulate the data required for the actual administration.⁸³ Ultimately, the present investigation aims to revise the analogy of Mafioso internal records about penal medical data.

⁷⁹ Sheila Fitzpatrick, *A Spy in the Archives: A Memoir of Cold War Russia* (London: I. B. Taurus & Co. Ltd., 2014), 185–186.

⁸⁰ Wheatcroft, On Comments by Keep and Conquest, 1150.

⁸¹ Wheatcroft, Not the last word, 324.

⁸² Suslov, Spetskontingent, 37–38; M.Iu.Morukov, *Pravda GULAGa iz kruga pervogo* (Moscow: Algoritm, 2006), 183–184.

⁸³ Simon Ertz, *Zwangsarbeit im stalinistischen Lagersystem: Eine Untersuchung der Methoden, Strategien und Ziele ihrer Ausnutzung am Beispiel Norilsk, 1935–1953* (Berlin: Duncker & Humblot, 2006).

As this study will show, its secrecy or ‘functional character’ did not safeguard it from falsification.

e) The partly incorrect interpretation of mass releases

In 1998–2000, two Russian historians (Viktor Berdinskikh and Vladimir Isupov) claimed that *aktirovka* was used by camp officials to artificially decrease death rates.⁸⁴ Only Isupov presented slim archival evidence. Berdinskikh was probably informed by prisoners’ memoirs, which mentioned this probable interrelation long before any scholar. The reason behind the deception was overtly pragmatic in a typical Stalinist way. Sick and dying populations were considered a liability for the camp economy. To unburden the production, cut costs, avoid prosecutions for high mortality and improve the death statistics, invalids on the brink of death were ‘released to die’. Unfortunately, neither of these historians tested their hypothesis with archival data, and never expanded the argument beyond prescient (but perfunctory) speculation.

This conjecture was soon introduced to Western scholarship by Ellman and Khlevniuk (and preceded by an educated guess by Conquest). Although also not looking into the issue specifically, both authors formulated valuable hypotheses. Ellman explained that ‘the official GULAG statistics on mortality in the camps understate mortality caused by the camps, since they exclude deaths taking place shortly after release but which resulted from conditions in the

⁸⁴Berdinskikh, *Viatlag*, 52; V.A.Isupov, *Demograficheskie katastrofy i krizisy v Rossii v pervoi polovine XX veka: Istoriko–demograficheskie ocherki* (Novosibirsk: Sibirskii Khronograf, 2000), 164.

GULAG’.⁸⁵ It turns, Khlevniuk stated that ‘early release for disabled and chronically ill prisoners offered an easy opportunity to tweak the figures.’⁸⁶

Curiously, this rational hypothesis, although formulated as early as 1998, was completely ignored by the prevailing majority of new scholarship until very recently, including ‘the believers’ (such as Zemskov, Rittersporn or Getty). The only scholar from ‘the believers’ faction, who reacted to the hypothesis was Wheatcroft in 2009. He agreed that it may be correct ‘to the some extent’, but ‘it is a problem implicit in all penal records, where the consequences of imprisonment show up in post-penal health decline’.⁸⁷ This dissertation will aim to prove that this generalization is too vague. I will argue that there is a salient difference between, for example, the *muselmänner* of Bergen-Belsen who died right in the camp the day after its liberation by the Allies, and the camp’s ex-prisoners who died 25 years later.⁸⁸ In the case of invalids released from the GULAG, this differentiation has still not been established properly.

At the same time, the revelation from the 1990s about the GULAG’s ‘revolving door’ generated ample scholarship focused on the mass releases and amnesties of the Stalinist system of incarceration. In 1998, Amir Weiner commented that mass releases from the GULAG ‘left the door open for possible redemption’.⁸⁹ Barnes expanded on this and offered a provocative reinterpretation of the GULAG through ideology, as a place of death and

⁸⁵Ellman, *Statistics*, 1153.

⁸⁶Khlevniuk, *History*, 2004, 78.

⁸⁷Wheatcroft, *Standards*, 29.

⁸⁸The term ‘*muselmänner*’ (Muslim) was a Nazi camps’ rough equivalent of GULAG ‘goner’ (*dokhodiaga*), ‘living dead’. On the mass mortality of former inmates after their liberation from Bergen-Belsen, which was used by the Nazis as a concentration point for sick and invalids, see Wachsmann, *KL*, 600; Ben Shephard. *After daybreak: the liberation of Belsen*, 1945 (London: Pimlico, 2006).

⁸⁹Amir Weiner, ‘Nature, Nurture, and Memory in a Socialist Utopia: Delineating the Soviet Socio-Ethnic Body in the Age of Socialism.’ *The American Historical Review* 104, no. 4 (1999): 1114–1155.

rehabilitation, where those who survived the detention were reintegrated into the social fabric through ‘redemptive’ mass releases.⁹⁰ New research focused on the difficulty of reintegrating GULAG survivors into Soviet society after the death of Stalin.⁹¹ Alexopoulos examined the amnesty of 1945.⁹² Marc Elie and Hardy analysed the amnesties of 1953, 1956 and parole.⁹³ Wilson Bell, Barenberg and Khlevniuk have all explored the interaction between camps and Soviet society at large.⁹⁴

One of the most common juxtapositions in the scholarship became mass death during wartime versus mass releases for conscription into the Red Army. For instance, Nicolas Werth noted, ‘In two years, more than 400,000 detainees, abandoned to their fate in camps that were scarcely provisioned at all, died in the gulags. At the same time, however, more than a million

⁹⁰ Barnes, *Redemption*, 2006.

⁹¹ Stephen Cohen, *The Victims Return: Survivors of the GULAG after Stalin*. (London ; New York: I.B. Taurus, 2012); Miriam Dobson, *Khrushchev’s Cold Summer : GULAG Returnees, Crime, and the Fate of Reform after Stalin* (Ithaca, N.Y. :London: Cornell University Press, 2009); Leona Toker, *Return from the Archipelago : Narratives of GULAG Survivors* (Bloomington: Indiana University Press, 2000); Nancy Adler, *Keeping Faith with the Party: Communist Believers Return from the GULAG* (Bloomington: Indiana University Press, 2012); *The GULAG Survivor: Beyond the Soviet System* (New Brunswick, NJ: Transaction Publishers, 2002); Weiner, ‘The Empires Pay a Visit: GULAG Returnees, East European Rebellions, and Soviet Frontier Politics,’ *Journal of Modern History* 78, no. 2 (June 2006): 333–376; Tyler Kirk, ‘Remembering the GULAG: Community, Identity and Cultural Memory in Russia’s Far North, 1987–2018.’ (PhD diss., University of Arizona, 2019).

⁹² Alexopoulos, *Revolving door*.

⁹³ Elie, ‘Les Politiques à L’égard Des Libérés Du Goulag’ *Cahiers Du Monde Russe*, no. 1 (2006): 327; ‘Khrushchev’s GULAG: The Soviet Penitentiary System after Stalin’s Death, 1953–1964’ in *The Thaw: Soviet Society and Culture during the 1950s and 1960s*, ed. Denis Kozlov and Eleonor Gilburd (Toronto: University of Toronto Press, 2013), 109–42.

⁹⁴ Khlevniuk, ‘The GULAG and the Non–GULAG as One Interrelated Whole’, *Kritika: Explorations in Russian and Eurasian History* 16, no. 3 (2015): 479–98; Bell, ‘Was the GULAG an Archipelago? De–Convoyed Prisoners and Porous Borders in the Camps of Western Siberia’, *Russian Review* 72, no. 1 (2013): 116–41; Barenberg, ‘Prisoners Without Borders: Zazonniki and the Transformation of Vorkuta after Stalin’, *Jahrbücher Für Geschichte Osteuropas* 57, no. 4 (2009): 513–34.

common criminals were set free before the expiry of their sentences and immediately made to enlist in the Red Army...'⁹⁵

This scholarly interest in the millions of GULAG survivors is completely understandable. People who survived detention in more or less good health have left behind an entire life for a historian to study. However, there is one commonality (and a fundamental oversimplification) in this generalized attitude towards release from the GULAG. Except for a few notable exceptions discussed below, this new post-1991 historiography on mass releases failed to factor in that not only 'survivors', but also dying prisoners, could be released from the GULAG.

This can be clearly seen in the example of Barnes. He ties mass releases from the GULAG exclusively with the concept of 'redemption' and 'rewards'. This overall provocative idea formulates the conceptual basis of the book. In his dissertation, he states that 'we know that during those same war years, when nearly one million GULAG prisoners died, another one million were released'.⁹⁶ However, Barnes barely mentions the early release of invalids. Moreover, he never connects these releases to the mortality rates. On the contrary, according to Barnes' interpretation, in the GULAG universe death is located on the exact opposite side of the spectrum from release. In fact, as this thesis will show, both often meant exactly the same thing.

Only recently, a few outnumbered historians ('the sceptics') began to highlight medical releases as a potentially important factor, complicating the allegedly 'humane' nature of mass

⁹⁵Nicolas Werth, 'The Crimes of the Stalin Regime: Outline for an Inventory and Classification' in Dan Stone (ed.), *The Historography of Genocide* (Basingstoke: Palgrave Macmillan, 2008), 404.

⁹⁶Barnes, 'Soviet Society Confined: The GULAG in the Karaganda Region of Kazakhstan, 1930s- 1950s' (PhD diss., University of Stanford, 2003), 384.

releases from the system. For this thesis, it is crucial to dwell on their work, especially Alexopoulos's contribution.

Critique of 'the sceptics'

Scholarship on early release on medical grounds is extremely limited. The theme of GULAG medicine and invalids has only recently drawn the attention of historians. We have valuable contributions by Boris Nakhapetov, Healey, Oxana Ermolaeva, who brought these issues to light for the first time in historiography, but medical discharge was never the focal point of these publications.⁹⁷ Even when scholars refer to it, they often fail to establish an interrelation with mortality or produce a comprehensive account of its procedural aspects.

In the post-Soviet Russian-language scholarship there has not been a single study dedicated to *aktirovka* and its links to mortality. A few historians just succinctly note the supposed connection. For instance, Khlevniuk asserts that 'it is obvious that the real death rates of the GULAG were higher', but provides no evidence.⁹⁸ Ekaterina Bezborodova, Anna Tsepkalova and Alexei Tepliakov provided similar superficial comments.⁹⁹ Only Viktor Kirillov, Aleksandr Zakharchenko and Galina Ivanova have looked into the practice more attentively, albeit also briefly.¹⁰⁰ Ivanova's contribution was particularly valuable. She was the

⁹⁷Boris Nakhapetov, *Ocherki Istorii Sanitarnoi Sluzhby GULAGa* (Moscow: Rosspen, 2009); Healey, *Lives*, 527–56; Oxana Ermolaeva, 'Health Care, the Circulation of Medical Knowledge, and Research in the Soviet GULAG in the 1930s.' *East Central Europe* 40, no. 3 (2013): 341–65.

⁹⁸Khlevniuk, *Zakliuchennye Na Stroikakh Kommunizma: GULAG i Obiekty energetiki v SSSR: Sobranie dokumentov* (Moscow: Rosspen, 2008), 23.

⁹⁹Bezborodova, *Istoriia*, Vol.4, 28; Ivanova, *Istoria*, 432–436; Anna Tsepkalova, 'Dinamika dvizheniia kontingentov ITL BMK–ChMS i pokazateli smertnosti' in *Gedenkbuch: Kniga pamiati nemtsev–trudarmeitsev ITL Bakalstroj–Cheliabmetallurgstroj 1942–1946*, Vol.4 (N.Tagil: NTGSPA, 2014), 203; A.G.Tepliakov, 'K voprosu o dostovernosti statistiki gosudarstvennikh repressii, 1918–1953 gg.', *Idei i idealy* no.4 (26) (2015):64.

¹⁰⁰ V.M. Kirillov, 'Trudmobilizovannye nemtsy na Urale: prinuditel'nyi trud vo imia Pobedy in GULAG v gody Velikoi Otechestvennoi voiny' in sb. *materialov Vserossiiskoi nauch.–*

first to include some statistics on invalid release (1946–1950) from the records of the Ministry of Justice (MIu). However, even these historians did not produce any quantitative evidence of the deficiencies of central Moscow statistics.

Thus, Ivanova claimed that it is impossible to locate statistical data for medical release before 1946.¹⁰¹ The present thesis will demonstrate quite the opposite. Moreover, she never elaborated the question of releases in the 1930s, 1941–1945 or 1950–1955. Isupov wrote only about wartime releases.¹⁰² Nakhapetov failed to link medical discharge with mortality rates and, like Isupov, briefly mentioned only the years 1942–1944, omitting other periods.¹⁰³

The situation in the West is similar to the Russian context, but is somewhat better. There are several scholars who vaguely mention the possibility of the suppression of mortality rates via medical release.¹⁰⁴ Thus, Applebaum asserts that ‘both archives and memoirs indicate that it was common practice in many camps to release prisoners who were on the point of dying, thereby lowering camp death statistics’.¹⁰⁵ However, she did not support it with any evidence. Khlevniuk hypothesised in his English–language history of the GULAG in 2004: ‘It is quite possible that many of the released prisoners, in the tens of thousands, never made it to their destinations. Since they did not die in the camps, they did not affect GULAG

prakt. konf. s mezhdunarodnym uchastiem, 19–20 marta 2015 g.’ (Perm:Permskii institut FSIN Rossii, 2015), 26–31; Zakharchenko, Repinetskii, *Bezymianlag*, 257–258.

¹⁰¹Ivanova, ‘Lagernaia iustitsiia v SSSR, 1944–1954’ in A.N. Sakharov ed., *Trudy Instituta rossiiskoi istorii*, Vol. 4 (Moscow: Nauka, 2004), 305–306.

¹⁰² Isupov, *Katastrofy*, 164.

¹⁰³ Nakhapetov, *Ocherki*, 60–61.

¹⁰⁴ Nick Baron, ‘Conflict and Complicity: The Expansion of the Karelian GULAG, 1923–1933.’ *Cahiers Du Monde Russe* 42, no. 2–4 (2001): 643.

¹⁰⁵ Applebaum, *GULAG: A History* (New York: Anchor Books, 2004), 583.

statistics'.¹⁰⁶ Nevertheless, he did not substantiate this conjecture with any statistical or qualitative evidence as well.

Bell's contribution is also valuable. He quotes one procuratorial report and concludes that 'wartime release was not only about rewards for productive labour or about providing more soldiers for the front, but was often related to relieving local camps of the need to care for dying and severely ill prisoners'.¹⁰⁷ In the dissertation, Bell notes that 'The practice of releasing inmates already near death means that the number of those who died as a result of their incarceration is considerably higher than the already high mortality statistics indicate'.¹⁰⁸

Only Alexopoulos examined the question on a deeper level.¹⁰⁹ However, her work is also not dedicated specifically to *aktirovka*. It maintains a 'bird's eye view' on the procedure. Out of total nine chapters, dealing with subjects of camp invalids, food rationing, and medical matters, only one specifically explores early release and its connections with mortality. Alexopoulos's intervention is important to the present thesis in three ways. I build on its persuasive qualitative aspects, try to strengthen reasonable points with additional evidence, and finally, critically engage with its fundamental arguments and especially quantitative conclusions.

Several of Alexopoulos's original arguments have proven to be invaluable for the goals of the present project. First is the claim that the transfer of prisoners within the system was

¹⁰⁶ Khlevniuk, *GULAG*, 108.

¹⁰⁷ Wilson T. Bell, *Stalin's GULAG at War: Forced Labor, Mass Death, and Soviet Victory in the Second World War* (Toronto: Toronto University Press, 2018), 61.

¹⁰⁸ Bell, 'The GULAG and Soviet Society in Western Siberia, 1929–1953' (PhD diss., University of Toronto, 2011), 187.

¹⁰⁹ Alexopoulos, *Illness*, 2017; 'Destructive–Labor Camps: Rethinking Solzhenitsyn's Play on Words', *Kritika: Explorations in Russian and Eurasian History* 16, no. 3 (2015): 499–526; 'The GULAG's Veiled Mortality', Accessed February 5 2018 at <http://www.hoover.org/news/gulags-veiled-mortality-golfo-alexopoulos>

often in relation to their health condition. Officials manipulated the statistical indicators by relocating sick and dying invalids from one locality to another.¹¹⁰ Second is her discovery (corroborated by Bell using Western Siberian material) that colonies were in fact often used as a ‘concentration spot’ for extremely ill invalids.¹¹¹ The third argument is that the official statistics for medical release tended to underestimate the real number of emaciated and dying among the general masses of the released. These ‘concealed’ and ‘unofficial’ invalids were discharged via several channels (in addition to medical release). Information about one of these channels is drawn from Khlevniuk’s hypothesis. He was the first to assume that inmates who finished their sentences could be as ill as ‘official’ invalids.¹¹² Alexopoulos, in turn, discovered that many among the prisoners formally released into the Red Army in wartime amnesties were emaciated and not conscripted.¹¹³ Finally, she assumed that prisoners released due to workday credits or parole, hypothetically, could also be ill.¹¹⁴ The fourth argument of Alexopoulos is the fresh emphasis on the ‘commodification’ of inmates and the use of official dehumanizing language to describe invalids. This has helped me to formulate my own semantic analysis of these expressions.¹¹⁵

Crucially for this thesis, Alexopoulos’s work is rooted in the three principal original arguments.¹¹⁶ First, she readjusted the old ‘totalitarian school’ argument that the GULAG was ‘destructive by design’ in its extreme exploitation of inmates.¹¹⁷ System’s top officials

¹¹⁰ Alexopoulos, *Illness*, 183.

¹¹¹ Alexopoulos, *Illness*, 6, 184; Bell, *War*, 50, 56.

¹¹² Khlevniuk, *Obiekty*, 23.

¹¹³ Alexopoulos, *Illness*, 139.

¹¹⁴ This sub-group was also identified by Hardy and Elie. See ‘Letting the Beasts Out of the Cage’: Parole in the Post–Stalin GULAG, 1953–1973.’ *Europe–Asia Studies* 67, no. 4 (2015):592.

¹¹⁵ E.g. ‘human raw material’, ‘more valuable human element’, ‘inferior’ or ‘defective’ workforce’ see Alexopoulos, *Illness*, 178–179, 185, 232.

¹¹⁶ Hardy, review of ‘Illness and Inhumanity’, *Slavic Review* 77, no. 1 (2018): 269–70.

¹¹⁷ Alexopoulos, *Illness*, 7.

deliberately ‘concealed its destructive capacity’ through mass releases of terminally ill.¹¹⁸ Second, she insists that central authorities managed ‘to hide’ more than four million dead in this way in a highly coordinated, long-term fraudulent operation. Third, Alexopoulos contends that deceptive releases in 1930–1955 were applied exponentially and conditions worsened over time. Therefore, the late 1940s and early 1950s (not the wartime) were allegedly the deadliest period in the GULAG’s existence. The highest number of the sick (in the millions) were ostensibly released in the post-war period and transferred out of the GULAG proper to the ‘other places of detention’, which Alexopoulos identifies as special settlements.¹¹⁹

However, her work shares a few drawbacks with previous scholarship. First, as every other scholar, she provides little information about what actually happened with ex-convicts after their discharge or any quantitative data on their mortality. This could be partly explained by the second drawback, which concerns her source base. Alexopoulos gleans her evidence almost exclusively from the GULAG central records, held at the State Archive of Russian Federation (GARF), ignoring the local level of individual camp administrations and two other major actors involved in medical release: the Procuracy and the Ministry of Justice. Third, she does not provide concrete recalculations of death rates for clearly defined chronological periods and localities. There is no statistical information on the deaths of the released that could seriously affect official mortality data for even one camp. Fourth, in the introduction, Alexopoulos claims that ‘the present work is the first to demonstrate the enormous scale of ...medical discharges’.¹²⁰ However, the study did not elucidate that scale and does not provide any definitive figure of the ‘official’ release of invalids between 1930–1955, except for some

¹¹⁸ Alexopoulos, *Illness*, 14.

¹¹⁹ Alexopoulos, *Illness*, 146.

¹²⁰ Alexopoulos, *Illness*, 84.

specific years. Finally yet importantly, her new estimate of the GULAG death toll (six million dead, 30% death rate) requires critical reappraisal.¹²¹

To address these quantitative drawbacks, this thesis will present its own alternative statistics, while critically engaging with Alexopoulos's methodology and sources. Whereas I do not directly approach the extremely controversial and difficult question of high-level intentionality in the 'extermination' of GULAG inmates in this project, I nevertheless do propose my own interpretation of central authorities' responsibility for the 'release-to-die' policy in the conclusion of the present thesis. Moreover, its empirical contributions may be used for the future clarification of this important issue, which requires its own separate rigorous research.

To conclude, we can distinguish three separate groups in GULAG scholarship by the criteria of their attitudes towards *aktirovka*. There are those who completely ignore medical discharge (the overwhelming majority of scholarship on the GULAG), those who mention it, but fail to establish a connection with mortality rates (Nakhapetov, Ermolaeva, Barnes, Hardy, Zemskov), and those who do (Isupov, Berdinskikh, Alexopoulos, Bell, Tepliakov, Khlevniuk, Ellman, Kirillov, Ivanova, Bezborodova, Applebaum). Among the latter, only Alexopoulos probed into the matter more seriously and has made a first foray into studying the practice separately. However, her work lacks precise statistics, multi-institutional optics and local empirical material. This thesis seeks to fill these gaps. Next, I dwell upon the sources and methodologies employed by this project.

Methodology and Sources

¹²¹ Alexopoulos, *Illness*, 16, 243.

As seen from the above sections, scholarship on the GULAG has the following methodological deficiencies: overconcentration on the GULAG central archive; absence of comparison of local and central data; excessive focus on a single bureaucracy (NKVD), while ignoring other main agencies involved in medical discharge (the Ministry of Justice and the Procuracy). Consequently, my methodology has been developed to address these shortcomings. I employ both qualitative and quantitative methods.

The main actors of the narratives explored by the dissertation can be broadly divided into two groups – prisoners (with relatives in the free population) and the Soviet bureaucracy of all ranks and affiliations. Central bureaucratic tiers are as important for this study as the unduly neglected ground level.

‘Centre–periphery’ approach to sources and its difficulties

Narrative sources are the easiest corpus to find because thousands GULAG survivors’ memoirs have been published.¹²² The situation with archive records of the Soviet bureaucracy is far more daunting. Despite the difficulties, I managed to gather materials from 14 Russian archives. Fortunately, central governing bodies of all involved agencies are partly declassified and available in GARF.¹²³ Documents of the central Ministry of Transport medical sanitation–department (NKPS–MPS) can be found in State Archive of Economy (here after RGAE).¹²⁴

¹²² The extensive online Sakharov Centre database of such testimonies is useful for this project. (Accessed at February 20 2018 at <https://www.sakharov-centre.ru/asfcd/auth/>) as well as numerous published sources.

¹²³ The GULAG (GARF.F.R–9414); The MVD (F.R–9401); the Procuracy (GARF.Fond.R–8131. Especially relevant is Op.37); the Ministry of Justice (GARF.F.R–9492. Op.5, Op.14); The Council of People’s Commissars (GARF.F–R.5446).

¹²⁴ RGAE.F.1884.Op.83–84.

Some relevant materials have been extracted from the Russian State Archive of Social–Political History (hereafter RGASPI) and the Russian State Military Archive (RGVA).¹²⁵

Access to the local source base is extremely complicated due to the politicized nature of the issue. As of now, the majority of local documentation is still being kept in the internal ‘departmental’ (*vedomstvennaia*) archive systems of the contemporary security agencies. In recent years, they have been almost completely closed to civilian scholars. However, there are few exceptions to this general rule. Sometimes local camp archives were partly transferred to much more accessible state archival system during the administrative turmoil of the 1990s. This allowed me to circumvent the artificial access restrictions and glean invaluable local materials of the GULAG, the Procuracy, and the Ministry of Justice.

With regards to GULAG institutions, this thesis predominately builds upon the local records of Bezymianlag corrective–labour camp in the State Regional Archive of Samarskaia *oblast’* (hereafter GASO), the Tambovskii OITK (the Department of corrective–labour colonies) in the State Regional Archive of Tambovskaia *oblast’* (hereafter GATO), and the Cheliabinskoe UITLiK (the Administration for corrective–labour camps and colonies) in the Unified State Archive of Cheliabinskaia *oblast’* (hereafter OGACHO).¹²⁶ Some relevant materials were located in the fond of the Altaiskii corrective–labour camp (Altailag) in the State Archive of Altaiskii Krai (hereafter GAAK), the Centre for the Documentation of the Contemporary History of Tomskaia *oblast’* (hereafter TSDNI TO) and the State Archive of Novosibirskaia *oblast’* (hereafter GANO).¹²⁷ The archives of Arkhangel’skoe UITLiK, regional Procuracy in the State Archive of Arkhangel’skaia *oblast’* (hereafter GAAO), the

¹²⁵ RGVA.F.37837.

¹²⁶ GASO.F.2064; OGACHO.F.1075;GATO.F.R–3957.

¹²⁷ GAAK.F.R–635.

Kuibyshevskoe UITLiK Procuracy, and the camp court in GASO proved to be useful as well.¹²⁸

Finally, there were unexpected opportunities to obtain vast amount of low-tier documents in GARF. Firstly, materials of Dmitlag and several other camps (as a part of the Main Production Administration *fondy*) are kept there.¹²⁹ Secondly, the Ministry of Justice *fond* contains local reports by almost every existing camp court from 1944 up to 1955. Thirdly, the *fond* of the USSR Procuracy retains not only records from its central administration, but also holds local reports from dozens of camp procurators between 1935–1955. Such huge swathes of documents from profoundly different localities allow a more confident generalization across multiple circumstances. Importantly, procuratorial case-files, in addition to reports themselves, often contain substantial amounts of NKVD–MVD documentation from the local camps’ administrative departments, such as the respective camp commander’s chancellery, as well as the Sanitary (SANO), Distribution and Allocation (URO–OURZ) and Operative–Chekist departments (OCHO, camp political police), which procurators used as sources to compile their summary memorandums.¹³⁰ They proved to be crucial source of pertinent information.

¹²⁸GAAO.F.5865; F.4994;GASO.F.2596; F.4958.

¹²⁹GARF.F.R–9489; GARF.R–9407.

¹³⁰ SANO, Sanitary or Medical-Sanitation department (*sanitarnyi otdel*) – an internal ‘embedded’ medical service of the GULAG, tasked with providing medical care to the prisoners and officials, fighting epidemics and reducing death rates. Its tasks included medical release and mortality recordkeeping.

OURZ, URO or Second department (*uchetno-raspredelitel’nyi otdel*) – an internal statistical and ‘labour allocation’ department within the GULAG, tasked with inmates’ registration and ‘labour utilization’ (i.e. ‘distribution’ of prisoners to different types of work according to their ‘physical capability’ (labour category)). OURZ-URO (in addition to SANO) was another department within GULAG structures, which responsibilities included mortality accounting and *aktirovka*. See GARF.F.R-9414.Op.1.D.1143.L.453.

Qualitative analysis: prisoners

This dissertation employs three groups of ego documents: written by ‘certified’ invalids, so-called ‘*pridurki*’ faction, and ordinary inmates.¹³¹ The memoirs of camp invalids shed light on many aspects of Soviet penal invalidism. Leona Toker, analysing GULAG memoirs as a genre, notes a ‘sense of one’s obligation to testify on behalf of the collective’.¹³² Indeed, invalids often treated each other as members of a separate caste in the camp’s social hierarchy that felt some responsibility for each other even after discharge. Many describe mortality of the released in an attempt to commemorate the otherwise invisible dying ex-prisoners during their return journeys. Relatives of the discharged have also left their accounts about their kin, who returned from the camps diseased, often with extreme emaciation. To avoid ‘cherry-picking’ in both cases it is necessary to gather a diverse sample of such testimonies from as many different camps and periods as possible to typify the forms of their experience (such as the commission for discharge in the camp, travelling to the train station, journey back home, arrival to their destination). A comparison with archival material can help to avoid memory aberrations and imprecisions, which are typical for narrative sources.

Working with narratives written by ‘*pridurki*’ is useful not only because it offers a somewhat different perspective on the procedure to double check the memoirs of invalids proper. It is also instrumental to determine the spurious aspect of medical release. Inmates, working as doctors, paramedics and secretaries were in close proximity to their cadre NKVD superiors and overheard pertinent information on the ‘release –to–die’ policy. Particularly, memoirs of camp doctors (usually prisoners themselves) offer rich empirical details on

¹³¹ ‘*Pridurki*’ (camp slang) refers to inmates who were employed as technical assistants in the process of invalid certification, medical discharge and the registration of mortality, namely secretaries, statisticians, physicians and paramedics. See Rossi, *Spravochnik*.

¹³² Toker, *Survivors*, 76.

'*komissovka*' (medical certification) and *aktirovka*. The rest of the prisoners also witnessed the procedure and recorded their opinions about it. This thesis tries to synthesize these reflections to supplement the official perspective.

Qualitative analysis: Soviet bureaucracy

Institutional and political history illuminated the operational principles of Soviet officialdom and their centre–periphery tensions. A useful example is a regional case study of the Karelian political establishment by Nick Baron.¹³³ He depicts the 'self-serving, clandestine behaviours' of the bureaucrats, which were 'designed to mitigate personal risk'.¹³⁴ As this dissertation shows, these tendencies were strongly prevalent in the camps as well concerning mortality statistics. I extrapolate 'civilian' behavioural patterns on the camp medical personnel, building upon James Harris's and Lynne Viola's pioneering 'centre–periphery' approach to sources and with a focus on bureaucratic confrontations in and around the GULAG.¹³⁵

Methodologically, an emphasis on bureaucratic tensions is very important for this dissertation. We have three competing agencies describing the same practice with factual reports and statistics. This 'polyphonic' mode of reporting is employed to collate various bureaucratic interpretations of the identical facts. The NKVD was constantly fighting for political influence with the Ministry of Justice and especially the camp Procuracy. This led to inevitable confrontations between all interested parties, especially with the railroad authorities (NKPS–MPS), who were responsible for the transportation of ex–inmates. This research will

¹³³ Baron, *Soviet Karelia: Politics, Planning and Terror in Stalin's Russia, 1920–1939*: (Routledge: 2007).

¹³⁴ Baron, 'Stalinist Planning as Political Practice: Control and Repression on the Soviet Periphery, 1935–1938', *Europe–Asia Studies* 56, no. 3 (2004): 440.

¹³⁵ Lynne Viola, *The Unknown GULAG: The Lost World of Stalin's Special Settlements* (New York: Oxford University Press, 2007), 61–72; James R. Harris, *The Great Urals: Regionalism and the Evolution of the Soviet System* (Ithaca, N.Y. London: Cornell University Press, 1999).

demonstrate how antinomies between and within bureaucracies produce a wealth of information on the deceitful nature of medical releases. For instance, criminal prosecutions that were initiated by the Procuracy against camp officials, especially physicians and paramedics, elucidate the concrete methods of the manipulation of death statistics. The coalescence of various bureaucrats' agendas is as useful for this thesis as their intrigues against each other. Limited research on Soviet medicine (Chris Burton's contribution) and state policies towards 'civilian invalids' (particularly 'Invalids of the Great Patriotic War', explored by Mark Edele and Robert Dale) helps to situate GULAG invalids as a specific stratum into the broader context of 'Soviet invalidism'.¹³⁶

Finally, a semantic analysis of the lexicon employed by GULAG officials towards the practice is useful. Scholars noted that GULAG managers over the years have developed a special language to describe mass death and disease in a mundane, 'normalized' manner.¹³⁷ They often implicitly mentioned the pre-mortal condition of the medically released. It will serve as another major piece of qualitative evidence revealing that the authorities sometimes lucidly realized the terminal condition of the medically released.

Quantitative method: recalculation of death rates

Deceptions in GULAG medical data were almost never interpreted through the lens of Soviet civilian statistics and its application by 'free' economic and bureaucratic management. It is important to probe these connections. Classic works on Soviet civilian statistics and economy

¹³⁶Chris Burton, 'Medical Welfare during Late Stalinism: A Study of Doctors and the Soviet Health System, 1945–1953' (PhD diss., University of Chicago, 2000); Mark Edele, *Soviet Veterans of the Second World War: A Popular Movement in an Authoritarian Society 1941–1991* (Oxford: Oxford University Press, 2009); Robert Dale, *Demobilized Veterans in Late Stalinist Leningrad: Soldiers to Civilians* (London: Bloomsbury Academic, 2015).

¹³⁷ Alexopoulos, *Illness*, 17; Berdinskikh, *Viatlag*, 14.

inform the present study.¹³⁸ Thanks to these works, it is a well-established fact that Soviet managers cheated the command-administrative system by inflating the plan's fulfilment to appear successful. It comes as no surprise that GULAG bureaucrats, being also economic managers in the same framework, manipulated their reported statistics similarly, including mortality, which was regarded as a 'politicized' indicator heavily interconnected with production.¹³⁹

The main quantitative argument of this dissertation is the recalculation of death rates for several camps and chronological periods. I aim to demonstrate the undercount of the All Union central statistics by including omitted ex-inmate fatalities, found on a local level. These recalculations will show that ex-prisoners' mortality was not a unique coincidence, typical for a single deadly locality, but a consistent pattern that repeated itself on a wide temporal and spatial scale. It seemed rational to choose individual camps that should be profoundly different from each other in order for the study to be persuasive. Consequently, I developed several criteria for the recalculation of registered mortality rates (deadliest, moderately lethal, least deadly), geographical location (Siberia, the Urals, European and Northern Russia), size (huge, moderate, small), production profile (forestry, agricultural, industrial etc.), priority in supply chain (top, moderate, low tier). Rather than disperse them across the thesis, I will

¹³⁸ A.Blum, M.Mespule, *Biurokraticheskaiia anarhiia: statistika i vlast' pri Staline* (Moscow: Rosspen, 2006); Wheatcroft, R.W.Davies, 'The Crooked Mirror of Soviet Economic Statistics' in *Economic Transformation of the Soviet Union, 1913-1945* (Cambridge University Press, 1994), 24-37; M.S.Tolts, 'Statistika kak instrument politiki Sovetskogo Soiuza', *Sotsiologicheskii zhurnal*, no 4.(2003): 108-125; V.Seliunin, G.Hanin, 'Lukavaia tsifra', *Novyi mir*. no.2 (1987): 181-201; Isupov, "'Eto byla fantastika, esli ne khuzhe": metody fal'sifikatsii statisticheskikh istochnikov v 1930-e gg.', *Gumanitarnye nauki v Sibiri*, no.2 (2008): 33-36; Joseph Berliner, *Factory and Manager in the USSR* (Cambridge, Mass.: Harvard University Press, 1957). Especially useful are chapters 10 (Falsification of reporting), 11 (Blat) and 12 (The Tolkach and Use of Influence); David Granick, *Management of the Industrial Firm in the USSR: A Study in Soviet Economic Planning* (New York: Columbia University Press, 1954); Gregory, Lazarev, eds., *The Economics*, 2003.

¹³⁹ On this analogy see Alexopoulos, *Illness*, 154.

integrate recalculations in a single chapter as a first tier of my template model for mortality revision (deaths in the camp itself) – the other two tiers being transportation and points of arrival. So far, I have identified the following cases depending on availability of the data that I have uncovered in the archives:

1) Bezymianlag (Date of operation: 1940–1946)

Officially registered mortality: very low

Geographical location: Kuibyshevskaja *oblast'*, European Russia

Size: huge, the biggest GULAG camp in 1942

Production profile: factory construction as a part of *Upravlenie Osobogo Stroitel'stva* (UOS, Directorate of Special Construction)

Priority in supply chain: top (for 1941–1942, it received the highest capital investment in the entire GULAG system)

2) Iagrinlag (Date of operation: 1938–1953)

Officially registered mortality: extremely high, one of the worst camps during the war, even by GULAG standards

Geographical location: Arkhangel'skaia *oblast'*, Northern European Russia

Size: moderate

Production profile: construction (*Glavpromstroj*: Main Administration of Industrial Construction)

Priority in supply chain: moderate

3) Serovskaia colony (ITK) (Date of operation: unknown)

Officially registered mortality: high

Geographical location: Sverdlovskaia *oblast'*, the Urals

Size: small

Production profile: small-scale industrial colony (Sverdlovskoe UITLiK)

Priority in supply chain: low

4) Sukholozhskaia colony (ITK) (Date of operation: unknown)

Officially registered mortality: high

Geographical location: Sverdlovskaia *oblast'*, the Urals

Size: small

Production profile: small-scale industrial colony

Priority in supply chain: low

5) Kargopol'lag (Date of operation: 1937–1960)

Officially registered mortality: extremely high, very harsh timber camp

Geographical location: Arkhangel'skaia *oblast'*, Northern European Russia

Size: moderate

Production profile: forestry camp (ULLP: Administration of Forestry Camps) ¹⁴⁰

Priority in supply chain: low

Chapter outline

This dissertation consists of two parts. In turn, they are comprised of the introduction, six substantive chapters, and the conclusion. The first part, ‘Vile Custom’, is devoted to medical release as a fraudulent scheme for mortality deflation between 1930–1955.¹⁴¹ It is organized thematically and introduces the three-tier model of mortality recalculation, developed by this thesis as its central overarching contention. The second part, ‘the Lost Million’, maps out the general history of *aktirovka* between 1941–1955. It is organized chronologically.

Chapter 1 establishes the first tier of the death rates’ reassessment model, generated by the present project. It focuses on invalids’ mortality after medical discharge within the GULAG camps and colonies. The chapter advances the dissertation’s main quantitative argument in support of ‘release-to-die’ contention. It begins with an exploration of released invalids’ mortality registration and the methodologies which helped to extract these ‘hidden’ deaths in order to recalculate central statistics. From there, it turns to several recalculation cases as well as elucidates the scale of invalids’ deaths after release in the camps themselves across time and space. Chapter 2 follows the surviving invalids beyond the limits of camps and colonies. It establishes the second (deaths en route) and the third tiers (deaths after arrival to the destination) of the mortality recalculation model. Chapter 3 introduces the main

¹⁴⁰ The information on the camps’ dates of operations and production profile is derived from Smirnov et.al, *Sistema*, except for Sverdlovskoe UITLiK colonies (see GARF.F.R–8131.Op.37.D.2498).

¹⁴¹ The expression is taken from the interview with Niki Georgievna Gol’ts, whose aunt Katia was medically discharged from the GULAG and died soon after release. See Alexopoulos, *Illness*, 158, 283.

qualitative argument to corroborate the ‘release-to-die’ argument. It generates a sample of confessions and semi-confessions about the mendacious nature of medical release, made by the bureaucrats of the GULAG, the Procuracy and the Ministry of Justice in internal communications.

The second part of the dissertation tells the institutional history of medical release in 1941-1955 and bureaucratic rivalries around the procedure. It begins with Chapter 4, which takes a detailed look at the procedure during the war. It describes two conflicting bureaucratic agendas and their variations around medical release policymaking between 1941–1945: ‘negative’ (against medical release) and ‘affirmative’ positions (in support of medical release). It also examines three successive wartime *aktirovka* campaigns via an exploration of decision-making, regulation changes, their enactment on the ground and quantification on the local and national level. The chapter concludes by producing the total number of official invalids released during the war, paying special attention to potential sources of understatement in the statistics. Chapter 5 shows how the release of invalids continued during the 1945–1955 period, although with significant qualitative and numeric changes. The chapter describes these changes through an exploration of two medical release operations between 1946–1953 and 1954–1955. Special attention is devoted to the last major crisis of the GULAG: the 1946–1947 famine and its impact upon medical release. The chapter closes with an analysis of the 1953 amnesty and the releases of invalids during 1954–1955. I also introduce statistics of medical release for the period 1945–1955. In the Chapter 6, dedicated to the quantification of medical release, I critically engage with both ‘the believers’ and ‘the sceptics’. I provide an overall estimate of the released during 1930–1955 (one million) and generate my own three provisional projections of unregistered deaths due to GULAG detention (2.7, 2.5, and two million). I conclude with a list of the thesis contributions.

PART ONE: 'VILE CUSTOM': MEDICAL RELEASE AS MENDACITY

CHAPTER 1: 'GULAG'S DEAD SOULS': MORTALITY OF RELEASED INVALIDS IN THE CAMPS

Before historians begin to use historical statistical data, they should attempt to discover how the data was collected and calculated and by whom these operations were carried out. They should attempt to see whether there are any reasons of doubting the reliability of these data. Where doubts do arise as to their reliability, they should attempt to make an assessment of the possible scale of the inaccuracy. It is extremely dangerous to accept figures on trust without understanding their origin and history.

—S.Wheatcroft and R.W. Davies

This chapter develops the main quantitative argument of this thesis in support of the 'release to die' conjecture. It specifically concentrates on the mortality statistics of released ex-prisoner invalids in the camps themselves. The introduction adumbrated two scholarly factions: 'the believers' and 'the sceptics' with regards to official summary mortality data. The fundamental question remains unanswered—which interpretation holds up to scrutiny?

If we look at the evidentiary base, the most conspicuous weakness of the 'release-to-die' argument, espoused by 'the sceptics', lies in the total absence of archival statistical evidence, in particular, mortality of released ex-inmates. In terms of sources employed, 'the sceptics' have not gone beyond quoting a small sample of memoirs. For instance, Alexopoulos presents only four cases of fatalities after discharge, drawn from secondary literature and eye-witness testimonies, but states quite vaguely that 'many died shortly after their release'.¹⁴² A superficial observer can dismiss these figures as an irrelevant coincidence or anecdotal camp folklore typical of inmate recollections. Other scholars (Ellman, Berdinskikh, Khlevniuk, Applebaum, Isupov, etc.) do not provide even ego-documents, limiting themselves to logical

¹⁴²Alexopoulos, *Illness*, 158, 244.

but general guesses. As a result, the entire critical approach remains, predominantly, hypothetical and uncorroborated with concrete numbers. In fact, given the slim quantitative basis behind the conjecture, it can be speculatively counter argued that ex-inmates' mortality was negligible and that no discernible link between medical release and registered death rate existed at all.

More importantly, 'the sceptics' have admitted that mortality recalculations are unfeasible in principle. This claim renders their position even more tentative. A case in point, Anna Tsepkalova suggests that the hypothesis is 'impossible to validate' for 'no recordkeeping' of deaths after release existed.¹⁴³ Alexopoulos is certain that 'given the high degree of deception and false accounting' no exact mortality figure would ever be produced.¹⁴⁴ Khlevniuk, noting that mass releases of invalids 'undoubtedly improved camp mortality statistics', contends that 'it is impossible to count all such victims of the GULAG'.¹⁴⁵ To sum up, invalids simply vanished from the documented reality as soon as they were set free and are presumed to have died through generalizations of the highest order.

'The sceptics' fail to provide quantitatively significant examples of ex-inmates' mortality and proof of an undercount in the central summary reports for even a single camp. In addition, they do not furnish any details on the health condition of the former prisoners upon release, their diagnoses, or almost any circumstances of their fate thereafter. Whereas 'the believers'' source base looks far more convincing. They quote the impressively detailed tabulations of the GULAG central administration. Their main argument is predicated on the assumption that the classified and 'functional' nature of the camp medical data safeguards it from any kind of serious falsification.

¹⁴³Tsepkalova, *Dinamika dvizheniia*, 203.

¹⁴⁴Alexopoulos, *Illness*, 15.

¹⁴⁵Khlevniuk, *History*, 327.

This chapter seeks to challenge both this historical orthodoxy regarding the GULAG official statistics' reliability (the so-called 'Mafioso Tax' analogy) and the pessimistic presupposition of the opposing scholarly faction about the impossibility of mortality recalculations. While Khlevniuk and others are certainly correct that it is improbable to enumerate all fatalities among discharged invalids, the present chapter formulates a new methodological algorithm of local and central mortality data critical comparison. This collation facilitates an opportunity to arrive at a far more accurate approximation of death figures than previously thought possible—at a minimum, for some peripheral locations and periods.

However, I certainly do not claim that 100% of the invalids perished immediately or even soon after release. On the contrary, I try to introduce nuance. Neither do I aspire to revise every single statistical return on mortality during the period 1930–55. Not only the magnitude of the task but also the inaccessibility of sources makes a complete revision unachievable for now. Nonetheless, enough archival material is available to sufficiently substantiate the fundamental goals of this chapter.

The aims of this chapter are threefold:

1. To empirically prove the reality of the released invalids' mortality as a historical phenomenon with statistical evidence. In particular, I intend to dissect the paradoxical registration process of these fatalities and demonstrate their wide temporal and spatial dissemination.
2. To elucidate how medical releases reduced death rates by using concrete examples. I aim to recalculate death indexes for several localities and periods to expose the precise undercount of the central statistics for each case. This analysis will disclose how these 'dead souls' were

accounted for on a local level, but purposely excluded from the central summary registries. In addition, I will describe the operative technical nuances of this distinctive mendacity in several momentous and yet unexplored variations.

3. To present the first tier of the methodological model for camp mortality reassessment—deaths of invalids in the camps. The model is based on a key variable: mortality of the discharged on their way back. This template factors in their deaths in the camp itself, during transportation, and soon after arrival to the destination. In the longer term perspective, it can be used as a heuristic device by other GULAG scholars for further systematic recalculation of the data.

The principal contention of the present chapter is that mortality of released invalids was quantitatively and practically significant during extreme phases of GULAG's existence (the famine of 1932–33, the war of 1941–45, the famine of 1946–47) at least for some localities, while in more normal periods (1934–36, 1939–41, 1948–55) the incidence of death among released invalids is debatable. On average, the probability of initial survival was higher in 'peaceful' stages. However, there was pronounced regional and institutional variation during both 'extraordinary' and 'normal' phases—notably between camps of various production profiles, the camps' position in the supply chain, and the type of incarceration (colonies versus camps).¹⁴⁶Essentially, I argue that different camps and colonies 'generated' not a monolithic, unidimensional, abstract 'invalid', but several kinds of 'invalids' that, in turn, 'generated' divergent morbidity and mortality rates. Some varieties of invalids were far closer to death than the others and their health conditions were heavily contingent on the time and place of their release.

¹⁴⁶Thus, it is well-known that penal locations varied dramatically in the conditions and health of their populations over time. See Lynne Viola, 'Historicizing the GULAG' in *Global Convict Labour* (Leiden: Brill, 2015), 361–379; Alexopoulos, *Illness*, 15.

The chapter is divided into three substantive parts. First, I start with examining the possibilities of locating statistical data on ex-inmates' fatalities and nuances of its registration. Next, to substantiate the chapter's main contention, I briefly dwell on factors that instigated mass mortality among the released: their health conditions and the logistical collapse caused by mass medical discharge. Finally, the remaining section introduces several recalculation cases and statistical archival data on mortality of invalids after release.

Registration of released invalids' mortality

Any scholar who decides to quantify the mortality of released invalids immediately faces a methodological perplexity that seems, at the first glance, practically insuperable. How is it possible to get statistical evidence of deaths that were intentionally kept hidden and unrecorded (as the 'release to die' conjecture propagates)? This sub-section answers this question by exploring the bureaucratic paradoxes surrounding the registration of invalids' mortality.

In order to reveal these 'unseen fatalities' I utilize two approaches: comparisons of local camp records with central GULAG data (for recalculation of mortality in the camps) and institutional triangulation. In this sub-section, I will begin by dissecting the first approach and the challenges of these comparisons. Next, I will explicate how the second approach, institutional triangulation, helps to rectify the shortcomings of the first approach, while analysing the special challenges of this approach as well. I tried not to produce merely a factual account of the problem, however. I argue that the political confrontations, herein described, were inherent in the Stalinist governmental *modus operandi*. The perpetual conflicts within the Stalinist government serve as a lens to delineate unstudied practices in the Soviet

system of incarceration's recordkeeping of ex-inmate's mortality. As I contend, these conflicts reveal a lot not only about concrete cases of statistical falsification but also illuminate how Stalinist penal and criminal justice administration operated in principle.

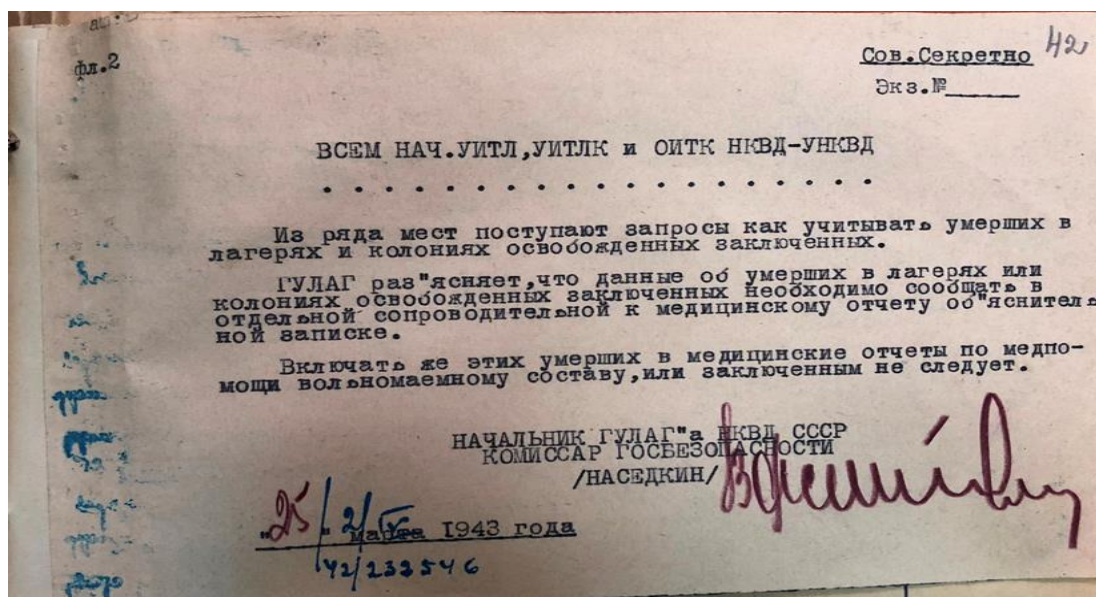
The 'central-local' approach and its challenges

The first approach is viable due to the quintessentially Soviet proclivity to control every potentially problematic demographic process within the purview of its apparatuses. A unique catastrophic surge of deaths among the registered penal population during the period 1941–43 is a well-known fact.¹⁴⁷ What remains obscure is that it correlated with an unprecedented exodus of debilitated ex-inmates from the localities in three successive and, in some instances, overlapping 'waves' in 1941, 1942–43, and 1944. Many of the freed ex-prisoners could not be transported from their places of confinement due to their inability to walk and the severe logistical collapse of the railroad network. These ex-prisoners began to die at an alarming rate in the camp hospitals and barracks, leaving rank-and-file personnel at a loss as to how to record these fatalities. Local camp administrations inundated Moscow with a flurry of inquiries on how to proceed with this ambiguous and increasingly deteriorating situation. The GULAG top command responded on 2 April 1943 with secret directive № 42/232546, signed by the GULAG director, Viktor Grigorievich Nasedkin himself, partly reflecting the importance of the problem.¹⁴⁸

¹⁴⁷ Out of the 1.7 million prisoners who died in GULAG from 1930 to 1955, approximately 1 million of them died in the period 1941–45. See Zemskov, 'Smertnost' zakliuchennikh v 1941–1945' in *Liudskie poteri v period Vtoroi Mirovoi Voini: sbornik statei* (St.Petersburg: Blitz, 1995), 174–177.

¹⁴⁸ Directive № 42/232546, according to the inventory list, was telegraphed to 112 local administrations (GARF.F.R–9414.Op.1.D.2785.L.43–43ob.) This fact suggests that virtually all existing localities under the aegis of GULAG NKVD USSR had received the directives and had to provide a response. The ubiquitous character of the directive's dissemination and Nasedkin's personal interference may serve as a circumstantial indication of how pervasive the deaths of the released were at the time.

Figure 1.1. Directive № 42/237546 (25 March/2 April 1943)



Source: GA RF. F.R-9414.Op.1.D.2785.L.42

It read:

GULAG clarifies that data on the freed prisoners who died in the camps and colonies right after their discharge should be put in a separate explanatory accounting sheet alongside the general medical report. Peripheral locations should not include these dead former prisoners into mortality reports on civilian camp personnel or prisoners per se.¹⁴⁹

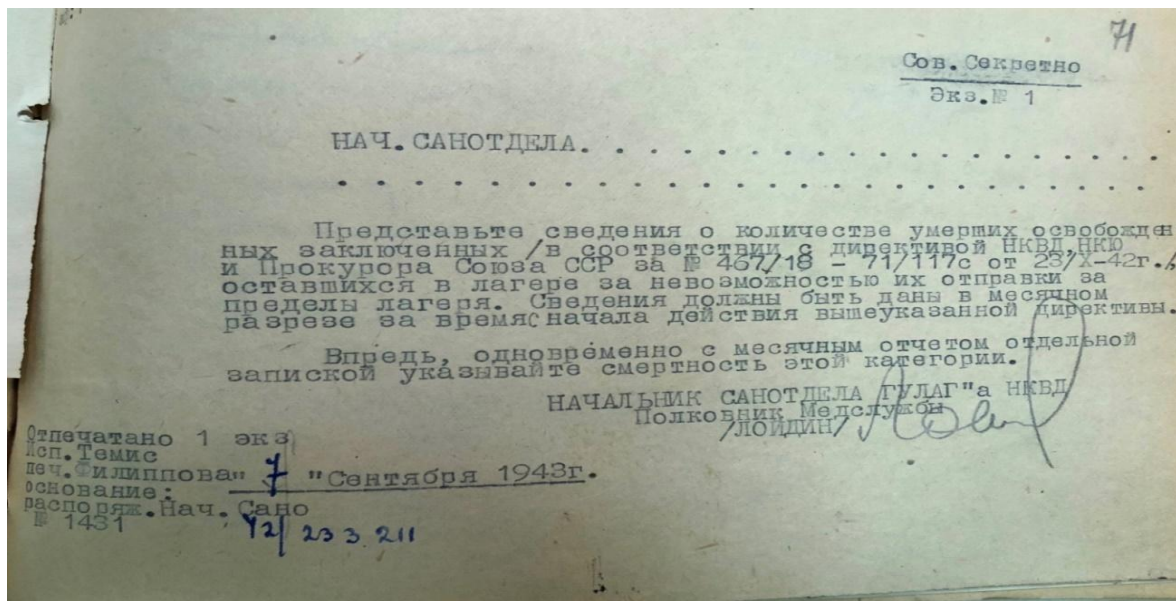
Six months later on 7 September 1943 additional directive № 42/233211 emanated from another influential figure in the GULAG machinery—David Maksimovich Loidin, head of the central Medical–Sanitation department (SANO), an embedded penal health service.¹⁵⁰ The

¹⁴⁹The original directive with Nasedkin’s signature can be found here: GARF.F.R-9414.Op.1.D.2785.L.42. One of the regional copies has been discovered by Vladimir Isupov in a local archive of Altaiskii camp and partly quoted in Isupov, S. A. Papkov, *Glavnyi resurs’ pobyedi. Ludskoy potentsial Zapadnoy Sibiri v gody Vtoroy mirovoy voyni (1939–1945)* (Sovetskoye Novosibirsk, 2008), 169; Isupov, *Demograficheskie Katastrofy*, 164. However, Isupov omitted any reference to the creation of a ‘double accounting’, never traced any answers to this directive, and, therefore, did not attempt to recalculate death rates.

¹⁵⁰GARF.F.R-9414.Op.1.D.2785.L.71.

chief GULAG doctor demanded local SANO heads to report on ‘the number of the released dead prisoners who remained in the camps due to the impossibility of their transportation beyond the camp limits’ since the beginning of the mass release campaign (September 1942). He also enjoined camp administrators to report such fatalities in a ‘separate memo’ on a monthly basis.¹⁵¹

Figure 1.2. Directive № 42/233211 (7 September 1943)



Source: GA RF.F.R–9414.Op.1.D.2785.L.71.

Both directives initiated a radical change in the technique of mortality registration in GULAG. It was practically an open sanction of top officials for data manipulation on the ground level. However, three questions instantly arise. First, why precisely did such forthright authorization occur during the spring of 1943? In short, the exceptionally desperate situation elicited exceptional straightforwardness. To understand the bureaucratic logic behind the top-level decision to hide invalids’ deaths, it is reasonable to chart the historical context behind it. In January 1943 central NKVD issued order № 0033 to ‘conserve and improve’ the physical

¹⁵¹GARF.F.R–9414.Op.1.D.2785.L.71.

capability of the prisoners.¹⁵² Pragmatic high-level demands to enhance productivity of forced-labour by lowering sickness and mortality were regular during 1941–45.¹⁵³ What made this order distinctive is the signature of Lavrentii Beria himself. It imposed the highest level of accountability on the NKVD chain of command. The Minister of Interior warned all camp commanders that they would be held personally responsible for successful ‘decrease of sickness rates’. These were no idle threats. The failure to present ‘positive statistical dynamics’ (in the typical Stalinist managerial manner—the sooner the better) was dangerous not only for the usual scapegoats, such as subaltern medics and low-level officials, but also for the top managers of the system.

The paradox was that political leadership at the time, in Barnes’s words, ‘mouthed ...concern without providing any real assistance in ameliorating conditions’.¹⁵⁴ The GULAG suffered the worst cuts in food and medical provision in its history during the years 1942–43.¹⁵⁵ All resources were diverted to the war effort. The penal system’s top command was regularly briefed about the objective situation on the ground and found itself in an odd predicament: it had to quickly allay a crisis of mammoth proportions almost without any supplies.¹⁵⁶ The goal was unsolvable by ‘legal’ or ‘conventional’ means at their disposal. Therefore, I would argue that NKVD order № 0033 was impracticable without centrally approved, system-wide statistical mendacity. The GULAG command, issuing directive №42/232546, offered an emergency tool for their subordinates to save the ‘honour of the uniform’ and themselves. It allowed officials of all ranks to present themselves as efficacious

¹⁵²GARF.F.R–9401.Op.1A.D.132.L.23–25.Published in *Istoria Stalinskogo GULAGa*, Vol.3, 217–218.

¹⁵³For example, see GARF.F.R–9414.Op.1.D.2785.L.65.

¹⁵⁴ Barnes, *Redemption*, 117.

¹⁵⁵The supply of forestry camps was especially bad. See GARF.F.R–9414.Op.1.D.1921.L.73–77. For comparison between pre-war and war rations for the entire GULAG, see GARF.F.R–9414.Op.1.D.1921.L.49.

¹⁵⁶GARF.F.R–9414.Op.1.D.1181.L.15–18.

crisis-managers by fulfilling order № 0033 (among others) and providing a tangible result – at least on paper. This result was backed up by the ‘positive’ dynamic of registered monthly mortality in 1943–44 in camps and colonies of the GULAG (see Table 1.1).

Table 1.1. Mortality in the GULAG NKVD USSR (January–December 1943)

Month	Mortality (absolute)	Month	Mortality (absolute)
January 1943	34,800	July 1943	22,383
February	30,845	August	22,019
March	31,156	September	16,275
April	29,414	October	11,588
May	27,439	November	9,428
June	23,309	December	9,162

Source: GA RF.F.R–9414.Op.1.D.1181.L.31

The absolute figures of the dead plummeted from roughly 30,000 per month in winter of 1942–43 to less than 10,000 in winter of 1943–44. Usually, this radical decline is rationalized via self-aggrandizing quotes from Medical-Sanitation department memos, professing the official version.¹⁵⁷ GULAG doctors understandably extolled their ‘conventional’ efforts to improve prisoners’ health.¹⁵⁸ To give just one example of many of this high-level, institutional self-laudation, colonel Loidin, head of central SANO, in his 1944 report eulogized ‘major organizational activities’ that were conducted by GULAG medics since 1941 to decrease sickness and mortality. He underscored the ‘purposefulness’ of GULAG NKVD

¹⁵⁷Nakhapetov, *Ocherki*.

¹⁵⁸For low-level, bureaucratic self-laudation, see reports by the SANO of Tambovskii OITK (GATO.F.R–3957.Op.2.c.D.61.L.46–47).

USSR in ‘ensuring adequate sanitary conditions’ and the implementation of ‘wide health–improvement measures’ for the inmates. However, these measures were certainly not as effective as the Moscow SANO depicted them to be. As Alexopoulos cogently argued: ‘...the precipitous drop in mortality beginning in 1943 can be partly explained by the large releases of sick prisoners in 1943’.¹⁵⁹ This chapter confirms this with a research of the ground level.

Meanwhile, Loidin, adhering to the ritual of praising the higher–ups mentioned the fulfilment of Beria’s order as one of the main causes behind reduction of morbidity and mortality rates in his domain.¹⁶⁰ On the other hand, he cunningly omitted any mention of the exceptionally massive releases of invalids that he himself had condoned and sanctioned in 1943. No mortality data of the discharged were submitted to the NKVD top command, remaining in the internal GULAG document flow.

The second question that arises is, does the change of mortality registration denote that before April 1943 these ‘additional deaths’ were included in the regular accounting or not recorded at all? The provisional answer can be found in the primary accounting sheets of local camp Medical–Sanitation (SANO) and Allocation–Distribution (URO–OURZ) departments. For instance, the record of ex–inmates’ mortality can be tracked in the local URO records in Arkhangel’skaia regional labour colonies as early as 30 March 1943.¹⁶¹ The physicians of Bezymianlag in Kuibyshevskaja *oblast’* also had a specific technique of accounting these ‘problematic’ deaths before March–April 1943: they used fractions and handwritten footnotes to indicate them. To illustrate this, in the monthly report for November 1942 on the distribution of deaths based on age, length of detention, ethnicity, category of labour and length of hospitalization, acting director of the camp SANO, doctor Bernshtien, presented the

¹⁵⁹ Alexopoulos, *Illness*, 157.

¹⁶⁰ GARF.F.R–9414.Op.1.D.2796.L.214 ob.

¹⁶¹ GAAO.F.R–4994.Op.1.D.280.L.123.

following data:

Table 1.2. Number and distribution of deaths in Bezymianlag camp

November 1942 (fragment of the report)

Diagnosis	Labour categories				Total
	Light	Medium	Heavy	Invalids	
Dysentery	5	3	1	6/2	
Pellagra	24	10	2	37/7	
Respiratory diseases	4	1	–	3	
Lobar pneumonia	9	6	–	–	
Tuberculosis of the lungs	4	5	4	4/1	
Diseases of the circulatory system	5	1	–	–	
Others	8	5	1	1/1	
Totals	59	31	8	51/11	149

Source: GASO.F.2064.Op.2.D.47.L.105ob.

At the bottom of the page there are several handwritten remarks. One of them reads, ‘11 people died from the number of the freed who could not travel home.’¹⁶² The way the data is presented is peculiar—invalids’ fatalities are shown as fractions (see Table 1.2). The meaning behind them can be deduced from an analogous report for October 1942. In this report, one sees similar fractions in the totals of the invalids’ category—79/15. These fractions are explained via another footnote: ‘the denominator includes those who were eligible for

¹⁶²GASO.F.2064.Op.2.D.47.L.105ob.

release on a court decision'.¹⁶³ In my opinion, the data for both months can be interpreted as a clarification of death distribution of the invalids' category. However, it is uncertain if these numbers were sent to central SANO (and hence included in the regular mortality report) or were compiled for the internal purposes of camp doctors, remaining at the local level. Therefore, more research regarding the particularities of pre-1943 registration is required. Nevertheless, these examples are noteworthy. They show that at least one local Sanitary and one Allocation and Distribution Department decided to record these fatalities even before the release of Nasedkin's directive from April 1943 urging them to do so.

The final question raised is, where can the localities' responses to both Loidin's and Nasedkin's directives be discovered? Finding any such local response in the system's central archive in Moscow is impossible. An educated guess would be that they were not declassified or were destroyed. But, luckily for historians, GULAG administrative practice required local officials to retain a copy of all reports in the archives of the camps themselves. The response to Loidin's directive by Bezymianlag medics was located in the archive of its Sanitary department.¹⁶⁴ This response made it possible to recalculate death rates for this particular camp. But the majority of other local archives are, unfortunately, unreachable as of 2020.

In summation, the abovementioned directives are extremely important in three aspects. First, they confirm that statistical mendacity was sanctioned from the very pinnacle of GULAG hierarchy, both administrative and medical. Nasedkin is crystal clear that these 'dead souls' should be excluded from regular mortality returns. Loidin also insisted on their separation from 'ordinary accounting'. It is obvious that GULAG top managers not only were aware of the released invalids' deaths but also consciously legitimized their omission from the summary data. Therefore, its stark uniqueness was that it was not a local '*tufta*' to delude

¹⁶³GASO.F.2064.Op.2.D.47.L.100.

¹⁶⁴I am grateful to Alexandr Repinetskii for helping me to find it. The cumulative number '355' from this report was published in Zakharchenko, Repinetskii, *Bezymianlag*, 256.

Moscow (a far more–well known phenomenon), but a global, system–wide ‘*tufta*’, directly sanctioned by central GULAG authorities. Second, GULAG leadership attempted to monitor the process via idiosyncratic ‘parallel’ accounting. The documents reveal that systematic registration of the ‘concealed’ deaths had begun from spring 1943 by URO and was backed up by retrospective SANO accounting from the autumn of the same year. Third, and most importantly, the existence of these data propound an underrated methodological opportunity to recalculate death rates for each penal establishment and the entire system (at least from 1943) by adding these ‘hidden’ figures to the central summary reports. The vast majority of answers to directives № 42/232546 and № 42/233211, however, are kept in inaccessible archives. This represents the main challenge of the ‘central–local’ approach.

The multi–institutional approach and its challenges

To overcome the abovementioned difficulty, I developed a second approach—institutional triangulation. This approach highlights the following empirical discovery: each of the agencies involved in medical release did register this ‘hidden’ mortality during the period 1930–55—all for different reasons and under varying circumstances. Materials of the Procuracy and camp courts, in addition to those of GULAG, reveal valuable statistical evidence that otherwise would have remained concealed. However, this approach has its own set of obstacles. Agencies often engaged in competition and sometimes in outright institutional war with one another. Additionally, there was curious antagonism within formally unified bureaucracies. These conflicts, in some instances, generated statistical data on ex–inmates’ mortality, but in other cases impeded its production, which presents complex source–study challenges.

The main obstacle is the sensitive political nature of released prisoners’ deaths. In some respects, these deaths were even more contentious than the mortality of prisoners proper because the subject involved the partisan interests of numerous competing bureaucratic actors

on horizontal and vertical levels. These interests were often mutually exclusive. On the one hand, there was a mendacious facet behind medical release. It made no practical sense for the bureaucrats to register deaths, which they tried to hide. This consideration applied both to low-level tiers and top command within GULAG in interactions with their respective superiors. It was also true in cases of corrupt camp procurators or judges, who were under the sway of NKVD and local camp authorities.¹⁶⁵

On the other hand, a countervailing imperative existed to monitor this ‘hidden’ mortality. It manifested itself simultaneously from within GULAG central administration and from outside NKVD structures via the penitentiary system’s bureaucratic competitors (regional and, in rare instances, camp Procuracy, the Ministry of Justice, or other civilian ministries).¹⁶⁶ GULAG central administration was concerned about undesirable political complications caused by the massive exodus of cadaverous ex-inmates outside the prison system, and kept its own internal accounting. Ministry of Transport, on the other hand, tried to accuse GULAG of incompetence for poorly organized dispatches of emaciated ex-inmates.

Hence, they were interested in registering those fatalities more objectively to use it as an

¹⁶⁵In theory, camp procurator reports on medical release should be far more helpful to reveal necessary quantitative mortality data than they actually are. In practice, many of their reports are formulaic. For example, see reports on medical releases during the period 1942–48 by procurators of Sevpechlag (GARF.F.R–8131.Op.37.D.2053.L.69), Ivdel’lag (GARF.F.R–8131.Op.37.D.2059.L.140), Khavabrovskoe UITLiK (GARF.F.R–8131.Op.37.D.1627.L.213), Solikamlag (GARF.F.R–8131.Op.37.D.2064 L.66), Cheliabmettalgstroi (GARF.R–8131.Op.37.D.2066.L.150–151), Svobodlag (GARF.R.8131.Op.37.D.2033.L.60), Bogoslovlag (GARF.F.R–8131.Op.37.D.2035.L.108), Volzhlag (GARF.F.R–8131.Op.37.D.3842.L.183), Servurallag (GARF.F.R–8131.Op.37.D.2045.L.67), Tagillag (GARF.F.R 8131.Op.37.D.2528.L.15–16;Usol’lag (GARF.F.R–8131.Op.37.D.2036.L.125); Karlag(GARF.R–8131.Op.37.D.2526.L.279). From alternative sources we know that the released were dying in some of these camps. A few procurators, however, were notable exceptions to this rule.

¹⁶⁶Ministry of Justice officials also had an ambiguous manner of recording these fatalities, although with its own specificity. A few courts succinctly noted the released totals, but provided zero information on their health condition or diagnoses. For example, see reports of camp courts of Novosibirskoe UITLiK (GARF.F.R–9492.Op.14.D.145); Viatlag (GARF.R–9492.Op.14.D.157); Nyroblag (GARF.F.R–9492.Op.14.D.165); Ivdel’lag (GARF.R–9492.Op.14.D.158).

argument against the Main Administration of Camps. The overall result of this Gordian knot of antinomies is the somewhat arbitrary nature of available statistical evidence, extracted from all involved agencies. The most salient issues with it can be subdivided into three main categories: ambiguities with the recorded data, underreporting of deaths, and their outright concealment. It is fruitful to dissect them.

Figure 1.3 Data collection forms № 1(3) (Bezymianlag, March 1943 and Ponyshlag SANO, second quarter, 1944) and form № 2(3) (Tambovskii OITK SANO, the second quarter, 1943)

СОВ. СЕКРЕТНО
Форма № 1 (3)

Представляется: I. В Санотдел ГУЛАГ'а НКВД СССР ежемесячно.
II. В Санотдел лагеря (Санотделения ОИТК) НКВД СССР за каждые 15 суток.

61

Отчет о заболеваемости среди заключенных по Безымянскому лагерю (ОИТК) НКВД за март месяц 1943 г.

(без детской заболеваемости).

НАИМЕНОВАНИЕ БОЛЕЗНЕЙ	Сведения по внебольничной помощи, включая помощь на дому и скорую помощь				Сведения по больничной помощи			Умерло		
	Всего посещений	Из них первичных	Освобождено от работ	На общее число дней	Оставалось к началу м-ца	Новых поступило	Проведено кой-ко-дней	ВСЕГО	Из них вне больн. учр.	
1	2	3	4	5	6	7	8	9	10	11
Всего по всем видам заболеваний.	64295	6379	4050	18139	4496	2226	60340	290	-	
В том числе:										
1 Дизентерия	-	-	-	-	65	75	2467	39	-	
2 Острые жел.-кишечн.	104	32	28	91	17	64	969			
3 Бруцеллез										
4 Малярия (свежие заболевания)										
5 Малярия (рецидивы первично зарегистр)	544	46	69	398	15	33	534			
6 Цы н г а	637	306	36	226	15	8	388			
7 Пеллагра	1684	180	171	1239	2024	1012	41293	183	-	

Справка — **ОТЧЕТ**

Соп. секретно
Форма № 1 (3)

о заболеваемости среди заключенных по *Самобудин*
Понышстроя и лагеря НКВД за *II квартал* месяц 1947 г.

№ п/п	Наименование болезней	Сведения по внебольничной помощи				Сведения по больничной помощи				Умерло		
		Всего посещений	Из них первичных	Освобождено от работы	На общее ж-во дней	Оставалось в нач. м-ца / на / м-ца	Вновь поступило	Остает. на 1 е ч. за / м-ца / м-ца	Проведено койко-дней	Всего	Из них в стационаре	Умерло актив. (освобожден.)
1	2	3	4	5	6	7	8	8-а	9	10	11	12
	Всего по всем видам заболеваний	6293	2679	1585	7467	570	665	385	37781	28	1	12
	В том числе:											
1	Пеллагра	19	15	2	5	389	154	200	23939	18	-	12
2	Дистрофия	1203	279	319	1688	57	181	98	5693	-	-	-
3	Цинга I-III	120	81	4	14	4	9	1	197	-	-	-
4	Грипп	306	160	111	285	4	24	1	172	-	-	-
5	Бол. кожи и подк. кл.	1275	390	290	2340	32	37	6	1561	-	-	-

СОВЕРШЕННО СЕКРЕТНО
Форма № 2 (3)

ОТЧЕТ

Представляется в Советецел БУЛАГа НКВД СССР ежеквартально.

о заболеваемости среди заключенных *Тамбовской области* лагеря (ОИТК) НКВД СССР

за *II* квартал 1947 года

3036

№ п/п по порядку	Наименование болезней	Сведения по внебольничной помощи				Сведения по больничной помощи			УМЕРЛО	
		Всего посещений	Из них первичных	Освобождено от работы	На общее число дней	Оставалось к началу месяца	Вновь поступило	Проведено койко-дней	Всего	Из них вне больничн. учреждений
1	2	3	4	5	6	7	8	9	10	11
	Всего по всем видам заболеваний	16354	4694	2060	4936	325	610	9450	84	-
	В том числе:									
1	Тиф сыпной	-	-	-	-	7	6	217	-	-
2	„ возвратный	-	-	-	-	-	-	-	-	-
3	„ брюшной	-	-	-	-	-	1	11	1	-

Source: GASO.F.2064.Op.2c.D.83.L.61; GARF.F.R-8131.Op.37.D.2046.L.52; GATO.F.R-3957.Op.2c.D.42.L.14. Note that the Ponyshlag form (the second one) has a separate printed column (the last on the right) with a sub-heading for dead 'released *aktirovannye*', while the accounting sheets for Bezymianlag and Tambovskii OITK (almost identical in any other regards) do not.

Uncertainties with the recorded figures present the first impediment. On the surface GULAG creates an impression of a meticulously regulated and structured institution. Nevertheless, this image holds only if we exclusively look at the system through the prism of its central instructions. As local materials reaffirm, their actual implementation morphed into a chaotic ocean of irregularities in its lower tiers, especially during crises. One can discern evident inconsistency in the techniques of tracing released invalids' deaths even after Nasedkin and Loidin initiated their systematic registration. To elaborate, recordkeeping forms standardized in Moscow, were altered on the ground, and were incongruent with one another. For instance, the Sanitary department of Ponyshlag (Molotovskaia *oblast'*) included an additional column for mortality of the '*aktirovannye* (freed)' in their 1(3) form on sickness and mortality for the first quarter of 1944.¹⁶⁷ Thus, in addition to 28 'regular' deaths, Ponyshlag medics openly listed 12 additional fatalities among the released under the specially printed sub-heading. By contrast, the supposedly identical 1(3) form used by the Bezymianlag physicians for roughly the same period (March 1943) did not have this printed column with a sub-heading for released invalids, listing only 'regular' mortality (See Figure 1.3).¹⁶⁸ However, from alternative sources, compiled by these very Bezymianlag medics, we know that discharged inmates were dying as 'free citizens' in Bezymianlag hospitals in exactly the same month. Thus, in addition to 290 regularly registered inmate deaths in March 1943, a special 'parallel' report (created in response to Loidin's 42/233211 directive) listed 83 deaths among 'released invalids' in this month.¹⁶⁹

¹⁶⁷GARF.R-8131.Op.37.D.2046.L.51.

¹⁶⁸GASO.F.2064.Op.2c.D.83.L.61.

¹⁶⁹GASO.F.2064.Op.2c.D.83.L.123.

Figure 1.4. Analysis of mortality (Bezymianlag SANO form, March 1943)

АНАЛИЗ СМЕРТНОСТИ ЗА МАРТ МЕСЯЦ 1943 ГОДА.													
Пребывание в лагере.			Народность.				Категории труда.						
до 3-5 мес.	6-11 мес.	1 год и выше.	Не указ.	Кавказ.	Ср. Аз.	Кав. кир.	Бр-рей.	Прочие.	Лфт.	Сфт.	Трт.	Инд.	Осво-божд.
		38	2	4	3		30	6	1			32	
1	2	180	7	11	1		164	58	8			147	
	1	8		1			8	2	3			4	
	1	24		1	1		26	13	3	1		11	
		15			1		14	3	1			11	
		6			1		6	5	2				
		9					9	3	2	1		3	
1	4	283	9	17	7		257	90	20	2		178	

Source: GASO.F.2064.Op.2c.D.83. Note that the last column on the right ‘Osvobozhdennye’ (freed) is left blank.

To complicate things even more, Bezymianlag doctors used a third data collection form (the so-called ‘analysis of mortality’), where they, on the contrary, did have a column for the ‘freed’ sub-category, next to the ‘invalids’ column (see Figure 1.4). However, this column was left intentionally blank because the camp Sanitary department apparently complied with Nasedkin’s directive № 42/232546 to exclude these fatalities from ‘regular accounting’.¹⁷⁰ This blank ‘freed’ column was kept in these monthly reports until it disappeared entirely in June 1943. This example (as well as the analysis of pre-1943 registration above) substantially demonstrates that there was no universal blueprint for the recording of data. Only scrupulous cross-referencing of variegated sources reveals these ‘inconvenient’ fatalities. The

¹⁷⁰GASO.F.2064.Op.2c.D.83.L.63ob.

recordkeeping seems to be dependent more on the discretion of the individual functionary and the unique circumstances (time and place) of the document's creation.

The underreporting of deaths (both intentional and unintentional) poses another subtle conundrum. This conundrum can be illuminated with the multi-perspective analysis of intra- and inter- bureaucratic conflicts. Thus, Shul'ga, the procurator of Iargrinlag (Arkhangel'skaia *oblast'*), in his report from 14 April 1942 misinformed his superiors that only 34 released invalids passed away on their way home in winter 1941 in Niandoma and Konosha.¹⁷¹ However, the competing Arkhangel'sk regional procurator, Chicherin, exposed in his report that, in fact, 76 ex-prisoners perished.¹⁷² This discrepancy is an exemplary indication of the division lines that ran within the Procuracy, pitting different divisions of a single bureaucracy against each other. In another instance of underreporting, Kargopol'lag procurator, Sergei Stepanovich Sofronov, reported 590 ex-inmates' deaths during 1943 and January 1944, while local SANO recorded 1,059 fatalities in this timeframe.¹⁷³

The procurator of the small camp Ponyshlag informed Moscow that 12 invalids died after release during the first half of 1944. Nevertheless, comparison with the local Ponyshlag SANO records for the same period discloses that 32 ex-inmates died in the camp.¹⁷⁴ Top bureaucrats in the central Procuracy also tried to whitewash the actual situation in their overviews of medical release campaigns. Anatolii Antonovich Volin, Procurator of the RSFSR, in his almost anodyne report from April 1943 to his superior, Viktor Mikhailovich Bochkov, Procurator of the USSR, noted just two deaths among the released.¹⁷⁵ However,

¹⁷¹GARF.F.R-8131.Op.37.D.1266.L.11.

¹⁷²GAAO.OPSPI.F.296.Op.1.D.1172.L.14-15. Quoted in *Arkhangel'skii Sever v dokumentakh istorii (s 1917 po 1945)*, Vol. 1 (Arkhangel'sk: SAFU, 2015), 319.

¹⁷³GARF.R-8131.Op.37.D.2061.L.111.

¹⁷⁴For procurator's report understatement, see GARF.R-8131.Op.37.D.2046.L.90. For SANO records see GARF.R-8131.Op.37.D.2046.L.51-52.

¹⁷⁵GARF.R-8131.Op.37.D.1626.L.52.ob.

from alternative sources we know that this was a very significant understatement. Occasionally not procurators, but camp physicians were underreporting data. Thus, doctor Bernshtein, head of Bezymianlag SANO, reported 39 deaths among the released in May 1943 in response to Loidin's 42/233211 directive. Meanwhile, alternative report suggested that the real number was almost three times higher (103 deaths).¹⁷⁶

Concealment of deaths is the most elusive issue to unravel. In more peaceful periods, there was a strong propensity to evade direct mention of this mortality even in classified internal documents. Only when the penal system started to crumble and disintegrate (1942–43) did officials become more frank. But even then, many tried to eschew blunt directness. As soon as the tide of war turned in the Soviet Union's favour, mortality of the released was once again shrouded in enigmatic equivocation and Aesopian language. For instance, the head of the Kargopol'lag Sanitary department used the cryptic abbreviation ('M.R.') to list these fatalities in his statistical retrospective return from 1944.¹⁷⁷ The already familiar doctor, Bernshtein of Bezymianlag, failed to include mortality of the released for October and November 1942 in his retrospective return to Loidin's inquiry, even though his superior explicitly demanded numbers from the beginning of the campaign (September 1942).¹⁷⁸ Only analysis of the alternative SANO primary raw figures for the end of 1942 helps to expose this understatement.

However, this phenomenon can be glimpsed by the application of a rarely used method—the analysis of handwritten markings and crossed out original text in the documents' drafts. To illustrate, the chairman of the camp court of Tatarskaia SSR Ibatulin in his 1949 report mentioned that 59 cases of medical release were processed by the republican regional

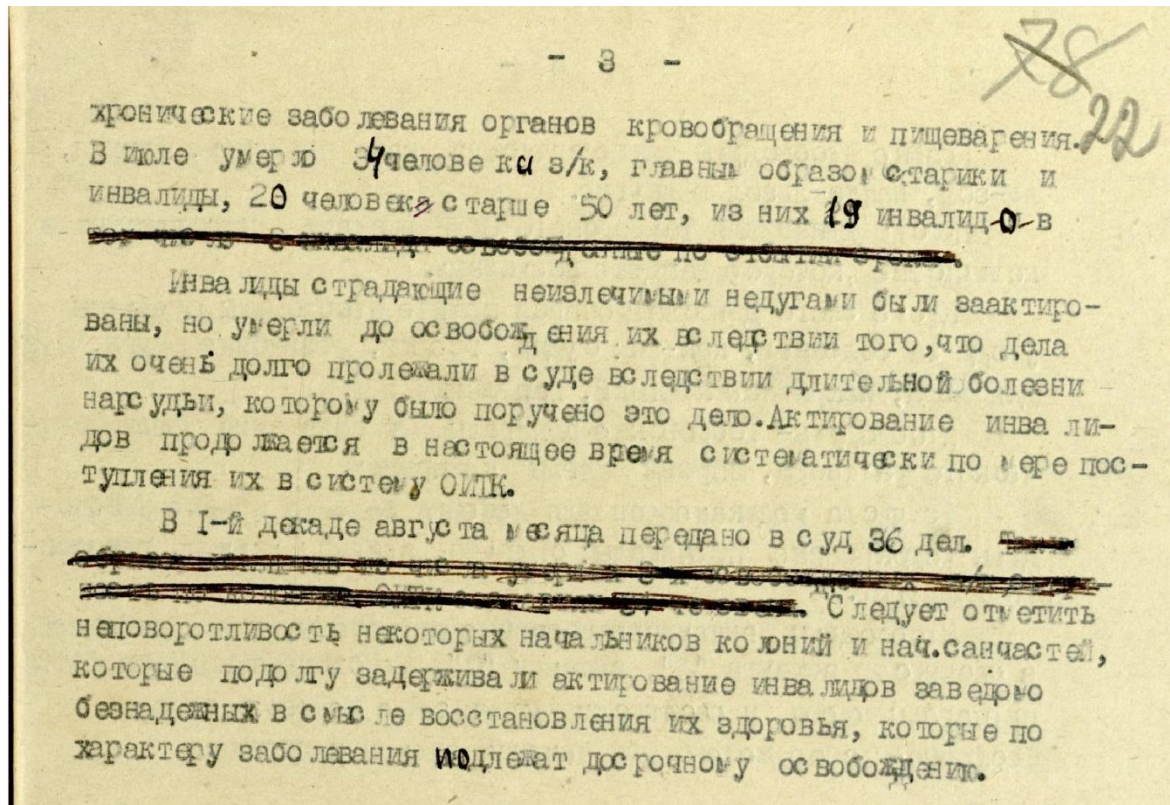
¹⁷⁶GASO.F.2064.Op.2s.D.83.L.89.

¹⁷⁷GARF.F.R–8131.Op.37.D.2061.L.52.

¹⁷⁸GASO.F.2064.Op.2.D.83.L.123.

labour colony (UITiK) judiciary, two former prisoners died and 57 invalids were released early during the third quarter of 1949. Then the author obviously decided not to report the fatalities to the Ministry of Justice headquarters and blurred over the text containing the fact of invalids' deaths.¹⁷⁹

Figure 1.5. Fragment of a local SANO report (Tambovskii OITK), 1943



Source: GATO.F.R-3957.Op.2s.D.42.L.22.

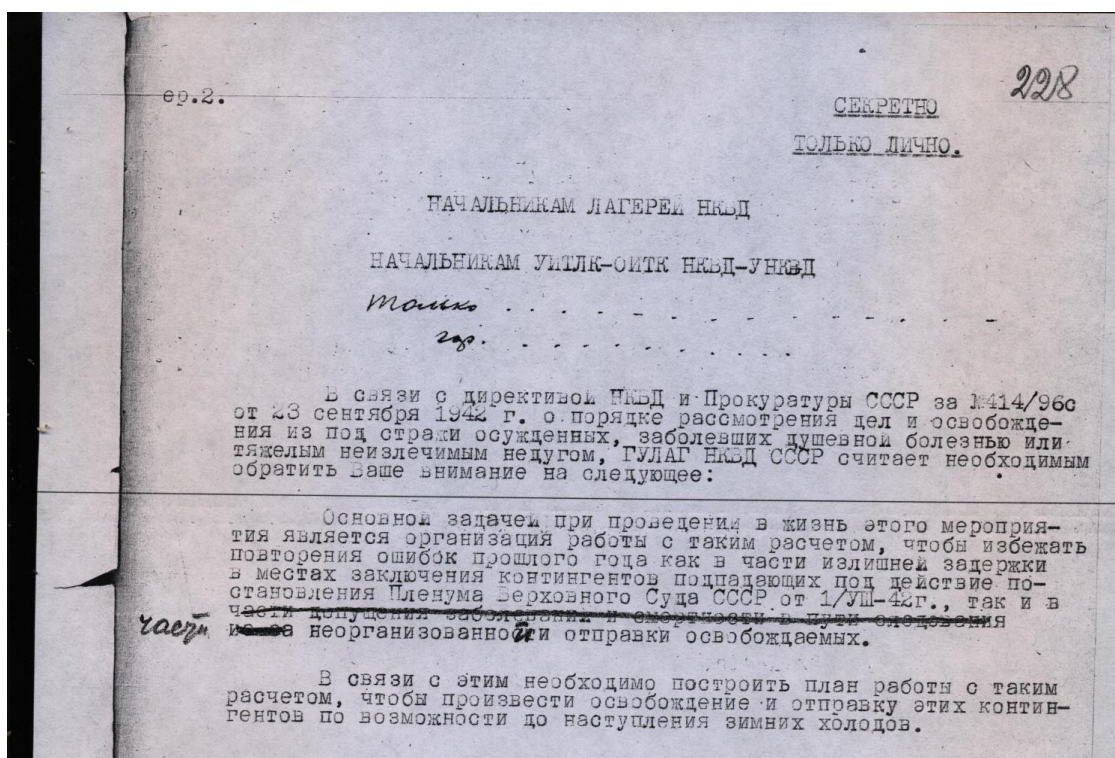
Midlevel physicians and local commanders in NKVD-MVD were not an exception to that clandestine behaviour either. In August 1943 Popov, the commander of Tambovskii OITK, and the head of its medical-sanitation department, Chernyshova, initially informed the central SANO in Moscow that 37 prisoners died in July 1943.¹⁸⁰ At first, they explicitly noted that among them three invalids passed away immediately after the expiration of their sentence.

¹⁷⁹GARF.F.R-9492.Op.5.D.66.L.59.

¹⁸⁰GATO.F.R-3957.Op.2s.D.42.L.22.

Then, local officials, probably adhering to the institutional interest of decreasing mortality in their zone of responsibility, crossed out the initial confession and corrected the number '37' to '34' (See Figure 1.5). This revision artificially lowered registered and reported monthly figure by 8%. This may seem to be an insignificant alteration. However, for small penal establishments with a low daily average number of prisoners (and Tambovskii OITK was tiny by GULAG standards) it made a difference.¹⁸¹ As a rule, it was easier to fudge mortality figures for small colonies than for the bigger forced-labour camps. For even concealment of several deaths per month guaranteed a considerable decrease of the relative death rate. We should always bear in mind that camp medics were evaluated by their superiors and inspectors based on the relative coefficients, not the absolute values.¹⁸²

Figure 1.6. Fragment of GULAG director V. Nasedkin's directive 42/146854 (30 September 1942)



Source: GA RF.F.R-9414.Op.1.D.1168.L.228.

¹⁸¹On the number of prisoners in Tambovskii OITK, see GATO.F-R-3957.Op.2s.D.61.L.25.

¹⁸²For example, see GARF.F.R-9414.Op.1.D.330.L.2.

The highest echelons of the NKVD bureaucratic ladder were not exempt from this inclination to avoid direct mention of invalids' deaths even in internal communications whenever possible. In February 1942, GULAG director Nasedkin issued a top-secret circular to all camp and colony commanders.¹⁸³ Using typical NKVD technocratic vocabulary, it advised how to 'avoid the mistakes of the previous year' with regard to the second (and the largest) medical release campaign in the history of Soviet camps. According to Nasedkin's initial draft, there were two main drawbacks that had to be avoided this time: 'excessive delays of contingents who were supposed to be released' and their 'sickness and mortality during transportation due to disorganized logistics'. Then, the author blurred over all indications of deaths and morbidity of former prisoners and presented a new final variant that read, 'to avoid...excessive delays...and disorganization with regards to transportation of the released' (See Figure 1.6).¹⁸⁴ This document, among other things, confirms that Nasedkin was well aware that invalids were dying after release in each of the successive years—1941, 1942, 1943.

In summary, the problems of this subsection deserve scrutiny not as purely methodological or source–study dilemmas. They reveal an intricate web of conflicting power relations surrounding mortality of former prisoners. These contradictions may seem byzantine or even abstruse, but they exemplify how the Soviet penal bureaucracy operated as a specific stratum within the Stalinist state apparatus. Conceptually, this overview significantly extends our knowledge of the interlinked issues of multi-layered secrecy, bureaucratic self-representation, and strategies of appearing effective in the Stalinist administrative paradigm by

¹⁸³GARF.F.R–9414.Op.1.D.1168.L.228–228ob.It had an additional 'only in person' stamp, signifying the highest level of possible secrecy used by NKVD in this period.

¹⁸⁴GARF.F.R–9414.Op.1.D.1168.L.228.

using, altering, or hiding ex-prisoners' mortality data.

Exacerbating factors: health condition upon release and logistical collapse

Next, I briefly dwell upon two major circumstantial factors: the health condition of invalidated prisoners upon their release and large-scale logistical collapse due to the mass medical discharge. These variables, I contend, seriously exacerbated the situation during the 'extraordinary' phases and caused mass mortality among ex-inmates.

Health condition of the released

In this chapter, I argue that the majority of the released invalids' during 'extreme' stages of GULAG operation were in very poor health. As the immobilized 'sub-group' of the released in 1942–1944, proves, significant portion among them was unable to move. Furthermore, thousands were on the brink of death. Ex-inmates in terminal condition were especially numerous in the most deadly localities (such as, forestry camps, some agricultural and construction camps, and the majority of corrective–labour colonies).¹⁸⁵ To prove this proposition, I employ two arguments. One focuses on GULAG official guidelines for invalid certification and the other concerns the actual implementation of these instructions. The latter can be supported via analysis of diagnoses distribution among the general mass of former inmates. I will start with official principles of invalid certification in the camps.

From 1930 onwards the average invalid who was medically released from GULAG had a concrete diagnoses stated in his personal case file. It served as a justification for an early discharge. The diagnosis was determined vis-à-vis a special commission of camp officials,

¹⁸⁵On forestry camps in Molotovskaia, see Pallot, 'Forced Labour for Forestry: The Twentieth Century History of Colonisation and Settlement in the North of Perm' oblast', *Europe-Asia Studies* 54, no. 7 (July 2002): 1055–83.

which was guided by so-called ‘List of Illnesses’.¹⁸⁶ The rationale behind the invalid certification process, reflected in several versions of this important document, was mirroring the ‘productionist’ ethos of Soviet healthcare at large. However, in the specific camp context, it was pushed to the utmost extreme even by Stalinist standards. This edifice of exploitation can be encapsulated by the following bottom line: one’s ailment had to progress to ‘an incurable’ and ‘grave’ phase (if we use quite remarkable official expressions) for a prisoner to be released. Otherwise, administration denied the candidate a formal ‘invalid’ category, and forced genuinely sick people to perform some kind of labour (sometimes very strenuous). This cornerstone principle applied to all diseases on the ‘List’.

It can be illustrated by a widespread ‘camp’ disease—alimentary dystrophy (a euphemism for starvation disease).¹⁸⁷ The diagnosis itself had been introduced into Soviet medical lexicon by doctors during the Siege of Leningrad, and entered GULAG vocabulary around the same time (1942–43). Although it was formally distinguished from ‘pellagra’ (vitamin deficiency disease), physicians in the camps often used these terms interchangeably or concurrently—even in official reports. Both diagnoses in GULAG conditions signified starvation.

Three degrees of ‘alimentary’ or ‘nutritional dystrophy’ were distinguished in Soviet medical practice from 1942–43. According to the medics, the first one is accompanied only by a slight weight loss. Systems and internal organs are not yet affected. Symptoms of the disease are not clearly expressed. There is no swelling, or swelling appears only occasionally. Ability to perform physical labour is reduced.

¹⁸⁶On the List of Illness see Nakhapetov, *Ocherki*, 61–62; Alexopoulos, *Illness*, 67–84.

¹⁸⁷ For a detailed overview on the use of this particular diagnoses in GULAG see Rebecca Manley, ‘Nutritional Dystrophy: The Science and Semantics of Starvation in World War II,’ in Wendy Goldman and Donald Filtzer, eds., *Hunger and War: Food Provisioning in the Soviet Union During World War II* (Bloomington: Indiana University Press, 2015), 206–264.

The second degree manifests itself in a more pronounced emaciation with the complete disappearance of fatty tissue on the neck, chest, abdomen and buttocks. Nasolabial folds become noticeable, the skin on the neck looks folded, wrinkled. Significant swelling (starvation edema) may appear. All symptoms of the disease become salient. The internal organs start to deteriorate, especially liver, kidneys and gastrointestinal tract. The general condition of patients significantly worsens and is accompanied by fatigue, muscle weakness, decrease or loss of ability to perform work. Other features of the second degree include increased appetite and thirst. Urge to urinate becomes imperative. Women manifest amenorrhea (absence of menstruation).

The third degree of 'alimentary dystrophy' is characterized by the extremely grave condition of patients. They are severely emaciated (weight loss can reach up to 40–50%) and apathetic. The swelling sometimes disappears and patients start to resemble 'mummies' or 'live skeletons'. The hair loss begins; the skin becomes brown or grey due to the atrophy of kidneys. Appetite disorders can be observed—from 'wolf hunger' (which causes death) to complete anorexia. The liver and gastrointestinal tract stops to function properly. There are irreversible changes in bowel function from persistent constipation to incontinence of feces (profuse diarrhea). Metabolism is severely impacted. In the majority of cases, total loss of ability to walk is observable, muscles become flabby and atrophied. Patients lie motionless. The body core temperature falls below 35.0 °C (95.0 °F) (hypothermia). The deterioration of digestive, nervous, cardiovascular and endocrine systems as well as the internal organs becomes fundamental and irreversible. Coma, in the majority of cases ending in quick death, may occur. Insignificant physical effort, emotional excitement as well as oscillation of outside temperature can also be detrimental factors leading to sudden and immediate death. Third-degree dystrophy is often complicated by bronchitis, pneumonia, tuberculosis, and

gastrointestinal infections. Prognosis of survival for the third stage is negative. It is considered practically terminal condition.¹⁸⁸

However, in the GULAG case, it was not just the ‘alimentary dystrophy’ or ‘pellagra’ itself that made an inmate eligible for *aktirovka*. According to the 1943 version of the ‘List’, it was a prerequisite to have ‘a seriously pronounced emaciation’.¹⁸⁹ More importantly, chief GULAG doctor, Loidin, in an endnote to this particular diagnosis clarified (unusually frankly by the standards of NKVD instructions) that ‘here we should take into view those forms of emaciation due to pellagra, alimentary dystrophy or polyavitaminoses that are in their irreversible stages’.¹⁹⁰ In my opinion, the word ‘irreversible’ signifies an almost open confession by the central GULAG medical branch that it officially demanded from its subordinates to release *distrofiks* on the brink of death.¹⁹¹ It is important to underscore that this standard was not a cherry-picked local initiative but a Moscow-sanctioned screening algorithm.

However, an objection could be raised: not all of the illnesses on the ‘List’ are essentially terminal.¹⁹² Complete blindness, lack of two lower or upper extremities, skin diseases, or mental illnesses do not automatically guarantee death upon or even soon after release. It can be speculatively conceded that the majority of the released were not *distrofiks* or

¹⁸⁸ Prof. A.L.Miasnikov, *Klinika alimentarnoi distrofii* (Leningrad: Voenno–morskaia meditsynskaia academia, 1945), 8–42; see also M.V. Chernorutskii, ‘Alimentarnaia distrofia u vzrozhikh, etiologia i patogenez’ in *Alimentarnaia distrofiia v blokirovannom Lenin-grade* (Leningrad: Medgiz, 1947), 36–51.

¹⁸⁹ People with the first degree and, sometimes, even second-degree dystrophy were officially considered to be suitable to perform labour.

¹⁹⁰ See GARF.R–8131.Op.37.D.1626.L.93–94. The copy of this iteration of the ‘List’ from the NKVD–MVD’s secretariat (GARF.F–9401.Op.1A.D.153.L.82–87) was published for the first time by Nakhapetov in *Ocherki*, 134–138.

¹⁹¹ *Distrofik* (Soviet medical term)—a person, afflicted with extreme emaciation (‘starvation disease’).

¹⁹² For example, blindness or lack of two upper or lower extremities, mental illnesses (imbecility, cretinism), see Nakhapetov, *Ocherki*, 135–137.

sick with TB, but blind, legless, or mentally ill. Therefore, in order to estimate chances of survival among ex-prisoners, I have analysed numerous data samples of their diagnoses' distribution during catastrophic and 'normal' periods.¹⁹³ The resulting conclusion is that roughly half and, more often than not, the majority of the released during 'extraordinary' phases were set free with second or third-degree dystrophy, often coupled with TB of the worst forms (so-called 'dystrophy-TB complex').¹⁹⁴

A case in point, Andrei Prokopievich Simachev, a Ukrainian peasant from Odessa, was freed by Dmitlag administration in 1933 in the following state of health: 'tones of the heart very dim... swelling of the face, skin, abdomen, chest and especially the legs, myocarditis with edema, functional heart muscle disorder, pulmonary emphysema, emaciation'. Aleksei Ustinovich Taranushenko, a Russian peasant from the North Caucasus, had 'emaciation, swollen stomach, active pulmonary TB and peritoneum, cardiac disorder'. He was qualified as a 'persistent invalid that required constant care'.¹⁹⁵ One clearly sees from the documents that some of the discharged were so depleted that they could not even walk. Iakov Ivanovich Zalis'ko, sick with pulmonary TB and released from Dmitlag in 1933, according to his medical characterisation, could 'barely move by himself'.¹⁹⁶ Next, I present just a glimpse of the data for quite 'survivable' 1945—the average mortality rate in GULAG was 5% (See Table 1.3).

¹⁹³ For a more detailed dissection of diagnoses data see Chapters 4 and 5.

¹⁹⁴ For more 1933 famine examples, see diagnoses data on Dmitlag (GARF.F-9489.Op.1A.D.1.L.1-4).

¹⁹⁵ GARF.F.R-9489.Op.1.A.D.1.L.2.

¹⁹⁶ GARF.F.R-9489.Op.1A.D.1.L.1.

Table 1.3 Distribution of diagnoses among medically released invalids from Sverdlovskoe UITLiK (colonies), the first quarter of 1945.

Diagnoses	Abs.	Rel.
Third-degree dystrophy	203	40.6%
Second-degree dystrophy	276	55.2%
Tuberculosis	14	2.8%
Others (plevris)	7	1.4%
Total	500	

Source: GA RF.F.R–8131.Op.37.D.2498.L.63

The data sample indicates that 95.8% of the discharged had third or second-degree dystrophy. This pattern was predetermined by official invalid certification principles. In theory, only the ‘worst of the worst’ were targeted for the procedure. In practice, despite occasional misdiagnoses and corruption of the local doctors, a substantial proportion of the released in ‘crisis periods’ were emaciated to the extreme or suffering from advanced stages of tuberculosis.

Logistical collapse

Another factor that dramatically accelerated the proliferation of mortality incidents among the medically discharged was a critical logistical collapse during 1932–33, 1946–47, and especially 1941–43. The reasons behind the logistical collapse can be roughly divided into objective and subjective, bearing in mind that they were often interdependent on one another. More objective reasons included the magnitude of release campaigns and an absence of resources. A chief subjective variable, in my view, was the overly utilitarian attitude to the camp invalids as a specific camp social substratum. This attitude was further exacerbated after their release due to perpetual conflict of interest among responsible bureaucracies.

The scale of the concurrent outflow of invalids was unprecedented: tens of thousands (in 1933 and 1947) and hundreds of thousands (in the case of 1941–43). These masses of extremely sick people had to be transported somewhere, but the logistical networks in and around camps were already stretched to the limit. The wartime situation was particularly unique in that regard. Never again were so many ex-prisoners, a significant fraction of whom were not just emaciated, but bedridden in camp hospitals or barracks, declared free in such a short period. Thousands of ailing released invalids were stranded in the camps. It provoked a peculiar and still overlooked accounting practice, forcing localities to introduce new categories in their data returns during the period 1941–45: released, but ‘sick and unable to travel without extraneous assistance’ (Kargopol’lag, Usol’lag), ‘could not be transported out of camps due to health condition’ (Ivdel’lag, Sevrallag), or immobilized ‘inpatients in hospitals’ (Sevpechlag, Arkhangel’skoe UITLiK).¹⁹⁷ Exactly the same phenomenon, albeit smaller in scale, could be observed between 1946–49.¹⁹⁸ These ex-prisoners, as the next section shows, died in their thousands even before boarding trains, remaining in the camp. Next, I will describe the first tier of the mortality recalculation model, introduced in this chapter.

Mortality of the released in the camps

The first tier of the model is the easiest one to quantify among the three, even despite the challenges of the source base. I begin with an examination of an important (yet unknown) variation of the deception: the discharge of already dead prisoners masked as medically released. Next, I will continue with a set of diverse recalculation cases, where I will illuminate the concrete undercount in the official central mortality statistics. Finally, I will conclude this subsection with a wide sweep of the quantitative data to demonstrate the significant spread of

¹⁹⁷ GARF.F.R–8131.Op.37.D.2061.L.111; GARF.R–8131.Op.37.D.799.L.24.;GARF.F.R–8131.Op.37.D.2045.L.36; GARF.R–8131.Op.37.D.2060.L.232.;GARF.R–8131.Op.37.D.2053.L.45; GAAO.F.4994.Op.1.D.280.L.125–128.

¹⁹⁸ GARF.F.R–8131.Op.37.D.3842.L.185.

the phenomenon across time and space.

Release of the dead as a deception: Ivdel'lag case

On 2 October 1944 acting director of Ivdel'lag operchekotdel (OCHO), major of state security Glazkov, confirmed the indictment in case № 422.¹⁹⁹ The accused was a 24-year old freely-hired (*vol'nonaemnaia*) doctor, Anfia Ivanovna Zhuikova, head of the sanitary division (*sanchast'*) for Ivdel'lag's Tenth Company. Zhuikova was charged under Article 120, part 1, of the RSFSR Criminal Code for committing forgery while on duty for her own personal gain. Case materials demonstrated that Zhuikova was 'systematically practicing a release of deceased Labour Army internees' (Volga Germans) 'two-three days after their death', deceptively camouflaging them as *aktirovannye* (medically discharged).²⁰⁰

Thus, according to act № 6903 from 3 May 1944, the physician listed as 'released' an internee, Nikolai Nikolaevich Shvaab, who was 'eligible to be demobilized' as a non-working invalid (second group), when in fact he died on 1 May 1944. Petr Kondratievich Morash died on 25 February 1944 and was 'released' by Zhuikova's intervention four days later on 1 March 1944. Andrei Egorovich Shreider died on 21 May 1944, and was taken off Ivdel'lag's statistical roll as 'released' on 24 May. Another invalided internee, Andrei Egorovich Erlikh, died on 10 April and was 'released on paper' almost immediately on the next day. Andrei Andreevich Kerbs died on 30 March 1944, but was 'demobilized due to bad health' by Zhuikova one day later.²⁰¹

¹⁹⁹GARF.F-8131.Op.37.D.2060.L.269.OCHO (*operativno-chekistkii otdel*, the third department): a special department within every camp administration, an internal political police of the camp. A mechanism of control and oversight, it had a right to prosecute both officials and prisoners. For the early structure of the 'Third department', see GARF.F.R-9401.Op.1A.D.3.L.113ob.

²⁰⁰GARF.F-8131.Op.37.D.2060.L.267ob.

²⁰¹GARF.F.R-8131.Op.37.D.2060.L.269.

The OCHO investigator explicitly stated the motive behind the deception. The camp doctor, instead of using legitimate ‘medical means’, was ‘releasing’ the deceased ‘specifically to artificially reduce death rates’ in the Ivdel’lag’s Tenth Company, for which vital statistics she was held responsible.²⁰² Moreover, it was not just Zhuikova’s own initiative. Investigation claimed that this practice was ‘encouraged’ by the top management of Ivdel’lag SANO, implying that it was a coordinated, camp-wide effort by medics of all administrative levels. The doctor admitted her guilt. Moreover, her superiors testified against her.²⁰³ Any scholar, who has studied Soviet secret police under Stalin, however, knows that the charges put on by NKVD should be taken with a grain of salt. Certainly, Zhuikova’s case needs to be contextualized and re-checked with an alternative point of view.

The story had an unexpected continuation. Case № 422 was handed to the camp Procuracy for authorization before transfer to court as criminal procedure regulations required. However, here a sudden U-turn occurred. The procurator of Ivdel’lag, Persidskii, who initially signed off on Zhuikova’s prosecution, four days later used his legal right as an overseer to issue a protest against OCHO’s charges. For some reason, the camp Procuracy decided to terminate criminal proceedings against the doctor. According to its ruling, Zhuikova was indeed releasing deceased Labour Army internees disguising them as medically discharged. OCHO did not falsify the fact. Nevertheless, the camp Procuracy claimed that Zhuikova was simply ‘inexperienced’ and was not informed enough. It did not find ‘any harmful consequences’ from such deceptions, ostensibly, because the ‘sickly condition of the released was not dependant on Zhuikova’. At the same time the camp Procuracy admitted the fact of the crime and that it ‘formally fell under 120, part 1, of the Criminal Code’. Nevertheless,

²⁰²GARF.R–8131.Op.37.D.2060.L.267 ob.

²⁰³Thus, both director of Ivdel’lag SANO, Leonid Nikoleavich Aleksandrov, and his deputy, Haim L’vovich Goldenberg, are listed in the file as main witnesses (GARF.R–8131.Op.37.D.2060.L.267 ob.).

since Zhuikova's transgression was 'insignificant' and not 'socially harmful' it could be resolved in disciplinary manner, without resorting to prosecution.²⁰⁴

However, Ivdel'lag OCHO was not inclined to give up easily. Obviously, the chekists felt that they had some credible evidence to defend their interpretation. In behind the scenes, informal conversations investigators continued to insist that Zhuikova was not acting on her own accord, and was part of a larger plot initiated by Ivdel'lag SANO higher-ups. The camp secret police also issued a formal protest against the Procuracy's decision. Additionally, the head of OCHO sent the entire case file with his comments to the department's Moscow headquarters, asking for support.²⁰⁵ This unexpected resistance forced the camp Procuracy to seek for sanction from its own central governing body. A serious institutional conflict was evident.

It is useful to look at the incident from the point of view of Ivdel'lag's Procuracy. Procurator Persidskii offered a detailed justification for his course of action in the inquiry to the central Procuracy headquarters. The principal justification for seeking to drop the charges was based on the fact that Zhuikova was not a chairman of the Ivdel'lag commission tasked with invalids' release, but simply a regular member. The procurator underscored that all the documents on release ('acts') were signed and approved by her boss, the head of Ivdel'lag SANO, and, more importantly, by the camp commander, Ivan Ivanovich Dolgikh himself. A second main justification was backed up by personal and quasi-'factual' reasons. Zhuikova was an inexperienced member of the Komsomol with higher education and from a working class background, characterized 'positively' as a specialist. Moreover, the mortality rate in the Tenth Company, according to Persidskii, was 'normal'. Importantly, he insisted that there was

²⁰⁴ GARF.F.R-8131.Op.37.D.2060.L.271.

²⁰⁵ GARF.F.R-8131.Op.37.D.2060.L.331. Procurator Persidskii in his inquiry to Moscow also mentioned that cheksists expressed their objections informally as well as formally. See GARF.R-8131.Op.37.D.2060.L.267ob.

no causation between the release of the dead and death rate whatsoever.²⁰⁶

Meanwhile, the responses from the respective central apparatuses quickly followed. Vladimir Pavlovich D'iakonov, the Moscow-based head of the Procuratorial Department of Oversight Over Places of Confinement, approved Persidskii's protest, and sanctioned his decision to punish Zhuikova administratively on 11 October 1944.²⁰⁷ Central OCHO also ordered Ivdel'lag chekists to back off, confirming the legitimacy of the procuratorial protest.²⁰⁸

Overall, there is a lot that we can deduce from this remarkable episode. This confrontation may serve as a window into sophisticated power struggles around issues of inmate mortality in the lowest tiers of individual camps—a level that has largely been ignored by scholars in that regard. Zhuikova's case poses several questions. For starters, why did Ivdel'lag chekists decide to prosecute midlevel camp doctors for manipulating mortality data? In addition, what was the rationale behind the camp Procuracy's inconsistent behaviour? At first it confirmed Zhuikova's crime and then radically changed its stance to the exact opposite, backed up by a quite incoherent justification. Finally, how can we construe the leniency expressed by the central Procuracy and OCHO towards Zhuikova, when some officials under Stalin were convicted for less, especially during wartime?

In order to answer these questions, we need to understand how power hierarchies were structured and contra-posed against each other inside individual camp administrations. While both Zhuikova and OCHO investigators were formally employed by a single state entity—the GULAG NKVD—they were operating for separate 'bureaucratic teams' competing within Ivdel'lag. Its OCHO was obviously independent from the camp administration and tried to

²⁰⁶GARF.F-R-8131.Op.37.D.2060.L.267-267 ob.

²⁰⁷GARF.R-8131.Op.37.D.2060.L.270-270ob.

²⁰⁸GARF.R-8131.Op.37.D.2060.L.331.

prove its own effectiveness by exposing fraud. OCHO's efficiency, among other things, was measured in Moscow by the number of successful cases against camp officials and prisoners brought to court.²⁰⁹ Especially important, in my view, is the attempt to topple not just Zhuikova, but her SANO superiors. The chekists knew where to look for evidence, extracting it from mortality statistics, a 'politicized' object of manipulation.

The role of Persidskii's intervention and the legitimacy of his arguments are also worth analysing. From my standpoint, here we are witnessing a salient example of a so-called 'pocket camp Procuracy'.²¹⁰ I would argue that the Ivdel'lag procurator was 'playing' for a different 'team' than OCHO, pursuing the local administration's agenda as well as his own. In the memo to his boss Di'akonov, Persidskii implied that OCHO, in a long-term perspective, was trying to cast a shadow on the camp commander and the head of SANO. That is why the first main justification to drop the case offered by Persidskii referred to both of them, arguing that Zhuikova was just a pawn, but it was her boss, the head of SANO, as well as camp commander Dolgikh who signed the releases of dead internees. In my opinion, if the case against Zhuikova had been confirmed and went up the tiers of the court system, it possibly could have garnered unwanted attention from Ivdel'lag's competitors and led to an investigation of its top management. Because Persidskii was adhering to the camp administration's interests, that outcome was certainly not expedient.

Moreover, if we look at the contextual background, Ivdel'lag, an exceptionally deadly camp even by wartime standards, was recently awarded the title of the 'best' among ULLP (Administration of Forestry) camps personally by Beria.²¹¹ One of the reasons for this institutional recognition was a decrease of death rates in the second half of 1943–44.

²⁰⁹For examples of central OCHO operation, see GARF.F.R–9414.Op.1.D.39.

²¹⁰This term is taken from the report quoted in Hardy, *GULAG*, 104.

²¹¹GARF.F.R–8131.Op.37.D.2059.L.68.

Table 1.4. Official mortality in Ivdel'lag, January–December 1943

			Pellagra	TB	Circulatory	Pneumonia	Acute	Other
	Died	% of average population			Diseases		Gastrointestinal	diseases
							diseases	
Jan.	443	2.9	247	56	55	55	3	17
Feb.	349	2.4	219	34	35	42	5	14
Mar.	389	3.0	257	38	38	36	2	18
Apr.	317	2.2	228	41	14	17	1	13
May	341	2.5	245	46	10	14	12	14
June	266	1.8	188	35	13	14	7	9
July	243	1.7	156	32	22	5	18	10
Aug.	218	1.6	145	27	15	4	20	7
Sept.	197	1.5	146	18	10	9	9	5
Oct.	118	0.8	87	11	3	4	6	7
Nov.	108	0.78	67	18	5	11	3	4
Dec.	112	0.8	70	15	11	8	4	4
Total	3101	–	2068	371	231	219	90	122
%		100	66.6	12	7.1	7.1	2.9	4

Source: GA RF.F.R–8131.Op.37.D.2059.L.71.

Four hundred forty-four prisoners died in January 1943. In December 1943, the number of the recorded deaths had fallen to 112.²¹² This ‘positive dynamic’ demonstrated to Moscow, at least ‘on paper’, the high efficiency of the medical service as well as the local Procuracy, whose tasks included the oversight of mortality rate reduction measures. No wonder that Persidskii lauded the effectiveness of SANO’s regular ‘medical–sanitation efforts’ (re–feeding programs, hospital treatment, convalescence teams etc.) in his reports to Moscow. However, he never mentioned mass releases of invalids as a cause for drastic diminution of deaths in the camp. In reality, Ivdel’lag released a huge number of prisoners on medical grounds—3,379 invalids in less than two years, comprising almost 22% of its annual average population.²¹³ Admission of this interrelation could discredit Persidskii’s professional activity, efface his praise for the camp doctors’ qualifications, and break the carefully constructed ‘façade of socialist legality’.

Was there indeed no link between releases of the internees and death index, as the procurator proclaimed? If we look at registered mortality among the internees, we can see that he was not telling the entire truth. For example, in May 1944, when Zhuikova discharged two dead internees as ‘freed’, the number of the dead Labour Army internees was quite small: only 49 for the entire camp (0.6% of the monthly average).²¹⁴ Ivdel’lag consisted of at least ten separate ‘companies’. Since Zhuikova was manipulating the data of just a single ‘company’—even the release of two internees would still decrease monthly death rate in her sub–division.

Finally, how can we interpret Zhuikova’s exoneration? As this and the other chapters show, both the central Procuracy and GULAG were perfectly aware that mass releases of terminally ill prisoners were used by the localities as an emergency tool to reduce death rates.

²¹²GARF.F.R–8131.Op.37.D.2059.L.71.

²¹³GARF.F.R–8131.Op.37.D.2060.L.232.

²¹⁴GARF.F.R–8131.Op.37.D.2059.L.72.

Nasedkin and Loidin themselves recently gave their approval of this scheme under the exceptional circumstances of 1942–43. Therefore, in my view, the prosecution of officials engaged in that practice did not seem logical, at least in 1943 and early 1944. Moreover, Zhuikova was indeed a valuable, educated member of the ‘cadre’ with a proletarian background: all these factors played well in her favour.

Release of the dead as a deception: Sukholozhskaia colony case study

However, one cannot claim that this distinctive type of bureaucratic shenanigans existed based on a single case. A sceptic might counter that Ivdel’lag’s precedent was uniquely characteristic of this particular locality and time period. Roughly a year later, however, almost 400 miles away from Ivdel’, another expository conflict was brewing in the Sukholozhskii district of RSFSR’s Sverdlovskaiia *oblast’*. This time the accusers and defendants swapped places. Now an independent, intransigent Procuracy (a rare instance under Stalin) prosecuted NKVD personnel, rather than vice versa, as in Ivdel’lag’s case. UITLiK procurator Perevozchikov launched a deep investigation into a corruption scandal around Sukholozhskaia colony (ITK) in the summer of 1945. Almost all officials, including its commander, junior lieutenant Emul Davidovich Zelenyi, his deputy Ragulin, and the head of SANO Zil’berg, found themselves charged with varied fraudulent activities. For the present discussion, it is relevant that one of these offenses was, quoting the report, ‘deception (*ochkovtiratel’s tvo*) in medical practice and concealment of prisoner mortality’.

Importantly, the procuratorial ruling began with the mention of Beria’s order № 0033 from January 1943 as a catalyst for the data distortion. Pursuant to the case, doctor Zil’berg, with full approval of Zelenyi and Ragulin, began to artificially decrease the number of the

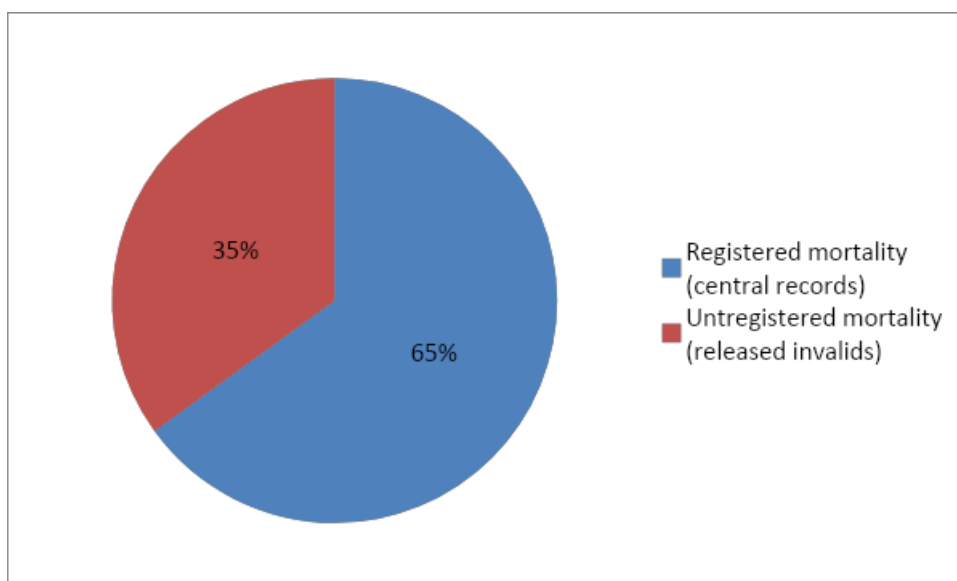
dead via various ‘combinations’ to fulfil Beria’s demand to lower death rates. The main device of statistical falsification, once again, was early release on medical grounds under Articles 461 and 462 of the UPK. Zil’berg, exactly as Zhuikova had done in Ivdel’lag, was setting dead prisoners free ‘on paper’, masquerading them as ‘*aktirovannye*’. Then he sent ‘dead souls’ cases to the local people’s court (*narsud*) to get a formal release decision and consciously omitted these fatalities in his reports to central SANO.

For example, a prisoner Korsukov, sentenced to two years of deprivation of liberty, was chosen to be set free by the colony administration on 7 May 1945. His case was transferred to the Leninskii district court of Sverdlovsk on 31 May 1945 to be released as suffering from a ‘grave incurable ailment’. Meanwhile, Korsukov died on 12 June 1945 in the colony hospital. His passing was properly registered in an act of the local SANO. Nevertheless, the doctor did not pass on the death certificate to the Allocation and Distribution department of the ITK, as internal instructions required. To avoid listing Korsukov under the ‘dead in the ITK’ heading in the data collection form, Zil’berg sent two telegrams to the court to expedite a decision on Korsukov’s release after his death. This inmate was put off the statistical record of the colony 18 days following his passing. In another instance of data falsification, prisoner Zasorin, sentenced to two years of deprivation of liberty, died on 2 February 1945. To hide the prisoner’s death Doctor Zil’berg personally came to the court the very same day to receive a decision on release of the ‘actually deceased’ Zasorin.

In the end, Zil’berg’s machinations were exposed due to personal conflict. When another prisoner Andrei Ivanovich Potapov (one year of deprivation of liberty sentence) passed away in the colony hospital on 25 June 1945, Zil’berg once again appeared in the local court on the next day to receive a decision on Potapov’s release. Afterwards he approached the head of the colony’s Allocation and Distribution department (URO) Shisterov with an offer ‘to

write off Potapov as not dead, but freed'. For some unspecified reason Shisterov declined. Zil'berg decided to use his connections with the colony command and invited deputy commander Ragulin to make Shisterov more compliant. Ragulin gave a direct order to account Potapov as 'freed'. Shisterov resisted again and the colony administration was prosecuted.²¹⁵

Graph 1.1. Relative mortality undercount in Sukholozhskaia ITK (Sverdlovskoe UITLiK), January–June 1945



Source of local and central data: GA RF.R–8131.Op.37.D.2498.L.148.

It is important to emphasize that fabrication of mortality data in the ITK was practiced regularly for at least six months. During the first half of 1945, Zil'berg managed to conceal 16 deaths via medical release with the approval of and acting on the order of colony command.²¹⁶ The colony reported only 30 fatalities to the central SANO in January–June 1945, while the real number of dead was 46. As in the case of Tambovskii OITK, for small labour colonies (Sukholozhskaia ITK had only 389 average daily number of prisoners) it was easy to tweak

²¹⁵GARF.R–8131.Op.37.D.2498.L.148.

²¹⁶GARF.R–8131.Op.37.D.2498.L.148.

registered mortality by hiding even two to four deaths per month.²¹⁷ Despite the undercount being comparatively low in absolute figures, all that mattered for the local physicians was the relative reported coefficient. This relative reduction was the principal measurement of their qualifications by superiors. In fact, in the case of Sukholozhskaia ITK, we can calculate a practically significant relative understatement of almost 35% (see Graph 1.1). These data denote that every third prisoner who died in the colony during the first half of 1945 was unaccounted for in the central statistics of the system.

On a concluding note, I have discovered incidents where deceased prisoners were disguised as being released for other locations and years. Thus, in March 1941 an internal URO inspection of Ukrainian regional labour colonies found that statisticians manually corrected the registration cards of the prisoners. The card of the inmate Fedor Nestorovich Voloshin stated that he was set free ‘due to expiration of a sentence’, while, in fact, he died. Analogous alteration was discovered for another detainee, Ekaterina Romanovna Shadura, who also was dead, but registered as ‘freed’.²¹⁸ During 1947 inspectors from the Ministry of Justice discovered that the camp court of the Leningradskaia province processed the cases and ‘released’ six prisoners on medical grounds, who all had died before the court proceedings even began.²¹⁹

In 1948, Norilsk camp court in Krasnoiarskii krai freed a prisoner, Chernousov, who was sick with TB of the lungs. A commission of the camp issued a decision on his release on 26 May 1948. It was confirmed by the camp Procuracy and sent to court. However, Chernousov died a day before the court proceeding began. Nobody in Norill’sk was

²¹⁷GARF.R–8131.Op.37.D.2498.L.214.

²¹⁸GARF.F.R–9414.Op.1.D.1156.L.137.

²¹⁹GARF.F.R–9492.Op.5.D.68.L.20.

prosecuted even administratively.²²⁰ In 1949 the head of the Directorate of Camp Courts, Pashutina, issued a warning to one of the camp judges, a certain Gubanov. While working as a chairman of the Bodaibinskii ITL judiciary in Irkutskaiia *oblast'* his court released three prisoners as invalids on 9 August 1948. In fact, the first prisoner, Rakhimbeev, died on 3 August 1948, the second prisoner, Svinin, died 6 April 1948, while the third prisoner, Arkhieereev, died on 10 July 1948—all before a court decision was made on their discharge. As in Zhuikova's case, nothing serious happened to the judge, he was simply advised 'not to repeat these mistakes' in the future.²²¹

Building upon this evidence, it can be hypothesised that some number of the invalids listed as 'freed' in general statistics of the releases (both medical and 'ordinary') at least during catastrophes and in particularly harsh localities might have already been dead by the time of their formal discharge.²²² Certainly, more research into the local archives is needed to identify the magnitude of this phenomenon. Nevertheless, the key insight of the present subsection is that this specific type of mendacity, the masking of dead prisoners as medically released, existed as a sustained 'informal' practice of penal medicine. This practice was not confined to one camp, one year, or even one region. There was probably some exchange of these mendacious methods of 'playing' with the indicators among the GULAG medical practitioners. I will proceed by presenting several more recalculation cases, where invalids were released and died soon after release from the camp as 'free citizens'.

²²⁰GARF.F.R-9492.Op.5.D.42.L.334-335.

²²¹GARF.F.R-9492.Op.5.D.64.L.13.

²²² Both Conquest and Khlevniuk hypothesised long ago about existence of exactly such statistical deceptions, but without proofs. See Khlevniuk, *History*, 78 and Introduction for Conquest's conjecture.

Serovskaia ITK №17 recalculation case study

In the summer of 1945, the Procuracy of Sverdlovskoe UITLiK initiated an inquiry into another GULAG establishment, Serovskaia ITK №17. It drew attention for high mortality (35 prisoners died during May 1945 alone) and a massive number of medical releases. During the second quarter of 1945, this tiny colony freed 195 prisoners on medical grounds. A significant proportion of its population was suffering from ‘nutritional dystrophy’, i.e. starvation. Deputy Procurator Somov found that all the detainees were emaciated, 165 of them were lying in the crude hospital and nobody was caring for them. According to the Procuracy’s statement, one of the doctors, a certain Fidel’man, refused to treat the sick, the prisoners’ food was regularly stolen, hospital wards were dirty, and inmates afflicted with dysentery were given non-boiled water. However, more importantly, Fidel’man was falsifying mortality statistics. She registered and reported only 15 deaths, hiding 20 more.²²³ The doctor was arrested, but Somov’s inspection precipitated a thorough investigation of the colony administration operations. It revealed systematic mortality data distortion, just as in the case of Sukholozhskaia colony above, with full approval and under direction of colony’s command top officers, at least from December 1944.

The commander of the colony, junior lieutenant Nikita Ivanovich Vostrikov, along with senior medical and statistical personnel, was charged with negligence that led to elevated mortality and the ‘degradation’ of his administrative apparatus. The procuratorial investigation uncovered that, around November–December 1944, Vostrikov, together with the head of the colony’s medical–sanitation department, Kanevskaia, gave a special order to concentrate all the weakened prisoners in the colony’s central hospital. Because of this transfer, 200 emaciated inmates were squeezed into a ward designed for 80 people. The resulting extreme

²²³GARF.R–8131.Op.37.D.2498.L.90.

overcrowding had forced physicians to sew blankets together to cover seven or eight patients at once and to lay them down together on solid bunks.²²⁴ The heating was irregular, the air became putrid, prisoners were all infested with lice, and the room was filled with bedbugs. There was even a shortage of boiled water, which was given with long intervals between. Rations were stolen by the cook and the prisoners were not receiving their daily norms. Low temperatures in the barracks provoked cases of pneumonia, even among healthier inmates (Ryskov, Petelin), or other diseases (Starikov). All three were denied hospitalization until they were discovered by the procurator, but died soon after.²²⁵

Inevitably, the prisoners' health deteriorated into 'second and third-degree dystrophy' and they began to die with extreme intensity and on a large scale. From 1 December 1944 to 1 June 1945, more than a hundred inmates passed away, the majority of them petty offenders, sentenced to very short terms. Deaths had become so mundane and regular that it led to the complete disregard of professional ethics among medical personnel, even in its Soviet 'non-Hippocratic' iteration. The attitudes of the colony's physicians towards dead bodies had become nihilistic to a point that it startled even the UITLiK procurator. Instead of quickly burying the corpses, doctor Kanevskaia ordered the nurse to remove them to an ordinary storehouse of the hospital. The procurator discovered that rats gnawed the eyes, fingers, and ears of the dead.

Quoting the Procuracy report, 'in order to hide his own criminal neglect, Vostrikov ordered the chief doctor, Kanevskaia, to conceal the real mortality from the central SANO and to resort to various contrivances'. What were those 'contrivances'? As in Sukholozhskaia ITK or Ivdel'lag, deceitful use of medical releases, but on a truly egregious scale. When death rates started to balloon, Vostrikov ordered colony doctors to 'avoid mortality' not by improving

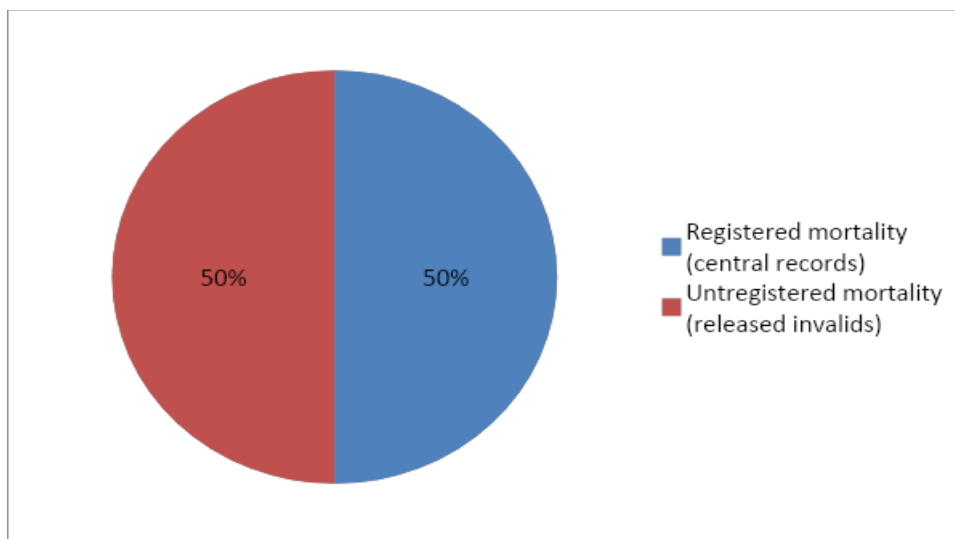
²²⁴GARF.R-8131.Op.37.D.2498.L.223.

²²⁵GARF.R-8131.Op.37.D.2498.L.234.

‘medical treatment and material conditions’, but through ‘medically discharging’ sick and dying invalids, whom he concentrated in a separate room. The doctors obeyed Vostrikov’s orders. In a single day of February 1945 they simultaneously ‘released’ 135 emaciated prisoners. On one day in April of the same year, they concurrently declared another 104 sick invalids free. Dozens of them died almost instantaneously, but technically as ‘free citizens’.

From December 1944 to May 1945, local colony medics registered and reported to central SANO only 61 deaths. In reality, the death count was 116.²²⁶ Almost 50% of prisoners who died in Serovskaia colony during a six month period—every second death—was omitted from the central registries (see Graph 1.2). This is an extremely significant undercount for a substantial time period

Graph 1.2. Relative mortality undercount in Serovskaia ITK (Sverdlovskoe UITLiK),



Source of the central and local data: GA RF.R–8131.Op.37.D.2498.L.122–123.

To conclude, there was a clear cut (although certainly callous) logic behind the manipulation of mortality statistics in both colonies. The first reason to tweak the data was

²²⁶GARF.R–8131.Op.37.D.2498.L.122-123.

fear of prosecution. It is important that the procurator explicitly mentioned Beria's order № 0033 as an incentive for data falsifications in Sukholozhskaia colony. The failure to fulfil the order's demands (at least 'on paper') was very dangerous for expendable low-level officials. They could be sent to GULAG as prisoners or even shot in rare cases. The second reason was the unrealistic nature of central orders to lower mortality no matter what resources the localities had. We should bear in mind that the two cases presented above concern 'economically irrelevant' small labour colonies, traditional outliers in the Stalinist 'hierarchy of redistribution', provisioned on a residual basis. This principle applied not only to material supplies but also to the workforce, as sick and depleted inmates were regularly taken off trains passing through Sverdlovskaja *oblast'* on to more prioritized camps and 'dumped' in labour colonies, increasing the number of the sick and dying there by a high factor. Thus, the UITLiK procurator reported: '...the mortality of prisoners in the second quarter of 1945 in comparison to the first is almost stable: if 367 prisoners died in the former, 366 died in the latter, but it is necessary to emphasize that a significant portion of the dead fell unto transfer points and regional hospitals due to transit inmates taken off railroads'.²²⁷ The constant arrivals of prisoners with eroded health in conjunction with the inability to heal them due to limited resources forced the colonies' administration to manipulate their mortality returns.

However, was medical release employed as a deception in bigger and more prominent forced-labour camps? These 'advantaged' projects of 'All-Union importance' were entitled to the highest amount of supplies and the healthiest inmates, who could perform heavy labour. One such camp is analysed below.

Bezymbianlag recalculation case study

Bezymbianlag camp in Kuibyshevskaja *oblast'* was profoundly distinct from the colonies of the

²²⁷GARF.R-8131.Op.37.D.2498.L.223.

Sverdlovskaiia region on several different levels. It was organized at the end of 1940 on the base of Samarlag and it almost immediately received a privileged status.²²⁸ Its prioritized position in the supply chain predetermined comparatively low registered mortality rates during the war, way below the system's average (see Graph 1.3 and Table 1.5).

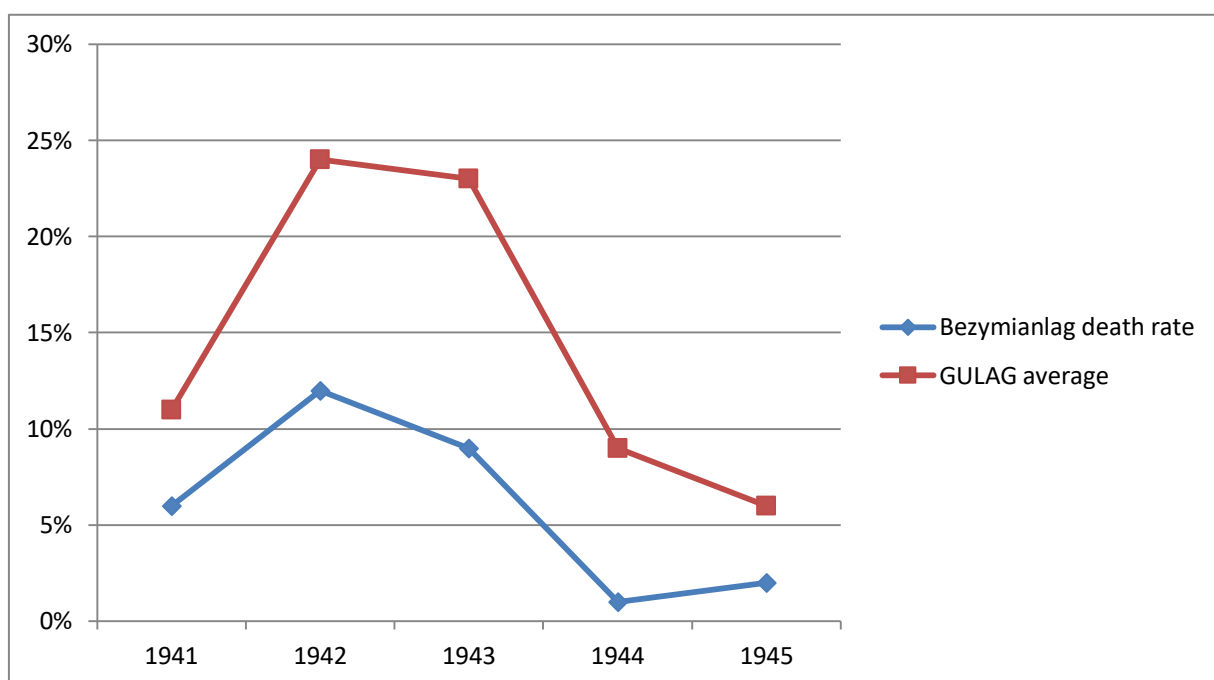
²²⁸One of the best document collections on Bezymanlag is Zakharchenko, Repinetskii, *Bezymianlag*.

Table 1.5. Official mortality in Bezymianlag, 1943–44

	Average	Deaths	Monthly
1943	population	(absolute)	Death rate
January	27,592	291	1.06
February	23,167	257	1.11
March	20,809	269	1.3
April	18,181	232	1.3
May	13,232	162	1.22
June	8,966	73	0.9
July	8,077	52	0.6
August	7,135	35	0.5
September	6,416	31	0.5
October	6,064	22	0.36
November	6,129	11	0.18
December	6,055	–	0.08
1944			
January	5,867	9	0.16
February	6,165	2	0.03
March	6,859	7	0.1
April	7,298	11	0.15
May	7,407	11	0.14

Source: GASO.F.2596.Op.1.D.1999.L.43.

Graph 1.3. Annual mortality rate in the GULAG (average) and Bezymianlag (Kuibyshevskaja oblast'), 1941–45.



Source: GA RF.R–9414.Op.1a.D.397; 412; *Istoria Stalinskogo GULAGa*, vol.4, 55.

If we look at the worst years, the official Bezymianlag mortality rate hovered around 12% per annum in 1942 in contrast to the 22–24% per annum for the entire GULAG. (Meanwhile, registered mortality in the harshest localities (forestry camps) could reach as high as 50% in Viatlag (Kirovskaja province) or 54% in Unzhlag (Gor’kovskaja oblast’) in 1942).²²⁹ In 1943–44, the Bezymianlag death rate dropped extremely fast to 1–2% per annum, being almost ten times less than system’s average. If we take the data at face value,

²²⁹The mortality rates for Viatlag and Unzhlag are calculated based on GARF.F.R–9414.Op.1.D.2784.L.18, 26.

Bezymianlag can be characterized as comparatively 'lenient', or at least, survivable.

However, analysis of local materials reveals that, even despite its preferential status and low registered mortality, Bezymianlag's prisoners were still exposed to very harsh conditions. According to lieutenant of state security Cherednichenko, the head of Bezymianlag OCHO, the rise of mortality in the camp was provoked by officials' 'soulless and, in some cases, outright disdainful attitude towards prisoners'.²³⁰ Starvation, mass executions of shirkers, systematic beatings, and extreme over-exploitation during 1941–43 were widespread. The main causes of death, according to camp physicians, was 'pellagra and emaciation'.²³¹ Camp authorities had their priorities straight—meeting the production plan was paramount. Everything else was a second-order consideration—relevant only if it helped fulfil the ambitious industrial goal.

Medics, constrained by strict quotas, regularly denied genuinely sick inmates admittance to the overcrowded hospitals, and forcibly sent ill convicts to their death in the stone quarries.²³² But even physicians who tried to help the prisoners felt powerless to stop mass mortality. This feeling of acute hopelessness and open bewilderment is noticeable in the words of a certain doctor, Medvedeva, during a conference of Bezymianlag medics: 'we have a category of patients who will still perish, no matter how much effort we make. There is a certain category, who are hopeless.... How many such hopeless patients—I cannot say for sure, but those in wards № 4, № 5, № 6, are sharply emaciated and suffering from diarrhoea. They are unable to properly digest the food that is given to them'.²³³ Another doctor claimed that the systems of some prisoners had degraded so profoundly that they could not be

²³⁰ Zakharchenko, Repinetskii, *Bezymianlag*, 288.

²³¹ Zakharchenko, Repinetskii, *Bezymianlag*, 343.

²³² Zakharchenko, Repinetskii, *Bezymianlag*, 332.

²³³ Zakharchenko, Repinetskii, *Bezymianlag*, 301.

‘resurrected’.²³⁴

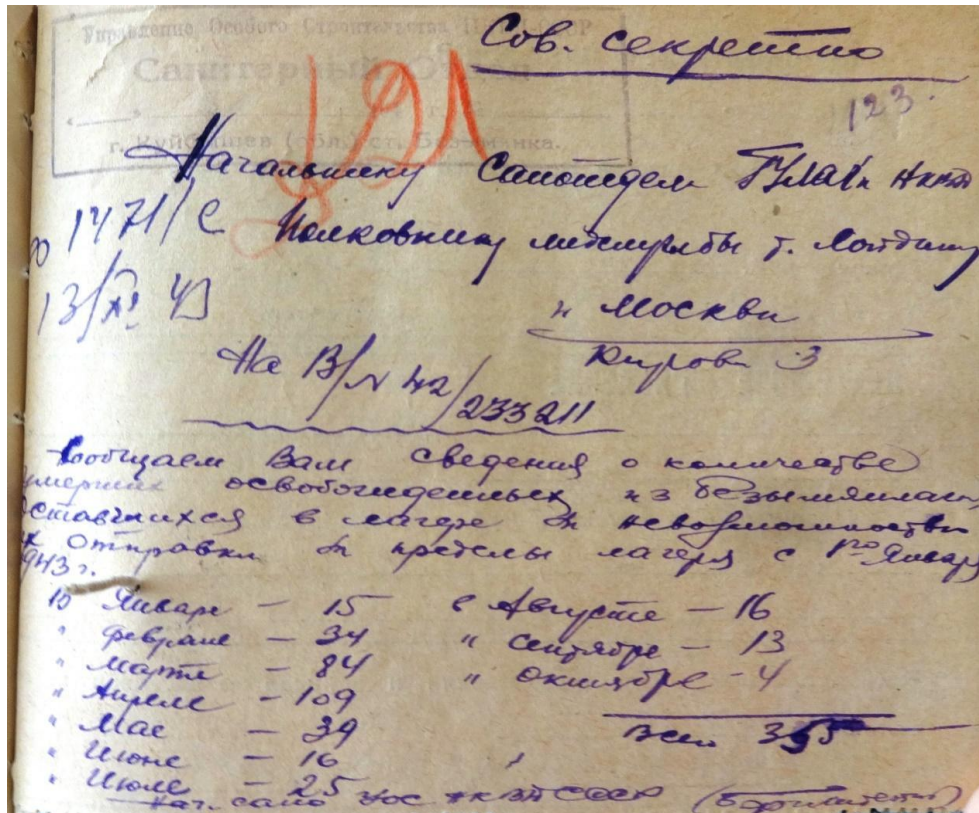
The existence of this ‘hopeless sub–group’ who ‘could not be resurrected’ and all the other numerous facts of hardships raise a legitimate question. How did the camp physicians manage to report to Moscow the hardly probably diminished the mortality rate for 1942–43 when alternative sources illuminate severe conditions? The answer lies in the large–scale calculated removal of the most emaciated prisoners from the statistical registry through two parallel ‘streams’: medical release (out of the system) and internal transfers (within the system). The camp released 9,100 certified invalids in 1941–43 and transferred thousands more elsewhere.²³⁵

I present another recalculation case, based on a response of Bezymianlag SANO to colonel Loidin’s directive № 42/233211. It contains the distribution of the released invalids’ deaths on a monthly basis from January to October 1943 (see Figure 1.7).

²³⁴Zakharchenko, Repinetskii, *Bezymianlag* ,303.

²³⁵Zakharchenko, Repinetskii, *Bezymianlag* ,258.

Figure 1.7. Bezymianlag’s SANO report with ‘concealed’ released invalids’ mortality, 13 November 1943 (signed by doctor Bernshtein).



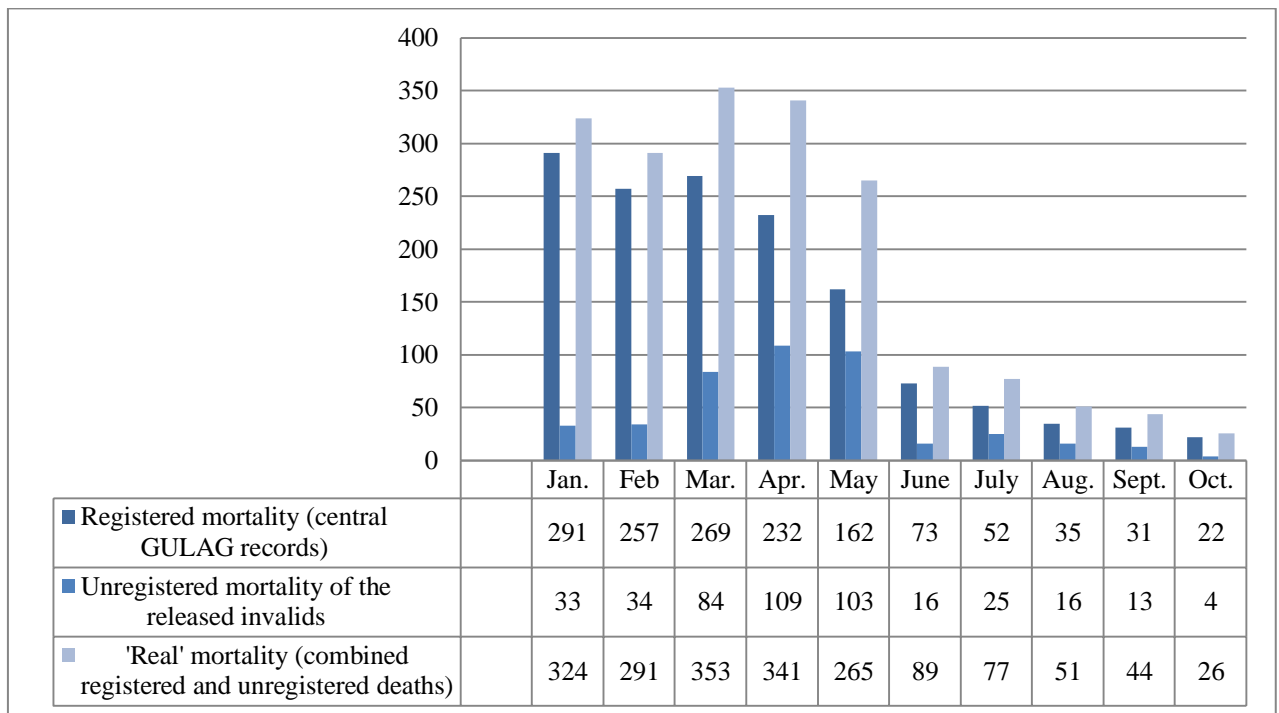
Source: GASO.F.2064.Op.2c.D.83.L.123

According to that hand-written document, signed by Bezymianlag’s chief doctor, Bernshtein, 355 ex-prisoners died in the camp from diseases they acquired while incarcerated. However, the analysis of alternative sources indicates that Bernshtein was underreporting these deaths as well (a remarkable ‘understatement within an understatement’ phenomenon).²³⁶

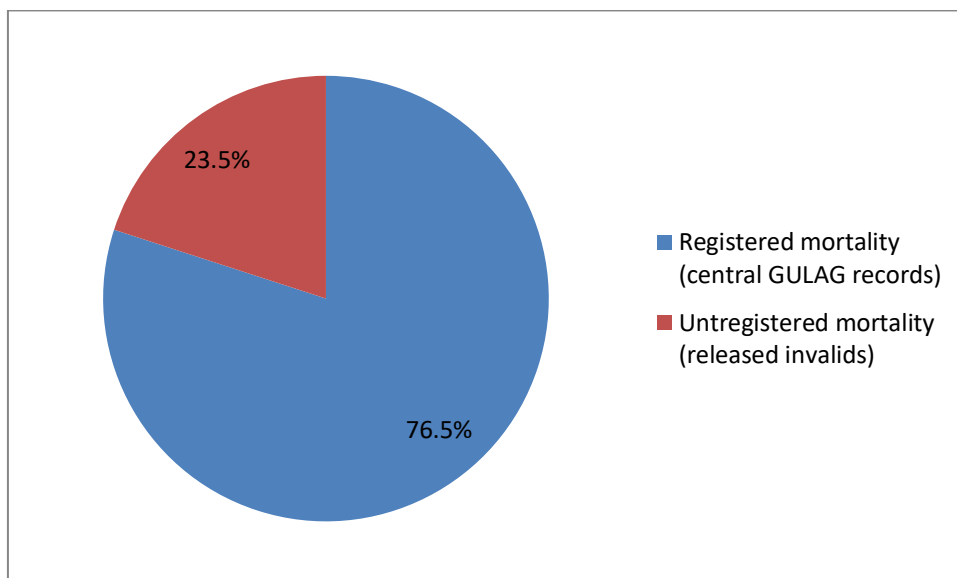
²³⁶ GASO.F.2064.Op.2c.D.83.L.89.

In fact, at least 437 released invalids died in these timeframe. Those ‘hopeless’ individuals were specifically targeted for release by the camp doctors. I compared the data to the registered mortality figures for the analogous months contained in the central URO summary reports for Bezymianlag located in the system’s central archive in Moscow. This collation allowed me to discover a precise undercount in the central records for this period (see Graphs 1.4, 1.5).

Graph 1.4. Mortality undercount in Bezymianlag (Kuibyshevskaja oblast’), January–October 1943 (absolute figures)



Graph 1.5. Relative mortality undercount in Bezymianlag (Kuibyshevskaja oblast'), January–October 1943



Source of the local data: GASO.F.2064.Op.2c.D.83.L.89,123.

Source of the central data: GARF.R-9414.Op.1a.D.397.L.7-7ob.

That released invalids were dying in the camp every month under scrutiny is evident from the graphs. We can discern an entire demographic process spanning a significant period. It is important to emphasize that the statistical undercount is practically and quantitatively significant (both in absolute and relative terms), especially for the spring months. A case in point, according to central data, 232 prisoners died in April 1943. In addition to that figure, 109 unregistered released invalids died in the camp during the same month.²³⁷ That raises the actual number of the dead to 341 fatalities. Overall, 32% of deaths that occurred in April 1943 were never registered in the system's central medical records. Every third prisoner who died

²³⁷ In this context 'unregistered' means not recorded in central statistics.

in Bezymianlag in that month was unaccounted for. In general, the understatement fluctuated from 5% in January to 20–30% in May or October 1943.

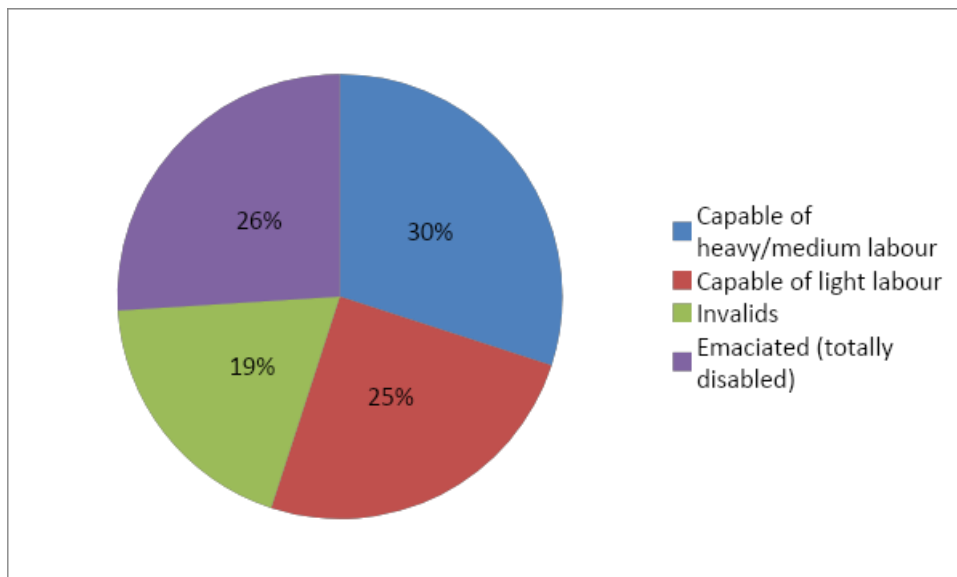
However, the oscillation of absolute mortality numbers shows a puzzling precipitous drop in both registered and unregistered deaths during May–June 1943. It seems implausible. Alternative evidence suggests that conditions in Bezymianlag in this period remained dire, reflecting the bleak situation in the country at large. Then how was this decline was achieved ‘on paper’? The answer can be found in the following sequence of events. As early as January 1942, the head of Bezymianlag’s OURZ, I. B. Ben’, mentioned in his report to the camp commander, Aleksandr Pavlovich Lepilov, that it would be expedient to ask central GULAG for sanction to relocate up to 600 invalids and old men to the Kuibyshevskaiia UITLiK (regional labour colonies in the *oblast’* where Bezymianlag was located).²³⁸ The actual number of transferred inmates turned out to be much greater. During the period 1941–44, Bezymianlag initiated at least three massive conveyances of sick and invalids to labour colonies in the region. The process especially intensified when Bezymianlag was relocating to new production locations in 1943. On 29 May 1943, I. B. Ben’ submitted a memo to GULAG director Nasedkin, ‘On the results of certain Bezymianlag subdivisions’ relocation to Kuibyshevskaiia UITLiK’.²³⁹ According to the document, the camp removed its entire five divisions into the jurisdiction of the regional colonies, including the prisoners incarcerated there. However, not long before formal relocation, all more or less healthy inmates were carefully identified and taken away to Bezymianlag production sites. Meanwhile, divisions designated for removal into colonies’ jurisdiction were instead purposely staffed with the most weakened prisoners, who had lost their health in Bezymianlag’s main works.²⁴⁰

²³⁸GASO.F.2064.Op.2.D.198.L.196.

²³⁹Zakharchenko, Repinetskii, *Bezymianlag*, 54-55.

²⁴⁰Zakharchenko, Repinetskii, *Bezymianlag*, 257-258.

Graph 1.6. Physical profile of prisoners transferred from Bezymianlag to Kuibyshevskoe UITLiK (regional colonies), 5–16 May 1943



Source: Zakharchenko, Repinetskii, *Bezymianlag*, 257.

Overall, the camp transferred 5,576 prisoners to the accounting records of the regional labour colonies of Kuibyshevskaja region. Only 1,692 (30%) of them were officially recognized to be fit for medium or ‘heavy’ labour, 1,559 (28%) were in the ‘light labour category’, 1,068 (19%) were listed as ‘full invalids’, and 1,453 (26%) as ‘emaciated–totally disabled’. Among the invalided group, 620 were already formally ‘freed’ (See Graph 1.6).²⁴¹ Bezymianlag admitted that it had trouble in transporting this ‘contingent’ out of the camp due to the lack of railroad capacity. Using its privileged status, the camp simply bullied the much less influential Kuibyshevskaja UITLiK into accepting these ‘useless contingents’, coercing them into dealing with this logistical problem instead. The result of these data manipulation is evident in the graphs. As soon as the ‘formal’ invalids and ‘light–labour category’ (who, if taken together, constituted the largest proportion of deaths) were gone to the regional colonies,

²⁴¹Zakharchenko, Repinetskii, *Bezymianlag*, 54.

the number of registered and unregistered fatalities in Bezymianlag artificially dropped. For instance, in May 1943, 162 centrally registered and 39 centrally unregistered prisoners or ex-inmates died, in September 1943, the numbers waned to 16 and 13 respectively.²⁴²

At the same time, this deceptive transfer apparently ‘spoiled’ the mortality data of regional UITLiK. Nevertheless, the colonies did not have either the political influence or formal authority to resist Bezymianlag lobbying.²⁴³ The regional colonies’ administration resorted to mass releases of the terminally ill to rectify their own registered indicators of sickness and mortality. Thus, invalids, whose health was ruined in Bezymianlag, were set free from a different institution. Paradoxically, some of them were already formally ‘discharged’ even before their arrival to the colonies. In total, from the end of 1942 up to the beginning of 1944, Kuibyshevskaja UITLiK released 5,358 prisoners suffering from ‘grave incurable illness’ (part of them being invalids received from Bezymianlag).²⁴⁴ Their mortality is unknown.

To sum up, the official death figure for Bezymianlag in the central statistics for a ten-month period in 1943 is 1,424 but in reality at least 1,861 people passed away in this timeframe. That means a 23.5% undercount, or every fourth prisoner was excluded from GULAG’s central summary accounting (see Graph 1.5). Overall, the raw death rate was also artificially reduced by 23.5%. Certainly, the understatement would be even more substantial if we take the massive removals of debilitated invalids to regional colonies and their deaths there or after release into the equation.

²⁴²For deaths, registered in central statistics see GARF.R-9414.Op.1A.D.397.L.7-7ob. For the invalids’ deaths unregistered in the central records, see GASO.F.2064.Op.2c.D.83.L.123.

²⁴³We should remember that GULAG had a quasi-military structure and a colony commander usually held a rank no higher than Army captain, while Bezymianlag commanders were colonels or major generals.

²⁴⁴GARF.F.R-9414.Op.1.D.1146.L.24.

To sum up, the case of Bezymianlag is peculiar and important in two aspects. First, it concerns a ‘prioritized camp’ with low official mortality. Second, it offers a remarkable example of not a single fraudulent scheme (medical release), but a pair of them, applied concurrently (massive medical release out of the system in conjunction with large transfers of sick prisoners within the system into other jurisdictions). This certainly broadens our understanding of the types and variations of GULAG medicine’s clandestine strategies. It is no wonder that camp medics managed to achieve a sharp tenfold decline in mortality rates ‘on paper’ by 1944.²⁴⁵ The Bezymianlag case highlights the crucial importance of prisoner ‘flows’—both within the system and from it—for the adequate deciphering of GULAG morbidity and mortality statistics. If one were to ignore the movement of prisoners and, additionally, to take official mortality data at face value, such an uncritical attitude would make one susceptible to misconstruing actual conditions in any camp. As mentioned above, Bezymianlag could be reckoned as a ‘mild’ camp during the war, based on its low registered death rates and high number of releases. This analysis helps to re-assess such judgments more critically. I would argue that the whole conception of ‘positively characterized’ camps during catastrophes might be misleading. Certainly one has to be more cautious in declaring camps to be ‘mild’ (like, for example, was done to Noril’lag by Simon Ertz and Leonid Borodkin) without taking into consideration the fates of their invalids.²⁴⁶

If Bezymianlag, one of the least deadly localities for the war years, had such a major undercount in its mortality data, what can be said about infamously harsh forestry administrations (ULLP camps)? Logging camps had a grim nickname among prisoners—

²⁴⁵A 1.6% average monthly rate in January 1943 versus a 0.6% rate in January 1944.

²⁴⁶On the relatively positive characterization of Noril’lag, see L. Borodkin, S. Ertz, ‘Coercion versus Motivation, Forced Labour in Norilsk’ in *Economics of forced labour*, 78–80. I am not claiming that authors are totally wrong—Norilsk, indeed, was milder in comparison to the worst camps (e.g. forestry), but still one should determine the fate of its invalids to make a proper value judgment about its conditions.

'green execution'.²⁴⁷ Registered death indexes alone peaked at 50% per annum during 1942–43 in some of them. I have been able to discover data for one of those camps. It allows me to address this inquiry.

Kargopol'lag recalculation case study

Kargopol'lag in Arkhangel'skaia *oblast'*, although not the worst among the ill-famed ULLP camps, was still deadly in comparison to the more 'privileged' localities. Its production profile in conjunction with the cold climate of the European North, chronic shortages of proper winter clothes, food, and medicine was especially exhausting. Organized at a height of Great Terror in 1937, the administration demonstrated a roughly 18% per annum death rate in 1938.²⁴⁸ Conditions in Kargopol'lag improved during the period 1939–41 (although remaining relatively harsh) until the 1941–45 crisis hit the camp particularly hard, even by wartime standards. For example, on 1 January 1944 from the total number of 15,758 inmates, 3,260 were hospitalized. The main reasons, according to local SANO records were emaciation with nutritional decline, pellagra, scurvy, starvation edema, and pulmonary TB. Only 391 prisoners were deemed capable of performing heavy labour in the forest, 2,085 had a medium-labour category, and 7,652 a light-labour category. Five thousand five hundred fifty nine detainees—35% of the camp population—were officially certified invalids.²⁴⁹ In a typical GULAG manner, almost half of them were still exploited, despite their fragile health.²⁵⁰ The camp was flooded with invalids, but the local administration referred to them as 'ballast' or

²⁴⁷Berdinskikh, *Viatlag*, 141.

²⁴⁸GARF.R-9414.Op.1.D.2740.L. 48–49;GARF.F.R-9414.Op.1.D.1139.L.123.

²⁴⁹GARF.R-8131.Op.37.D.2061.L159.

²⁵⁰GARF.R-8131.Op.37.D.2061.L121.

‘encumbrance’ and treated this category of inmates with total disregard.²⁵¹ The absence of resources was aggravated by the increasing overexploitation of the Kargopol’lag workforce. In the most egregious cases, emaciated prisoners were forced to cut trees from 15 to 18 hours per day.²⁵²

Starvation, abuse, and overwork in the taxing timber industry led to a fast increase in the number of deaths. The mortality rate waxed from 3.2% in 1941 to 20% in 1942 and 18.1% in 1943, dropping to 8% in 1944 and 5.6% in 1945, closely following, in broad strokes, the system’s average.²⁵³ During the period 1941–45, 11,316 registered prisoners passed away in Kargopol’lag, 8,397 (74%) of whom did not survive the most deadly years of 1942 and 1943 (see Table 1.6)

Table 1.6 Official mortality in Kargopol’lag (1943), according to cause of death

	Emaciation with Nutritional Decline	Scurvy	Pellagra	Protein Free Edema	TB	Respiratory Diseases	Diseases of the Circulatory System
January 1943	2	–	44	1	63	56	57
February	7	–	84	–	84	75	60
March	18	3	60	–	85	41	44
April	19	–	100	3	153	91	78
May	11	–	160		160	18	104
June	–	–	81	1	107	55	39
July	24	–	88	1	107	71	43
August	27	–	107	2	84	37	37

²⁵¹GARF.F.R–8131.Op.37.D.2061.L.19.

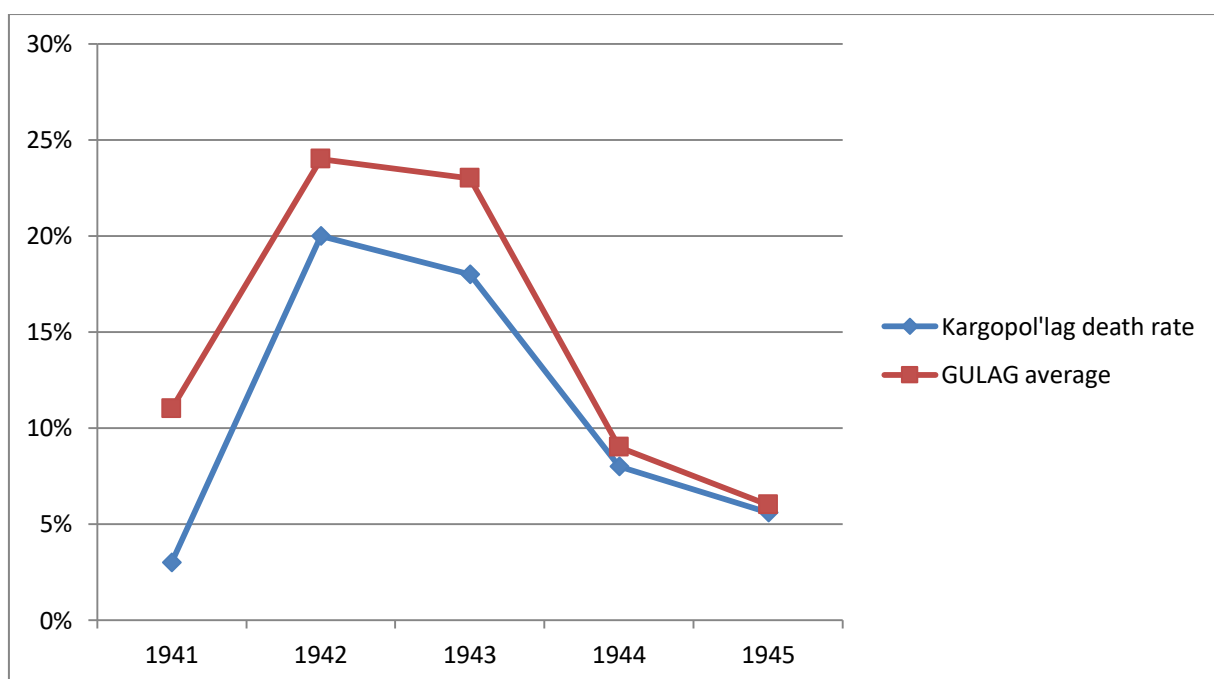
²⁵²GARF.F.R–8131.Op.37.D.2061.L15.

²⁵³ Upadyshev, *GULAG na Evropeiskom Severe*, 444.

September	36	–	160	11	40	20	36
October	24	1	99	4	53	9	20
November	20	–	77	–	42	24	24
December	16	–	13	1	77	13	17

Source: GA RF.F.R–8131.Op.37.D.2061.L.51.

Graph 1.7. Annual mortality rate in the GULAG (average) and Kargopol’lag (Arkhangel’skaia oblast’), 1941–1945



Source: Upadyshev, *GULAG na Evropeiskom Severe*, 444; *Istoria Stalinskogo GULAGa*, vol.4,55.

According to the Procuracy, 90% of deaths in 1943 fell into the ‘invalid’ category, whom the camp decided not to release out of ‘state security’ considerations.²⁵⁴ However, what happened to the medically discharged? If it was officially certified that invalids constituted the majority of deaths while being listed on the statistical roll, it can be assumed that they

²⁵⁴GARF.F.R–8131.Op.37.D.2061.121ob.

continued to die after being declared free with the same intensity. The analysis below corroborates this speculation.

From October 1942 to 15 February 1944, Kargopol'lag set free 6,193 invalids as 'incurables', which constituted roughly 30% of its annual average population during 1943.²⁵⁵ In addition, there is evidence that Kargopol'lag (like Bezymianlag) was also moving emaciated invalids to less important localities, notably, Iagrinlag in the same *oblast*.²⁵⁶ As in all other cases, I would argue that the putative radical decline of death rates in 1944 was achieved not merely by the application of 'regular' measures by the medical-sanitation department (as the camp procurator Sofronov and camp doctors cunningly tried to present in their official rationalizations). It was achieved largely through extraordinary measures such as the enormous release of emaciated dying invalids (typical for forestry camps) and their subsequent deliberate exclusion from the 'ordinary' mortality data collection forms demanded by directives № 42/232546 and № 42/233211. The concomitant discharge of thousands of immobilized inmates on the brink of death instigated a major transportation crisis in a relatively small camp. Hundreds of ex-cons, utterly spent by relentless timber cutting, were scattered across 31 divisions of Kargopol'lag, and died before even boarding the trains. The camp procurator, Sofronov, reported on 22 January 1944 that 566 invalids eligible for medical release passed away—76 awaiting court rulings granting them freedom and 490 after rulings were announced.²⁵⁷ However, it was another example of ex-inmates' mortality underreporting. On 22 February 1944, the Kargopol'lag Sanitary department compiled a retrospective monthly record as required by Moscow, euphemistically recording the invalids' deaths as 'freed by a court decision'. The statistical report, signed by the head of the camp's SANO, starts from

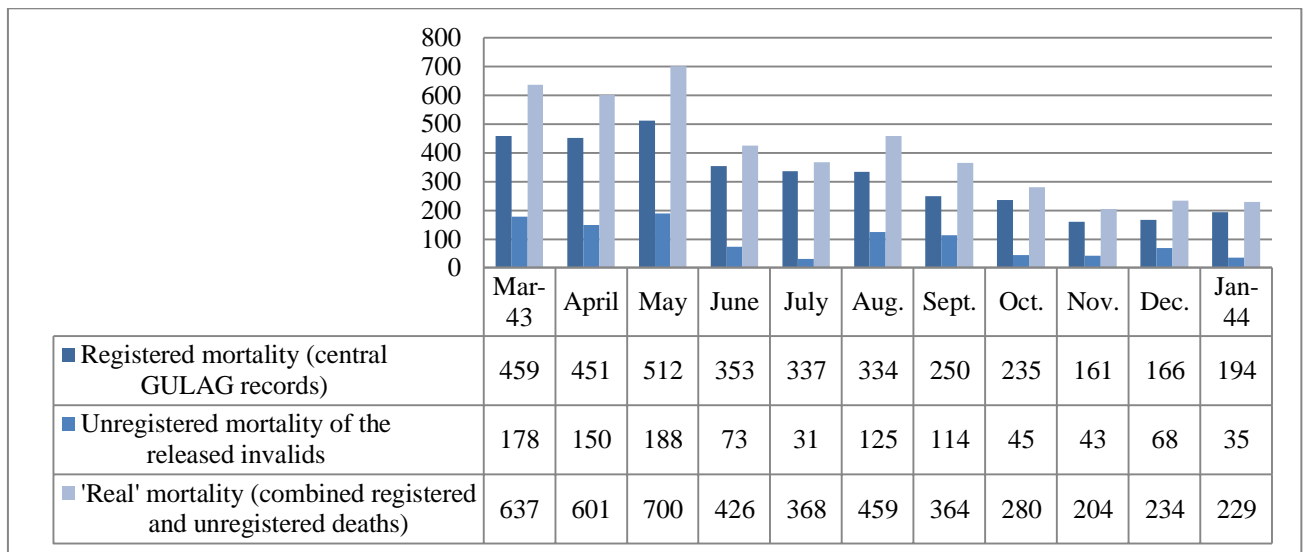
²⁵⁵GARF.F.R-8131.Op.37.D.2061.L.32(50).

²⁵⁶GARF.F.R-8131.Op.37.1266.L.9.

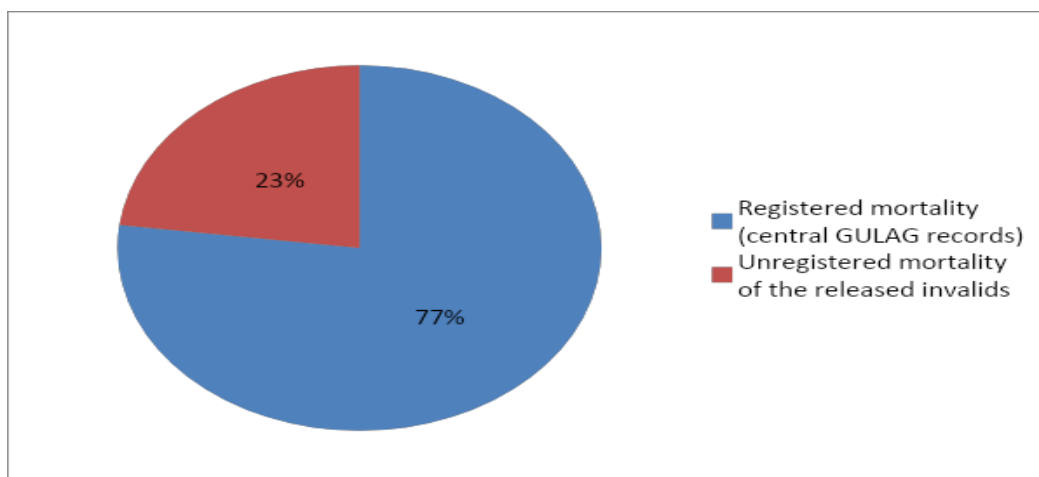
²⁵⁷GARF.F.R-8131.Op.37.D.2061.L.111.

March 1943, when 178 discharged ex-prisoners died, and ends in January 1944, when 35 released invalids perished.²⁵⁸ This report contains almost twice as many deaths in comparison to the procurator's memo. Building on these documents, we can analyse monthly dynamics of registered and unregistered deaths to determine undercount of the central records for Kargopol'lag.

Graph 1.8. Mortality undercount in Kargopol'lag (Arkhangel'skaia oblast'), March 1943– January 1944 (absolute monthly figures)



Graph 1.9. Relative mortality undercount in Kargopol'lag (Arkhangel'skaia oblast'), March 1943–January 1944



²⁵⁸GARF.F.R–8131.Op.37.D.2061.L.52.

Source of the local data: GA RF.R–8131.Op.37.D.2061.L52 (the number of the page is deduced from the nearest numbered pages).

Source of the central data: 1943: GA RF.R–9414.Op.1A.D.401.L.3–3ob.; 1944: GA RF.R–9414.Op.1.D.2796.L.101.

Thus, 451 registered inmates died in April 1943 and 150 additional fatalities occurred among the discharged invalids.²⁵⁹ This raises the real number of the dead to 601. Every fourth prisoner (25%) who died in Kargopol’lag in April 1943 was missing from the central summary reports. As in Bezymianlag, mortality of the released was a systematic demographic process. Ex–inmates died during every month under scrutiny. In total, 1,050 ex–prisoners passed away in this temporal frame, in addition to the 3,452 ‘regularly’ registered deaths. Twenty three percent of fatalities in Kargopol’lag for 11 months remained unrecorded by the GULAG statisticians in Moscow. Every fourth prisoner’s death was hidden. This undercount can be characterized as practically and quantitatively significant both in absolute and relative terms. Finally yet importantly, these statistics do not include those invalids who were transported to Iagrinlag or other locations via internal transfers or died on their way to other destinations after release.

Iagrinlag recalculation case study

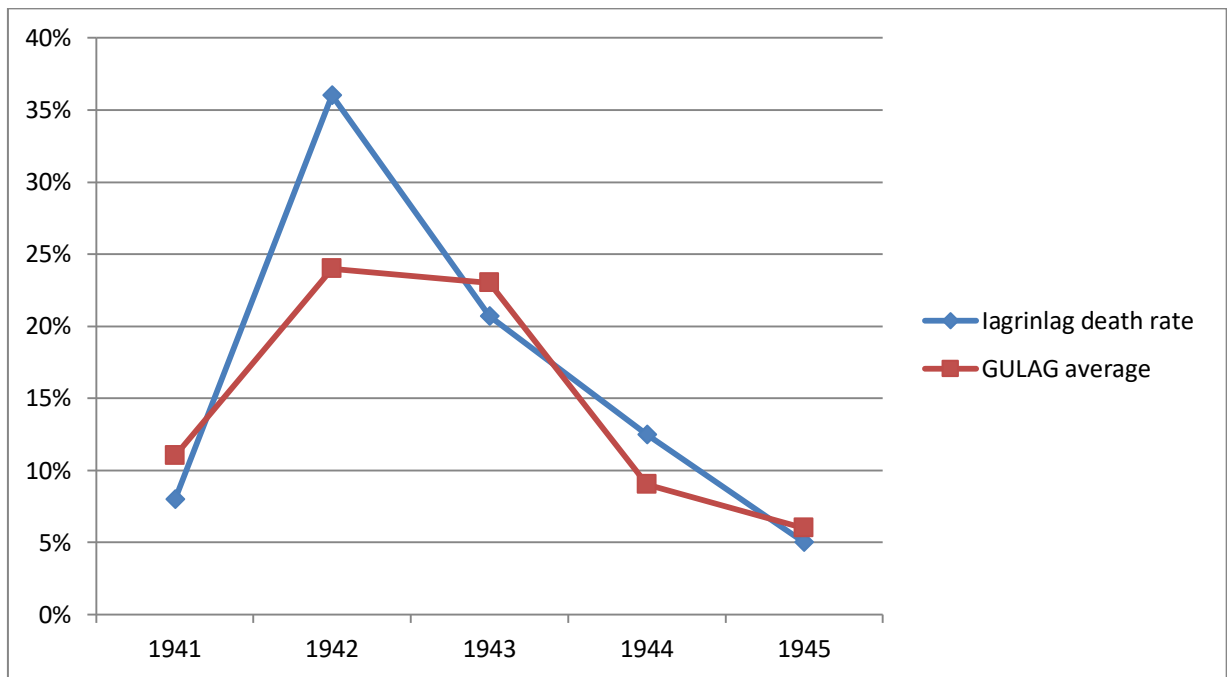
²⁵⁹GARF.R–8131.Op.37.D.2061.L52.

Iagrinlag, another camp in Arkhangel'skaia *oblast'*, was founded in 1938.²⁶⁰ It was mainly tasked with building several shipbuilding factories in Molotovsk (present day Severodvinsk). Subordinated to the Main Administration of Industrial Construction Camps (GULPS), its additional production activities also included logging, fishing, building hydro technical facilities, railroads, airfields, and naval ports. Conditions in the camp were quite harsh both before and after the war, but the highest mortality was observed, not surprisingly, during 1941–45.

Graph 1.10. Annual mortality rate in GULAG (average) and Iagrinlag (Arkhangel'skaia

²⁶⁰Upadyshev, *GULAG na Evropieskom Severe*, 241.

oblast'), 1941–1945



Source: Upadyshev, *GULAG, na Evropeeskom severe*, 444; *Istoria Stalinskogo GULAGa*, vol.4, 55.

The registered death rate increased from 8.1% in 1941 to 36% and 20.7% in 1942 and 1943 respectively, falling to 12.5% in 1944 and 4.6% in 1945.²⁶¹ According to central statistics, 8,915 Iagrinlag prisoners did not survive the war years. The camp was also systematically discharging emaciated inmates on a massive scale: 2,299 invalids suffering from ‘grave incurable illness’ were released from the end of 1942 throughout 1943—roughly 17% of its annual average population in 1943.²⁶²

The recalculation of monthly death indexes for Iagrinlag is possible due to a bureaucratic feud between the newly appointed regional labour colonies procurator, Mikhail Isaevich Khelemskii, and the camp command in 1943–44. It is unclear what the underlying motives for Khelemskii’s crusade were: personal grudge against Kharakhardin, the camp

²⁶¹Upadyshev, *GULAG na Evropeeskom severe*, 444.

²⁶²GAAO.F.5865.Op.2.D.11.L.54.

commander; orders from Moscow; or even an honest attempt to be an independent enforcer of ‘socialist legality’ as he understood it. However, his behaviour was certainly not typical for an average camp procurator.²⁶³ While reports of the Iagrinlag procurator, Shul’ga, were vague and optimistic even during catastrophic 1942 (as many ‘pocket’ procurators reports were), Khelemskii instantaneously clashed with Iagrinlag brass and even GULAG director Nasedkin himself.²⁶⁴ He bitterly criticised officials for habitual beatings and abuse, regular theft of prisoners’ food, conscious denial of medical care to the sick, erratic, excessively brutal administrative punishments, and the forcing of debilitated inmates to perform strenuous work. One of Khelemskii’s main concerns, however, was the exponential rise of the mortality rate from June 1943 onwards. The procurator presented the following data:

²⁶³However, we certainly should not overestimate Khelemskii’s independence or idealize his perspicacity or impartiality. In fact, he himself was instrumental in the intensification of *aktirovka* in Iagrinlag, and praised himself for its revitalization, as will be shown in Chapter 3. Moreover, after he was transferred due to health issues to the Azerbaijani regional labour colonies procurator’s post, he actually employed medical release as a tool to lower death rates in his jurisdiction. See GARF.F–8131.Op.37.D.2523.L.89.

²⁶⁴For Shulga’s anodyne report, see GARF.F.R–8131.Op.37.D.1266.L4–23. For Khelemskii’s criticism of Iagrinlag’s command, see GAAO.F.5865.Op.2.D.11.L.10. For the confrontation with Nasedkin, see GAAO.F.5865.Op.2.D.11.L.45. Khelemskii’s report was quoted for the first time by T.F. Mel’nik, ‘Iagrinskii ITL v Molotovske’ in *Katorga i ssylka na Severe Rossi* (Arkhangel’sk: Kira, 2006), 216–244.

Table 1.7. Official monthly mortality in Iagrinlag, June 1943–January 1944

Month	Abs.	Relative (% of monthly population)
Jun.1943	12	0.3
Jul	24	0.6
August	65	1.4
Sept.	198	2.4
Oct.	85	2.0
Nov.	111	3.8
Dec.	130	2.86
Jan.1944	116	2.25

Source: GAAO.F.5865.Op.2.D.11.L.74.

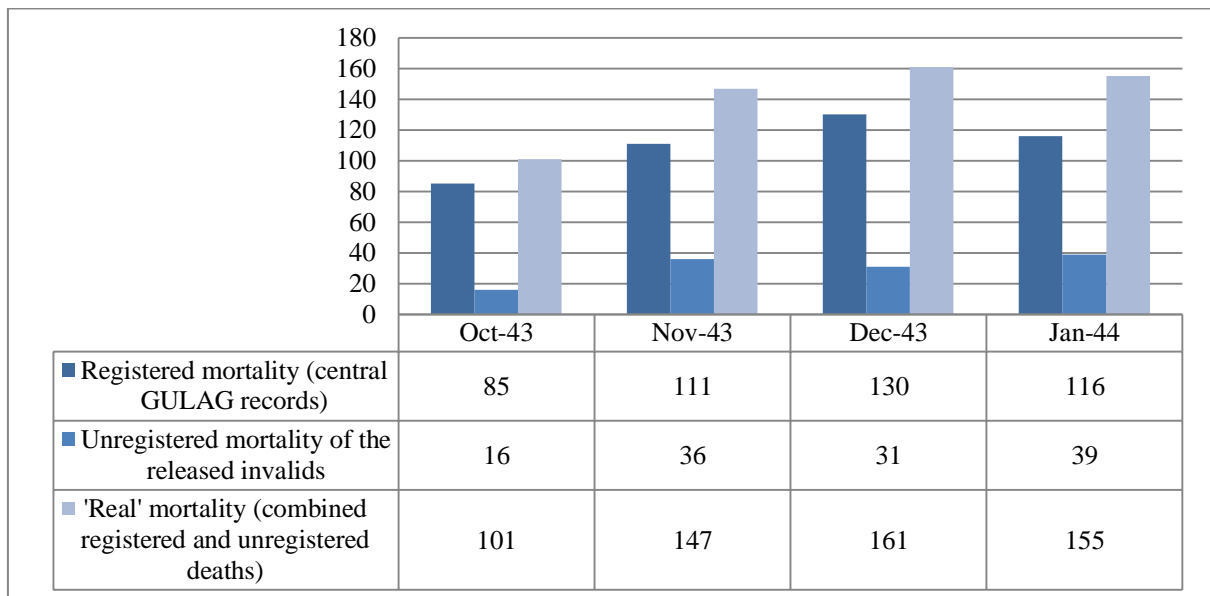
Of the total dead during last quarter of 1943 and January 1944, 344 died from pellagra or ‘protein-free’ emaciation of the body. The overwhelming majority were men in their prime—younger than 40 years old (34 died even before their 20th birthday)—and officially certified to be either capable of ‘light labour’ or invalids.²⁶⁵

The camp command tried to deflect Khelemskii’s accusations by the standard excuses employed by GULAG officials during wartime or famines; they alleged that high death rates were caused by external extenuating circumstances, specifically, new arrivals who were already exhausted and ‘spoiled’ Iagrinlag statistics with their deaths. Khelemskii staunchly rebutted these justifications with statistical data, showing that almost all fatalities comprised prisoners who were incarcerated in Iagrinlag for a long time. Nevertheless, most importantly, the procurator revealed that the official mortality data compiled by the Iagrinlag doctors was

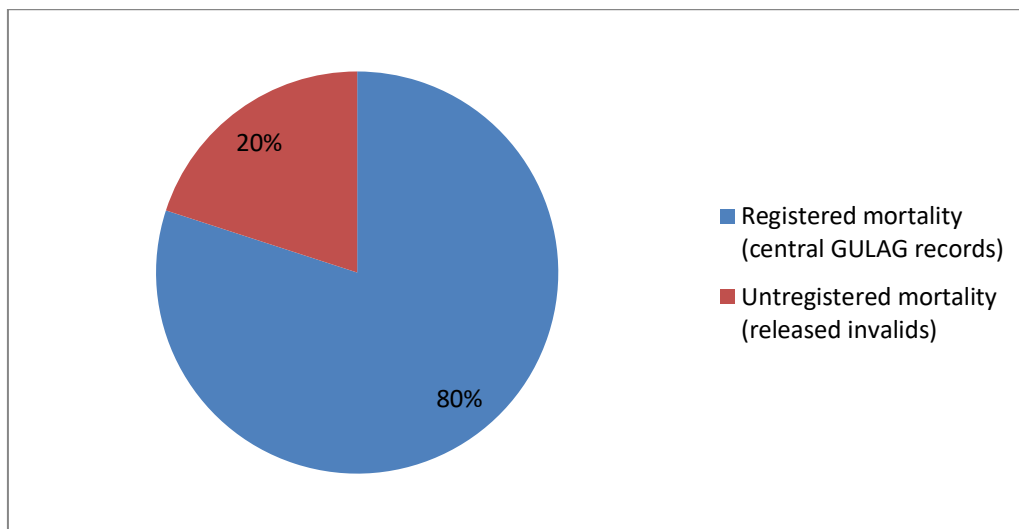
²⁶⁵GAAO.F.5865.Op.2.D.11.L.75.

incomplete. Khelemskii noted that in order to arrive at the real figure, one should have added the following numbers of the ‘formally freed’ invalids, who died in the camp: 16 for October 1943, 36 for November 31 for December, and 39 for January 1944. These figures allow us to recalculate mortality (see Graphs 1.11. and 1.12).

Graph 1.11. Mortality undercount in Iagrinlag (Arkhangel’skaia oblast’), October 1943–January 1944 (absolute monthly figures)



Graph 1.12. Overall mortality undercount in Iagrinlag (Arkhangel’skaia oblast’), October 1943–January 1944 (percentage)



Source of the local data: GAAO.F.5865.Op.2.D.11.L.74.

Source of the central data: 1943:GARF.F-9414.Op.1A.D.398.L.3-3ob; 1944: GARF.R-9414.Op.1.D.2796.L.104.

The data shows that in addition to 496 registered deaths, 122 remained concealed. Overall, 20% of the deaths in Iagrinlag during four months of 1943-44 were consciously left unregistered in the regular summary accounting in Moscow.

Incidents of ex-prisoners' mortality in the camps (1930-55)

In addition to the cases presented above, I have been able to gather data for many other penal locations and time periods. These data help to illuminate the scale of the phenomenon and its persistence. The earliest archival evidence of released invalids' mortality right in the camps can be found during the famine of 1933. In April 1933, the plenipotentiary of OGPU, Avram Bel'enkii, informed GULAG director Matvei Davydovich Berman about the results of his inspection of Sazlag in Central Asia, which had an annual mortality rate of 25% in 1933. Bel'enkii underscored that camp administration, after his intervention, quickly released 2,333 invalids between 16 February and 27 March 1933. According to Bel'enkii, the 'relevance of unloading was confirmed by the fact of 480 fatalities' among the invalids eligible for release during this short timeframe.²⁶⁶ These data denote that Sazlag's death rate would be even higher than the registered 25% per annum if these thousands remained in the statistical registries of the camp.

Numerous analogous instances of invalids' deaths right in the camps can be discovered

²⁶⁶Central Archive of FSB (Tsa FSB).F.2.Op.11.D.548.L.70-113.Published in *Istoriia Stalinskogo GULAGa*, Vol.3,502. 'Unloading' was a slang term used by OGPU-NKVD, mostly in early 1930s, to designate several procedures, including medical release.

during 1941–45. The procurator of Khabarovskii regional labour colonies, Karpov, reported in February 1942 that 18 ex–prisoners released in the first mass release campaign of 1941 were still patients of the colony’s central hospital, while 12 of them died soon after discharge.²⁶⁷ Procurator Mikhailov of Birlag in the Far East noted that ‘there were cases when the released received their documents, but failed to leave the camp in time and died in the “barracks for the freed”’.²⁶⁸ According to the return signed by the head of URO in the small Shiroklag camp in Molotovskaia *oblast’*, 21 invalids passed away after their formal release by regional court decision during the first four months of 1944.²⁶⁹ In the spring of 1944, deputy head of Ivdel’lag (Sverdlovskaia *oblast’*) OURZ, Busse, informed Moscow that during March and May 1944 eight invalids suffering from grave incurable illnesses and eligible for medical release died.²⁷⁰ In addition to Iagrinelag and Kargopol’lag deaths, 144 disabled inmates designated for release died in ten colonies of the Arkhangel’skaia province as of March 1943.²⁷¹ The procurator of Siblag in Western Siberia, a historic concentration point for the ‘weakened contingents’ presented the following statistics in March 1943; out of 3,652 prisoners who were ‘eligible for medical release’ from Siblag, 150 invalids died in several months.²⁷² In some localities, the number of the dead reached substantial absolute values. In the spring of 1943, the regional labour colonies of Novosibirskaia *oblast’* marked 7,491 invalids for medical release, but managed to set free only 2,917 inmates, while 875 invalids passed away during the process.²⁷³

²⁶⁷GARF.F.R–8131.Op.37.D.799.L.171.

²⁶⁸GARF.F.R–8131.Op.37.D.799.L.111.

²⁶⁹GARF.F.R–8131.Op.37.D.2046.L.76.

²⁷⁰GARF.F.R–8131.Op.37.D.2059.L.76.

²⁷¹GAAO.F.R–4994.Op.1.D.280.L.129.

²⁷²GARF.F.R–8131.Op.37.D.1265.L.25. On Siblag role see Bell, *War*, 62.

²⁷³GANO.F.P–4.Op.34.D.171.L.280–284 ob. Published in: *Nasha Malaya Rodina: Khestomatia po istorii Novosibirskoy olbasti 1921–1991* (Novosibirsk:Ekor, 1997), 283. Also quoted in Bell, *War*, 61.

The period of 1946–47 offers similar, although sporadic, data for various months, quarters, and half–years. It is important to stress that all of the examples hereby provided concern invalids freed by the sanction of the camp authorities, but who died during the formalization of their release before the actual court decision was made at the level of the Ministry of Justice. The deaths of invalids eligible for release were recorded in the following regional labour colonies (UITLiK) of Georgian SSR (71 fatalities), Krasnoiarskii krai (13 fatalities), Bashkirskaiia SSR (22 fatalities), Vladimirskaiia *oblast'* (four cases in July 1947 alone), Gor'kovskaiia *oblast'* (24 fatalities out of 358 cases for release from 27 October 1947 to 1 April 1948).²⁷⁴ There were cases in Leningradskaiia *oblast'* (24 fatalities out of 714 medical release cases in the second half of 1947), Vologodskaiia province (one fatality out of 117 cases from 1 January 1946 to 1 February 1947), Orlovskaiia province (three fatalities out of 307 cases from October 1946 to January 1947), and Kirgizskaiia SSR (five fatalities out of 95 cases during the first quarter of 1947).²⁷⁵ The camp court for the Georgian SSR reported that, out of 405 cases, nine invalids died during the procedure in March 1947.²⁷⁶

The same pattern is seen in individual monthly reports of the camp court of Gor'kovskoe UITLiK. Its chairman, Stefunin, reported to the Ministry of Justice headquarters that, out of 40 cases, two invalids died even before the court procedures in October 1947.²⁷⁷ An inspector for the Directorate of Camp Courts, Polotskii, after an inspection of a UITLiK court in Astrakhanskaiia *oblast'* reported to his superior, S. A. Pashutina, that from 1 January 1947 up to 1 June 1948 the camp court had processed 464 cases for medical release. Out of

²⁷⁴GARF.F.R–9492.Op.5.D.42.L.224; GARF.F.R–9492.Op.5.D.15.L.83–83ob.;GARF.F.R–9492.Op.5.D.44.L.290.

²⁷⁵GARF.F.R–9492.Op.5.D.30.L.53–53 ob; GARF.F.R–9492.Op.5.D.20.L.16; GARF.F.R–9492.Op.5.D.22.L.114; GARF.F.R–9492.Op.5.D.30.L.56–57.

²⁷⁶GARF.F.R–9492.Op.5.D.18.L.16.

²⁷⁷GARF.F.R–9492.Op.14.D.138.L.2.

that number 34 invalids died.²⁷⁸ A camp judge for Georgian UITLiK, Chichua, reported: ‘Five prisoners died in the period of the processing of their cases for early release due to illnesses.’²⁷⁹ A camp judge for Azerbaijani UITLiK, Frolov, informed Moscow that one invalid eligible for medical release died four days before court proceedings on his discharge, while another one passed away during the court session determining his fate.²⁸⁰ Some camp judges did not furnish any statistics in their reports, providing only vague mentions of invalids’ mortality. Thus, the camp court report on medical release for Molotovskoe UITLiK for December 1947 noted that ‘a few prisoners died before court proceedings began’.²⁸¹

This kind of mortality can be observed not only in colonies but also in larger forced-labour camps. During the first half of 1946 and the first quarter of 1947, out of 133 medical release cases processed by the camp judiciary, ten invalids died during court proceedings in Vostokurallag (Sverdlovskaja *oblast*’).²⁸² An invalid named Zhurukhambetov died from pulmonary TB in Astrakhanlag, one of ten cases for medical release during the first half of 1947 (Astrakhanskaia *oblast*’).²⁸³ Similar cases can be observed in Noril’lag (Krasnoiariskii krai) and Ivdel’lag (Sverdlovskaja *oblast*’).²⁸⁴

Invalids’ deaths occurred in the second half of 1948 as well. Thus, out of 44 cases for medical release in the third quarter of 1948 processed by the Sevzheldorlag camp court (Komi republic), two of the medically discharged died.²⁸⁵ In the Molotovskoe UITLiK judiciary, out of 82 cases in the third quarter of 1948, seven invalids died even before the court session

²⁷⁸GARF.F.R–9492.Op.5.D.44.L.217.

²⁷⁹GARF.F.R–9492.Op.5.D.30.L103.

²⁸⁰GARF.F.R–9492.Op.5.D.58.L.6.

²⁸¹GARF.F.R–9492.Op.14.D.144.L.345.

²⁸²GARF.F.R–8131.Op.37.D.3843.L.30.

²⁸³GARF.F.R–8131.Op.37.D.3841.L.131.

²⁸⁴GARF.F.R–9492.Op.5.D.44.L.354; GARF.F.R–9492.Op.5.D.48.L.30.

²⁸⁵GARF.F.R–9492.Op.5.D.46.L.23–24.

began.²⁸⁶ The Belarusian OITK camp court accepted 94 cases for medical release in the third quarter of 1948—six invalids died during the formalization of their release.²⁸⁷ Out of 4,500 medical release cases in the third quarter of 1948 for the entire USSR, 4,002 were set free (88.8%), while 498 were denials, terminated cases, or deaths.²⁸⁸

Moreover, these figures can indirectly reveal a lot about the implementation of the screening regulations for *aktirovka* by the GULAG doctors. If one plays devil's advocate and proposes that the process was not targeting people on the eve of death at all, the numbers above allow one to formulate the following fundamental conclusion: at least some portion of the released in dozens of localities in various years were certainly on the brink of dying. However, one could counter that all of the recalculation cases in this chapter as well as the general mortality statistics are derived from times of famine and war. But what about more 'normal' temporal periods?

In fact, while the absolute number of the freed dropped to marginal levels in the period 1949–55, the mortality of invalids designated for discharge can still be traced for 'ordinary' chronological periods.²⁸⁹ For example, according to the camp court materials, fatalities occurred in Belarusian OITLiK in more 'normal' 1949 (February, March, May, and December of the year).²⁹⁰ A case in point, only 20 cases for medical release were processed by the Belarusian OITK judiciary in May 1949. One of the invalids, a certain K. A. Padagaiskii, died before the court session dedicated to his release even convened.²⁹¹ In December 1949, another invalid designated for release died in the Azerbaijani labour colonies.²⁹² During the first

²⁸⁶GARF.F.R–9492.Op.5.D.46.L.24.

²⁸⁷GARF.F.R–9492.Op.5.D.59.L.2.

²⁸⁸GARF.F.R–9492.Op.5.D.42.L.276.

²⁸⁹For the release statistics for the late 1940s–early 1950s, see Chapter 5.

²⁹⁰GARF.F.R–9492.Op.5.D.59.L.18, 26.

²⁹¹GARF.F.R–9492.Op.5.D.59.L.79.

²⁹²GARF.F.R–9492.Op.5.D.58.L.135.

quarter of 1949, out of 104 cases for discharge processed by the UITLiK court for the Georgian SSR, four ex-prisoners died.²⁹³ In the fourth quarter of the same year, two people passed away out of 42 cases in the same locality.²⁹⁴ Three analogous deaths out of 44 total cases occurred in 1949 in the colonies of Southern Kazakhstan.²⁹⁵ Two fatalities were recorded in one of the months in 1949 in Northern Kazakhstan.²⁹⁶

Similar tantalizing evidence can be unearthed for the 1950s, the years of High Stalinism, when the officially registered mortality rate in GULAG fell to its record-low value—below 1% per annum.²⁹⁷ The following cases concern former prisoners of the Polianskii forced labour camp in Krasnoarskii krai. Nikolai I’lich Kaimakov was sentenced to five years imprisonment for ‘theft of socialist property’ in 1950. He was granted clemency by the Supreme Soviet of Ukraine on 13 August 1952, but had passed away two months before. Maksim Petrovich Berestenko, sentenced to 15 years in March 1952, was freed by the Decree of the Supreme Soviet of the USSR on 14 April 1953, but died from cancer of the stomach three days after release. Petr Akimovich Sarantzev was sentenced in September 1951 to five years of deprivation of liberty, was freed under amnesty, but was so sick that he remained in Polianski camp hospital, where he died on 23 June 1953 as a ‘free citizen’. Mikhail Ivanovich Lukonin, 51 year old, sentenced to ten years for theft of state funds, was granted clemency by the Supreme Soviet of the USSR on 23 September 1954, but did not live to see freedom, having died on 25 June 1954. Daniil Pavlovich Anufriev was sentenced in 1950, released as an invalid on 11 October 1954, and passed away a month later, unable to leave the camp hospital. Mikhail Vsevolodovich Liubimov, a director of the Moscow

²⁹³GARF.F.R–9492.Op.5.D.60.L.54.

²⁹⁴GARF.F.R–9492.Op.5.D.60.L.225.

²⁹⁵GARF.F.R–9492.Op.5.D.61.L.196.

²⁹⁶GARF.F.R–9492.Op.5.D.63.L.112.

²⁹⁷*Istoria Stalinskogo GULAGa*, Vol.4, 55.

Economic Institute, was sentenced to ten years of hard labour on 7 May 1952 for illegally printing movie tickets in the institute's printing house. He was granted freedom by the Supreme Court of the RSFSR on 15 May 1954, but remained in the camp hospital and died two days after his formal discharge.²⁹⁸

Shamarin, Deputy Procurator of Kemerovskaia *oblast'*, reported to party authorities that from May to 1 September 1954 Siblag contained more than 6,000 certified invalids. Out of this number, 2,248 cases were transferred to the court for early release on medical grounds. However, the court was slow and only 375 disabled convicts were granted freedom. The delay caused 37 deaths among the invalids designated for medical discharge.²⁹⁹ This evidence signifies that mortality of the released continued to occur in the 'normal' years as well, although there is still much research to be done to determine the scale.

Conclusion

The first goal of this chapter was to empirically prove the reality of mortality among released invalids with statistics. A few scholars (Khlevniuk, Alexopoulos) have claimed that this mortality is impossible to quantify. Therefore, one of the key insights of the present piece is that all three bureaucratic superstructures involved (the GULAG, the Ministry of Justice, and the Procuracy) did, in fact, record these deaths. Furthermore, I aspired to demonstrate the wide temporal and spatial dissemination of this kind of mortality. As for the temporal dimension, deaths of eligible for medical release in the camps and colonies have been uncovered for the

²⁹⁸S.P. Kuchin, 'Bratsy, pomiloserdstvuite! (amnistii i dosrochnye osvobozhdenia)' in *Polianskii ITL(GULAG-ugolovnyi)*, Zheleznogorsk, 1999.

<http://www.memorial.krsk.ru/Articles/1999Kuchin/17.htm> Accessed 15.01.2017.

²⁹⁹State Archive of Kemerovskaia oblast' (GAKO).F.P-75.Op.7.D.331.L.50-53. Published in: *Neizvestnyi Kuzbass, Sbornik arkhivnikh dokumentov Vypusk 2. Totalitarnaia sistema: palachi i zhertvy* (Kemerovo: GAKO), 185.

following years: 1933, 1935, 1941, 1942, 1943, 1944, 1945, 1946, 1947, 1948, 1949, 1950, 1952, 1953, and 1954.

In terms of spatial distribution, mortality among released invalids was found in the following camps: Bezymianlag, Dmitlag, Sazlag, Siblag, Kargopol'lag, Iagrinlag, Vostokurallag, Noril'lag, Ivdel'lag, Shiroklag, Unzhlag, Astrakhanlag, Polianskii ITL, Ponyshlag, Sevzheldorlag, and Bodaibinskii ITL. Analogous fatalities were discovered in the corrective labour colonies (OITK and UITLiK) of the following regions of RSFSR: Arkhangel'skaia, Vologodskaia, Leningradskaia, Bashkirskaia ASSR, Tatarskaia ASSR, Vladimirskaia, Orlovskaaia, Gor'kovskaia, Novosibirskaia, Tambovskaia, Molotovskaia, Sverdlovskaaia *oblasts'* and Khabarovskii as well as Krasnoiarskii krai. Outside of the RSFSR, instances of deaths have been identified for the Georgian, Belarusian, Ukrainian, Azerbaijan, Uzbekistan and Kazakhstan republics. In several years, a consistent pattern repeated itself in localities that were situated thousands of miles from one another.

However, the data ranges from one fatality (e.g. Vologodskaia oblast') to more than 1,000 deaths (e.g. Kargopol'lag) for different periods and locations. Building upon this evidence it can be concluded that mortality of the medically released was a widespread, sustained phenomenon with varying intensity and scale. Mass mortality among the released happened during catastrophic years (1932-1933, 1941-45, and 1946-47). However, another key insight of the present chapter is that these deaths are still found even in peaceful periods, although they were obviously rarer. This decrease in mortality occurred not only due to the relative improvement of conditions in GULAG but also because the magnitude of the discharges of invalids dropped dramatically and elicited the decrease of absolute numbers of deaths.³⁰⁰ It is actually remarkable that these fatalities continued to occur in relatively 'normal'

³⁰⁰See Chapters 4 and 5 for the dynamics of medical releases.

times (certainly ‘normal’ only by Stalinist standards). In my opinion, it signifies that for years the GULAG doctors’ screening procedures targeted at least some people on the brink of dying and some smaller portion of GULAG camps continued to manifest deleterious conditions. Above all else, this possibly could mean that mortality data for the more ‘normal’ temporal periods can be flawed to some extent, while it is certainly understated for the ‘catastrophic periods’ in some camps (as this chapter has proven). The principal direction for future research is to determine the scale of the undercount for the ‘normal’ times.

The second goal of the present chapter was to elucidate how medical releases reduced death rates in concrete examples in order to reveal the understatement of the central statistics. This chapter proves that during wartime the undercount was quantitatively and practically significant in several randomly picked localities, which were profoundly different from each other in terms of size, location, production profile, position in the supply chain, and officially registered mortality. Thus, 20% of deaths in Bezymianlag (Kuibyshevskaja oblast’), 50% in Serovskaja ITK (Sverdlovskaja oblast’), 35% in Sukholozhskaja ITK (Sverdlovskaja oblast’), 23% in Kargopol’lag (Arkhangel’skaja oblast’), and 20% in Iagrinelag (Arkhangel’skaja oblast’) were omitted from the central registries. These omissions were accomplished using medical release for substantive periods of time (ranging from four to 11 months).

This discovery affirms that the ‘release-to-die’ conjecture of ‘the sceptics’ (Alexopoulos, Khlevniuk, Ellman, etc.) can be supported with quantitative evidence at least for some years and places. On the other hand, it signifies that central summary statistics, considered to be generally reliable for more than 25 years by the ‘first-wave’ archival-based scholarship (Zemskov, Getty, Rittersporn, Wheatcroft), are seriously flawed for some camps and periods. Recalculations, presented in this chapter, clearly suggest that the ‘Mafioso internal records’ analogy does not work in the case of classified GULAG mortality data.

The third goal of the chapter was to present a first level of the universal three-tier methodological model of camp mortality reassessment. Certainly, I do not insist that 100% of the invalids died soon after release. This chapter made only the first step into a recalculation process that could take dozens of years. There is still a massive amount of research to be done in determining the precise scale of deaths among the medically released.

Finally, despite the arbitrariness of recordkeeping, this chapter introduced a new methodological algorithm to recalculate death rates. Loidin's and Nasedkin's central directives, alongside Bezymianlag's and Kargopol'lag's 'answers' to those directives demonstrates the existence of previously unknown (and apparently massive) corpus of sources with 'hidden' mortality data dating from the spring of 1943 both on the SANO and URO local levels. The majority of the pertinent accounting sheets remain in the internal archives of contemporary Russian security or state agencies (MVD and FSIN archives). If they were to become available to the public one day, there will be a very real possibility to recalculate death rates for every single camp and colony that existed under the aegis of GULAG from spring 1943. Now historians know where to look and what to look for.

CHAPTER 2: 'DEATH ON THE WAY HOME': INVALIDS' MORTALITY EN ROUTE AND AFTER ARRIVAL

When writing about transportation in the GULAG, both historians and memoirists habitually evoke iconic images of so-called '*etapirovanie*' – the massive, regular and frequently deadly transfers of prisoners to and between the myriad penal localities of the Soviet Union.³⁰¹ This chapter, however, focuses on another type of journey that has been almost completely omitted from scholarship: the return of ill ex-inmates from their places of detention. Whereas the previous chapter revealed that some of those who were released on medical grounds were weak to the point of debilitation and died *en masse* right in the camps, this one follows the tens of thousands who survived this initial post-release stage, but then were coerced into boarding trains and embarking upon a return journey.

I argue that this idiosyncratic, understudied human 'backflow' out of the penitentiary system is as important as the relocation of prisoners within it, because each episode of ex-cons' conveyance directly correlates with the reliability of the mortality statistics of the locality from where the invalids originally departed. As this chapter shows: the deaths of the medically discharged were certainly not confined to the territories of camps and colonies. Fatalities inevitably continued to occur during travel and at transport hubs along the way.

³⁰¹ On *etapirovanie* as an integral part of punishment see Judith Pallot, 'The GULAG as the Crucible of Russia's 21st-Century System of Punishment' in *Kritika: Explorations in Russian and Eurasian History* 16.3 (2015): 681–710; Laura Piacentini, and Pallot, 'In Exile Imprisonment' in Russia', *British Journal Of Criminology* 54.1 (2014): 20–37; Piacentini, and Pallot, *Gender, Geography and Punishment: The Experience of Women in Carceral Russia* (Oxford: Oxford University Press, 2012); Sarah Badcock and Pallot, 'Russia and the Soviet Union from the Nineteenth to the Twenty-First Century.' in *A Global History of Convicts and Penal Colonies*. Ed. Clare Anderson (London: Bloomsbury Academic, 2018), 271–306; For examples of mass mortality during transportation in GULAG for various years and camps see GARF.F.R–9414.Op.1.D.45.L.111; GARF.F.R–8131.Op.37.D.2040.L.17,18, 20–30; GARF.F.R–8131.Op.37.D.2526.L.19–20; GARF.F.R–8131.Op.37.D.2060.L.304; GANO.F.R–47.Op.5.D.169.L.108, L.111; GANO.F.R–47.Op.5.D.181.L.111,115; GANO.F.P–7.Op.1.D.628.L.135.

Therefore, the first principal aim of the present chapter is to reconstruct these obscure journeys and to chart a spectrum of possible outcomes for the discharged during these relocations (depending on the time and place). By doing so, it also introduces the remaining second and the third tiers of the mortality recalculation model, proposed by this thesis, which factors in deaths en route (second tier) and after arrival to the destination (third tier).

The second goal of the chapter is to demonstrate the wide temporal and spatial proliferation of this kind of mortality. One can always present the counter argument that deaths en route were not quantitatively significant or did not happen at all.³⁰² Consequently, here I will try to answer two straightforward questions. First, was the mortality of invalids en route a widespread phenomenon? Furthermore, what sources can scholars use to quantify it in order to determine its scale?

The piece is divided into two main parts, dealing with deaths en route and after arrival respectively. The first part begins with an overview of official regulations on returnees' provisions and other inimical variables, which impeded their implementation. Next, it explores their implementation across time and space, which resulted in mortality. The subsequent subsection is devoted to incidence of deaths during return, with a special emphasis on several diverse case studies centered around specific railway stations. The second part, in turn, concentrates on the deaths of invalids after arrival at their destination and traces the arc of the three most common scenarios for the returnees.

The main chronological frame of this chapter concerns a series of turbulent periods, in particular, 1941–1945. The 1930s, late 1940s, and 1950s are also drawn on for

³⁰²A few deaths of 'labour soldiers' after release en route were identified by G.A Vol'ter, Iu.Oglaev, and E.B.Guchinova. All three used exclusively narrative sources. The single archival-based case so far was discovered by A.Tepliakov. Meantime, ex-prisoners as a category remain a complete 'blank spot' in this regard. Moreover, the scale and spread of these deaths for both sub-groups are still unascertained.

contextualization. As per the principal argument of the thesis, I contend that this mortality was quantitatively significant during the extraordinary phases of the GULAG's operation, especially during 1942–1944. The probability of surviving the journey was higher in 'normal' chronological periods. To reinforce this hypothesis, it is necessary to analyse the dichotomy between the official instructions on transportation of the released invalids and their actual implementation in different periods.

Mortality en route

Official regulations on the transfer of the medically released

According to OGPU–NKVD–MVD instructions, invalid ex–prisoners and internees were to be transferred into the care of their next of kin. All the expenses associated with the transportation of invalids were officially delegated to them. When relatives were absent or a person was bedridden, it was recommended to send the released to the facilities of the civilian health (Narkomzdrav) or social security (Sobes) ministries.³⁰³ The third option involved administrative exile in a designated distant location if the discharged person was perceived to be too politically dangerous or if they were denied hospitalization. Invalids could be transported away from the camp on either regular passenger or special trains, individually or in groups. In the latter case, a subaltern camp official– usually a SANO or URO representative – was supposed to accompany bigger parties until the next major transport junction. After that, each member of the group had to continue on his or her own. Lone travellers were obliged to travel without supervision. Finally, *aktirovannye* were entitled to a ticket and a ration.³⁰⁴

³⁰³ GARF.F.R–9414.Op.1.D.1168.L.267–267ob.

³⁰⁴ GARF.F.R–9414.Op.1.D.1157.L.141–142ob.

To evaluate the likelihood of survival among the released, it is necessary to examine official provisions for their return journeys. The variation between rations in extraordinary and ‘normal’ periods can be seen in Table 2.1.

Table 2.1. Norms for daily rations for released GULAG prisoners and Labour Army internees during transportation, 1941–1949 (grams and calories).

Type of food	Order.№33 (Feb.1941)	Order.№182 (Apr.1942)	Order.№0463 (Dec.1942)	Order.№574 (Dec.1942)	Order.№0281 (May 1948)	Order.№0562 (Aug. 1949)
Grams:						
Bread(rye)	600	500	450	450	800–900	1000–1100
Salt fish	–	150	100	100	135–270	210–280
Sugar	–	15	15	15	20–36	20–35
Tea	–	5	3	3	6	3
Calories:						
Total	More than 1300	1300–1500	1200–1400	1200–1400	2300–2600	2700–2950

Calorie values are rough, but close estimates.

Source:

Order №33: GA RF.F.R–9414.Op.1.D.1919.L.17–20 Published in *Istoria Stalinskogo GULAGa*, Vol 4, 355–357.

Order №182: GARF.F.R–9401.Op.1.D.121.L.45–54ob. Published in *Istoria Stalinskogo GULAGa*, Vol 4, 361–376.

Order №0463: GARF.R–9401.Op.1a.D.153.L.57–64 Published in Nakhapetov, *Ocherki*, 120–131.

Order №574 (Labour Army): GARF.R–9414.Op.1.D.1157.L.141–142 ob.

Order №0281:GARF.R–9401.Op.1a.D.275.L.100–109 ob. Published in *Istoria Stalinskogo GULAGa*, Vol 4.,426–436.

Order №0562: GARF.F.R–9401. Op.12. D.304. L.13–24ob. Published in A.Kokurin, N.Petrov, *GULAG*, 541–552.

Judging from the data, it is clear that invalids in transit even before 22 June 1941 received meagre supplies – 600 grams of rye bread amounted to roughly 1,302 calories.³⁰⁵ However, during the war, the discharged were officially allocated a daily norm that was below the physiological norm, basal metabolic rate, the minimal rate of energy expenditure compatible with life (1300–1400 calories per day).³⁰⁶ As soon as the situation with food availability improved (in the late 1940s), allocation increased to one kg of bread and 210–280 grams of salted fish (almost 3,000 calories per day). On average, it contributed to higher survival chances if the instructions were fulfilled (which was often not the case). However, in addition to the quantitative aspect, we should also take into account three contributing inauspicious factors: the restriction on food allowance, the length of travel and the qualitative nature of the food itself.

First, the actual food was officially allocated for no more than ten days of travel (even in the ‘normal’ period of 1949–1955). The exceeding time was covered by monetary equivalent or ration cards, depending on the prices of the region which the invalids were going to pass through. It could be difficult for sick people to forage for deficit supplies even in ‘ordinary’ times, in famine–stricken periods this situation generated a true stalemate. For example, the state prices did not mean much in 1942–1943, when the black market prices were incomparably higher.³⁰⁷ Hence, the monetary equivalent and ration cards became useless for acquiring food. Moreover, only walking invalids could negotiate with the train station

³⁰⁵ The norm was a bit higher, but there is no data for salted fish provisioning for February 1941.

³⁰⁶ Average basal metabolic rate (adults, no activity) is usually around 1500 calories per day. It supports breathing, blood circulation, controlling body temperature, cell growth, brain and nerve function, and contraction of muscles. The daily average norm (no activity) for an adult is around 2000–2500 calories per day, depending on sex, body mass, age, and several other factors.

³⁰⁷ V.S. Pushkarev, “‘Chernyj rynek’ v SSSR v gody Velikoi Otechestvennoi voiny i ego vliianie na sostoianie vnutrennego rynka strany’, *Ekonomicheskii zhurnal*, no. 12, (2006): 212–226.

authorities in order to acquire provisions, whereas immobilized ex-inmates were in a practically inescapable predicament. As will be corroborated below, they could not even disembark from a boxcar by themselves, nor negotiate with anybody.

Second, the transportation system of the USSR was in disarray during catastrophic periods, especially in 1941–1945.³⁰⁸ Prisoner trains, with rare exceptions, were low priority in comparison to their military, civilian or evacuee equivalents. According to the head of the GULAG URO Aleshinskii, on average a GULAG train took 35–40 days to travel between Moscow to Nakhodka, a port on the Japanese Sea coast, in 1941–1944. Later, the journey time was reduced to 27–28 days.³⁰⁹ However, individual journeys could take notably longer than the national average. In December 1941, it took three months for an inmate train to get from Makhachkala (Dagestanskaia ASSR) to Izhevsk (Udmurtskaia ASSR). Out of 903 transported, 200 (22%) died on the way.³¹⁰ The train № s/k 950 Dnepropetrovsk (Ukraine) to Komsomol'sk (Khabarovskii krai) was in transit for 55–60 days in January 1944. The train stayed stationary in dead-end tracks for 24 days. Out of 1,402 transported, 53 prisoners died during that journey, and 355 were immediately hospitalized with second and third-degree frostbites, pneumonia, and fever upon arrival.³¹¹

The relocation of released invalids during the war was classified as an even lower priority than prisoners' transportation. A case in point, it took a week for a train with the released invalids from Iagrinlag to get from Molotovsk to Konosha (Arkhangel'skaia *oblast'*)

³⁰⁸ S.N.Konarev, *Zheleznodorozhniki v Velikoi Otechestvennoi voine 1941–1945* (Moscow: Transport, 1987); V.A.Isupov, 'Epidemii synnogo tifa kak faktor sverkhsmertnosti gorodskogo naseleniia Zapadnoi Sibiri (1932 – 1933 gg.)', *Ural'skii istoricheskii vestnik*. № 3 (44) (2014): 90–95.

³⁰⁹ GARF.R–9414.Op.1.D.1174.L.24.

³¹⁰ GARF.F.R–8131.Op.37.D.799.L.133.

³¹¹ GARF.R–8131.Op.37.D.2041.L.114–114ob.

in the winter of 1942, while the distance could be covered in just a day.³¹² In January 1944, another train with invalid internees was stranded for thirteen days without any supplies in Alapaevsk (Sverdlovskaiia *oblast'*) before it finally departed.³¹³ Slow railroad traffic guaranteed that the invalids did not have sustenance (even the allotted paltry amount) for the entire journey. The normalization of logistics and the improvement of railroad traffic speed in the late 1940s certainly mitigated these inimical factors.

Thirdly, official norms for provisions were an undifferentiated carbon copy of rations designed for a healthy released inmate. It was not only insufficient in a crisis, but also unsuitable for the large number of sick invalids from a medical point of view. We should factor in that one of the chief diagnoses among invalid ex-cons during catastrophes was second or third-degree alimentary dystrophy or pellagra (a euphemism for starvation disease). For instance, out of 985 of those medically released in Khabarovskaia regional labour colonies in 1943, 634 (64%) were released suffering from 'pellagra'.³¹⁴ In particularly deadly camps, the proportion of starvation-related diagnoses reached nearly 100%. Furthermore, 1,708 mobilized Volga Germans were freed on the grounds of poor health from Bogoslovlag during 1943, 'almost all with 'pellagra' diagnoses'.³¹⁵ Similar evidence exists for the period 1946–1947.³¹⁶

Starvation caused the deterioration of the gastrointestinal tract (in the third degree of dystrophy this was practically irreversible), which was accompanied by serious digestive disorders (for example, severe profuse diarrhoea with extreme dehydration). Consequently,

³¹²GAAO.OPSPI.F.296.Op.1.D.1172.L.14–15. Quoted in: *Arkhangel'skii Sever*, 319.

³¹³Tepliakov, 'Epokha repressii: Sub'ekty i ob'ekty' in *Mezhdu kanunami. Istoricheskie issledovaniia v Rossii za poslednie 25 let* (Moscow: AIRO–XXI, 2013), 1135–1169.

³¹⁴GARF.R–8131.Op.37.D.1267.L.84.

³¹⁵GARF.R–8131.Op.37.D.2035.L.108. The identical pattern is evident in Ivdel'lag camp for the Volga Germans internees there. See GARF.R–8131.Op.37.D.2059.L.85.

³¹⁶GARF.F.R–9492.Op.5.D.30.L.115–116.

only calibrated diet or incremental artificial re-feeding could save a person with the second degree of these digestive illnesses. The prognosis for survival for the third degree even in orderly, well-stocked hospitals was low. Meanwhile, the unbalanced consumption of rye bread and salted fish (even one kg of the former) could easily kill an emaciated person.³¹⁷ The clothing provision also remained unspecified. This ambiguity left space for harmful administrative improvisation including the forced undressing of the invalids before departure to redistribute clothes to more 'valuable' inmates. Lastly, after the GULAG was lambasted by the Ministry of Transport and regional Procuracies for dispatching debilitated and dying ex-prisoners, several successive NKVD directives (1942–1944) ordered that incapacitated invalids should not be sent immediately, but after trying to heal them over ten-day period, or after waiting for their relatives came to collect them.³¹⁸ Official instructions for 1942–1944 were not only internally inconsistent, but, as I argue, were inevitably bound to instigate mass death in this period, even if they were fulfilled to the letter. The probability of surviving after the end of the war was definitely higher.

The Ultimate Pariahs: Implementation of the regulations

In practice, every single paragraph of the instructions, however imperfect they were, was breached in periods of crisis. Food, tickets, and clothes were not allocated. Supervisors were not assigned, or abandoned their tasks. Relatives were missing. Trains were slow or absent and civilian hospitals systematically denied hospitalization to the released. Invalids, who could not walk, were occasionally thrown into boxcars of the departing trains, often to their death.

³¹⁷Quality of bread should also be taken into account. The head of Dal'stoi Sanitary department Mishchenko complained during one of the conferences in 1942 that an average bread loaf baked for prisoners weighed 5.5 kg – almost half of it was a fake surplus that caused stomach disorders. See I.D.Batsaev, *Osobennosti promyshlennogo osvoeniia Severo-Vostoka Rossii v period massovykh politicheskikh repressii (1932–1953)*. *Dal'stoi* (Magadan: SVKNII DVO RAN, 2002), 106.

³¹⁸For example, see GARF.F.R–9401.Op.1A.D.152.L.20–20 ob. Published in *Istoria Stalinskogo GULAGa*, Vol 4, 89.

In some cases, regulations were undermined persistently (for years) and in numerous penal localities (not just one or two particularly anarchic ones). In several regions, the released were not supplied with the required amount of food, footwear and train tickets already in the winter of 1941–1942. In Khabarovskaia region (in the Far East), the discharged sent to the European part of the USSR received provisions for just five days.³¹⁹ The Kotlas transfer point in Arkhangel'skaia province complained that every day undersupplied ex-prisoners arrived from Pechorlag (Komi ASSR). The camp systematically did not provide them with per diems, travel cards and often food.³²⁰ The transport with former inmates of Ust'vimlag (Komi ASSR) sent from Vozhael to Kniazhii Pogost was stranded there for weeks, but carried enough supplies for just three days.³²¹ ITK №3 (in Chelabinskaia *oblast'*) did not provide its former prisoners with tickets and they had to wait for several nights in the local train station.³²² Moreover, supervisors sometimes shirked their task of accompanying invalids. Thus, a commander of Mekhrenskoe division of Kargopol'lag sent a group of discharged invalids under the guidance of a camp official. The group was not provisioned with food and the guide simply abandoned them at a Vologda station.³²³ This systemic breach of regulations happened due to a *mélange* of objective and subjective factors.

The first main objective factor was the chronic shortage of resources. The GULAG, located at the bottom of the supply chain at the best of times, could barely provision 'prioritized' camps and conveyances within the system itself.³²⁴ If it did not have supplies for the transportation of prisoners per se, a group that, at least in theory, was useful for the forced-labour economy, it comes as no surprise that it had even less to support hundreds of

³¹⁹ GARF.F.R–8131.Op.37.D.1251.L.87ob.

³²⁰ GARF.F.R–9407.Op.1.D.254.L.33.

³²¹ GARF.F.R–8131.Op.37.D.1625.78–79 (87–88).

³²² GARF.F.R–8131.Op.37.D.1251.L.87ob.

³²³ GARF.F.R–8131.Op.37.D.2061.L.131ob.

³²⁴ On shortages of supply during the 1930s see GARF.F.R–9414.Op.1.D.1913.

thousands of ‘economically useless’ released invalids. Second, the unprecedented magnitude of discharge rates (especially in 1942–1943) created problems that were technically insoluble for the already critically overburdened railroads and civilian hospitals. In addition to prisoners and special settlers’ transports, the railroad network during the war was inundated with a variety of waves of perpetual human movement: Red Army troops, evacuees, re–evacuees, seasonal civilian workers, mobilized ‘labour soldiers’ (the Volga Germans, the Kalmyks, Uzbeks etc.) and the deported nationalities in 1943–1944 (the Chechens, the Crimean Tatars, and others). According to Filtzer, ‘only in 1944, trains carrying nearly 1 million people passed through the Tatar ASSR alone: half a million through Yudino, its major rail junction; and over 132,000 passed through Kazan’.³²⁵ Invalid ex–cons were lost in this human ocean in motion, occupying one of the lowest positions in the wartime hierarchy of ‘prioritized’ and ‘non–prioritized’ groups of the population. The resulting transport collapse also curtailed the capability of invalids’ relatives to get to the camps, especially to those located in the arduous frontier with rudimentary infrastructure. The journey from Moscow to Vorkuta, Magadan or Noril’sk in 1943 could easily take months. The third factor relates to the biggest medical release campaigns of 1941–1944, the years when millions of Soviet civilians were killed in the ensuing genocide, starved to death, deported to Germany or evacuated to the East: the Nazis occupied the western regions of the USSR. Consequently, a significant proportion of the released did not have any relatives or even places of residence to which they could return.³²⁶

The objective difficulties intermingled with, and were escalated by, one subjective contributing factor: the enduring, extremely utilitarian attitude to invalids (both incarcerated and released) within the Soviet system of confinement. This inexorable attitude was propelled

³²⁵Filtzer, *The Hazards of Urban Life in Late Stalinist Russia: Health, Hygiene, and Living Standards, 1943–1953* (Cambridge: Cambridge University Press, 2010), 155.

³²⁶ See GARF.F.R–9414.Op.1.D.1168.L.267–267ob.

by at least two incentives: first, the fraudulent attempt to reduce mortality rates and the official inclination to economise on precious supplies. Both should be analysed in conjunction within the specific Stalinist ‘hierarchy of redistribution’.³²⁷ Imprisoned, certified invalids who did not engage in labour were officially assigned the smallest ration (sometimes lower than basal metabolic rate), denied proper hospitalization and (semi-officially) forcefully stripped of clothes in favour of more productive inmates. As Healey explained: ‘Hospitalization was for the prisoner whose health was within reach, not for hopeless or chronic cases’.³²⁸ As a formal ‘category’, they also almost universally constituted the majority of the registered deaths, which made them ‘inconvenient’ for the goal of reducing mortality rates.³²⁹ Consequently, both scholarship and memoirs agree that within the production-oriented GULAG system, the official category of ‘invalid’ was located at the bottom of both the formal and informal hierarchy.³³⁰

However, I want to complicate this picture. I argue that during turbulent periods, invalid ex-cons, on average, suffered an even more egregious pattern of asperities and deprivations, which were typical for confined invalids as they were the ultimate pariahs. Their ration was even smaller than the extremely paltry ‘certified’ invalids’ norm. Civilian hospitals resisted accepting them, as I will show later on. In some instances, their winter clothes were also forcibly confiscated by camp administration before departure. Thus, in January and February of 1942 in Arkhbumlag in Arkhangel’skaia *oblast’*, released invalids were undressed

³²⁷ See E.A.Osokina, *Our Daily Bread: Socialist Distribution and the Art of Survival in Stalin's Russia, 1927–1941* (Armonk, NY; London: M.E. Sharpe, 2001).

³²⁸ Healey, *Lives*, 550.

³²⁹ For the distribution of deaths in 1942, based on ‘labour category’ see so-called mortality analysis made by SANO medics in GARF.F.R–9414.Op.1.D.2782.L.5–25.

³³⁰ This harsh attitude was – as Healey trenchantly argued – a copy of ‘the same logic found in civilian industrial and military medicine’, but pushed to the extreme in the case of prisoners. See Healey, *Lives*, 555; on the civilian invalids and their certification see Chris Burton, *Medical Welfare*, 267–268.

against their will and given clothes unsuitable for travelling in winter.³³¹ The undressing of released invalids was certainly not unique. The forced ‘stripping’ occurred in Iagrinlag around the same time.³³² In Usol’lag (in Molotovskaia *oblast’*) around January 1942, prisoners ‘sent to be released’ were stripped of not only clothes and shoes, but also even of their underwear.³³³

The involuntary undressing of the released was obviously widespread enough to be discussed as a major recurring problem in a conference of several camps’ representatives. One of the delegates uttered a revealing confession: ‘We have a bad practice: when a person is in the camp, he is taken care of, dressed properly and given food, but when he is being released, when he becomes unconnected from the camp, he is undressed’³³⁴ The speaker went on to describe one transport from Pechlag (Komi Republic) that he inspected, where he ‘saw [this practice] with his own eyes’. He scolded the camp in charge of the release of the ex-inmates: ‘There were 330 people, who were stripped clean and sent here in rags’. Ex-prisoners were in such poor health that the GULAG official insisted that they ought to be ‘hospitalized’. Instead, they were coerced into embarking on a train journey.³³⁵ All in all, for second and third-degree *distrofiks*, this coerced ‘redistribution’ almost guaranteed certain death in the Russian winter. The medical literature on acute starvation and its effects univocally indicates that even the slight change of temperature for an emaciated human body could be lethal.

The final reason for the aggravation of discharged invalids’ plight relates to the increase of bureaucratic organisations on which upon which they became dependant once they were set free. Incarcerated invalids were a liability just for a single agency: the GULAG. As

³³¹ GARF.F-9414.Op.1.D.45.L.136.

³³² GARF.F.R-8131.Op.37.D.1266.L.11.

³³³ PermGASPI.F.105.Op.8.D.94.L.73ob.

³³⁴ GARF.F.R-8131.Op.37.D.1625.78-79 (87-88).

³³⁵ GARF.F.R-8131.Op.37.D.1625.78-79 (87-88).

soon as they were released, ex-inmates turned into a serious nuisance for everyone, including camps, civilian hospitals, invalid houses, railroad authorities, local police (*militia*) and state-party organs of the territories in which they were forced to travel through.

Camps did not want discharged invalids to linger within their zone of responsibility for several reasons. To begin with, they represented the embodiment of the irrational waste of resources. The GULAG director, Nasedkin, in a joint directive with the head of URO, Granovskii, epitomised this pragmatism, stating that ‘the maintenance of such contingents increases unproductive expenditures and is not expedient’.³³⁶ Indeed, invalid ex-detainees ‘blocked’ limited places at camp hospitals and squandered the meagre supplies that were reserved for inmates.³³⁷ If prisoner-invalids could still be (at least theoretically) fed and returned to production for labour extraction, the medically discharged were absolutely hopeless and useless. In the end, their ‘accumulation’ negatively affected the fulfilment of economic targets and could end disastrously for camp officials’ careers. Moreover, invalids vitiated mortality statistics with their frequent deaths during the prolonged formalization of their release, rendering the deliberate manipulation of data impossible. Consequently, the GULAG leadership and local camp procurators flooded the periphery with directives to expedite the procedure.³³⁸

These incessant demands for speed led to a ‘downward spiral’ dynamic. For example, Unzhlag in Gor’kovskaia *oblast’* released 200–300 prisoners per day during the mass campaign of 1941.³³⁹ In this time, more and more invalids were freed, but the railroads could not ‘digest’ them at such a rate. In theory, this indicated that an increasing amount of precious

³³⁶ GARF.F.R–9414.Op.1.D.1168.L.267.

³³⁷ GAAO.F.4994.Op.1.D.280.L.125,126,127,128.

³³⁸ For just one example of procuratorial directives out of many see GARF.R–8131.Op.37.D.2033.L.17. For an example of OGPU–NKVD central directive see GARF.F.R–9414.Op.1.D.1133.L.82–82 ob.

³³⁹ GARF.R–8131.Op.37.D.799.L.38.

resources should be diverted for their support. In practice, camps did not have the provisions, and more importantly, did not want to use them on invalids.³⁴⁰ In the worst cases, thousands of ex-prisoners amassed in the camps were almost completely without provision. For example, in Sevpechlag, where 20,000 of the discharged gathered and waited in January 1942, the released sometimes received no food at all while awaiting transportation for days.³⁴¹ All of the above scenarios created an incentive for localities to get rid of invalids as quickly as possible and shift responsibility for them onto a neighbouring jurisdiction. During crises, they were pushed out of the camps and colonies despite their desperate state, availability of transport, food, relatives or capability of civilian hospitals to accommodate them. Predictably, other agencies resisted taking responsibility for this human ‘flow’.

The Transport Ministry (NKPS) and civilian authorities also viewed masses of ex-inmates as an unwanted onus. There were three main concerns. First, the released were causing overcrowding in railway stations, which hindered more prioritized transports (including military trains or civilian evacuees). Additionally, walking ex-inmates stole food from regular passengers in order to survive, which increased already-soaring crime rates.³⁴² Second, invalids were potential carriers of acute infectious diseases, such as typhus or dysentery. Epidemics were a threat to the free population living along the transport arteries and interfered with the fulfilment of the main railroads’ tasks.³⁴³ Third, the weakest of the discharged were incapacitated and died in their hundreds right in and around the train stations or on civilian trains.³⁴⁴ In addition to quarantine considerations, corpses or crawling *distrofiks* with complete muscle atrophy scattered across the network of railroad infrastructure provided

³⁴⁰GARF.F.R–8131.Op.37.D.1265.L.25–25ob.

³⁴¹GARF.F.R–8131.Op.37.D.799.L.195.

³⁴²GARF.F.R–8131.Op.37.D.799.L.40.

³⁴³On conditions in NKPS railroad hospitals see RGAE.F.1884.Op.83.D.22.L.3-3ob.

³⁴⁴GARF.F.R–8131.Op.37.D.2056.1–10.

indisputable proof of the bleak conditions in the camps. This was certainly politically undesirable for the NKVD and the civilian authorities. Both were keen on keeping the mass starvation in the GULAG secret in more ‘peaceful periods’.³⁴⁵ However, the GULAG was forced to sacrifice this secrecy in the face of the imminent collapse of state structures during turbulent periods. As a result, camps pushed invalids away in significantly larger quantities and poorer health during famines and wartime, than in the more ‘normal’ phases of the GULAG’s operation. Railroad and regional authorities had to deal with this sensitive issue and were certainly not inclined to be used as a scapegoat for the consequences of the ‘departmental’ (*vedomstvennaia*) policy. All three factors meant that individual train stations tended to delegate responsibility to the neighbouring one, relocating invalids as fast as possible, no matter their provisions or state of health. Some diverted trains with ex-inmates to backtracks for weeks, allowing more prioritized transports to pass first. This ‘bouncing’ of transports from one railway station to the other without a coherent route certainly increased mass mortality among the discharged.

Civilian hospitals and social security establishments (*doma invalidov*) resisted the admission of invalid ex-inmates into their care as well, particularly during exceptional periods. Their rationale was identical to the incentive of the camps, to get rid of invalids as fast as possible. While the penal medical service was reducing mortality by removing dying prisoners, the civilian hospitals and invalid houses were trying to prevent their own statistics from being exacerbated by the arrival of dying or terminally ill patients. As in the camps, the central Narkomzdrav and Sobes monitored the effectiveness of these institutions via statistical indicators, including mortality. High death rates were formally not endorsed. For example, in her memoirs one camp doctor describes a situation when a young prisoner named Nikolai,

³⁴⁵Compare with measures to hide mass starvation in 1932–1933. See chapter ‘Cover up’ in Applebaum, *Red Famine: Stalin’s War on Ukraine* (New York: Doubleday, 2017).

suffering from appendicitis with peritonitis, was initially transferred to Belov city hospital for an operation, which then failed. As soon as it was clear to the civilian doctors that his death was imminent, they insisted that he be transported back to the camp, removing him from their statistical registry. According to the author, it was done precisely because the city hospital was as worried about decreasing its own mortality rate as the camp medics were.³⁴⁶

Moreover, during turbulent periods, the civilian health system was concerned with conserving dwindling resources and struggling with its own top priorities: healing wounded Red Army personnel or workers of ‘privileged’ (defence) segments of the economy. All other categories within the social strata were considered secondary to this main task. Obviously, emaciated ex-inmates occupied the lowest position in this ‘triage’ hierarchy, as they were considered useless for the industry or the war effort.³⁴⁷ The head of Tashkent train station Privalov confessed that its sanitary post concentrated exclusively on ‘soldiers and ordinary patients’, while ignoring invalids who had been released from the camps, who died in their hundreds near the station in 1943.³⁴⁸ Often there were no places in hospitals because they were overcrowded with soldiers. In March 1943, the head of the Arkhangel’sk transfer point and head of its URO noted that the city hospital justified its refusal to accept released invalids with the ‘lack of capacity’.³⁴⁹ This constellation of factors noted above resulted in the following pattern: large proportions of invalid ex-inmates were forced to travel without any prospects of getting even ephemeral form of care during the worse years of the crisis (1942–1943), as noted in Table 2.2.

³⁴⁶Pol’skaia, E.B. *Eto my, Gospodi, pred Toboiu* (Nevinnomyssk: B.i., 1998), 112–113.

³⁴⁷On triage analogy see Healey, *Lives*, 549.

³⁴⁸GARF.F.R–8131.Op.37.D.2056.16.

³⁴⁹GAAO.F.4994.Op.1.D.280.L.123.

Table 2.2. The distribution of invalids after their release in eight administrative divisions of the USSR (September 1942–April 1943)

Region	Total number	Sent home on their own	Delegated to relatives	Transferred to Social sec. ministry	Transferred to Health ministry	Awaiting transport
Omskaia obl.	1,576	1,341	–	3	5	232
Sverdlovskaiia	3,470	3,306	24	20	124	252
Tul'skaia	267	213	–	47	7	–
Arkhangel'skaia	613	397	–	–	7	209
Gor'kovskaia	3,357	3,287	45	5	20	–
Chuvashskaia	416	416	–	–	–	–
Chitinskaia	1,364	1,340	24	–	–	–
Altaiskii krai	2,406	2,309	32	46	19	–
Total	13,469	12,609	125	121	182	693

Source: GA RF.F.R–8131.Op.37.D.1626.L.52.

The data indicates that out of a sample of 13,469 released invalids in eight administrative–territorial divisions of the USSR, 12,609 (93%) were coerced to travel journey from the camps alone. 693 (5%) were awaiting transport due to logistical difficulties and health reasons. They were the most likely to die in the ‘grey zone’ between freedom and unfreedom, as the previous chapter demonstrated. Only a tiny portion were collected by relatives (less than 1%) or transferred to social security establishments or civilian hospitals (0.8% and 1.35% respectively). Nevertheless, there was a variation between different regions of the country. The best admission rate to hospitals (but still very low) was achieved in Sverdlovskaiia *oblast'*, where 3.5% ended up in the civilian health care system. In several administrative–regional entities, like Chuvashskaia ASSR, Chitinskaia, Arkhangel'skaia *oblasts*, the admission rate was zero.

The refusal of civilian health institutions to accept invalid ex-convicts were even more common than this table suggests. Similar resistance was prevalent in the same period among civilian hospitals in the Komi republic, Irkutskaiia, and Vologodskaiia provinces.³⁵⁰ These data may provide ample proof of almost total inability to implement official instructions, at least in 1942–1943, despite standard ‘façade’ orders for hospitals and invalid’ houses to accept released invalids. Essentially, the existing system of transportation of *distrofiks* thought to be ‘in irreversible phase’ of their illness across hundreds and thousands of miles, malfunctioned from the very start, even within its own impractical premises.

To be sure, admission to the hospital or an invalid house did not guarantee the survival of the released. Many died in the undersupplied and crude civilian infirmaries, because their bodies were so malnourished that their recovery was impossible.³⁵¹ Nevertheless, from a choice of three available possibilities, exile, collection by relatives, admission to the clinic or an invalid house, I would argue that the latter increased the chances for survival the most, while the lone travel was the deadliest option. It is only logical that the combination of these variables resulted in mass mortality of invalid GULAG ex-prisoners and internees en route in 1942-1944. Next, I will move on to present the evidence of this mortality.

Mortality incidents in transit

On 22 June 1933, Rapis, the deputy head of *Dorsanotdel* (the railroad Sanitary department) of Omskaia railway, submitted the following top-secret information to the Kazakh *Narkomzdrav* (health ministry) in Almaty, Kazakh ASSR: ‘...on 13 June 1933 ex-prisoners freed from Karaganda camps were travelling on train №71 in boxcar №8. Three of them were corpses. Others were gravely sick, and relieved themselves on the floor of the boxcar, defiling it. There

³⁵⁰ GARF.F.R-8131.Op.37.D.1626.L.52.

³⁵¹ On the general condition of Soviet civilian hospitals in the post war-period, see Burton, *Medical Welfare*.

were also those suffering from fever'.³⁵² Rapis categorically demanded to stop 'the dispatch' of incapacitated 'passengers' of this kind, stressing the threat of epidemics spreading among the free population and railroad workers alike. However, these requests could not be fulfilled, especially as almost the entire railroad network of the Soviet Union in 1933 witnessed the mass death of GULAG population.³⁵³

The episode above repeated itself on a significantly larger scale during 1941–1943. It was not uncommon for totally incapacitated released invalids to be coerced to embark on a long–distance journey for hundreds and even thousands of miles. In Revdinskii corrective–labour colony (in Sverdlovskaiia *oblast'*), immobilised ex–inmates with inappropriate clothing were forced to board the train and leave the locality, which resulted in frostbite and mass sickness. Analogous incidents were recorded in Vologodskaiia, Stalingradskaiia, and other provinces.³⁵⁴

Procurator Abrosimov of Unzhlag (in Gor'kovskaiia *oblast'*) described a situation that appeared to be representative of wartime: in January 1942, some of the Unzhlag ex–prisoners were impoverished to the point that they could not move unassisted when disembarking from the boxcars. The procurator ordered that the immobile be carried to the hospital, but nine of them later died.³⁵⁵ The surviving Labour Army internees from Central Asian republics described the same extraordinary level of emaciation (cachexia) among them.

³⁵² GARF.F.R–9414.Op.1.D.2741.L.34.

³⁵³ GANO.F.P–7.Op.1.D.628.L.77,77ob,108; GARF.F.R–8131.Op.37.D.19.L.6. On mortality en route from the GUITU sub-system see TSDNI TO.F.81.Op.2.D.125.L.83ob.

³⁵⁴ GARF.F.R–8131.Op.37.D.1251.L.87ob.

³⁵⁵ GARF.F.R–8131.Op.37.D.799.L.41.

O.S. Churiumov, recalled his encounter with the medically discharged in the Western Siberia:

I remember how a train of heatable boxcars arrived in Novosibirsk. The doors opened and the people were not jumping out, they literally fell out of the boxcars and started to crawl to the feeding post. Over the tracks. Trains were going to and fro— it was a large station, shunting trains, switching boxcars. Probably, many of them were cut. They were absolutely exhausted. We have been told that these were the “nationals” (*natsmeny*) from labour camps. They were also transferring there and ate at the feeding points, very thin soup, at least it was hot. ... Our uncle returned from Polovinka, he was skin and bones. ... He told us that production norms were high, but nourishment was scarce. If one failed to reach the norm, he was denied even that scant food. If a person fell ill, he went to the camp doctor. The camp doctor did this. Grabbed one’s ass. If he felt that only skin remained, he issued an “act”: dystrophy of this and this degree, recommend for release. One got bread for five days and put in a boxcar. We saw these people crawling without any strength over the railway tracks in Novosibirsk.³⁵⁶

On 23 January 1942, 25 prisoners were sent from one camp division of Usol’lag (in Molotovskaia *oblast’*) to another one to be released. They were forced by the administration to conduct their journey on foot for 40 kilometres. During the transfer, two prisoners died and a further two more died after arriving at their destination. Procuratorial inspections revealed 100% infestation with lice among remaining surviving inmates. All of them were wearing completely unsuitable clothes for winter and all were denied proper ‘sanitary processing’.³⁵⁷

Contrary to the NKVD ‘formalistic’ orders to stop this practice, similar precedents continued to happen repeatedly throughout 1943 and 1944. The incentive to get rid of invalids was far stronger and punishments for their deaths were far too rare and arbitrary to serve as an effective deterrent. In January 1943, a prisoner was freed on medical grounds from the Altianskaia labour colony in Cheliabinskaia *oblast’*. He was incapacitated to the extent that he could not walk on his own, but he was forced to walk for 12 kilometres from the colony to the

³⁵⁶ Elza– Bair Guchinova, “‘Ia – vyslannaia, ty – bez nogi’”, *Deportatsia kalmykov (1943–1956): gendernyi vzgliad’*, *Acta Slavica Iaponica*, Tomus 24(2007):77.

³⁵⁷ PermGASPI.F.105.Op.8.D.94.L.73ob.

nearest Syrostan railway station. He fell somewhere along the way and was discovered later in a 'half-frozen state'.³⁵⁸ The procurator of Kargopol'lag (in Arkhangel'skaia *oblast'*) reported a case in which six released invalids suffering from 'grave incurable illness' died on their return journey from the camp.³⁵⁹ In another forestry camp, Usol'lag, on 8 January 1943, the Kokorinskii subdivision sent eight ex-prisoners to the central detachment to be released. In line with the disastrous 'tradition', their winter clothes were confiscated by the camp administration before their departure. *The etap* was denied a cart to get to their destination, and instead the invalids were sent into the winter cold on foot and undressed. One of them looked especially incapacitated. According to the document, it was clear that he would not make it alive, but he was still forced to go. This enfeebled ex-prisoner died 15 minutes after his arrival at the transfer point.³⁶⁰ This pattern continued to repeat itself in other regions of the USSR.

In December 1943, 35 internees were demobilised on medical grounds from the Tagilstroi NKVD (in Sverdlovskaja *oblast'*). Among the released were several Uzbeks, afflicted with second and third-degree dystrophy. Notwithstanding their severe condition, they were discharged from the infirmary and brought to the boxcar of the departing train. The temperature there hovered around nine degree Celsius. Three of the invalids, Manarsum Abdusasumov, Mankulev Akhmeov, and Uldali Shamatov, died almost immediately. Even the minor oscillation of the temperature and the stress of short transportation on a stretcher proved fatal for *distrofiks*. The fourth invalid, Asan Babaev, fainted, was carried away from the boxcar, but died in the hospital soon after without regaining consciousness.³⁶¹

³⁵⁸ OGACHO.F.R-1075.Op.1.D.229.L.76.

³⁵⁹ GARF.F.R-8131.Op.37.D.2061.L.131ob.

³⁶⁰ GARF.F.R-8131.Op.37.D.2036.L.141.

³⁶¹ V.M.Kirillov, eds. *Gedenbuch: Kniga pamiati sovetskikh nemtsev-uznikov Tagillaga* (Nizhnii Tagil: N.V.Cherepanov, 2004). MASPD N.T. Tagillag Fond. Orders for 1943. D.1. L.125. Accessed May 14, 2018

http://www.tagillag.rusdeutsch.ru/?tagil=2&put=tagil/Book/2_2_24.htm

Another typical example can be found in the order №027 of the Cheliabinskaia *oblast'* NKVD dated 12 April 1943 and signed by its Deputy head, major of state security Butorov.

It read:

In several instances, the sick, who could travel neither on foot, nor via the railroad because of the state of their health, were sent to Kyshtym railway station. Moreover, prisoners afflicted with dysentery and diphtheria were released and sent to Kyshtym station, which was a direct source for the dissemination of infectious diseases. Because of this, many of the released were collected from the railway station and transferred to the local city hospital in a grave condition, and a significant proportion of them later died due to delayed hospitalization. Several corpses were collected right from the hall of the railway station.³⁶²

In January 1943, the commander of ITK №8 in Altaiskii krai released three prisoners on medical grounds. The colony did not supply the invalids with travel documents, provisions, or supervisors, although two of them, Shmankulov and Anokhin, were so emaciated that they could hardly travel on their own. Ex-detainees made it only as far as Barnaul train station, where they froze to death.³⁶³

The Ministry of Transport bitterly and persistently chastised the GULAG for disrupting its operations, especially during 1943–1944. As a result, from time to time the NKVD had no other choice but to issue demands dissuading the localities from dispatching the released on undersupplied transports. One such directive, signed by Deputy Minister of the Interior Chernyshev, was issued in January 1944 to eight civilian ministries, which employed ‘labour soldiers’ as a workforce. It read:

The NKVD of the USSR noticed cases in which German men and women, demobilised on the grounds of ill health, were sent away from the industrial enterprises without sufficient clothes, footwear and rations for the duration of their journey. As a result, there are instances of frostbite, sickness, and mortality among them.³⁶⁴

³⁶² OGACHO.R–1075.Op.1.D.226.L.27.

³⁶³ GARF.F.R–8131.Op.37.D.1626.L.52.ob.

³⁶⁴ GARF.F.R–9479.Op.1.D.147.L.76.

Chernyshev, in a typical bureaucratic manner of such directives, urged the localities to stop the practice (as his agency had done numerous times already, to little avail) threatening civilian officials with repercussions.

The disruption of transport networks played a major role in increasing mortality. For example, a contingent of former Labour Army internees (1,050 people), was demobilized on medical grounds and departed from Alapaevsk (in Sverdlovskaiia *oblast'*) after 13 days of waiting in the backtracks. They were given no supplies during the delay. As a result, 80 corpses and 108 emaciated ex-internees were removed from the train at Novosibirsk. Among the latter, 22 more died on 22–23 January 1944, raising the total number of the dead to 102.³⁶⁵

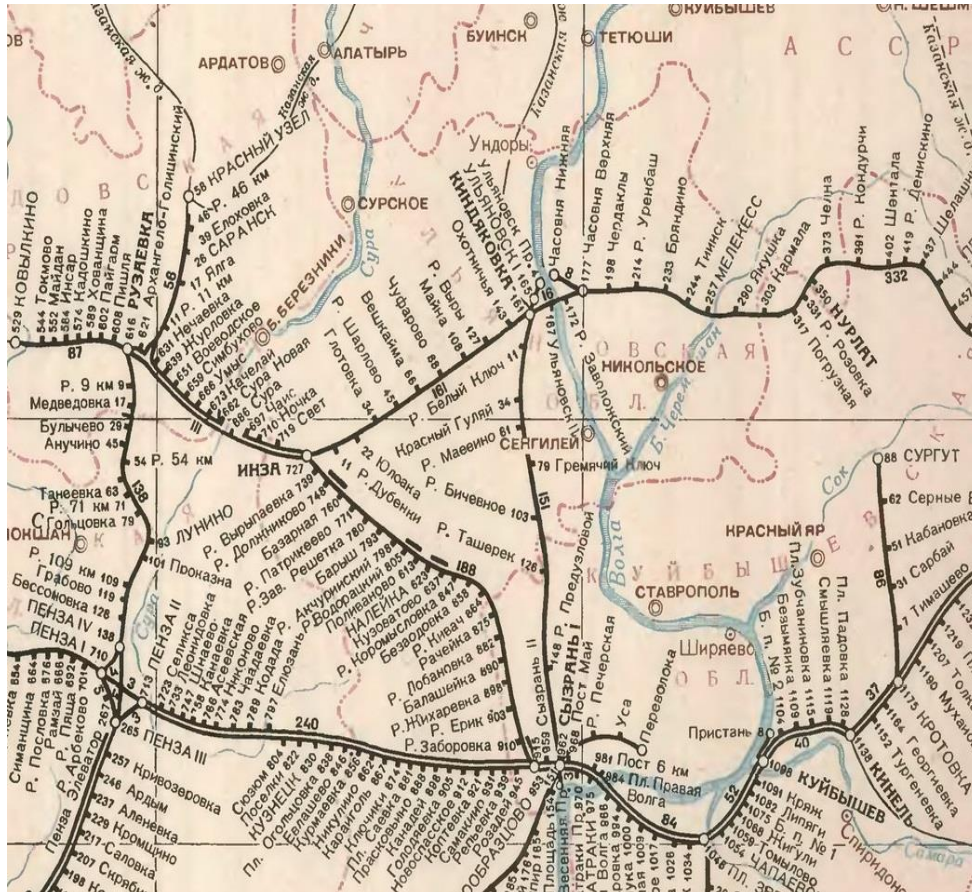
Despite these facts, both the NKVD and ‘pocket’ camp procurators, on average, tended to depict the transportation of the medically released ‘contingent’ in purposely equivocal, vague or even positive ways, avoiding providing any concrete data on the state of their health, if not directly confronted. To give just one example out of many, one Trifonov, the procurator of Sevurallag, a deadly forestry camp in Sverdlovskaiia *oblast'*, tersely reported that out of 1,366 invalids who could not travel alone, only 12 invalids (less than 1%) were collected by their relatives. The rest were sent from Sverdlovsk by themselves. Trifonov managed to present this failure to enforce the regulations in an almost sanguine manner, claiming that ‘local NKVD did not put forward any criticism to the camp’ under his supervision.³⁶⁶

³⁶⁵ Tepliakov, *Epokha*, 1135–1169.

³⁶⁶ GARF.F.R–8131.Op.37.D.2045.L.36.

The case of Penza, Syzran, and Ruzaevka train stations (Kuibyshevskaiia and Penzenskaia oblast' Mordovskaia ASSR, RSFSR)

Figure 2.1. Kuibyshevskaiia railroad, 1943



Source: *Skhemy zhelezykh dorog i vodnykh putei soobshchenia SSSR* (NKO, 1943), 40.

There were rare cases when camp procurators had enough independence to fight with the NKVD over the issue of the mortality of ex-inmates returning home. One such confrontation occurred in the winter of 1941–1942. In February 1942, the difficult and tenacious procurator Dimakov of Viazemlag reported his concern about the ‘not entirely correct way of managing mass releases’ from the camp to the Red Army to his superior, D’iakonov. The chief catalyst, as in many other similar cases, lay in the sheer scale of the campaign, which instigated chaos and neglect. Military recruitment offices enlisted only

healthy ex-inmates. The weakest, sickest ex-prisoners were refused enlistment and, in Dimakov's words, this 'big mass somehow migrated' to the nexus railway stations (*uzlovye stantsii*) within the territory in which divisions of Viazemlag were located (Mordovskaia ASSR, Kuibyshevskaiia and Penzenskaia provinces). Sick ex-prisoners had no choice but to 'moor there' because the departing trains were full. Transportation difficulties resulted in their 'grave condition'. Thousands of ex-inmates amassed at Penza, Syzran', and especially Ruzaevka train stations. The healthier part of the group mugged passengers, cut, and stole bags in order to acquire food. Dimakov likened the situation to an 'invasion' that 'paralyzed' railroad police. According to this procurator's atypical emotive description, the halls of railway stations presented a 'horrid sight' and were 'contaminated' by throngs of the sick ex-inmates. More importantly, many of the released were dying right in and around railway stations.³⁶⁷

Dimakov's intervention elicited a reaction from the top officials of the Procuracy and NKVD. The deputy procurator of the USSR, Grigorii Nikolaevich Safonov, sent a memo to the Deputy Minister of Interior Kruglov. Safonov stressed that thousands of released ex-prisoners swarmed the railway infrastructure. According to Safonov: 'Thefts and muggings of passengers at the railway stations became commonplace. Many among the freed prisoners, lacking any opportunity to get a return ticket to their chosen place of residence and sustenance, die on the spot'.³⁶⁸ The Deputy USSR procurator asked Kruglov to take measures to solve the situation. The NKVD was not pleased but initiated an inspection. Its resulting memorandum, signed by Kruglov himself, is an exemplar of rather tendentious institutional excuses, coupled with an attempt to discredit the Procuracy.

³⁶⁷ GARF.F.R-8131.Op.37.D.1256.L.34 (30).

³⁶⁸ GARF.F.R-8131.Op.37.D.1256.L.35.

In order to refute Dimakov's accusations, Kruglov lauded the efforts of his subordinates in 'unloading' the train stations and supporting the released. At Syzran' station, the NKVD even organized a special post to help ex-prisoners and combat the overcrowding. At the peak of the crisis, the station accommodated 320 ex-detainees, who waited between two to four days before they were able to board the trains. After the NKVD intervened, the number shrank to 100. Overall, 350 former convicts received money and food so that they could continue the journey and 60 ex-inmates were arrested for stealing from passengers. At Penza railway station, the NKVD plenipotentiaries located 'only 46 ex-prisoners' who were sent to their 'places of residence' after they were sufficiently supplied with food and medicine. Nevertheless, inspectors somewhat inconsistently confirmed that 20 out of 46 of ex-prisoners were indeed sick and lying in a separate infirmary boxcar.³⁶⁹ Officials 'fulfilled' the NKVD directives by supplying the released with bread and sending them to their homes.

However, notwithstanding this self-congratulatory rhetoric, Kruglov succinctly confirmed that ex-prisoners did die during transportation, but did not present any precise mortality figures. Moreover, he obliquely remarked that, in addition to fatalities en route, 'corpses were taken off trains at Ruzaevka station'.³⁷⁰ Besides, 145 very sick ex-detainees were hospitalised upon arrival there. Fifteen ailing ex-convicts located in the building of a railway station were also sent to the hospital. The NKVD chief ended the memo with another vague statement: 'At the moment there are no more incidents of mortality among the released'. Therefore, he concluded, Dimakov's report on overcrowding and lack of assistance to the released 'is untrue'. Finally, the Deputy Minister assured Safonov that the NKVD issued a series of directives demanding help for the ex-inmates.

³⁶⁹ GARF.F.R-9414.Op.1.D.43.L.14.

³⁷⁰ GARF.F.R.-9414.Op.1.D.43.L.15.

To conclude, the confrontation between Dimakov and the NKVD, as I argue, reveals the imperfections of the system of internal checks and balances around the issue of ex-prisoners' mortality outside the GULAG. Not only was Dimakov's behaviour an exception for the general rule of his corrupt department, but Kruglov's reaction illustrated how the central NKVD responded when confronted directly by another agency: it intervened when transportation networks (important for the war effort) became disrupted and preferred to report on the facts of invalids' mortality en route in rather nebulous, laconic language. However, the NKVD did have concerns other than helping invalid inmates in 1941–1945, and it limited its activity to issuing circulars that remained 'on paper' in many instances. As the next chapter will show in detail, the NKVD understood that, given the objective circumstances, they were intrinsically unrealistic from the start.

The case of Niandoma and Konosha train stations (Arkhangel'skaia oblast', RSFSR)

Figure 2.2. Severnaia (Northern) railroad



Source: *Skhemy zheleznykh dorog i vodnykh putei soobshheniia SSSR* (NKO, 1943), 49.

It is important to emphasize that ex-inmates' deaths during their return journeys were described with different levels of detail and candour. The content of official accounts depended heavily on the author's institutional affiliation and position on the bureaucratic ladder. Documents allow us to approach one case from three different perspectives (the local camp Procuracy, its regional counterpart, and the NKVD's top command) to illustrate this important point. In February 1942, Shul'ga, the procurator of Iagrinlag, informed Moscow that a certain Myshliavtsev, a low-key camp functionary, was abusing his authority during mass release from Niandoma in February 1942. Not only did he fail to supply the discharged

with food and tickets, but forced incapacitated ex-inmates to board the train. As a result, 34 people died at Niandoma and Konosha train stations (see map 2). The local camp administration arrested Myshliavtsev.³⁷¹

This incident caught the attention of the top command of the NKVD as well. On 22 February 1942, Kruglov, the Deputy Minister of the Interior, issued a reprimand to major of state security Mal'kov, the head of the NKVD in Arkhangel'skaia *oblast'*.³⁷² Kruglov noted that Iagrinlag was guilty of gross violations during the transportation of the released ex-prisoners, as the camp sent away very sick ex-inmates who were in no condition to travel anywhere. The discharged could not be transported in time, waiting for days at train stations without tickets. They consumed their rations even before boarding the trains. These infringements, in Kruglov's words, led to their 'mass mortality'. In addition to 34 deaths between 27 January and February 1942 (also mentioned by Shul'ga), Kruglov offered new empirical details that absent from the procurator's report, revealing that 59 ex-inmates were hospitalised in Vologda because of exhaustion. The Deputy Minister ordered Mal'kov to investigate the incident and bring those responsible to justice.

The highest level of factual particularities and the most critical exposition can be found if we look at the 'Iagrinlag incident' through the lens of the regional Arkhangel'skaia Procuracy.

³⁷¹ GARF.F.R-8131.Op.37.D.1266.L.11.

³⁷² GARF.F.R-9414.Op.1.D.45.L.135.

On 14 February 1942, its procurator Chicherin wrote to the regional party committee secretary Ogorodnikov:

Recently there were occurrences when former prisoners, released from the camps as invalids, old people, and others die on the way home just because they are not treated humanely by the personnel of the state offices and because of camp employees' formalistic approach to provisioning of released prisoners for the return journeys. Thus, according to the report of the procurator of Konoshenskii district, several dead bodies are regularly removed from every passing train on Konosha station. From 2 January to 5 February 1942, 57 people died at a railway station or were taken from the railcars already dead. Fifty of them were discharged from Iagrinlag corrective–labour camp as invalids... On 23 January 1942, it was discovered that among the ten corpses, taken from echelons, one had a liver cut out by two ex–prisoners from the same train, who consumed it as food. Such excessively high mortality among inmates released from Iagrinlag is explained by the fact that they are not given any rations upon release while travelling from Molotovsk to Konosha for six–seven days in a row.³⁷³

An analogous case occurred in Niandoma. Seventy ex–inmates were forced to leave the train there without bread, but could not find any place to spend the night as all the houses of the local peasants and the train station were overcrowded. As a result, 20 out of 70 (28.5%) of ex–prisoners died in a single day. Chicherin underscored the callous attitude of local railroad officials: they did not even try to identify the deceased (as required by law) or inform the local police. The bodies were thrown 'in stacks' in a random storeroom. In Konosha, railroad authorities decided to bury the corpses in secret. In the conclusion of his letter, Chicherin begged the party authorities to intervene. He also informed the camp Procuracy and ordered the district procurator of Niandoma to investigate the incident and to prosecute the responsible.³⁷⁴

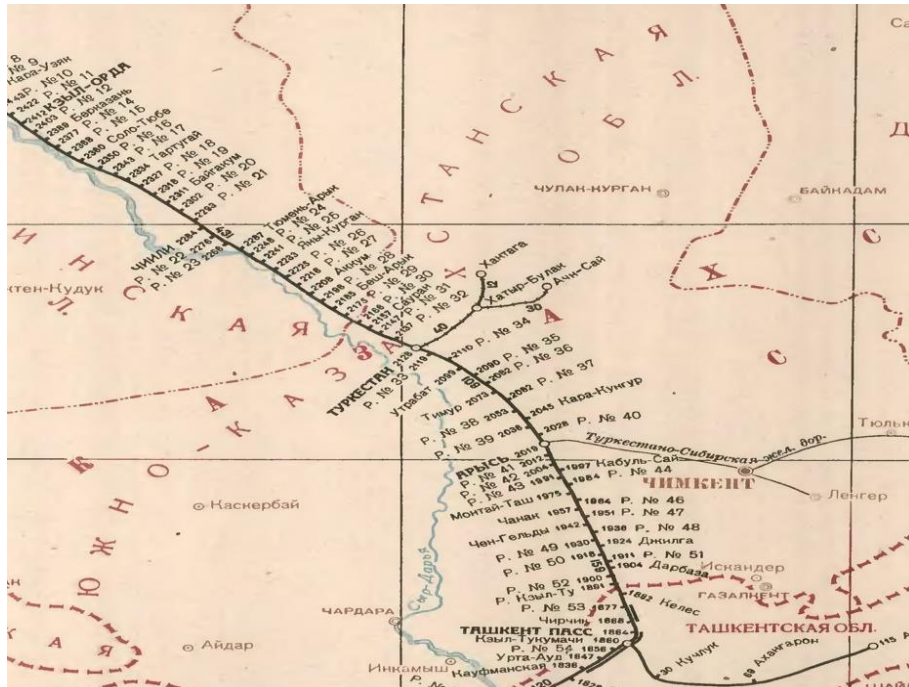
If we collate three bureaucratic interpretations of the event, one can notice the differences between them. In my view, the discrepancies can be explained by the highly politicized nature of ex–inmates' deaths outside the camps. No agency was inclined to take the blame for it, even in wartime. This explains why railroad authorities tried to bury the corpses

³⁷³ GAAO.OPSPI.F.296.Op.1.D.1172.L.14–15. Quoted in: *Arkhangel'skii Sever*, Vol.1, 319.

³⁷⁴ GAAO.OPSPI.F.296.Op.1.D.1172.L.14–15. Quoted in: *Arkhangel'skii Sever*, Vol 1, 319.

secretly, hiding the fact from the local police (militia). It also may explain why Iagrinlag procurator Shul'ga and the Deputy Minister Kruglov understated the number of the dead, although both wrote their memos later than Chicherin. They listed only 34 fatalities, whereas Chicherin's report raised the overall figure to 78 deaths. Moreover, the regional procurator forthrightly depicted the extreme starvation among the released by including a case of cannibalism. In contrast, his camp colleague and Deputy Minister omitted this detail. I would argue that Chicherin's critical tone and a more objective outlook could be explained by his relative independence from the NKVD structures. It was in his direct interest to scold his bureaucratic competitor as thoroughly as possible for instigating logistical problems in his jurisdiction, especially in the extreme conditions of 1942. Meanwhile, 'pocket' camp procurator Shul'ga adhered to the NKVD agenda by diminishing the scale of the disaster. Finally, as in the Viazemlag case above, Kruglov had no other choice but to address the issue and find scapegoats among expendable low-level subordinates. Besides, it was in the best interests of the NKVD leadership to not disrupt transportation networks during the war, especially in such close proximity to the important Karelian front. However, as Iagrinlag's and other cases demonstrate, lower administrative tiers were still prone to do exactly that by undermining and ignoring central directives, which were self-contradictory and unrealistic anyway.

Figure 2.3. Tashkentskaia railroad, 1943



Source: *Skhemy zheleznnykh dorog i vodnykh putei soobshheniia SSSR* (NKO, 1943), 40.

Building upon the Iagrinlag incident, we can assume: that the agencies responsible for the smooth operation of the railroad network ought to be, in theory, far more rigorous in describing the mass deaths of ex-inmates on their return from the camps than the NKVD itself. This assumption can be substantiated by a meticulously detailed report signed by the military procurator of the Tashkent railroad, Vershkov. His memo from January 1944 on ‘The inspection of reasons for mortality among transit passengers’, addressed to the Procurator General of railroads, general-major Afanasiev, is distinctive.³⁷⁵ It did not focus on an isolated, small-scale incident, but offered a full-fledged overview of Tashkent passenger station’s

³⁷⁵ GARF.F.R-8131.Op.37.D.2056.L.10-17.

operations over a 12-month period (January 1943–January 1944).³⁷⁶ Importantly, the railroad procurator substantiated his report with statistics and interviews with discharged invalids.

According to Vershkov, during 1943, Tashkent–passenger railway station was engulfed with two streams of human migration, in addition to its main passenger flow. One consisted of so-called ‘nationals’: ex-labour army internees, demobilised on medical grounds from NKVD camps and industrial projects, comprised overwhelmingly of Uzbeks, Tadzhiks, Turkmen, and Kazakhs. The other stream was comprised of ex-prisoners, released as invalids from GULAG during the biggest *aktirovka* campaign in the history of Soviet camps under aegis of directive №467/18–71/117s from 23 October 1942. These ‘transit passengers’ mainly arrived on regular civilian trains (and in a few cases, special echelons) from central, northern and eastern parts of the USSR. Their points of departure included Kuibyshev, Cheliabinsk, Irkutsk, Novosibirsk and many other cities in the Soviet rear. Their final destinations were various regions within the Central Asian republics.

The intensity of both streams greatly increased in the second half of 1943 when every train simultaneously brought between 600 to 700 passengers of this kind. The result was extreme overcrowding at the railway station and delays for connecting trains. The medically discharged had to wait, on average, for two–three and in some cases five days to be sent further. According to the station–master’s data, in three months the station managed to ‘shove through’ 12,737 former inmates and internees. After receiving information about their mass sickness and death, the railroad Procuracy inspected the station.

³⁷⁶ On a general situation in Central Asia and in Tashkent specifically during the war see Manley, *To the Tashkent Station: Evacuation and Survival in the Soviet Union at War* (Ithaca: Cornell University Press, 2009). Remarkably, Manley’s otherwise excellent account did not mention anything on the ex-inmates’ and internees’ mass death.

Vershkov discovered that the entire mass of the medically released were ‘sick and emaciated’. Moreover, the penal periphery forced not only the merely ill or incapable of work, but utterly spent ‘*distrofiks*’ to travel for thousands of miles. Vershkov also underscored the ‘exceptional lousiness’ of arriving contingents. After examining five parties of ex–internees (113 people), the procurator found out that 100% of them had lice. The release process was conducted, using the procurator’s words, in a ‘disorganised and spontaneous’ manner, almost without any care for the fate of the discharged.³⁷⁷ In the case of labour army internees, the camps and factories even failed to inform the military enlistment offices who recruited the internees that they were sending them back ill. The supply (*obsluzhivanie*) was extremely insufficient. In terms of provisions, the released were given ‘travel’ ration cards, food stamps and (rarely) actual bread. However, these food and monetary provisions were allocated only for several days, based on official peacetime schedules of travel time, without factoring in the real length of a journey during a period of the slower railroad traffic.

Obligatory sanitary and medical checks to determine whether a person was capable of surviving the trip were not performed. Supervisors or medical personnel were not assigned to accompany groups of the released. No feeding stations along the return routes were organised and hot food was non–existent. Civilian hospitals on the way regularly denied hospitalization to the freed (Vershkov specifically highlighted that they were ‘*distrofiks*’). Only when the military Procuracy of Tashkent railroad addressed the *Obkom* secretary of Southern Kazakh region, the Kazakh Narkomzdrav issued a circular obliging its localities to accept gravely ill ex–inmates and internees picked up from station squares.³⁷⁸ For demobilised internees, the situation was compounded further by the fact that the majority of them did not speak Russian. Some lost their money while waiting in endless queues at the feeding stations, and some could

³⁷⁷ GARF.F.R–8131.Op.37.D.2056.L.12.

³⁷⁸ GARF.F.R–8131.Op.37.D.2056.L.15.

not buy food even when they had money. They became easy prey for thieves, who stole their documents, tickets, and valuables. Mugged and without identification, it was almost impossible to continue the journey. The released had nowhere to go and remained at the station.

The railroad procurator concluded that ‘to send on a long–distance trip emaciated, ailing people, many of whom were discharged with dystrophy, pellagra, avitaminosis and required hospitalization, is criminal. It caused (and still causes) mass mortality incidents’.³⁷⁹ To corroborate this assertion, Vershkov produced valuable statistics, extracted from special medical registration journals. From 15 January to 15 December 1943, the NKPS first–aid post (isolator) of Tashkent railway station admitted 3,333, discharged 1,500 and hospitalised 1,431 patients. Among the latter 402 died. In addition, 341 corpses were picked up from the territory of the railway station and brought to its morgue.³⁸⁰ Monthly distribution of deaths can be discerned in Table 2.3.

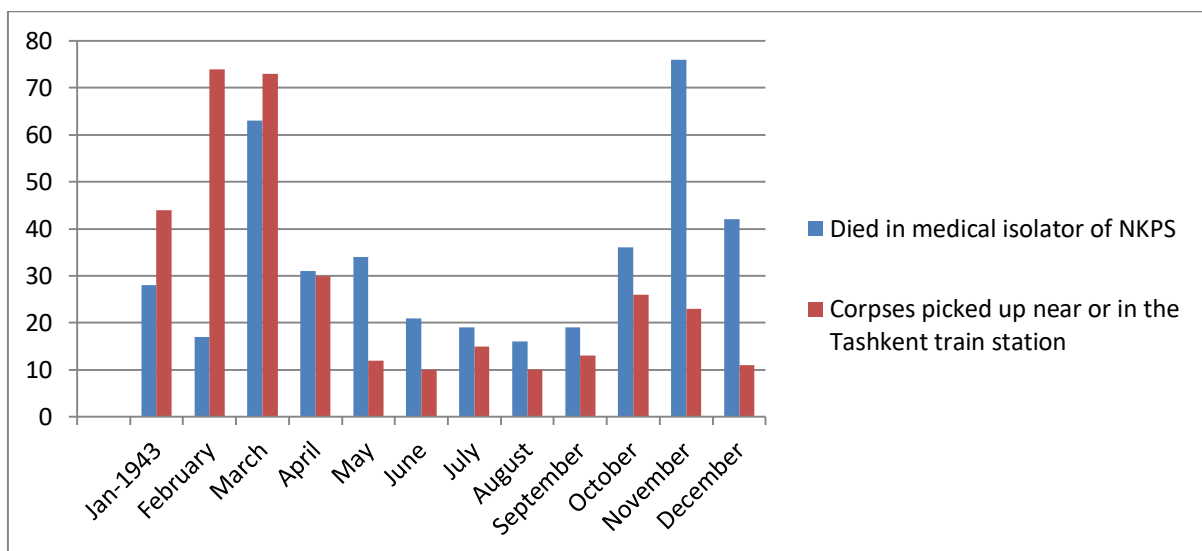
Table 2.3. The mortality of medically discharged former internees and GULAG ex–prisoners at Tashkent–passenger railway station, January–December 1943

Month	Died in the isolator	Corpses picked up	Month	Died in the isolator	Corpses picked up
January– 1943	28	44	July	19	15
February	17	74	August	16	10
March	63	73	September	19	13
April	31	30	October	36	26
May	34	12	November	76	23
June	21	10	December	42	11

³⁷⁹ GARF.F.R–8131.Op.37.D.2056.L.12.

³⁸⁰ GARF.F.R–8131.Op.37.D.2056.L.13.

Graph 2.1. Monthly distribution of deaths (absolute figures) at Tashkent–passenger railway station, January–December 1943



Died in the isolator: 402

Corpses picked up: 341

Total number of deaths: 743

Source: GA RF.R–8131.Op.37.D.2056.L.13.

Analysis of the graph shows that mortality had a pronounced seasonal dynamic, as the highest number of deaths was recorded in the winter months of 1943. After this, the absolute figures dropped until they peaked again in November. The biggest quantity of bodies picked up on the train station premises was recorded in February–March 1943, when 147 corpses were gathered by the railroad authorities, in addition to 80 deceased patients in the medical isolator.

Table 2.4 Distribution of deaths in the NKPS medical isolator (Tashkent–passenger railway station), depending on a sub–group (incomplete)

Month	Ex– labour soldiers	GULAG Ex– prisoners	Month	Ex–‘labour soldiers’	GULAG Ex–prisoners
January– 1943	1	12	July	8	8
February	–	10	August	3	10
March	1	32	September	4	10
April	3	21	October	12	20
May	4	18	November	25	34
June	8	9	December	29	8

Source: GA RF.F.R–8131.Op.37.D.2056.L.14.

Out of the sample of 290 deaths, 192 (66%) were invalid ex–prisoners while 98 (33%) were former ‘labour soldiers’ (the medics identified the affiliation of the dead, using the travel documents found on the bodies). The rest were also either *aktirovannyye* ex–prisoners or ‘labour soldiers’ (*trudarmeitsy*). The intensity of mortality in some cases was extreme, as 24 ex–internees passed away between 16–24 December 1943. From 3,333 registered patients; no less than 80% were formally diagnosed with dystrophy, avitaminosis, and third–degree emaciation. According to the causes of deaths, out of 743 total cases, 698 (94.4%) died from these afflictions. Among 402 fatalities in the first–aid isolator, 258 occurred during the first day of admission, 45 on the next, and 99 later. This indicated that patients were accepted in ‘already agonizing condition’ (if we quote Vershkov’s description).³⁸¹ Some were already dead upon arrival. Thus, 64 bodies were removed from passing trains (in addition to the 302 sick).

Valuable interrogations, conducted by the procurator, allow us to hear the actual voices of the medically discharged. Kurama Tursunov (mobilised from Surkhan-Darynskyi region)

³⁸¹ GARF.F.R–8131.Op.37.D.2056.L.14.

told the inspecting official: 'We, 40 people freed from NKAP plant №2 in Omsk were transported in a freight train, and from Novosibirsk, we were going on train №89. We were given ten and a half kg of bread for the entire journey and two kg of fish. Hot food was not given to us'.³⁸² Consequently, the amount of bread this party received was 262 g. per person.

Aslak Shatmanov (mobilised from Bukharskaia region of UzSSR) testified:

'I was working at factory №5, Taiga station. I was freed because of my illness and sent home. Three more 'labour soldiers' was travelling with me. We arrived at Tashkent station on 7 December 1943. I received 3.5 roubles, 6 kg of bread, identification of release and a pass. In Tashkent, I had to buy bread with my own money. In order to do this, I had to sell my shirt. I have been here since 7 December 1943. I have only 20 roubles left and no bread'.

Masharia Khalov (mobilised from Khorezm region of UzSSR) provided the following statement:

'We, 3 people, were freed from OSMCH-16 and were going home. During our return journey one of us, Khodzhin-Baev, died. We were given documents, money, bread, and produce. We have arrived in Tashkent on 8 December 1943, and were short on bread. I went to buy some, but all our money, 700 roubles, was stolen and now I simply do not know how to get back'.³⁸³

From questioning other ex-internees it was clear to the procurator that many of them simply lost their way, lagging behind their brigadiers (who, by regulations, kept the money, food, and documents of the travelling group) and ended up at the station with no means to continue their journey.

In addition to questioning of the invalids, Vershkov analysed the material conditions in which medically discharged awaited transportation. He also evaluated the quality of medical care available to them. All released invalids were concentrated in the waiting hall №6 of the railway station and a small garden adjacent to it. The quarters lacked any furniture and there were not even any benches. The hall itself could not accommodate hundreds of people. Therefore, some of the discharged, afflicted with emaciation, had to stay outside during the

³⁸² GARF.F.R-8131.Op.37.D.2056.L.16.

³⁸³ GARF.F.R-8131.Op.37.D.2056.L.17.

day and night. The station master limited his activity to supplying boiled water and selling tickets. Feeding facilities were not organised. No attempts were made to account for mortality and or inform the relatives of the dead. A small first-aid post provided inadequate care. Upon inspection, the procurator found 53 patients squeezed into a single room with only 26 beds. The overcrowding was so severe that five-six patients were lying on each bed, while some had to sit above. The ward lacked heating. There were no bedsheets, blankets, bedpans or even a toilet. Only one bucket was available, but exclusively to the somatic and infectious patients. The disinfection chamber, being in non-operational condition, was closed for a week and no one informed the city authorities in order to fix it. The shower room was also broken. Grossly understaffed and underfunded, medical personnel did not receive any help from railroad and civilian health system (*DorSanOtdel, Gorzdravotdel, and ZapSanOtdel*). Moreover, the civilian infirmaries systematically denied admission to the released for weeks, increasing the death rate in the isolator. The procurator underscored the general inertness and indifference of the UzSSR's authorities. In fact, the catastrophic situation at the station was well-known to the municipal officials and top sanitary inspectors of the republic, at least from February 1943, but nothing was done to improve the situation for months.³⁸⁴

Overall, the Tashkent case is remarkable for several reasons. First, it sheds light on the bureaucratic neglect, which was typical for the war years. Penal localities simply ignored directives insisting that people with third-degree dystrophy were not to be sent on long-distance train journeys. The camps pushed enervated and often incapacitated invalids forward in large quantities on thousand-mile-long train journeys, no matter the consequences. Railroad and civilian authorities (including the Sanitary inspectorate of UzSSR), in turn, passively witnessed mass death at the station for almost a year. Moreover, this episode reveals

³⁸⁴GARF.F.R-8131.Op.37.D.2056.L.19.

that the deaths of the discharged were recorded by the railroad medical service, which is a useful discovery in itself. Finally, Tashkent's mortality was a full-blown demographic process, lasting for months. It was not only prolonged in time but also massive in scale, as 743 invalids, released on medical grounds, passed away in less than a year. Importantly, these data are for just one train station out of thousands.

The overall picture of mortality en route in 1941–1945

How typical was the Tashkent 'incident' for the period 1941–1945? There is no summary mortality statistics available at the moment, so it is hard to make any extrapolations for the entire Soviet Union. However, Vershkov presented important data on mortality along the return routes of some of the transports with invalidated ex-prisoners and 'labour soldiers' that allow us to address this question at least partly. On 9 December 1943, train №89, travelled from Novosibirsk to Arys' station in southern Kazakhstan. Twelve corpses were removed during its journey: two in Barnaul, two in Semipalatinsk, five in Alma-ta, two in Chikment and one in Arys'. Officials also carried off 35 utterly exhausted invalids from the railcars. Their fate remains unknown. Thirty percent of the transported were lice-ridden. On 31 December 1943, train №940 travelling from Verkhniaia Tavda (Sverdlovskaiia *oblast'*) to Chardzhou (Ashkhabad railway) arrived at Arys' train station. Throughout its journey, 155 dead bodies were removed. Forty two were offloaded at Orenburg, 22 in Kyzil Orda and two on Arys'. By the time of the inspection, eight people were found to be afflicted with the third-degree dystrophy, a practically terminal condition. On 4 January 1944, train №89 arrived from Neviansk (Sverdlovskaiia *oblast'*), transporting both former internees and ex-inmates who were released on medical grounds. 41 corpses and 74 emaciated were unloaded during its

journey.³⁸⁵ As I argue, these data and other cases presented in this chapter clearly suggest that invalids' mass death en route in 1942–1944 was certainly not unique or even rare.

Moreover, I have been able to discover an important indication of the global, nation–wide spread of invalids' mortality en route during the second half of the war. On 24 January 1944, the head of the Main medical–sanitation department of the Ministry of Transport, general–major of medical service Sokolov sent a memorandum to Afanasiev, Chief Military Railroad Procurator, asking for support. The tone of his message suggested that Sokolov was infuriated. Apparently, the burgeoning confrontation between his agency and the GULAG reached its apogee. Among other things, he explained that 'despite my repeated appeals to the Director of the Main Administration of camps, Commissar of State Security V. G. Nasedkin, the transportation of the sick and emaciated continues, their provisioning remains disorganised, and this is the main cause of high mortality amongst transported human contingents'.³⁸⁶

As evidence, Sokolov quoted the reports of the medical–sanitation service of the Omsk Railway. In January 1944, the transport №381 entered the railroad carrying ex–prisoners from camps in Pechora, comprised of 15 boxcars, 570 passengers. The destination point was Almaty, Kazakhstan. Thirteen corpses and 20 sick were removed from the train on the way and ten corpses and 29 sick passengers with dystrophy were offloaded at the Omsk railway station. Even though the transport was supplied with provisions for 30 days of travel, its director Safychnov removed one boxcar with 37 people travelling to Akmolinsk, leaving them in Omsk with no food and money. The medical–sanitation service left the boxcar in Omsk until it was supplied with food to reach Akmolinsk. On 13–14 January 1944, another transport of 'gravely ill *distrofiks*, eligible for 100% hospitalisation' (in Sokolov's words) from the

³⁸⁵ GARF.F.R–8131.Op.37.D.2056.L.15–16.

³⁸⁶ GARF.F.R–8131.Op.37.D.2056.L.24.

same Pechora camps entered Perm' railroad, comprised of 13 boxcars carrying 675 passengers. Twenty corpses have been removed at various stations of the road. On 16 January 1944, the transport №402 carrying 2,135 special settlers in 45 boxcars from St.Basi on the Iuzhnaia railroad was unloaded at Omsk–Kulomzino. Seventy-six bodies were removed on the way, and seven in Omsk. Sokolov made an important remark that: 'Analogous reports are coming from other railway lines'.³⁸⁷ His statement confirms that deaths were registered on numerous railroads at the same time. Moreover, the mass death of the released has become so problematic that it precipitated the interference of State Defence Committee (GKO). On 19 January 1944, it temporarily stopped all transportation of medically discharged invalids (both ex-prisoners and 'labour soldiers') on a system-wide level.³⁸⁸

Building upon this and other archival evidence presented in this chapter, it is apparent that the mortality of the discharged on their return was a widespread phenomenon in this period. The GULAG memoirists mention another important fact: despite all the hardships and tribulations, some invalid ex-prisoners and internees made it to their destination alive. The next section concentrates on their stories.

Deaths at the destination

The last, third tier of the mortality recalculation model is the most difficult one to quantify. The deaths of the arrivals, which were counted by the civilian registration authorities. It is practically impossible to extract them from ordinary mortality statistics of the free population at large. Consequently, the present qualitative subsection aims to delineate the contours of the phenomenon itself. It strives to typify various trajectories of invalids' fates after return to their

³⁸⁷ GARF.F.R-8131.Op.37.D.2056.L.23.

³⁸⁸ RGASPI.F.644.Op.1.D.195.L.118-120.

homes and exile locations, drawing on a sample of returnees' memoirs, archival records, and the recollections of relatives. As outlined at the beginning of the chapter, an average invalid in 1930–1955 had three possible routes: be taken into the care of a relative, admitted to civilian hospital or invalid house, or end up in administrative exile. Throughout this section, I will explore each of the variants using relevant empirical examples.

'Collected by relatives' scenario

Let us begin with the 'collected by relatives' scenario. In rare cases, people managed to survive due to contingencies and lived for many years after being taken in by their families. An internee, Anga Harlashkiev, recites how the doctors diagnosed him with TB, although he did not have the infection. He speculated that maybe it was a misdiagnosis or even an attempt to save him from mass starvation in Shiroklag. In any case, Harlashkiev was able to travel home and lived until the 1990s.³⁸⁹

On the other hand, I would argue that we should not overestimate the probability of such a positive outcome, especially during turbulent periods. No doubt, some form of care was better than none, but relatives were, largely, not qualified physicians. In order to save a person suffering from extreme emaciation, one should design a very specific diet. Therefore, transfer of a person with the second or third-degree dystrophy degree (or other serious affliction) to the next of kin was surely no panacea to save lives. It may have even worsened the chances of survival, and there were instances when relatives inadvertently provoked the deaths of the released.

For example, the *trudarmeets* Iogann Eisner retells a story about his friend Ivan Engel'. After his medical release, Engel' was lucky enough to survive a month and a half journey from

³⁸⁹Harlashkiev A. K. Aktirovan i osvobozhden in *Shiroklag*, 129–130.

the forestry camp Viatlag in Kirovskaja region to Khakasia of Krasnoïarskii krai. He almost reached home but became so debilitated that was taken off the train and carried over to the waiting hall of the station, eight km away from a village Novo–Mariasovo, where his family lived. The authorities informed his wife, who picked Ivan up and brought home. Local women, whose husbands were still in the Labour Army, immediately surrounded him. They tried to ask him questions about their husbands' fates. Eisner notes that women cried when they saw a 'half–corpse' that now was Ivan, imagining their husbands in similar condition.

Ivan's wife fed him correctly with small and frequent doses. However, the director of a *kolkhoz* where she worked allowed her only three days off to take care of her husband. She had to return to the fields, leaving bedridden Engel' with a neighbour. The neighbour fed him and left. Meanwhile, Ivan, who already regained some strength, raised from a bed, went to the pantry and consumed everything he could. When his wife returned from work, he was already dead. The author mentions that similar cases were not uncommon. Even the 'survivors' did not live for very long. The majority, according to Eisner's estimate, died five–seven years later, some after their second 'mobilisation' into the Labour Army.³⁹⁰ Al'fred Mirek, a famous Soviet musician, Unzhlag ex–prisoner and 'aktirovannyi' invalid, recites an almost identical episode in his description of medical release: from their *etap*, only eight people endured the journey back. One of them carelessly ate a big meal upon his return home and died almost instantaneously.³⁹¹

Obviously, the likelihood of survival depended heavily on the individual's biological traits, but even more so on time and place of the release. These variables affected the character and severity of the malady, which served as a basis for medical discharge and the allocation of

³⁹⁰ Vol'ter, *Zona polnogo pokoia: Rossiiskie nemtsy v gody voiny i posle nee: Svidetel'stva ochevidtsev*. (Moscow: LA'Variag', 1998), 159.

³⁹¹ A.Mirek, *Krasnyi Mirazh, palachi velikoy Rossii* (Moscow: OOO 'Mozhaisk–Terra', 2006), 154.

food and clothes provision. I contend that, on average, people discharged from harsher forestry camps or underfunded labour colonies in 1943, were far closer to death than an invalid freed from 'milder' agricultural camp in 1952 (although the discharged died in 'normal' periods as well, but arguably with less intensity). The case of Izidor Vikent'evich Vonog helps to substantiate this conjecture.³⁹²

³⁹² I am thankful to Alexei Babii for supplying me with documents.

Figure 2.4.I.V.Vonog's mugshot



Izidor Vikent'evich Vonog (1885–1943), a loader in Krasnoiarsk railroad depot, arrested in 1941, charge – 58–10 ('anti-Soviet agitation'), sent to Kraslag (forestry camp) for seven years. Released as invalid suffering from a 'grave incurable illness' on 03.02.1943. Picked up by relatives, died at home on 05.02.1943

Source: Krasnoiarskii 'Memorial' archive


Vonog was an ordinary railroad loader from Krasnoiarsk, where he lived with his family. In February 1941, he was arrested and charged under article 58–10, part one (anti-Soviet agitation) of the Criminal Code. From the indictment: Vonog was comparing 'the proletariat of the USSR with serfs', 'praised life under tsarism' and 'slandered the material conditions of the working class'.³⁹³ On 21 March 1941, the judicial collegium of the regional court sentenced Vonog to seven years of deprivation of liberty with three years suppression of civil rights. From 30 October 1941, he was serving his time in the Kraslag forestry camp in Krasnoiarskii krai. A part of ULLP (Administration of Forestry Camps) jurisdiction, Kraslag

³⁹³ Personal archive – the indictment of I.V.Vonog

was, like almost all timber-cutting camps, a deadly place even by wartime standards.³⁹⁴

Vonog health was completely depleted after two years. He was discharged as an invalid suffering from a 'grave incurable illness' in 1943 at the zenith of the second and the biggest medical release campaign under the aegis of the directive №467/18-71/117s.

Figure 2.5. Reference on I.V. Vonog, 1996

УЧРЕЖДЕНИЕ	Справка
У-235	Дата <u>ВОНОГ Изидор Викентьевич</u>
ОТДЕЛ _____	_____
" <u>19 03</u> 19 <u>96</u> г.	_____
№ <u>4/9-3</u>	_____ 1885 года рождения,
66.840	уроженцу [не] <u>Ленинградской области</u>
п. г. т. Нижняя Пойма	в том, что он [она] был[а] осужден[на] <u>21.03-1941 года Суд.</u>
Нижнеингашского	<u>кол. Красноярского Кр. Суда по ст. 58-10 п1</u>
района,	<u>на срок 7 лет с п/п 3 года</u>
Красноярского края	<u>Прибыл 30.10-1941 г. из Красноярской тюрьмы</u>
лишения свободы с исчислением срока наказания с <u>20.02-1941 года</u>	
Освобожден[на] <u>3.02-1943 года в порядке Директивы НКВД НКЮ и Прокуратуры СС</u>	
<u>от 23.10-42 года. Убыл г. Красноярск. Другими сведениями не рас</u>	
<u>лагаем.</u> Основание: учетный документ № _____	
И.О. _____	Начальник учреждения _____ Гудалюк А.К.)
	
з. 3777, 93 г.	

Source: Krasnoarskii 'Memorial' archive

The Kraslag authorities sent a telegram to his family: 'Take back your father'.

Vonage's elder son went to Reshoty, an administrative centre of Kraslag, to pick him up.

Vonog was so emaciated from timber cutting that his legs were not functioning properly and he had to be carried. His son managed to bring him back home, but Vonog, who was officially

³⁹⁴ For the detailed description of conditions in Kraslag during the time of Vonog's detention see GARF.F.R-8131.Op.37.D.2062.L.41-56.

freed on 3 February, lived only for two more days and died on 5 February 1943 at his home in Krasnoiarsk. He was fully rehabilitated in January 1993.³⁹⁵

Some ex-prisoners in the care of relatives lasted a bit longer (weeks and months). Galina Aleksandrovna Voronskaia, daughter of a prominent Bolshevik A.K. Voronskii, recounted how her mother Sima Solomonovna was released on medical grounds in 1943 from Karlag. She died two or three months after her formal discharge in the care of her sister in Tashkent.³⁹⁶The archpriest (*protoierei*) Stefan Liashevskii mentions a young Orthodox nun Anna from his monastery, who was a GULAG prisoner. She was medically released from the camp with tuberculosis, reached her relatives with great difficulty and died.³⁹⁷

There is a plethora of similar cases for ex-internees of the Labour Army. Volga German girl Gertruda Damm wrote in her diary:

12 December 1942. They took my father to the Labour Army, he came back home on 24 May 1943, was ill for four months and died on the 26 August.

9 December 1942. My mother was taken to the Labour Army, she returned home on 21 May 1944, was sick and died on 7 January 1945.³⁹⁸

Iakov Ezau, analysing the so-called 'Book of Memory', dedicated to 'labour soldiers' in Krasnoturinsk (Sverdlovskaiia *oblast'*), noted that the extreme 34% mortality rate per two years deduced from the book has been artificially lowered. It did not include medically released whom the author knew personally and who passed away after reuniting with their families in the village of Deviatirovka in Omskaia *oblast'*. He remembered an invalid ex-internee named Varkentin who died one-two months after he arrived home. The author also

³⁹⁵ This information had been submitted by Vonog's daughter to Krasnoiarski Memorial in 1996. See Soobschenie Izidory Rubtsovoi. Accessed at 24 June 2018.

<http://www.memorial.krsk.ru/svidet/mivonog.htm>

³⁹⁶ G.Nurmina, *Na dal'nem priiske: Rasskazy* (Magadan: GOBI, 1992), 10.

³⁹⁷ *Letopis' Serafimo-Diveevskogo monastyria* (Moscow: Palomnik, 2005), 670.

³⁹⁸ Vol'ter, *Zona*, 219–220.

notes that one of the gravely ill women came back pregnant but gave birth to a dead boy.³⁹⁹ Widows of ‘labour soldiers’ have counted that out of 87 men of the Volga German village Enders mobilised into the Labour Army in January 1942, only 23 came back. Five of them died soon after return.⁴⁰⁰

Inmates who were released into the care of relatives outside ‘crisis years’ also died early but could live for several years. Platon Andreevich Klimentov, a son of the influential Soviet writer Andrei Platonov, was medically released from Noril’lag in 1940. Platon, exhausted from his detention in the camp, died in 1943.⁴⁰¹ E. M. Meletinskii recounted the fate of his fellow ‘politicals’ after medical release in the 1950s: Furikov, Stel’makh, and Lerner. Stel’makh died from a heart attack on his way back, Furikov several months later after his return, and Lerner a year after he arrived back home from the GULAG.⁴⁰² A relative of an ex-internee in Shiroklag tells the story of a Kalmyk girl named Lida who was released with peritoneal tuberculosis in 1945. Despite the care Lida received from one of her relatives, a professional nurse, she died in 1948.⁴⁰³

‘Admitted to the civilian health care system’ scenario

Previously I argued that ending up in the civilian hospital was the most preferable option to increase the chances of invalids’ survival. For instance, a combination of personal connections and luck helped Elizar Moiseevich Meletinskii, a famous Russian philologist and historian of culture, to endure extreme emaciation, while many of his fellow invalids died. After a medical discharge from a GULAG colony in Georgia in 1943 and subsequent arrival to Central Asia,

³⁹⁹ Ia .Ezau, ‘Etot den’ mi priblezhal kak mogli’ in *Neus Leben*, №4, August, 2010.

⁴⁰⁰ Grib.A, V.F.Dizendorf, eds. *Gedenkbuch: kniga pamiati nemtsev–trudarmeitsev Usol’laga NKVD/MVD SSSR 1942–1947* (Moscow: OARN, 2005), 34.

⁴⁰¹ Platonov Platon Andreevich (1922-1943). Accessed 23 January 2018, <https://www.sakharov-center.ru/asfcd/auth/?t=author&i=1800>

⁴⁰² E.M.Meletinskii, *Izbrannye stat’ i. Vospomnaniia* (Moscow: RGGU, 1998), 571.

⁴⁰³ E–B. Guchinova, *Deportatsia*, 88.

he was given a place at Tashkent city hospital thanks to the patronage of his friends from the philological faculty of the institute. They also supplied him with additional food. It saved his life, as hospital physicians knew how to properly re-feed an emaciated person.⁴⁰⁴ He died in 2005.

However, admission to the civilian health care system or invalid houses was definitely not a guarantee of escaping death, and instead better only in comparison to other scenarios. Conditions of ill-famed Sobes invalids' houses even in post-war period were probably even worse than that of the civilian healthcare facilities. According to Mark Edele 'the overwhelming impression one gets from reading archival sources on these institutions is one of utter misery and despair'. He also states that invalid houses' 'horrible living conditions were by no means the exception, but the rule'.⁴⁰⁵

Ivan Alekseevich Maksimov, a junior researcher at the Leningrad Physical-Technical Institute, was arrested in 1936 on allegations of counter-revolutionary activity and affiliation with the 'Trotskyite-Zinoviev organization'. According to his friend A. M. Pogarskii, he was released on medical grounds from Noril'lag in a 'half-dead' state. With great difficulty, he returned to his home region (Gor'kovskaia *oblast'*), but relatives refused to take him in. As a result, he died during winter transfers from one local hospital to another.⁴⁰⁶ In another

⁴⁰⁴ E.M. Meletinskii, *Vospominania*, 506-507.

⁴⁰⁵ Edele, *Soviet Veterans*, 89; Dan Healey echoes this sentiment 'These homes were so squalid and unpopular that the network was partly shut down in 1948-52' in Healey, *Lives*, 537. One may hypothesise that GULAG invalids died there *en mass* as well, but more research in the archives is needed to test this conjecture.

⁴⁰⁶ V.V.Kosarev, *Fiztekhn, GULAG I obratno: belye piatna iz istorii Leningradskogo Fiztekha in Chtenia pamjati A.F.Ioffe* (Spb: Nauka, 1993), 169.

instance, a Baptist V. P. Stepanov was arrested in the course of his trip to a religious convention in 1936, released as invalid in the same year and died in Voronezh in 1938.⁴⁰⁷

Figure 2.6. Viktor Pavlovich Andreevskii (sitting) (1889–11.05.1944)



Source: Personal archive of the author

Another example concerns the fate of Viktor Pavlovich Andreevskii, a tsarist army officer and hospital accountant from Molotov (present-day Perm'). Like Vonog, he was a

⁴⁰⁷S.N.Savinskii, *Istoriia evangel'skikh khristian-baptistov Ukrainy, Rossii, Belorussii, 1867-1917* (Spb: Biblia dlia vsekh, 1999), 362.

‘political’ sentenced under the Articles 58–10–11 of the Criminal Code in October 1940 to seven years of deprivation of liberty. In 1944, Andreevskii was released with a typical formulation: as invalid suffering from a ‘grave incurable illness’, third-degree dystrophy, a terminal phase of the ‘starvation disease’.⁴⁰⁸ He was loaded onto a train and sent to relatives in Molotov. Andreevskii’s family received a telegram from the camp, informing them of his return. His daughter tried to arrange a meeting with him at the station, but he was unable to make it. When the train stopped in Kirov, Andreevskii was carried from the boxcar into the city hospital and died there on 11 May 1944, from pulmonary tuberculosis and extreme dystrophy. A nephew of Andreevskii recalled how her mother and another relative went to Kirov to pick up Andreevskii’s body from the hospital’s morgue: ‘Mama and Iulia went to bury uncle Vitia. What they had to endure is scary to remember. Shifting through bodies, they were looking for theirs.... Uncle Vitia looked like he was made of marble, with his abdomen stuck to the spine’.⁴⁰⁹

⁴⁰⁸ Memoirs of Galina Val’terovna Kel’manovich (Vand) and Nina Iakovlevna Freiman. Personal archive of the author.

⁴⁰⁹ Memoirs of Galina Val’terovna Kel’manovich (Vand) and Nina Iakovlevna Freiman. Personal archive of the author.

Figure 2.7. Andreevskii's prison mugshot, 1940



Figure 2.8. Andreevskii's death certificate, civilian registration, 2015

Форма № 33
УТВЕРЖДЕНА
постановлением Правительства
Российской Федерации
от 31 октября 1998 г. № 1274

СПРАВКА О СМЕРТИ № 29
Андреевский Виктор Павлович
Фамилия, имя, отчество

" ___ " _____ года рождения _____ г.
умер(ла) " 11 " мая 1944 г.,
дата смерти
о чем составлена запись акта о смерти № 1257 от " 18 " мая 1944 г.
Причина смерти I. а) туберкулез легких, дистрофия

Место смерти _____
Место государственной регистрации
бюро ЗАГС Сталинского района г. Кирова Кировской области
наименование органа ЗАГС

М.П. _____ Дата выдачи " 19 " мая 2015 г.
Руководитель органа _____
записи актов гражданского состояния _____ *подпись* Е. В. Артемьева

Source: Personal archive of the author

He was fully rehabilitated on 28 December 1956, by the Decree of the USSR Supreme Court Presidium.

The 'administrative exile' scenario

Administrative exile was the third option reserved for the released, who were deemed 'politically untrustworthy', who were denied hospitalization, or who did not have any relatives. I suggest that it is reasonable to conclude that, on average, this outcome was the worst possible among the three available. While the first two variants implied at least some hypothetical form of care, however limited, this option meant even less. Except for some token and irregular sustenance, invalids were left to their own devices. Vladimir Chernavin, one of the earliest GULAG memoirists, depicts this 'transfer to exile process' in the early 1930s. He compared the mass release of invalids into exile to a 'peculiar amnesty'. The invalided ex-prisoners were sent into some backwater village in a remote location of Arkhangel'skaia or Viatskaia province, located several hundred miles from the nearest railroad. Chernavin believed that while in the camp, even in invalid concentration point, they still had a roof over their head in a 'dirty, cold barrack and got boiled water alongside 300 grams of bread.' They were given none of this in exile, 'and died there even faster than in the camp'.⁴¹⁰ Cherniavin's argument seems to be supported by some archival documents. For example, out of 480 exiles, consisting of old, freed from the camps in the village Kerchma in 1933, six died in October, ten in November, 21 in December, 22 in January, 34 in February, 15 in the first 12 days of March. During the first four months of 1933, all of the 480 exiles died.⁴¹¹

To conclude, this subsection charted possible outcomes for the invalids who returned from the GULAG. Some, particularly those who were released from the most deadly localities

⁴¹⁰V.V.Chernavin,*Zapiski 'vreditelia' . Pobeg iz GULAGa* (SPb: Kanon, 1999), 243.

⁴¹¹ Khlevniuk, *History*, 78–79.

(such as forestry camps), died immediately after arrival (e.g. Vonog, Engel'). Others managed to hold on for several weeks or months (e.g. Voronskaia). There were instances when an affliction acquired in the camp, notably TB, slowly eroded a person's health until they died several years later after discharge (e.g. Platon Klimentov). Finally, in some cases invalid ex-inmates recovered and survived until old age (e.g. Meletinskii). As for the chronological parameters, the immediate deaths of the medically discharged after return were uncovered both in turbulent periods (1933, 1941–1945) and in more 'normal' periods (the 1930s, the 1950s). The probability of survival was dependent on individual biological factors, eventualities, vicissitudes and external factors, as well as the time and place of the release. As per the principal argument of the chapter, it is reasonable to conclude that immediate death after return was far more widespread during turbulent periods, especially 1942–1944.

Conclusion

One of the most glaring gaps in our understanding of the phenomenon of medical release was the total absence of any information on what happened to invalids after they were formally discharged and sent away from the localities. This chapter filled this void by following an invalid beyond the camp limits and addressing the two principal aims, which I outlined at the beginning.

The first goal was to determine the variation of outcomes in the course of invalids' return journeys by introducing the second and the third tier of the mortality recalculation model. The individual arcs of the ex-prisoners' and internees' fates in the present and previous chapter allow us to distinguish at least three groups in the general mass of the discharged invalids, namely:

1. Those who died in the camps, en route, and very soon after return (terminally ill)

2. Those who managed to survive the homeward journey, but died several years later (chronically ill)

3. Those who lived until their old age (recovered, died in 1980s–2000s)

The distribution of these groups was unequal and their ever-changing ratio was contingent on a particular time period and the specific locality. As per the principal argument of the chapter, I argue that the first sub-group (the terminally ill, those who died, say, one month after return) had the largest ratio in 1942–1944, and was especially numerous among those released from the deadliest camps (e.g. forestry). The first group (terminally ill) and, arguably, a larger part of the second group (chronically ill) should be counted as part of the deaths caused by GULAG detention. The potential for further research lies in developing a methodology that will allow us to uncover the deaths of the released for each of the three scenarios, based on the time of death. Otherwise, we are still being deluded by the official death rates. However, the proposed differentiation is tentative. For instance, even the third group (recovered) could encompass those whose life expectancy might still be somewhat shorted by their incarceration. On the other hand, the second and the third group theoretically could include people who died due to reasons that were exogenous to the consequences of their GULAG detention. All caveats aside, I still argue that the categorization above meaningfully contributes to the on-going historiographical debate on the role and nature of release from the GULAG.

The second aim of the chapter was to uncover the existence and scale of ex-inmates' mortality en route in 1941-1945. The principal insight here is that wartime deaths en route were certainly not isolated anomalies, confined to one or two train stations or transports, but instead comprised a widely diffused, but previously unknown demographic process from Arkhangel'sk to Uzbekistan.

CHAPTER 3: 'THEY WON'T SURVIVE FOR LONG': SOVIET OFFICIALS ON MEDICAL RELEASE PROCEDURE

Soviet writer Iurii Nagibin wrote in his autobiography, 'my father returned from the camp certified an invalid due to a health condition (*aktirovannyi po sostoianiu zdorovia*), which meant: released from behind barbed wire for imminent death. A special place for his dying was designated as well – the town of Kokhma... I began to go to him and draw him from death.'⁴¹² Another prominent literary figure, Vasilii Grossman, retold a dialogue between an anonymous GULAG ex-inmate and one of the heroines, Alexandra Vladimirovna, of his seminal novel *Life and Fate*: 'I asked why he'd been released. He seemed quite surprised. 'I was written off (*aktirovan*)', he said. 'Don't you understand?' In the end, he explained that sometimes, when they're on their last legs (*umirauschie*), 'goners' are released.'⁴¹³ Finally, in the novel *Double Portrait*, Veniamin Kaverin told the story about the fate of certain prisoner, Ostrogradskii. He was freed early 'as an '*aktirovannyi*', in other words, hopelessly sick. It was a long wait, almost a year. Out of 12 only five made it, including him.'⁴¹⁴

What is remarkable about these fragments – independently created by three writers at different times – is that every single one of them contained the same implication: The authors univocally underscored the near-death condition of medically released ex-inmates. That these literary texts contain similar representations of *aktirovka* allude to the fact that at least some vague understanding of the GULAG policy of 'release-to-die' circulated in 'free' civilian society.

⁴¹² Iu. M. Nagibin, *T'ma v kontse tonnelia* (Moscow: Ripol classic, 2015), 372.

⁴¹³ V.S.Grossman, *Life and Fate* (London: Vintage books, 2011), 349.

⁴¹⁴ V.A.Kaverin, *Sobranie sochinenii, Dvoinoi portret.Roman*, Vol.6 (Moscow: Khudozhestvennaia literatura, 1966), 164.

However, what about Soviet officials tasked with the implementation of this procedure? Is there any archival evidence containing an admission from these officials of the mendacious nature of early release on medical grounds, specifically that it was consciously employed to artificially suppress mortality indicators? This chapter addresses these questions. It introduces the principal qualitative argument of this thesis in support of the ‘release-to-die’ hypothesis using the voices of Soviet bureaucrats themselves.

The first important, standalone documents that contained such acknowledgements were independently discovered by Alexopoulos (from one procurator, two camp medics and one high-level GULAG official), Bell (from one procurator) and Ivanova (from one camp judge).⁴¹⁵ Alexopoulos’ discoveries even led her to argue that ‘camp officials openly acknowledged the direct correlation between releases and mortality rates’.⁴¹⁶ She also contended that people ‘freed as incurables were often terminally ill, and this was widely understood among camp officials’.⁴¹⁷ However, I would still argue that the above six cases are not conclusive enough to generalize across such a giant system as the GULAG, and may be attributed to atypical happenstance. Moreover, none of the scholars have yet focused on officials’ confessions per se or tried to contextualize their findings with each other. As I contend, we need more evidence of this type, gathered across multiple localities, periods and bureaucracies, to convincingly substantiate such claims.

Building on the aforementioned scholarly contributions, the main goal of this chapter is to expand the argument and generate a broader, nuanced sample of bureaucratic statements of this sort. In newly discovered documents, officials voluntarily or involuntarily conceded the existence of exactly such a fraudulent

⁴¹⁵ Alexopoulos, *Illness*, 155–156; W. Bell, *War*, 61; G. M. Ivanova, *Istoriia*, 417.

⁴¹⁶ Alexopoulos, *Illness*, 155.

⁴¹⁷ Alexopoulos, *Destructive-Labor Camps*, 523.

scheme. This chapter provides, for the first time, a systematized selection of such confessions, semi-confessions and circumstantial affirmations by employees of three superstructures involved in medical release: the GULAG, the Procuracy and the Ministry of Justice (MIu). In this chapter, therefore, I demonstrate how such acknowledgements were distributed across multiple temporal, spatial and institutional variables. In order to properly articulate the circumstances behind these official ‘slips of the tongue’, each instance is embedded in its broader historical context.

As a subsidiary aim, I concentrate on the almost unexplored role of the central authorities of all three agencies in this mendacity. The common perception in the scholarship is that Moscow interpreted high mortality as an inexpedient waste of the labour force.⁴¹⁸ Mass mortality and morbidity impeded production and created unproductive expenditures: a cardinal sin during a forced industrialization drive.⁴¹⁹ Moreover, there is evidence indicating the occasional prosecution of low-level personnel for high mortality and statistical fabrications (so-called ‘*tufta*’).⁴²⁰ This seems only logical: The central administration required more-or-less objective information from the localities for rational decision-making. In this economic ‘principal-agent’ framework, one can pinpoint a clear-cut motive for local officials to manipulate mortality, in order to fraudulently obtain benefits from the central authorities and safeguard themselves from prosecution. On the other hand, Moscow’s complicity in the

⁴¹⁸ Moscow or centre here does not imply the Politburo, but the central authorities of the GULAG, the MIu and the Procuracy. For one of many examples of this notion in Russian-language scholarship see Suslov, *Spetskontingent*, 142–143.

⁴¹⁹ For typical examples of such sentiments see GARF.F.R–8131.Op.37.D.2038.L.500.

⁴²⁰ GARF.F.R–8131.Op.12.D.33.L.30. On the fabrication of economic data in the GULAG see J. Heinzen, ‘Corruption in the GULAG: Dilemmas of Officials and Prisoners’. *Comparative Economic Studies*, vol. 47, № 2, 2005: 456–475. For an example of massive ‘*tufta*’ falsification in wartime Ivdel’lag, see GARF.F.R–8131.Op.37.D.2059.L.28–32ob. On production ‘*tufta*’ in Usol’lag see Shevyrin, *Prinuditel’nyj trud*, 124.

falsification of death statistics does not seem plausible and the vast majority of scholarship seems to agree on this issue.⁴²¹

Alexopoulos usefully and provocatively presented the only dissenting opinion. Firstly, she argued that deception via release was a systematic, ubiquitous and highly coordinated conspiracy of the upper echelons of the NKVD, carried out for dozens of years with the aim of masking the ‘destructive capacity’ of the system. According to her: Officials developed strategies to keep their mortality rates low, just as they feigned higher production output through padding or deception (*tufta*). Yet such manipulations of GULAG statistics were not limited to the lower levels. The GULAG leadership and its OGPU–NKVD–MVD bosses conspired to produce camp statistics that would appear favourable.⁴²²

Secondly, this carefully orchestrated application of central policy grew exponentially over time from 1930 to 1953. It peaked in the late 1940s–early 1950s, ostensibly the deadliest period in the GULAG’s existence but one about which less is known.⁴²³ This chapter, however, strives to introduce nuance: It argues that Moscow was indeed complicit in the deliberate distortion of mortality data, but in a different way than Alexopoulos suggested.

The principal contention of this chapter and thesis is that Moscow’s involvement represented not a long–term, pro–active and well–coordinated conspiracy, but rather a situational and reactive cover–up. High and low–level bureaucratic interest in falsifying data via medical release converged during turbulent periods, but diverged considerably in more ‘ordinary’ times. In other words, the central NKVD–GULAG administration knew perfectly well that lower administrative levels falsified data. It even sanctioned this directly, as Chapter 1 has demonstrated. However, this occurred

⁴²¹ On the principal–agent model in the GULAG see L. I. Borodkin, “‘Vertikal’ upravleniia GULAGov: problema ‘principal–agent’” in *Istoria stalinisma: Prinuditel’noi trud v SSSR. Ekonomika, politika, pamiat* (Moscow, Rosspen, 2013), 25, 35.

⁴²² Alexopoulos, *Illness*, 154.

⁴²³ Alexopoulos, *Illness*, 157.

only occasionally in order to appease the political leadership under pressure from national catastrophes and resulting resource scarcity. I contend that the mendacious aspect of early release on medical grounds became ubiquitous during crises (1932–1933, 1941–1945, 1946–1947), while it receded in more ‘normal’ periods (1930–1931, 1934–1936, 1939–1941, 1948–1955). Hence, I deviate considerably from Alexopoulos’ argument. This chapter is divided into four substantive parts. I start with a note on methodology and sources. The next sections correspond to the three principal bureaucratic actors in medical discharge. I conclude with my own interpretation of the role of the central authorities in this mendacity.

A note on methodology and sources

At first glance, obtaining official confessions concerning the manipulation of camp mortality data seems like an intractable methodological conundrum. There are two conspicuous impediments. First, functionaries left only a handful of ego–documents. The few that are available understandably lack any candid attestations of this kind. No representative of the cadre of NKVD medical staff in the GULAG left any memoirs. A handful of narratives comes from prisoner–doctors, guards, mid–level administrators and accountants and do not contain any direct mention of mortality fabrication. We do not have any trials pertaining to the GULAG’s high–ranking doctors and administrators – unlike, for example, with the Nazis or even NKVD circa 1937–1938 – where such testimonies could theoretically be present.⁴²⁴ Second, the only corpus of official material at our disposal is the internal documents of the pertinent agencies.

⁴²⁴ Historians of the Great Terror, for instance, can study deceptive practices via the testimonies of NKVD officials ‘purged’ in 1939–1940. See Lynne Viola, *Stalinist Perpetrators on Trial: Scenes from the Great Terror in Soviet Ukraine* (New York: Oxford University Press, 2018).

These sources are difficult to analyse for several reasons. Medical discharge was obfuscated with a certain ‘façade of legality’, to use Wheatcroft’s apt term.⁴²⁵ The procedure included three stages. First was an examination of the invalid in the penal establishment via a special commission, resulting in the so-called *aktirovka* or *aktirovanie*, i.e. the issuing an administrative ‘act’ that certified someone an invalid. Second, the procurator would confirm this. Finally, a court would make the final decision on early release. Indeed, on the surface, it looked like a purely technical process, an innocuous variation of parole with humanitarian undertones. This semblance of orderliness is extremely difficult to penetrate. Alexopoulos encountered a similar recurring problem in her pioneering work, noting: ‘The GULAG’s internal data on medical discharges...was highly opaque.’⁴²⁶

Other complicating factors include the Stalinist bureaucracy’s proclivity toward the compartmentalization of sensitive information and multi-layered secrecy, which was especially stringent with regard to inmates’ mortality.⁴²⁷ Moreover, in the ‘formal’ edifice of Soviet agencies, prisoner death rates were supposed to be lowered by conventional therapeutic or prophylactic means, not through deceptive contrivances.⁴²⁸ Inevitably, functionaries engaged in self-censorship. They were hesitant to declare in written form, even in internal memoranda, that granting freedom to nearly dead

⁴²⁵ Wheatcroft, *On Comments by Keep and Conquest*, 1151.

⁴²⁶ Alexopoulos, *Illness*, 152.

⁴²⁷ For instance, see the usage of the euphemism ‘black’ (*chernye*) to designate deaths in an already-classified medical report from the Privolzhskii ITL in 1943 (GARF.F.R–9407.Op.1.D.343.L.4). In the ciphers of the URO, mortality was occasionally described with the euphemism ‘unloading’ (GARF.F.R–9414.Op.1.D.1143.L.5.) On the phenomenon of secrecy in the broader Soviet context see Mark Harrison, ‘Secrecy’ in *Guns and Rubles: The Defense Industry in the Stalinist State* (New Haven: Yale University Press: 2008), 230–252; ‘Secrecy, Fear and Transaction Costs: The Business of Soviet Forced Labour in the Early Cold War,’ *Europe-Asia Studies* 65 (August 2013): 1115.

⁴²⁸ For a ‘formal’ rationale, see GARF.F.R–9414.Op.1A.D.619A.L.3.

inmates would improve mortality statistics. Consequently, many classified reports on medical discharge are formulaic, purposefully ambiguous and uninformative.⁴²⁹

To circumvent these limitations, I employ institutional triangulation as a chief method to cross-reference communication among and within the three bureaucracies over a long timeframe. During 1930–1955, the agencies in question hired tens of thousands of employees. Hence, probability theory makes any specious scheme impossible to conceal: Information leaks in complex systems are ineluctable, especially under pressure. This chapter argues that the propensity to falsify data increased during disasters, which were accompanied by the worst resource deficits and highest death rates. Therefore, focusing on catastrophic periods such as war and national famines helps pinpoint direct ‘confessions’. Besides, a fresh, multi-institutional perspective allows us to examine the main questions of this chapter through the prisms of inter- and intra-bureaucratic conflicts at centre and periphery.

The GUITU and the GULAG

The penal system served as a starting point in the process of *aktirovanie*. The present subsection aims to provide evidence for each of the administrative level of the GULAG as well as the Main Administration of Corrective–Labour Establishments (GUITU), an almost unstudied civilian penal structure under the jurisdiction of the Ministry of Justice (NKIu–MIu) in 1930–1934.⁴³⁰

⁴²⁹ For a typical procuratorial report, see GARF.F.R–8131.Op.37.D.3816.L.49. For MIu, see GARF.F.R–9492.Op.5.D.67.L.158; For GULAG, see GARF.F.R–9414.Op.1A.D.363.

⁴³⁰ On GUITU, see S.A.Garanzha, ‘Ispravitel’no–trudovaia politika Sovetskogo gosudarstva (na primere obshchikh mest zakliucheniia RSFSR) v 1917–1934 gg.’ (Dissertatsia ... kandidata iuridicheskikh nauk, MGU, 2012). Khlevniuk estimates almost 800,000 prisoners there as of May 1933 (stock figure) in *Khoziain: Stalin I Utverzhdienie Stalinskoi Diktatury* (Moscow: Rosspen, 2010), 167.

The earliest hints of the deceitful application of medical release can be traced to the catastrophic 1932–1933 famine. The prison–industrial complex was severely affected: both OGPU and NKIU branches were deluged with emaciated prisoners. Registered GULAG mortality in 1933 skyrocketed to 15% per annum.⁴³¹ Every sixth prisoner died, more than 70,000 people in absolute terms in just a one year. The death toll for the GUITU sub–system is yet unknown. Bits and pieces of evidence tend to suggest that the situation there was even worse than in the more prioritized OGPU camps.⁴³²

Formally, mass death in detention was not tolerated in Moscow. Camps were forced to comply with strictly defined quotas of ‘acceptable’ morbidity and mortality rates.⁴³³ Those which managed to report declining death rates were extolled and motivated with intuitional recognition (even awards). The outliers were scapegoated and occasionally investigated.⁴³⁴ These inspections ended in the arbitrary prosecution of officials.⁴³⁵ Meanwhile, centralized supply in 1933 was severely reduced.⁴³⁶ As a result, the localities found themselves in an almost inextricable predicament: they had to adhere to blatantly impracticable central demands to lower soaring death rates quickly without any resources. Otherwise, they faced prosecution.

The abovementioned factors incentivized the penal periphery to devise clandestine self–serving schemes to provide ‘expected’ figures and deflect blame. Thus, the director of the administrative sector of KUITU of the Western Siberia krai

⁴³¹ *Istoriia*, Vol.4, 55.

⁴³² For mortality in some penitentiaries of GUITU in 1932, see GANO.F–47.Op.5.D.166.L.87; For 1933 see Khlevniuk, *Khoziain*, 168.

⁴³³ On quotas, see Alexopoulos, *Illness*, 105–106.

⁴³⁴ Alexopoulos, *Illness*, 154.

⁴³⁵ For a wartime example, see PermGASPI.F.105.Op.8.D.94.L.57.

⁴³⁶ On the 1933 ration, see RGVA.F.37837.Op.23.D.1.L.83. (I thank K.M.Aleksandrov for bringing my attention to this document); the GUITU norm for 1933 can be found in GARF.F.R–5446.Op.14A.D.745.L.22.

Emets attempted to pacify the higher-ups with a remarkable explanation behind the exponential rise of mortality under his jurisdiction (January–April 1932). While in the first four first four months of 1931 there were only 137 prisoner fatalities in 18 penitentiaries the region, region, in January–April 1932 the number swelled to 992 deaths.⁴³⁷ Three hundred nineteen nineteen out of 992 total cases (32.1%) passed away due to ‘general emaciation.’⁴³⁸ Emets Emets explicitly claimed that NKIu tardiness contributed to the crisis. The attempts of the the penal administration to get rid of ‘inconvenient’ dying and ill prisoners through *aktirovka* failed because of red tape in the criminal justice system, which delayed the process up to two months. In Emets’s words, ‘such contingents caused a significant death rate...’⁴³⁹

Essentially, a functionary complained that the sluggishness of the courts exacerbated the mortality indicator under his purview. Emets implied that if discharges had been executed more quickly, this would have lowered the death index. This is confirmed at the end of the memo by the set of measures that a GUITU bureaucrat offered to alleviate the crisis. Among other more standard enhancements (like the improvement of diet and treatment), he underscored: ‘Diminution of mortality in the corrective–labour establishments in the near future will happen due to:...Persistent and systematic demands to the judicial authorities for the application of Article 458 to invalids... for whom conditions of detention in ITU could have deleterious consequences and increase mortality’.⁴⁴⁰

Another example emanates from the GULAG circa 1935–1936, the least deadly years of the decade. At some point in 1936, a chief doctor of the prison–industrial complex – Isaak Grigorievich Ginzburg, the first head of the GULAG SANO, submitted a report to Matvei Davydovich Berman, director of the system. The memorandum was brimming with

⁴³⁷ GANO.F.R–47.Op.5.D.163.L.3.A figure of typhus–related deaths from Emets’s report was published in Isupov, *faktor*, 91.

⁴³⁸ GANO.F.R–47.Op.5.D.163.L.4.

⁴³⁹ GANO.F.R–47.Op.5.D.163.L.5ob.

⁴⁴⁰ GANO.F.R–47.Op.5.D.163.L.6ob.

institutional self–laudation and praised the decline of death rates in prisons and colonies (so–called MZ, *mesta zakluchenia*) of the RSFSR. According to Ginzburg’s data, while the death rate was hovering around 2% in 1934, it decreased to just 1.26% in 1935. Explaining this positive change for 1935, the top–echelon physician pronounced:

... In comparison with the previous year, we should take into account that in 1934 releases under article 458 were practiced more widely – and in the case of gravely bedridden patients– with transfers to civilian hospitals and this mortality was not registered in the places of detention anymore.

If, despite that, the % of mortality dramatically declined, this fact should be attributed to improvements in

- a) The general state of MZ
- b) The conditions of detention
- c) The medical setting.⁴⁴¹

This evidence suggests that Ginzburg clearly understands two facts. First, *aktirovka* was directly linked with the registered death index. Second, those released on medical grounds, at least in part, died after discharge, artificially lowering death rates in places of confinement. Remarkably, Ginzburg openly reported this to Berman. Ginzburg’s note also may also serve as an indication of the partial unreliability of low camp mortality figures for the ‘non–crisis’ years 1934–1935.

The next piece of evidence pertains to the war years, which were characterized by the worst death rates historically: roughly, one million inmates expired in 1941–1945. In addition to prisoners, the GULAG exploited other ‘contingents’ during the war. One of the most prominent comprised ‘mobilized’ internees of the ‘Labour Army’ (*trudovaia armiia*). It consisted of several ethnic minorities (most notably, Volga Germans and peoples of the Central Asian republics) deemed too ‘suspicious’ to be

⁴⁴¹ GARF.F.R–9414.Op.1.D.2740.L.20–20ob.

used as frontline troops, but still exploited for the war effort in the rear in the ambivalent status of ‘labour soldiers’. They lived and worked alongside prisoners in the same camps. The Labour Army drew extensively on GULAG theory and praxis in the development of its organizational principles. It had its own variation of *aktirovanie* (called ‘demobilization due to sickness’) which was sometimes applied, as shown below, with identical mendacious goals.⁴⁴²

Mortality among ‘labour soldiers’, especially those drafted in 1941–1942, was extraordinary even by the bleak standards of wartime. Thus, according to one document, 1,687 deaths were officially recorded in Solikamstroi (17.6% of the total population), 1,494 in Bogoslovlag (12.6% of the population) and 677 in Sevzheldorlag (13.9% of the population in just three months).⁴⁴³ Mass death was accompanied by equally massive medical demobilizations. These four camps alone (total population 34,677) released 6,425 internees on medical grounds in January–July 1942, with Bogoslovlag alone discharging 4,107 invalids.

The scale of deaths and medical releases had become so large by 1941–1942 that it seemed likely that the newly acquired ‘labour capital’ might be squandered in just a few months.⁴⁴⁴ In April 1942, this forced the GULAG leadership to enjoin local officials not to proceed with medical demobilization without getting its approval in each case. In one inquiry for such authorization dated 20 October 1942, commander of Solikamstroi Boikov and head of its URO Olekhovich called for GULAG Director Nasedkin’s ‘urgent sanction’ to demobilize 184 invalids. The reason was straightforward: Lack of food and the coming winter could increase mortality.⁴⁴⁵

⁴⁴² GARF.F.R–9479.Op.1.D.147.L.118–119.

⁴⁴³ GARF.F.R–9414.Op.1.D.1157.L.149–149ob.First published in G.A.Vol’ter, *Zona*, 272.

⁴⁴⁴ V.M. Kirillov, N.V. Matveeva, ‘Trudmobilizovannye nemtsy na Urale: sostoianie i novye aspekty issledovaniia problem’ in *Nachal’nyi period Velikoi Otechestvennoï voiny i deportatsiia rossiiskikh nemtsev: vzgliad i otsenki cherez 70 let* (MSNK–press, 2011), 627–655.

⁴⁴⁵ GARF.F.R–9414.Op.1.D.1157.L.160.

Although Solikamstroi's petition was denied, massive discharges of emaciated internees continued unabated during 1942, occasionally without the permission of the authorities.⁴⁴⁶ In order to get rid of invalids, local administrators took risks and broke of command. This may serve as an indication of how desperate the situation was on the at the time. As a result, the NKVD temporarily rescinded medical demobilization October 1942, in a futile attempt to preserve the workforce. Recorded mortality rates ballooned even more. Local camps immediately issued frantic pleas asking the GULAG-Centre to reinstate the procedure. In one case, the deputy commander of Volzhlag, captain of state security Zaikin, sent a desperate request to Nasedkin on 15 December 1942. Zaikin noted that because of the ban on discharge, 450 invalids were stranded in the camp. He insisted that 'the question of demobilization of *aktirovannye* invalids needs to be resolved in the most urgent manner'. According to the commander, 'Taking into account the fact that mortality among invalids has reached 30 cases in November...I request your order to immediately demobilize the invalids.'⁴⁴⁷ I argue that Zaikin was frustrated with his inability to remove dying internees from the statistical record of his camp because the increased death rates guaranteed trouble for him and his subordinates.

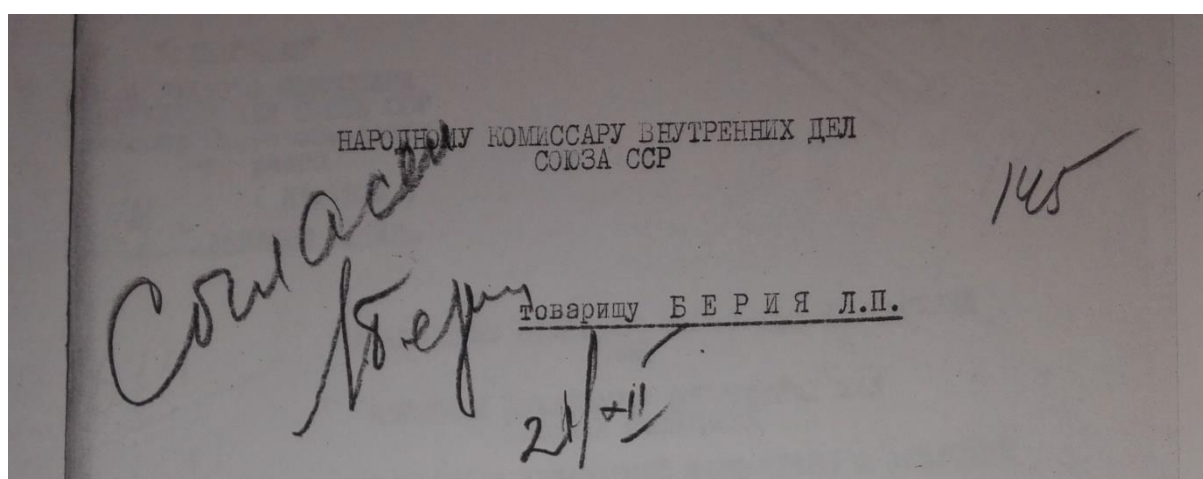
The GULAG leadership, regularly briefed on the negative trends in health indicators across the system, was sympathetic to pleas like Zaikin's. However, the final decision on the reintroduction of *aktirovanie* in the Labour Army rested with the Minister of the Interior, Lavrentii Pavlovich Beria. Consequently, to justify its reinstatement to his own superiors, Nasedkin produced a missive on 18 December 1942, two months after he himself had prohibited the medical discharge of

⁴⁴⁶ GARF.F.R-9414.Op.1.D.1157.L.156,158.

⁴⁴⁷ GARF.F.R-9414.Op.1.D.1157.L.150.

trudarmeitsy. Its arguments are revealing, since Nasedkin frankly used the catastrophic increase in registered mortality to make his case. According to him, while deaths had decreased somewhat in a few local administrations, mortality soared in the ill-famed forestry forestry camps and *Bakalstroi*. In conclusion, the GULAG chief noted that ‘situation in *Bakalstroi* is also unfavourable, where 677 people died in second quarter, 492 in the third quarter and 646 in two months of fourth quarter... To avoid a further increase of mortality and the number of invalids, I would recommend implementing the demobilization of German-invalids now.’⁴⁴⁸ Beria acquiesced.⁴⁴⁹

Figure 3.1.L.P. Beria’s resolution ‘Agreed’ on the memo, which proposed reintroduction of medical release in the Labour Army, December 1942.



Source: GA RF.F.R–9414.Op.1.D.1157.L.145.

From December 1942, medical releases of Volga Germans resumed. To contextualise this, we should also note that, four months later, Nasedkin would sign directive № 42/232546, which proposed to exclude the deaths of freed inmates from ‘regular’ mortality accounting

⁴⁴⁸ GARF.F.R–9414.Op.1.D.1157.L.148.

⁴⁴⁹ GARF.F.R–9414.Op.1.D.1157.L.145–146.

(see Chapter 1). Given this evidence, I argue that the GULAG director clearly understood the connection between medical release and the artificial reduction of the mortality index. Under certain critical circumstances, he advocated it for prisoners and ‘labour soldiers’ alike.

This whole episode is indicative of the general ambivalence of high-level NKVD officials towards the application of *aktirovanie* during catastrophes. On the one hand, its large-scale use wasted the Volga German workforce, which the NKVD had taken great pains to deport, supply and assemble. On the other hand, *aktirovka* helped keep soaring mortality down. The NKVD was undecided over which imperative held more priority. Hence, it conducted this self-contradictory, haphazard policy. Importantly, Nasedkin was not afraid to break the ‘façade of legality’ and advertise *aktirovanie*’s impact on registered mortality as a compelling argument to the NKVD top brass. This raises another question were Nasedkin’s immediate superiors in the NKVD hierarchy, at the Ministerial level, also aware of the mendacious aspects of medical discharge?

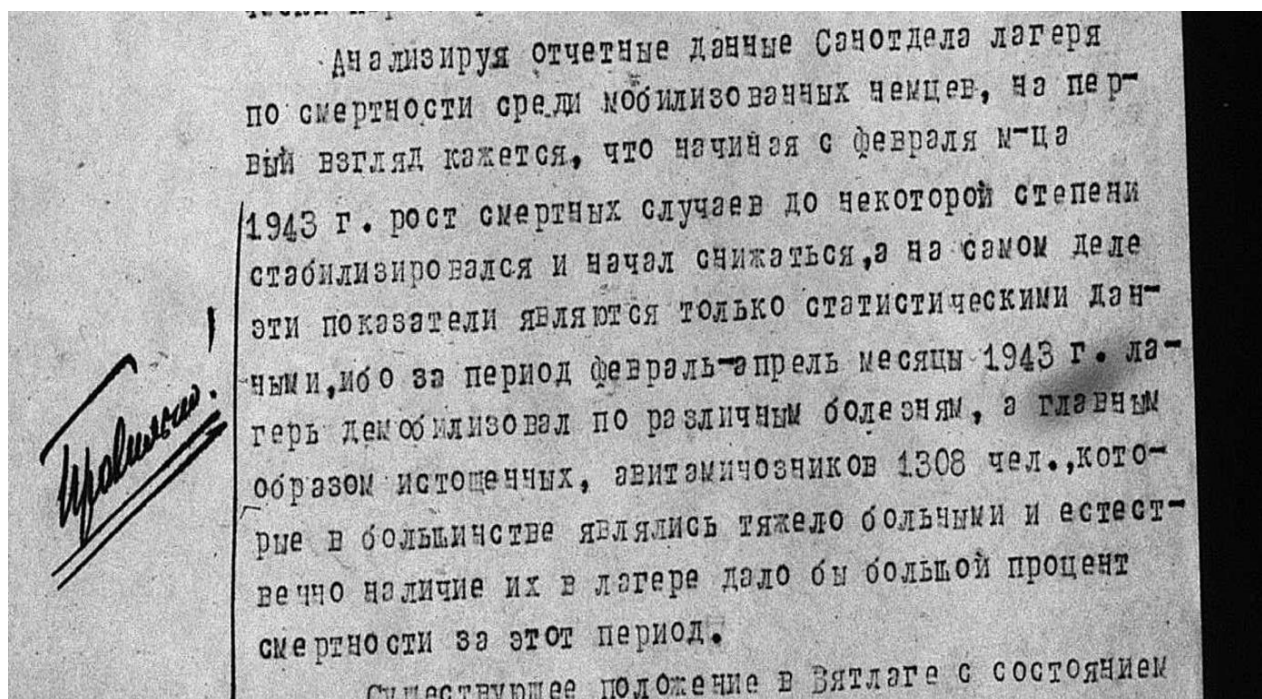
This can be addressed by examining a report by senior URO inspector Nechaev and deputy head of the Production Department of ULLP (the main administration of forestry camps), Engalychev. Both inspectors were sent to investigate the deadly Viatlag forestry camp that housed prisoners and ‘labour soldiers’. Their scathing memo, dated 3 July 1943, was addressed to Beria’s right-hand man and supervisor of the GULAG in the central NKVD apparatus: Deputy Interior Minister Vasilii Vasil’evich Chernyshev.⁴⁵⁰ Handwritten notes left by Chernyshev enhance the value of the memorandum. To depict the harsh conditions in the camp, Engalychev and Nechaev furnished the following data on its Labour Army population. From February

⁴⁵⁰ GARF.F.R-9414.Op.1.D.1183.L.35-43.

1942 to June 1943, the camp 'lost' 3,329 out of 6,977 deported (57% of the initial contingent): 1,186 *trudarmeitsy* died and 1,308 were demobilized on medical grounds.⁴⁵¹ The majority of internees were extremely debilitated. Commenting on a seemingly positive downward trend in the months before their inspection, the inspectors forthrightly confessed:

If we analyse the data of the Sanitary department of the camp on mortality among the mobilized, at first glance it may seem that, starting in February 1943, the growth in terminal cases somewhat stabilized and began to wane; but in reality these indicators are just statistical data because the camp demobilized 1,308 people due to various ailments, predominantly those emaciated and afflicted with vitamin deficiency disease who were, in the majority of cases, gravely ill and certainly, if they had remained in the camp, it would have produced a high death rate for this period.⁴⁵²

Figure 3.2. Deputy Minister V. V. Chernyshev's handwritten note on Engalychev's and Nechaev's memorandum on Viatlag, July 1943.



Source: GA RF.F.R-9414.Op.1.D.1183.L.42.

⁴⁵¹ GARF.F.R-9414.Op.1.D.1183.L.37-38.

⁴⁵² The last sentence was quoted by Kurochkin, German in *Nemtsy*, 118. Here the quotation is presented in full.

Chernyshev drew a line in the margin and wrote next to it: ‘Correct!’⁴⁵³ (See Figure 2.) This exclamation confirms that Beria’s deputy was conscious that those released were on the brink of death and that medical discharges heavily distorted objective camp mortality statistics. It is instructive how the inspectors used the expression ‘just statistical data’ to describe the superficial, misleading nature of registered official figures.

Valuable evidence can be inferred from reports of local doctors in 1943–1945. In August 1943 the head of the medical–sanitation department of the Tambov regional labour colonies (OITK) Chernysheva (alongside with commander Popov) complained about the sudden illness of the regional judge and the sluggishness of her subordinates ‘who postponed for considerable periods of time the *aktirovanie* of those known to be hopeless (*‘zavedomo beznadezhnye’*) invalids’.⁴⁵⁴ The adjective ‘hopeless’ unequivocally suggests: the head doctor understood the terminal condition of the candidates for discharge. Delays inevitably increased recorded mortality, presenting the penal medical service under her command in an unfavourable light to the senior officials.

The final piece of evidence for the penitentiary system became known due to one of the many conflicts of interest between the GULAG and MIu. On 7 September 1947, the head of the URO and GULAG Deputy Director German Markovich Granovskii sent an inquiry to the head of the Directorate of the Camp Courts, Dobronravov. According to Granovskii, the commander of the regional colonies of Vladimirskaiia *oblast’*, major Kuznetsov, complained of the systematic delays imposed by the regional court while processing materials pertaining to medical release under

⁴⁵³ GARF.F.R–9414.Op.1.D.1183.L.42.

⁴⁵⁴ GATO.F.R–3957.Op.2.D.42.L.22.

Article 457 of UPK. When Kuznetsov tried to approach the chairman of the judiciary – a certain Gridneva – with a request to expedite the reviews, the judge responded that there were no established timeframes for the consideration of such cases. Therefore, Gridneva retorted, they would be resolved when the court had time for them. Granovskii asked Dobronravov to intervene and force the judiciary to process the materials faster. For the present discussion, it is important that a top–echelon bureaucrat offered a revealing justification as to why judicial inaction was so detrimental. According to Granovskii, ‘As a result of the delay in processing these cases in the regional court, in July 1947 alone there were four deaths among those eligible to be released due to ill health and whose materials were already in the court.’⁴⁵⁵

In the final analysis, how can we interpret Granovskii’s intervention and link it to the rest of the evidence? First, it shows that the URO director was cognizant of invalids’ mortality. In that respect, we can add him to the cohort of other top NKVD–MVD officials who were, as we have determined, privy to this knowledge. They included his immediate superior, the seventh GULAG Director Nasedkin; third GULAG Director and Deputy Interior Minister Berman; SANO chief Ginzburg; and Deputy Interior Minister and sixth GULAG Director Chernyshev. Moreover, Granovskii’s 1947 message becomes suggestive and even stereotypical if we contextualize it with the earlier cases of Emets (1932) and Chernysheva (1944). These incidents were separated by many years and involved penal officials of various affiliations and ranks, from a subaltern camp doctor to a mid–level officer and a top administrator. Nevertheless, they manifested an almost identical pattern: Penal bureaucracy clashing with the criminal justice system over expediting invalids’ cases. The reason was the same in all three instances. Candidates for release died too early due to unwanted backlogs, exacerbating registered mortality in the GULAG’s zone of responsibility. Exactly the same phenomenon was discovered by Alexopoulos, who found two additional examples where

⁴⁵⁵ GARF.F.R–9492.Op.5.D.15.L.83–83 ob.

officials complained that ‘high rates of mortality were attributed to their inability to release prisoners in a timely manner’.⁴⁵⁶

The Procuracy

The Soviet Procuracy – a powerful bureaucratic competitor of the NKVD–MVD – served as an idiosyncratic external check on the GULAG’s operations from the early 1930s. The inspection mechanism worked via a dedicated Department of Oversight over Places of Confinement in Moscow and special camp procurators on the ground.⁴⁵⁷ Despite the availability of a vast amount of archival material, the camp Procuracy remains one of the least researched agencies of the Stalinist state. The main function of these supervisory agents was to enforce Soviet laws and the internal administrative regulations of the penal establishments. The camp procurators had the investigative authority to prosecute both officials and prisoners for a plethora of illegalities, from embezzlement or inflation of production output to beatings and homicides behind barbed wire. Importantly, it had a crucial, albeit totally unstudied, oversight function in the medical release process.

After an invalid was approved for release via a commission of penal officials, his case file was transferred for procuratorial review before going to the court for the final ruling. The camp procurators were also obliged to participate in court sessions regarding early release on medical grounds. If, for some reason, the procurator decided that the prisoner did not meet the criteria for discharge, he had the legal right to override the decision of the camp or judicial authorities by issuing a ‘protest’.

⁴⁵⁶ Alexopoulos, *Illness*, 155.

⁴⁵⁷ For an archetypical camp Procuracy report, see GASO.F.2596.Op.1.D.1998.L.1–30.

If we take the stated goals of the camp Procuracy at face value, one can assume that its materials may provide invaluable insights into the fabrication of mortality data. First, procurators were required to investigate egregious cases of prisoner mass death and punish responsible officials.⁴⁵⁸ Second, they were supposed to investigate all suspicious cases where accounting was manipulated. Finally, by their very purpose, the camp procurators epitomized ‘socialist legality’ and, in theory, were antagonistic to the GULAG. However, the actual picture that emerges from the archival documents is far more ambivalent. The fundamental problem was the structural, almost ubiquitous corruption that plagued the camp Procuracy from its inception under Stalin. Although formally working for a rival agency, camp procurators habitually colluded with or were even subjugated to the local NKVD administration. Hardy characterised this phenomenon during the Khrushchev period as an enduring remnant of pre-1953 times.⁴⁵⁹ Under Stalin, this tended to be even more pronounced.

This led to three differing patterns in procuratorial behaviour regarding supervision over *aktirovanie*. In rare instances, independently minded procurators exposed the fabrication of mortality statistics via medical release, although this did not necessarily guarantee the criminal prosecution of the guilty parties.⁴⁶⁰ I would argue that such instances were aberrations. The second scenario was far more pervasive: a procurator would tersely report on their supervision over the process. Such reports, as a rule, tended towards reticent, laconic, often quantitative formulations devoid of any mention of the invalids’ state of health.⁴⁶¹ Finally, as we shall see below, a substantial proportion of procurators shared the agenda of their camp administration and acted as accomplices to the GULAG officials in the practice of

⁴⁵⁸ For example, see PermGASPI.F.105.Op.8.D.94.L.90–103.

⁴⁵⁹ Hardy, *GULAG*, 98.

⁴⁶⁰ GARF.R-8131.Op.37.D.2498.L.148.

⁴⁶¹ For example, see reports from Noril’lag (GARF.F.R-8131.Op.37.D.2063.L.36) and Nizhneamurlag (GARF.F.R-8131.Op.37.D.2041.L.118ob.) camp procurators and many other similar memos in Op.37.

‘release-to-die’. However, how far did the corruption go? Was this third pattern confined exclusively to local levels? Or – like GULAG Director Nasedkin and his deputies Loidin and Granovskii – did the procuratorial headquarters in Moscow also know of, or even secretly support, the mendacious application of *aktirovka*? This subsection addresses these questions.

The earliest example of the third pattern can be uncovered as early as 1935. On 28 February 1935, the Deputy procurator of Dmitlag, Chernetskii, sent memo № 2011 to the senior aide to the USSR Procurator, Evsei Gustavovich Shirvindt. It read:

We have incidents in the camp where formalization of releases under Article 458 UPK requires urgent completion, which is hampered by the generally accepted method of processing for this kind of cases, taking up to two months. For several categories of illness, this time of review is too protracted (Kats, Sheshnichev, Ivanov and others). As a result, there are instances of deaths of *aktirovannye* and those who are included in the lists under the Article 458 UPK (the most recent example is an incident with *z/k Zhugan*). Taking into consideration the need for immediate processing of *z/k z/k* releases in some cases, I ask You to consider the possibility of discharge under 458 UPK through *narsud* (local district court) and *Oblsud* (regional court) dedicated to Dmitlag cases, which will give us the opportunity to review cases of this type in two to three days and avoid mortality.⁴⁶²

The procurator’s demand is revealing in four ways. First, the evidence suggests that the 1935 annual death rate in prioritized, relatively well-supplied Dmitlag was probably higher than was registered (2.3%).⁴⁶³ It is instructive that even during periods where mortality was at record lows (1935–1936), officials were manipulating the data. Second, Chernetskii clearly construed inmate ‘mortality’ not as an objectively registered demographic process. For him it was a malleable abstract indicator, which could be adjusted to the vested interest of the camp. Third, the appeal to expedite the procedure to ‘avoid mortality’ is surprisingly harmonious with similar requests from the GULAG officials introduced previously. Lastly, the level of

⁴⁶² I thank Golfo Alexopoulos for supplying me with the archival reference: GARF.F.R–8131.Op.12.D.38.L.2. Chernetskii’s memo was discovered for the first time and partly quoted in Alexopoulos, *Illness*, 156. Here the document is presented in full.

⁴⁶³ GARF.F.R–9414.Op.1.D.2740.L.27.

Chernetskii's frankness is striking. It shows what one could discuss with the oversight agency headquarters without resorting to ambiguous language or intimations. Chernetskii's addressee, Evsei Shirvindt, was no less than the USSR procurator's second-in-command, an influential figure in the Soviet criminal justice establishment of the 1930s.⁴⁶⁴ Such a high-ranking interlocutor suggests that the Procuracy top echelon was well-informed about a fraudulent facet of the procedure.

The next substantial piece of evidence dates from 1941–1945. Some procurators understood that the medically released were on the brink of death and wrote about this openly without any attempt at obfuscation. For instance, the procurator of Birlag (Khabarovskii krai, Far East) Mikhailov noted in his report to Moscow from 24 January 1942 about invalids designated for discharge: '...In order to double-check their health condition, I personally travelled into camp divisions, inspected all the invalids and was convinced that they will not survive for long if they are set free.'⁴⁶⁵ Finally, as we shall see below, a substantial proportion of procurators shared the agenda of their camp administration and acted as accomplices to the GULAG officials in the 'release-to-die' practice.

Thus, Arkhangel'skoe UITLiK procurator Mikhail Isaevich Khelemskii informed Moscow that the regional penal system released 6,751 invalids in 1943. According to Khelemskii: 'Because of this and other measures, we managed to achieve a sharp reduction in the mortality rate in the regional UITLiK and Arkhlag NKVD....' As evidence, Khelemskii included the following data (see Table 3.1)

⁴⁶⁴ On Shirvindt, see Michael Jakobson, *Origins of the GULAG: The Soviet Prison Camp System, 1917–1934* (Lexington, Ky: University Press of Kentucky, 1993), 71.

⁴⁶⁵ GARF.F.R–8131.Op.37.D.799.L.110.

Table 3.1. Monthly mortality rate in Arkhangel'skoe UITLiK and Arkhlag, 1943

Period	Mortality (% to the average population)
In UITLiK	
I quarter of 1943	1.36
II –'–	1.32
III –'–	1.07
IV –'–	0.89
In Arkhlag	
I half year of 1943	0.6
II –'–	0.4

Source: GAAO. F.5865.Op.2.D.11.L.54–55

Khelemskii's report offers several points to consider. First, it becomes clear that the putative decline in the death rate occurred at least partly due to the release of invalids and not necessarily because prisoners there were supplied or treated better. Second, the intended audience for Khelemskii's report is very important. It was sent to Vladimir Pavlovich D'iakonov, USSR Deputy Procurator and head of the department that oversaw places of detention. Notably, as Chernetskii in Dmitlag, Khelemskii considered it appropriate to frankly discuss with one of the highest functionaries in the entire Procuracy how the release procedure contributed to a diminution in mortality.

He did not conceal it from his superior. On the contrary, Khelemskii highlighted his own participation in the process and took credit for its revitalization.⁴⁶⁶ This suggests that at least some local procurators and the head of the department that oversaw places of detention were personally complicit in the distortion of mortality data.

The following case of procurator Bubnov of Sevpechlag helps to substantiate this interpretation. As soon as the situation began to normalize in 1944, local camp administrations were dissuaded from the massive application of *aktirovanie*. Starting in spring 1944, the number of freed invalids decreased significantly. In some localities, it dropped to zero.⁴⁶⁷ One such camp was Sevpechlag (Pechorlag), tasked with railroad construction in the Komi Autonomous Republic. In October 1944, its procurator Bubnov sent a communication to Sevpechlag commander Barabanov and his own Moscow superior, D'iakonov. He protested the 'abnormal state of affairs' with medical release in the camp. Beginning in March 1944, Sevpechlag had failed to discharge even a single invalid. On 29 May 1944, the procurator had advised the camp command to resume the practice. Although five months had passed since this reminder, Bubnov complained, it continued to be ignored. The procurator also personally approached the deputy commander, captain Artamonov, and admonished him many times about the necessity of initiating the procedure. Artamonov promised to address the issue but had done nothing.

It is important to highlight that the principal argument in favour of the reintroduction of *aktirovanie*, as formulated by Bubnov, was to counter increasing prisoner mortality.⁴⁶⁸ The procurator ended his communiqué by urging Sevpechlag's commander to compel the heads of SANO and OURZ to 'proceed immediately' with

⁴⁶⁶ GAAO.F.5865.Op.2.D.11.L.52.

⁴⁶⁷ GARF.F.R-9414.Op.1.D.1146.L.26-26 ob.

⁴⁶⁸ GARF.F.R-8131.Op.37.D.2053.L.171.

medical release. The issue was important enough to be directly overseen by Deputy USSR Procurator D'iakonov yet again. On 14 December 1944, he wired Bubnov with a request to inform him about the concrete measures Sevpechlag had taken to implement *aktirovka*.⁴⁶⁹ In response, deputy commander Artamonov sent a detailed report directly to D'iakonov, which described Sevpechlag's renewed efforts to release invalids.⁴⁷⁰

What can we glean from this episode? In theory, Bubnov was supposed to prosecute penal officials for high mortality and statistical manipulation. In practice, the Sevpechlag procurator was himself an active participant in fabricating data, with the full approval and supervision of his Moscow boss. Quite paradoxically, the camp Procuracy – both central and local – was apparently even more concerned with the artificial reduction of death rates in Sevpechlag than its own passive NKVD administration. Importantly, Bubnov's behaviour was not a deviation by the standards of his department. His emphasis on urgency is consonant with almost identical requests for the intensification of medical releases 'to avoid mortality' from other procurators: Dmitlag Deputy procurator Chernetskii (1935; discovered by Alexopoulos), Novosibirskoe UITLiK procurator Kondrashev (1944; found by Wilson Bell), Azerbaijani UITLiK procurator Khelemskii (after his transfer from Arkhangel'sk, 1945), and Uzbekistani UITLiK procurator Fedorovich (1945).⁴⁷¹ In Fedorovich's and Khelemskii's cases, D'iakonov played the same supervisory role as in the Sevpechlag incident.⁴⁷²

I would argue that these examples elucidate a peculiar convergence of the institutional interests of the GULAG and the camp Procuracy, which, to date, has

⁴⁶⁹ GARF.F.R–8131.Op.37.D.2053.L.172.

⁴⁷⁰ GARF.F.R–8131.Op.37.D.2053.L.175.

⁴⁷¹ Alexopoulos, *Illness*, 156; Bell, *War*, 61; GARF.F.R–8131.Op.37.D.2523.L.15;GARF.F.R–8131.Op.37.D.2482.L.78.

⁴⁷² GARF.F.R–8131.Op.37.D.2523.L.18; GARF.F.R–8131.Op.37.D.2482.L.79.

found insufficient reflection in scholarship on camp mortality statistics. It is important to underline that the tasks of the camp Procuracies included oversight over mortality reduction measures, especially during wartime. The procurator was seen as an efficacious overseer when the camp under his supervision demonstrated a downward mortality trend. High death rates in some rare instances could even lead to demotion and other career trouble.⁴⁷³ In this context, the Procuracy acted as an ‘advisor’ to GULAG officials, encouraging them to tweak the statistics in a desirable direction for both agencies.

The Ministry of Justice

Separate camp courts were organized by a Decree of the Central Executive Committee and Council of People’s Commissars on November 17, 1934.⁴⁷⁴ The rationale was similar to the deliberations behind the establishment of the camp Procuracy: the penitentiary system had become so large that it required its own judicial organs. For the present discussion, it is important that, in addition to regular criminal proceedings, the second main prerogative of the camp court system was the consideration of medical release cases.

The court represented the last stage in the entire procedure. It wielded the legal power to issue so-called judicial determinations (*sudebnoe opredelenie*) on discharge.⁴⁷⁵ The latter could be either negative or positive, depending on a set of variables. According to Galina Ivanova, the proclaimed independence of the camp courts was largely illusory.⁴⁷⁶ With an obvious parallel to the Procuracy, penal justice often (but not always) fell under the sway of the NKVD–MVD. Not surprisingly, this influence pervaded medical release cases as well. As the judge of Ukrainian UITLiK Zhlobin complained in 1948 – only the MVD had tangible

⁴⁷³ ‘High mortality’ in Unzhlag was one of the reasons why its procurator Abrosimov lost his post and got demoted in September 1942 (GARF.F.R–8131.Op.28.D.97.L.13–13ob.).

⁴⁷⁴ GARF.F.R–428.Op.3.D.23.L.1.

⁴⁷⁵ For examples see GASO. F.R–4958.Op.17.D.6; GARF.R–9492.Op.5.D.30.L.11–12ob.

⁴⁷⁶ Ivanova, *GULAG*, 397.

influence in the process, while the courts and procurators were powerless.⁴⁷⁷ It can be presupposed that this dependency made some camp judges susceptible to fabricating rates via *aktirovanie* in the economic or political interests of the GULAG. However, the ‘façade of legality,’ as a rule, prevented the judiciary from being overly candid in depicting this deception in official correspondence.

Nevertheless, institutional bickering and friction again help to reveal evidence otherwise camouflaged behind formalities. The first set of clues revolves around the perennial battle against so-called ‘*volokita*’ (red tape) in medical release.⁴⁷⁸ A memo sent by the head of the Directorate of the Camp Courts, Pashutina, on August 6, 1948 to the USSR Minister of Justice Konstantin Petrovich Gorshenin, could serve as an example. If the director of the GULAG URO Granovskii castigated the courts in 1947 for delays and the resultant deaths, Pashutina returned the favour and accused NKVD–MVD commissions of exactly the same ‘sin’. To lend credence to her claim, she submitted the following data to the Minister (see Table 3.2).

**Table 3.2 Time spent processing selected medical release cases by administrative tier
(1947–first quarter 1948)**

	Up to 5 days	Up to 10 days	Up to 20 days	Above 20 days
In the commission	513 (13.3%)	809(20.9%)	985 (25.9%)	1554 (40.3%)
In the Procuracy	1744 (45.3%)	1299(33.6%)	441 (11.4%)	337 (9.7%)
In the court	1991 (51.8%)	700(18%)	880 (22.8%)	290 (7.4%)

Source: GA RF.F.R–9492.Op.5.D.42.L.224

⁴⁷⁷ GARF.F.R–9492.Op.5.D.21.L.249–250.

⁴⁷⁸ Ivanova, *GULAG*, 417.

According to Pashutina, red tape, especially prevalent at the level of camp commissions, had led to ‘very serious consequences – the mortality of the prisoners’. After providing statistical data on deaths for several localities, the head of the MIu Directorate offered concrete examples of such incidents. In Molotovskaia *oblast’*, the prisoner Egorov was diagnosed with TB of the lungs on 1 January 1948. The central commission of the UITLiK processed his case–file almost a month later, on 21 January. The case was then held up in the Procuracy for half a month, until the procurator finally transferred Egorov’s file to the camp court on 1 March. When, at long last, members of the court arrived at the regional hospital, it was discovered that Egorov had passed away on 2 February.⁴⁷⁹ On 16 January, the local medical commission of the same hospital certified another prisoner, M.M. Kudriashov, as suffering from a ‘grave incurable malady’. The central commission of UITLiK ‘freed’ Kudriashov on 2 February 1948, while the procurator sanctioned this even earlier. When the court convened to process his case, the judges were informed that Kudriashov had died on 2 February 1948. Both incidents were not exceptions. Pashutina concluded that ‘analogous red tape (*volokita*), leading to the deaths of prisoners, was allowed in the instance of prisoner Votinov and other cases’.⁴⁸⁰

Pashutina’s memo confirms three things. First, some of those designated for discharge in 1947–1948 were nearly dead or dying. Second, the head of the Directorate considered this important enough to inform the Minister of Justice about it. Third, top judicial authorities considered it unacceptable that administrative stagnancy was causing these deaths (‘very serious consequences’). This was exactly the case with the Procuracy and NKVD–MVD in the

⁴⁷⁹ GARF.F.R–9492.Op.5.D.42.L.224–225.

⁴⁸⁰ GARF.F.R–9492.Op.5.D.42.L.225.

examples cited earlier, showing remarkable intra–bureaucratic congruency. As a result, during 1947–1948 the central MIu issued several categorical orders, some signed by the Deputy Minister of Justice, to expedite *aktirovka* and fight *volokita* in various localities.⁴⁸¹

Evidence can also be gleaned from an analysis of expressions employed by camp court judges. In 1948, the camp court of Sverdlovskaiia *oblast'*, chaired by Didenko, refused to medically release a certain bedridden inmate I. T. Lukin, who was suffering from an ‘irreversible form’ of alimentary dystrophy (starvation) as well as senile decrepitude.⁴⁸² Again, we see a clear indication of a terminal stage of illness, openly listed in the medical examination files. In another example, on 5 August 1948 the chairman of the Azerbaijani UITLiK camp court Frolov furnished a breakdown of diagnoses of those medically released from the colonies of the republic (see Table 3.3).

⁴⁸¹ GARF.F.R–9492.Op.5.D.32.L.20.

⁴⁸² GARF.F.R–9492.Op.5.D.42.L.219.

Table 3.3. Diagnoses of medically released invalids in Azerbaijani UITLiK (the first half 1948)

Diagnoses	Absolute number	Percentage (% of total number of cases)
Alimentary dystrophy	264	60.9
TB	77	17.8
Diseases of internal organs	55	12.8
Diseases complicated by senility	19	4.3
Invalidism leading to total disability	5	1.1

Source: GA RF.F.R–9492.Op.5.D.34.L.69

The camp judge left a revealing comment under this table: ‘It is necessary to emphasize that the early release of prisoners convicted for serious crimes was applied only when the inmates were in a hopeless condition and on their deathbeds (*iavliaiutsia smertnikami*).’⁴⁸³ Translating this passage is tricky. The word *smertnik*, employed by Frolov, can be translated as ‘condemned to death’ or ‘dead man walking’. Semantically, it suggests that at least some of those released were on the brink of death and that this was clearly understood by the judge.

Frolov continued to use this vocabulary in regular monthly court reports. According to these reports, even in the late 1940s, when medical releases radically decreased and conditions in the camps somewhat improved, prisoners in Azerbaijani colonies – mostly

⁴⁸³ GARF.R–9492.Op.5.D.34.L.70.

convicted for theft under the draconian laws of 1947 – were released with dystrophy diagnoses. Thus, Liafitova Sakhina Abbas kizsi received five years' deprivation of stealing one turkey from collective farm. She spent four months in the colony and was with the following description: 'suffering from third-degree alimentary dystrophy, cachexia, the condition is hopeless'. Petr Maksimovich Marushin received ten years' deprivation of liberty for stealing 2kg of flour, but served only one year of his sentence. He was discharged with ascites in a 'hopeless condition'.⁴⁸⁴ TB was also widespread. Tagiev Hussien Aga Mamed Ogly received a five-year sentence for stealing a suitcase and spent two years, two months behind bars. He was released from the colony with 'multiple tuberculosis lesions of the glands with suppuration, decay, and fistulas'.⁴⁸⁵ Hussien Guli Aga Ogly Mamedov was sentenced to five years' deprivation of liberty for stealing three sheaves of barley from a *kolkhoz*. He spent seven months in the colony and was set free with 'stage-three dystrophy coupled with diarrhoea' in 'extremely grave condition'.⁴⁸⁶ As we can see, the majority of the invalids released in the 'non-catastrophic' years from the Azerbaijani colonies were unequivocally characterized as 'extremely grave' or 'hopeless' by the camp judiciary. Moreover, in another report to Moscow, Frolov made probably one of the bluntest confessions on the mendacious application of *aktirovka* ever recorded. On 1 January 1949, he wrote to the head of the Directorate, Pashutina:

186 people...were freed from serving their sentence in the third quarter. The overwhelming majority of them were in hopeless condition. The majority of those who were released in the past were in an analogously hopeless condition. Apparently, this can explain the fact that parolees prone to crime do not return to places of confinement; they die soon after release. In some cases, the court considers medical discharge of inmates solely because they end up in a hopeless condition... Recently, people have been discharged (*aktiruiutsia*) only when their state of health becomes

⁴⁸⁴ GARF.R-9492.Op.5.D.58.L.124.

⁴⁸⁵ GARF.F.R-9492.Op.5.D.58.L.135.

⁴⁸⁶ GARF.F.R-9492.Op.5.D.58.L.124.

obviously hopeless. Maybe we should change this practice in the sense that we should implement *aktirovanie* before the onset of such a state, i.e. in order to save people?... All these questions deserve attention because the current practice of early release justifies itself solely in a sense that it reduces mortality in places of confinement. And that's it.⁴⁸⁷

Apparently, Frolov's disarming candour seemed excessive to the central Directorate. First, Pashutina left handwritten notes near his statements: a question mark near 'they die soon after release', as well as question and exclamation marks near the affirmation that medical discharge reduced death rates.⁴⁸⁸ I hypothesise that these symbols conveyed her displeasure. Second, Pashutina responded personally to Frolov's report on 7 February 1949 with a series of critical remarks. Among other things, she succinctly qualified his assertion that 'all the prisoners' were in a hopeless condition and died soon after release as 'wrong'.⁴⁸⁹ Notably, Pashutina did not explain why she believed this. Nevertheless, immediately after this somewhat unfounded critique, she provided the following advice: 'If, in selected cases, nominations for the early release of prisoners suffering from grave incurable illness or totally disabled are delayed through the fault of administration for a long time, raise this question officially before the republican Minister of the Interior.'⁴⁹⁰ Essentially, she insisted that Frolov should fight red tape in the MVD. In his report, Frolov had noted that two cases were dropped from review by the judiciary: One prisoner died four days before the file reached the court and the other on the day of the court session concerning his release.⁴⁹¹

How can we reconcile the apparent contradiction in her response? I contend that Pashutina's reaction, on the one hand, demonstrates a renewed 'façade of legality'. What one could say openly in the catastrophic year of 1947, which occasioned the massive discharge of invalids, became more 'politically sensitive' in the 'normal' year of 1949. To contextualize

⁴⁸⁷ Partly quoted in Ivanova, *GULAG*, 417.

⁴⁸⁸ GARF.F.R-9492.Op.5.D.48.L.3-4.

⁴⁸⁹ GARF.F.R-9492.Op.5.D.48.L.8.

⁴⁹⁰ GARF.F.R-9492.Op.5.D.48.L.8.

⁴⁹¹ GARF.F.R-9492.Op.5.D.48.L.6.

this, it was around this time (1948–1949) that the central policy regarding *aktirovka* underwent another U–turn. Just as in May 1944, officials were again dissuaded from using medical release and the number of those freed shrank to insignificance.⁴⁹² On the other hand, we know that Pashutina was already well–informed about the correlation between backlogs and ‘undesirable’ mortality among candidates for discharge.

Essentially, Pashutina chastised her subordinate for his bluntness, but provided the local judge with advice on how to avoid early deaths during the process of *aktirovanie*.

Meanwhile, Frolov was not the only camp judge who claimed that those medically released died very soon after discharge. On 11 February 1949, the Chairman of the Western Kazakhstan UITLiK camp court, Gubanov, made a peculiar inquiry of Pashutina. According to him, the Aktiubinsk regional court processed 53 medical release cases in 1948. All 53 were ‘freed a long time ago and had dispersed in all directions across the Soviet Union’. After a protest from the republican Procurator, the Supreme Court of the KazSSR repealed these releases, since the regional court did not have jurisdiction over inmates of the GULAG. All 53 case–files were diverted to the camp court for fresh deliberation. Gubanov wrote, ‘I ask you to clarify how to proceed with such cases: Should we consider them in absentia or initiate a search, take the released into custody in order to bring them to court and only then review the cases? It is possible that out of the 53 people freed, a fraction have already died.’⁴⁹³ If we assume for the sake of argument that officials did not realize the terminal condition of those released through *aktirovanie*, why then did Gubanov propose this to Pashutina, although less than a year had passed since the invalids’ discharge?

⁴⁹² GARF.F.R–9492.Op.5.D.48.L.2. On the dynamics of medical releases in the post–war period, see Chapter 5.

⁴⁹³ GARF.F.R–9492.Op.5.D.64.L.6.

Conclusion

The analysis of this evidence offered several key insights. One pertains to the temporal and spatial scope of the mendacity via *aktirovanie*. Although it is hard to assess the precise degree of its pervasiveness, officials in a range of local camps – from Pechora to the Moscow region – acknowledged the practice’s influence on registered statistics as early as 1932 and as late as 1949. Especially instructive is the almost identical rationalization behind the regular demands to expedite the procedure – to ‘avoid mortality’ – as espoused by various representatives of formally independent bureaucracies throughout the years. These newly discovered cases are concordant with analogous incidents where ‘*volokita*’ caused deaths, which were independently discovered by Alexopoulos, Bell, and Ivanova. Furthermore, in addition to prisoners and Labour Army contingents in the GULAG proper, this chapter uncovered that *aktirovanie* was practiced in the GUITU NKIu sub-system in 1932–1934 (Emets case), probably the most obscure ‘island’ of the Soviet ‘penal archipelago’ to date. This suggests that its registered mortality, still unknown as of 2020, is understated as well. We may therefore also argue that, despite the revelations of the 1990s, we are still very far from a viable estimate of the deaths caused by the Soviet system of incarceration in 1930–1934.

The second major insight is the unexpectedly active role of the camp Procuracy in the manipulation of inmate mortality statistics. The unique relationship between the GULAG and its oversight agency in that regard has received no scholarly attention so far. Donald Filtzer, writing about the regional Procuracy, shrewdly noted: ‘This was an almost schizophrenic institution. It was responsible for ensuring the preservation of legality within an essentially

lawless system.⁴⁹⁴ I would argue that this assertion is even more applicable to the procuratorial department overseeing places of confinement. The confluence of imperatives generated curious ‘patron–client’ relations between the oversight agents NKVD administration. Both bureaucracies, although formally antagonistic, had to report low or declining mortality rates to appear effective and successful. But, in crisis periods with chronic resource shortages, this was a nearly unattainable goal without accounting fraud. On the one hand, the camp Procuracy acted as a competitor of the NKVD, from time to time punishing its officials for high mortality and occasionally exposing falsifications in record–keeping. On the other hand, it could operate as the GULAG’s closest ally in the suppression of registered mortality via *aktirovka* – even, most remarkably and unexpectedly, at its highest, central level (e.g. with Deputy USSR Procurator D’iakonov). Such contradictory interactions certainly extend our understanding of the protean, often opportunistic nature of ‘oversight’, as well as the Janus–faced ‘socialist legality’ of Stalin’s rule.

The third and principal insight concerns the agency of the central administration in the deception. I attempted to understand whether the practice of ‘release–to–die’ was a low–level fraud, or if the central authorities condoned and encouraged the mendacity. The empirical data demonstrates that such an ‘either/or’ binary logic is too crude. Instead, I would characterize central intervention not as sustained collusion, but as an ad hoc cover–up. Simply stated, under the external pressure of national catastrophes, the top echelons of all three agencies were occasionally – but not always – complicit in mortality data distortion.

⁴⁹⁴ Donald Filtzer, *Soviet Workers and Late Stalinism: Labor and the Restoration of the Stalinist System after World War II* (Cambridge: Cambridge University Press, 2002), 177.

This discovery certainly problematizes existing theories about malfeasance in the GULAG and other Soviet bureaucracies. The prevailing assumption, based on an overwhelming scholarly focus on economic fraud, is that such fraud was endemic among low-level officials but not in Moscow. Alexopoulos forms the sole exception to this hypothesis. I contend that medical ‘*tufta*’ was far more complex in its motivations and incarnations, and cannot be properly understood via this classic ‘principal–agent’ dichotomy.

Furthermore, Alexopoulos is correct to argue that Moscow was complicit in fabricating mortality data. However, it would be an oversimplification to construe it as a monolithic, meticulously coordinated inter-bureaucratic conspiracy of higher-ups. On the contrary, medical release was far more often the reason for reciprocal scapegoating and ad hoc improvisation (e.g. medical release in the Labour Army in 1942). I contend that it was not a rigid scheme, unanimously enforced from top to bottom over the decades according to a universal blueprint, as Alexopoulos seem to argue. Rather, the mendacious aspects of the procedure were situational and contingent on the time period. They became far more conspicuous during national catastrophes (1932–1933, 1941–1945, and 1946–1947). When the underfunded system faced a critical mortality crisis which it could not mitigate quickly by conventional means, its central apparatus deliberately employed medical release as an ‘emergency measure’ – if we use the apt expression of procurator Mikhail Khelemskii.⁴⁹⁵

As soon as the situation returned to ‘normal’ (1934–1936, 1939–1941, 1944–1946, 1948–1953), the high-level incentive to manipulate the data via *aktirovka* receded. Central authorities, concerned with workforce preservation, fulfilment of production plans and ‘state security’, tended to curtail medical release in favour of more ‘standard’ medical measures to improve conditions and return the custodial population back to work (e.g. the conscious curtailing of *aktirovka* in 1944 and 1948–1949).

⁴⁹⁵GARF.F.R–8131.Op.37.D.2523.L.89.

Overall, it can be concluded that the deceptive aspect constituted only one vector among heterogeneous political, legal and economic ones, which defined the ever-changing policy towards invalids in the GULAG over the years, and it was not always the most significant. Nevertheless, examples from the ‘normal’ years of 1935–1936 and 1949 indicate that the deceitful elements in *aktirovka* probably never disappeared completely. They were combined with more ‘regular’ medical activity on a smaller scale and confined to the lower administrative levels.

PART TWO. ‘THE LOST MILLION’: GENERAL HISTORY OF AKTIROVKA, 1941 -1955

CHAPTER 4: ‘THE GREAT EXODUS’: MEDICAL RELEASE IN 1941-1945

The 1941–1945 period served as a background for the three well-known narratives of GULAG histories. First, the Nazi invasion and the ensuing starvation, in conjunction with the institutional violence of the system itself, prompted unprecedented mortality behind barbed wire. According to central statistics, more than one million prisoners died in less than four years. The relative death rate launched skyward from 7–8% in 1941 up to 22–24% in 1942–1943. From the middle of 1943, average death rate started to wane until it nose-dived to 5%–6% in 1945.⁴⁹⁶ Second, in addition to record-high death indexes, the GULAG faced the worst crisis of invalid overcrowding in its entire existence. If in 1941 the formal category of ‘invalids, sick and non-working’ stood at an average of 483,654 out of 1,446,675 (camp prisoners), it ballooned to a stunning 801,350 out of 1,177,043 inmates in 1942.⁴⁹⁷ Even in relatively ‘normal’ 1945, after all the releases, transfers, arrivals of newly sentenced healthy inmates and deaths of previous years, the GULAG continued to operate like a giant ‘factory of invalids’. The GULAG chief Nasedkin estimated that the penal system held 100,000 invalids and 115,000 ‘sick and infirm’ (as of 11 May 1945).⁴⁹⁸ The third narrative comprises the unparalleled draft of prisoners into the armed forces – roughly, 1.2 million inmates were transferred to the military over the course of the war.⁴⁹⁹ These narratives are indelibly ingrained in the scholarship and the public mind.

⁴⁹⁶*Istoriia*, Vol.4., 55.

⁴⁹⁷Healey, *Lives*, 548–549.

⁴⁹⁸Ivanova, *Istoriia GULAGa*, 275.

⁴⁹⁹GARF.F.R–9414.Op.1.D.1170.L.31; The alternative figure is 1,163,200 (GARF.F.R–9414.Op.1.D.1171.L.6).

Yet exceptional inmate mortality, invalidism, and conscription eclipsed an equally unique wartime phenomenon, intertwined with all three: the series of three medical release campaigns. They were conducted under the aegis of a decree from November 1941, the directive №467/18–71/117s (October 1942) and the order №00617/00189 (May 1944). Taken together, these campaigns constituted the largest outpouring of ‘certified’ invalids from the penitentiary system in Soviet history. However, despite pioneering work by Alexopoulos, their complex story remains untold – especially on the micro level of the individual camp administrations.⁵⁰⁰ As the present chapter will demonstrate, every campaign manifested its own *sui generis* rationale and salient idiosyncrasies as well as similarities in terms of design and execution. Up until now, this heterogeneity, particularly the relationship between the individual campaigns, has been inadequately examined.

Hence, this chapter seeks to adumbrate the general contours of medical release development against the larger backdrop of total war in the East. Specifically, it examines four understudied facets of each operation: the high–level decision–making, the modification of regulations, their technical implementation on the ground and statistical scale. The last aspect is a particularly important focal point of the chapter. Every released invalid, I argue, is a potential understated death. Consequently, the quantification of medical releases during the war – both locally and on aggregate – is an essential first step in evaluating the magnitude of mortality caused by GULAG detention in this period.

Scholarship emphasized the necessity of quantifying this type of releases from the GULAG years ago.⁵⁰¹ As of 2020, no comprehensive estimate for the period had yet emerged, neither on the All–Union nor on the individual camp level. Moreover, a few scholars, tangentially mentioning medical releases, have contended that quantification of the

⁵⁰⁰Alexopoulos, *Illness*, 2017.

⁵⁰¹Khlevniuk, *Obiekty*, 23.

phenomenon in 1941–1945 is practically impossible. Thus, Ivanova did not provide any figures for these years because, in her opinion, relevant sources did not exist.⁵⁰² When some quantitative data is presented it is either extremely fragmentary or undifferentiated – invalids are mixed with other so-called ‘off-balance contingents’ such as pregnant women and children.⁵⁰³ Even Alexopoulos, the only scholar so far who has specifically studied medical release during the war, claimed that ‘the GULAG omitted from its internal reports any specific mention of *aktirovanie* or medical discharge.’⁵⁰⁴ Like Ivanova, she did not present detailed statistics for 1941–1945 in her otherwise insightful overview of wartime releases.⁵⁰⁵

This chapter attempts to fill in the aforementioned lacunae. Contrary to the current historiographical consensus, I will demonstrate that invalids’ discharges in 1941–1945 can be assessed in quantitative terms both on national and regional tiers as well as under the rubric of each of the three operations. Although the data presented will be by no means definitive, it will establish a firm empirical basis on which to investigate medical release. The chapter is structured chronologically: each subsection dissects a separate medical release campaign. I will begin by laying out an interpretive framework for subsequent analysis of the abrupt policy shifts on *aktirovka* that were typical for the war years.

⁵⁰²Ivanova, *Lagernaia iustitsia*, 305–306.

⁵⁰³For example, see Barnes, *Redemption*, 115.

⁵⁰⁴Alexopoulos, *Illness*, 149.

⁵⁰⁵Alexopoulos’s work contains only two intermediary figures for the wartime release – without any distributions, breakdowns or dynamics. One concerned the first campaign (279,068), the other – 205,297 invalids freed as of September 1, 1943–the second one. See Alexopoulos, *Illness*, 140, 146. This chapter will demonstrate that both are understatements.

Interpretive frame: ‘affirmative’ versus ‘negative’ agendas

If we follow the evolution of *aktirovka* theory and praxis during four years of the war, it conveys an impression of internally contradictory, almost haphazard improvisation. Initially, the GULAG severely constrained its release policy to the extent that it ceased to discharge several categories of particularly ‘dangerous’ prisoners, even those who had served their sentence, as well as invalids. Yet after a brief hiatus the abovementioned categories (including political prisoners – the ‘58-ers’, barred from *aktirovka* for years) were freed in quantities previously unheard of (tens of thousands). Closer to the end of the war, ‘politicals’, ‘suspect nationalities’ and other ‘harmful’ common criminals suddenly become ineligible for *aktirovka* once again, while medical releases plummeted to mere thousands. As we shall see, similar seemingly inexplicable disparities are discernible in almost all aspects of the procedure development in 1941–1945. What structural factors galvanized such radical twists and turns of medical discharge policy?

In order to disentangle this maze of irregularities, I interpret it as an ideological confrontation where two principal bureaucratic agendas clashed over the ultimate goals and modes of implementation of medical discharge. Remarkably, institutional affiliations played a concomitant role in this peculiar turf-war. The dividing line ran not strictly between competing bureaucracies, but rather through the central controversy – whether to employ *aktirovanie* on a large scale or even at all. On the one side, there was an argument in favour of medical release under critical war conditions. I refer to it throughout the chapter as an ‘affirmative’ position. On the other side, the opposing ‘negative’ agenda included curtailment and even total abolition of medical release. In turn, the two overarching arguments can be divided into several varieties, predicated on a set of rationalizations, furnished to reinforce them.

First, one can distinguish the ‘negative productionist’ sub–argument. Shared by some NKVD economic managers and medical practitioners, it meant a complete halt of invalids’ releases. *Aktirovanie* negligently squandered the limited forced labour pool, which shrank due to mass mortality, numerous special amnesties and prisoner recruitment into the Red Army and civilian industries. The turnover of such proportions belied any prospects of the penal economy functioning properly. Consequently the ‘enfeebled contingents’ should be perpetually relocated, but within the system, not out of it. The internal flows of sick inmates should be diverted on a regular basis from prioritized localities into convalescence detachments within them, dedicated ‘invalid camps’, economically irrelevant labour colonies or transfer points (*peresyl’nye punkty*) – depending on a state of health of each prisoner and logistical capacity of the system.⁵⁰⁶ ‘Negative productionist’ view boiled down to the laudation of untapped potential in the exploitation of these ‘invalid contingents’ even as their health degraded almost to the point of death. This focus on labour extraction from debilitated inmates reflected the idiosyncratic Soviet medical ethos of the 1930–1940s. Surplus value, however ephemeral, should be squeezed out from not only the lightly and moderately ill, but also the disabled (albeit with lowered production targets).⁵⁰⁷

The second variety of ‘negative’ agenda can be designated as the ‘negative legalist’ sub–argument. Its chief rationale for jettisoning *aktirovanie* stemmed not from economic, but penal considerations of ‘state security’ and ‘political expediency’. In this exegesis, espoused

⁵⁰⁶ See sub–section ‘Regimes of Invalid Management and Their Evolution’ in Healey, *Lives*, 540–547; Alexopoulos, *Illness*, 110–112; On the argument of regional labour colonies as a ‘accumulation spots’ for invalids see Alexopoulos, *Illness*, 6; Bell, *War*, 56; On ‘transfer points’ (*perpunkty*) as ‘accumulations points’ for invalids see GARF.F.R–9414.Op.1.D.1156.L.175; on Kotlas *perpunkt* see GARF.F.R–9407.Op.1.D.254.L.19–34; On Azerbaijani *perpunkt* of UITLiK see GARF.F.R–8131.Op.37.D.2043.L.72,98–100,104.

⁵⁰⁷ On civilian ‘productionist’ approach see Chris Burton, *Medical Welfare*, 33–34. On GULAG exploitation of invalids see Alexopoulos, *Illness*, 116–126; Healey, *Lives*, 536–539; B.A.Nakhapetov, *Ocherki*.

by selected judges, procurators, and NKVD officers, medical release was detrimental in three ways. On the one hand, it undermined the ‘stability of the court sentence’ to use the widespread bureaucratic formulation.⁵⁰⁸ A person sentenced to ten years of hard labour in 1943 could easily leave the camp as an invalid after just a month spent behind bars. This ostensibly discredited and disrupted the criminal justice system by diminishing its deterrence function. On the other hand, sweeping releases of recidivists, not to mention ‘counterrevolutionaries’, could foster the conditions for their collusion with the advancing enemy and increasing crime rates in the rear – in the event that a few survived and returned to their old ways. Finally, the simultaneous outflow of hundreds of thousands of sick and often very emaciated people into the wider world was both logistically and politically problematic. As Chapter 3 has shown in detail, *distrofiks* on trains and railroad stations ‘declassified’ mass starvation in the camps, overloaded infrastructure and triggered a vexatious conflict between the agencies.

The ‘affirmative productionist’ position, usually adhered to by managers responsible for plan-fulfilment and some camp doctors, represented a third distinctive set of opinions. It was diametrically opposed to the ‘negative productionist’ rationalization. According to this sub-argument, mass releases of invalids were necessitated precisely by the pragmatic imperatives of fiscal restraint.⁵⁰⁹ As regular medical reports clearly suggested to Moscow, the health of a large proportion of inmates deteriorated to the point of no return. It was economically senseless to exploit terminally ill inmates, while their escalating congestion inhibited the

⁵⁰⁸ For example, see GARF.F-R-8131.Op.37.D.2523.L.88.

⁵⁰⁹ For the typical evidence of such argumentation see GARF.F.R-5446.Op.43a.D.3908.L.22-20.

fulfilment of ever-increasing wartime production plans.⁵¹⁰ Moreover, the GULAG was one of the most underfunded agencies during the war.⁵¹¹ It seemed irrational to misspend much-needed food and medicine in vain attempts to heal dying people. Paltry resources should be redistributed only to those ailing detainees who had at least a slim hope of recovery. Therefore, the fundamental issue was to set up an effective operational screening mechanism – a triage of sorts – that would distinguish dying or totally incapacitated prisoners (who should be freed) from the merely sick (who should be treated and returned to production).⁵¹²

The fourth sub-argument can be labelled ‘affirmative legalist’. It also featured legal justifications, but of a different kind than the ‘negative legalist’ position. Its moderate version encompassed the notion that ‘non-dangerous’ petty offenders should not be incarcerated at all, but released, healed at home or civilian hospitals and incorporated into the war effort, either as free workers in the civilian economy or as soldiers of the Red Army.⁵¹³ The most radical iteration of ‘affirmative legalist’ stance even allowed *aktivovka* of ‘counterrevolutionaries’ ‘or ‘habitual criminals’, categories excluded from the procedure in more ‘ordinary’ times. Their medical release ostensibly would not destabilize the social fabrics of the Soviet rear – as ‘negative legalist’ sub-argument predicted.⁵¹⁴ In this conceptualization, terminally ill invalids no longer posed a threat to ‘state security’. No matter how serious their crime, significant numbers of extremely emaciated GULAG prisoners in 1942–1944 were innocuous because they were balancing on the brink of death or perpetual invalidism (at the very least).

⁵¹⁰ For unrealistic constant increase of production plan on a system-wide level in 1941–1945 see GARF.F.R–9414.Op.1.D.1171.L.4; For a local level example see GARF.F.R–8131.Op.27.D.2061.L.139ob.

⁵¹¹ See Kokurin, Petrov, *GULAG*, 278–280.

⁵¹² Healey, *Lives*, 549–550.

⁵¹³ Kokurin, Morukov, *Struktura*, №7, 117–118.

⁵¹⁴ GARF.F.R–5446.Op.43a.D.3908.L.20.

Last but not least, there was a ‘mendacious’ sub–argument. Given their existence in huge quantities, non–working invalids were a problem for every administrative level of the GULAG from the statistical vantage point. They exacerbated the three principal metrics of any camp’s successful operation –so–called ‘labour utilization’, mortality and sickness rates, and the ‘number of non–working invalids’.⁵¹⁵ Consequently, the systematic release of dying invalids could conveniently rectify ‘negative indicators’ and rapidly ‘improve’ reports for every interested party. It is here that the influence of the spurious (and even iniquitous) policy of ‘release–to–die’ and its bureaucratic supporters becomes the most perceptible.

To be sure, just like any other theoretical categorization, this framing certainly simplifies reality. In practice, the abovementioned sub–arguments were not hermetically sealed or clear–cut. Rather, they perpetually amalgamated and converged with one another under the exogenous pressures, exigencies and challenges of the war. As will be seen below, sometimes policymakers concurrently employed rationalizations drawn from the ‘productionist’, ‘mendacious’ or ‘legalist’ set of ideas. Furthermore, a single decision–maker (e.g. the Minister of Interior, the GULAG director, the Procurator–General or the Minister of Justice) could be in favour of opposing views and measures at different times.

Directive №221 and decrease of releases from the GULAG

On 22 June 1941, Nazi Germany invaded the Soviet Union. The invasion elicited an immediate reaction from the state security machinery. On the very same day, the USSR Minister of Interior Lavrentii Pavlovich Beria and the USSR Procurator Bochkov issued directive №221 to all regional NKVD offices, procurators, all camp commanders and heads of operational departments.⁵¹⁶ Its first article categorically abrogated discharge from the GULAG

⁵¹⁵ Alexopoulos, *Illness*, 62, 85–86.

⁵¹⁶ GARF.F. R–9414. Op. 1. D.1227.L.158. Published in *Istoria Stalinskogo GULAGa*, Vol.4., 576 ; L.Borodkin, ‘GULAG v gody voiny’ in *RSM*, №1, 90 (2016):150.

for counterrevolutionaries (all statutes of Article 58), bandits (Article 59–3), repeat offenders and some other particularly ‘dangerous’ prisoners until the end of the war.

With respect to medical release, the directive marked the total victory of the ‘negative agenda’, specifically its ‘legalist’ variety: invalids were not even mentioned in its text. However, this victory was fleeting. Crushing defeats of the Red Army and the rapid loss of territory served as an ineluctable corrective to the policy of releases from the GULAG. In fact, the ‘negative’ agenda lost its advantage almost instantaneously. As early as the summer of 1941 the penal system, just like the rest of the country, descended into the first phase of a catastrophic health crisis.

The first campaign: The Decree of the Presidium of the Supreme Soviet from 24 November 1941

The administrative basis for the November campaign

On 4 November 1941, Grigorii Nikolaevich Safonov, the acting USSR Procurator, sent a remarkable missive to the party secretary Andrei Andreevich Andreev.⁵¹⁷ There he praised the recent July 1941 amnesty for providing tens of thousands of recruits to the Red Army. However, Safonov noted that penal system still detained many potentially useful civilian specialists and military personnel, who had been sentenced for minor illegalities and could ‘atone their guilt before the state’ on the front. The reason why they had not been released in July was purely technical – the July Decree was applicable only in the western areas under martial law. He also formulated another rationale for the amnesty (an unusually straightforward one): the GULAG mortality rates in September had risen threefold in comparison to July due to the evacuation and related difficulties. Safonov deemed it

⁵¹⁷ *Istoria Stalinskogo GULAGa*, Vol.1, 424–425.

‘expedient to expand the July Decree’ to the entire penal system. The political leadership yielded to Safonov’s plea.

The resulting Decree of the Presidium of the Supreme Soviet from 24 November 1941 ‘On releasing certain categories of prisoners from detention’, extended the July Decree to the rest of the country. From the organizational standpoint, the fall operation built heavily upon the preceding July campaign, but with a few noteworthy discrepancies. These are clearly noticeable in the joint NKVD, Procuracy and NKIU (Ministry of Justice) circular letter № 6075. The letter charted the operational technicalities of the future campaign and was disseminated to the localities on 27 November 1941.⁵¹⁸ To begin with, the circular introduced a new ‘national’ dimension: Germans, Finns, Romanians, Hungarians, Italians, Latvians, Estonians, and Lithuanians were completely exempt from release. Secondly, the fall operation comprised six categories eligible for discharge, instead of four (as in July): in addition to three types of petty offenders and pregnant women with children (as a single category), it now featured former soldiers, inmates, sentenced for minor crimes and certified invalids (traditionally melded with the elderly). Their certification was to be conducted via special medical commissions in a kind of ersatz–medical release, completely eschewing the courts.

Not all invalids were subject to discharge, however. In order to be freed, an invalid was supposed to be totally disabled (unfit for labour), have only three years of the sentence left, not be charged under Article 58 or be a representative of ‘suspect nationality’ and should have relatives who could take them into their care. If an invalid was incapacitated, his next of kin were obliged to pick him up from a place of detention. I argue that these pre–requisites strongly suggest the influence of both ‘negative’ ‘productionist’ and ‘legalist’ concerns, which were still very prominent among the NKVD administration at the time. The operation’s

⁵¹⁸ *Istoria Stalinskogo GULAGa*, Vol.1, 426–238.

practical execution on the ground, though, considerably deviated from the structured orderly vision of the high-ranking officials.

Implementation of the November campaign on the ground

This subsection will explore the discharge of ‘certified invalids’ in the broader context of logistical collapse that accompanied it. The releases of ‘certified’ invalids under the November Decree was characterized by a burgeoning tension between the ‘negative’ and ‘affirmative’ agendas. However, at the time the former – particularly the legalist sub argument— still heavily outweighed the latter. The Deputy USSR procurator Mokichev, describing invalids’ releases during the fall operation, specifically emphasised that they were freed ‘only after analysis of the crimes committed’.⁵¹⁹ Exaggerated concerns about ‘state security’ even made Khabarovsk regional NKVD impose their own improvised restrictions on invalids’ releases, in addition to Article 58. The chekists arbitrarily extended it to bandits, ‘socially dangerous elements’ (so-called ‘SOE’) and so forth, but were stopped by the local procurator.⁵²⁰ Conversely, the procurator of Volgolag Medvedkov argued alongside similar lines to Khabarovsk NKVD. In his opinion, robbers, recidivists, and other dangerous felons should not be freed as invalids because they might continue to commit crimes if they ‘kept their ability to move’.⁵²¹

Whereas there was a lack of homogeneity in *aktirovka* for ‘dangerous criminals’, inmates suspected of malingering were unanimously exempt from release (at least in theory). One case in point is the inmate Mefodii Valentinovich Rylin, sentenced by a military tribunal for desertion from the Red Army, who allegedly cut off his four fingers on purpose. Although camp doctors granted him formal ‘invalid’ status, the commission of Khabarovskoe UITLiK

⁵¹⁹ GARF.F.R–8131.Op.37.D.799.L.191.

⁵²⁰ GARF.F.R–8131.Op.37.D.799.L.46.

⁵²¹ GARF.F.R–8131.Op.37.D.799.L.70.

rescinded the initial decision on his medical discharge.⁵²² This reflected the severity of the transgression in the production-obsessed microcosm of the GULAG. Meanwhile, in some localities, distinct ‘negative legalist’ considerations incentivized the administration to go as far as locating and re-imprisoning invalids who were freed by the mistakes of local officials. To elaborate, the procurator of Bukhachachinskii camp Andreev on 5 February 1942 reported that a recidivist and Volga German Fedor Bogdanovich Girtsev (from a poor peasant background in the Samarskaia province) was released on 20 December 1941 as an invalid totally unfit for labour. On 20 January 1942 he was located, arrested and incarcerated again due to the fact that he was both ethnically Soviet German and ‘dangerous’ as a criminal. It is, in fact, remarkable how the justice apparatus still had an impetus to pursue discharged invalids even in the catastrophic winter of 1941–1942. In another similar case Abram Andreevich Lensu, a Russian Finn and a candidate of the Communist Party from Leningradskaia *oblast’*, was recognized as invalid on 13 December 1941, and ‘unlawfully’ freed seven days later. Because of his ‘unreliable’ nationality, the authorities began a search with the intention of reincarcerating him.⁵²³ Although such incidents were hardly common, they are indicative of the negative ‘legalist’ *zeitgeist* that pervaded the campaign at least in some camps.

Importantly, many procurators, in order to inflate their camps’ efficiency, consciously reported the number of those ‘transferred to the military office’ (where additional screening by the army doctors awaited), but not those actually conscripted.⁵²⁴ This statistical subterfuge was intended to gloss over the problem of bad health of many potential recruits and present the camp under their supervision as effectively fulfilling transfers to the Army.⁵²⁵ This make us

⁵²² GARF.F.R-8131.Op.37.D.799.L.145.

⁵²³ GARF.F.R-8131.Op.37.D.799.L.145.

⁵²⁴ For example, see GARF.F.R-8131.Op.37.D.799.L.155.

⁵²⁵ Their health condition was discovered by Alexopoluos. See *Illness*, 139.

approach the official statistics of the November Decree, introduced in the next section, with considerable scepticism.

Statistical scale of the November 1941 campaign

Table 4.1 Number of releases under November 1941 Decree (as of 1 February 1942), fragment

Freed in separate camp administrations:							
	Designated for release	Freed	Of which :				
			Ex- soldiers	Pers. draft age	Pregnant women with children	Invalids And elderly	
Siblag	20,934	17,837	144	3,964	1,303	2,210	
Sevurallag		8,950	127	7,259	–	238	
Dzheskazgan		2,000	–			7	
Karlag		5,500	–		64	–	
Usol'lag		2,501	–	–	–	–	
Solikambumstroi		1,492				102	
Kraslag		2,797				–	
SevPechLag	16,000	3,027				21	
Aktubin.kombinat						73	
Osobstroi NKVD	29,112	17,000	2,875	10,000		–	
Sazlag	–	924				120	
Construction 201	480	480	83	250		57	
Kuloilag	1428	746	–	406	–	–	
Viazemlag	–	1,906	195	650	119	521	
Viatlag	4,323	3,579	48	605	196	483	
Burlag	8,870	8,315	538	4,596	1,124	268	
Sr.Belsk	–	1,737	56	–	289	171	
Nizhne-Amurlag	–	4,266	498	–	116	–	
Arkhubkombinat	–	326	–	–	–	–	
Pudozhlag	–	537	–	–	–	–	
ITL Khabarovsk	–	6,054	931	–	–	275	
Birskii ITL	–	761	68	–	57	174	
Raichikhlag	–	2,619	178	–	112	570	
Vladivostoklag	–	5,795	575	–	632	691	
Svobodlag	–	2,222	21	–	486	1,014	
Prikaispilag	–	3,532	410	–	43	161	
Tavdinsklag	–	796	33	–	7	8	
Sevvostlag (prim).	–	1,489	317	–	203	288	
Sevvostlag	–	1,775	922	–	60	–	
Iagrinlag	–	1,275	399	–	37	839	
Ivdel'lag	–	1,340	35	–	125	11	
Bukachakhlag	–	1,515	143	–	78	279	
Temlag	–	1,814	25	–	232	43	
Ukhtizhemlag	–	1,809	174	–	33	7	

Ust'vymlag	–	1,919	46	–	133	226		
	–	5,264	36	–	148	79		
Bogoslovlag	–	2,054	129	–	105	55		
Unzhlag	–	1,340	11	–	1	19		
Sevzheldorlag	–	8,824	456	–	164	165		
Astrakhanlag	–	1,225	10	–	133	127		
Vorkutlag	–	830	334	–	6	14		
Volgograd	–	1,150	568	–	82	452		
Freed separately in krai', oblast and republics (regional labour colonies)								
	Designat ed		Of which:					
	For release	Freed	Former	Persons of	Pregnant women	Invalid s		
			soldiers	draft age	with children	& elderly		
	Vologodskaia					527		
	Novosibirskaia					159		
	Arkhangel'skaia					92		
	Krasnovodskaia					292		
	Kamchatskaia					270		
	Nizhne-Amurskaia					8		
	Krasnodarskii krai					607		
	Tatarskaia ASSR					395		
	Kazakhskaia SSR					677		

Source: GA RF.F.R–8131.Op.37.D.799.L.200–202. The figures for many regions are very incomplete and for some regions are completely absent, although invalids were, in fact, released there. ‘Blank’ spaces in the table do not mean that invalids or other categories were not freed in that particular locality, it just means that this report did not have the data.

Given the fragmentary nature of the local figures, the regional variation of invalid releases gives us grounds for only preliminary observations. However, it is noteworthy that the largest absolute number of invalids were freed from Siblagn (2,210) and Svobodlag (1,014). This can be explained by the fact that both of these agricultural camps were officially designated as special ‘invalid camps’ for accepting debilitated inmates from all across the system.⁵²⁶ Overall, local figures presented here can be construed as a database of potential uncounted GULAG fatalities for late 1941 and early 1942. By the same token, not all invalids’ releases should be considered as deaths. We know that some survived and recovered, while some died (see Chapters 1 and 2).

⁵²⁶ On Svobodlag function see GARF.F.R–8131.Op.37.D.2033.L.23,67.

If we shift our attention to the overall figures, Alexopoulos have published the only available cumulative statistics for the operation (without the precise number of released invalids). According to her, ‘the November 24, 1941 decree alone released 279,068 prisoners of whom only 82,014 went into military service’.⁵²⁷ In a footnote, she provides an alternative estimate, based on the intermediary draft report from the early 1942: 386,000 prisoners, of whom 122,000 were conscripted into the Red Army.⁵²⁸ My research into the Procuracy and OURZ summary reports allow us to somewhat augment these data. First, the total number of those released under the November campaign during the war appears to be larger: roughly 420,000.⁵²⁹ Furthermore, the sources allow us to break down the totals according to category (see Table 4.2)

Table 4.2. Distribution of the released under 24 November 1941 Decree according to category (as of 30 April 1942)

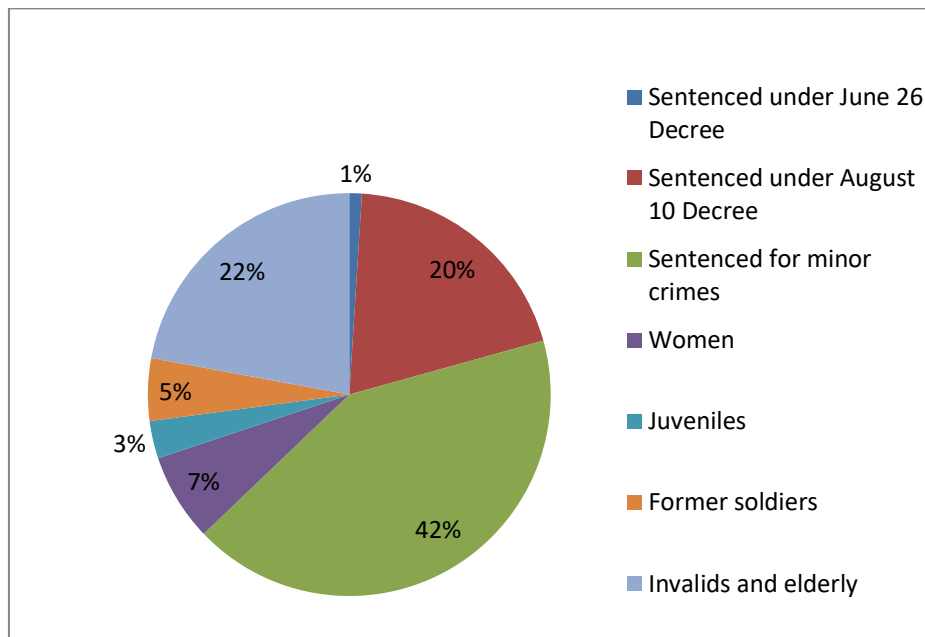
Total number	418,049
Transferred to the military recruitment offices	125,135
Sentenced under 26 June Decree	4,071
– under 1 August Decree	82,158
Petty offenders	175,458
Women	30,558
Juveniles	12,012
Former soldiers	22,059
Invalids and elderly	91,738

⁵²⁷ Alexopoulos, *Illness*, 140.

⁵²⁸ Alexopoulos, *Illness*, 279.

⁵²⁹ GARF.F.R–8131.Op.37.D.799.L.279.

Graph 4.1. Distribution of the released under 24 November 1941 Decree according to category (as of 30 April 1942)



Source: GA RF.F.R–8131.Op.37.D.799.L.279.

However, a word of caution is in order regarding the completeness and veracity of the presented numbers. First, the data provided is from 30 April 1942. Meanwhile, the November decree continued to be operational at least until July 1942, although the scale of releases under it declined considerably.⁵³⁰ The latest available summary OURZ report (dated February 1946) for the entire war period (1941–1945) raises the total figure of formal ‘invalids and elderly’ category, released under the November Decree 1941 to 99,004.⁵³¹ Second, procurator Lurie in February 1942 confessed that ‘many procurators of republics, *krai* and *oblasts*’ did not show in their returns how many women with children as well as invalids and elderly had been released’.⁵³² Therefore, we should treat the numbers provided only as orientation and almost

⁵³⁰ GARF.F.R–9414.Op.1.D.45.L.533.

⁵³¹ GARF.F.R–9414.Op.1.D.1143.L.33.

⁵³² GARF.F.R–8131.Op.37.D.799.L.284.

certainly as an understatement. Third, we know that thousands of those released under other sub-headings during November operation were emaciated.⁵³³

One can try to generate a crude estimate of these ‘hidden’ invalids and the sick. One hundred twenty five thousand ex-detainees were ‘transferred to the army’, hence can be considered relatively healthy. Even if we accept these figures as genuine conscriptions (which they probably were not, since we also determined that ‘transferred to the military office’ did not equal a successful draft), it leaves us with additional 283,746 ex-inmates (minus juveniles, women, elderly and invalids), who were denied recruitment, mostly due to health reasons. To be sure, there is still much to be done to research the subsequent fates of hundreds of thousands of these ‘unfit conscripts’– some probably recovered, while some of them died very soon after discharge (and therefore can be aggregated into additional GULAG-induced deaths). Nevertheless, it is already evident that the cumulative total of 99,004 officially designated ‘invalids and elderly’ does not reflect the actual number of ailing prisoners, freed during the 24 November 1941 Decree campaign.

Conclusion for November 1941 operation

In the final analysis, the November campaign evinced several salient specificities. First, it was an administrative operation without any involvement of the judicial branch or criminal procedural code. The main actors comprised just the NKVD and Procuracy. This technical framework seriously differed from previous medical releases in the 1930s and the subsequent operations of 1942–1944. Second, it did not target exclusively invalids, although many of those released under other categories were in fact also sick or even dying.

⁵³³ Alexopoulos, *Illness*, 139–140.

The second campaign (September 1942–May 1944): directive №467/18–71/117s

The return of large-scaled judicial medical release (August 1942)

The most palpable outcome of the November campaign in relation to the GULAG ‘invalid question’ was the failure to resolve it. In fact, the penal system contained even higher number of invalids after the end of the operation than before its beginning.⁵³⁴ The authorities turned to the judicial medical release to allay the crisis.⁵³⁵

So far, Alexopoulos have produced the only available account on the return of judicial *aktirovanie* in 1942–1943. She posited two main arguments. First, judicial medical release was completely prohibited in June 1939 by Beria. Second, according to her, ‘the party leadership did restore the GULAG’s right to routinely release sick prisoners through legal channels... sometime between April and August 1942’.⁵³⁶ Newly discovered documents can help us to clarify both points. Firstly, the government did repeal parole, but did not repudiate the judicial medical release in principle.⁵³⁷ Article 458 of the UPK (which was applied in medical release cases) was abolished in June 1939, but the practice itself remained. According the new 1939 version of Article 457, *aktirovka* was theoretically possible, but only via the court, which had handed down the original sentence to the invalid (allegedly out of ‘state security’ considerations). Moreover, I have been able to discover several cases of *aktirovanie* in the late 1939–1940 (although many local officials were indeed disoriented and perplexed by 1939 reform).⁵³⁸ These prove that judicial medical releases were not entirely abrogated in 1939 (as current scholarship claims), although their scale decreased considerably. The main reason for

⁵³⁴ GARF.F.R–9414.Op.1A.D.366.L.111.

⁵³⁵ On representantve conditions of wartime see GAKK.F.R-635.Op.1.D.8.L.79,128.

⁵³⁶ Alexopoulos, *Illness*, 136, 143–144.

⁵³⁷ GARF.F.R–8131.Op.37.D.356.L.3

⁵³⁸ Once such case was processed by the court of Chelabinskaia oblast’ in 1940. See GARF.F.R–8131.Op.37.D.356.L.15.

the decrease was logistical difficulties caused by the huge size of the Soviet penal empire. It was difficult for courts to process the cases of prisoners who often served their sentences thousands of miles away. This legal mechanism was the only active version of judicial *aktirovanie* by 22 June 1941. Not surprisingly, *aktirovka* through the court system stalled almost immediately after the onset of the war. Therefore, the main obstacle for the authorities was not the ban on judicial medical discharges (which did not exist), but impossibility of the courts near the places of detention handling these cases.

Secondly, after months of concerted lobbying by the NKVD, the Procuracy and the Ministry of Justice, the medical release through courts was restored on 1 August 1942.⁵³⁹ On that day, the Plenum of the Supreme Court officially issued crucial Decree №14/m/11/iu. Signed by the Chairman of the USSR Supreme Court Ivan Terentiavich Goliakov, it finally allowed the courts, located in the vicinity of the places of detention, to release prisoners, suffering from ‘grave and incurable maladies’ via 461 and 462 Articles of the RSFSR UPK (and relevant articles of other Union Republics Codes) regardless of which court handed out the original sentence. It laid the legal foundation for the largest medical release campaign of the war and entire history of the GULAG.

Administrative basis of the September 1942–May 1944 operation

In addition to the Decree of the Plenum of the Supreme Court №14/m/11/u from 1 August 1942, the two fundamental administrative acts, which enacted as well as regulated the campaign, comprised directives №414/96s and №467/18–71/117s. The first one was issued on

⁵³⁹ For a comprehensive overview of the lobbying efforts on the level of Sovnarkom see GARF.F.R–5446.Op.43a.D.3908.L.1–38.

23 September 1942, and signed by the Deputy Minister of Interior Kruglov alongside with the Deputy USSR Procurator Kruglikov.⁵⁴⁰ It mostly concerned technicalities.

The other principal directive— №467/18–71/117s— was promulgated precisely one month later – on 23 October 1942.⁵⁴¹ It carried the signatures of the Deputy Minister of the Interior Kruglov, the Minister of Justice Nikolai Mikhailovich Rychkov and the USSR Procurator Bochkov. Its second paragraph enacted the most radical reform of eligibility criteria for *aktirovka* since the 1932–1933 famine. For the first time in years, it allowed the medical release of counterrevolutionary invalids. Importantly, the reform concerned not only the relatively ‘harmless’ 58–10 (‘anti–Soviet agitators, known as ‘babblers’, *boltuny*), but almost all of them. Furthermore, in a similarly unprecedented move, the clause extended *aktirovanie* to dangerous ‘common criminals’ (such as bandits and robbers) and some of the ‘suspect nationalities’ (Germans, Finns, Italians, Romanians, and Hungarians). This particular procedural norm epitomized the apex of ‘affirmative agenda’s influence during the entire course of the war.

In comparison to the 24 November 1941 Decree, the new operation broadened its criteria on invalids’ discharges to a previously unthinkable scale and breadth. If one looks at the drastic shift in medical release policy, introduced in October 1942, it may seem that the proponents of ‘negative argument’ suffered defeat and lost to the advocates of the ‘affirmative agenda’ However, as the section below will show, this was certainly not the case. The proponents of a ‘negative’ argument lost a battle, not a war. The inexorable infighting between and within bureaucracies continued unabated in 1943 and 1944, resulting in contradictory policy vacillations, still insufficiently described in the nascent literature on medical release.

⁵⁴⁰ GARF.F.R–9401.Op.1A.D.128.L.214–214ob.

⁵⁴¹ GARF.F.R–9401.Op.1A.D.128.L.252–252ob.

Moreover, just like November 1941 Decree, the actual implementation of the September–October 1942 directives on the ground diverged greatly from the initially envisioned pattern.

Implementation of directive №467/18–71/117s on the ground

To demonstrate the complex nature of the campaign's execution, this subsection examines its several aspects: tensions between the opposing bureaucratic approaches to medical release, the fast decline of inmates' health and its influence on *aktirovka*.

If we shift the spotlight to the vituperative rivalry of the negative and affirmative 'agendas' during the campaign, we see that tensions between their advocates flared up dramatically over the course of 1943. While the 'affirmative' agenda had reached the apogee of its influence on the policymakers in October 1942 onwards, their adversaries did not intend to give up that easily. This conclusion can be deduced from the line of carefully orchestrated criticism levelled by a few pertinacious high-level officials almost immediately after the start of the operation. For the most part, the critique emanated from the Ministry of Justice and the Procuracy and targeted the GULAG. However, the NKIu and the Procuracy also occasionally exchanged accusations, while the GULAG in turn argued against them both. Reciprocal tensions revolved around the imprecise screening procedure of the release mechanism. Not surprisingly, given the unprecedented magnitude of the campaign, localities occasionally freed prisoners putatively not eligible for *aktirovanie*. The critique concentrated on the two main types of these 'mistakes' – one bad from the negative 'legalist' and the other from 'productionist' perspective. Let us discuss them in turn.

On the one hand, several camps and colonies tried to discharge invalids without factoring in (using the expression of the RSFSR Minister of Justice Basavin) 'the personality of the

convict and the character of the committed crime'.⁵⁴² For instance, the OITK commission of Chkalovskaia *oblast'* carelessly approved the release of apparent malingerers and deserters from the Red Army. The release decisions, in the end, were overridden by the Procuracy.⁵⁴³ The USSR Deputy Minister of Justice Pugovkin as early as January 1943 provided several similar examples in a scathing memo to Kruglov. A soldier, Pit'ko, sentenced to ten years by the military tribunal of the 293rd rifle division, put his left hand on rails while incarcerated – four of his fingers were cut by a passing train. Nevertheless, the commission freed him as invalid. Uboi Khalimov, a malingerer, sentenced to ten years for cutting his own fingers to avoid the draft, was also set free under a №467/18–71/117s directive by the military tribunal of the Fourth Tank Army. Paradoxically, the justification for medical release comprised 'criminal acts for which they were prosecuted'.⁵⁴⁴ As stated by the Deputy Minister, such cases were not 'isolated incidents'. He concluded the memo with denunciations of the 'uncritical attitude' exhibited not only by local GULAG commissions but by the courts as well.⁵⁴⁵ To sum up, even during this exceptionally 'liberal' period, malingerers and deserters, just like in the November operation, were still denied *aktirovka* in principle (but not in practice).⁵⁴⁶

On the other hand, the local administrators discharged inmates who were supposedly not 'ill enough', according to the extreme definition of 'incurable and grave' maladies accepted by the SANO doctors at the time.⁵⁴⁷ As early as 16 February 1943 USSR Minister of Justice Rychkov expressed his agency's discontent to Kruglov (NKVD) and Bochkov (Procuracy) in

⁵⁴² GARF.F.R–8131.Op.37.D.2047.L.22.

⁵⁴³ GARF.F.R–8131.Op.37.D.1626.L.85.

⁵⁴⁴ GARF.F.R–8131.Op.37.D.1626.L.84.

⁵⁴⁵ GARF.F.R–8131.Op.37.D.1626.L.79.

⁵⁴⁶ On 3 March 1944 the acting head of the Department of Oversight Over Places of Detention Shevtsov confirmed to the localities that 'persons who were sentenced for self-mutilation are not suitable for release' (GARF.F.R–8131.Op.37.D.2047.L.25).

⁵⁴⁷ GARF.F.R–8131.Op.37.D.1626.L.91–93ob.

response to attempts by local GULAG commissions to release invalids not sick enough to be qualified as truly ‘gravely and incurably’ ill and who could still be exploited. He provided the following examples. The NKVD commission of the Stalinabadsk ITK (Tadzhikistan) authorized the discharge of a certain Sabirdshanov (six years sentence for substantial embezzlement), who was sick with ‘osteomyelitis of the toes with purulent fistulas’, which required surgical intervention. Sabirdshanov was freed on 12 November 1942, although, in the Minister’s words, his ailment did not lead to the ‘full loss of labour capability’. Providing several more cases, Rychkov emphasized: ‘The NKIU USSR considers the maxim of discharging from places of confinement all those inmates who cannot be considered a fully capable workforce (*rabochaia sila*) because of their illness to be wrong’. Moreover, since 1931, the Minister argued, the crucial precondition for final decisions on early medical release comprised the possibility of the invalid committing a new ‘socially dangerous act’. In the end, Rychkov, obviously arguing from simultaneously ‘negative productionist and legalist’ positions, advised the NKVD and the Procuracy to give more precise instructions to the local camps in order to avoid such infractions in the future.⁵⁴⁸

The procurators even attacked the courts for their disproportionate and excessively harsh practice of sentencing very minor lawbreakers to the custodial sentence in the deadly GULAG institutions. In one example out of many, F.A. Borisov stole five kg of beet and was sentenced to one year. He was discharged as suffering from ‘arteriosclerosis, pulmonary emphysema and general emaciation’ on 17 December 1942. A carter, Vasilii Ivanovich Vorobiev, stole one kg 200 grams of potatoes, received a two–year sentence, rapidly lost his health in the GULAG and was freed as an invalid on 11 February 1943. A housewife, Agrippina Alekseevna Gavrilova, stole a hollow sack from a textile factory, received one year sentence, fell ill and

⁵⁴⁸ GARF.F.R–8131.Op.37.D.1626.L.81–81ob.

was freed on 1 January 1942 with ‘pellagra, varicose veins of the shin, red spots’ diagnosis. On 9 September 1941, a train station official, E.A. Sergeev, got drunk and for one hour did not accept the baggage of the passengers. As a result, he got a harsh four–year sentence but was medically released very soon after conviction.⁵⁴⁹ Such high turnover of prisoners greatly overburdened the logistics of the courts and penal institutions. In addition to the technical problems, in the eyes of many high–level bureaucrats, this vitiated the very essence of the Soviet legal system.

A representative invalid’s condition, released under the aegis of the 467/18–71/117c directive was, with a few exceptions explicated below, extremely severe. This can be seen from the extract of the medical examination of a prisoner, freed from the Moscow UITLiK in 1943:

Name: Borisov A.I

Date of birth: 1890

Complaints: headaches and pains in the back.

Examination: Acute emaciation, the skin is pale, loose, dry, the pharynx is pale, muscles are atrophied.

Heart: Persistent noises

Digestion: diarrhoea and urinary incontinence.

Diagnosis: Pellagra etc.⁵⁵⁰

Pellagra (formally a vitamin deficiency, but in reality a euphemism for starvation) was indeed one of the two leading official causes of medical release during the operation of №467/18–71/117s.

⁵⁴⁹ GARF.F.R–8131.Op.37.D.1626.L.97.

⁵⁵⁰ GARF.F.R–8131.Op.37.D.1626.L.95.

However, the GULAG data on diagnoses for *aktirovanie* should be treated as critically as any other Soviet (and not only Soviet) statistics for two reasons. The first one is purely technical: the GULAG diagnostics was flawed. Even in later years, the penitentiary system lacked professionally trained diagnosticians (the majority of GULAG doctors were prisoners themselves) or adequate diagnostic infrastructure.⁵⁵¹ In 1941–1945, many qualified camp physicians were transferred or recruited to the army needs. As a result, misdiagnoses due to unintentional mistakes were not exceptional (although during the war in many instances it boiled down to malnutrition and its consequences in any case).

The second – and more important – reason was corruption, which infested *aktirovka* from the early 1930s, notably the release of relatively healthy inmates as ‘fake invalids’ for bribes or out of compassion, expressed by some benevolent doctors.⁵⁵² Inspectors harshly prosecuted camp medics, who dared to take bribes for fabrication of diagnoses.⁵⁵³ Therefore, it is rational to presuppose: only a handful dared to take the risk. I would argue that corruption variable could not seriously contort the general mass of diagnoses on a system-wide level. All these caveats aside, now it is appropriate to introduce statistics of the operation, both local and overall.

⁵⁵¹ Nakhapetov, *Ocherki*, 92.

⁵⁵² For concealment of starvation-diseases see Alexopoulos, *Illness*, 86. For examples of attempts to bribe camp doctors in 1930s see GARF.F.R-9401.Op.1A.D.3.L.101–101 ob.; GARF.F.R-9401.Op.1A.D.10.L.6.

⁵⁵³ GARF.F.R-8131.Op.37.D.2055.L.9–9ob; GARF.F.R-8131.Op.37.D.2061.L.131ob; OGACHO.F.R-1075.Op.1.D.226.L.31-31ob.

The statistical scale of the 1942–1944 operation

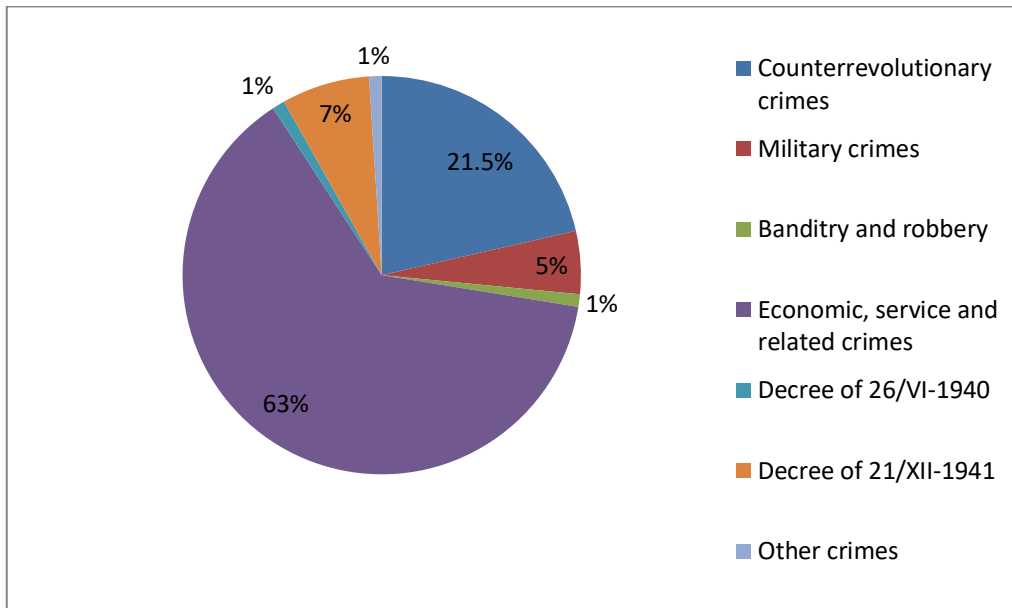
Table 4.3. Regional distribution of invalids released under the aegis of directive №467/18–71/117s, depending on type of crime (October 1942– Spring 1944)

Name of the camp	Total number	Of which: Article 58 (‘politicals’)	Military crimes	Banditry And Robbery	Economic and Service crimes	20.06.1940 Decree	21.12.1941 Decree	Other crimes
2	3	4	5	6	7	8	9	10
Aktiubinlag	2,774	293	185	16	2,210	2	68	–
Altailag	248	14	18		173		43	
Arkhbumlag	360	140	42	50	52	13	63	
Astrakhanlag	1,079	280	155	12	599	2	31	
Bezymianlag	8,957	1,873	144	89	6,807	13	31	
Bogoslovlag	5,337	1,260	621	60	3,114		282	
Vorkutlag	1,004	675	59	27	237	2	4	
Vostokurallag	2,319	1,570	27	42	639	1	40	
Volzhlag	9,734	3,046	469	269	5,718	181	51	
Viatlag	3,560	1,859	163	47	1,363		128	
Ivdel’lag	3,611	2,373	78	–	1,075	16	69	
Intinlag	237	116	6	1	111	1	2	
Kamenlag	832	192	107	7	483	–	43	
Kargopol’lag	7,049	5,340	49	114	1,512	–	34	
Karlag	5,318	2,727	199	61	2,250	4	77	
Kraslag NKVD	1,758	1,167	22	26	441	4	7	91
Lobvinlag	467	171	105	1	173	–	17	
N–Amurlag	2,878	1,876	11	54	832	–	2	103
Noril’lag	121	4	10		107			
Pechorlag	7,199	2,958	448	195	2,787	19	2	790
Privolzhlag	5,087	619	117		3,428	2	61	
Svobodlag	6,339	2,866	256	87	3,032	22	76	
Primorskii region of SevVostLag	918	457	52	53	348	1	7	
Sevdvinlag	3,251	935	117	43	2153	–	2	1
Sevzheldorlag	8,560	4,823	67	323	3,334	–	13	–
Sevurallag	1,759	1,237	8	4	509	–	1	–
Siblag	7,430	3,637	162	129	1,185	11	306	–
Solikamlag	1,248	390	59	15	759	2	23	–
Sredbellag	490	239	6	4	241	–		–
Refinery	184	4	4		153	–	23	–
Construction						–		
Construction №1 GUSHOSDOR	2,674	194	264	35	1,870	25	232	54
–’’– Cheboksary	78	9	4		44		21	
–’’– №4 GULZHDS								
Karaganda	53	5	8	1	23		16	

№2GULZHDS								
Kasplag	219	89	3	29	96		2	
Ponyshlag	1,165	298	257	33	509		68	
Shiroklag	160	35	15	12	88		10	
Tavdinlag	1,015	307	71	1	613	4	19	
Tagillag	5,836	385	907	41	4,237	12	254	
Temlag	3,364	1,760	182	32	1,292		98	
Tyrni–Asus ITL	198		9		166		23	
Unzhlag	5,442	2,532	588	99	1,730	4	258	231
Usol'lag	2,360	1,566	22	87	680		5	
Ust'Vymlag	5,910	3,608	108	83	1,525	4	28	554
Ukhtizhemlag	1,253	678	26	52	490	1	6	
Cheliabmetallurgstroï' (Bakalstroï)	341	48	36		190		67	
Iagrnlag	4,202	983	164	108	2,805	23	119	
Astrakhanskaia obl.	396	13	11		357	9	6	
Azerbajjani SSR	8,515	679	523	9	6,976	37	291	
Altaiskii krai'	3,525	492	66	1	2,851	10	105	
Armenian SSR	1,068	74	31		925	13	24	
Arkhangel'skaia obl.	4,167	1,483	90	79	2,393	20	102	
Bashkir ASSR	5,154	425	122	2	3,925	35	645	
Buriat–Mongol ASSR	613	80	10	9	489	15	10	
Vologodskaia obl.	4,473	958	276	65	2,952	46	76	
Voronezhskaia '–'	631	22	15	5	491	10	88	
Gor'kovskaia '–'	5,545	240	198	57	4,046	117	579	308
Georgian SSR	6,481	714	613	29	4,992	30	103	
Dagestanskaia ASSR	549	67	47		417	16	2	
Ivanovskaia obl.	5,924	198	57	25	4,873	178	593	
Irkutskaia '–'	5,236	990	261	143	3,459	173	210	
Kabardinskaia ASSR								
Kalininskaia obl.	1,220	83	68	6	1,017	15	31	
Karelo–Finskaia ASSR	587	113	18	5	439	11	1	
Kyrgyz SSR	3,202	81	245	20	2,546	23	287	
Kirovskaa obl'	5,617	85	31	15	3,962	568	956	
Komi ASSR								
Krasnoiarskii krai	1,932	354	54	3	1,403	5	113	
Kuibyshevsk. obl.	5,358	610	339	87	3,708	44	570	
Kurskaia '–'	4				4			
Kurganskaia '–'	1,162	2	20	7	1,053	11	68	
Kemerovskaia '–'	1,298	211	4	3	591	1	180	308
Krasnodarskii krai	195	4	1	186	3	1		

Leningradskaia obl.	789		33	4	718	12	16	6
Mariiskaia SSR	537	43	14		446	6	28	
Molotovskaia obl.	7,319	247	305		4,846	61	1,858	
Moskovskaia ‘-’	8,205	19	115	25	5,529	581	1,936	
Mordovskaia SSR	746	41	12	3	668	5	17	
Murmanskaia obl.	25	1	2	2	20			
Novosibirskaia ‘-’	14,577	1,818	523	133	10,396	42	1,665	
Omskaia ‘-’	7,630	860	177	60	6,084	106	343	
Penzenskaia <i>oblast’</i>	2,222	172	68	3	192	28	97	1,662
Primorskii krai’	1,450	101	182	4	1,134	11	18	
Rostovskaia <i>oblast’</i>								
Riazanskaia ‘-’	2,068	98	75	7	1,704	14	170	
Saratovskaia ‘-’								
Sverdlovskaia ‘-’	12,780	220	619	99	7,969	588	3,285	
Smolenskaia obl.	15				14	1		
Stalingradskaia ‘-’	431	39	26		362	1	3	
Stavropol’skii krai	49	7	1	1	40			
Tadzshikskaia SSR	2,528	115	89	15	2,104	13	158	34
Tambovskaia obl.	1,350	84	13		1,177	21	54	
Tatarskaia ASSR	6,144	386	132		5,363	61	202	
Tul’skaia obl.	2,488	324	338	28	1,012	58	728	
Turkmenskaia SSR	2,410	42	21		2,362	22	63	
Ul’ianovskaia obl.	1,476	236	26	4	1,126	7	77	
Udmurtskaia ASSR	4,943	239	110	59	2,787	64	1,684	
Uzbek SSR	22,495	2,182	1,890	357	16,957	22	1,087	
Khabarovskii krai	2,928	862	130	22	1,862	7	45	
Cheliabinskaia obl.	11,748	360	735	116	7,977	234	2,326	
Chitinskaia ‘-’	2,611	343	94	15	2,100	39	26	
Chkalovskaia ‘-’.	5,778	653	232	78	4,558	56	201	
Chuvashskaia ‘-’	2,174	212	74	5	1,769	8	106	
Iaroslavskaia ‘-’	5,119	194	109		4,401	138	277	
	Total number	Article 58 ('politicals')	Military crimes	Banditry And Robbery	Economic, Service, crimes	20.06.1940 Decree	21.12.1941 Decree	Other crimes
Total	341,361	73,530	16,542	3,954	214,879	3,962	24,352	4,142

Graph 4.2. The overall distribution of invalids freed under directive №467/18–71/117s, depending on a type of crime (1942–1944)



Source: GARF.F.R–9414.Op.1.D.1146.L.22–25

According to the central OURZ, the overall number of invalids released during the 1942–1944 operation was roughly 341,361. Out of the total sum, 134,381 invalids were freed from the camps (ITL) and 205,887 from the regional colonies (OITK and UITLiK). This proportion can serve as another persuasive argument to the contention, advanced by Alexopoulos, which explains higher death rates in the colonies by purposeful relocation of very ill invalids’ from ‘prioritised’ to ‘non–prioritised’ localities. Invalids as a formal category, over–concentrated in the irrelevant colonies, constituted the majority of registered deaths. Therefore, I would hypothesize that, on average, colonies’ registered death rates are more unreliable than that of the camps.

The sources give us the opportunity to break down the releases according to the type of crime committed by the invalids (see Graph 4.2). Those convicted for economic, service and related illegalities occupied the first place in the general composition (62%), followed by the ‘counterrevolutionaries’ (21%, a staggering 73,530 people in absolute terms, probably the

most remarkable feature of the operation statistics—wise). The rest (17%) were bandits, robbers, invalids sentenced for infraction of labour discipline decrees, and military offenders.

The local variation of the discharges, on the other hand, throws considerable new light on the intricate, but as yet unknown numerical incongruities between individual camps and regional labour colonies. Thus, the numbers of those freed fluctuated from four (Kurskaia *oblast'* colonies) to 8,957 (Bezymianlag in Kuibyshevskaiia *oblast'*) or from 53 (Karaganda camp) to stunning 22,495 (Uzbek SSR regional colonies). What stands behind these statistical fluctuations? When attempting to answer this question, we should certainly avoid jumping to conclusions exclusively based on the given absolute summary figures. Nevertheless, I contend several provisional deductions.

First, the large absolute number of the released combined with the small average population of prisoners in the locality signifies catastrophic conditions and suggests a very high probability of significant unreliability of registered mortality figures in the majority of cases. This postulate can be exemplified via collation of the magnitude of releases from the exceptionally deadly Administration of Forestry Camps (ULLP) with their comparatively small populations and very high registered mortality. For example, Viatlag in Kirovskaiia *oblast'* held roughly 14,000 prisoners in 1943, with 5,559 deaths registered in this year (40% per annum death rate).⁵⁵⁴ Additionally, 3,560 invalids suffering from 'grave incurable illness' were freed, 25% of Viatlag's annual average population. If we interpret the majority or even all of these releases as deaths (which, in my view, is highly probable), Viatlag annual death rate in 1942–1943 would swell beyond 60%. Unzhlag in Gor'kovskaiia *oblast'* incarcerated approximately 20,000 prisoners in 1943, with 9,358 inmates' fatalities registered in this year (a mind–boggling 47% annual average death rate), whereas the camp administration

⁵⁵⁴ Calculated, based on GARF.F.R–9414.Op.1A.D.401.L.5–5ob.

discharged 5,442 invalids, approximately 27% of the camp average population in 1943.⁵⁵⁵ Again, if we add released invalids to the mortality data, the death rate would increase well beyond 60–70% per annum. The remaining timber camps demonstrated more or less comparable proportions. Last but not least, the Chapter 1 has proven with direct, conclusive evidence that, for example, Kargopol’lag official mortality rates were seriously distorted and the released invalids died there in their hundreds.

In order to appreciate the practical significance of medical release in this period, one should consider the following: from October 1942 to May 1944 nine ULLP camps (Viatlag, Unzhlag, Kargopol’lag, Ivdel’lag, Sevurallag, Vosturallag, Ust’–Vymlag, Usol’lag and Kraslag) held on average from 120,000 to 170,000 prisoners. 62,504 deaths were recorded, with 54,441 inmates listed as freed (of which 33,678 invalids, suffering from ‘grave incurable maladies’). Hence, the invalids’ discharges constituted approximately 23–25% of the average population of the ULLP, 54% of all registered deaths and stunning 61% of the total releases during this period.⁵⁵⁶ If we assume that the majority of the invalids died, the already catastrophic ULLP mortality rate would increase even more. Importantly, given the data on health of forestry camps’ population at the time, it is logical to presuppose that the remaining 39% of ‘non–invalid’ ‘regular’ releases from ULLP also contained a portion of very unhealthy inmates.⁵⁵⁷ Thus, those who finished their sentences in 1942–1944 in, say, Viatlag conditions, could conceivably have been dead men walking.

⁵⁵⁵ Calculated, based on GARF.F.R–9414.Op.1A.D.401.L.4–4ob.

⁵⁵⁶ Calculated, based on 1942: GARF.F.R–9414.Op.1.D.1179.L.3–3ob.; 1943: GARF.F.R–9414.Op.1A.D.401.L.1–11.
1944:GARF.F.R–9414.Op.1.D.1190.L.17–17ob.

⁵⁵⁷ See, for example, GARF.F.R–8131.Op.37.D.2061.L.159.

On the catastrophic conditions, for example, in Usol’lag see procuratorial reports (GARF.F.R–8131.Op.37.D.2036, 2037, 2038; PermGASPI.F.105.Op.8.D.94; GARF.F.R–8131.Op.37.D.1255.L.338–348).

Similar proportions are evident in some camps of the other Main production administrations, known for their extraordinarily pernicious conditions and extreme registered mortality (Pechorlag, Sevzheldorlag, Ponyshlag, Iagrinlag, etc.). Again, it would be reasonable to speculate (and for some locations such as Ponyshlag and Iagrinlag to claim for certain— see Chapter 1) that the official death statistics were seriously inadequate in these locations as well. This conclusion is also fully applicable to the comparatively small colonies with a high number of medical releases (e.g. Omskaia OITK (7630)).

On the other hand, low numbers of medical releases in conjunction with relatively high averages of confined prisoners sometimes (but not always) directly correlated with ‘milder’ conditions (at least by wartime standards). This proportion, as I argue, denotes more (but not completely) reliable official death rates in the locality. For example, the ‘prioritized’ Noril’lag in Krasnoiarskii krai (part of the ‘survivable’ GULMP) incarcerated roughly 30,000 prisoners in 1943, but released only 121 invalids in 1942–1944, 44 times less than the smaller Unzhlag or 70 times less than Sevzheldorlag in the same time frame. Meanwhile, its official death rate in 1942–1943 hovered around 5,5%–8%, way below the system’s average (22–24%), roughly five–eight times lower than Unzhlag’s coefficient. In absolute terms, 2,507 prisoners’ deaths were recorded in Noril’lag in 1943.⁵⁵⁸ Consequently, even if we aggregate all 121 released invalids into Noril’lag’s mortality, this adjustment can produce only a nominal effect on the death rate. At the same time, insignificant quantities of releases could simply be dependent on a low inmate population or exogenous reasons. For instance, inconsequential numbers of releases from Smolenskaia, Kurskaia, Stavropol’skaia, Rostovskaia, Krasnodarskaia or Stalingradskaia OITK certainly reflected the impact of the war: evacuations and the movement of the front lines. Hence, they did not necessarily denote ‘survivable’ conditions, reliable

⁵⁵⁸GARF.F.R–8131.Op.37.D.2063.L.30.

official death statistics or even low registered mortality rates per se (e.g. Shiroklag).⁵⁵⁹

Importantly, even now it is clear that the number of the sick, released in 1942–1944, was larger than the figure of ‘official’ invalids, discharged under the aegis of the №467/18–71/117s directive as ‘suffering from grave incurable’ illness. Very sick inmates were freed after expiration of the sentence or due to general or individual amnesties.⁵⁶⁰

Conclusion for September–October 1942–May 1944 campaign

In a nutshell, the September 1942–May 1944 campaign exhibited two idiosyncrasies. First, the operation was the largest endeavour of this kind in GULAG history. Its scale, coupled with structural inefficiencies intrinsic to the bureaucratic apparatus, constantly changing regulations and exigencies of war caused intractable difficulties with operation’s execution. The campaign was permeated by innate contradictions, logistical collapse with invalids’ transportation, ubiquitous red tape, quotidian corruption, and surreptitious institutional conflicts.

Nevertheless, its influence on registered death rates was the most perceptible among the three wartime operations: the vast majority of the released were freed in dire, often pre–mortal condition, with ‘third–degree dystrophy’ and ‘pellagra’ diagnoses. The campaign represented the most effective tool of the proponents of mendacious application of medical release to artificially suppress death rates. It was remarkably ‘successful’ in this regard.

Second half of 1943 was marked by the gradual comeback of ‘negative legalist and ‘productionists’ considerations in the decision making. The ‘negative’ argument won back some footing and started to regain its lost supremacy in the minds of top–level decision–makers. This process culminated in May 1944, with the advent of the third and the last medical release campaign of the war.

⁵⁵⁹ On conditions in Shiroklag see GARF.F.R–8131.Op.37.D.2046.

⁵⁶⁰ GARF.F.R–9414.Op.1.D.1168.L.267.

The third campaign (May 1944 –August 1945): order №00617/00189

The administrative basis for the operation

A pair of administrative acts launched the new medical release operation. The principal one, the NKVD and NKGB order 00617/00189, was broadcasted to the localities via telegraph on 25 May 1944.⁵⁶¹ Remarkably, it comprised the first major operational order on *aktirovka* in 1941–1945 signed personally by the Ministers of State Security (Vsevolod Nikolaevich Merkulov) and Internal Affairs (Beria), and not their deputies. The other concomitant act, the NKIU and Procuracy order №0047/132ss ‘On the order of processing cases of early release of prisoners suffering from mental illness or grave incurable malady’ from May 30 1944 reiterated the contents of the former to the courts, military tribunals, regional and camp Procuracies.⁵⁶² It also reaffirmed three procedural phases of the process: a preliminary decision in the camp commission, a check in the Procuracy and the final judicial decision in the court.

The order 00617/00189, inculcated with a pronounced ‘legalist’ governing spirit, began with the harsh indictment of ‘serious mistakes’ committed by some local administrators during the antecedent operation. These transgressions allegedly facilitated the ‘unjustified’ early release of prisoners, sentenced to long sentences for ‘anti–Soviet activity’ and other ‘grave crimes’ (although, paradoxically, the union–level NKVD had itself allowed the release of this kind of prisoners two years earlier, but now – in a typical Stalinist manner – scapegoated the localities for its own impromptu policy).

The first clause of the order repudiated the previous ‘liberal’ rules of *aktirovanie*. It completely rescinded *aktirovka* of 58–ers (all sub–sections), bandits (Article 59–3), ‘serious’

⁵⁶¹GARF.F.R–9401.Op.1A.D.159.L.212–213ob. Published in Nakhapetov, *Ocherki*, 148–151.

⁵⁶²GARF.F.R–8131.Op.31.D.191.L.64.

military offenders, inmates convicted for ‘7/8–32’ law, recidivists, habitual hooligans as well as Germans, Finns, Romanians and Italians (no matter what their crime). Henceforth, all these invalids were supposed to be incarcerated until the war’s end and denied medical release. Essentially, this paragraph reinstated №221 directive from 22 June 1941 to the fullest extent.

Remarkably, in the conclusion, Beria and Merkulov underscored that the new order was to supersede all previous internal directives and circulars regulating *aktirovka*, including the principal one – №467/18–71/117s. Why did the architects of medical release policy suddenly decide to revamp its instructions practically from scratch? In order to answer that question, the concrete implementation of the third campaign on the ground should be analysed in the broader context of 1944–1945.

Implementation of the order №00617/00189 on the ground

From its very first days, the new operation proceeded in a profoundly different manner from the prior campaign, particularly in terms of its scale and intensity. According to the head of GULAG URO lieutenant colonel of state security Zinovii Il’ich Aleshinskii: ‘With the propagation of the NKVD–NKGB USSR order №0017/00189, the work to release prisoners suffering from grave incurable illness stopped in some ITL, UITLiK–OITK’. For example, Bogoslovlag, Vosturallag, Volgolag, Pechorlag, Sevdvinlag, Siblag freed only ten invalids each (as of 1 August, 1945) – while in 1943 these localities discharged invalids in their thousands. Solikamlag, Tagillag, Ukhtizhemlag, UITLiK Azer SSR and NKVD of Primorskii *krai* released only one invalid per location.⁵⁶³ The diminution was particularly stunning in the case of Azerbaijani colonies, which had released more than 8,000 invalids in the preceding operation. The Kuibyshevskoe UITLiK freed 635 invalids in the third quarter of 1943, 837 in

⁵⁶³ GARF.F.R–9414.Op.1.D.1146.L.26–26ob.

the fourth one and only 285 in the first quarter of 1944.⁵⁶⁴ The Sverdlovskoe UITLiK released 9,000 invalids in 1943, and 2,390 in the first half-year of 1944. The number of the freed shrank to 859 in the second half, while only 594 in the first quarter of 1945.⁵⁶⁵ Usol'lag (Molotovskaia *oblast'*) freed 2,116 invalids in 1943, six in the first quarter of 1944 and none after the start of the May 1944 campaign, despite repeated orders of the central Procuracy and its own NKVD command to reinvigorate the process (issued on 10 and 21 August 1944).⁵⁶⁶

What stood behind this curious downward trend? I would highlight the conflation of four causal factors. The first one was the relative improvement of conditions (not least due to massive discharges of invalids' in 1941–1943, but this underlying causation was purposely excluded from self-aggrandizing summary official reports). The overall situation behind bars in the spring of 1944 remained extreme, but not as extreme as it was a year ago. If 34,800 deaths were registered in the camps and colonies in September 1943, at the zenith of the foregoing operation, this number dropped to 9,973 in May 1944.⁵⁶⁷ By this time, the sickness rates behind barbed wire (and among the general population) started to decrease, but remained high. The centralized supply of food and medicine, although still very inadequate, also improved somewhat.⁵⁶⁸ The procurator of Sverdlovskaia UITLiK Perevozchikov, for instance, named the improvement in the food supply as the main reason for diminution of medical releases.⁵⁶⁹ On the 'free' side of the barbed wire, the Red Army was pushing the Wehrmacht out of Belorussia, Ukraine, Crimea, and Karelia. The tide of war had certainly turned into the Soviet Union's favour. The painstaking process of reconstruction and general 'normalization' in both the rear as well as the liberated areas had begun. This nascent 'normalization' served

⁵⁶⁴ GASO.F.2596.Op.1.D.1999.L.49.

⁵⁶⁵ GARF.F.R–8131.Op.37.D.2498.L.22.

⁵⁶⁶ GARF.F.R–8131.Op.37.D.2037.L.337.

⁵⁶⁷ GARF.F.R–9414.Op.1.D.1181.L.31.

⁵⁶⁸ A.Kokurin, *GULAG*, 280.

⁵⁶⁹ GARF.F.R–8131.Op.37.D.2498.L.22.

as the backdrop to the NKVD and NKGB 00617/00189 order and, I argue, should be accounted for in order to properly grasp the logic of the third operation.

The second factor was economic. At the end of 1943–1944 the NKVD apparently reoriented its policy towards conservation and healing of the available ‘weakened’ workforce in order to return it back to production. In fact, the May 1944 operation and its narrowing of medical release criteria was just one link in a long chain of concerted measures ‘to restore physical labour capability’ of the GULAG workforce. They were epitomized in Beria’s order №00640 ‘On the arrangements for further improvement of the ITL and ITK prisoners’ physical condition’ from 29 May 1944.⁵⁷⁰ Another vector of this policy was executed, for example, via recently established (but very ineffective in 1942–1943) convalescence and recovery teams (OK and OP). As result, the process of rapid degradation of prisoners’ health in many localities (but, importantly, not all) slowed down. Given this context, medical releases increasingly came to be viewed as an irrational squandering of the limited labour pool. For instance, Sverdlovskaiia UITLiK procurator Perevozchikov in 1945 invoked the recent strict orders to medics, which demanded the return of ailing prisoners back to work as one of the reasons for the decline in *aktirovka* numbers after May 1944.⁵⁷¹

The third factor related to revitalized concern for ‘state security’. The new rules substantially narrowed the eligibility criteria for *aktirovka*, reinstating directive №221 from June 1941. Some localities adhered to the letter of the instructions. For example, procurator Perevozchikov emphasized stricter regulations as one of the causes behind diminution of releases from Sverdlovskaiia UITLiK.⁵⁷² However, other localities continued to be influenced by the momentum of the preceding lax regulations and attempted to free as many invalids as

⁵⁷⁰Nakhapetov, *Ocherki*, 152–154.

⁵⁷¹GARF.F.R–8131.Op.37.D.2498.L.22.

⁵⁷²GARF.F.R–8131.Op.37.D.2498.L.22.

possible. On 19 February 1945, the head of the procuratorial Department of Oversight over Places of Confinement, D'iakonov urged the Ministry of Justice to stop 'infractions' of the new order. Thus, the director of Batumi prison (Georgian SSR) sent 30 cases of medical releases to court, completely eschewing the Procuracy. As a result, the local judiciary issued an illicit determination to discharge certain Kabakadse, sentenced for '7/8–32' law to ten years of imprisonment.⁵⁷³ While such releases were possible in the previous campaign, the new guidelines unequivocally forbade it.

The fourth and final variable for the decline of releases concerned the revalorized 'political' facet of *aktirovanie*. So long as the threat of the state's total annihilation in 1942–1943 was tangible, the NKVD reluctantly agreed to sacrifice its ubiquitous veil of secrecy, 'declassify' mass starvation in its penal system and release hundreds of thousands of 'living' (and often dying) 'skeletons' (if we use the widespread metaphor for *aktirovannye* from memoirs). However, when it became clear that the Soviet Union would not fall, the exodus of GULAG *distrofiks* into the wider world once again became a sensitive issue of bad publicity in the 'normalized' 1944. Some prisoners clearly acknowledged this fact. Efrosinia Kersnovskaia in her description of *aktirovanie* pithily noted: 'Those whose appearance could serve as graphic evidence of the influence of corrective labour were hardly ever released to die at home as well'.⁵⁷⁴

Some officials shared Kersnovskaia's argument. This can be proven by the following example. While conditions in a few localities improved, mass sickness and mortality continued to be a major problem in Azerbaijani colonies in 1944–1945. After desperately applying all 'conventional' measures to lower death rates (to no avail), its administration –

⁵⁷³GARF.F.R–8131.Op.37.D.2047.L22.

⁵⁷⁴E.A.Kersnovskaia, *Skol'ko stoit chelovek: Povest' o perezhitom*. Vol. 3, tetradi 5–6 (Moscow: Fond Kersnovskoi, 2001), 176.

with considerable hesitation – resorted to mass medical releases in January–March 1945: more than 1,000 invalids were freed. The UITLiK Procurator Khelemskii candidly explained the reasons behind this reluctance to use *aktirovka*. The procedure, according to him, had numerous ‘negative aspects’ in the new conditions of 1945. The procurator explained these aspects, as follows: ‘Such massive release of prisoners, sentenced to several years of deprivation of liberty, after several months after their conviction obviously discredits the stability of the court sentence, not to mention that the return of people, afflicted with emaciation and grave illnesses, to villages and cities after several months of confinement, is an extremely negative phenomenon from all points of view’.⁵⁷⁵ As we can see, in the procurator’s exegesis, the ‘legalist’ concern for ‘stability of the sentence’ converged with the proclivity to hide disturbing ‘results’ of GULAG operations from civilians.

Remarkably, two trends, typical for 1942–1944 operation – the rapid degradation of short-term prisoners’ health and prevalence of starvation-related diagnoses for *aktirovanie* – continued to be common during the May 1944 operation at least in some harsh or underfunded localities. Chapter 1 has proven that *aktirovka* continued to serve its mendacious purpose of manipulating mortality rates there even in more ‘normal’ 1945. On the other hand, its deceitful application in the camps with ‘improved conditions’ became less needed and – ineluctably – less widespread (which is proven in some, but not all, cases by the radical diminution of releases).

Another recurring phenomenon from the antecedent operation was endemic corruption. As in 1942–1944, it manifested itself in a pair of sustained variations: malingering and bribes. In Azerbaijani colonies – if we trust the procurator – a few prisoners tried to deliberately starve

⁵⁷⁵ GARF.F.R–8131.Op.37.D.2523.L.89.

themselves to ‘emaciation’ in order to get early release.⁵⁷⁶ In Sverdlovskaiia UITLiK in 1945 the head of SANO of ITK№17, Kanevskaia, issued an act of medical release of one prisoner Kotiak, who bribed her with 1,500 rubles and a golden watch for this service.⁵⁷⁷ Kanevskaia’s subordinate doctor, Fidel’man, colluded with a certain inmate, Bronstein, and faked his diagnosis of third-degree dystrophy. The conspiracy was unmasked thanks to Bronstein’s reckless behaviour: he personally came to the inspecting procurator Somov and demanded to expedite his release. A walking and talking third-degree *distrofik* raised suspicions. Bronstein was re-examined and determined to be healthy.⁵⁷⁸ For this and other illegalities, Procuracy arrested and prosecuted doctors Fidel’man and Kanevskaia. Nevertheless, as in the case of the previous campaign, I contend that the corruption variable did not seriously distort statistics in 1944–1945.

⁵⁷⁶ GARF.F.R–8131.Op.37.D.2523.L.89.

⁵⁷⁷ GARF.F.R–8131.Op.37.D.2498.L.234.

⁵⁷⁸ GARF.F.R–8131.Op.37.D.2498.L.90.

Table 4.4. The number of invalids' cases under order №00617/00189 from 25 May 1944 up to 1 August 1945

	As of 1 July 1945	As of 1 Aug. 1945
1. Sent cases to the courts or Special Board of NKVD		
	63,125	71,071
Of which:	130	140
a) via the 1 special NKVD department		
b) to courts at the site of conviction	39,123	44,324
c) to courts at the site of detention	23,871	26,607
2. Received judicial determinations on release		
	46,452	54,326
Of which:	44	44
a) From the 1 special NKVD department		
b) – the courts at the site of conviction	25,812	30,523
c) – the courts at the site of detention	20,596	23,759
3. Factually sent to places of residence	44,504	51,297
4. Denied release	1,533	1,813

Source: GA RF.F.R–9414.Op.1.D.1146.L.27.

To appreciate the difference in the dynamics and scale of discharges between the second and the third medical release campaign, if 205,297 invalids were freed from October 1942 up to September 1943 under the aegis of the №467/18–71/117s directive, only 51,297 people got their release from May 1944 to August 1945 during the implementation of №00617/00189 operational order.

As the data of the previous operations, the presented statistics is incomplete. The Chief GULAG statistician Aleshinskii confessed in a footnote to the summary data that ‘despite demands ... on the regular data reporting – no information on conducted work came from Aktiubinlag, Altailag, Vorkutlag, Ivdel’lag, Noril’lag, Kotlaslag, Nizhne–Amurlag, Sevzheldorlag, Construction №2 GUAS (Kasplag), OITK NKVD of Armianskaia SSR,

UITLiK UNKVD of Arkhangel'skaia, Kurganskaia, Orlovskaiia and Tomskaia *oblasts*.⁵⁷⁹ In addition to the understatement of official figures, parallel release channels of 'concealed' invalids and the sick certainly existed in late 1944–1945, just like in 1941–early 1944. The most notable of them was a major administrative amnesty of July 1945, dedicated to the victory in the war.⁵⁸⁰ For instance, according to the procurator of Sverdlovskoe UITLiK Perevozchikov:

Aktirovanie decreased in the third quarter in comparison to the second quarter (of 1945) not because the conditions in the colonies improved, but, because, firstly, their general population declined and, most importantly, a large number of the sick prisoners were freed under amnesty dedicated to the victory over Hitler's Germany.⁵⁸¹

Curiously, Perevozchikov lucidly understood that amnesty of prisoners affected the rates of *aktirovanie*. Clarification of the fates of these 'sick and amnestied' ex-inmates constitutes a vital direction for further scholarly inquiry.

Conclusion for the May 1944–August 1945 operation

The third medical release campaign manifested a couple of structural discontinuities with the prior operations. First, in terms of its scale, it was the smallest of the three. Second, it was closely interlinked with and commensurate to the process of 'normalization' in the country at large. In terms of confrontation between 'affirmative' and 'negative' agendas, the advocates of the latter once again got the upper hand in 1944–1945.

Both 'negative productionist' and 'legalist' considerations animated counter-reforms of the third operation. They included curtailment of *aktirovka* in general, emphasis on the exploitation and healing of 'enfeebled contingents', stricter rules of medical release, increased oversight over the procedure and reinstatement of the ban on the discharge of 58-ers and other

⁵⁷⁹ GARF.F.R–9414.Op.1.D.1146.L.26ob.

⁵⁸⁰ More on the amnesty see Alexopoulos, *Amnesty*, 274–306.

⁵⁸¹ GARF.F.R.F–8131.Op.37.D.2498.L.234.

allegedly dangerous inmates ('suspect nationalities'). In essence, the third operation was an eclectic synthesis of 'normal' and 'extraordinary' facets. In some respects, it harkened back to the 'regular', 'pre-war' procedural norms of 1939–1941, but in others, it built upon the legacy of the 'exceptional' 1942–1944 period. The third campaign is especially important for the present thesis because it was practically overlooked in the literature to date. Its 'downward' dynamics is vitally important for substantiation of one of the original arguments of this thesis (situational nature of *aktirovka*'s application).

Conclusion

On the empirical level, the principal aim of the chapter was to quantify *aktirovka* during the war. Until now, the total number of released invalids in 1941–1945, both globally and under the rubric of each medical release operation, remained unknown. The dynamics of early release in collation with registered mortality oscillations also were unexplored. Hence, the principal empirical contribution of the chapter can be summarised in the following table and graphs.

Table 4.5. Absolute numbers of 'certified' invalids' releases, 1941–1945

Name	Date	Type of campaign	Main bureaucratic actors	Number of the freed invalids
1. 24 November 1941 Decree	November 24 1941 – July(?) 1942	Administrative	NKVD, Procuracy	99,004
2. Directive №467/18–71/117s	September–October 1942–May 1944	Judicial	NKVD, NKIu, Procuracy	341,361
3. Order №00617/00189	May 1944–August (?) 1945	Judicial	NKVD, NKGB, NKIu, Procuracy	51,297
				Total:
				491,662

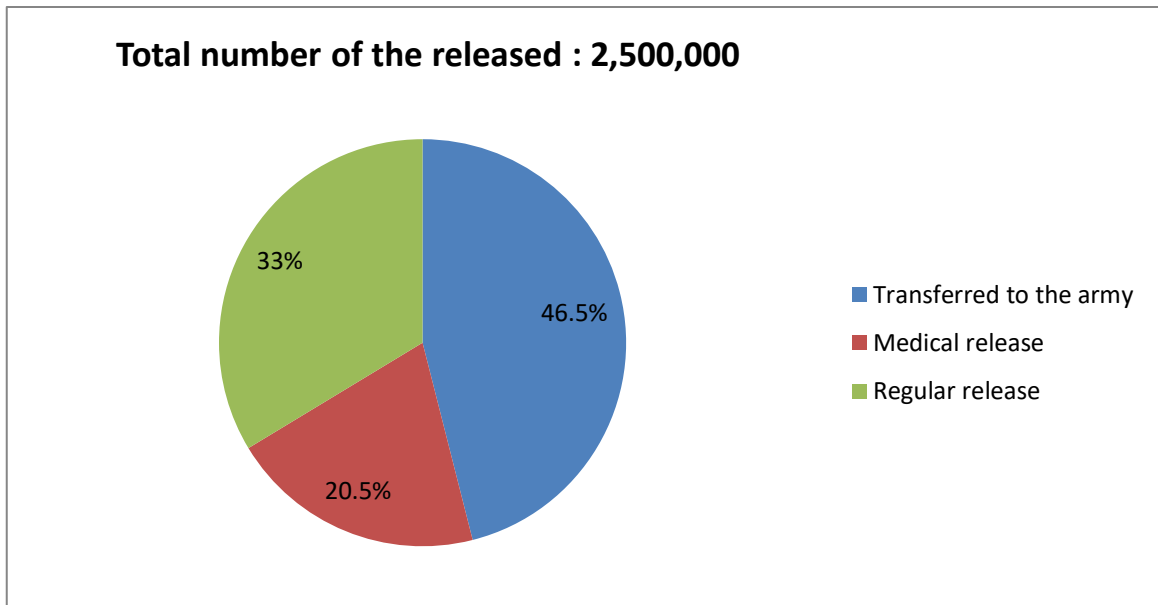
Sources: GA RF.F.R–9414.Op.1.D.1146.L.27, 33.

A summary URO report from February 1946 raises the cumulative total to 504,953 invalids (including the elderly in the case of November 1941 operation). We should also account for 10,001 invalidated ex-prisoners freed under the fourth paragraph of NKVD and Procuracy directive №185.⁵⁸² It released on medical grounds those inmates who finished their sentence but were forced to remain in the camp as ‘freely hired’ personnel due to their ‘danger to society’. Altogether, the verified documented figure of ‘certified’ invalids discharged during the war is 514,954. However, as we have determined, each of the operation’s summary data suffered from undercounting. Therefore, the real figure could be over 600,000 or even more. I argue that introduction of this number is important, for it gives us much better approximation on the order of magnitude of potential mortality understatement during the war, a sort of starting point within which we can further investigate the proportion of initial survivors and the dead within it.

To understand the practical significance of the number, let us put it into perspective via collation with the official statistics of deaths and releases in 1941–1945. Thus, we know that roughly one million prisoner fatalities were recorded by GULAG internal accounting in these years. Consequently, released invalids’ scale was comparable to a staggering 51% of all registered mortality during the war. If the majority or even half of them died – which is a completely reasonable hypothesis, given the objective invalids’ state of health (seen in their diagnoses), it leads us to an important conjecture: official wartime statistics contained huge understatements of GULAG–caused deaths.

⁵⁸² GARF.F.R–9414.Op.1.D.1146.L.33.

Graph 4.3. Distribution of ‘military’, ‘regular’ and ‘medical’ releases from GULAG (July 1941– June 1945)



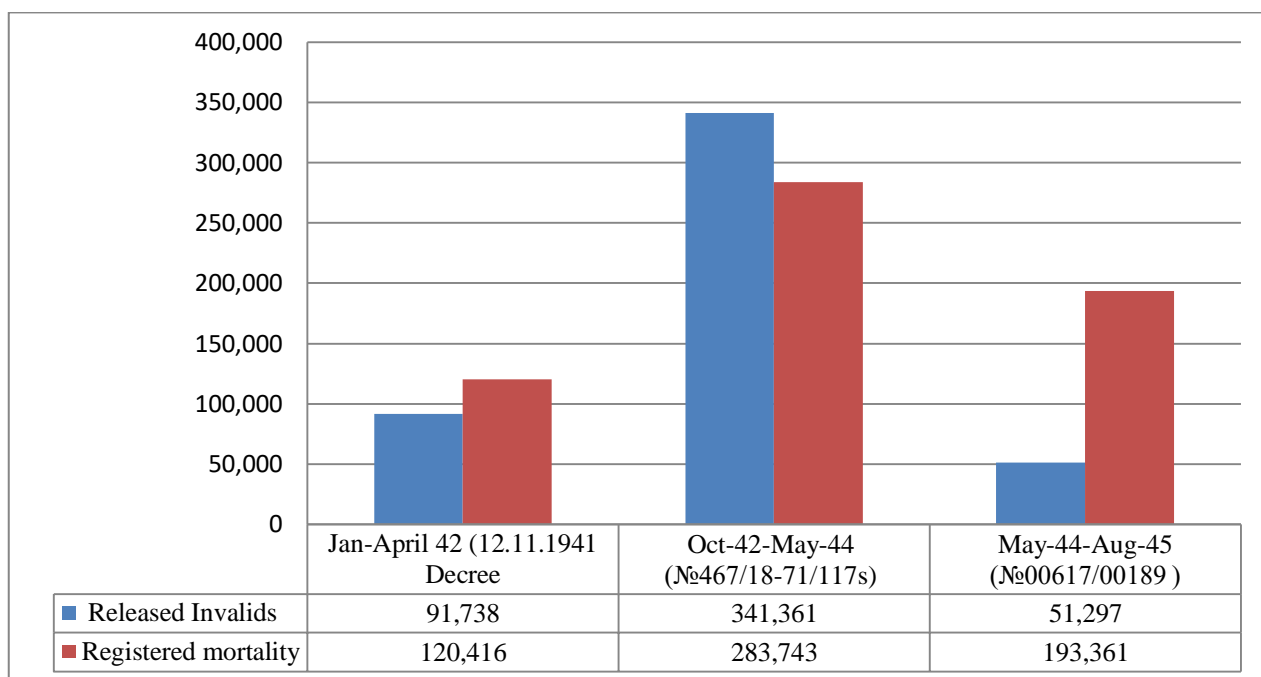
Source: ‘military’ and ‘regular’ releases (the latter includes both early and general releases): GA RF.F.R–9414.Op.1.D.1171.L.3; Medical release: GA RF.F.R–9414.Op.1.D.1146.L.33.

Another factor to account for is the ‘non–official ‘or ‘hidden’ invalids’ exodus, which, as of now, can be only crudely estimated. According to URO, 1,461,455 inmates were released for all reasons from the camps and – roughly – more than one million from the colonies, constituting approximately 2.5 million prisoners overall from July 1941– to June 1945. Out of that number, 1,163,200 (46.5%) were ‘transferred to the army’ (but, importantly, not all of them were conscripted, some were denied draft on ‘medical grounds’). This leaves us with 1,336,800 prisoners who were freed after expiration of their sentences and early releases of various kinds, including medical ones (514,954). These remarkable proportions reveal a previously unknown phenomenon: every fifth prisoner (20.5%) released during the war from the GULAG was, in fact, a certified invalid. The rest (821,846 in absolute figures) contained some ‘concealed’ ones, who – as previous chapters have shown – also died after release. The

important aims of future research are to produce more precise estimates for the numbers of ‘rejected unhealthy conscripts’ and ‘concealed invalids’ in the ‘regular’ release.

Furthermore, this chapter strived to elucidate connections between all three campaigns in an integrative frame as well as to underscore qualitative and quantitative incongruities between them. Specifically, it examined the decision–making behind *aktirovka*, the ensuing transformation of the regulations and their implementation on the ground. In this regard, two fundamental conclusions can be made. First, medical release policy in 1941–1945 can be qualified as distinctively reactive, not proactive. It was non–linear, fluid and often internally inconsistent. In essence, the NKVD recalibrated medical release norms to its situational needs, depending on the severity of the exogenous pressures. Other actors (the Procuracy, the Ministry of Justice,) did not enact a unified policy as well, sometimes playing along with the NKVD, sometimes acting as its critics or competitors.

Graph 4.4. Dynamics of medical release in collation with the registered mortality (absolute figures), January 1942 – August 1945



Source: Invalids releases: January–April 1942: GA RF.F.R–8131.Op.37.D.799.L279.

October 1942–May 1944: GA RF.F.R–9414.Op.1.D.1143.L.33

Mortality (camps and colonies): GA RF.F.R–9414.Op.1.D.1179.L.1–2.; GA RF.F.R–9414.Op.1.D.1190.L.1–2;13–13 ob.

The second overall conclusion, stemming from the first one, is that we can establish a direct link between the rise and fall of registered mortality rates and quantitative as well as qualitative components of the *aktirovka* process in 1941–1945. Thus, the higher official mortality, the larger the number of freed invalids. The qualitative composition of the general distribution of the released also changed more or less synchronously with official mortality ‘peaks and troughs’. In other words, the worse the sickness and mortality crisis became (1942–1943), the easier it was to get out of the GULAG via *aktirovka* for almost any prisoner (even for those whom the regime considered to be very dangerous – ‘counterrevolutionaries’, ‘suspect nationalities’, ‘bandits’ and recidivists). The state of one’s health became the paramount consideration, superseding legal or economic descriptors. The ‘mendacious’

rationale was at the peak of its influence precisely in 1942–1943. Conversely, as the situation stabilized and the number of dying prisoners decreased (1944–1945), *aktirovanie* declined commensurately with it. Legal and economic deliberations experienced revivification. It became harder (but not impossible) to be freed via *aktirovka* even for very sick, but potentially ‘dangerous’ or economically useful inmates. Furthermore, the mendacious proclivities of the administration diminished in importance, although never disappearing entirely. In this regard, my interpretation significantly departs from Alexopoulos’s account, which omits the downward quantitative trend of the third wartime operation under 00617/00189 order and argues that *aktirovka* was applied exponentially in the 1940s.

CHAPTER 5: 'WAVE-LIKE PATTERN': MEDICAL RELEASE IN 1945-1955

The period of 1945–1955 witnessed an arduous process of post-war reconstruction. Outside the prison system, it intersected with the gradual abolition of the 'state of emergency' in civilian life, the famine of 1946–1947, unprecedented tightening of criminal legislature (decrees of 1946–1947) and incremental, uneven improvements of economic conditions.⁵⁸³ During these peaceful, but still tumultuous years of High Stalinism, the GULAG followed the same trajectory in its development, being an integral part of this peculiar reconstruction drive. The explosive growth of the penal population culminated in the mass prisoner uprisings and major amnesties of the 1950s after Stalin's death.⁵⁸⁴ These reduced the custodial population by the millions, ending the 'classic' Stalinist GULAG once and for all.

What happened with medical release in this time period? In 1945–1955, it was executed via two systematic judicial campaigns. The first of the operations lasted from September 1946 up to May 1954 under the aegis of №00829/00360/0049/193ss order. It comprised probably the longest of its kind in GULAG history. The second campaign was the shortest. It ran from May 1954 up to March 1955 under the order №0284/015/035/91s. In addition, invalids in 1954–1955 were released early vis-à-vis several one-time administrative general amnesties (*obshchaia amnistia*), individual 'private' amnesties (*chastnaia amnistia*), and special decrees. The most significant amnesty was the one from March 1953.

As in the previous chapter for 1941–1945, the present one sketches decision-making dynamics, explores the evolution of administrative and legal norms, their implementation on the ground and, especially, the statistical scale of each of the campaigns in 1945–1955.

⁵⁸³ For the general overview see E.Zubkova, *Russia after the War: Hopes, Illusions, and Disappointments, 1945–1957* (Armonk, N.Y.; London: M. E. Sharpe, 1998).

⁵⁸⁴ On uprisings see *Istoriia*, Vol.6; Barnes, "In a Manner Befitting Soviet Citizens": An Uprising in the Post-Stalin GULAG'. *Slavic Review* 64, no. 4 (2005): 823–50.

Whereas *aktirovka* in this chronological period is somewhat better elucidated than the wartime releases, at least four major gaps exist in our understanding of each of the abovementioned key facets.⁵⁸⁵

First, even the most basic facts about medical release in this period remain almost unexplored. This assertion is justified both in relation to high-level policy variations and particularly to their variegated practical implementation across individual localities. Invariably, the general profile of the released (age, gender, sentence, article of the criminal code) and even their health condition upon discharge in various years under scrutiny is unknown. Meanwhile, the diagnoses of the released are crucial for any meaningful attempts to factor *aktirovanie* into the problem of death statistics' reliability. Second, there have been no attempts whatsoever to integrate both campaigns into a holistic narrative in order to compare similarities and differences between them, the prior 1941–1945 operations and the broader course of events in the free society at large (particularly the famine of 1946–1947). As a result, post-war medical release is insufficiently contextualized. Consequently, it is yet unclear if there existed direct continuities between wartime procedures and post-war policy, post-war *aktirovanie* manifested a mix of new and old elements or developed in a profoundly idiosyncratic way. Third, the antagonistic tensions and situational alliances between and within the Procuracy, the Ministry of Justice and the GULAG around *aktirovka* are totally ignored. Fourth, the 1948–1953 period remains an almost complete 'blank spot'. The present chapter attempts to rectify these drawbacks at least partly.

However, the principal empirical focus of the chapter is quantitative. The total figure of released invalids' in 1945–1955 is still not clear. To date, the numeric data for this timeframe are confusing, patchy and contradictory. On the one hand, we have Galina

⁵⁸⁵ Nevertheless, one should note important, but brief contributions by Ivanova, *Istoriia GULAGa*, 414–418; Elie, *Goulag*, 74–76; Alexopoulos, *Illness*, 149–152.

Ivanova's contribution, which provides some summary statistics for 1946–1950 from the records of the legal system.⁵⁸⁶ However, Ivanova's monograph did not concentrate on *aktirovka* specifically, therefore her account is short, schematic and ends around 1948–1950. It did not include a local breakdown of the releases (distribution across localities, full yearly dynamics, as well as diagnosis, sex, age, articles of the criminal code etc.) and lacked yearly figures for 1949–1955.

On the other hand, there is Alexopoulos' recent and provocative statistical claim about the 'hidden' and catastrophic health crisis of the post-war GULAG. Alexopoulos's argument consists of three main points. First, 'brutalizing GULAG exploitation intensified over time, and reached its apex in the late 1940s and early 1950....'⁵⁸⁷ Second, the GULAG ostensibly released hundreds of thousands of dying invalids via *aktirovka* in these years, concealing the deadliest and most destructive period of its existence. This highly coordinated attempt at deception (the 'routine release of nearly dead prisoners') was consistently executed via the alleged discharge of invalids under bureaucratic euphemism of 'directed to other places of detention' – which Alexopoulos argues to mean special settlements.⁵⁸⁸ Third, precisely because 'dying prisoners were being released *en masse*', official death rates reached the historic all time low – around 1% per annum in 1949–1953, while the 'real' conditions became even more deleterious than during wartime. According to Alexopoulos, 'World War II is often cited as the worst period for GULAG prisoners, yet camp statistics indicate that prisoners' health remained abysmal and even worsened in the post-war years'.⁵⁸⁹ Essentially, the late 1940s–early 1950s statistics in this exposition is the most deficient and falsified. Like Ivanova, Alexopoulos also did not furnish the local breakdown of her cumulative data.

⁵⁸⁶ Ivanova, *Istoriia*, 415–416.

⁵⁸⁷ Alexopoulos, *Illness*, 84.

⁵⁸⁸ Alexopoulos, *Illness*, 149–152, 155.

⁵⁸⁹ Alexopoulos, *Illness*, 76, 152.

However, one cannot but notice a stark discord between the two scholars' statistics. If Ivanova contends, for instance, that only 4,500 medical release cases were processed in the third quarter of 1948, Alexopoulos, by contrast, claims that 484,693 prisoners directed to 'other places of detention' in one of the quarters of 1948 from the colonies, were probably released invalids.⁵⁹⁰ These hypothetical millions, freed in 1945–1953, in Alexopoulos' view, consisted of, mostly, dying people. From this supposition, she indirectly infers her bold 'six million dead' estimate, the most recent and the only revision of the official 1.7 million death toll figure after the opening of the GULAG central archive in 1989.⁵⁹¹ This chapter strives to critically appraise the sources and arguments in both cases, excavate the missing quantitative data for 1945–1955 (both on the national and local levels) and resolve this perplexing numeric mismatch. The importance of these numbers is not merely empirical. Their verification could have far-reaching consequences for how we conceptualize the interrelation of releases from the GULAG and the camps' overall death toll.

The chapter is organised chronologically. It focuses on each of the two operations. For the sake of clarity, the first substantive part, devoted to the longest 00829/00360/0049/193ss operation (1946–1954), is broken into three chronological subparts, based on distinct policy U-turns. However, first, it is necessary to situate medical release in the general context of 1945–1946.

⁵⁹⁰ Ivanova, *Istoriia*, 416; Alexopoulos, *Illness*, 150.

⁵⁹¹ Alexopoulos, *Illness*, 16, 243.

The first campaign: order 00829/00360/0049/193ss (September 1946 – May 1954)

General context (1945–1946)

The GULAG leadership ambitiously hoped that the major amnesty of July 1945, in conjunction with relative improvement of supply, would significantly lessen the strain on the penal system.⁵⁹² However, this expectation proved to be unwarranted. The actual situation behind bars in the first post-war years remained very difficult and, in some locations, extreme (although never approaching the eschatological catastrophe of 1942–1943). If the NKVD's (rebranded as MVD in 1946) self-congratulatory reports to Beria, Malenkov, Molotov and Stalin deliberately lionized the accomplishments of the forced labour economy while simultaneously downplaying the problems of inmates' health and camp material conditions, the inspections of the camp procurators paint a considerably darker picture.⁵⁹³ Overall, the Procuracy named five main reasons of the 'worsening of the physical capability of the prisoners' in 1945, 1946 and especially in famine-stricken 1947: unsatisfactory living conditions; insufficient food; 'extremely inadequate' supply of clothes, sheets, footwear and bedding; poor medical care (critical congestion in hospitals, shortage of medical personnel and medicaments) and systematic 'wrong labour utilization' ('exploitation of prisoners in the type of work that is unsuitable to their health condition').⁵⁹⁴ The abovementioned detrimental factors inevitably produced a surge in morbidity and mortality rates. Although the post war

⁵⁹² On the hubristic hopes of the GULAG director Nasedkin in this regard see the transcript of the GULAG Moscow conference in GARF.R-9414.Op.1.D.329.L.181–181 ob.

⁵⁹³ For official reports during the post war years to the party leadership (signed by the Minister of Internal Affairs Kruglov) with clear emphasis on production successes see GARF.F.R-9414.Op.1.D.326.L.1–99; For the Procuracy's perspective on the post-war years see camp procurators' reports of Karlag (GARF.F.R-8131.Op.37.D.2526); Tagillag (GARF.F.R-8131.Op.37.D.2528); Novosibirskaia regional Procuracy (GARF.F.R-8131.Op.37.D.2507); Tiimenskaia regional Procuracy (GARF.F-8131.Op.37.D.2487).

⁵⁹⁴ GARF.F.R-8131.Op.37.D.4545.L.33.

crisis was comparatively less devastating than the upheaval of wartime, hundreds of thousands of ailing inmates inundated the camps, provoking ‘unproductive expenditures’ and contributing to the rise of death rates.

All of the above slowly incentivized policymakers to undertake the next iteration of the medical release campaign. In this, we can discern a curious analogy between the high-level decision-making of wartime and post-war period: the first administrative operation from November 1941 and attempts to ‘restore’ the physical condition of the prisoners via creation of ‘invalid camps’ (e.g. Ryblag–Volgolog) and the ‘recovery’ network (so-called OP and OK) could not solve ‘the invalid problem’, which eventually forced the NKVD and party leadership to resume regular judicial *aktirovka* in September–October 1942.

Administrative basis for the operation

The first post-war operation was initiated in September 1946 by the top-secret order № 00829/00360/0049/193ss, issued by the MVD, the MGB, the MIu and the Procuracy and called ‘On procedures for submitting and processing judicial documentation for the prisoners with mental illnesses or grave incurable maladies’.⁵⁹⁵ It has become known as the ‘Directive of the Four’.⁵⁹⁶ This nickname stemmed from the signatures of USSR Minister of Internal Affairs Kruglov, Minister of State Security Viktor Semenovich Abakumov, Minister of Justice Rychkov and Procurator-General Konstantin Petrovich Gorshenin. This administrative act completely overrode the previous May 1944 order.

Its main distinguishing features were the absence of ‘suspect nationalities’ (typical for wartime) and a far more ‘liberal’ attitude towards the majority of ‘common criminals’ (even ‘plunderers of socialist property’ under draconian 7 August 1932 Decree or ‘7/8’ as it was

⁵⁹⁵ GARF.F.R–9401.Op.1A.D.201.L.41.

⁵⁹⁶ Ivanova, *GULAG*, 415.

informally called). These sub-categories were denied *aktirovka* during the two last years of the war, but received a right to medical release in autumn of 1946. However, just as in 1944–1945, under the previous NKVD–NKGB 00617/00189 order, political prisoners (all sub-paragraphs of Article 58) as well as bandits (Article 59–3) and *katorzhane* (*katorga* inmates) were still unequivocally ineligible for medical release.⁵⁹⁷

As in 1941–1945, this theoretical equilibrium between counter posed, contradictory policy tendencies turned out to be nearly unobtainable in practice: the actual enactment of the operation depended on a number of unpredictable variables and introduced its own amendments as it unfolded. The next subsection depicts this failure to implement the ‘Directive of the Four’ as initially envisaged by the policymakers.

Implementation on the ground

Phase I (September 1946– February 1947): the rise of the MVD

In late 1945 and the first half of 1946, under the previous order, *aktirovka* declined markedly in some localities and completely stopped in others. In just one example out of many, from January 1 to November 1 1946 the Viatlag camp court received no invalids’ cases whatsoever from its MVD administration.⁵⁹⁸ Overall, the judiciary in the entire Soviet Union processed only 3,087 medical release cases during the first nine months of the 1946 before the enactment of the new campaign (whereas for 1942–1944 and 1944–1945 operations these figures were 341,361 and 54,326 respectively). However, immediately after the promulgation of the MVD, MIu, Procuracy and MGB order №00829/00360/0049/193ss in September 1946, medical release experienced a massive uptick.

⁵⁹⁷ On reintroduction of *katorga* in USSR see Barenberg, *Vorkuta*, 2014, 64–65; Barnes, *Redemption*, 140–143.

⁵⁹⁸ GARF.F.R–9492.Op.5.D.30.L.178 ob.

The flood of cases for review increased from 983 in October 1946 to 3,646 in November, peaked at 7,459 in December and somewhat fell to 4,205 in January 1947.⁵⁹⁹ In parallel, camp medics registered a system-wide increase of mortality: 2,135 inmate deaths were recorded in September 1946, 2,298 in November, 3247 in December and 3,897 in January 1947.⁶⁰⁰

Overall, from September 1946 up to 1 February 1947 the courts reviewed 19,380 invalids' cases.⁶⁰¹ These figures reveal that the average monthly figure of the cases for review swelled twelvefold since the start of the operation. Apparently, in this period the domineering MVD applied inordinate pressure on the considerably less influential the MIu and the Procuracy to get as many discharge decisions as possible (which served its own institutional interests, whether economic or political). This conclusion can be substantiated by the following statistical proportions – out of 19,273 reviewed cases, 18,970 (98.3%) resulted in release, whereas only 327 candidates (1.7%) got rejections.⁶⁰²

The types of these refusals, in turn, allow us to concretize and systematize the rather tenuous 'negative' objections formulated by a minority of dissident local judges and procurators against the overwhelming 'affirmative' MVD's drive. As I argue, the denials are of interest in themselves. They reveal a lot of overlooked nuance about the bureaucratic turf-war between the 'affirmative' (in support of medical release) and 'negative' (against medical release) agendas across multiple localities and jurisdictions. Analysis made by the Camp court Directorate highlighted four principal reasons for court refusals in this period.

⁵⁹⁹ GARF.F.R-9492.Op.5.D.30.L.177.

⁶⁰⁰ GARF.F.R-9414.Op.1.D.1190.L.28ob., 31.

⁶⁰¹ GARF.F.R-9492.Op.5.D.30.L.177.

⁶⁰² GARF.F.R-9492.Op.5.D.30.L.179ob.

First, the ‘social danger’ of the candidate could be ostensibly too high. This danger was construed in ‘common criminal’ and ‘political’ variants. In the former case, the camp court of Leningradskaia *oblast*’ abrogated medical release of certain Chizhikov and Zuev–Kulakov, both gravely ill. Chizhikov was sentenced for a gang rape of a minor, while Zuev–Kulakov got his conviction for ‘brutal robbery with a homicide’.⁶⁰³ Some administrations attempted to rid themselves even of habitual recidivists. Viatlag camp court, for instance, refused to release one invalid, Durkin, who was convicted eight times, but nevertheless identified by the local MVD commission for release.⁶⁰⁴ Apparently, the necessity to cut costs and reduce death rate for Viatlag MVD officials was stronger than considerations of ‘state security’. In the latter case, OITK of Ukrainian Dnepropetrovskiaia *oblast*’ attempted to free one Iavitskaia, sentenced to ten years for ‘eschewing to fulfil obligations to the state and, being a Baptist, agitating others to do the same for religious reasons’.⁶⁰⁵ The court denied her discharge. Sometimes the courts exhibited a Bolshevik ‘class approach’ in their decision–making. Thus, even an ‘alien’ social background in the eyes of the camp judges occasionally served as a cogent argument against medical release. For instance, one Semen Ivanovich Ivashkevich was barred from discharge by Chitinskaia UITLiK camp court. Although he was diagnosed by medical commission as suffering from very serious condition (sub compensated myocardiosclerosis and chronic malaria), the adjudicators ruled out against his release because Ivashkevich hailed from ‘*kulak* origins’ (in addition to his conviction for plundering of ‘socialist property’).⁶⁰⁶ Overall, it is revealing that, despite the ban on the release of 58–ers in this period, at least some court decisions regarding formal ‘common criminals’ manifested a clear ‘politicized’ undertone. It decisively proves the facile, oversimplified nature of the

⁶⁰³ GARF.F.R–9492.Op.5.D.30.L.52.

⁶⁰⁴ GARF.F.R–9492.Op.5.D.30.L.180.

⁶⁰⁵ GARF.F.R–9492.Op.5.D.30.L.1.

⁶⁰⁶ GARF.F.R–9492.Op.5.D.30.L.167.

official demarcation between ‘regular’ and ‘political’ crimes in the Stalinist USSR at least in some instances (with the understandable exception of rapists, robbers, serial murderers etc.).⁶⁰⁷

Secondly, some candidates appeared to be genuinely ill or disabled, but their state of health allowed their exploitation in ‘light labour’ within the camps. As a case in point, the court of the ITK MVD of Kemerovskaia *oblast’* decided not to discharge a certain Goncharov, who lacked one foot, but allegedly fulfilled his production norm up to 126% in the sewing factory of the colony.⁶⁰⁸ The chairman of the Tatar ASSR UITLiK court Ibatulin went even further. Initially, he denied medical release to a pair of legless invalids, sentenced for hooliganism, but then demanded that the colony’s command cease sending the cases of people ‘without extremities’ for court review at all. If they were not dying, even the legless could be put to work.⁶⁰⁹ In the radical productionist mind-set of the Soviet authorities, all those people, even crippled and gravely sick, retained some potential as economically productive inmates: consequently, their release would reduce the GULAG ‘labour pool’ and the surplus. Medical release in theory (but not always in practice) was reserved only for terminal and very serious cases.

Third, there could be discrepancies between candidates’ diagnoses and their actual state of health. A camp court of Aktiubinskaia *oblast’* nullified the release decision on a female inmate, Mitrofanova, who had been diagnosed by camp medics with the cancer of the

⁶⁰⁷ This discovery adds an interesting touch to the relatively recent scholarly argument about the blurred lines between ‘political’ and ‘regular’ crimes under Stalin. As Khlevniuk and Yoram Gorlizki contended: ‘The ultra-severity of ordinary criminal laws meant that a large share of those convicted as ordinary ‘criminals’ were, in effect, political victims of the regime’ in *Cold Peace : Stalin and the Soviet Ruling Circle, 1945–1953* (New York ; Oxford: Oxford University Press, 2004),125. For the development of this argument see also David R. Shearer, *Policing Stalin’s Socialism: Repression and Social Order in the Soviet Union, 1924–1953* (New Haven: Yale University Press, 2009); Paul Hagenloh, *Stalin’s Police: Public order and mass repression in the USSR, 1926–1941* (The John Hopkins University Press, Baltimore, 2009).

⁶⁰⁸ GARF.F.R–9492.Op.5.D.30.L.180.

⁶⁰⁹ GARF.F.R–9492.Op.5.D.30.L.81.

uterus. When questioned in the courtroom about her ailment, Mitrofanova confessed that she never suffered from such a malady and the doctors only examined her throat and nose.⁶¹⁰

Fourth and last, some camps attempted to free ‘58–ers’ and ‘bandits’ (59–3 Article), which directly violated the active 1946 operational order. For example of the former, the court of the Volzhskii ITL refused to release to G.K Beliaev (Article 59–3, ten year sentence), notwithstanding his grave condition (second–degree alimentary dystrophy, and urinary incontinence).⁶¹¹ Next, let us analyse the regional distribution of medical releases in this period (see Table 5.1)

Table 5.1. Regional distribution of medical releases under №00829/00360/0049/193ss order, 1 January 1946– 1 February 1947

Locality (camp court)	Number of submitted cases	Freed	Denied release
1. UITLiK Arkhangel’skaia oblast’	398	398	–
2. UITLiK Chkalovskaia ‘–’	172	170	2
3. ITK MVD Dagestanskaia SSR	112	111	1
4. ITLiK Irkutskaia oblast’	230	230	–
5. Ivdel’lag ITL MVD USSR	69	68	1
6. ITLiK Krasnoiarskii krai	616	616	–
7. Volzhlag ‘–’	506	495	11
8. ITLiK Novosibirskaia oblast’	226	226	–
9. ITLiK MVD Bashkirskaia SSR	831	831	–

⁶¹⁰ GARF.F.R–9492.Op.5.D.30.L.180ob.

⁶¹¹ GARF.F.R–9492.Op.5.D.30.L.77ob.

10.ITLiK Ukrainian SSR	3,363	3,274	89
11.Unzhlag	436	434	2
12.Shiroklag	55	55	–
13.ITLiK Tatar ASSR	745	740	5
14.Severourallag	83	81	2
15.ITK Aktiubinskaia <i>oblast'</i>	98	78	20
16.Uhto–Izhemlag	31	31	–
17.ITK Penzenskaia ‘–’	35	35	–
18.ITLiK Vologodskaia ‘–’	117	115	1
19.ITK Ivanovskaia ‘–’	207	206	1
20.ITLiK Leningradskaia ‘–’	165	163	2
21.ITK Kabardinskaia SSR	92	92	–
22.ITK Riazanskaia <i>oblast'</i>	386	386	–
23.Usol’lag ITL MVD USSR	177	177	–
24.ITK Orlovskaia <i>oblast'</i>	312	312	–
25.ITK Moscow ‘–’	630	603	–
26.ITK Astrakhanskaia ‘–’	56	56	–
27.ITK Kemerovskaia –	346	326	20
28.ITLiK Azer SSR	355	340	15
29.ITK Groznenskaia <i>oblast'</i>	35	33	2
30.ITK Rostovskaia <i>oblast'</i>	923	922	1
31.ITLiK Cheliabinskaia <i>oblast'</i>	338	338	–
32.ITLiK Saratovskaia <i>oblast'</i>	147	147	–
33.Temlag	361	361	–
34.ITLiK Uzbek SSR	925	914	11
35.Kargopol’lag ITL MVD	169	163	6

36.Kraslag ITL MVD	33	33	–
37.ITLiK Sverdlovskaiia oblast'	487	484	3
38.Noril'lag ITL MVD	32	32	–
39.ITK Tomskaiia oblast'	152	152	–
40. ITLiK Kazakh SSR	409	406	3
41.ITK MVD Kirgiz SSR	523	495	28
42.ITLiK Molotovskaia oblast'	166	157	9
43.Siblag ITL MVD	160	122	1
44.ITLiK Khabarovskii krai	298	297	1
45.ITLiK Altaiskii krai	120	111	9
46.ITLiK Kuibyshevskaia oblast'	324	303	–
47.ITLiK Georgian SSR	587	575	12
48. MVD Buriat–Mongol ASSR	229	29	–
49.Karlag ITL MVD USSR	648	638	10
50. ITLiK Primorskii krai	959	959	–
51.ITK Chitinskaia oblast'	164	157	7
52. Belomoro–Baltiiskii ITL	35	35	–
53.Vostokurallag	39	39	–
54.Intinlag	78	77	1
55.Viatlag	284	260	24
56.Ust'–Vymlag	106	56	–
Total	19,580	18,944	300

Source: GA RF.F.R–9492.Op.5.D.30.L.185–185ob.

The importance of this table is twofold. First, it can be used as a preliminary database of potential unrecorded GULAG-induced deaths for this period on the (previously ignored) camp-to-camp level. Chapter 1 has offered direct evidence of the enormous spread of invalids' mortality – from Kazakhstan to Arkhangel'sk. However, like in 1941–1945, we should bear in mind that a fraction of the released survived, either because more or less healthy prisoners got their discharge by unintentional mistake or intentional spurious diagnostics, or because they managed to recover, although all these sub-groups probably constituted a minority in the general distribution.

Second, the data can help us to grasp specific hierarchies between camps and colonies in relation to the health of their population in the post-war years. As in wartime, these summary figures tell two interlinked stories. One relates to the material conditions of the locality, the other to the massive relocation of invalids between the various 'islands' of the Soviet penal archipelago. If one contrasts the release patterns with the regional data for 1942–1944 operation, both continuity and discontinuity from wartime becomes immediately noticeable.

Concerning continuities, it seems that a few agricultural invalid camps – not surprisingly – kept their general purpose as a 'last stop' before *aktirovka*, although the overall scale of the discharges from them seriously diminished (Karlag, Temlag, etc.). Some camps (like Volzhlag, a third iteration of Ryblag) were technically neither 'invalid' nor agricultural, but retained their function as a 'muster station' for the disabled. The same conclusion holds for most, but not all regional labour colonies (rightly identified as a 'concentration spots' for invalids by Alexopoulos).⁶¹² Very high number of releases in relation to their average population were evident in UITLiK–OITK of Primorskii krai (959), Rostovskaia *oblast'*,

⁶¹² Alexopoulos, *Illness*, 6.

Tatarskaia (745) and Bashkirskaiia ASSR (831). Some of these figures certainly reflect the negative effect of the famine in the RSFSR. Central Asian and Transcaucasian colonies, infamous for their insanitary conditions and as an All-Union ‘human invalid junkyard’ from the war, were overrepresented as well (Uzbekistani (925), Georgian (587) colonies).⁶¹³

Building upon these numbers, I reiterate my hypothesis (generated in the previous chapter): the recorded death statistics of localities with a low daily average population and high number of medical releases are likely seriously deficient. Furthermore, ‘prioritized camps’ with low registered mortality (Noril’lag, Intinlag and other GULMP camps) retained an insignificant rate of medical releases (as in 1942–1944). For instance, the gigantic Noril’lag, which housed roughly 35,000 prisoners in 1946, freed only 32 invalids (in 1942–1944 this figure reached a modest 121, with a comparable camp population). In my view, it implied a more ‘survivable’ regime, relocation of its invalids elsewhere, or both. This aligns with the second part of my hypothesis concerning the more reliable nature of official death figures in ‘preferential’ localities with high population, inconsequential mortality and medical release rates.

On the other hand, several major discontinuities to 1941–1945 tendencies are evident. The pattern of releases changed considerably in many locations. The most radical transformation concerned the Ukrainian UITLiK. In 1946 and early 1947, statistically, it occupied an indisputable first place position among 56 local administrations with more than 3,000 discharges. Apparently, it bore the social consequences of the famine in the Ukraine’s countryside. Every sixth invalid (17%) freed in this timeframe from the GULAG was released by the UITLiK of this republic. Furthermore, a few regional colonies seemingly relinquished their capacity as invalids’ accumulation spots. If Penzenskaia OITK released 2,222 invalids in

⁶¹³ On Uzbekistan UITLiK in 1947 see GARF.F.R–8131.Op.37.D.3816.L.45-66ob.

1942–1944, in 1946–early 1947 the number shrank to 35 (a huge 63–fold decrease). Ivanovskaia OITK freed 5,924 invalids in 1942–1944, but in the immediate post war years only 207 gained their freedom, an almost 30–times decrease. This dynamic complicates two central arguments by Alexopoulos: on *aktirovka*’s exponential rise in 1940–s–1950s and the ‘invalid accumulation spot’ purpose of the colonies. The latter contention is definitely valid for wartime, but, it seems, only partly applicable for the post–war period. Finally, a particularly stupendous change occurred with the notorious ULLP timber camps. In 1941–1945 these deadly administrations ‘flushed out’ invalids in their thousands. However, in the immediate post–war period *aktirovka* plummeted to hardly noticeable levels in some of them. Kraslag in Krasnoiarskii krai, for instance, freed 1,758 invalids in 1942–1944, while this figure nosedived to 33 in 1946 – early 1947. Kargopol’lag in Arkhangel’skaia *oblast*’ released 7,049 invalids in 1942–1944, but only 169 got their freedom in the 1946–early 1947– an almost 42–fold decrease.⁶¹⁴ Hence, I would surmise that their official mortality figures for the first two post–war years were far more adequate than for the war period, although still not 100% reliable.

Conclusion for the 1946–early 1947 phase

The principal inference for this period pertains to the complex nexus of power relations between the three agencies around *aktirovka*. Fundamentally, the first seven months of the 00829/00360/0049/193ss order’s execution can be effectively summarised as the ever–increasing ascendancy of the MVD over the Procuracy and the MIu. It acquired almost total domination in manipulating the decision–making process behind medical discharges to its ‘productionist’ and ‘mendacious’ goals. This is clearly visible in the rejection rate. During 1944–1945 under the previous NKVD–NKGB 00617/00189 order it comprised 3%. In

⁶¹⁴ For 1942–1944 figures, see Chapter 4.

September 1946– March 1947 the rate of refusals, as already mentioned, fell even lower, to 1.7%.

In short, agencies, who, in theory, were supposed to oversee, regulate and restrain the MVD, in practice, ended up nearly completely subdued by it. Remarkably, the Directorate of Camp Courts, notably its acting head Dobronravov, almost openly critiqued the camp Procuracy for being obedient marionettes in the hands of the GULAG administrators. This invective was undeniably true. Local procurators at this early period, on the average, represented docile proxies for the MVD's myopic institutional interests. They continued the entrenched wartime practice of working in unequal tandem with the local penal officials. Nevertheless, ironically, notwithstanding Dobronravov's dignified criticism, local camp courts were, as a rule, hardly any more independent or impartial than procurators (with a few exceptions).

Overall, September 1946–March 1947 period served only as a preamble to the full-blown, virulent war between agencies that erupted in 1947–1948. While the predominance of the MVD directly correlated with the peak of the famine in late 1947, from early 1948 it was diluted by a sudden powerful counter-thrust from the Procuracy and the MIu across a broad front. The next section depicts this as yet understudied confrontation in detail, alongside several other facets of the operation's implementation in the wider context of the 1946–1947 famine and the slow recovery of 1948.

Phase II (March 1947–September 1948): famine and aktirovka retrenchment

The famine outside the camps began in July 1946 and reached its climax in February–August 1947. The calamity primarily affected the Russian, Ukrainian and Moldavian republics. As in

1932–1933, cases of eating long–dead cattle, mass deaths from emaciation and cannibalism were common.⁶¹⁵

1947 was distinctive not only as the deadliest year in 1945–1955 (both inside and outside the camps), but in that it witnessed the biggest number of medical discharges from the GULAG for the entire post–war decade. Let us look at the figures. During the first half of 1947, the camp courts accepted 32,871 invalids’ cases from the MVD local commissions. Out of them, 32,227 sick prisoners (98%) were freed, while only 644 (2%) received rejections.⁶¹⁶ The second half of the year saw a slight decrease in the number of cases for review: the judiciary reviewed 27,095 cases. Overall, the courts considered 59,966 cases in the famine year, which ended in 58,326 ‘positive’ outcomes, with a 2% refusal rate, almost reaching the number of the officially registered inmate deaths (70,680).

Furthermore, the quantity of the medical release cases in the courts in 1947 actually surpassed the number of ‘regular’ criminal cases against prisoners and camp officials. Thus, the camp judiciary received only 25,652 ‘criminal’ cases.⁶¹⁷ The courts were mostly preoccupied with their supposedly secondary task (*aktirovka*), not their main function (criminal prosecution of prisoners and officials). The data indicates that the judiciary, in fact, were transformed into a kind of ‘rubber stamp machine’ for medical release. These proportions clearly show the extent of the MVD’s control over the procedure.

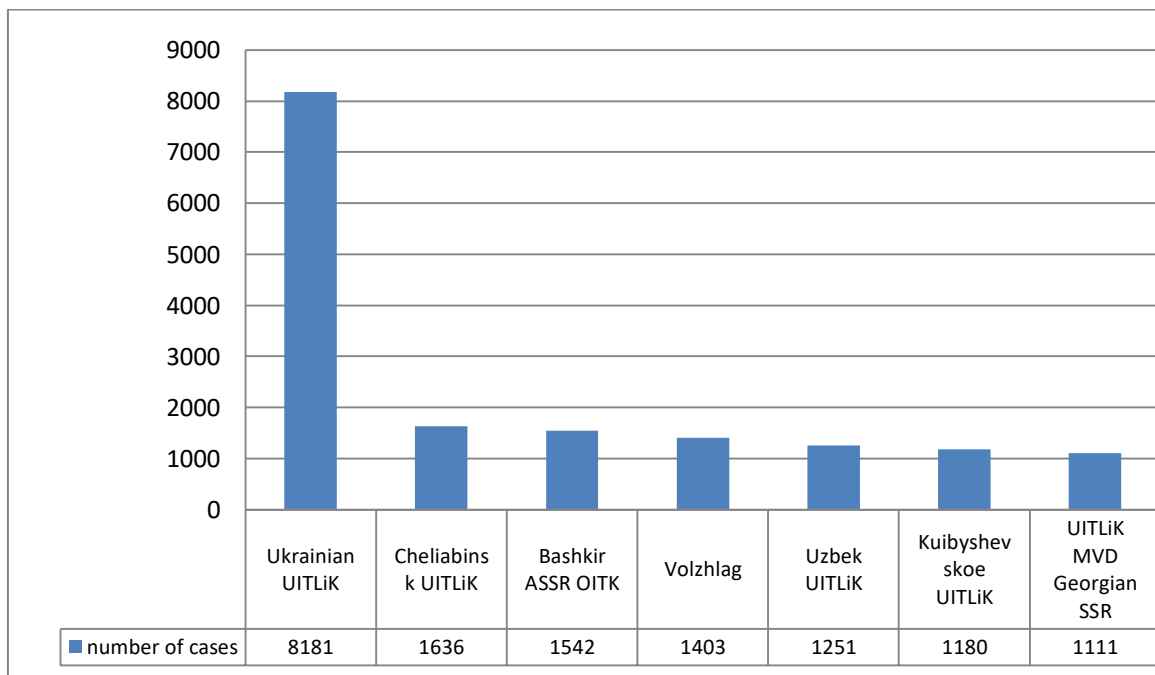
⁶¹⁵ On the Soviet 1946–1947 famine, as well as polemics around the issue of its intentionality, see V.F. Zima, *Golod v SSSR: 1946–1947 Godov: Proiskhozhdenie I Posledstviia* (Moscow: Rossiiskaia Akademiia Nauk, In–t Rossiiskoi Istorii, 1996); Ellman, ‘The 1947 Soviet Famine and the Entitlement Approach to Famines’, *Cambridge Journal of Economics* 24. (2000):603–630;N.Ganson, *The Soviet Famine of 1946–47 in Global and Historical Perspective* (New York: Basingstoke: Palgrave Macmillan, 2009); Wheatcroft, ‘The Soviet Famine of 1946–1947, the Weather and Human Agency in Historical Perspective’, *Europe–Asia Studies* 64, no. 6 (2012): 987–1005.

⁶¹⁶ GARF.F.R–9492.Op.5.D.42.L.207.

⁶¹⁷ GARF.F.R–9492.Op.5.D.42.L.230.

In terms of regional variation, the patterns, which emerged in 1946, became even more pronounced in 1947. Thus, for the localities affected by the famine particularly hard (Ukrainian SSR), the magnitude of medical release reached ‘astronomical numbers’ (using the expression of the chairman of the Ukrainian UITLiK court Zhlobin).⁶¹⁸

Graph 5.1. Regional distribution of medical releases in the first half of 1947 (selected localities)



Source: GA RF.F.R–9492.Op.5.D.43.L.33.

⁶¹⁸ GARF.F.R–9492.Op.5.D.21.L.239–240.

Zhlobin was not exaggerating. Ukrainian discharges constituted a whopping 34% of all medical releases in the entire Soviet Union, 22,720 from 59,966 cases in 1947, dwarfing every other penal administration in the country.⁶¹⁹ Essentially, every third invalid released from the GULAG in this year, was freed by the Ukrainian camp court. Building upon one of the original arguments of this thesis, which construes *aktirovka*, a situational ‘emergency tool’ of the MVD, this was hardly coincidental. The MVD used medical release at the peak of the crisis in the worst-affected region for several tactical goals at once, the contrived suppression of rising mortality rates being one of them. The other penal administrations (Cheliabinskoe, Bashkir, Kuibyshevskoe OITK–UITLiK, Central Asian and Transcaucasia colonies) also suffered from a mutually reinforcing combination of pre-existing detrimental conditions, typical for underfunded colonies, and the impact of famine. The high number of releases from Volzhlag was predicated on its ‘historic’ function as a ‘concentration spot’ for invalids from the other camps.

Next, in order to give a sense of the profile of those invalids freed in 1947– 1948, I will provide data on their age, gender, type of crime and diagnoses upon release as well as analysis of the corruption variable.

⁶¹⁹ The Ukrainian UITLiK had eight special invalid labour colonies and held roughly 140,085 prisoners in the second half of 1947 (GARF.F.R–9492.Op.5.D.21.L.239).

Table 5.2. Profile of medically discharged invalids from Azerbaijani UITLiK, based on type of crime, for the second half of 1947

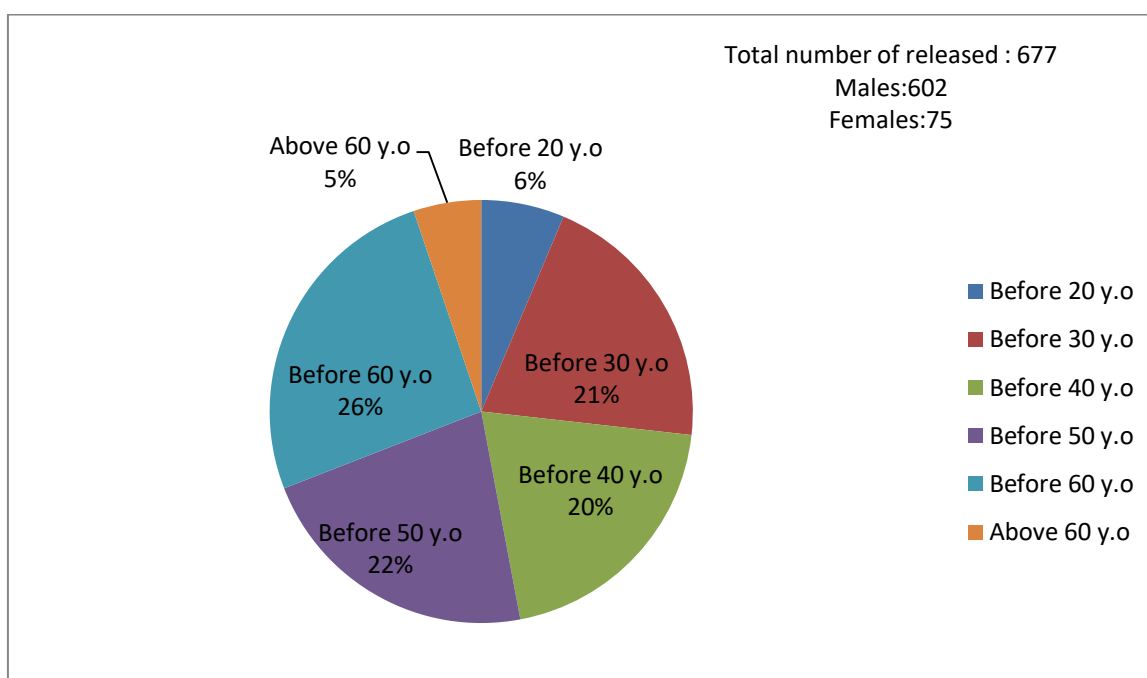
Thefts	110 people	26% (of total number of cases)
Cattle raiding	37	8.8%
Embezzlement	19	4.8%
Speculation	31	7%
Crimes against the person	17	3.7%
Desertion	14	3.1%
Car accidents	7	1.6%
Service crimes	87	21%
Military crimes	10	2.2%
Passport regime violation	29	6.7%
Border violation	9	1.9%
Possession of weapons	9	1.9%
Absenteeism	11	2.3%
Various minor crimes	43	9%

Source: GARF.F.R–9492.Op.5.D.34.L.70.

More than half of the invalids freed in 1947–February 1948 – 58.9% – level had been sentenced for theft of state, public and personal property – the most common criminal category

in the Soviet GULAG in late Stalin years.⁶²⁰ Local variations can be seen in the example of Azerbaijani UITLiK in Table 5.3.

Graph 5.2. Age and gender composition of invalids released from Volgograd MVD, January 1947–February 1948



Source: GA RF.F.R–8131.Op.37.D.3842.L.186

Concerning age and gender (sex) ratios, the available datasets more or less correlate with the composition of the GULAG population at the time.⁶²¹ At least half (and sometimes the majority) of the released were men of prime working age: 18 or under to 40 years old. In the ‘preferential’ Noril’lag, with its very low *aktirovka* rates, out of 171 invalids released from 1

⁶²⁰ GARF.F.R–9492.Op.5.D.42.L.208

⁶²¹ GARF.F.R–9414.Op.1.D.326.L.2.

January 1947 up to June 1 1948, 130 (76%) belonged to that sex and age cohort.⁶²² This may partly have resulted from the fact that Noril'lag, as an 'important camp', had particularly assiduous medical screening. It accepted only healthy and predominantly young men.⁶²³ By contrast, in non-prioritized Iaroslavskoe UITLiK 'younger than 18–40 years' group constituted 49% (212 out of 341 released in January–February 1948), with 30–40 years' age cohort – theoretically the healthiest one – accounting for 22% in the total.⁶²⁴ In other words, GULAG conditions emasculated people who otherwise could and should have been in robust health. Finally, some localities, that served as the concentration point for not only invalids, but also the old and decrepit, demonstrated higher proportions of elderly people in their discharges. Thus, 209 (30%) of 677 invalids released from Volgolag (a historical 'concentration spot' for the old and invalided) were more than 50 years old (see Graph 5.2). While women composed 20% of the Volgolag population, they were less likely to be medically released than men: females accounted for only 11% in the discharged totals.⁶²⁵ This could be possibly explained by a historical 'health and mortality advantage' of women over men in times of acute starvation.⁶²⁶

⁶²² GARF.F.R–9492.Op.5.D.44.L.353.

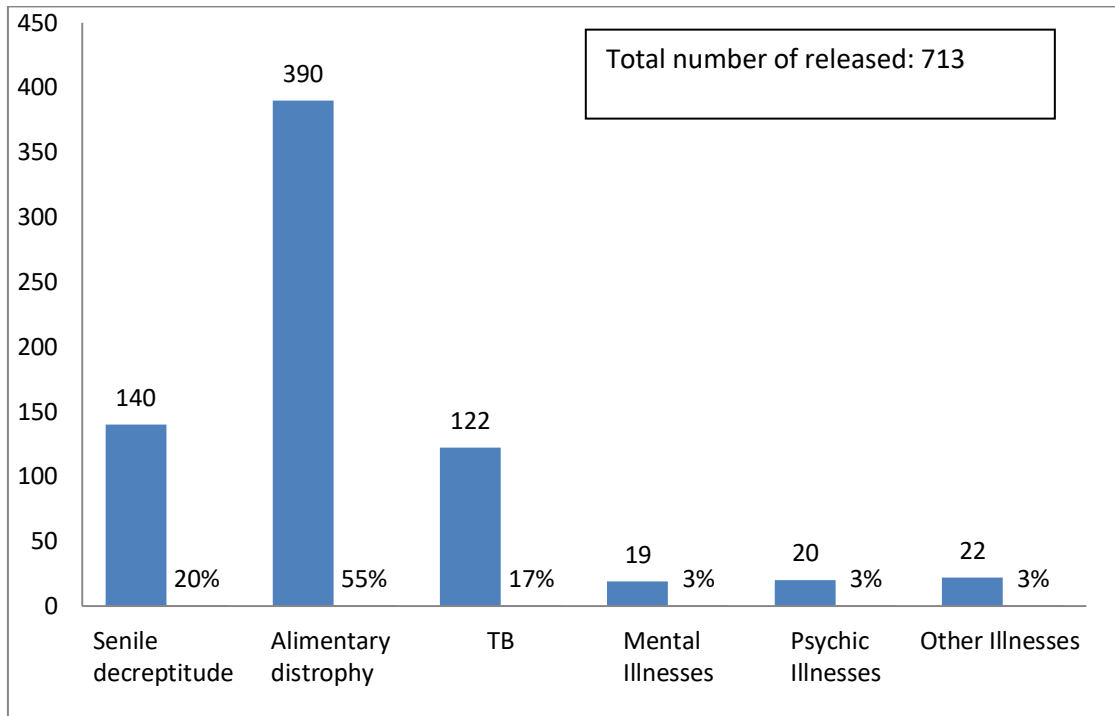
⁶²³ On medical screening in Noril'lag see Borodkin, Ertz, *Noril'sk*, 79–80.

⁶²⁴ GARF.F.R–8131.Op.37.D.3842.L.196.

⁶²⁵ GARF.F.R–8131.Op.37.D.3842.L.180, 186.

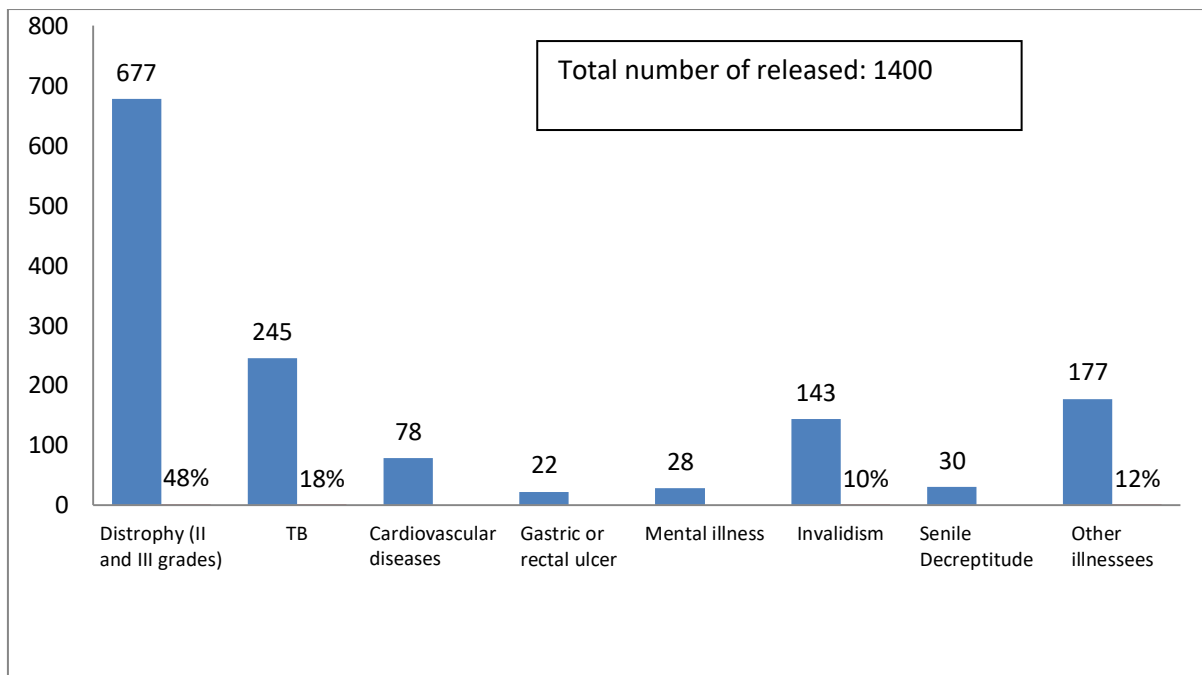
⁶²⁶ D.Filtzer, W.Goldman ed., *Hunger and War*, 305.

Graph 5.3. Diagnoses of invalids released from Volgolag MVD, January 1947–February 1948



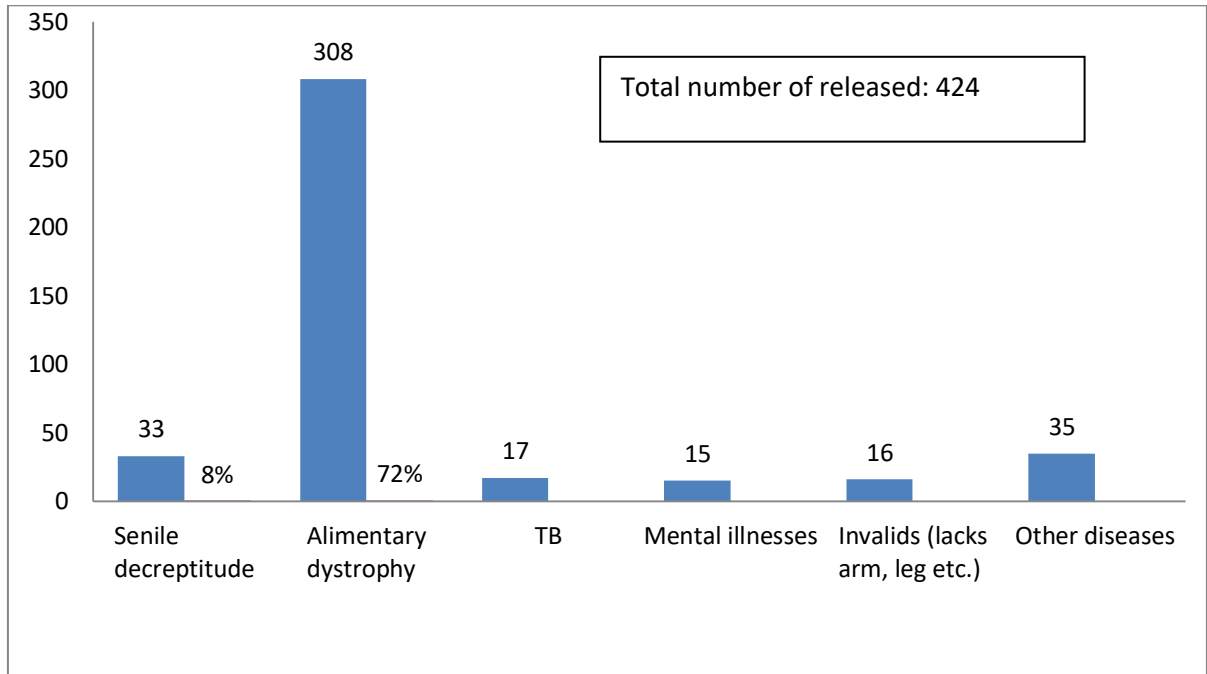
Source: GA RF.F.R–8131.Op.37.D.3842.L.187.

Graph 5.4. Diagnoses of invalids released from the Moscow UITLiK, January 1947–February 1948.



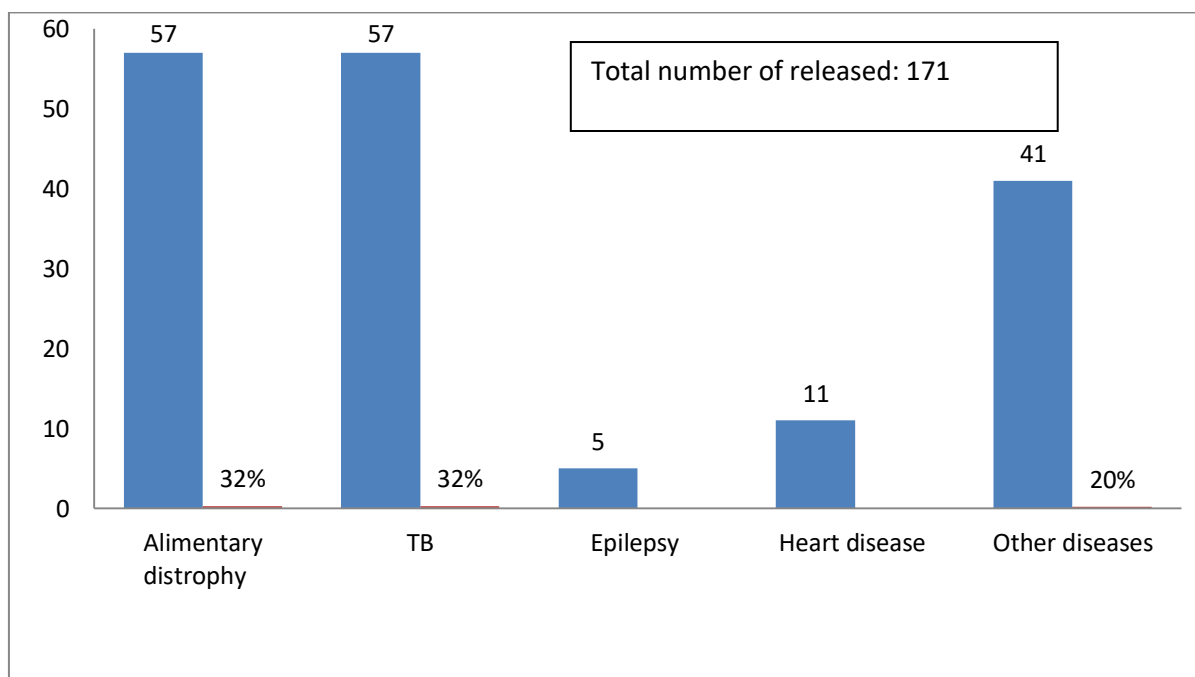
Source: GA RF.F.R–8131.Op.37.D.3842.L.17

Graph 5.5. Diagnoses of invalids released from Iaroslavskoe UITLiK, January–February 1948.



Source: GA RF.F.R–8131.Op.37.D.3842.L.196

Graph 5.6. Diagnoses of invalids released from Noril’lag (Krasnoïarskii krai), January 1947– June 1 1948



Source: GA RF.F.R–9492.Op.5.D.44.L.350.

The diagnoses’ analysis for 1947 and early 1948 reveals a direct continuation and even solidification of the late 1946 patterns. Predictably, the main official reason for medical release in this timeframe was starvation. A snapshot of a quintessential *distrofik*’s condition circa 1947 can be gauged from the medical examination of one Nikolai Pavlovich Evmenov, a prisoner of Ivdel’lag in Sverdlovskaiia *oblast*’. The protocol of the MVD commission stated: ‘suffers from weakness, dizziness, tinnitus, constant pain in the calf muscles, pallor of the skin with traces of scurvy, serious weight loss, atrophy of the gluteal muscles. Diagnosis: alimentary dystrophy, scurvy, incapable of labour ‘.⁶²⁷

While one should always treat GULAG medical expertise with incredulity, Evmenov’s diagnosis adequately reflected the realities of camp life at the time. Survey of the diverse data samples from various localities convincingly corroborates this point (see Graph 5.4,5.5,5.6).

⁶²⁷ Evmenov was denied release because he allegedly got better, but another inspection revealed that he in fact did not. See GARF.F.R–9492.Op.5.D.44.L.36.

Moreover, the procuratorial audits yielded similar results. In May 1948, the head of procuratorial Directorate D'iakonov attacked the local GULAG administrators:

The inspection has revealed that the majority of the early release materials concern persons, who lost their capacity to work due to extreme emaciation, from TB etc. For example, In Volgolag MVD out of 639 prisoners, freed early due to their illness, 390 or 57% were discharged with extreme emaciation. Out of 424 prisoners freed in the same time period from ITK UMVD of Iaroslavskaiia *oblast'* 308 or 72% were discharged due to their emaciation. Out of 1400 prisoners freed from Moscow UITLiK 688 or 48.3% were released because of emaciation.⁶²⁸

Overall, these previously overlooked data are essential to estimate the life expectancies of the released. Second-degree dystrophy was extremely hard to treat, especially if coupled with tuberculosis, gastrointestinal or typhoid infection. The third-degree dystrophy was practically terminal condition.⁶²⁹ Consequently, I would contend that vast majority of third-degree *distrofiks* freed in this period died immediately or soon after release, while one can argue about the rest. Remarkably, following the deeply ingrained trends of 1930s and the war, post-war *aktirovka* in 1947–early 1948 continued to be a fertile ground for fabrication of diagnoses for medical release. It came in already familiar types: self-mutilation and bribes.⁶³⁰

Meanwhile, 1947 and especially the first quarter of 1948 saw the onset of infighting between 'negative' and 'affirmative' bureaucratic agendas around *aktirovka*. As already noted, the MVD reached the peak of its influence over medical release in 1947. Meanwhile, the MIu and Procuracy slowly began to mount a counterattack. High-level judicial officials were obviously unsettled with the rapid growth of the release of invalids in the famine year and their destabilizing effect on the Soviet legal system (much like in 1942–1944). This

⁶²⁸ GARF.F.R–8131.Op.37.D.4545.L.136–137.

⁶²⁹ See Miasnikov, *Klinika alimentarnoi distrofii*, 9–10.

⁶³⁰ For bribes' example, see GARF.F.R–8131.Op.37.D.4545.L.154. On malingering logic see Healey, "Dramatological" Trauma in the GULAG: Malingering and self-inflicted injuries and the prisoner-patient' in Fischer von Weikersthal, F, Thaidigsmann, K, eds., (*Hi-*)*Stories of the GULAG – Fiction and Reality* (Heidelberg: Winter, 2016), 37 – 62; See also Alexopoulos, *Illness*, 101–103.

contradiction highlighted familiar severe tension between economic and penal tasks of the GULAG. While the MVD, for the most part, prioritized production above everything else, the MIu and the Procuracy – at least their central apparatuses – made a ‘legalist’ case for ‘state security’.⁶³¹

The head of procuratorial Directorate of Oversight over Places of Detention D’iakonov stated that a ‘significant number of Ministry of Internal Affairs executives forgot their duty to protect state security and embarked on the wrong path to release prisoners, who are serious criminals and should not be freed under any circumstances’.⁶³² After the analysis of 1947–early 1948 materials, the head of the Directorate of Camp Courts Pashutina castigated the MVD of ‘extremely unsatisfactory’ and ‘even disturbing’ state of affairs with medical release because of indiscriminate discharges. In her opinion, ‘this was happening because some ITL–UITLiK commissions and sometimes command’ are treating this ‘critically important task’ without considerations of ‘state interests’. They ‘often attempt to get rid of non–working prisoners, pursuing exclusively economic aims, forsaking the fundamental and main goal – inmate’ rehabilitation’.⁶³³ The newly appointed Minister of Justice Gorshenin in July 1948 shared Pashutina’s anxiety and in a similar wording complained to Procurator–General Safonov about the ‘absolutely unacceptable’ situation with *aktirovka* in 1947 and the first quarter of 1948. He also scolded the MVD for using *aktirovanie* to discard useless sick prisoners, advancing ‘purely economic agenda’. Such an irresponsible release policy, in Minister’s words, spurred ‘serious political mistakes’.⁶³⁴

⁶³¹ One thing to possibly research in the future is the role of invalids in the selection process for sub-contracting of the workforce to civilian ministries.

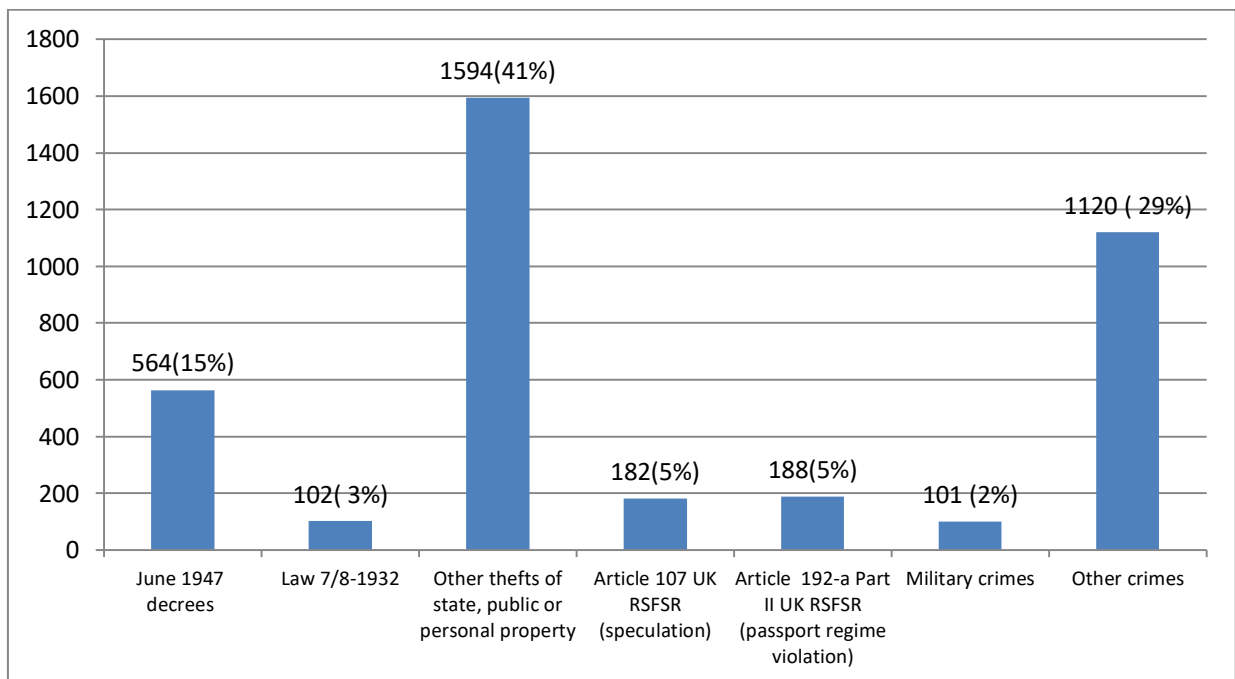
⁶³² GARF.F.R–8131.Op.37.D.4545.L.139.

⁶³³ GARF.F.R–9492.Op.5.D.42.L.215.

⁶³⁴ GARF.F.R–9492.Op.5.D.48.L.128.

What was the nature of these mistakes and why was the Minister of Justice so frustrated with them? The answer lies in the developments of criminal justice sphere outside barbed wire. In famine–stricken 1946–1947 the Soviet government enacted several draconian anti–theft decrees against ‘plundering of socialist property’.⁶³⁵ A pair of decrees from 4 June 1947 was of particular importance to the political establishment. It predominantly targeted starved peasants, who stole inconsequential amount of food or other minor property the collective or state farms. The maximum sentence was 25 years of hard labour. By the end of 1947 about 300,000 people (so–called *ukazniki*) languished in the GULAG sentenced for breaching the June 1947 Decrees with disproportionately severe sentences.

Graph 5.7 Distribution of medically released according to the type of crime, 1947– the first quarter 1948



Source: GA RF.F.R–9492.Op.5.D.42.L.211.

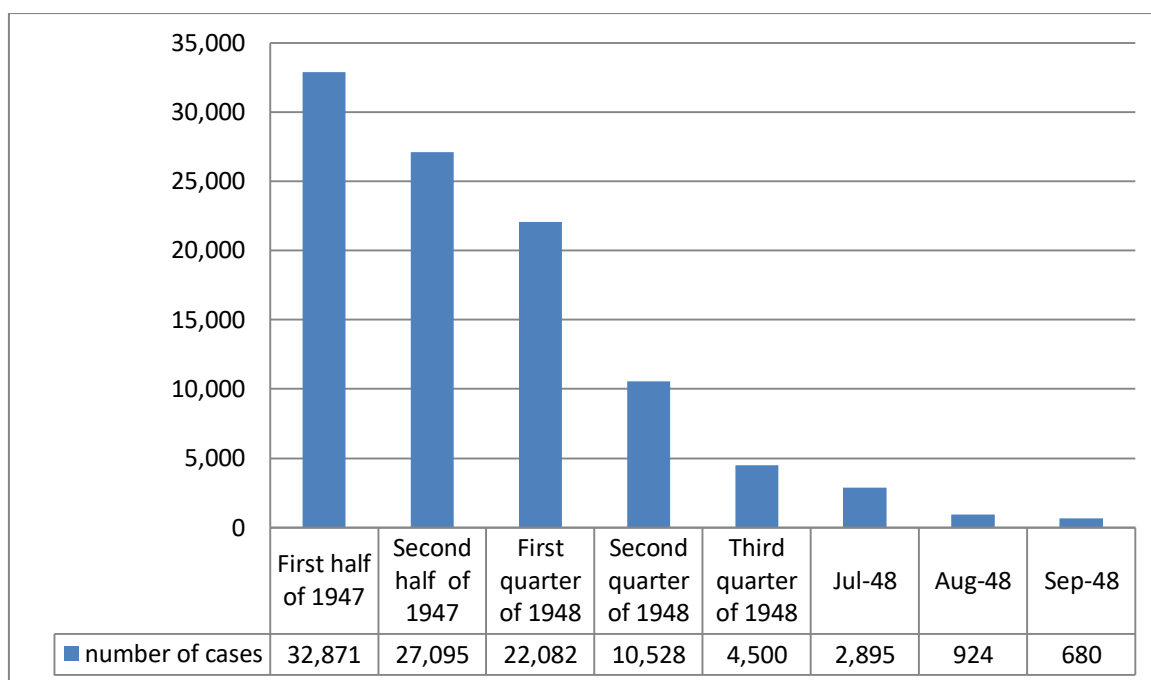
⁶³⁵ For a detailed excellent account of these decrees see Peter Solomon, *Soviet Criminal Justice under Stalin* (Cambridge: Cambridge UP, 1996), 405–413; 425–445; See also Gorlizki, Khlevniuk, *Cold Peace*, 125; Jonathan Daly, *Crime and Punishment in Russia: A Comparative History from Peter the Great to Vladimir Putin* (The Bloomsbury History of Modern Russia Series. London, 2018), 122–123.

Ultimately, the massive influx of a new cohort of prisoners, sentenced for June 1947 decrees (often extremely emaciated), as well as high number of sick invalids, convicted for old, but equally draconian '7/8-32' law, motivated the MVD to apply *aktirovka* as a loophole to get rid of them almost immediately after their conviction. An adroit trick here was that the operational order 00829/00360/0049/193ss from September 1946 did not formally forbid the release of both categories.⁶³⁶ It also did not impose any restrictions on the time of the sentence served. Consequently, neither central MIu, nor Procuracy could do anything to stop the 'turnover'— while their lower tiers were apparently bullied or corrupted by the MVD. This resulted in massive discharges of '*ukazniki*'. The insolent 'productionist' thrust to release 'plunderers of socialist property' proved to be particularly instrumental in the downfall of MVD's almost unchecked dominion over *aktirovka* in second half of 1948.

What was the result of the harsh criticism directed against the MVD? In contrast to the tepid critique of 1946–early 1947, this time it finally triggered a radical change of an already tortuous policy. The most visible outcome of the new tendencies related to the unprecedented quantitative decline of discharges on medical grounds.

⁶³⁶ GARF.F.R-8131.Op.37.D.4545.L.139.

Graph 5.8. Retrenchment of *aktirovka*, 1947–1948



Source: 1947: GA RF.F.R–9492.Op.5.D.42.L.230; GARF.F.R–9492.Op.5.D.43.L.33.

1948: GARF.F.R–9492.Op.5.D.32.L.185; GARF.F.R–9492.Op.5.D.42.L.275. See also Ivanova, *Istoria*, 434.

Overall, the first quarter of 1948 witness the spike in cases’ submission (22,082) in comparison to the second half of the 1947 (27,085). However, starting from the second quarter, the spate of submitted cases fell to 10,528, rapidly waning further to just 4,500 in the third quarter of 1948. All–Union monthly dynamics vividly exemplify the tendency as well. Thus, the figure of processed cases plunged from 2,895 in July 1948 to 924 in August, falling further to 680 in September (see Graph 5.8). In some camps and colonies medical release stopped entirely. A case in point, in the third quarter of 1948 the camp courts of Vostokurallag, Iuzhlag, Kraslag, and Intinlag received zero invalids’ cases.⁶³⁷

Remarkably, the GULAG registered mortality demonstrated similar and undoubtedly interlinked downward trend. If 7,795 deaths were recorded in January 1948 (inmate population

⁶³⁷GARF.F.R–9492.Op.5.D.32.185; GARF.F.R–9492.Op.5 D.42.L.276.

by the end of the quarter – 2,224,188), 4,749 expired in April, 3,728 in July and 3,150 in September. In December 1948 medics accounted ‘only’ 2,696 deaths (prisoner population 2,356,685, higher than at the beginning of the year).⁶³⁸ This diminution was certainly partly achieved due to medical release of terminally ill (alongside other factors – convalescence programs, augmentation of provisioning etc.).

According to the camp judges, this abrupt drop was explained in three ways – improvement of material and living conditions, coupled with the betterment in nutrition, assignment to work strictly corresponding to the inmates’ labour category (this ostensibly caused a radical decline in ‘dystrophy’ diagnoses among inmates) and more rigorous approach of medical commissions to the checks.⁶³⁹

The provided statistical dynamics is important because it helps to clarify the uncertainties regarding the magnitude of medical release in the late 1940s, most poignantly exemplified in the stark disparity between Ivanova’s low and Alexopoulos’ high estimates. As mentioned in the beginning of the chapter, Alexopoulos’s argument consists of several fundamental claims. First, camp materials conditions in late 1940s increasingly worsened over time, even eclipsing the wartime ordeal in severity. Second, this grandiose health catastrophe remained concealed because dying invalids were deceptively released in hundreds of thousands under ‘directed to other places of detention’ heading in the statistical reports, which, likely, were special settlements.⁶⁴⁰

She contended:

⁶³⁸GARF.F.R–9414.Op.1.D.1190.L.34ob.

⁶³⁹GARF.F.R–9492.Op.5.D.32.L.186.

⁶⁴⁰ According to her the ‘subcategory of ‘directed to other places of detention’ actually referred to these Article 457 prisoners’ in *Illness*, 152.

The year 1948 represented a critical year in the history of Stalin's GULAG ... an enormous number of prisoners were recorded under 'directed to other places of detention. In July 1948, over 35 percent of prisoners released from the camps were 'directed to other places of detention' as were 56 percent of prisoners released from the colonies. Most likely, these prisoners were transferred to special settlements... Three-quarters of all releases, an astounding 484,693 inmates for the quarter, were from the colonies, where the GULAG systematically concentrated its weakest and most emaciated prisoner population. This number amounted to nearly a quarter of the entire GULAG population unloaded in a mere three-month period, a truly staggering statistic.⁶⁴¹

Although Alexopoulos is eloquently persuasive in many other respects, her basic presupposition that 'directed to other places of detention' graph in the GULAG statistical reports encompassed medical release cannot pass scrutiny. Critical reading of the URO reports, from which she infers this, suggests the following. First, 'special settlements' were never officially or even informally named 'a place of detention' (*mesto zakliuchenia*) per se. In fact, in the GULAG's convoluted and ever-changing administrative structure this collocation (known by its acronym 'MZ') meant very precisely defined type of institutions: colonies and prisons.⁶⁴² Second, 'directed to other places of detention' heading in the URO statistical forms did not indicate release statistics at all, but denoted huge perpetual transfers of inmates between localities within the system itself, not out of it.⁶⁴³

In fact, the oscillations of medical release in 1946–1948, given above, clearly demonstrate not an exponential, but rather a 'crisis-dependent' pattern. This establishes a strong interdependency between the 'All-Union disaster' (famine of 1946–1947 in this case), rise of registered GULAG sickness and mortality rates and increase of *aktirovka* – a familiar

⁶⁴¹ Alexopoulos, *Illness*, 150.

⁶⁴² GARF.F.R–9414.Op.1.D.1139.L.88. This is also evident from a less known variation of GULAG acronym – GULTMZ ('Main Administration of Camps, Special Settlements and Places of Confinement'). Note that special settlements are listed separately from the MZ. See the institutional letterhead in GARF.F.R–9414.Op.1.D.2753.L.292, 297.

⁶⁴³ This is apparent from the explanation of GULAG URO head Aleshinskii (GARF.F.R–9414.Op.1.D.1171.L.2) and analysis of the indicators in the internal penal statistics.

‘wave-like’ dynamic already discovered in this thesis for 1941–1945. As the ‘crisis’ dissipated (late 1948), the invalids’ releases radically declined, not increased (as Alexopoulos maintains). Furthermore, in terms of scale, in 1947–1948 they were certainly not in the order of hundreds’, but rather tens of thousands.

This suggests that her related fundamental claim about the unprecedented worsening of GULAG material conditions in late 1940s cannot pass scrutiny as well. In addition to quantitative data, there is ample qualitative evidence, found in inmates’ recollections of the period.⁶⁴⁴ With very few exceptions, prisoners almost unanimously emphasized the gradual relative improvement, not exacerbation, of conditions after 1945–1947. Thus, L.G. Mishchenko remembered how ‘life in the camp, very difficult in 1946, was improving over the years’.⁶⁴⁵ Inmate–doctor G.R. Levenshtien–Johnston remarked that ‘In the post–war period, nutrition improved, convicts gained strength’.⁶⁴⁶ One can find many more similar sentiments in the ‘camp prose’.

To be sure, we should approach these ‘optimistic’ claims critically. The principal thing to bear in mind here is the relative nature of abovementioned ‘changes for the better’. The quoted prisoners had an extremely low baseline for comparison – uniquely catastrophic war years. The GULAG as a penal system, by far, had not become ‘mild’, probably remaining one of the harshest in the world.

Nevertheless, my principal argument is that the late 1940s, *on the average*, were still incomparably more ‘survivable’ than the wartime. Both quantitative (decrease of registered mortality and *aktirovka* rates) and qualitative (inspections of officials and ex–prisoners’

⁶⁴⁴ We also know that in 1948–1949 the MVD introduced new food rations, which were, on average, higher than those of 1946–1947. See Kokurin, Petrov, GULAG, 426–436, 541–552.

⁶⁴⁵ L.G. Mishchenko, *Poka ia pomniu...* (Moscow: Vozvrashchenie, 2006), 104.

⁶⁴⁶ G.R. Levenshtein (Dzhonston), *Mariiskii lesopoval: vrachom za koluchei provolkoi* (Ioshkar–Ola: Mariiskii poligraf.kombinat , 1999), 124–125.

statements) sources do not contain evidence of hundreds of thousands of dying invalids, freed in post-war years in order to hide a health crisis ostensibly more devastating than the one in 1941–1945. Medical release was indeed used to deceptively suppress mortality in this period (especially during famine), but not on such an egregious scale as Alexopoulos suggests. More broadly, the present analysis renders her explanatory mechanism behind new ‘six million dead’ (30%) estimate of the GULAG–induced death toll to be problematic.

Conclusion for February 1947–1948 period

The 1947–1948 years were distinct in two aspects: the quantitative scale of medical release and institutional fractures around it. In statistical terms (both national and local), 1947 was the year with the record–high number of releases for the entire post-war decade, with Ukraine disproportionately represented in the totals due to famine. After the first quarter of 1948, the spate of the cases significantly decreased in the end of the year because of improvement of conditions and seismic shift in policy.

In terms of bureaucratic rivalry, the timeframe under scrutiny can be divided in two sub-periods. 1947 and the first quarter of 1948 was suffused with ‘affirmative productionist’ and ‘mendacious’ agenda on behalf of the MVD. The agency reached the apex of its control over medical release. Local agents of MIu and Procuracy (camp procurators and judges), with a few atypical exceptions became allies or even tractable puppets of the Ministry. The central apparatuses of Procuracy and MIu, in turn, mouthed concern but for years (until the middle of 1948) could not change anything in the established power play.

The summer of 1948 witnessed a fundamental rupture in the established power hierarchies. The all–powerful MVD lost much (but not all) of influence over medical release to its rivals – the Ministry of Justice and the Procuracy. They were able to prove to the

government that the MVD was essentially subverting legal system via indiscriminate medical release (again, in a thought-provoking parallel to 1944–1945 controversies). Most importantly, *aktirovka* disrupted an incipient ‘legal battle’ against ‘plundering of the socialist property’, to which Politburo and Stalin personally paid intent attention. Both agencies came out significantly empowered out of this confrontation, not least due to their recalcitrant resistance, spearheaded by the newly appointed Minister of Justice Gorshenin (promoted in January 1948) and Procurator-General Safonov (received his post in February 1948). This new power balance was maintained, with slight correctives, in the final period of MVD, MIu, Procuracy and MGB order №00829/00360/0049/193ss execution – the 1949–1954 years.

Phase III. 1949–1954 period: the fall of the MVD

Alan Barenberg, using Sheila Fitzpatrick’s expression, trenchantly described the late post-war years as a ‘search for normalcy’. He noted ‘demobilization wound down, the famine of 1946–1947 abated, rationing ended, and industrial production was restored to pre-war levels’.⁶⁴⁷ As Mark Harrison has shown, ‘average Soviet incomes climbed back to their pre-war (1938) level as early as 1948’.⁶⁴⁸ In addition to socioeconomic sphere, many other facets of civilian life also experienced substantive but contradictory changes in late 1940s and early 1950s. The health and general living conditions of the civilian population, although still extremely poor, slowly improved.⁶⁴⁹ These non-linear transformations, although in considerably less pronounced form, transcended the barbed wire in 1949 and the following years.

⁶⁴⁷ Barenberg, *Vorkuta*, 90.

⁶⁴⁸ Harrison, ‘The Soviet Union after 1945: Economic Recovery and Political Repression.’ *Past and Present*, 210, no. Suppl.6 (2011): 104.

⁶⁴⁹ Filtzer, *The Hazards of Urban Life; Soviet Workers*.

On 1 July 1949, the GULAG consisted of 73 camps and 1920 colonies, holding 2,416,488 prisoners. According to the MVD chief Kruglov in his annual report on ‘the state of GULAG’ to Stalin, Beria and Malenkov the conditions there improved considerably in the comparison with 1948. Kruglov commended the enhancements in housing, clothing and general provisioning, but was particularly boastful of the ‘significant decrease of death rates’. Indeed, for the first time in history of the Soviet penitentiary system, the registered average mortality fell to roughly 1% per annum. Importantly, the Minister decided to provide only one reason behind this unprecedented development for the Politburo members: the success of ‘medical–prophylactic measures’, mainly via OP and OK convalescence network. In the first half of 1949 ‘refeeding stations’ ‘processed’ 129,078 weakened inmates and restored to ‘full–labour capability’ 85,956.⁶⁵⁰

Even if we trust these figures (which likely inflated the efficiency of the ‘recovery programs’), one cannot but notice an important omission in the missive. Kruglov did not mention medical release with a single word. The same elisions were present in his regular reports to the USSR political leadership for previous years. Kruglov persistently valorised the seemingly ‘humane’ efforts of the MVD doctors, but totally elided any mentions of *aktivovka*. The Minister’s selective approach to the facts that he decided to highlight could serve as the perfect example of the institutional bias in the MVD high–level reports, discovered and cogently described by Alexopoulos. She explained: ‘Given the climate of accusation and blame, there was a good deal of misinformation in communications between the GULAG administration, the OGPU–NKVD–MVD, and the party leadership.’⁶⁵¹ In this case, for Kruglov, it was far more expedient to exalt ‘conventional’ efforts of his medical service in reduction of death rates and restoration of inmates’ ‘physical capability’ (which pleased

⁶⁵⁰ GARF.F.R–9414.Op.1.D.326.L.22.

⁶⁵¹ Alexopoulos, *Illness*, 240.

production–obsessed party leaders), than to openly admit the direct link between improving health indicators and release of invalids.⁶⁵²

However, despite Kruglov’s devious silence on the matter, judicial *aktirovka* persisted well into 1949–1953 and beyond and, as will be shown below, affected the official registered statistics in many important aspects. In substantial regards, *aktirovka*’s arc of development in 1949–1954 was driven and, to a large extent, predetermined by the momentum of fundamental policy reorientation in the late 1948. The voices within the MVD in favour of massive invalids’ discharges were kept in check. The Procuracy and Ministry of Justice exerted far more influence in the decision–making. However, the most important change transpired within the GULAG itself. Its medical expertise became even more unforgiving, over–suspicious and paranoid than before. A formal ‘certified invalid’ status, that made medical release possible, had become extremely hard to acquire. A former inmate Tregubov bitterly epitomized this novel austere attitude: ‘the prisoners wisecrack: “For the MVD, even a corpse is an invalid only for 75%!”’⁶⁵³

This morbid joke was not deviating too far from reality. For example, the deputy head of the Volzhlag SANO lieutenant colonel of medical service Fomenko in November 1952 received a petition from certain civilian Smirnov. He asked to release his extremely sick inmate–wife on medical grounds. Initially, the petition was simply ignored. Smirnov did not give up and submitted another identical plea, to which Fomenko replied on 12 February 1953 that his petition was received, but sincere there were ‘no lawful justification’ to grant the

⁶⁵² It is unclear if Stalin or Malenkov knew or even cared about medical releases, but Chapter 3 has provided conclusive evidence that at least one of the addressees – namely Beria – was clearly well–informed about the effect of *aktirovanie* on registered mortality. He himself sanctioned the mass release of Volga Germans to avoid a surge in recorded deaths in the winter of 1942.

⁶⁵³ Iu. A. Tregubov, *Vosem’ let vo vlasti Lubianki; Perezhitoe: Zapiski chlena NTS* (Frankfurt, Moscow: Posev, 2001), 247.

discharge, it was refused. Meanwhile, the inmate A.M. Smirnova died on 24 January 1953 from hypertension, even before Fomenko deigned to formally answer to her husband's request.⁶⁵⁴ Remarkably, Fomenko was criticised for unwillingness to release Smirnova by the central apparatus – apparently, because the registration of Smirnova's death in GULAG records could be avoided, if she was discharged.

In another example, illustrating this recent inexorable approach, a former Soviet intelligence agent M. Korol', an *aktirovannyi* invalid himself, in a letter to his daughter ironically reconstructed the dialogues between GULAG physicians and the candidates for release during medical check in a Kazakhstan camp:

With the *aktirovka*, it turned out to be more graphic: Moscow developed new instructions for *aktirovka*. These instructions are sadistic:

– Do you lack one leg?

– Yes.

– It's a pity. If the second one had been amputated, we would have certified you as an invalid (*aktirovat'*)!

– You have few caverns, if only ...⁶⁵⁵

or:

– You had a stroke, but now you have recovered, if only you were paralyzed! ..

This entry is VERBATIM!

And now another game:

–Have you been sick for a long time?

– Yes.

– Then we cannot release you.

One Western Ukrainian – a young guy, paralyzed after a 'humane' interrogation in 1946 – was denied release because he was ostensibly already paralyzed before his

⁶⁵⁴ *Istoria Stalinskogo GULAGa*, Vol.4, 570.

⁶⁵⁵ Korol' implies the symptoms of so-called 'cavernous tuberculosis' here.

arrest. However, he raised his voice: ‘After all, they accused me of being a partisan, prowling through the forests. How could I be a paralytic then?’⁶⁵⁶

But nothing exemplified the new tendencies of 1949–1953 more vividly than the statistical dynamic of medical discharges and rejection rates in the courts. Essentially, it was a direct continuation of the trends, which emerged in the second half of 1948.

Table 5.3. Overall number of medical release cases, accepted and resolved by the MIu camp courts, depending on the type of crime (1949–1951)

Criminal Article	1949		1950		1951	
	release	refusal	release	refusal	release	refusal
58–10 (Anti–Soviet agitation)	–	1	–	8	–	–
58–14 (c–r sabotage)	–	–	–	–	–	–
Escape	–	4	–	4	–	2
Shirking	–	–	–	–	–	1
Malingering	–	–	–	2	–	–
59–3 (Banditism)	–	4	–	9	–	–
74 (Hooliganism)	166	18	331	21	181	18
82 (Escape)	53	1	80	6	184	12
16 – 109 (service crimes)	214	13	534	33	482	11
16 – 111 (Dereliction of duty)	118	7	179	4	152	11
136 (First– degree murder)	92	15	37	12	101	2
June 4 1947 decree	–	–	–	–	–	–
‘state and public property’	–	–	–	–	–	–
p.1 – 3	999	115	2,708	114	3,191	7
p.2 – 4	271	49	909	73	2,086	67

⁶⁵⁶M.D.Korol’, *Odisseia razvedchika: (Polsha–SHA–Kitai–GULAG)* (Moscow, 1999), 189–190.

p.5	9	–	27	1	31	270
June 4 1947 decree	–	–	–	–	–	–
‘personal property’	–	–	–	–	–	–
p.1 part 1	365	61	977	49	1,235	36
p.1. part 2	183	19	550	31	947	50
p.2. part 1	16	–	25	2	28	1
p.2. part 2	30	1	7	–	17	3
p.3.	–	–	34	–	9	–
Other articles	4,181	411	5,731	373	6,082	225
Total	6,697	719	12,129	742	14,726	714

Source: GA RF.R–9492.Op.5.D.143.L.45.

Overall, in the relatively ‘normal’ year of 1949 the courts accepted just 7,416 invalids’ cases, freed 6,697 and denied release to 719 invalids. This indicated a 10% denial rate, six–time higher than during 1946–early 1947. The data becomes particularly telling if we make two collations. The first one is ascertaining the proportion of medical discharges in the general mass of releases. In 1949 the GULAG officially discharged 678,000 prisoners for all reasons. This denotes that certified invalids’ occupied less than 1% in the general composition of releases. The second one is the comparison of the releases’ magnitude in 1949 with some of the previous crisis years. Thus, roughly 205,000 invalids were freed in twelve months from September 1942 to September 1943 (with lower average penal population than in 1949): 30 times more in absolute figures than in 1949. In famine–stricken 1947 the courts freed almost nine times more (58,326 invalids). This newly discovered statistics for 1949–1952 fill the gap in Ivanova’s datasets and seriously clashes with Alexopoulos’s estimates for the early 1950s. For instance, she claimed:

In total, over 90,000 prisoners were medically discharged or released under Article 457 in the last quarter of 1952, far surpassing all other categories of releases ... Not coincidentally, the GULAG also reported its lowest rates of mortality in the 1950s. Dying prisoners were being released *en masse*.⁶⁵⁷

However, the summary statistics of the Ministry of Justice offers a substantially different picture: in the last quarter of 1952 only 1,164 invalids got their discharge via courts.⁶⁵⁸ It is almost 80–times less than Alexopoulos’s figures. On the one hand, this discrepancy is again explained by her conflation of massive internal transfers between individual camps and colonies with supposed releases on medical grounds from the GULAG.

On the other hand, Alexopoulos is correct in two important points. First, formal medical releases under articles 457 and 462 of the UPK in this timeframe did not capture the entire mass of sick and emaciated, freed from the camps.⁶⁵⁹ Second, even these seemingly ‘low’ official releases most certainly somewhat contributed to the suppression of the registered mortality in the 1949–1955, although not to the dramatic extent that Alexopoulos proposed. Indeed, official reports demonstrated gradually declining, record–low mortality in these years: 29,692 deaths (1.21% per annum) in 1949, 24,674 (0.95%) in 1950, 23,548 (0.92%) in 1951 and 19,786 (0.84%) in 1952.⁶⁶⁰ Undoubtedly, the impact of medical release was one of the catalysts for this downward trend.

⁶⁵⁷ Alexopoulos, *Illness*, 152.

⁶⁵⁸ GARF.F.R–9492.Op.5.D.143.L.98.

⁶⁵⁹ Some prisoners who were freed in 1955 on recently reintroduced parole were, in fact, invalids. For example see a case of a certain legless inmate Andrei Pavlovich Malkhovich in GARF.F.R–8131.Op.32.D.4118a.L.8–9. According to Hardy and Elie, camp commanders in the 1950s ‘blatantly falsified the statements in order to ensure more inmates were released. The practice of paroling sick and invalid inmates seen as a burden on camp operations continued ...’ in “‘Letting the Beasts Out of the Cage’: Parole in the Post–Stalin GULAG, 1953–1973.’ *Europe–Asia Studies* 67, no. 4 (2015):592.

⁶⁶⁰ *Istoria Stalinskogo GULAGa*, Vol.4, 55.

Conclusion for 1949–1953 period

In retrospect, the analysis of the 1949–1953 period offered three main insights. The first one concerns the statistical scale of medical release. It was far less quantitatively significant in these years than the only available estimate found in the literature (Alexopoulos) to date suggested. Secondly, Alexopoulos is right to argue that the mortality data for these years was not fully reliable. However, I would contend that the official figures for 1949–1953, although still suffering from institutional tendentiousness (e.g. Kruglov’s omission of the medical release variable), reflected the actual situation far more adequately than 1947–1948 and especially 1941–1945 statistics. In this regard, I significantly depart from Alexopoulos’ argument, who, on the contrary, claims that official mortality data was particularly deficient in the late 1940s and early 1950s. The third deduction concerns the bureaucratic struggles around medical release. In 1949–1953 ‘negative productionist and legalist’ considerations confidently prevailed over ‘affirmative’ ones, although the 1953 amnesty could be perceived as the latter’s brief, but major resurgence. Overall, the death of Stalin and the ensuing global transformations of so-called ‘Beria’s GULAG’ in 1953–1954 precipitated the most radical reform of medical release since 1930. After eight years of implementation, operational order 00829/00360/0049/193ss from September 1946 was rescinded in May 1954. From that date, the procedure was completely overhauled under the aegis of the new №0284/015/035/91s order. Its brief history is described in the final sub-section of the chapter.

The second campaign: order №0284/015/035/91s (13 May 1954 – 19 March 1955).

Administrative basis

The new operational order, signed by the MVD Minister Kruglov, Minister of Justice Gorshenin, the chairman of the KGB Ivan Serov, and the newly appointed Procurator-General

Roman Rudenko, defined its chief goal as ‘preservation of legality’ in the implementation of *aktirovka*. Intriguingly, all antecedent orders never invoked ‘legalism’ and its ‘defence’ as their main aim. I would argue that this certainly reflected the rapidly changing zeitgeist. The new order consisted of six clauses, most of which strongly resembled guidelines of 1946–1953. However, the most substantial, radical divergence from the previous policy was introduced in the second paragraph. It read: ‘Submit to judicial organs materials on all prisoners suffering from grave incurable illness, no matter of which court, or for what crime or article of the criminal code they were convicted’.⁶⁶¹ This norm was unthinkable before 1953. It profoundly subverted and revolutionized the entire Soviet practice of medical release. This transformation proves that this new post–1953 ‘legalism’ was not equal to what was defined as ‘legality’ under High Stalinism. However, even this structurally adjusted mechanism maintained a lot of old pre–1953 flaws and contradictions when implemented in practice.

Implementation on the ground

According to the data gathered from seven republican Procuracies (Armienskaia, Kazakhskaia, Belorusskaia, Karelo–Finskaia, Latviiskaia, and Moldavskaia) and five regional Russian ones (Arkhangel’skaia, Astrakhanskaia, Kamenskaia, Lipetskaia, and Saratovskaia), in 1955 the courts in these localities freed 1,598 invalids. Among them 52 ex–cons were described by procurators as sentenced for ‘grave’ crimes (first–degree murder, banditism, robbery, grand theft of public and state property, ‘qualified’ types of rape and counterrevolutionary crimes). In Kazakhstan, for instance, out of 75 released invalids in 1955, four were originally sentenced for ‘grand plundering of socialist property’ (June 1947 Decrees), six for banditism (Article

⁶⁶¹ GARF.F.R–9401.Op.1A.D.795.L.60ob. The order itself was first discovered and quoted by Elie in *Goulag*, 73–74.

59–3), five for robbery, two for gang rape, five for premeditated murder and 53 for ‘counterrevolutionary’ crimes (Article 58, all sub–paragraphs).⁶⁶² A Latvian court freed ‘political’ prisoner Frantsis Andreevich Pastars, a Latvian peasant. He was convicted under Articles 17 and 58–1 (‘treason to the motherland’, ten years sentence) for helping local guerrillas (‘forest brothers’) with food and shelter in bloody partisan warfare against Soviet rule in the Baltic borderlands. Nevertheless, Pastars was granted freedom as ailing from myocardial and atherosclerotic cardiosclerosis and second–degree pulmonary emphysema.⁶⁶³ Overall, release decisions, described above, were absolutely out of question in 1946–1953 or even in 1942–1944, but became legal reality under the new 1954 regulations.

Conclusion

As in the previous chapter dealing with 1941–1945, the main aim of the present chapter constituted the quantification of medical release in 1945–1955. While the post–war period has been researched better than wartime or 1930s in this regard (thanks to Ivanova’s, Hardy’s, Elie’s, Kokurin, and Petrov’s discoveries, who unearthed data for a few separate years) the complete statistical picture for all years was unknown and even indirectly disputed (Ivanova’s versus Alexopoulos’s divergent estimates). Consequently, the oscillations of early release in comparison with the registered mortality were also obscure. This chapter conclusively resolved these deficiencies. Its principal empirical contribution can be presented in the following tables and graphs:

⁶⁶²GARF.F.R–8131.Op.32.D.4118a.L.34–35.

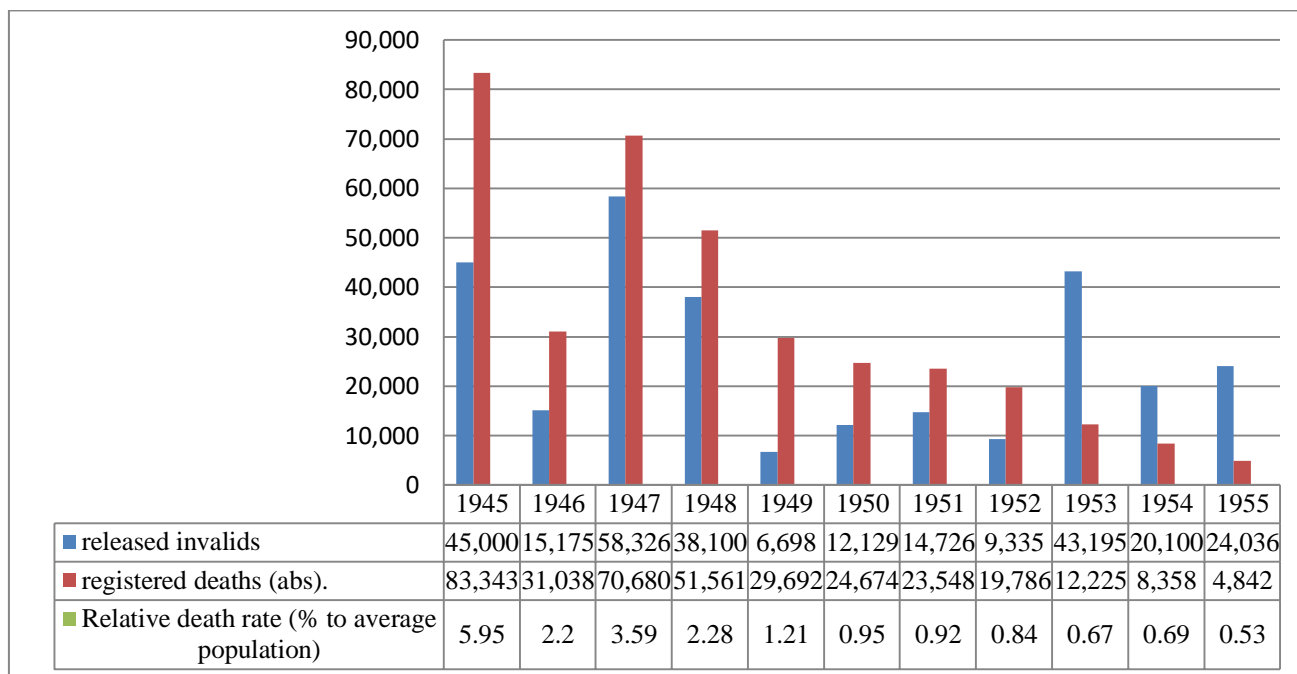
⁶⁶³GARF.F.R–8131.Op.32.D.4118a.L.28.

Table 5.4. The absolute number of judicial medical releases (1946–1955)

Under Articles 457 and 462 UPK; March 1953 amnesty

Order	00829/00360/0049/193ss	Proportion in general releases (%)
Year		
1946	15,175	4.2
1947	58,326	9
1948	38,100	4.8
1949	6,698	
1950	12,129	1.6
1951	14,726	2.4
1952	9,335	1.6
1953	1,453	3
	March amnesty	
	43,411	
Order	0284/015/035/91s	
1954	20,100	10
1955	24,036	–
Total	243,489	

Graph 5.10. Dynamics of medical release in collation with the registered mortality, 1945–1955



Source:

Mortality: *Istoria Stalinskogo GULAGa*, Vol.4, 55.

Medical release: GA RF.F.R–9492.Op.5.D.30.L.177; GARF.F.R–9492.Op.5.D.42.L.207, 275; GARF.F.R–9492.Op.5.D.32.L.185; GA RF.R–9492.Op.5.D.143.L.45; GARF.F.R–9492.Op.5.D.192.L.2; A.Kokurin, N.Petrov, *GULAG*, 436; Ivanova, *Istoria*, 434; Elie, *Goulag*, 73–76.

The data for 1945 is a close estimate. 1953 data included both judicial and administrative releases (March 1953 amnesty). Data for 1955 do not include figures for 3 September 1955 decree, which also featured invalids as one of its categories.⁶⁶⁴

Overall, at least 243,489 invalids were registered as freed on medical grounds by the courts in 1945–1955 and administratively amnestied in March 1953. Evidently, these statistics, just like wartime data, are incomplete and suffered from understatement. We know that very ill and even dying prisoners were sometimes freed on parole, via the individual amnesties

⁶⁶⁴ GARF.F.R–8131.Op.32.D.4460.L.1–289.

(*chastnaia amnistia*), case reviews, special decrees (e.g. 3 September 1955), and after the sentence expired. Alexopoulos, Hardy, Elie, and Khlevniuk first identified these additional and almost unstudied sub-groups of ‘concealed’ invalids. My research supports their claims with the new additional data and maps out the direction for their further research. In theory, each of these sub-groups can significantly increase the number of unhealthy ex-convicts.

Furthermore, this chapter introduced the phenomenon of annual medical release oscillations for 1945–1955. What do they allude to? First, in my view, the fluctuations convincingly prove one of the central arguments of this thesis – *aktirovka* was clearly applied by the MVD as an emergency measure on the ad hoc basis, provoked either by external challenges (famine of 1946–1947) or conscious political decisions (amnesties of 1953–1955) after the death of Stalin. One can notice not an exponential, but a ‘wave-like’ pattern of discharges (exactly as in 1941–1945). Meanwhile, the precise quantitative impact of medical release on death rates in 1946–1955 is still to be determined by thorough research in the local archives.

CHAPTER 6. ‘THE LOST MILLION’ FOUND: QUANTIFICATION OF MEDICAL RELEASE AND THE NEW ESTIMATE OF GULAG DEATHTOLL

The main goal of this chapter is to synthesize the quantitative results of previous chapters in order to substantiate two principal contributions of the thesis. As noted in the Introduction, the total number of invalids discharged from the GULAG in 1930–1955 remained unascertained. Without this figure, a meaningful conversation regarding a more precise estimate of additional GULAG-induced deaths was all but impossible. As a first overarching contribution, this chapter provides this new number. As a second overarching contribution, the final subsection also offers my own provisional estimate of GULAG-induced deaths, and reviews several original arguments to support it.

Quantification of medical release in 1930–1955

The main empirical goal of this thesis was to quantify medical release in 1930–1955. Back in 2008, Khlevniuk pointed out: ‘A factor of periodical ‘unloading’ (*razgruzka*) of camp invalids (up to transferring them to relatives as dependants) requires quantitative evaluation’ because it obviously lowered registered mortality.⁶⁶⁵ This thesis took on Khlevniuk’s challenge. The data was uncovered both for local and national levels. Here I will summarise the conclusions for each of these levels. My analysis of the unexplored ground level in 1941–1945 (Chapter 4) and 1946–1947 (Chapter 5) yielded the following inference: a high number of invalid releases from almost any locality could be (in most cases) explained in two ways, which I elaborate in the paragraphs that follow.

First, the institution itself could be deliberately used as an ‘accumulation spot’ for emaciated inmates. One should note special invalid camps (Svobodlag, Ryblag–Volzhlag,

⁶⁶⁵ O.V. Khlevniuk, *Obiekty*, 23.

Iuzhlag), the majority of the agricultural camps (Siblag, Karlag, Temlag etc.) and regional colonies (particularly Novosibirskoe, Cheliabinskoe, Molotovskoe, Sverdlovskoe, Uzbekistani UITLiK, etc.). The newly discovered local data strengthens Alexopoulos' argument about the 'concentration spot' function of 'non-prioritized' regional colonies with additional evidence. However, the new nuance offered by this thesis is that in 1946–1947 the role of the colonies became more ambiguous. Although a few continued to be used in this capacity in the post-war period, some ceased to be 'invalid concentration spots'.

Second, excessive invalid releases could straightforwardly point to deleterious conditions in the locality itself. Conversely, low rates of medical release could imply that it was more 'survivable' (or, alternatively, simply was capable of removing its dying invalids into different jurisdictions). Some combination of more 'survivable' conditions, mass medical releases, and the systematic removal of invalids into other localities was possible as well (e.g. Bezymianlag's multi-layered policy in 1941–1945, examined in Chapter 1). In all cases, this relocation produced an immediate effect of 'improvement' on the registered sickness and mortality indicators of the locality from which the invalids were transported. This analysis provides additional evidence for the important point made by Zakharchenko, Repinitskii and Alexopoulos that, in the words of the latter, these 'transfers were predominantly motivated by the health of prisoners', at least during the war.⁶⁶⁶ It underscored the underestimated importance of the internal transportation of invalids for the interpretation of morbidity and mortality statistics, which should never be taken at face value.

Another inference, gauged from the analysis of the local level, pertains to the causal relations between magnitudes of invalid releases relative to the average population of the locality and reliability of its official mortality. The high figure of discharges, coupled with

⁶⁶⁶ Alexopoulos, *Illness*, 183.

soaring death rates and a low average population, alluded to the higher probability of serious mortality data deficiency in those localities (e.g. at the Kargopol'lag, Viatlag, Unzhlag and other ULLP camps; many labour colonies, etc.). By contrast, inconsequential rates of medical releases in conjunction with a high average annual population and low official mortality (e.g. Noril'lag, Intinlag, etc.) suggests that the official figures reflected the situation far more realistically (but still not entirely reliably).

However, the main empirical contribution of this thesis has to do with the quantification of medical release from the GULAG on a national scale (1930–1955). I start with a discussion of more easily quantifiable 1941–1955 (official 'certified' invalids). Next, I identify and describe potential sources of the data understatement for GULAG prisoners in a narrow legal sense ('concealed' invalids; the data from the 1930s). Then, I produce my own estimate of inmates discharged on medical grounds in 1930–1955 from the GULAG. After that, I briefly probe beyond GULAG prisoners per se, and map out potential directions for future research of medical release in a broader context (the GUITU system, Labour Army, special settlers, the GTU prisons).

Table 6.1 Statistical scale of medical releases from the GULAG, 1941–1955

Directives/orders/decrees	Date	Type of campaign	Main bureaucratic actors	Number of freed invalids
1. 24 November 1941	November 24, 1941 – July(?) 1942	Administrative	NKVD, Procuracy	99,004
2. №467/18–71/117s	September–October 1942– May 1944	Judicial	NKVD, NKIu, Procuracy	341,361
3. №00617/00189	May 1944– August (?) 1945	Judicial	NKVD, NKGB, NKIu, Procuracy	51,297
4. Paragraph 4 of directive №185	April 1942– June 1946	Administrative	NKVD, Procuracy	10,001*
	1941–1945			514,954**
5. №00829/00360 /0049/193ss	September 1946– May 1954	Judicial	MVD, MIu, Procuracy, MGB	
	1946			15,175
	1947			58,326
	1948			38,100
	1949			6,698
	1950			12,129
	1951			14,726
	1952			9,335
	1953			1,453
6. 1953 Amnesty		Administrative	MVD, MIu	43,411
7. №0284/015/035/91s	May 1954–March 1955	Judicial	MVD, MIu, KGB, Procuracy	20,100
	1955			24,036
Total	1941–1955			758,443

* Directive 185 targeted prisoners who finished their sentences.

**The overall figure for 1941–1945 comes from a 1946 summary URO report, therefore does not directly constitute a sum of figures for each of the four wartime operations, drawn from various sources.

Source: 1941-1945: GA RF.F.R–9414.Op.1.D.1146.L.27, 33.

1946-1955: GA RF.F.R–9492.Op.5.D.30.L.177; GARF.F.R–9492.Op.5.D.42.L.207, 275; GARF.F.R–9492.Op.5.D.32.L.185; GA RF.R–9492.Op.5.D.143.L.45; GARF.F.R–9492.Op.5.D.192.L.2; A.Kokurin, N.Petrov, *GULAG*, 436; Ivanova, *Istoria*, 434; Elie, *Goulag*, 73–76.

The data for 1945 is a close estimate. 1953 data included both judicial and administrative releases (March 1953 amnesty). The data for 1955 do not include figures for 3 September 1955 decree, which also featured invalids as one of its categories.

The documented figure for medical release of GULAG prisoners in 1941–1955 is 758,443. However, there are several important caveats in the degree of its completeness. First, this number does not include invalids freed in July–October 1941. It also does not feature invalids released by the 3 September 1955 Decree (77,035 inmates, among which at least thousands were inmates ‘suffering from grave incurable illness’).⁶⁶⁷ Last but not least, we have direct evidence about the fragmentary nature of official summary statistics for every operation featured in the table (e.g., there is no data on invalid releases for July–October 1942). In another relevant example, the URO director Aleshinskii noted that many camps did not submit data on invalids’ releases to Moscow after the promulgation of the 00617/00189 order in 1944, although they discharged them (see Chapter 4). This suggests that the official figure of 758,443 is clearly understated (even without ‘concealed unofficial invalids’, discussed below). Nevertheless, it can be considered as a starting point and a lower quantitative threshold for future clarification.

Furthermore, there is an even more significant gap in the statistics, namely for the 1930s. We know that medical judicial release was heavily applied in the GULAG from its inception in 1930. Thus, Deputy OGPU chairman Genrikh Iagoda initiated the first operation of invalid discharges on 23 October 1930, when he signed order №361/164 on ‘unloading of the corrective–labour camps of the OGPU from the old, complete invalids, and gravely ill’.⁶⁶⁸ The order was operational until winter 1934 when *aktirovka* in the GULAG was abrogated completely by Iagoda’s order №501 from 3 January 1934, only to be reintroduced in

⁶⁶⁷Hardy, *GULAG*, 37.

⁶⁶⁸GARF.F.R–9401.Op.1A.D.1.L.17.

November 1934 by yet another order, namely №00141.⁶⁶⁹ Afterwards, several additional circulars were issued in 1935, urging the localities to proceed with mass medical releases, notably the joint Procuracy and NKVD circulars №599148 from 19 March 1935, and №61 from 14 April 1935 (both with Vyshinskii's and Iagoda's signatures).⁶⁷⁰ Essentially, mass medical releases continued until summer 1939, when they were severely curtailed (but not completely abolished) by Beria. In other words, in addition to the 1941–1955 data above, we have roughly nine years of active medical releases in the 1930s to account for in order to arrive at the overall figure of released 'certified' invalids in 1930–1955.

Unfortunately, I have not been able to trace summary annual statistics for the 1930s. URO and SANO materials in the central GULAG archive for that period were largely destroyed. However, bits and pieces of the available data still can provide a general sense of the magnitude of *aktirovka* in the 1930s. They give a basis for extrapolations. Thus, in just the second quarter of 1931 (camp population as of 15 April 1931: 234,600), the planned figure for medical release was 26,000 invalids.⁶⁷¹ During the famine of 1932–1933, the *aktirovka* reached even more egregious levels. In January–August 1933, Siblag freed 681 invalids on medical grounds.⁶⁷² In Sazlag near Tashkent, 357 invalids and those sick with pellagra (vitamin deficiency disease) were released early only between one and 16 February 1933. In addition, from 16 February to 27 March, the commission discharged an additional 2,333 invalids (average camp population 18, 286), a staggering proportion.⁶⁷³ On 17 May 1933, GULAG director M.D. Berman, director of Belbaltlag L.N. Kogan and head of the financial department of GULAG Berenzon noted in their memorandum to Iagoda and Prokofiev that

⁶⁶⁹GARF.F.R–9401.Op.1A.D.5.L.75.

⁶⁷⁰GARF.F.R–9401.Op.12.D.99.L.20,24.

⁶⁷¹Smirnov et.al, *Sistema*, 29.

⁶⁷²GANO.F.P–3.Op.1.D.455.L.158.

⁶⁷³*Istoria Stalinskogo GULAGa*, Vol.3, 502.

the camp system ought to discharge 145,000 in the June, July, and the first half of August. Sixty-four thousands among them were ‘invalids and the sick’ falling under the №361/164–1930 operational order (camp population 493,000).⁶⁷⁴ In other words, roughly 13% of the entire GULAG population was supposed to be discharged on medical grounds. In absolute terms, the scale of medical release in 1933 in just two and a half months reached almost the number of officially recorded deaths for the entire famine year (67,297 deaths without SevVostLag data). Given these proportions, it would be reasonable to presuppose that the relative death rate for 1933, already a soaring official 15% coefficient, was in reality even higher.⁶⁷⁵

Mass invalid releases continued in the relatively ‘non–catastrophic’ years of 1934–1936. Thus, on 21 September 1934, the Deputy Procurator Nelidov, who oversaw places of detention of the USSR, informed Deputy GULAG director Iakov Davydovich Rapoport that he approved the medical release of 123 inmates of Bamlag under Article 458.⁶⁷⁶ E. Vovchenko, the procurator of Dal’lag and of the special settlers department of the Far East UNKVD, reported the following data to Moscow. As of 20 October 1935, the camp freed:

1. Under the ‘first directive’: 205 invalids
2. Under the circular №61:
 - a) Released by the camp court: 218
 - b) Denied release: 39
 - c) Returned for additional processing: 6

⁶⁷⁴*Istoria Stalinskogo GULAGa*, Vol.3, 109.

⁶⁷⁵*Istoria Stalinskogo GULAGa*, Vol.4, 55.

⁶⁷⁶ GARF.F.R–8131.Op.11.D.113.L.3.

In addition, 548 cases were sent directly to the central GULAG commission for review, and 370 invalids were already discharged by its decision. Overall, Dal'lag freed a total 793 inmates on medical grounds in 1935.⁶⁷⁷ In addition, the GULAG encompassed another 14 camps that were larger, as well as hundreds of regional colonies where medical release was practiced in that year, but we do not know the statistics for these localities yet. Iurgens, deputy chairman of the special collegium of the Supreme Court, and Rausov, Deputy RSFSR procurator, noted on 15 June 1936 that camp courts reviewed cases of early release (including medical ones) and their 'quantity is quite large, reaching thousands'.⁶⁷⁸ *Aktirovka* continued even after the end of the Great Terror in the first half of 1939, although more research is needed to identify its scale and particularities.⁶⁷⁹

To conclude, given the patchy data above (26,000 invalids from 1931 + 64,000 in two and half months of 1933 + those released in remaining months of 1933, 1930, 1932, 1934–1939), I could reasonably suppose that at least a hundred (or even several) thousand invalids were released from the GULAG in 1930–1941. If we add the 1930s extrapolated data to the 758,443 figure (1941–1955), and factor in the understatement of summary records for this period, one can estimate the total number of 'certified invalids' released in 1930–1955 as *1–1.1 million* (with potential for further upward correction). Thus, this thesis introduces into historiography for the first time the 'lost million' of 'official' invalids released on medical grounds from the GULAG in 1930–1955.

This cumulative number is important: on the one hand, it can serve as a certain lower 'baseline' or 'building block', within which future scholars can argue about the number of additional GULAG-related deaths more confidently. On the other hand, it allows me to

⁶⁷⁷ GARF.F.R–8131.Op.12.D.38.L.9. Partly quoted for the first time in Alexopoulos, *Illness*, 282.

⁶⁷⁸ GARF.F.A–428.Op.3.D.23.L.9.

⁶⁷⁹ GARF.F.R–9414.Op.1.D.1143.L.291–291ob.

reappraise the authoritative official figure of ‘1.7 million dead, 90% survivors’, as well as the new ‘six million dead, 70% survivors’ estimate offered by Alexopoulos in 2017. However, before producing my own approximation of GULAG–induced deaths, several sources of understatement should be discussed.

The first one includes the phenomenon of GULAG invalids and sick prisoners, whom this thesis labelled ‘unofficial’ or ‘concealed’.⁶⁸⁰ Their existence indicates the incredible and yet poorly researched complexity of GULAG releases in terms of the health of the discharged. Schematically, ‘unofficial’ invalids can be subdivided into four distinctive sub–groups:

1. Ex–inmates who finished their sentence. Previous scholarship (Khlevniuk, Alexopoulos) cogently presupposed that such prisoners theoretically could be as sick as the ‘certified invalids’.⁶⁸¹ This thesis proved the correctness of this hypothesis using archival data. It introduced empirical evidence showing that prisoners who did their time were indeed occasionally extremely ill and unable to move upon release (e.g. Arkhangel’skoe UITLiK ex–inmates in 1943), and even died immediately after discharge (e.g. ex–inmates of Tambovskii OITK in 1944, see Chapter 1).

2. Those who were administratively amnestied due to so–called ‘general amnesties’ (e.g. one–time wartime amnesties into industry or armed forces, periodical releases of juvenile prisoners, pregnant women or women with small children, inmates released under the 3 September 1955 decree, centralized All–Union amnesties of 1938, 1945 and 1953, etc.). Alexopoulos argued that ‘recently declassified GULAG documents reveal that most of those released in the wartime amnesties were disabled and emaciated prisoners.’⁶⁸² I do not have enough evidence to claim that the majority of those released into the Red Army, for instance,

⁶⁸⁰ More on these sub–groups see Alexopoulos, *Illness*, 152.

⁶⁸¹ Khlevniuk, *Obiekty*, 23; Alexopoulos, *Illness*, 152.

⁶⁸² Alexopoulos, *Illness*, 140.

was emaciated, but a substantial part certainly was, as my research into wartime Procuracy reports indicates (see Chapter 4). Some also died after release.

3. Those released early on parole and workday credits. Hardy and Elie (see Chapter 5) identified these categories.

4. Discharged by *chastnaia* amnesty (individual clemency, usually issued directly by the USSR Supreme Soviet), case review (*peresmotr*), or outright case annulment (*prekrashchenie*).⁶⁸³ Chapter 1 offered evidence that these ex-prisoners could be bedridden, as well as dying after release (see I.Kuchin's research of Polianskii ITL in Chapter 1). The precise statistical scale of these four subgroups is yet unknown.

The second source of understatement comprises the GUITU NKIu (Main Administration of Corrective-Labour Establishments) of the respective Soviet republics. Undoubtedly, the GUITU is the most understudied penal sub-system under Stalin. Operating under the auspices of the republican Ministries of Justice (NKIu), the GUITU was administratively separated from the GULAG (operated by the OGPU-NKVD) from the end of 1930 until the end of 1934. This 'civilian' penitentiary system had its own statistical accounting in each republic. We know several 'stock' figures about the total number of incarcerated inmates in all republican GUITU systems (almost 800,000 in May 1933 and 400,000 by the end of 1934 after the 'unloading campaign' of spring-summer 1933).⁶⁸⁴ Available archival data indicate extreme mortality in its institutions during 1932-1933, even worse than that of OGPU camps (see Chapter 3). Crucially, the GUITU official death toll for 1930-1934 is yet unknown (as of 2020). Zemskov, Getty, Rittersporn did not introduce any

⁶⁸³ GARF.F.R-9414.Op.1.D.1155.L.28. See also Alexopoulos, 'Exiting the GULAG after War Women, Invalids, and the Family.' *Jahrbücher Für Geschichte Osteuropas* 57, no. 4 (2009): 563-79.

⁶⁸⁴ *Istoria Stalinskogo GULAGa*, Vol.1, 181; Smirnov et.al, *Sistema*, 36.

statistics on this huge sub–system in the 1990s. Judging from the available stock figures, it can be reasonably presupposed that several million inmates have ‘passed’ via its institutions in 1930–1934 (‘flow’ figure), in the era of the Great Break, the Revolution from Above, and the mass repression campaigns of the collectivization era.

The contribution of the present thesis concerning the GUITU sub–system is that it proved the application of medical release under Article 458 in 1932–1933 (not surprisingly, coinciding with a catastrophic surge of mortality). Chapter 3 has shown how hundreds of inmates were discharged on medical grounds from GUITU penitentiaries in Western Siberia via the NKIU circular №53.⁶⁸⁵ This reveals that the GUITU’s yet unknown summary death statistics were also probably understated (just like the available central statistics of the GULAG). The GUITU represents an important future line of inquiry for scholars of the Soviet penal system. Essentially, the fates of possibly hundreds of thousands of inmates form an enormous quantitative lacuna that could include both officially registered dead, and those who might have passed away shortly after medical release in 1930–1934.

Other fruitful avenues to pursue in the future encompass internees of the Labour Army, special settlers (*spetsposelentsy*) and prisons of the GTU NKVD–MVD (Main Prison Administration). I will begin with the better researched Labour Army. We know that a variation of medical release (‘demobilization due to sickness’) was applied to ‘labour soldiers’ via the GULAG directive №574 from 24 December 1942.⁶⁸⁶ Twelve thousand Volga Germans were demobilized on medical grounds from camps and plants of the NKVD in 1942, and 22,349 in 1943.⁶⁸⁷ The data for 1944–1945 remains unknown. We also lack any statistics for medical releases among other nationalities in the Labour Army (‘contingents from the Central

⁶⁸⁵ GANO.F.R–47.Op.5.D.163.L.10.

⁶⁸⁶ GARF.F.R–9414.Op.1.D.1157.L.142–142 ob. Quoted in Vol’ter, *Zona*.

⁶⁸⁷ German, Kurochkin, *Nemtsy*, 118; GARF.F.R–9414.Op.1A.D.402.L.1–1ob. Quoted for the first time in Kirillov, Matveeva, *Nachal’nii period*, 627–655.

Asian Military District’ – SAVO, ‘mobilized’ Kalmyks, etc.).⁶⁸⁸ However, Chapter 2 showed that, in addition to Volga Germans, Kalmyks, Uzbeks, Kazakhs, and Tadzhiks died *en masse* after medical demobilization during transportation back to their home regions (e.g. the Tashkent Railway station case; the Tagillag and Alapaevsk incidents) although more work is needed to quantify this mortality more precisely. Also, this thesis firmly established how demobilization of ‘labour soldiers’ due to sickness was occasionally employed in the Labour Army with identical mendacious logic, as in the case of prisoners proper, to artificially reduce death rates and cut costs (e.g. Ivdel’lag case and doctor Zhuikova’s prosecution. See Chapter 1).

This deceptive bureaucratic logic probably inculcated another important GULAG domain: the ‘lost world’ of special settlements (using Lynne Viola’s metaphor).⁶⁸⁹ This enormous exile sub-system designed to house ‘dekulakized’ peasants, ‘social outcasts’ and ethnic minorities had its own variation of medical release (done administratively) from the very first years of its operation.⁶⁹⁰ This could indicate that the official mortality statistics of the special settlements department (OSP GULAG–OSP MVD) were also artificially lowered at least for some years or localities. This is still a hypothesis. We know almost nothing about the fates of invalid special settlers after these transfers. Nevertheless, judging from the well-known situation in special settlements in 1930–1933 (which was catastrophic), the health of those invalids should have been extremely bad and comparable to GULAG prisoner–invalids

⁶⁸⁸ GARF.F.R–8131.Op.37.D.2046.L.97.

⁶⁸⁹ See Viola, *The Unknown GULAG*, 2007; Sergei A.Krasil’nikov, *Serp i Molokh.Krestianskaia ssylka v Zapadnoi Sibiri v 1930t gody* (Moscow: Rosspen, 2009).

⁶⁹⁰ See *Spetsposelentzy v Zapadnoi Sibiri. Vesna 1931–nachalo 1933* (EKOR, Novosibirsk, 1993), 89–93,258–262.

(if not worse).⁶⁹¹ The final unstudied area constitutes prisons of the Main Prison Administration (GTU), technically independent from the GULAG from September 1938.⁶⁹² What can be said for certain is that medical release was also practiced there during the war.⁶⁹³ However, we still do not know the operational nuances, scale of these releases, or the fates of those discharged from prisons.

All in all, each of the described categories (four types of GULAG ‘concealed invalids’, the GUITU, special settlers, the Labour Army, the GTU prisons) serve as an important reminder of a basic fact: despite the revelations of the 1990s ‘archival revolution’, we are still unaware of how many people died due to the consequences of detention in various segments of the Soviet system of exile and incarceration (especially 1930–1934, with the GUITU being a particularly glaring gap). This fundamentally important question is not yet conclusively resolved, despite claims from the side of some historians, such as Zemskov. There still could be hundreds of thousands, if not more potential uncounted deaths. The ‘additional’ sub-categories, if thoroughly researched, could provide an upward correction to the number of certified GULAG invalids and ‘unrecorded’ deaths among invalid-prisoners introduced by the present thesis, in the event that one decides to expand the scope and attempts to quantify all the sick released persons, whatever their formal legal status (prisoner, internee, exile, special settler). However, if we set aside the abovementioned caveats, it is nevertheless feasible to formulate a new tentative projection of GULAG-induced deaths with regard to prisoners per se.

⁶⁹¹ On conditions in special settlements see *Tragedia sovetskoi derevni. Kollektivizatsia i raskulachivanie. 1927–1939. Dokumenty i materialy*, 5 Vol. (Moscow: Rosspen, 1999–2006); *Politburo i krestianstvo: vysylka, spetsposelenie, 1930–1940*, 2 Vol. (Moscow: Rosspen, 2005).

⁶⁹² On GTU see Smirnov et.al, *Sistema*, 538; V. V. Bazunov and M. G. Detkov, *Tiur'my NKVD–MVD SSSR v karatel'noi sisteme sovetskogo gosudarstva* (Moscow: NIIUIS, 2000).

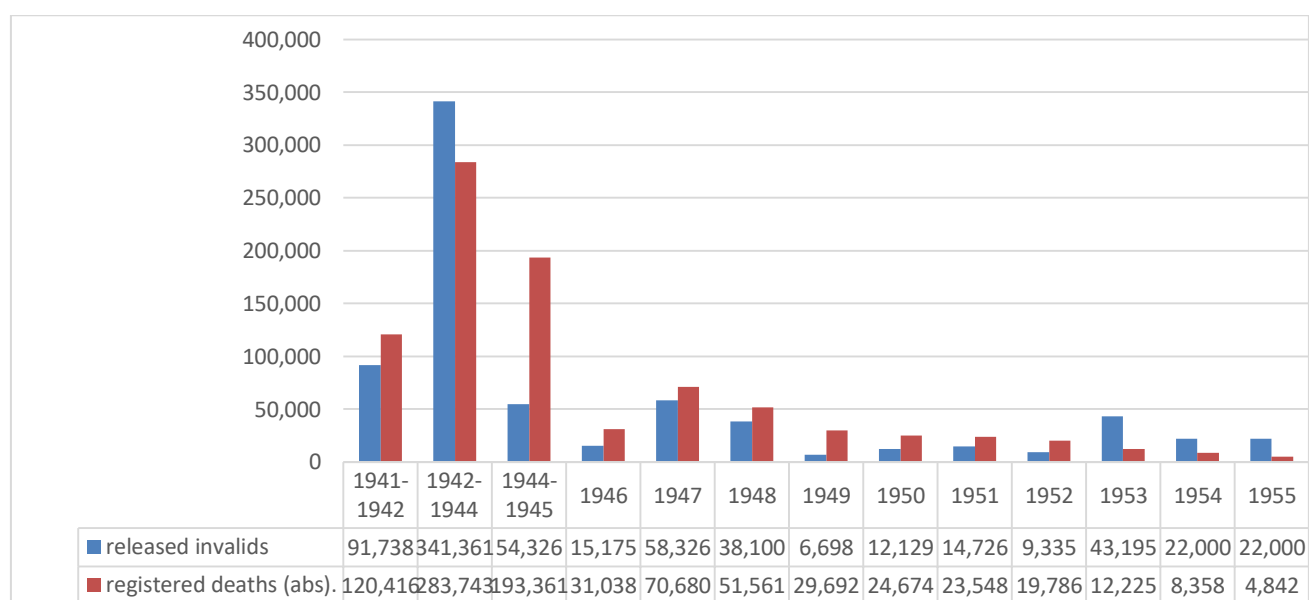
⁶⁹³GARF.F.R–8131.Op.37.D.2057.L.30.

Provisional estimates of additional GULAG-related deaths

The final part of the chapter produces three provisional approximations of GULAG–provoked additional deaths. They are based on an analysis of medical release dynamics in comparison with mortality fluctuations and two original contentions advanced throughout this thesis.

In 2017 Alexopoulos pointed out that ‘a look at GULAG death statistics reveals that mortality trends correlated with releases to a certain degree, although more work needs to be done to better understand how the movement of prisoners affected mortality rates’.⁶⁹⁴ This thesis attempted to address this issue and to collate the dynamics of official invalid releases with registered mortality (see Graph 6.1)

Graph 6.1. Registered GULAG mortality and invalid release dynamics, 1941–1955 (absolute figures)



Source:

⁶⁹⁴Alexopoulos, *Illness*, 15.

Invalids' releases: January–April 1942: GA RF.F.R–8131.Op.37.D.799.L279.

October 1942–May 1944: GA RF.F.R–9414.Op.1.D.1143.L.33

1946–1955: GA RF.F.R–9492.Op.5.D.30.L.177; GARF.F.R–9492.Op.5.D.42.L.207, 275; GARF.F.R–9492.Op.5.D.32.L.185; GA RF.R–9492.Op.5.D.143.L.45; GARF.F.R–9492.Op.5.D.192.L.2; A.Kokurin, N.Petrov, *GULAG*, 436; Ivanova, *Istoria*, 434; Elie, *Goulag*, 73–76.

Mortality (camps and colonies): GA RF.F.R–9414.Op.1.D.1179.L.1–2.; GA RF.F.R–9414.Op.1.D.1190.L.1–2;13–13 ob., *Istoria Stalinskogo GULAGa*, Vol.4, 55. The figures of deaths are sums of monthly fatalities directly corresponding to the periods of each of the medical release campaigns.

This graph is useful in two ways. First, it demonstrates that medical releases did not manifest an exponential increase with an apex in the late 1940s and early 1950s. Second, the scale of medical releases in 1948–1953 was not in the order of hundreds of thousands (as Alexopoulos argued), but rather tens of thousands (see Chapter 5). One can notice not a linear escalation, but rather a ‘wave-like’ pattern of *aktirovka* application, heavily dependent on exogenous circumstances and linked to either national crisis periods (wartime catastrophe of 1942–1944, the famine of 1946–1947), or deliberate political interventions (the amnesty of 1953). Essentially, the worse the situation with registered mortality rates, the higher the number of released invalids. As soon as material conditions and food availability improved, the number of discharged invalids dramatically declined (1944–1946, 1949–1955). Second, Alexopoulos was nevertheless right to contend that *aktirovka* deceptively lowered inmate death rates every year under scrutiny, but certainly to a lesser extent that she claimed, and not in the centralized highly coordinated way she implied. Next, to corroborate my estimate of GULAG–induced deaths, I summarise two original interlinked arguments advanced and signposted throughout the present thesis.

The first contention developed in the previous chapters of this thesis is that mass death of the released invalids was quantitatively significant during turbulent periods, particularly in 1942–1944. In more ‘ordinary’ times (1934–1936, 1939–1941, 1949–1955), invalids were still dying after release, but with far less intensity and on a smaller scale. Why do I think this hypothesis is plausible? There are at least six reasons to make this case.

First, this thesis provided abundant direct evidence of mass mortality of the released in every year of the war, both after release and during transportation, on a huge temporal and spatial scale – from Arkhangel’sk to Uzbekistan, and from Ukraine to Khabarovskii krai. Whereas invalids’ deaths took place in the ‘normal’ 1949–1955 period as well, they were less common (mainly because overall medical discharges plummeted, coinciding with relative improvements in material conditions).

Second, we know that the GULAG invalid certification principle deliberately targeted ‘the worst of the worst’ in terms of health. For example, the 1943 Iteration of the List of Illnesses overtly demanded to release invalids suffering from dystrophy (emaciation) only in the ‘irreversible phase’ (see Chapter 1) If a person was emaciated, but not ‘enough’, they were still not suitable for *aktivovka*. Even if an invalid was bedridden, but had functioning hands, they were coerced to perform some token labour, often presented as ‘labour therapy’ (e.g. exploitation of immobile invalids right in their beds in Svobodlag invalid camp hospital in 1943).⁶⁹⁵ Of course, this principle was not universally applied in practice, but I would argue that it still defined the general trend. Exceptions (variables of ‘fabricated diagnoses’ or misdiagnosis) were exceptional.

Third, this thesis introduced numerous samples of previously overlooked data: official diagnoses that served as the basis for discharge. They indicate that the main pathology for

⁶⁹⁵ GARF.F.R–8131.Op.37.D.2033.L.21.

aktirovka in crisis periods was second and third-degree dystrophy (starvation disease), often complicated by worst forms of pulmonary TB ('lungs in the state of decay'). They manifested typical symptoms of advanced starvation (as defined by Filtzer): lethargy, inability to stand, loss of vision, incontinence, bradycardia, and hypothermia.⁶⁹⁶ If one was suffering from this condition, it was almost impossible to survive, say, the winter of 1942–1943 in the wilderness or during transportation for thousands of miles. Of course, given the fact that hundreds of thousands of prisoners were released in a concise period, some exceptions to the rule did exist. Healthy inmates were occasionally released as 'fake invalids'. The sheer gigantic magnitude of the discharges created contingencies and probabilities for the survival of some lucky individuals (e.g. those who may have had connections with more benevolent or corrupt doctors), or of particularly resilient hardy individuals who were physically very strong. Nevertheless, I would contend that the majority of released third-degree *distrofiks* died simply from the stress caused by the mere fact of coerced long-distance travel or exposure to the elements. Clothing for the discharged in 1942–1944 was grossly deficient and sometimes not provided at all (see Chapter 2). Meanwhile, the medical literature on the effects of starvation disease indicates that even a slight change of temperature is tremendously pernicious for *distrofiks* and could cause immediate death.

Fourth, rations for return journeys were often not provided (see Chapter 2). However, even if they were distributed, they consisted of rye bread and salt fish, completely insufficient in its energy value (1200–1400 calories at best in 1942–1944, below basal metabolic rate). The qualitative nature of this food also represented extreme danger to the deteriorated digestive systems of the *distrofiks*, causing profuse diarrhoea and death.

⁶⁹⁶ Filtzer, 'Starvation Mortality in Soviet Home-Front Industrial Regions during World War II' in *Hunger*, 320-321.

Fifth, Chapter 2 has shown that, at least in 1942–1943, the system of relocation of released invalids into civilian health care was severely malfunctioning. Hospitals and invalid houses overwhelmingly failed to accept GULAG invalids after release (admission rates fluctuated from 0 to 3.5%). In the majority of cases, relatives either were absent, or lacked the opportunity to collect the invalids. As a result, in 1942–1944 local GULAG administrators adhered to central Moscow directives of expediting (*'forsirovat'*) release of invalids (e.g. Nasedkin's directive 42/149712 from 4 December 1942) and their removal from the camps due to the 'inexpediency' of released invalids 'maintenance' in GULAG facilities (e.g. Nasedkin's and Granovskii's directive 42/148681 from 12 November 1942).⁶⁹⁷ They forced masses of emaciated ex-inmates to leave on their own with a negligible chance of accessing any form of care. This situation guaranteed mass mortality even among the healthier groups, much less third-degree *distrofiks* who were doomed to die no matter what.

Sixth, the overwhelming proportion of recorded deaths in the GULAG itself during crisis periods in particular fell unto 'certified' invalids of the 'higher grades', not deemed suitable for release. Even in peaceful 1940, the 'official' invalids of higher health tiers constituted the majority of registered deaths in the camps.⁶⁹⁸ During wartime, this pattern became pervasive. Sixty-seven percent of all deaths officially registered in the GULAG in 1945 were among 'certified invalids'.⁶⁹⁹

These data suggest two deductions. First, it proves that diagnosis fabrication via bribes did not profoundly distort the objectivity of the invalids' health assessment by camp medics, at least during the war. Most of the 'certified' GULAG invalids were correctly identified as extremely ill and were dying on a massive scale. Second, if the invalids of higher 'health tiers'

⁶⁹⁷ GARF.F.R-9414.Op.1.D.1168.L.267-267ob, 285.

⁶⁹⁸ GARF.F.R-9414.Op.1.D.2740.L.94-95.

⁶⁹⁹ GARF.F.R-9414.Op.1.D.2796.L.208ob. First quoted by Zemskov, *Aspekt*, 22 (without archival footnote).

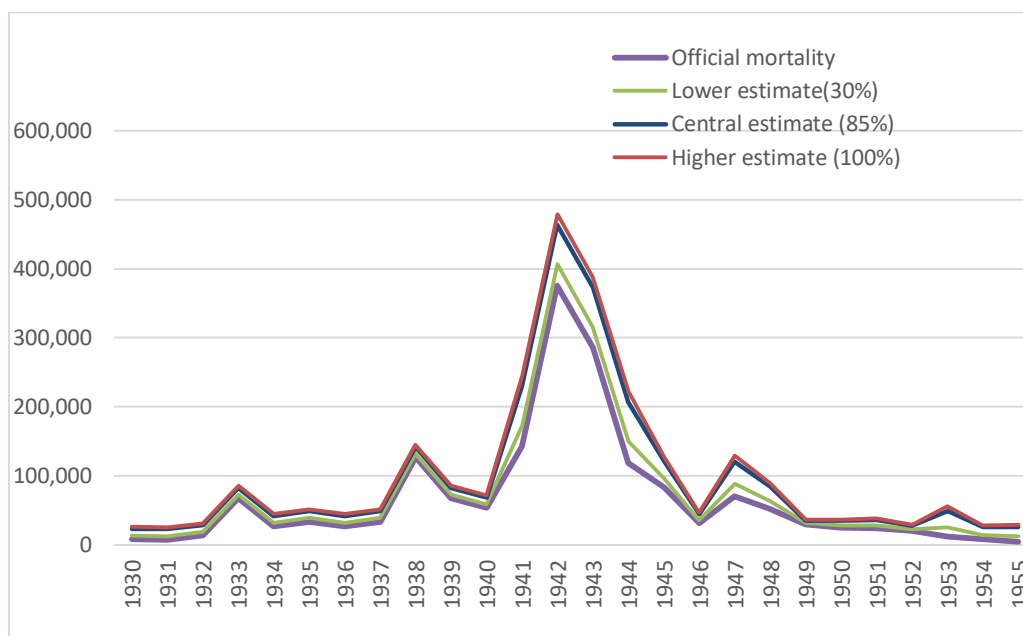
or in the process of formalization of their release constituted such a significant proportion of deaths in the system in the 1940s, there is no logical reason to believe that the *aktirovannye* (the lowest possible ‘health tier’ of the official ‘physical profile’ categorization) suddenly stopped dying after they were released.

The second contention, directly stemming from the one above, is that different localities in various years generated several ‘types’ of invalids in terms of health. The difference in these ‘types’ was predicated on the locality’s production profile, available resources, and other variables. An invalid released from a brutal forestry camp in 1943 was not equal to one released in 1955 from the milder agricultural camp. Rather than construe ‘GULAG invalid’ as an ossified, never–changing abstraction (‘survivor’ versus ‘goner’), this thesis argued that the medically released were located on a heterogeneous health spectrum. Even within the cohort of invalids discharged in the worst years, i.e. 1942–1944, one can notice a certain differentiation in this regard: some were dying, others were unable to stand or move, whereas still others, whilst being very sick, maintained the ability to walk or even steal (e.g. thieves of food on train stations, described in Chapter 2). This inference can also be substantiated by the analysis of medical examination files for early release (see Chapters 4 and 5). Whereas invalids released in wartime or famine consisted of depleted *distrofiks* afflicted with worst forms of vitamin deficiency disease, those released in the early 1950s suffered mostly from TB, cancer, various heart diseases, or hypertension. Starvation disease almost disappeared.⁷⁰⁰ This, of course, does not mean that those discharged in 1949–1955 did not include a proportion of dying or terminally ill, but, as I argue, it was less quantitatively significant than during crisis periods.

⁷⁰⁰ For the 1950s diagnoses see GARF.F.R-8131.Op.32.D.4118a.L.4,16,25,35,36.

The two contentions and statistical data on *aktirovka* dynamics provided above facilitate an opportunity to critically re-assess both estimates of GULAG death toll, i.e. the classic ‘1.7 million, 90% survivors’ (Zemskov, Getty, Rittersporn) based on central summary reports, and the more recent ‘and six million dead, 70% survivors’ (offered by Alexopoulos via extrapolation of data on ‘physical labour capability’). Thanks to the contribution of the present thesis, we now know that at least one million ‘certified’ invalids were released on medical grounds in 1930–1955 (with roughly 800,000 in 1941–1955). Meanwhile, the GULAG internal statistics recorded 1.7 million deaths in the same timeframe. In other words, releases of invalids were comparable to 60% of officially registered deaths in the period. We also know that quantitatively significant portion of the discharged invalids could legitimately be considered additional deaths (died in the camps, en route, and soon after return), whereas another part lived until old age (survivors). The ratio of these two groups was not equal. In 1932–1933, 1942–1944, and 1946–1947, the first group (additional deaths), as I argue, constituted the majority. The principal methodological challenge here is to reliably differentiate between these two groups. Therefore, rather than making a blanket universalistic claim, I propose three hypothetical estimates with varying proportions of invalid deaths within the ‘one million released’ framework number.

Graph 6.2. Three estimates of released invalids' mortality, 1930-1955 (absolute figures)



Data from which estimates are inferred:

Invalids' releases:

The 1930s: The present thesis, 327-330 (an estimation).

January–April 1942: GA RF.F.R–8131.Op.37.D.799.L279.

October 1942–May 1944: GA RF.F.R–9414.Op.1.D.1143.L.33 1946-1955: GA RF.F.R–9492.Op.5.D.30.L.177; GARF.F.R–9492.Op.5.D.42.L.207, 275; GARF.F.R–9492.Op.5.D.32.L.185; GA RF.R–9492.Op.5.D.143.L.45; GARF.F.R–9492.Op.5.D.192.L.2; A.Kokurin, N.Petrov, GULAG, 436; Ivanova, Istorija, 434; Elie, Goulag, 73–76.

Official mortality (camps and colonies): GA RF.F.R–9414.Op.1.D.1179.L.1–2.; GA RF.F.R–9414.Op.1.D.1190.L.1–2;13–13 ob., Istorija Stalinskogo GULAGa, Vol.4, 55.

In my central estimate, I suggest a hypothetical 85% death/15% survival rate in turbulent periods (1932–1933, 1941–1945, and 1947–1948). Fifteen percent rate encompasses invalids who hypothetically survived until the old age. This proportion is an educated estimation, based on my original argument that majority of the invalids, released in crisis years, should be construed as additional deaths. In relative terms, for example, we know that in 1942–1943, the

official mortality was roughly 20–23% per annum. However, if we factor in the mortality of *aktirovannye* after release from this particular hypothesis, the average death rate would increase almost to 30% per annum. Overall, in absolute terms, this ratio would produce an additional 800,000–850,000 ‘unregistered’ deaths in 1930–1955 (with an adjustment for understatements), the majority of which occurred in wartime, specifically in 1942–1944 during the implementation of 467/18–71/117s directive. This would augment the GULAG death toll (only prisoners) to 2.5 million. However, the future research of mortality among ‘certified’ invalids (the GUITU, Labour Army, GTU inmates, and special settlers) and additional ‘concealed’ categories of unhealthy ex-prisoners could potentially increase it.

The remaining two estimates would produce 1,000,000 (100% death rate of released invalids) and 300,000 (30% death rate of released invalids) additional deaths respectively. Essentially, 30% death rate, in my view, was as unlikely as 100% death rate. I consider the first estimate (800,000 additional deaths) to be central, given the arguments on mass mortality among the discharged during tumultuous periods stated above (see Graph 6.2). The remaining projections, in my view, are far less probable, again based on the two contentions in support of the first approximation. To be sure, all three estimates are still preliminary quantitative conjectures that could and should be clarified, validated, and tested as soon as more data on ‘concealed’ and ‘certified’ invalid mortality becomes available from Russian archives that are still inaccessible. However, building on the evidence presented in this thesis, there is one thing to claim for certain: the official GULAG death toll (1.7 million dead, with 90% survivors), obtained from the summary central SANO and URO reports, is definitely flawed and should not be considered reliable anymore. It is also not likely that six million people died due to GULAG detention. A more definitive figure of mortality caused by detention in the Soviet system of exile and incarceration is yet to be determined by massive amounts of rigorous

research of local archives. However, this thesis has made one confident step towards this important goal.

To conclude, in addition to empirical and historiographical implications of the present project that have been noted above, there are broader intellectual ramifications as well. Globally, this dissertation underscored how careful any scholar, especially specialists on Soviet history, should be when making blanket value judgments based on historical figures. More fundamentally, it indirectly emphasized how understanding of the modern world is being simultaneously shaped, constrained and distorted by statistics. Furthermore, Michael David-Fox was right to stress that ‘both the transnational and comparative history surrounding the GULAG stands at a nascent stage’.⁷⁰¹ The results of this study could possibly raise philosophical questions about intrinsic nature of modern ‘total institutions’ and the logic of their operation in a comparative international context, no matter whether they are command-administrative or market-based, authoritarian or democratic.⁷⁰² Thus, the rationale behind the manipulation of morbidity and mortality figures, as described in this thesis, can be applied to not only prisons of other countries, but to asylums, hospitals, monasteries, boarding schools, and the army. Moreover, because of the influence of the inherited informal norms, this particular GULAG legacy is still evident in penitentiary systems of the former Soviet republics, a fact that is still poorly reflected on and understood in contemporary Russia.⁷⁰³ It is important to elucidate that obscure continuity in the future research.

⁷⁰¹ Michael David-Fox, eds., *The Soviet GULAG: Evidence, Interpretation, and Comparison* (Pittsburgh: Pittsburgh University Press, 2016), 9.

⁷⁰² On the ‘total institution’ concept, see sociologist Erving Goffman’s contribution to Donald R. Cressey, ed., *The Prison: Studies in Institutional Organization and Change* (New York: Holt, Rinehart & Winston, 1961).

⁷⁰³ O.Chizh, ‘Oksana Semenova umerla ot raka v tiur’me.’ Accessed 24 December 2019 at <http://www.bbc.com/russian/features-41489662>

CHAPTER 7: CONCLUSION

One can summarise the contributions of this dissertation as follows:

1. The project yielded a new provisional estimate of 800,000-850,000 deaths for 'certified invalids' (*aktirovannye*) after their release. It raised the GULAG death toll to 2.5 million (prisoners per se). This estimate is substantially different from the only two available figures found in the literature to date: the 'official' 1.7 million (Zemskov, Getty, Rittersporn, Wheatcroft etc.) and 6 million (Alexopoulos). However, lack of free access to sources at this stage of research prevented any definitive claims. Therefore, the thesis considered the range of possible survival rates of medically discharged invalids. The dissertation furnished two less probable projections (350,000 and 1,000,000 deaths) as alternatives to the 800,000 figure, although the dissertation considered the last estimate to be the most plausible of the three and substantiated this.
2. Another novel principal quantitative finding comprised the 'lost' million invalids who were released on medical grounds from the GULAG (prisoners only) between 1930 and 1955. The importance of this cumulative figure lies in the fact that each number contained therein is a potential (but, importantly, not certain) understated death. Its addition to the literature reduces the existing uncertainty about the magnitude of medical releases, which, in turn, reduces historiographical ambiguity regarding the probable extent of additional GULAG-related deaths.
3. The 'one million' figure is not final. The thesis identified and categorised the sources of the understatement: the incompleteness of the official medical release data; so-called 'concealed' or 'unofficial' invalids; as yet unquantified medical releases from the Labour

Army; special settlements; and the GUITU Nkiu sub-system, with the latter being a particularly conspicuous gap.

4. The present project for the first time introduced annual fluctuations in medical releases as compared to registered mortality oscillations. It revealed not a linear, gradually increasing trend of medical discharges over time, as argued by Alexopoulos, but a distinctive 'wave-like' pattern. The rise of the 'wave' directly corresponded to crises in the GULAG (war, national famines) and concomitant elevation in reported mortality rates. The fall coincided with more 'normal' periods with improved supply. Simply put, the higher the reported death rate soared in these catastrophic periods (1933, 1941-1945, 1947), the larger the number of invalids released ahead of schedule. As soon as the situation normalised (1934-1936, 1939-1941, 1945-1946, 1948-1955), reported mortality declined and medical release waned commensurately.

5. These newly established dynamics have direct historiographical implications. It revises two of Alexopoulos's arguments. The first is the alleged, unprecedented worsening in inmates' health over time in the post-war GULAG, supposedly exceeding the war catastrophe in severity. The second comprises the exponential increase in medical releases, with a massive spike in the late 1940s-1950s, ostensibly reaching hundreds of thousands in scale annually. Actually, the verifiable number of 'official' invalids, released via the courts under Articles 457 and 462 of the UPK in late 1945-1955, was in the order of thousands and tens of thousands, not hundreds of thousands or millions. One should consider 1941-1945, not the relatively survivable post-war years, to be the deadliest period of the camp system, followed by the Great Terror of 1937-1938, famines of 1932-1933 and 1946-1947.

6. The inference above suggests that Alexopoulos' 'six million dead' estimate is inflated.

7. The penal administration indeed occasionally employed medical release as a

surreptitious mechanism to suppress reported death statistics. The ‘sceptics’ (Alexopoulos, Khlevniuk, Ellman, Isupov, Conquest etc.) have reasonably linked it to the issue of mortality figures’ lack of veracity.

8. The distortion of mortality data via *aktirovka* undermines the ‘Mafioso Tax’ analogy espoused by ‘believers’. This assumption proposed by Wheatcroft in the late 1990s and reiterated by Zemskov, Morukov, Suslov and many other scholars, alleged that classified GULAG mortality data was highly reliable because of its secrecy. As this thesis has shown, inmate mortality data was top-secret but nonetheless skewed due to an array of political/economic incentives and pressures on all tiers of the bureaucratic hierarchies, the principle ones being to cut costs and avoid prosecution for high mortality.

9. Chapter 3 showed that many functionaries of all ranks and affiliations (e.g. Deputy Minister of Internal Affairs Chernyshev, judge Frolov and others) clearly understood two things: the terminal condition of some invalids, and that medical release conveniently helps to suppress registered mortality indicators. Therefore the authorities were not ignorant of what they were doing – releasing ‘*smertniki*’ (roughly – ‘dead men walking’) in ‘hopeless condition’, who ‘will not survive for long’, if we use straightforward formulations of camp adjudicator Frolov and procurator Mikhailov, quoted in Chapter 3. However, Moscow wanted to look ‘legal’ and erected a sophisticated façade of orderliness around this scheme. It shifted all the blame for the death of invalids on a ‘few bad apples’: neglectful, callous, and unqualified local officials.

10. This thesis elucidated the as-yet uncharted degree of spatial and temporal proliferation in invalids’ deaths, both after release in the localities themselves and during return journeys. It revealed an enormous spread in these fatalities across time and space: from Arkhangel’sk to

Tashkent, Ukraine to Khabarovskii krai in almost every year in the 1930-1955 timeframe, occurring with different intensities and magnitudes. More deaths occurred during crisis periods, fewer in normalised ones. Therefore, ex-inmates' mortality should not be discarded as a quantitatively negligible or irrelevant demographic process. It was not confined to one or two atypical camps, but constituted a nationwide phenomenon. This new empirical data conclusively proves the ubiquity of ex-inmates' fatalities after release. Its sheer magnitude, in conjunction with persistence over time, made it an indispensable addition to the GULAG death toll and all future scholarly discussions on the subject.

11. The present thesis explored for the first time the history of medical release through the interplay among the GULAG, camp Procuracy and Ministry of Justice. It discovered a veritable turf-war between and within them. Medical release policy was not scrupulously coordinated, but represented a complex knot of contradictions among irreconcilable agendas.

12. These agendas can be broadly subdivided into often mutually exclusive 'productionist', 'legalist' and 'mendacious' sub-arguments for and against medical release. They evolved and clashed over time in the minds of the decision-makers, causing tectonic shifts in medical release policy (e.g. allowing or, on the contrary, banning the medical discharge of political prisoners).

13. The 'negative productionist' sub-argument called for the curtailment of medical release in favour of exploiting the invalids and sick to the utmost extent in the penal economy. Conversely, the 'affirmative productionist' sub-argument insisted on the conservation of scant resources by medically releasing them. 'Affirmative legalist' justifications emphasised the necessity of releasing 'non-dangerous' minor offenders. By contrast, 'negative legalists' advocated the reduction of medical release to keep dangerous delinquents away from society, maintain the stability of court sentences, and strengthen the deterrence function of the

penitentiary system. The final sub-argument in favour of medical release could be labelled 'mendacious' and implied deceptive distortion of reported death rates in the institutional interests of all bureaucracies involved.

14. Distortion of mortality via medical release was not an exclusively low-level fraud. Central authorities in the GULAG and camp Procuracy also participated in the deliberate skewing of reported data. First, GULAG director Nasedkin and Sanitary department head Loidin overtly sanctioned this subterfuge in the winter-spring of 1943 under enormous exogenous pressure (the war health crisis). Second, Deputy USSR Procurator D'iakonov, head of the Procuratorial Department of Oversight over Places of Confinement, in several instances oversaw local camp procurators' efforts to expedite medical release to avoid registering invalids' deaths, in an implicit alliance with the NKVD-MVD.

15. The camp Procuracy, formally tasked with oversight and prosecution of GULAG officials for statistical falsifications, was revealed to be often in cahoots with the NKVD. Acting as tacit allies or even obedient proxies of the NKVD's institutional interests, camp procurators helped GULAG administrators suppress reported death rates. The clandestine 'patron-client' relations between camp procurators and GULAG officials emerged due to a confluence of their institutional interests. Both bureaucracies on each tier received praise for a rapid reduction in death rates. Medical release quickly helped to achieve positive statistical results 'on paper'.

16. Central administrative intervention in mortality data distortion was an ad hoc, short-term, reactive cover-up, rather than a proactive, long-term, assiduously coordinated conspiracy of higher-ups, as Alexopoulos seemed to argue. Moscow's deceitful meddling in

the data was heavily predicated on time, increasing during crises (1932-1933, 1942-1944, and 1946-1948) but receding in periods that were more 'normal'.

17. Under more 'regular' conditions, central bureaucracies tended to curb medical release (e.g. 1944-1946, 1948-1955) because it interfered with both the economic and penal tasks of the GULAG. Moscow tilted its priorities towards healing and exploiting the weakened inmates to fulfil production plans ('productionist' or 'economic' considerations) and preserving 'state security' by keeping potentially dangerous, albeit sick, criminals incarcerated ('legalist' or 'penal' considerations). Moreover, in the absence of emergencies, it made no practical sense for administrators to artificially reduce already low death rates.

18. The fraudulent element in medical release probably never disappeared completely even during 'normal' periods, merely being much smaller in scale and confined to lower administrative levels.

19. The central authorities were as culpable in facilitating the mass death of the released as local ones. The central, preposterous decision to transport extremely emaciated people, often for thousands of miles in wartime conditions (1942-1944) with almost no supply, predetermined their mass death.

20. GULAG internal mortality data was not totally faked, but distorted in a sort of 'pyramid of bureaucratic obfuscation'. This conclusion is concordant with the pattern of 'minimal untruthfulness' (using Peter Wiles's term) found in the statistics in the broader Soviet context. According to Wiles, USSR statisticians had a 'strong preference for redistributing the

item they wish to conceal all over the place in penny packets, under misleading subheadings’, but not falsifying totals.⁷⁰⁴

21. The degree of distortion varied over time and place, becoming more or less pronounced. Central mortality statistics were particularly unreliable in 1932-1933, 1942-1944 and 1946-1947. Conversely, mortality data for more ‘normal’ periods (1934-1936, 1939-1941, 1949-1955) reflected the situation more adequately, although still imprecisely. On the local level, the deadliest, ‘non-prioritised’ camps (e.g. forestry camps like Kargopol’lag or Unzhlag) at times manifested the most deficient mortality statistics due to high medical release rates, whereas ‘milder’, prioritised camps, (e.g. Noril’lag) had more reliable record keeping in terms of deaths, due to inconsequential *aktirovka* rates.

22. As its explanatory mechanism and original cornerstone argument, the present dissertation generated a new three-tier template model for mortality recalculation. The tiers are based on the locations where mortality in released invalids occurred. It encompasses camps themselves (Tier 1), the transportation process (Tier 2) and destination localities (Tier 3). This model provides scholars with a powerful analytical and methodological tool. In a longer-term perspective, it could be applied to systematically reappraise the official mortality data for each of the myriad GULAG localities.

⁷⁰⁴ P.J.D. Wiles, ‘Soviet military finance: especially the weapons write-off, the state reserves, the budgetary defence allocation and defence as a productive service’, in P.J.D. Wiles and Moshe Efrat, *The economics of Soviet arms (some probable magnitudes)* (London School of Economics, STICERD: London, 1985), 6; ‘How Soviet defence expenditures fit into the national income accounts’, in Carl G. Jacobsen, ed., *The Soviet defence enigma: estimating costs and burden*, Oxford University Press: Oxford, 1987, 59–60. Quoted by Harrison in ‘Providing for defence’ in *Behind the Facade of Stalin’s Command Economy: Evidence from the Soviet State and Party Archives* (Stanford, CA: Hoover Institution Press, 2001), 98. Harrison’s turn of phrase – ‘selective suppression’ – is also applicable to manipulation of GULAG mortality described in this thesis.

23. Research into Tier 1 (deaths in the camps) elucidated a new, overlooked substratum of the GULAG population: bedridden ex-inmates, stranded in the camp facilities in a 'grey zone' between freedom and unfreedom after either medical release or expiration of the sentence. Crucially, some of these ex-inmates (in their thousands, at least) died in the camps and colonies, never leaving the premises. This subgroup can be considered the long-sought-after Rosetta Stone for a systematic revision of the GULAG central mortality data, at least for the war years.

24. Nasedkin's directive 42/237546 and Loidin's directive 42/233211 initiated the centralised 'parallel' accounting of these 'concealed' deaths in 112 localities under GULAG jurisdiction. This proves the existence of a massive corpus of practically unstudied statistical sources: the localities' 'answers' to these directives. It facilitates a systematic recalculation of central death statistics starting from early 1943. By adding these 'hidden' deaths to the central mortality records for the corresponding periods, one now can uncover the degree of under-reporting (see Chapter 1). This new methodological algorithm of mortality recalculation can be used in the future research as soon as more data from the localities become available. Finally, these materials prove the crucial importance of yet inaccessible local archives of the individual camps and colonies for the clarification of GULAG death statistics. They also refute Zemskov's and Iurii Morukov's arguments. Both contended that no new sources could change the consensus on the GULAG death toll, reached in the early 1990s with the publication of the central summary figures (which were ostensibly 'exemplary' or 'absolutely precise', using Zemskov's expressions).

25. This thesis for the first time showed the deficiency in the central statistics for concrete localities and periods. It recalculated mortality statistics for several randomly chosen GULAG camps and colonies, profoundly different from each other in terms of geographical location,

scale, position in the supply chain, official mortality, production profile and type (colony/camp). It showed that mortality understatements in each of the analysed cases (Bezymianlag, Kargopol'lag, Iagrinlag, Sukholozhskaia and Serovskaia colonies) were quantitatively and practically significant in absolute and relative figures (under-reporting fluctuated between 20% and 50%) and over long periods of time (four to eleven months).

26. The exploration of Tier 1 illuminated previously neglected medical examination files indicating the composition of official diagnoses, which served as the basis for medical release. The main pathology in crisis periods was second and third-degree dystrophy (starvation disease), often complicated by the worst forms of pulmonary TB ('lungs in the state of decay'). In 'regular' periods, the diagnoses' composition changed from acute starvation to TB, cancer or hypertension. These newly discovered data led me to argue that the majority of the released in crisis periods may be considered terminally ill and aggregated into additional GULAG-induced deaths.

27. Research into Tier 2 (mortality en route) disclosed a new demographic phenomenon: a 'great exodus' of invalids, released on medical grounds, from the localities, followed by their mass death in train stations and railcars during their return journeys, at least in 1942-1944. This thesis discovered a new group of sources facilitating quantification of these kind of fatalities – reports of Ministry of Transport's hospitals and railroad procurators.

28. As of now, it is very hard to quantify Tier 3 (deaths at destination). However, the further research of the civilian registration in proximity to the camps could possibly offer methodological solutions to the quantification of Tier 3.

29. The examination of Tier 3 revealed that GULAG invalids represented a non-homogenous group after release, in terms of their health. They were neither exclusively

'survivors', like 'believers' presupposed, nor all nearly dead as Alexopoulos claimed.⁷⁰⁵ The medically discharged were on a spectrum of health conditions.

30. The present project identified and categorised four tentative subgroups in the general mass of the released in relation to their probable life outcomes:

a) Those who died in the camps, en route, and very soon (one month) after return ('the terminally ill').

b) Those who managed to survive the return journey, but died several years later ('the chronically ill').

c) Those who lived until old age (recovered, died in the 1980s–2000s).

d) The 'bogus invalids', who were released (being, in fact, healthy) through corruption or inadvertent misdiagnoses (could die or get sick after release due to deleterious conditions of transportation, die early, or survive until the 1980s–2000s).

31. As the present thesis argues, the ratio of these subgroups was unequal and changed over time and space: the worst camps (e.g. forestry – see the example of Kargopol'lag in Chapter 1) and certain periods (war, famine) generated larger proportions of the first group (the terminally ill) in the general composition of medical releases. Essentially, different localities and periods 'produced' different kinds of invalids. Some released invalids were closer to death than others were.

32. The fundamental argument of the present thesis concerning the three-tier model can be formulated as follows: if we want to infer a 'real' death rate for any penal locality, we need to account for not only registered fatalities there, but also the deaths of the medically released right in the camp or colony, en route, and soon after arrival at the destination ('terminally ill').

⁷⁰⁵ Alexopoulos, *Destructive–labour camps*, 524.

33. Releases from the GULAG occasionally concealed deaths (e.g. doctor Zhuikova's case in Ivdel'lag and others – see Chapter 1). The fact that camp administrators sometimes listed already dead prisoners as 'discharged' in the statistical reports has direct historiographical implications for the deeply ingrained notion of the '90% survival rate' of GULAG inmates, somewhat uncritically inferred from the GULAG central statistics and reiterated as late as the 2010s by many scholars. It also complicates the 'redemption argument' (Barnes, Weiner), according to which releases from the system were the direct opposite of deaths. In fact, deaths and releases sometimes converged, although much work in local archives remains to be done to determine the precise quantitative significance of this phenomenon.

APPENDIX

Table A1. Evolution of eligibility criteria for medical release, 1941–1955

Campaign:	Nov.1941– April 1942	Oct.1942–May 1944	May 1944– Sept. 1946	Sept.1946– May 1954	May 1954– March 1955
	24.11.41	467/18–71/117s	00617/00189	00829/0036 0	0284/015/ 0
	Decree			/0049/193s s	035/91s
Release allowed:					
Article 58 (‘politicals’)	No	Partly	No	No	Yes
Article 59–3 (bandits)	No	Partly	No	No	Yes
Law of 7/8– 1932	No	Yes	No	Partly	Yes
June 4 –1947 Decrees	–	–	–	Partly	Yes
‘Suspect’ nationals	No	Partly	No	Yes	Yes
Excluded nationals:	Germans	Germans	Germans	None	None
	Finns	Finns	Finns		
	Romanians	Romanians	Romanians		
	Hungarians	Italians	Italians		
	Italians	Hungarians	Hungarians		

	Lithuanians				
	Latvians				
	Estonians				

Source:

1941-1942: Istorija Stalinskogo GULAGa, Vol.1, 426–238.

1942-1944: GARF.F.R–9401.Op.1A.D.128.L.214–214ob.;GARF.F.R–9401.Op.1A.D.128.L.252–252ob.

1944-1946: GARF.F.R–9401.Op.1A.D.159.L.212–213ob. Published in Nakhapetov, *Ocherki*, 148–151; GARF.F.R–8131.Op.31.D.191.L.64.

1946-1954: GARF.F.R-9401.Op.1A.D.201.L.41.

1954-1955: GARF.F.R–9401.Op.1A.D.795.L.60ob.

One facet of *aktirovka*, explored in this dissertation, concerned the uncharted evolution of its legal as well as administrative regulations over time, especially eligibility criteria. In the legal aspect, this thesis discovered that judicial medical release under Article 457,458 and 462 of the UPK was not totally rescinded in 1939 by Beria’s injunction, as was presumed in the literature (Alexopoulos). In fact, it continued to be operational in curtailed form (Article 458 was indeed abrogated, but Articles 457 and 462 remained active) in 1939–1941. *Aktirovka* via courts was resumed on a massive scale in the autumn of 1942, via the 467/18–71/117s directive and 1 August 1942 Decree of the Plenum of the Supreme Court. The transformation of eligibility criteria in 1941–1955 can be captured in the following table (see Table A1).

Overall, the constant change of eligibility criteria over time in 1941–1955 helps to substantiate one of the original arguments of the present thesis: that *aktirovka* policies and their implementation were reactive. Authorities, torn by mutually exclusive ‘mendacious’, ‘productioinst’, and ‘legalist’ considerations, expanded the criteria in turbulent times (1942–1944, 1946–1948), but dramatically narrowed them when the situation returned to more

‘regular’ conditions (1944–1946, 1948–1954). The shifts in the release of ‘politicals’ lucidly exemplified this tendency.

The ‘58–ers’ (counterrevolutionaries) were sometimes excluded from medical release in the 1930s, but were totally exempt from it in 1939–1941.⁷⁰⁶ The war of 1941–1945 introduced its own correctives. Prohibition of the releases of ‘politicals’ inhibited the quick resolution of the enormous 1942–1943 health crisis, when the GULAG found itself flooded with an unprecedented quantity of the dying and terminally ill. Essentially, as long as the inmate was gravely sick or dying, it became irrelevant to the authorities if they were sentenced for even the most ‘dangerous’ paragraphs of Article 58. Hence, the restriction was lifted in October 1942, but only temporarily. As soon as the number of inmates on the brink of death started to wane, the ban on release of ‘politicals’ was gradually reinstated in July 1943 and May 1944. Overall, ‘counterrevolutionaries’ briefly gained the right to be medically discharged in 1942–1944 (with qualifications), only to lose it again completely in the spring of 1944 for ten years. This was a conscious political decision. It reflected the priorities of the Stalinist regime in terms of how it perceived threats to ‘state security’ and prioritized them over an artificial reduction of death rates or cutting costs.

The most unexpected revelation about medical release of Article 58, however, pertains to the operation launched by the MVD, the MIu, the KGB, and the Procuracy order 0284/015/035/91s from 13 May 1954. Its legal nuances were left without analysis in the literature so far. 1954–1955 proved to be the most ‘liberal’ period in the entire history of *aktirovanie* in the GULAG – both for ‘dangerous common criminals’ (bandits, sentenced for June 1947 decrees, murderers, etc.) and ‘politicals’ alike. However, in stark difference to 1942–1943, the release of these sub–categories was this time precipitated not by an external

⁷⁰⁶ On the release of ‘politicals’ in 1930–1933, see GARF.F.R–9414.Op.1.D.1133.L.3,13,82–82ob.

factor (war), but by the transformation of the political establishment after 1953. Stalin's death changed everything. A series of reforms initiated by his warring successors in 1954–1955 structurally changed the entrenched medical release norms and allowed Article 58 and dangerous 'common criminals' to be released early as invalids. This can be viewed as an important break with Stalinist practice, although the legacy of pre–1953 times certainly lingered in Khrushchev's period and beyond (including the deceptive application of medical release to lower mortality, although on a much smaller scale than under Stalin).⁷⁰⁷

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Fond R–9489: Dmitlag corrective–labour camp

Fond R–9407: Main Administration of Camps for Railroad Construction (GULZHDS)

Fond R–9401: Ministry of Internal Affairs (MVD)

Fond R–9479: MVD's department of special settlers

Fond R–9492: Ministry of Justice, USSR

Fond A–428: Ministry of Justice, RSFSR

Fond R–8131: Procuracy, USSR

⁷⁰⁷ For a case of a death of an invalid after release in July 1960 see Kuchin, *Polianskyi ITL.Smertnost'*. Accessed 05.10.2019.

<http://www.memorial.krsk.ru/Articles/1999Kuchin/21.htm>

Fond R–5446: Council of People’s Commissars/Ministers (Sovnarkom), USSR

State Archive of Economy (Rossiiskii Gosudarstvennyi Arkhiv Ekonomiki, RGAE)

Fond 1884: Ministry of Transport (NKPS–MPS)

Russian State Archive of Socio–Political History (Rossiiskii Gosudarstvennyi Arkhiv Sotsial’no–politicheskoi Istorii, RGASPI)

Fond 644: The State Defence Committee (GKO)

Russian State Military Archive (Rossiiskii Gosudarstvennyi Voennyi Arkhiv, RGVA)

Fond 37837: Red Army’s Directorate of human resources

b) Regional archives

State Archive of Samarskaia *oblast’* (Gosudarstvennyi arkhiv Samarskoi oblasti, GASO)

Fond 2064: Bezymianlag corrective–labour camp

Fond 4958: Regional court

Fond 2596: UITLiK Procuracy

State Archive of Arkhangel’skaia *oblast’* (Gosudarstvennyi arkhiv Arkhangel’skoi oblasti, GAAO)

Fond 5865: UITLiK Procuracy

Fond 4994: Regional Procuracy

Unified State Archive of Cheliabinskaia *oblast’* (Ob’edinennyi gosudarstvennyi arkhiv Cheliabinskoi oblasti, OGACHO)

Fond R–1075: Cheliabinskoe UITLiK (Administration of corrective–labour camps and colonies)

State Archive of Tambovskaia *oblast'* (Gosudarstvennyi arkhiv Tambovskoi oblasti, GATO)

Fond R–3957: Tambovskii OITK (Administration of corrective–labour colonies)

State Archive of Novosibirskaia *oblast'* (Gosudarstvennyi arkhiv Novosibirskoi oblasti, GANO)

Fond R–47: Executive committee of Western Siberian regional Soviet

Fond P–7: Regional control commission

Fond P–3: Regional VKP(b) party committee of Western Siberia

State Archive of Altaiskii krai (Gosudarstvennyi arkhiv Altaiskogo kraia, GAKK)

Fond R–635: Altailag corrective–labour camp

The Centre for the Documentation of the Contemporary History of Tomskaia *oblast'* (Tsentri dokumentatsii noveishei istorii Tomskoi oblasti, TSDNI TO)

Fond 81: Tomsk city control commission

Perm' State Archive of Social–Political History (Permskii Gosudarstvennyi arkhiv sotsial'no–politicheskoi istorii, PermGASPI)

Fond 105: Regional VKP(b) party committee of Perm' province

Personal archive of the author

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