

## Michael Beizer

### **The Emergence of the Society for the Protection of the Health of the Jewish Population (OZE): Historical Circumstances and Ideology of the Founders<sup>1</sup>**

(Presentation at the OZE (OSE-Union) Centennial Conference, June 2012, Paris)

In June 1920, in Moscow, two representatives of the American Joint Distribution Committee, Judge Harry Fisher and trade-union leader Max Pine signed with the Soviet government an agreement to create a Jewish Public Committee for Assisting Victims of Pogroms. The committee included, among others, representatives of the Society for the Protection of the Health of the Jewish Population (OZE). After signing the agreement, the Americans met informally with OZE leaders. It was at this meeting that Fisher and Pine received detailed explanations of OZE's ideology. In his response Judge Fisher stated:

"I must say without the slightest exaggeration, that we Americans have a lot to learn from you. (...) In America, the Jewish public does not possess an ideological vision such as the one we witnessed in your midst. Our activities are mostly focused on philanthropy. (...) But your organizations aim to solve entire Jewish problems. Your Russian (Jewish) public (activists) are incomparably deeper than our American Jewish public."

So what was it that struck Fisher and Pine in their conversation with OZE leaders?

What were they planning to learn from the Jewish public of Russia?

What circumstances and ideas brought about the formation of OZE?

Addressing these questions is the topic of my presentation.

### **Medical Services in the Russian Empire**

---

<sup>1</sup> The Society for the Protection of the Health of the Jewish Population (*Obshchestvo okhraneniya zdorov'ya yevreiskogo naseleniya*, later - *Obschestvo zdravookhraneniya yevreyev* – OZE) was founded on August 7, 1912 in St. Petersburg by a group of Jewish public figures, mostly medical doctors.

The author wishes to thank Prof. Gary Pozin, Prof. David Raskin, Prof. Victor Kelner of St. Petersburg, Dr. David Yoffe (Haifa), Dr. Daniel Goldenberg (Jerusalem), Mrs. Dominique Rotermund, and Dr. Laura Hobson Faure for their most valuable consultations in the process of preparing this presentation, as well as the Director of JDC Programs in the CIS, Mr. Asher Ostrin for endorsing my research on OZE and Jewish philanthropy in Russia.

Russia had no Ministry of Health. All matters of healthcare were overseen by the Medical Department at the Ministry of Internal Affairs, with a very small staff, and an insignificant budget. Mortality rates in early 20<sup>th</sup> century Russia were almost twice as high as Germany's, and the efficiency of medical assistance during epidemics lagged behind almost every European country except Romania and Serbia. In 1890, there was one physician per 10,000 residents in the European parts of Russia. By 1913 the situation was considerably improved, at least in the so called "Jewish Pale of Settlement." There, one doctor served over 3,500 residents. Actually, it was close to the situation in France, where, according to the data of the French Institute of Statistics and Economy, one doctor served some 3,000 residents.<sup>2</sup> One can, however, assume that because of other problems, like poor infrastructure, a Russian doctor was able to attend fewer patients a day.

The bulk of medical care in the Russian Empire was provided on the local level by the zemstvo (a form of rural self-government) as well as municipal, philanthropic and privately based medicine.

**Zemstvo Medical Care.** Introduced in 1864 as a part of Czar Alexander II reforms, the zemstvos spent a significant percentage of their budgets on medical care, paying physicians' salaries and maintaining medical facilities, which mostly served the rural populace, either free of charge or at symbolic fees. Zemstvos were instituted in only 34 provinces of the Russian empire, out of a total of which a mere 5 were located within the Pale.<sup>3</sup>

The law of April 24, 1887 instituted a rural medical network based on the zemstvo medical model in the western provinces (which included the Pale of Settlement). However, these "simplified" zemstvos were bureaucratic organizations lacking the grass-roots activism that nourished the zemstvos and made them effective. Accordingly, the standard of healthcare and sanitation services in the Western Region lagged far behind zemstvo medicine.

---

<sup>2</sup> [www.insee.fr/fr/themes/tableau.asp?reg\\_id=0&ref\\_id](http://www.insee.fr/fr/themes/tableau.asp?reg_id=0&ref_id) My thanks go to Dominique Rotermund and Dr. Laura Hobson Faure for this reference.

<sup>3</sup> Zemstvo facilities were instituted in 34 provinces: Bessarabia, Vladimir, Vologda, Voronezh, Vyatka, Yekaterinoslav, Kazan, Kaluga, Kostroma, Kursk, Moscow, Nizhny Novgorod, Novgorod, Olonetz, Orel, Penza, Perm, Poltava, Pskov, Ryazan, Samara, St. Petersburg, Saratov, Simbirsk, Smolensk, Tavrichesky, Tambov, Tver, Tula, Ufa, Kharkov, Kherson, Chernigov and Yaroslavl. Brockhaus and Efron Encyclopedic Dictionary, S. Petersburg, 1898, vol. 9A: 843. Of these provinces, Bessarabia, Yekaterinoslav, Poltava, Chernigov and Kherson provinces were within the Jewish Pale of Settlement.

Rural state-run medical care in the Western Region fell short of meeting the needs of the Jewish populace, as most of its facilities were located in rural areas where Jews were prohibited from settling. As for zemstvo medicine, the Jews rarely benefited from it, as the majority of zemstvo doctors, ethnic Russians, saw their mission as helping the peasants and were reluctant to serve Jews.

**City Medicine.** In cities and towns, medical care, supported by local municipal self-governments, was easily accessible and often free. In larger cities, where city councils operated with significant budgets, medical care was satisfactory. However, in smaller towns and townships, medical services were inferior. By 1913 Jews constituted from 30% to 40% of the doctors in the cities and towns of the Pale. Despite this, not all city hospitals accepted Jewish patients, and those that did charged them money for their services. Furthermore, Jews were rather uncomfortable at the city hospitals because of the lack of kosher food.

**Private Medicine.** In Russia, as in any country, there were private doctors and private medical facilities. Although private doctors sometimes treated poor patients pro bono, private medicine was on the whole more expensive and less accessible.

**Philanthropic Medicine.** To provide medical assistance to the remainder of the population, a network of philanthropic (charitable) medical facilities operated. Many charitable medical societies provided services regardless of religion or nationality. Nonetheless, the needs of specific ethnic or denominational groups frequently could not be met by regular charitable societies, or were met only partially. In such cases, national or confessional philanthropies appeared. On the eve of World War I, medical services were provided by German, Polish, Latvian, Azerbaijan, Catholic, Protestant, Muslim, and, of course, Jewish societies.

Jewish philanthropies created and maintained an entire network of medical and sanitation organizations and facilities. By the time OZE was founded, there were some 150 Jewish hospitals in the Pale, with 4,000 beds, a large number of Jewish outpatient clinics, and hundreds of *shtetel* Jewish communal doctors. The main source of funding for Jewish welfare medical care was "korobka," a kind of internal community tax, mostly on kosher meat, which covered 70% of the costs. Donations by large-scale philanthropists played a significant role, while fees for medical services constituted

only 8.4% of the overall operational budget. Occasionally, Jewish medical facilities received small subsidies from zemstvos or municipalities.

The standard of philanthropic medicine was clearly inferior to zemstvo medical care. In addition, as Dr. Mikhail Schwartzman explained in his speech at the OZE General Meeting on October 28, 1912, "assistance provided by these facilities is usually limited to giving the ailing person a doctor, a hospital bed, medicines and food, etc." But as soon as assistance is rendered, the involvement of the philanthropic organization ends. What was needed, Schwartzman argued, was to put up an effective fight against what he called "the physical degradation" of the Jewish populace, a fight against epidemics. It was necessary to develop a broad-scale program for improving sanitation and the hygienic condition of the Jewish community and family. The situation called for a preventive and prophylactic approach.

### **Spread of Narodnik Ideas among Russia's Physicians**

A significant part of Russia's intellectuals opposed the government and shared Narodnik ideas. These intellectuals and professionals felt their "guilt" towards the people having the advantages of a better education and quality of life. They believed it their duty to pay back the debt by enlightening the masses, caring for their welfare, fighting for their rights, protecting them against abuse by government officials, ultimately, "to free the people." For Narodniks, the notion of "people" mostly denoted Russian peasants. In this context, zemstvo medicine served to realize Narodnik ideals, and therefore many enthusiasts worked in this area, earning a much smaller income than they would in private practice but firmly believing in their mission of "serving the people."

The spread of the ideals of "public medicine" was significantly aided by the Pirogov Society of Russian Physicians named in memory of an outstanding surgeon Nicolai Ivanovitch Pirogov (1810 – 1881). Doctors united by this society did not simply treat the ill, but rather "cared for the health of the nation." Many of the Jewish doctors who had founded OZE were members of the Pirogov Society and identified with its ideals. They believed in free and universal medical care. In an archival manuscript from the early 1920s, "To a History of OZE," one of its ideologists (Prof. Gary Pozin believes the author to be Moisei Markovich Gran) wrote that the founders of OZE "were Narodnik public doctors," and this fact largely determined the nature and essence of the new-born OZE Society."

The selflessness and even self-denial of a Russian Jewish physician of that era is clearly illustrated by the following example. Yakov Anatolievitch (Naftulievitch) Lurie was born in 1862 into a large and impoverished family within the Pale of Settlement. Due to his natural talents and unquenchable thirst for knowledge, he graduated not one but two universities – in Petersburg and Kharkov, becoming a doctor in his native city of Mogilev.

Placing a high value on the profession of a medical doctor, Lurie felt it unacceptable to use this vocation as a means of personal enrichment. He only charged a fee from wealthy patients, serving all others – the vast majority – free of charge, allowing them to leave whatever coins they could in a plate standing in the corner of his office. Evil tongues said that some patients, instead of leaving money in the plate, took the money that was already there. In any event, the doctor's family lived frugally, sometimes unable to buy milk, shoes or winter clothing. Yakov Lurie died the death of Ivan Turgenev's character Bazarov in "Fathers and Sons," having contracted a terminal disease from a surgery patient. This happened in 1917.

Alexandra Brustein's trilogy "The Road Runs Afar" (*Doroga Ukhodit V-Dal'*) portrays another Jewish doctor, Yakov Yanovsky, whose character is based on the author's own father Yakov Vigodsky, OZE activist, Chairman of the Vilna Jewish Community and Minister for Jewish Affairs on the Lithuanian Government. Vigodsky was killed by the Nazis. The fictional Yakov, is spoken of thus by his Polish servant Jusefa: "Another doctor would walk around in golden underpants for the work he does! (...) How many times I told him – treat the rich, the rich!"

### **A Jewish Perspective among the Narodnik-Minded Intelligentsia**

The formation of OZE reflected a change in the views of the Russian-Jewish intelligentsia. They no longer simply imitated their Russian comrades in their care for Russian peasants. Rather, they turned to their own Jewish people. This people, in their opinion, had degraded physically and needed to be "revitalized."

When the 73-year-old Jewish Councilor of State and retired Rear-Admiral of the Medical Service, Semyon Arkadieivitch Kaufman, was asked to chair the new OZE committee, he immediately agreed, "putting aside his old-aged repose." He spent the remaining six years of his life not as a mere "wedding general" (or "wedding admiral," in our case) but an active, tireless advocate of the Society. S. A. Kaufman explained his reasons for agreeing to take this post when speaking at the grand opening of OZE's Petrograd Jewish Sports Club named Unity (*Achdus* in Hebrew and Yiddish), in May, 1917, one year before his death. The Rear-Admiral said that Russians have come to

view the Jewish people as a physically degraded, dying nation. And this was not completely without reason. He reminisced that as chairman of many army and naval medical conscription commissions, he was in charge of examining new recruits. "When the sons of the Jewish People passed before the eyes of the commission," said Kaufman, "I suffered great pain. What people these were! Narrow-chested, anemic, miserable (...) This cannot continue!"

We find no mention of "Jewish physical inferiority" to be overcome in the OZE Charter. However, after the fall of the monarchy, in 1917 documents, this thought is expressed loud and clear. These documents speak both of the "degradation of the Jewish physical type" and the Jew's "physical puniness," as well as the necessity to take immediate measures for the "psychological and physical revival of the Jews" in Russia.

Was a common opinion about the physical degradation of the Russian Jews well grounded? Did somebody really prove that the contemporary generation was physically inferior to their fathers and grandfathers? Could such statements be rooted in anti-semitic images of a "degraded Jew"? Or might it be the anti-Orthodox stance of the *maskilim* (enlightened ones) who fought *heider schooling* as a factor degrading Jewish youth, or perhaps as an argument to accuse the government based on its anti-Jewish legislation?

One thing was confirmed by statistical data: Jews were shorter and looked puny compared to the surrounding population. The Conscription Law stipulated that Jews with narrower chests than average were nonetheless to be drafted for military service. However, even in these unequal conditions the percentage of potential recruits disqualified due to "physical inferiority" was 108 of 100,000 whereas among Christian recruits it was only 98 to 100,000. In Crown Poland, the difference between Jews and Gentiles was even greater – 137 versus 85.

That was why OZE members worked to popularize physical exercise at Jewish schools and built playgrounds where children were engaged in physically active games. This is also why mother-and-infant health was a top OZE priority. And this is the reason why Dr. Schwartzman said that in essence, OZE was called to life by one common desire: "that the Jewish people may live, develop, flourish and get physically stronger, that the bent-over Jew may straighten his back, that his narrow chest may broaden, that the downtrodden and puny may stand proud, that his muscles gain strength and his countenance get the joy of good health... that our people may grow strong."

## Unique Jewish Biological and Pathological Characteristics

In early 20<sup>th</sup> century Europe, genetics was still in its infancy, genes were yet to be discovered. But hereditary characteristics were already the subject of broad ongoing discussions. Leading Russian physicians were, without doubt, well acquainted with the theory of an Italian psychiatrist of Jewish descent, Cesare Lombroso (1835-1909), who connected genius with psychic anomaly and claimed that the disproportionate number of geniuses among European Jewry correlated with a higher occurrence of psychiatric disease in this group. Lombroso's book on this topic, *Genio e Follia*, was translated into Russian and published in St. Petersburg in 1892.

In the spirit of Lombroso's ideas, St. Petersburg doctors believed that the millennium-old urban dwelling of East European Jews, their constant social and legal discrimination, an unusual vocational spectrum, distinct everyday life, a significant percentage of close-relation marriages, a special diet (*kashrut*), mandatory circumcision etc. have marked the nation "with a clear stamp of a unique psycho-physical appearance, and brought about a special social biology of the Jews," including a greater susceptibility to some diseases and a heightened immunity against others.

It logically followed that Jewish pathologies were to be studied by means of examining the populace, and gathering statistical data. At the first OZE Meeting in November 1916, it was noted that an almost complete lack of serious studies on the psycho-physical condition of the Jews in Russia was one of the reasons for OZE's formation. And at the same time, there was "not an object or a phenomenon more interesting in the socio-biological sense than the Jews, as this very phenomenon, throughout its millennia of history, has been living a life resembling a most unique socio-biological experiment." Medical scientists had no doubt that Jews constituted a unique subject for the study of heredity, adaptation and survival in difficult to extreme conditions.

The first studies in the social demographics of the Jews by Veniamin Binshtok and Sergey Novoselsky showed that of all religious confessions represented in Russia, the Jews had the lowest mortality rate, including infant mortality, a higher life expectancy, that the Jewish family was strong and therefore children born out of wedlock were relatively few. A later survey of St. Petersburg Jews by demographers demonstrated that during the Civil War, in spite of famine, freezing weather and

epidemics, the Jews of the capital suffered the lowest rate of mortality from acute infectious disease and epidemics. (You see, it did not look like total degradation!)

"The question how the Jews, despite the difficult economic and moral existential conditions sustained by their vast majority, living in crowded city quarters and in perpetual fear for the future, frequently forced to emigrate in large quantities, etc. still show a low rate of mortality" was believed by OZE doctors to be "one of the most interesting socio-statistical problems," as "on the outside, in terms of food, clothing, sanitation, housing conditions and so forth the Jewish masses rate rather low." Without doubt, factors of major importance were the absence of alcoholism among Jews, a much lower occurrence of venereal disease, and a caring attitude towards children.

Despite the fact that Jews were characterized by a body type frequently found among tuberculosis patients, the mortality rates among the ill were among the lowest in the country. It could mean that the Jews had developed a special resistance to tuberculosis. As to nervous and psychiatric ailments, however, based on the Russian Census of 1897, Dr. Schwartzman proved that in Russia (excluding Poland) mental illness among Jews was much more frequent than among Belarusians or Lithuanians. Conscription commissions' reports made this truth even more obvious.<sup>4</sup>

Under the leadership of Drs. Moisei Gran, Abram Bramson, Grigorii Dembo, Naum Botvinnik, and Veniamin Binshtok, a large scale research project was undertaken. Huge amounts of statistics were gathered on the social biology and psycho-physics of the Jews, which also reflected the worst sufferings of the people during the pogroms perpetrated in the midst of the Russian Civil War. Even after the Society itself was shut down by the Soviet government, OZE members continued their extensive research into the 1920s.

A major St. Petersburg ethnographer, Lev Schternberg, apparently influenced by OZE doctors, also became interested in the psychology of the Jews. In 1924, the journal of the Jewish Historical and Ethnographical Society, *Evreiskaya Starina*, published his lengthy article entitled "Questions of Jewish National Psychology." The author said that special features of national character could be classified into variable

---

<sup>4</sup> Among Belarusians, there were 76 mentally ill persons per 100,000; among Lithuanians – 95, and among Jews – 107. Cf. *Ibid.* I. 196.



ones, which were dependent upon outside factors, and constant, hereditary features (in the author's terminology, "biological"). Among these hereditary traits of the Jewish national character, Schternberg noted intellectualism, rationalism, social emotionality, tendency to prophesize, and optimism.

Studies in Jewish psycho-physics were published in scientific journals and collections, including three issues of the scientific collection *Jewish Biology and Pathology* published in Leningrad in 1926, 1928 and 1930.

### **Saint Petersburg – Capital of the Russian Empire and the Russian Jewry**

Sankt Peterburg, the Russian capital with a German name, was the center of administration, finance, industry, science and culture. It was also the main sea port of the Russian empire— its "window into Europe," as conceived by its creator, Peter the Great. It is at the St. Petersburg Imperial Public Library that Voltaire's personal library was kept, purchased by Russian Empress Catherine II. At the Great Imperial Mariinski Theater, classical ballet reigned supreme under the guidance of the French choreographer Marius Petipa. The largest church in the capital, St. Isaak Cathedral, was built by the French architect Henri Louis Auguste Ricard de Montferrand. The imperial museum with the French name – l'Hermitage – displayed a multitude of treasures of world art.

St. Petersburg scientists garnered worldwide recognition for discoveries of global significance. Dmitry Mendeleev created his Periodic Table of Elements, and Ivan Pavlov laid the foundations of modern brain science and reflexology. Scientific achievements of St. Petersburg scholars would have been even greater had it not been for the discriminatory policies of the Russian government. In 1913, world-famous biologist and microbiologist, Nobel laureate Ilya Mechnikov, who by then had worked in Paris at the Louis Pasteur Institute for 25 years, declined the offer to head the Institute of Experimental Medicine in St. Petersburg. Ilya Ilyich explained his refusal by the simple fact that in Russia, he would not be free to choose his own co-workers and disciples. Indeed, he was not even allowed to bring his closest associates, Alexandre Besredka and Eugeny Volman, back with him from Paris.

Mechnikov's mother was a baptized Jewess, and he did not consider himself Jewish. Nevertheless, he was utterly disgusted by the discrimination of Jews in Russia.

He also loathed the dependence of advanced science upon the ruling powers. It is worth noting that Besredka was to become President of the Steering Committee of OSE-Union, and Eugeny Volman would die at Auschwitz.

On the eve of OZE's formation, there were approximately thirty-five thousand comparatively well-off Jews in St. Petersburg. While it was one of the largest communities outside the Pale of Settlement, it nonetheless constituted less than 2% of the total population of the capital. Russian Jews had neither a central community governing body, similar to Le Consistoire Central, nor a chief rabbi. Therefore the Board of Trustees of the St. Petersburg Choral Synagogue and its rabbis represented all of Russian Jewry in the eyes of the government.

St. Petersburg was home to the most generous Jewish philanthropists (Polyakov, Warshavsky and Baron Guenzburg) and headquarters to the majority of Russian-language Jewish periodicals. It is here that the central committees of most Jewish political parties and nation-wide organizations operated. Here, in 1863, the Society for the Spread of Enlightenment among the Jews of Russia – OPE – was founded, followed in 1880 by the Society for Artisan and Agricultural Labor among Russian Jews, which to this day is recognized throughout the world as ORT. St. Petersburg boasted a sizeable social stratum dubbed "the organized Jewish public," influential in the capital and beyond and actively involved in politics, community and cultural life.

### **Extra-Territorial National and Cultural Autonomy**

The prominent St. Petersburg Jewish historian and public activist Semyon Markovitch Dubnov set forth the idea of a Jewish extra-territorial autonomy, where new, democratic communities would be created along ethnic lines - uniting religious and secular Jews. These new communities would not solely engage in meeting the religious needs of the populace. They would, in addition, care for the orphans and the destitute, support Jewish schools and culture, provide legal support and protection to the Jewish populace, regulate emigration, and render medical services to the Jews. The more spheres of activity such a new community would embrace, believed Dubnov, the more successfully would the Jewish people resist assimilation.

Dubnov expressed his ideas in a book entitled "Letters on Old and New Judaism" published in 1907. Autonomists even created their own Jewish People's Party (*Folkspartei*). Within the political spectrum, *Folkspartei* was located somewhere in

between Socialists and Zionists. In St. Petersburg, autonomist ideas without doubt attracted a number of OZE founders.

A broad-scale "perestroika," a restructuring of the Jewish community of St. Petersburg along autonomistic lines, only became possible after the 1917 February Revolution. Because of the Bolshevik coup shortly afterwards, this new community was short-lived. During this period, between March and November, OZE leadership was finally able to openly state the mission and goals of the Society in the Program of Jewish Community and Municipal Activities in the field of Public Healthcare.

The OZE program stated that the Jewish nation, as any other ethnicity, had the right of self-governance and autonomous organizational activity. For the Jews to catch up physically with the surrounding cultured population, and to maintain the average level of sanitation, it was not enough to rely solely on governmental and municipal organizations. This alone made it necessary to include Jewish healthcare in the scope of responsibilities of the autonomous community.<sup>5</sup>

In OZE's opinion, community activities were to include: a) educating the masses about sanitation; b) registering and keeping records of the sanitary condition of the Jewish populace; c) protecting maternity and motherhood and caring for the health of

---

<sup>5</sup> In addition, the program asserted the following:

- Jews have their own national and lifestyle characteristics, both positive and negative, which can only be addressed – alleviated or reinforced - by independent Jewish healthcare activities;
  - specific hereditary traits, the national language and dietary ritual (kashrut) of the Jews are difficult to accommodate within the framework of regular medical facilities;
  - Jews have already established a network of public medical care, which can and should be utilized;
  - Jews tend to care for their health, by frequently seeking medical assistance or advice;
- All of this together justifies the inclusion of healthcare in the scope of responsibilities of an autonomous Jewish Community.

OZE believed that the list of community demands in the area of healthcare must include the following:

- state and municipal medical and sanitation facilities must respect and show consideration for the special national characteristics of the Jewish populace, such as their language, kosher food, religious needs, and cater to these needs;
- in locations with smaller concentration of Jews, general medical facilities would offer Jewish departments of specialized wards, as well as consultations with Jewish physicians;
- in cities and towns with larger percentages of Jewish populations, the Community would receive funding for maintaining Jewish hospitals and outpatient clinics from the government and municipalities. These medical facilities, while being part of the general state-run, municipal or zemstvo networks, would remain under the supervision of the Jewish community;
- the essentials of mutual interaction between the Jewish communities and the authorities in the field of healthcare must be stipulated by law;
- Jewish community healthcare were to rest on the principles of people's public medicine, i.e. common free of charge access, democracy, equality and equal standard for all societal strata. Special attention were to be paid to the health of the young generation and (*as a bow in the direction of the revolutionary movement – M.B*) of the working masses;
- coordination and cooperation between Jewish community medicine and colleagues within the zemstvo and urban self-governance networks would be scrupulously maintained. RGIA, f. 1545, op. 1, d. 1c, l. 211-213.

the children; d) protection of labor; e) developing a supplementary network of sanitation and medical treatment facilities, in addition to the municipal network, including the development of so-called "*shtetl* medicine" based on the principles of public healthcare; f) creating establishments for treating typical Jewish illnesses – neuropsychiatric, tuberculosis, osteo-tuberculosis etc.; g) caring for the elderly, crippled, blind and deaf-mute; h) carrying out general sanitation measures. Another OZE statement said that this was "the first-ever precedent of creating a program of this kind, not only in Russia but to the best of our knowledge, in Western Europe and America as well."

The formation of new, democratically elected Jewish communities afforded the hope that the broad Jewish public would become actively engaged in the establishment of healthcare. On the other hand, there was a chance to gain governmental and municipal support for OZE's programs.

At the OZE Conference in April 1917, a delegate from Orel, Dr. Magalif insisted: "We shall not repeat the mistakes of the French Jewry, who upon receiving their civil rights counted themselves as part of the French people as Frenchmen whose religion was Judaism, forgoing all forms of ethnic life and all demands for minority rights."

Only the Jewish Social-Democratic party, the Bund, resisted nationality-based medicine entirely. The viewpoint of the Bund was vehemently defended by the veteran OZE operative, Dr. Lev Kaminsky. He stated that for Social Democrats, the notion of "Jewish healthcare" sounded like "Jewish railways," and that the slogan of Jewish healthcare was outright chauvinist.

### **Preparations for the Jewish State**

OZE united people of different political persuasions. As for the Zionists among them, creation of a Jewish public healthcare network in Russia was viewed by them as an opportunity to gain important knowledge and experience, which would then be applied in the course of creating the national healthcare system in future Jewish state. Let us note here that the currently operating Israeli network of mother-and-child clinics, *Tipat Halav* (Drop of Milk), is the copy and literal translation of the broad network of *Kaplya Moloka* nursing stations set up by OZE in Russia during World War I.

In 1917, the Zionist movement in Russia flourished as never before. Zionist sympathies and views grew ever-stronger among doctors and medical students. It is notable that a former Narodnik turned Zionist, Alexander Zalkind, who was elected Chairman of the Board by the Petrograd Democratic Jewish Community at the end of 1917, later became director of the Hadassah Hospital in Jerusalem.

It was no accident that many members of the Science and Medical Seminar on Issues of Jewish Healthcare (in memory of Dr. S.G. Frumkin), that was established in 1919 by the students of Petrograd Psycho-Neurological Institute and cooperated closely with OZE, mentioned in their membership applications that they had in the past engaged in Zionist activities. Considering the fact that by 1919 Zionists were already persecuted, we can safely assume that additional members preferred to omit such facts from their biographies.

A new medical terminology in Hebrew would be required for the Jewish State. At the very start of the 20<sup>th</sup> century, a renowned St. Petersburg Jewish public figure, Lev (Yehuda-Leib) Katzenelson (pen name - Buki Ben Yogli) scrutinized the Bible and Talmud for data on human anatomy and illnesses, medicine and sanitation, connecting ancient perceptions and terminology with the insights of contemporary science. Katzenelson's scientific publications on this topic, and especially his book "The Talmud and Medicine" written in Hebrew and published in Berlin in 1928, enriched the Hebrew vocabulary of life sciences.<sup>6</sup> The scholar had some followers among OZE activists, as proven by the article written in Hebrew by the Leningrad microbiologist Yerachmiel-Zeev (Vladimir Ilyich) Yoffe on the question of virus growing (Besredka Anti-Virus) and published in 1929 in the British Mandatory Palestine medical journal *Ha-Refuah*.<sup>7</sup>

### The Internal Political Situation

The revolution of 1905-07 spilled a sea of Jewish and other blood – but it also produced positive results: although the Czar remained on the throne, much greater liberty was granted. Censorship was reduced significantly. An elected legislative body – the State Duma - was established, and de facto political parties opposing the government existed. One could conclude that a semi-constitutional monarchy was established.

---

.(1928) " , ' ' " " , . . . .<sup>6</sup>  
.1929 , ' ' ' , , (Antivirus Besredka) " -

- " ,<sup>7</sup>  
In footnotes of the article: - filtratum

Clearly, radical left and even liberal circles believed that the revolution had failed. Indeed, their chief goal had been to topple the monarchy altogether. They were not satisfied with a situation whereby the government suppressed revolutionary violence with arrests and executions, that some of the civic liberties promised by the government existed on paper alone, and that a partial restoration of the earlier reactionary regime was underway. To name but one example, percentage quotas, the infamous *numerus clausus*, to restrict the admission of Jews to universities, spontaneously abolished during the revolution, were later reinstated.

One of the major victories of the "failed revolution" was the "Temporary Code of Societies and Unions Among *Inorodtsy* Elements (i.e. non-Slavic minorities) Populating Russia." Czar Nicholai II issued this code on March 4, 1906, following which the official registration of public organizations of non-Slavic minorities became far easier. In the same year, ORT's Charter was finally registered. In 1907-08, the Society for the Lovers of the Ancient Jewish Language ( ) and the Jewish Historical and Ethnographic Society were officially registered as independent organizations, and a number of other Jewish organizations were registered in the following few years. The introduction of the Temporary Code enabled the registration of the Society for Jewish Healthcare too. As St. Petersburg was the most prominent center of science, medicine and Jewish public life, it was destined to be established there.

## **In Conclusion**

Summarizing the above, we may conclude as follows:

\*The existing systems of medical care in Russia – zemstvo, municipal, state and private medicine – were not readily accessible for *shtetl* Jews. Jewish philanthropic medicine was insufficient, chaotic and haphazard.

\*At the same time, the number of Jewish doctors rapidly increased, both within the Pale of Settlement and beyond. Many of them, like their Christian colleagues, were raised on Narodnik ideals, and felt a sense of responsibility and commitment towards the people. They realized that Jews, due to their special lifestyle and history of persecution, formed a unique psycho-physical profile and social biology, and were susceptible to some diseases while being immune to others.

\*Doctors and public activists strove to create a nation-wide, autonomous Jewish healthcare network as a part of a wider Jewish extra-territorial autonomy. This system would compensate for the consequences of social and legal discrimination against Jews, focus on typical Jewish hereditary health problems, and take into account Jewish

national and religious traditions. The ultimate mission of the OZE was nothing less than the physical and psychological rehabilitation and revival of the Jewish nation. Idealism, vision, grandeur of plans, devotion to the Jewish course – that was what struck the JDC representatives Fisher and Pine in their conversation with OZE leaders.

The professionalism of St. Petersburg doctors and their being part of the powerful "organized Jewish public" in the Russian imperial capital naturally placed them at the helm of this important undertaking, and the achievements of the 1905-07 revolution allowed them to register OZE as a legal organization.

In due course, OZE's agenda was repeatedly modified according to changing conditions and circumstances, responding to new challenges. The geographical scope of its activities broadened to include other countries. Today, on the hundredth anniversary of OZE's establishment, we must remember that it was created by idealists who selflessly toiled to attain a truly lofty goal.