

Humanitarian Support during WWI:

Activities of Red Cross and Red Crescent Societies

EDITED BY

AHMET KUYAŞ



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Foreword

Since their inception, the Red Cross and Red Crescent Societies have served as the bearers of humanitarian values, upholding human dignity and alleviating suffering even in the most challenging times. More than just crisis responders, this Movement stands as a symbol of collective conscience and the spirit of solidarity within societies.

The valuable work you hold in your hands, *Humanitarian Support during WWI: Activities of Red Cross and Red Crescent Societies*, sheds light on the humanitarian aid efforts of national societies during one of the most devastating periods in human history—World War I. Led by the Turkish Red Crescent, this book presents the wartime efforts of national societies from Austria, Australia, Germany, Japan, Portugal, Türkiye and the United Kingdom accompanied by historical documents and archival photographs from the period.

World War I witnessed not only battles at the front but also a profound sense of mobilization across all segments of society. During this period, female volunteers served as nurses, the wounded were treated aboard hospital ships, and food and essential relief supplies were prepared in warehouses and delivered behind the lines. Artists contributed to relief campaigns through concerts and exhibitions; mobile hospitals, soup kitchens, and aid stations were established. These efforts not only aimed to heal the wounds of war but also laid the groundwork for the institutionalization of volunteerism and civic solidarity. The foundations of Red Cross and Red Crescent volunteerism today were built upon the selfless and participatory spirit of that era.

By bringing to light the humanitarian efforts embedded in our shared history, this book serves as a valuable reference that highlights the culture of solidarity championed by the Red Cross and Red Crescent Movement. I wish all readers an enlightening and informative experience with this work, and I extend my heartfelt gratitude to all individuals and institutions who contributed to the realization of this meaningful publication.

Prof. Dr. Fatma Meriç Yılmaz
President of the Turkish Red Crescent



In the Trenches of War: The Ottoman Red Crescent during WWI

— Mesut ÇAPA*



* Professor Mesut Çapa teaches history at the Ankara University. He is currently the Director of the Institute of Turkish Revolution History.

Introduction

The foundational principles of the Red Cross and Red Crescent were established on 22 August 1864, when sixteen nations from around the world convened in Switzerland to sign the First Geneva Convention. Aimed at protecting sick and wounded combatants through a set of decisions, this agreement outlined provisions for the creation of humanitarian organizations by belligerent nations; the status of hospitals, healthcare workers, and volunteer nurses; and the delivery of aid to civilian populations and wounded soldiers. Accordingly, it was decided that a red cross atop a white background should serve as the universal emblem representing humanitarian organizations, hospitals, and their personnel. Individual Red Cross societies were, per the Geneva Convention, placed under the oversight of the newly formed International Committee of the Red Cross (ICRC).

Efforts to establish the Ottoman Red Crescent, known in Turkish as the 'Oşmânî Hilâl-i Ahmer Cemîyyeti, began during the *Tanzimat* period. Signing the Geneva Convention on 5 July 1865, the Ottoman Empire sought to form its own organization similar to the extant Red Cross societies. However, public sensitivity toward adopting a cross led state officials to hesitate to form such an organization. Although the *Mecrûhîn-i 'Asâkir-i 'Oşmâniyyeye Mu'âvenet Cemîyyeti* (Society for Aiding Wounded Ottoman Soldiers) was established through the efforts of Dr. 'Abdullâh Bey, a professor at the Imperial School of Medicine who had attended the International Conference of the Red Cross held in Paris in 1867, its charter, prepared in 1869,

was never formally ratified. It would not be until 14 April 1877 that the Ottoman Red Crescent Society would be officially established. From its inception, the organization has carried both a national and, through its affiliation with the ICRC, an international identity.



◀ The first emblem of the Red Crescent, 1878

While the administrative structure of the Ottoman Red Crescent Society closely mirrored that of the existing Red Cross societies, it selected the Red Crescent as its emblem in lieu of a cross from its inception. The formal recognition of the Red Crescent as a “neutral, official emblem” by all states was ultimately secured through the efforts of Dr. Besim ‘Ömer (Akalin) Pasha at the Eighth International Conference of the Red Cross held in London in 1907.¹ In subsequent years, Islamic nations likewise integrated the red crescent into the nomenclature of the humanitarian societies that they either had established or would go on to establish.

The Red Crescent Society remained largely inactive from its inception until the Second Constitutional Period, when, following the 1908 constitutional reform, Minister of Foreign Affairs Rifat Pasha redrafted the organization’s charter. The Red Crescent was formally reestablished on 20 April 1911 during the presidency of the Grand Vizier İbrahim Hakkı Pasha. The society rapidly expanded its institutional capacity and provided important humanitarian services during the conflict in Ottoman Tripolitania and the Balkan Wars.

Rifat Pasha’s efforts after the beginning of the Second Constitutional Period resulted in the reorganization of the Red Crescent. A new charter drafted in 1911 by a committee largely composed of physicians remained in force until 1925. Notable members of the committee included Dr. Es’ad (Işık) Pasha, Dr. Besim ‘Ömer (Akalin) Pasha, Dr. Bahâeddin Şâkir Bey, Chief of the Private Secretariat of the Ministry of Foreign Affairs Şâlih Bey, Director of the Imperial Military Medical School Dr. ‘Alî Gâlib Bey, Inspector General of the Public Health Directorate Dr. Kâsim ‘Izzeddîn, and retired Colonel and physician Mehmed ‘Alî Bey.

The first article of the charter states that a society named the Ottoman Red Crescent Society, headquartered in Istanbul, was established under the patronage of the sultan and the honorary presidency of the crown prince. In line with this provision, the society came under the patronage of Sultan Mehmed Reşad V, while Crown Prince ‘Izzeddîn Efendi assumed honorary presidency. The Central Committee was elected on 20 April 1911 by the Red Crescent General Assembly convened under the chairmanship of Grand Vizier İbrahim Hakkı Pasha. The charter stipulated that members of the Red Crescent Central Headquarters and those serving as vice presidents were to carry out their duties without remuneration. In fact, senior members of the Red Crescent were expected, as a principle, to perform their duties without receiving financial compensation. Nevertheless, the charter allowed for a salaried secretary from outside the organization to be employed. The monumental workload during World War I and its aftermath necessitated the hiring of such a secretary. All correspondence was signed by the president and vice presidents, while purchases and expenditures were conducted in accordance with written directives issued by the president pursuant to the decisions of the Central Headquarters.

¹ Besim ‘Ömer. *Dokuzuncu Washington Salib-i Ahmer Konferansı’na Memuriyetim ve Osmanlı Hilâl-i Ahmer Cemiyeti’ne Tekliflerim Hakkında*, İstanbul, 1328, pp.51-52.

Although established as a national institution, the Red Crescent Society functioned, pursuant to the Geneva Convention and the Conference of The Hague, as a bona fide international humanitarian organization. Mirroring the Red Cross, the Red Crescent adopted the principle of absolute neutrality and impartiality. Its operations were governed by the core principles adopted upon its accession to the Geneva-based ICRC as well as by the charter drafted in line with these principles. The Red Crescent's founding objectives were articulated as follows:

The Red Crescent Society was to use its wealth of resources to assist the medical units serving the Ottoman land and naval forces in the treatment of sick and wounded soldiers. On land, it was to establish field hospitals, dispatch medical teams, and operate hospital trains for wounded soldiers near battle zones; at sea, it was responsible for organizing and maintaining hospital ships. In times of war, the Red Crescent was authorized to make expenditures provided that they did not exceed the organization's annual income. The decisions ratified at the Geneva Convention and Convention of The Hague similarly required the Red Crescent to provide assistance to sick and wounded combat forces from foreign belligerent armies.²

The Ottoman Red Crescent Society during WWI

The Ottoman Empire fought on a number of fronts during WWI, including the Dardanelles, the Caucasus, and Palestine (Suez Canal). During this tumultuous period, the Red Crescent coordinated closely with the army in matters concerning POWs, displaced populations, medical care, and relief efforts. Medics trained by the Red Crescent rendered a range of essential services behind the frontlines.

Unable to fully consolidate its organizational structure during the Tripolitanian and Balkan Wars, the Red Crescent expanded both its headquarters and provincial branches at the beginning of 1914. During the ensuing years of conflict, it carried out activities in key centers like Ankara, Çankırı, Izmir, Sivas, Edirne, Baghdad, Yemen, and Sofia. In addition to this, the society appointed representatives both domestically and abroad.

Administrative Structure

Following the outbreak of WWI, the Red Crescent Central Committee, taking into account the extraordinary circumstances of the war, delegated a significant portion of its responsibilities to the Executive Board—itself composed of the following members:

President Hüseyin Hilmî Pasha, Vice President Dr. Besîm 'Ömer (Akalin) Pasha, Vice President Dr. 'Âkil Muhtâr (Özden), Secretary General Dr. 'Adnân (Adîvar), Chief Inspector Dr. Celâl Muhtâr

² Mesut Çapa, *Kızılay (Hilâl-i Ahmer) Cemiyeti (1914-1925)*, Türkiye Kızılay Derneği Yay., Ankara 2009, pp. 17-21.

(Özden), Honorary Accountant Hāmid (Hasancan), and Honorary Treasurer Berç Keresteciyān (Türker) Efendi. Vested with the most authority, Dr. 'Adnān (Adıvar) oversaw coordination between the Red Crescent and the army's medical department during WWI. Members of the Executive Board were all honorary, with only the chief inspector receiving a salary to cover his necessary expenses.³



▲ Members of the 2nd General Assembly of the Ottoman Red Crescent Society gathered at Darülfünun in 1912

Seated, front row from left to right:

1. Dr. Rāsim Pasha
2. Azmī 'Ömer Bey
3. Mehmed Muhtār Pasha
4. Hüseyin Hilmī Pasha
5. Minister of Foundations Hayrī Bey
6. Chief of Staff Nasīb Pasha
7. Dr. Lāmbikī Pasha
8. Dr. Es'ad Pasha

Standing, second row from left to right:

1. Dr. Hāzim Pasha
2. Writer Dīrān Kelekyān Efendi
3. Dr. Celāl Muhtār Bey
4. Dr. 'Akīl Muhtār Bey
5. Dr. Hakkı Şināsī Pasha
6. Surgeon Dr. Kerim Şebātī Bey
7. Veterinarian 'Abidīn Bey
8. Dr. Gālib Bey (Director of the Medical School)
9. Jerusalem Deputy Rūhī al-Khālidī Bey
10. Dr. Kāsim 'Izzedīn Bey
11. Berç Türker Bey
12. Dr. Mehmed 'Alī Bey

Standing, third row from left to right:

1. Dr. Kılıslı Rı'fat Bey
2. Ziyā Nūrī Pasha
3. Ağāh 'Ömer Bey
4. Merchant Kamhī Effendi

Last row, standing:

1. Haydar Kermen
2. Dr. 'Adnān (Adıvar)

³ Mesut Çapa, "Osmanlı Hilâl-i Ahmer (Kızılay) Cemiyeti," *Osmanlı*, Vol.5, Yeni Türkiye Yay., Ankara 1999, p. 133. *Türkçe Kızılay Derneği, 73 Yıllık Hayatı (1877-1949)*, Ankara, 1950, pp. 59-61.

Several visionary doctors—most notably Besim 'Ömer Pasha, Akil Muhtar (Özden), Celal Muhtar (Özden), and 'Adnan (Adivar)—were instrumental in the Red Crescent's wartime success. Indeed, it was largely through the dedicated efforts of these and other selfless individuals that the Red Crescent earned the trust and recognition of both the military and the wider civilian population.

Dr. Celal Muhtar's discipline, foresight, and steadfast commitment were pivotal to the Red Crescent's success during the First World War. He oversaw the administrative and financial affairs of the organization's central warehouse in Kantarcilar district of Istanbul, during this perilous period. Anticipating that the war would last for at least four years and precipitate severe inflation, Celal Muhtar launched a series of strategic initiatives to strengthen the Red Crescent's operational capacity. He prioritized increasing the amount of food and clothing stocks in the warehouses and depots he established while simultaneously working to boost agricultural production, develop fisheries, and enhance the transportation network.⁴ After consulting with Halil Edhem Bey, then director general of museums, on the best course of action, Celal Muhtar rented and converted the former's mansion in Kantarcilar into a large warehouse. He had the foresight to procure ten thousand kerosene tins at the beginning of the war at a nominal cost—an act that would later prove critical to the transportation and preservation of essential goods such as olive oil, clarified butter, and petroleum as storage containers became increasingly scarce as the war dragged on. These tins were also used for storing foodstuffs delivered to hospitals and kitchens.



◀ Storage of Red Crescent supplies (1331 / 1915)

⁴ Yalman, Ahmet Emin, *Yakın Tarihte Gördüklerim, Geçirdiklerim*, Vol. I., Istanbul, 1970, pp. 283–284.



◀ Stock of samovars and oil lamps in the Red Crescent warehouse



◀ The Red Crescent warehouse in Sirkeci (Istanbul)

The Red Crescent's most urgent need during the war was unbleached cotton muslin and canvas. Without this material, it would have been impossible to meet the organization's myriad textile needs, which included clothing for patients and their caregivers, hospital bed sheets, and wound dressings. The Executive Board petitioned the government for permission to export raw cotton to Germany and Austria, where it would be processed in textile factors and returned as finished muslin. Through this arrangement, the Red Crescent was able to secure one million meters of muslin at below-market prices. A sewing workshop was promptly established in the organization's central warehouse to produce garments from this fabric. The Red Crescent also paid special attention to the production of stretchers to transport sick and wounded servicemen—items that likewise required canvas. To this end, Hüsnī Efendi, a master oar-maker assigned to the Red Crescent by the armed forces, was commissioned to produce them.





▲ Red Crescent soup kitchens in Istanbul during World War I



▲ Dr. 'Akil Muhtär (Özden)



▲ Dr. Besim 'Ömer (Akalın) Pasha

Istanbul was blessed with an abundance of fish during WWI, which were preserved in brine for use in hospitals and kitchens. Over the course of the war, the Red Crescent distributed a total of thirty-six million meals through the kitchens it had set up in Topkapı, Üsküdar, Eyüp Sultan, Kumkapı, Fatih, Atikapıpaşa, and Kartal. Per Dr. Celal Muhtär's recommendation, the preparation and distribution of food was performed with meticulous attention to cost and logistics. Recipients of food were issued color-coded cards designating the amount of food they were entitled to receive. With the exception of the Secretary General, who was employed full time, all members of the Executive Board served on a voluntary basis. Although a modest stipend was allocated to the Inspector General to cover essential expenses, Celal Muhtär reportedly "refrained from touching even a single coin of it," opting instead to donate his entire salary to charity. Toward the end of WWI, at the General Assembly meeting held on 5 February 1918, Celal Muhtär was once again elected Inspector General.

A founding member of the Red Crescent when it was reestablished in 1911, Dr. 'Akil Muhtär (Özden) served as Vice President from 1913 until the latter stages of the Turkish War of Independence. He, alongside his elder brother Dr. Celal Muhtär, played a pivotal role in driving the Red Crescent's continued development. During WWI, Dr. 'Akil Muhtär was assigned to maintain relations between the Red Crescent and the government, preside over both the Central and Executive Boards, and ensure coordination between these two bodies.

Dr. Besim 'Ömer (Akalın) Pasha served as Vice President of the Ottoman Red Crescent from the organization's reestablishment in 1911 until 1918. The organization represented the Ottoman Empire in relations with the ICRC and at international assemblies. Besim 'Ömer Pasha's involvement with the Red Crescent dated back even before the Second Constitutional Period. As stated above, his efforts at the Eighth International Red Cross Conference in London in June 1907—alongside the persistent advocacy of the Ottoman delegation's at The Hague—led to the universal recognition of the Red Crescent as a "neutral, official emblem." He likewise played a central



▲ *Himâye-i Etâf Society (Society for the care of the orphans). In the middle is Member of Parliament Faik Beyfendi, with Naile Hamdi Hanîmefendi on his right and Dr. Besîm 'Ömer, the society's president, on his left.*

role both in mobilizing Turkish women to join the Red Crescent and in legitimizing nursing as a profession. As the Red Crescent's vice president and technical advisor (*müşâvir-i fennî*) to its Women's Center, Besîm 'Ömer Pasha delivered lectures on nurse training to women. Many prospective nurses attended his classes in the lecture hall of Istanbul's Dârû'l-Fünûn (the precursor to Istanbul University) between October 1914 and April 1915, several of whom later served in Red Crescent and military hospitals in Istanbul during the Battles of Gallipoli. In one of his published lectures, he emphasized the importance of women's participation in social life, highlighting the vital services that Red Crescent-trained nurses could provide during both war and peacetime. Dr. Besîm 'Ömer Pasha stepped down from his position as Vice President during the General Assembly meeting on 5 February 1918, after which date he continued to serve as the organization's honorary president.

Joining the Red Crescent during the Balkan Wars, Hâmid (Hasancan) Bey served as the honorary accountant for the organization during WWI. Then, on 5 February 1918 during the aforementioned meeting, Hâmid Bey was elected to replace Besim 'Ömer Pasha as Vice President, after which he came to be known as "the Red Crescent man" throughout the Turkish War of Independence. From that point on, Berç Keresteciyân Efendi assumed Hâmid Bey's former role of honorary accountant.



▲ Dr. 'Adnān (Adivar) Bey

Dr. 'Adnān (Adivar) Bey, having previously served as an inspector for the Red Crescent during the Italo-Turkish War, was appointed Secretary General during WWI, overseeing the organization's medical and administrative affairs. He played a key role in establishing Red Crescent-affiliated healthcare, social-assistance, and philanthropic activities; in identifying their areas of operation; and in managing the various administrative branches of the General Headquarters. He was concurrently appointed Assistant to the Inspector General of the Field Medical Corps by the Ministry of War, afforded the rank of reserve medical major. In this dual role, he was also tasked with coordinating relations between the Military Medical Corps and the Red Crescent Society.

Dr. Hikmet (Gizer) Bey, an assistant at the Faculty of Medicine, served a secretary general of the Red Crescent and its delegate in Europe during WWI. Recognizing early in the war that it could not meet its expenses solely through domestic donations, the Red Crescent undertook efforts to secure funds from the citizens of its European allies. Together with a secretary, Dr. Hikmet Bey traveled to Germany, Austria, and Hungary as the Red Crescent's official representative.



There, he succeeded in collecting a substantial amount of donations from Berlin, Vienna, and Budapest. With donations raised through theater performances, concerts, and flower sales organized by the Red Crescent relief committee established in Bosnia and Herzegovina under the leadership of the Ottoman consul general, various supplies—many of which difficult to procure in Istanbul—were purchased and shipped back to the capital.

◀ Sale of flower pins for the benefit of the Red Crescent, Karaköy (Istanbul)



▲ Exhibition opened in Galata (Istanbul) for the benefit of the Red Crescent





728/63

REPRÉSENTATION ANNUELLE

AU PROFIT

DU

CROISSANT ROUGE OTTOMAN

Le 6 Mai 1917

MATINÉE ET SOIRÉE



* EVA *

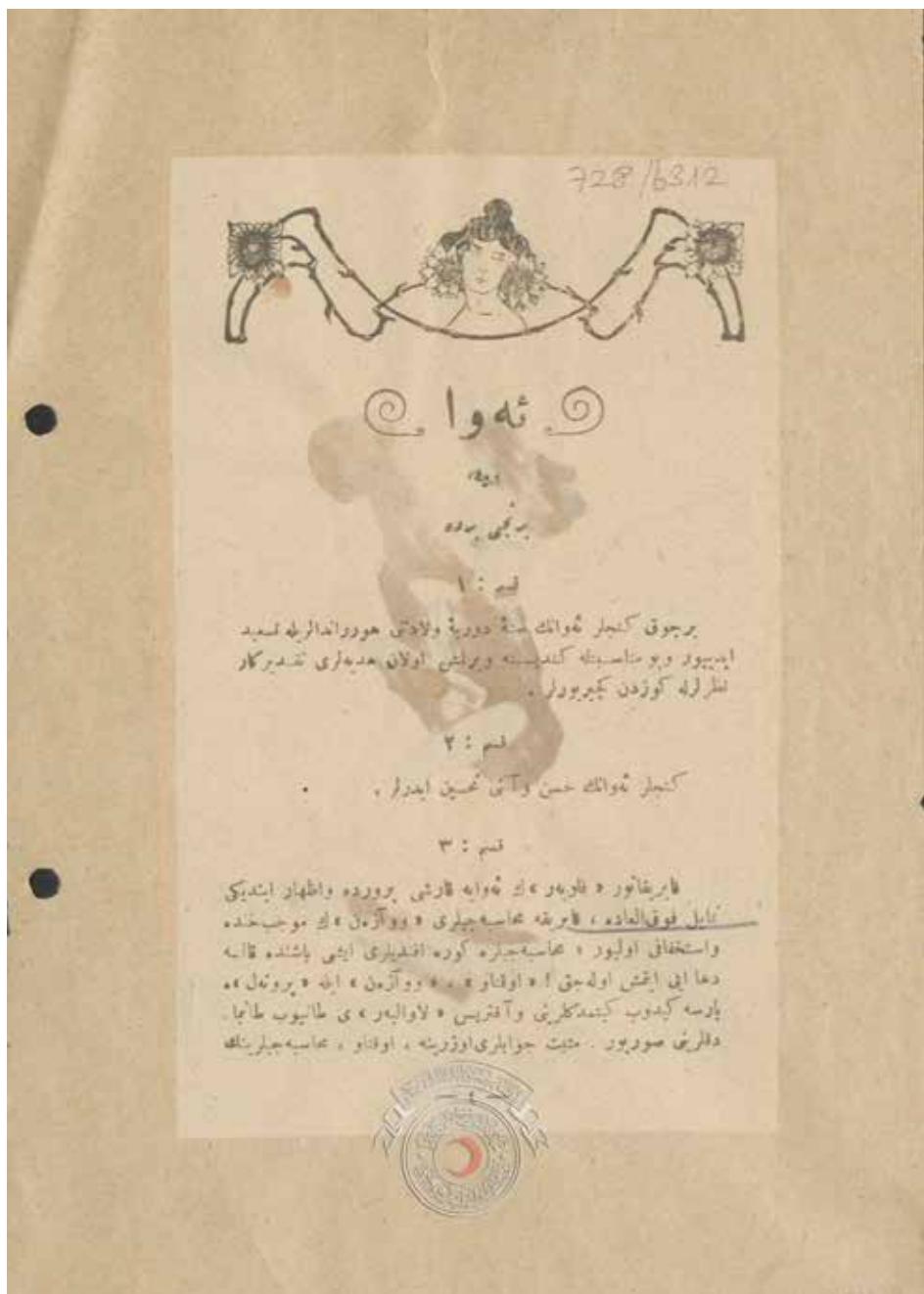
Opérette en trois actes

de

FRANZ LEHAR

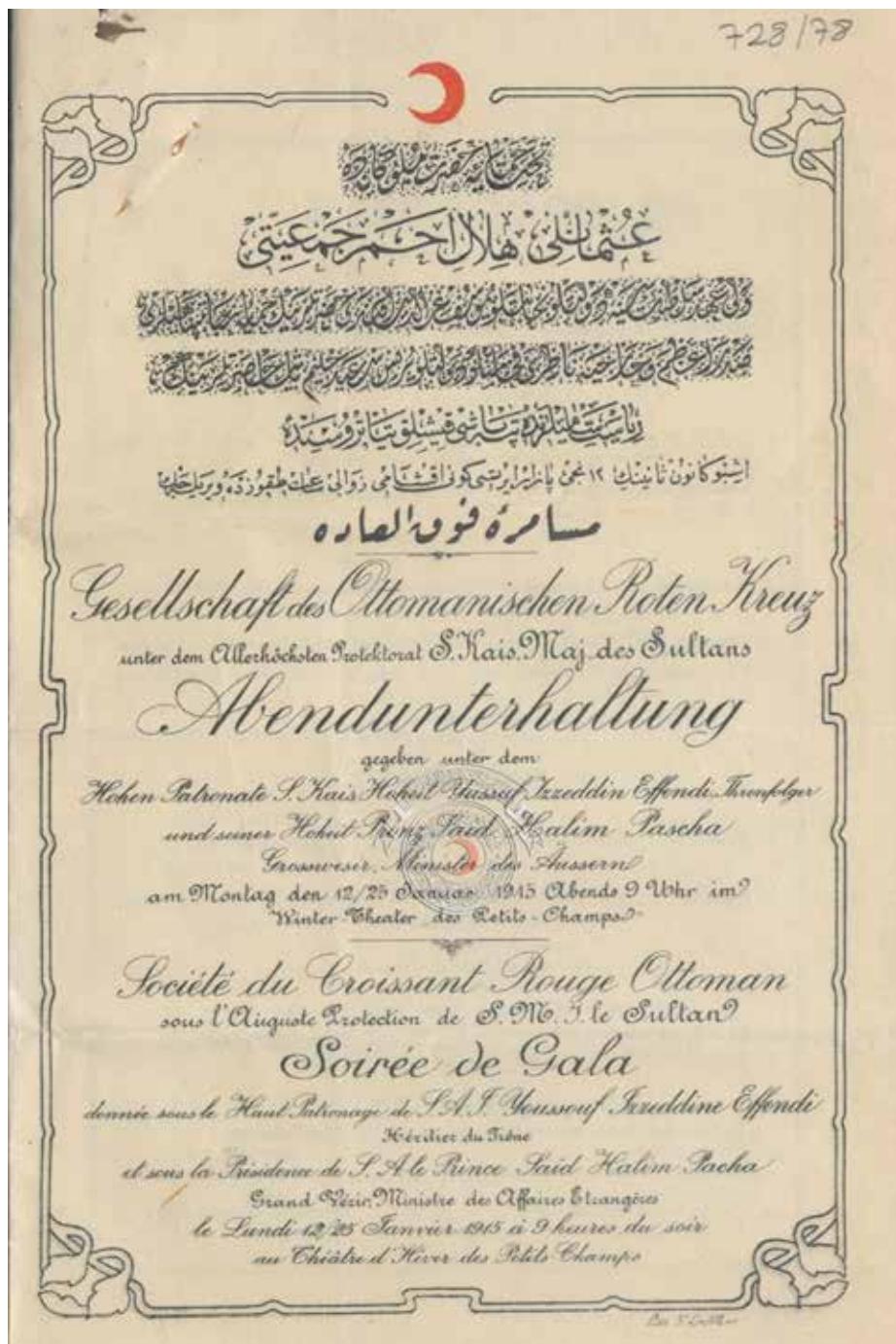


La Musique sera dirigée par l'Auteur



▲ French and Ottoman Turkish program of Franz Lehár's operetta *Eva* performed for the benefit of the Red Crescent.





▲ Visuals from advertisements for concerts held for the benefit of Red Crescent

Dr. Hikmet Bey likewise obtained medical supplies ordered by the military medical corps. He arranged for sick officers and enlistees sent to Germany, Austria, and Hungary for treatment to be placed in sanatoriums. He assisted with treatment and communication needs of soldiers fighting on the Galician Front, arranging for wounded to be repatriated to Ottoman territory. Following the signing of the Treaty of Brest-Litovsk on 3 March 1918, Dr. Hikmet Bey provided assistance to POWs returning to Ottoman lands from Russia via Austria and Hungary.

After beginning to work with the Red Crescent at the onset of WWI as part of his military service, 'Alî Mâcid (Arda) Bey eventually served as secretary of the Red Crescent Prisoner Commission (*Üserâ Komisyonu*). In 1915, he served as secretary to the Red Crescent delegation dispatched to inspect POW camps in Ankara and Çankırı.

During the General Assembly meeting held toward the conclusion of WWI on 5 February 1918, Dr. 'Akîl Muhtâr, Hâmid Bey, Kilisli Rîfat, Dr. Celâl Muhtâr, Berç Keresteciyân, and Dr. 'Adnân Bey were appointed to the Red Crescent's board of directors. Hâmid Bey and Dr. 'Akîl Muhtâr Bey were elected as vice presidents of the organization.⁵

Establishing the Red Crescent Women's Center: Its Contributions to Nursing

The great calamity and mass displacements experienced during the Balkan Wars convinced women of the need to support the Red Crescent's efforts behind the front lines. A fruit of Dr. Besîm 'Ömer Pasha's efforts, a women's center composed largely of the wives of senior statesmen and founding members of the Red Crescent was established on 20 Mart 1912. While Kâmures Kâdîn, queen consort of Sultan Reşâd, served as honorary president of the Ottoman Red Crescent Women's Center, as it was known officially, Ni'met Mahmûd Muhtâr Hânîm, wife of Mahmûd Muhtâr Pasha, was elected as acting president.⁶

Following the establishment of the Red Crescent Women's Center, Ottoman women increasingly embraced the vital role of nursing in the war effort. Caretakers—referred to as compassionate nurses—who successfully completed the courses taught by Dr. Besîm 'Ömer Pasha were authorized to serve behind the front lines.⁷

Having developed an interest in the subject while in London between 1887 and 1891, Dr. Besîm 'Ömer Pasha began offering courses in nursing and midwifery to young Turkish and Muslim girls from Russia and Istanbul at the Kâdirgâ Maternity Clinic to prepare them to

5 Çapa, *Kızılay (Hilâl-i Ahmer) Cemiyeti* (1914–1925), pp. 24–29.

6 *Ibid.*, pp. 46–49.

7 Mesut Çapa, "Birinci Dünya Savaşı'nda Kızılay (Osmanlı Hilâl-i Ahmer) Cemiyeti Hastabakıcıları," Prof. Dr. İlker Alp'e Armağan Kitabı, Çanakkale, 2021, pp. 157–169.

assist wounded soldiers during the Balkan Wars. The first course, opened in 1912, graduated ten women, all of whom were appointed chief nurses in various hospitals run by the Red Crescent.⁸ Interest in the program grew rapidly. By the year preceding WWI, fifty women were enrolled in a five-month course at the Red Crescent's headquarters in Istanbul. Of these, twenty-seven passed the final exam held at the end of June 1914, thereby earning a nursing diploma. Honorary president Kāmures Қadın attended the graduation ceremony on 13 July 1914 alongside Nāciye Sultan, the wife of Minister of War Enver Pasha, and her mother. Presented with medals of honor on behalf of Sultan Reşād, the graduating women served in various hospitals run by the Red Crescent in Istanbul. The names of these women are:

Belkīs Cemāl, Belkīs Ȣalīl, Belkīs Rāgīb, Servet Şākir, Ȣalet Şākir, Ȣalīme Ȣalīm, Ȣatīce Ibrāhīm, Ȣatīce Agāh, Remize Cemāl, Ȣādiye Ȣalīl, Senīha Ra'ūf, Sa'ādet Şākir, Sa'ādet Cemāl, Ȣabiha Hakkī, Ȣa'lāt Süreyyā, Ȣi'se Süreyyā, Ȣaliye 'Alī Rīzā, Fāhīre Sezā'ī, Leylā Vāhīd, Leylā Yusuf Rāzī, Münīre Ismā'īl, Mācide Besim, Mehri Başri, Mebrūke Memdūh, Mebrūke Bekir, Nā'ile Ȣamīdī, and Nā'ime Ȣasīb.

The Red Crescent also sought to train male nurses to meet the growing need for medics as the war progressed. Ten or so male candidates were selected through an examination administered by the Red Cross Central Headquarters to complete a year of hands-on training under practicing physicians at Ȣurebā Hospital before being deployed to various fronts. A portion of these men were stationed at the Red Crescent hospital near the front line in Dobruja, where they served for more than a year.⁹

Red Crescent hospitals also accepted volunteer nurses who had been trained outside of its facilities. Two Muslim and four Jewish women were employed on a voluntary basis at the Red Crescent hospital in Tekirdağ in September 1915.¹⁰

The demand for nurses behind the front lines increased steadily throughout the war. On 8 September 1916, the Directorate of Medical Affairs—part of the Ministry of War—requested that the Red Crescent provide them nurses to care for wounded soldiers.¹¹ That same year, after completing their education at Ȣadırğa Maternity Hospital, seven women were deployed to Jerusalem and Damascus, assigned under the command of the Fourth Army. Bedīye Ahmed, Zinet Ahmed, Münevver Ȣalib, Ȣeniye Ȣiyā, Nāfi'a Hüseyin, Fikriye Sinān, and Seher Ȣarif served in various hospitals from the time they arrived in Jerusalem until the fall of Damascus.¹²

8 'Oşmānlı Hilāl-i Ahmer Cem'iyyeti'niñ 1335 [1919] Senesinde Mün'akid Hilāl-i Ahmer Meclis-i 'Umūmīsi Hey'et-i Muhteremesine Takdīm Ȣedilen 1330-1334 Senelerine 'Aid Merkez-i 'Umūmī Raporu, (OHAC 1335), İstanbul, Matba'a-i Orhāniyye, 1335 AH, pp. 33-35.

9 OHAC 1335, pp. 34-35.

10 Türk Kızılayı Arşivi (TKA), file. 833.

11 Besim 'Ömer, Ȣanımeftidilere Hilāl-i Ahmer'e Dā'ir Konferans, (n.d.), pp. 32-37.

12 TKA, file. 833, Ȣanımlar Hey'et-i Merkeziyyesi Tarafından Tertib Ȣedilen Takvīm, 1916, pp. 122-123 and OHAC 1335, p. 35.

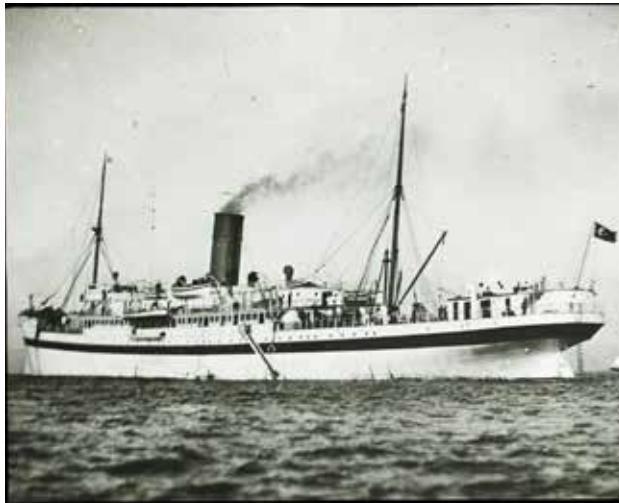


▲ Şâfiye Hüseyin (Elbi)



▲ At the Red Crescent Hospital of Cağaloğlu (Istanbul), 1331 / 1915

Despite their high interest among educated women in Istanbul, it remained a largely voluntary pursuit rather than a formal profession during the war. Among the women who chose to serve in this capacity were Şâfiye Hüseyin (Elbi) and 'Aîşe 'Abdülcemîl (Sîlay), both of whom volunteered on multiple fronts throughout WWI. The Istanbul-born Şâfiye Hüseyin (Elbi) began working as a nurse during the Balkan Wars. Owing to her father's occupation, she completed her education abroad, acquiring fluency in English, French, and German.¹³ Alongside her personal readings in anatomy, particularly in anatomy, she received practical training through the courses taught by Dr. Besîm 'Ömer Pasha. Upon finishing her instruction, she was appointed head nurse of the Red Crescent's 950-bed hospital in Galata by the facility's head physician, Dr. Mehmed 'Alî Bey. After assisting in numerous surgeries and providing inpatient care, she was reassigned to the Red Crescent's Bezm-i 'Âlem Sultânîsi Hospital in Cağaloğlu.



▲ The Reşid Paşa hospital ship

Şâfiye Hânım served as head nurse aboard the *Reşid Paşa*, a hospital ship chartered by the German Red Cross from Seyr-i Sefâ'in, during the Battles of Gallipoli. While some of the wounded received treatment on board the ship, those who had sustained severe wounds were evacuated from Gallipoli to Istanbul—often under fire from the British. The crew and medical staff of *Reşid Paşa* performed their duties with unwavering dedication despite the constant threat

of death looming above them, sometimes enduring weeks without proper meals, suffering lice infestations, and spending many a freezing night after their coal supplies had been exhausted. Throughout the battles, Şâfiye Hânım tended to the needs of anyone who came to her wounded whatever his religion or ethnicity might have been, offering both medical treatment and emotional consolation. She inspired hope in gravely injured and despondent patients on the brink of despair, reassuring them that they would survive and go on to live long, fulfilling lives. In fact, her words were so comforting that several came to believe her. In one instance, she recounted the death of a British soldier aboard the ship:

We took great care to ensure that no critically wounded man died of thirst. We even gently trickled water into the mouth of this wounded British soldier. He'd repeat that he was going to die and would murmur the name of his fiancée under his breath over and over. I thought about what I'd need to do if he were indeed to pass. I began to console him in English—his mother tongue—without it once entering my mind that he was an enemy soldier.¹⁴

In addition to receiving medals from the Ottoman Red Crescent, British Red Cross, and German Red Cross, Şâfiye Hânım was honored with the Gallipoli Star and Florence Nightingale Medal in recognition for her selfless service in WWI.

Another courageous woman serving as a Red Crescent nurse behind front lines was 'Âişe' Abdülcemîl (Sîlay). Born in Istanbul in 1889, she completed her nursing education in the Gülhâne Military Hospital in 1914 and received her nursing certificate from the Red Crescent on 1 September of the following year. After initially working in the Red Crescent's Faculty

14 Mesut Çapa, *Birinci Dünya Savaşı ve Millî Mücadele'de Kızılay (Hilâl-i Ahmer) Cemiyeti ve Kızılaycılar*, Atatürk Araştırma Merkezi, Ankara, 2023, pp. 51–55.

Hospital, she would eventually be stationed in various hospitals near the front lines, including in Palestine, Damascus, Homs, Aleppo, Pozanti, Ereğli, Karaman, and Edirne. She was awarded certificates of commendation by the head physicians of the Jerusalem Military Surgical Hospital, the First Military Surgical Hospital in Damascus, and the Homs Surgical Medical Hospital.¹⁵

At the onset of WWI, 353 nurses with formal training applied to the Red Crescent headquarters in Istanbul. Of these, 284 served in the organization's military and civilian hospitals as nurses, twenty held diplomas from the Red Crescent, thirty-six were enrolled in university classes, thirty-seven were students at Kadırğa, and thirty-five possessed certificates attesting to their prior service in hospitals during the Balkan Wars. The remaining 156, though lacking formal qualifications or documentation, worked as volunteers alongside hospital and medical staff.¹⁶

As the war drew to a close, the Red Crescent, despite all its efforts, had not succeeded in establishing a systematic nursing program. While nursing education was not institutionalized at the school level during the war, the blend of theoretical and practical instruction received in hospitals was instrumental in laying the groundwork for the development of nursing in the country. Until then, however, the Red Crescent would remain the sole provider of nursing education during the twilight of the Ottoman Empire and the dawn of the soon-to-emerge Republic of Türkiye.

Coordination between the Red Crescent and the Ottoman Armed Forces

Throughout the war, the Red Crescent's medical teams and humanitarian aid played a vital role in supporting the efforts of the Ottoman military medical corps. Supplies received by the medical corps included bedding sets, laboratory equipment, surgical instruments, serum, vaccinations, bandages, field hospital supplies, kitchen utensils, various foodstuffs, sterilizers, tents, mobile hospital wagons, transport carts, discharge papers, and washing machines. The Red Crescent likewise dispatched medical teams to the Caucasus Front to assist the military's medical operations there. A thirty-member Red Crescent delegation headed by Dr. Mehmed Emîn Bey traveled from Trabzon to Erzurum, where they treated sick and wounded soldiers arriving from the front lines and worked to prevent the spread of typhus and other infectious diseases. After establishing a 200-bed hospital in Erzurum in early 1915, the team relocated to nearby Erzincan. The second team subsequently deployed by the Red Crescent to Erzurum was, however, forced to retreat to Kayseri through Erzincan and Kemah following the Russian occupation of Erzurum in 1916. Once in Kayseri, they established a 1,000-bed convalescent facility in Zencidere.

15 BCA, 490.1-297-1200-1.

16 Seçil Karal Akgün and Murat Uluğtekin, *Hilâl-i Ahmer'den Kızılay'a*, Türk Hava Kurumu Basımevi İşletmeciliği, Ankara, 2000, pp. 170-171.



▲ Red Crescent tents, Hafir



▲ Palestinian front, a picture from the surgery



▲ Palestinian front, a picture from the surgery



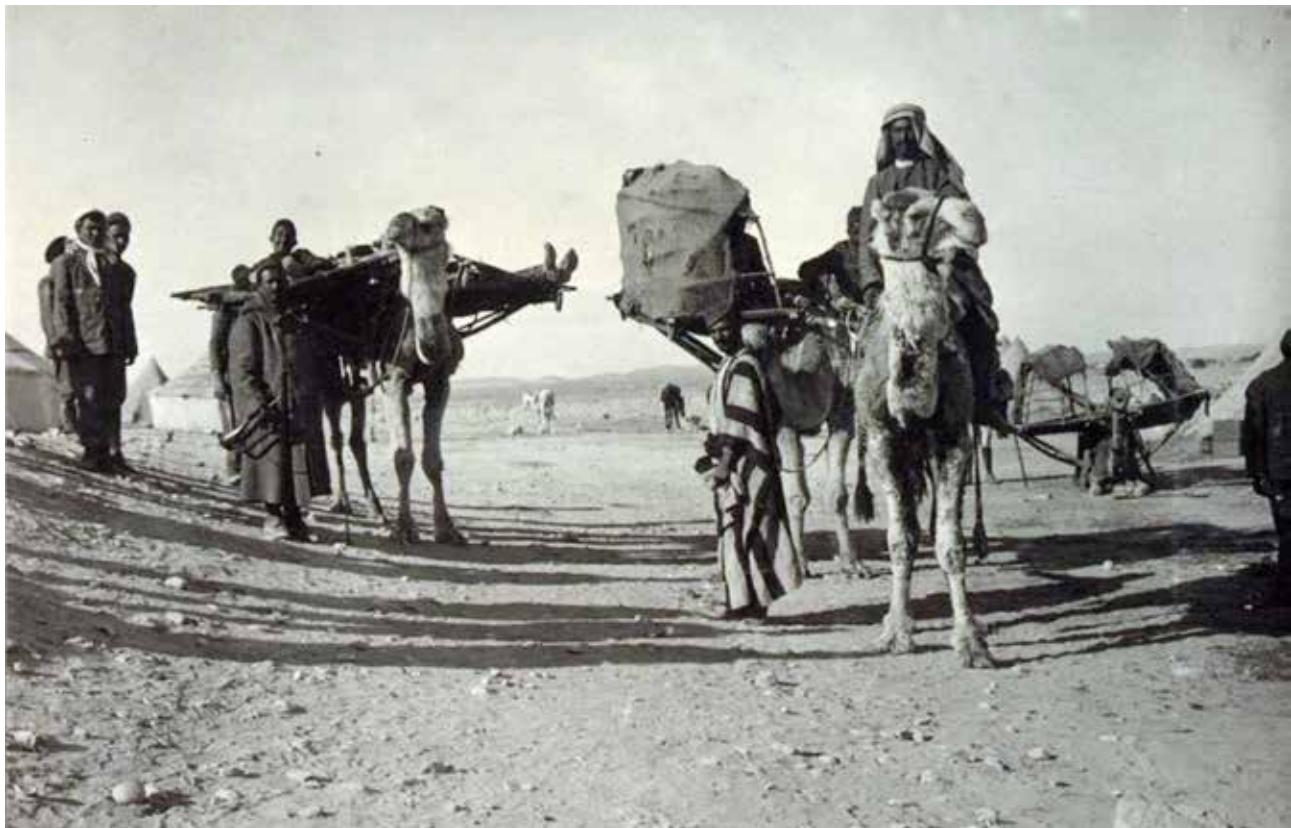
▲ Red Crescent's mobile hospital at Hadimköy



▲ Wounded soldier carried out of a hospital ship in Istanbul



▲ Training of nurses at Kadırga Hospital (Istanbul)



▲ *Transportation of the wounded by camels*



◀ *Classroom converted to a hospital ward at Istanbul University*



▲ Medical staff at Ayastefanos Hospital (Istanbul)

The Red Crescent appointed Dr. Âşaf Dervîş Paşa, professor at the Faculty of Medicine, to lead its newly established War Zone Delegation (*Dârû'l-Harp Murahhaslığı*) in early 1915. As head delegate, Âşaf Pasha was tasked both with establishing supply relay points to facilitate the shipment of medical equipment from Istanbul to the Red Crescent's health units on the Caucasus Front and with inspecting Red Crescent medical contingents stationed along the transit corridor from Konya to the front lines. He detailed his activities in a report submitted to the Red Crescent Headquarters on 22 April 1915, noting that efforts to curb the spread of infectious diseases in Konya, Ereğli, and Ulukışla, whence he sent his report, were successful. He also reported that the Red Crescent's hospital in Konya had been closed and relocated eastward in Sivas to reinforce the organization's efforts to quell the spread of typhus in the area and to support the recently established supply center. Concurrently, shipments of medical equipment both for a planned 500-bed convalescent facility in Erzurum and other nearby medical installations were dispatched from storage depots in Istanbul and Eskişehir. To provide logistical support for these consignments, Âşaf Pasha set up relay points first in

Kayseri and Sivas and then in Erzincan and Erzurum. Over the course of his three-month tenure, Âşaf Pasha worked in Konya, Ereğli, Kayseri, Sivas, Erzincan, and Erzurum where he reinforced the infrastructure needed to sustain the Red Crescent's medical services on the eastern front.¹⁷

While the Red Crescent dispatched multiple medical teams to and established numerous hospitals in Palestine and Iraq, soldiers wounded during the Battles of Gallipoli were transferred to Red Crescent hospitals behind front lines in Istanbul.

Red Crescent Operations during the Battles of Gallipoli

Although the Red Crescent had initially structured its medical services to address the needs of fronts located outside of Anatolia, the rising number of casualties sustained at the Gallipoli Front prompted it to expand its efforts. In response to a request from the Army Field Medicine Inspectorate, the Red Crescent opened several hospitals for the wounded in Istanbul in March 1915. These included facilities within the Faculty of Medicine and Galatasaray High School as well as additional sites in Galata, Taksim, Cağaloğlu, Kadırga, and Dârüşşafaka. Approximately 20,000 wounded soldiers who were evacuated from Gallipoli by ship in these hospitals.

Field kitchens set up by the Red Crescent in Akbaş, Lâpseki, İlgardere, and Değirmen Burnu which in addition to serving as forward gathering and staging points for the Field Medicine Inspectorate, provided soup, tea, and bread to wounded soldiers. Several Red Crescent workers were stationed at the front lines where they served tea and meals to soldiers manning the trenches at Soğanlıdere, Ariburnu, and Anafartalar.

Wounded soldiers from Gallipoli were sealifted to Red Crescent hospitals in Istanbul aboard ships leased from two maritime companies—the privately owned *Şirket-i Hayriye* and the state-owned *Seyr-i Sefâ'in*. At the start of the war, the Red Crescent refitted the *Edremit* and *Gülnihal* to accommodate patient transport. As the number of casualties increased, however, steamships numbered 60, 61, 63, and 70 were rented from *Şirket-i Hayriye* and the *Akdeniz* from *Seyr-i Sefâ'in* to facilitate the evacuation of wounded soldiers to Istanbul. These vessels bore the Red Crescent emblem, thereby marking their use for humanitarian purposes. Subsequently, with assistance from the German Red Cross, the *Reşid Paşa*—also leased from *Seyr-i Sefâ'in*—was incorporated into the Red Crescent's growing fleet. Among the medical staff aboard was the aforementioned *Şâfiye Hânım*. Upon arrival at Sirkeci, wounded soldiers were provided tea and bread at a teahouse run by Kemâl Ömer Bey, a member of the Red Crescent's headquarters in Istanbul, before being transferred by Red Crescent vehicles to various hospitals.¹⁸

17 Çapa, *Kızılay (Hilâl-i Ahmer) Cemiyeti (1914–1925)*, pp. 81–83.

18 *Ibid.*, pp. 84–85.

Amid the threat to Istanbul during the Battles of Gallipoli, the Red Crescent's Board of Directors entrusted Dr. İsmā'il Besim Pasha and Muhlîş Bey with relocating the majority of the organization's funds and valuables to Eskişehir for safekeeping. In conjunction to this measure, the Red Crescent's Eskişehir Branch took steps to acquire a farm which would help provide Istanbul's various kitchens with food and livestock.

Red Crescent Medical Services on the Palestine (Suez) Front

The Red Crescent dispatched medical teams from Istanbul to the Palestine (Suez) and to Iraq fronts. As military operations progressed and the army repositioned, these medical teams and hospitals were relocated accordingly. Though operating under the General Headquarters, they were required to coordinate with the army.

The Ottoman Empire fought against Great Britain at the Suez Canal and in Palestine during WWI. Given the importance afforded to the Palestine Front, Naval Minister Cemāl Pasha was appointed commander of the Fourth Army in Syria. On 14 October 1915, the army's headquarters was moved to the Mount of Olives in Jerusalem. Cemāl Pasha established an extensive supply network that included warehouses, hospitals, and water supply systems throughout the Fourth Army's area of operations. Supply points were also set up along the routes leading to the Canal. Beersheba, chosen as the Canal expedition's assembly center, became home to the Desert Supply Inspectorate. To support forces advancing on the Canal's right and left flanks, Nahl and Arish were designated as key supply hubs.¹⁹

Preparations to launch an offensive against the British position at the Suez Canal began in early 1915. On 23 January, troops were ordered to move from Jerusalem to the Tih Plateau in the Sinai Desert. The plan called for units to depart from Beersheba and march in battle formation at night until they eventually crossed the Sinai and made their way toward the eastern banks of the Canal. The 30th Regiment, part of the 10th Division, reached the Canal after a grueling nine-day trek on 2 February, joining the attack the next morning. The assault against the British ultimately failed, resulting in 1,360 casualties, including missing, wounded, and fallen soldiers²⁰ Following Cemāl Pasha's unsuccessful attempt to cross the Canal, the British eventually launched their own offensive in late 1916, capturing the Sinai Peninsula and pushing all the way to the Syrian border.

19 Münim Mustafa, *Cepheden Cepheye*, Vol.1, Ege Basımevi, İstanbul 1940, p. 21 and Nevzat Artuç, *Cemal Paşa Askeri ve Siyasi Hayatı*, TTK Yay., Ankara, 2008, p. 275.

20 Artuç, p. 230.



▲ Photos from the Suez Medical Committee

The Red Crescent deployed a medical team—known in Turkish as the “Süveyş Hey’et-i Şıhhiyyesi” (Suez Medical Committee) or the Süveyş Hey’et-i İmdādiyyesi (Suez Relief Committee)—to serve on the Palestine Front. Documents show that Dr. Neş’et ‘Ömer (İrdelp) Bey, a faculty member at the Istanbul School of Medicine, was appointed to head the mission. The committee, led by Dr. Neş’et ‘Ömer Bey, arrived in Jerusalem on 15 February 1915,²¹ where, in coordination with the army’s medical corps was settled in, it took up positions in

21 Çapa, *Kızılay (Hilâl-i Ahmer) Cemiyeti (1914-1925)*, p. 85.

former French and Russian hospitals. Soldiers wounded during the Suez campaign received treatment in the hospitals the committee opened. To help contain the spread of infectious diseases, it set up laboratories to produce serum and vaccinations to servicemen. As the conflict unfolded, the committee continued its work in support of the Fourth Army, opening additional hospitals in Auja al-Hafir (henceforth Hafir) and Wadi al-Sirar in Palestine.²²

Shortly before the launch of the Second Suez Offensive, the medical committee opened a fully equipped hospital in Hafir, located on the road to the Suez Canal in the Sinai Desert in July 1916. One month later, Neşet 'Ömer Bey was appointed chief physician of this hospital. This hospital primarily treated patients sent by the Second Field Hospital, with transfer orders detailing each soldier's ailment, identity, and what personal effects they had on them. One such patient, Haydar—born in the village of Aziziye near Düzce in 1894—arrived with a raincoat, bread bag, keffiyeh, summer clothing, and a worn-out pair of Yemeni shoes. In addition to servicemen, the hospital occasionally admitted civilians, albeit this was more of an exception than a rule. The Hafir Red Crescent Hospital remained in operation until the Ottomans, having lost the First Suez Offensive, began withdrawing from the desert. After British forces entered Arish on 21 December 1916, the hospital moved to Jerusalem. Before departing from Hafir, however, the Red Crescent left behind a 25-bed mobile hospital unit—supported by a camel transport detachment—to assist in the evacuation of remaining patients.²³



▲ Pictures from the Hafir Red Crescent Hospital

22 TKA, 126/82, 588/1.

23 Mesut Çapa, "Birinci Dünya Savaşı'nda Filistin (Kanal) Cephesi'nde Kızılay (Hilâl-i Ahmer) Cemiyeti'nin Çalışmaları," *Trakya Üniversitesi Edebiyat Fakültesi Dergisi*, No. 16, (July 2018), pp. 57–73.



▲ Hafir (Sinai Peninsula)

On the evening of 23 December 1916, the Third Division issued orders to evacuate the Red Cross hospital situated three kilometers west of Hafir along the rail line and reestablish it east of the city. As part of the relocation process, the Red Crescent's belongings were first sent to the Ottomans' military headquarters in Beersheba and then to Jerusalem. Then, on 27 December, the Desert Supply Inspectorate and Expeditionary Force Command ordered the complete transfer of the hospital's equipment. However, the operation experienced

unexpected setbacks, including heavy rainfall in Beersheba under which the Red Crescent's supplies lay exposed for several days. Once informed of the situation, the Inspectorate intervened and coordinated the transfer to Jerusalem, the last shipment of which arrived on 1 January 1917. The Red Crescent staff—composed of one physician, four clerks, three nurses, three laundry attendants, sixty-one enlistees, and other support staff—arrived from Hafir two days later, on 3 January. Among the seventy-five individuals who arrived were Dr. Cemal Bey, Eşref Bey, 'Ömer Bey, Daniş Efendi, Henri Efendi, İshak Efendi, Ferid Efendi.²⁴

A new 100-bed field hospital was established in Hafir as the Red Crescent's supplies were en route to Jerusalem. As the military situation in the area stabilized, the Third Division ordered that the hospital's capacity be expanded to two hundred beds, with all necessary equipment to be supplied by the army. The Red Crescent, acting on directives from the Expeditionary Force Command, departed Hafir on 12 January 1917 and arrived in Jerusalem three days later. Of the 260 patients admitted to the hospital between 15 December 1916 and 15 January 1917, eight had sustained combat-related injuries—one from machine-gun fire and the remaining seven from bombs dropped over Hafir by enemy aircraft. At the time of transfer, the hospital had 327 wounded individuals, three of whom ultimately succumbed to their injuries.²⁵



◀ *Jerusalem (1331/1915)*

Upon returning to Jerusalem from Hafir, the medical team, acting on orders issued from the military council, established a new field hospital at Wadi al-Sirat, the railways departure point in Palestine. This facility served as the primary site for treating sick and wounded soldiers. Those with minor injuries were transferred to permanent hospitals behind front lines after their alimentary needs were met. Dr. Hasan Ferid Bey was appointed acting chief physician of the hospital. Communication between Jerusalem and Wadi al-Sirat was initially conducted

24 TKA, 394/34, 34.1. 394/15.2 TKA, 394/37.3.

25 TKA, 394/15, 15-1.

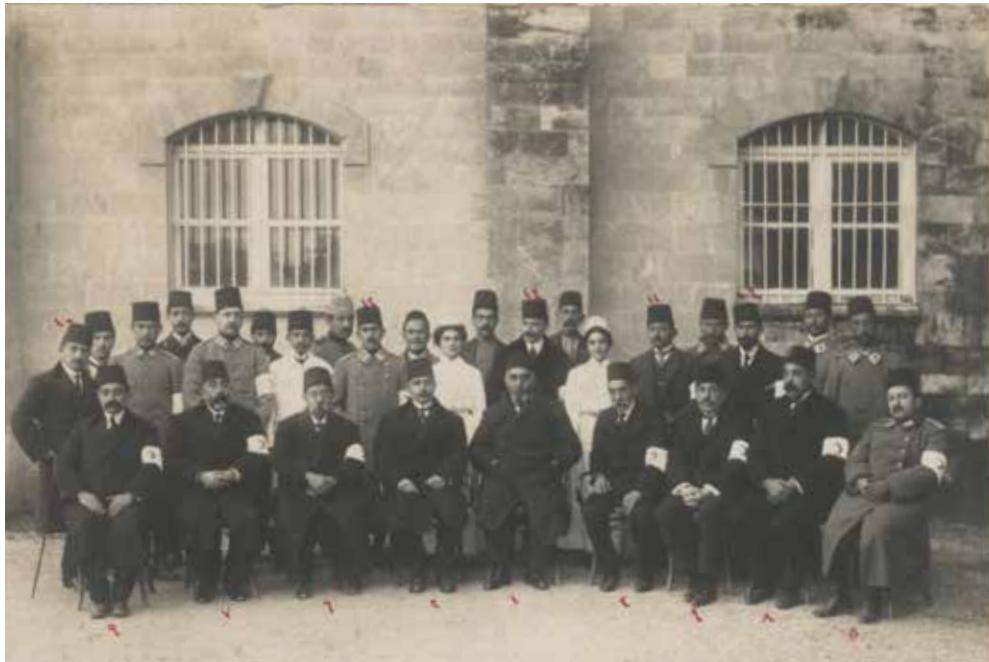
by telephone and subsequently confirmed via telegraph. By 5 June 1917, sixty individuals—thirty-six wounded enlisted men, two sick officers, and twenty-two sick enlisted men—were undergoing treatment at the hospital. By 6 August of the same year, this number had risen to seventy-six, comprising forty-three wounded enlisted men, five sick officers, and twenty-eight sick enlisted men.²⁶

The Red Crescent remained active at Wadi al-Sirar until November 1917, when the British advance rendered operations untenable. As British forces closed in, the team found itself treating a growing number of wounded men while simultaneously attempting to evacuate its personnel and equipment northward. The rapid pace at which the British moved forward compelled the team to vacate Wadi al-Sirar in haste, leaving behind only enough personnel to care for those who could not be moved. In the chaos, the Red Crescent was forced to abandon much of their equipment while much of what was successfully evacuated was subsequently destroyed during aerial bombardments carried out by the British. Between the onset of the withdrawal and the Red Crescent's 14 November departure, the hospital was bombed four times. The raid on 10 November proved particularly devastating, when four individuals were killed and twenty wounded. Among the reinforcements sent from the Wadi al-Sirar Forward Supply and Transport Station to support the hospital, two soldiers were killed and two medical attendants sustained injuries. During the same period, the Ottomans completed their withdrawal from the area, retreating to the Ramla during the night of 13–14 November.

The Red Crescent left Jerusalem on 19 November as the British advanced steadily closer to the city, traveling to Damascus from al-Masoudiyya train station north of Nablus. Meanwhile, supplies initially intended for Afula were rerouted to Damascus. The Suez Committee's return was concluded on 26 November in Damascus; shortly thereafter, British forces entered Jerusalem on 9 December.

The Suez Committee established a 200-bed hospital in Damascus. Meanwhile, a second facility, opened in Dera'a along the Hejaz Railway, was dismantled shortly after the British occupied the area. Although the medical team wanted to return to Damascus and open a new hospital there, this endeavor was cut short when, in September–October 1918, the Ottomans were forced out of the cities of Amman, Beirut, and Damascus by the British. Upon withdrawing from Damascus, the Ottoman army entrusted one of its local military hospitals, as well as the French and British hospitals in the city, and 300 wounded patients to the care of the Red Crescent. The Red Crescent continued to treat the sick and wounded for a time under British occupation before eventually being released in accordance with the Geneva Convention. At the time, Dr. Ǧālib ʿAtā Bey, former head of the Hejaz Red Crescent, led the Suez Committee.

26 TKA, 746/3.



▲ Celalettin Bey, Governor of Aleppo, and Macit Bey, Sub-Governor of Jerusalem in their visit to Red Crescent's Suez Committee

Over the course of its operations, the Suez Committee provided medical care for thousands of patients. These included 1,549 at the infectious diseases hospital in Jerusalem, 2,520 in Hafir, 702 at the hospital for wounded soldiers in Jerusalem, 3,346 in Wadi al-Sirar, 296 in Damascus, 123 in Amman, 110 at the hospital for captured officers in Damascus, and 371 in Dera'a. An additional 6,699 sick and wounded soldiers received treatment at the Second Military Range Hospital in Jerusalem, where supplies were furnished directly by the army. While stationed in Wadi al-Sirar, the Committee administered initial care to and saw to the immediate alimentary needs of 30,029 wounded soldiers before facilitating their transfer to Jerusalem, Hasriyya, and Damascus. The Committee worked diligently to control outbreaks of cholera and smallpox on the Sinai Front as well as to combat diseases such as dysentery, syphilis, typhus, rabies, and tuberculosis.²⁷

As the British moved out from Gaza toward Jerusalem, the Committee withdrew and, following a grueling journey, regrouped in Damascus, where they continued providing medical services until 1918. The Committee then made its way to Beirut and from there sailed to Izmir. The Sinai and Palestine mission that had begun on 15 February 1915 in Jerusalem had thus ended.

27 Çapa, *Kızılay (Hilâl-i Ahmer) Cemiyeti (1914-1925)*, pp. 87-91.

The Red Crescent's Work with POWs

At the outset of the First World War, responsibility for POW affairs rested with various branches of the Ottoman Ministry of War. Over time, however, shifting political and military realities necessitated the transfer of responsibility to the Red Crescent, mirroring the humanitarian role played by the Red Cross in Russia and Austria. In contrast, the administration of POW affairs in France and Germany remained under the jurisdiction of their respective ministries of war throughout the conflict.



▲ *Seyd-i Beşir Ottoman Prisoner Camp, Alexandria, Egypt*

After assuming responsibility for POW affairs, the Red Crescent adopted methods akin to those employed by the Red Cross. Early during the Battles of Gallipoli, when the ICRC requested a list of British, French and other Entente prisoners held by the Ottomans, the Red Crescent was unable to comply as it lacked such comprehensive records. Similarly, no systematic records on Ottoman POWs held by Entente forces existed at the time. To address this issue, the Ottoman Ministry of War established the POW Commission. Following the

transmission of British and French POW lists to the Red Cross in April 1915, efforts to compile information on Ottoman POWs were initiated. By late 1915, formal requests for comparable information were sent to Austro-Hungarian and German Red Cross Societies. At the behest of the Austro-Hungarian Red Cross, head of the POW Commission, 'Izzet Bey, conducted a nine-day visit to Vienna in April 1916. There, he closely examined the organizational structure and accounting procedures of the prisoner departments, which comprised approximately 3,000 personnel. Upon his return to Istanbul, 'Izzet Bey implemented the observed practices within the Ottoman administration.²⁸



▲ British prisoner officers in front of the Ankara Government House

Thousands of Ottoman, British, and Russian soldiers were taken prisoner on the various fronts over the course of the war. The Red Crescent, in addition to identifying POWs in order to facilitate communication with their families, worked to ensure that detainees received the money, clothes, and books sent to them. In coordination with officials from the Red Cross, Red Crescent conducted routine inspections of POW camps. In 1917, Yusuf Akçura traveled to Denmark and Russia as the Red Crescent's official delegate to survey the conditions of Ottoman POWs interned in Russian camps.

28 Çapa, *Kızılay (Hilâl-i Ahmer) Cemiyeti (1914-1925)*, p. 110.

By 1916, the Ottoman Empire held over 26,000 prisoners of war in camps across its territory, 10,494 had been captured from British forces, while the remainder included 5,549 Russians, 8,537 Indians, 114 French, and 2,002 Romanians.²⁹ A substantial portion of these were taken following the British surrender at Kut al-Amara on 29 April 1916, when 13,309 troops, including General Townshend, were captured. Of these, 2,869 were British and 10,440 were Indian.³⁰



▲ *Kastamonu POW Garrison, WWI*

29 TKA, file. 520, (1912-1916).

30 Yusuf Hikmet Bayur, *Türk İnkilabı Tarihi*, Vol. III / Book 3, Ankara, 1991, p. 105.

Matters involving POWs during the First World War were regulated by a directive issued by the Ministry of War.³¹ As per this directive, interned officers received a monthly salary equal to that of Ottoman officers of corresponding rank. Lower-ranking officers and enlistees were provided only food and rations, consistent with their Ottoman counterparts. The directive explicitly prohibited all forms of cruel and unusual treatment. Interned officers were, insofar as conditions permitted, accommodated in hotels or other lodgings befitting of their rank and dignity. Although postal services for POWs were free of charge, all incoming letters, parcels, and newspapers were subject to censorship. Prisoners were allowed to observe their religious rites and attend services provided that they did not contravene local and military regulations. While officers were exempt from performing all forms of physical and menial labor, enlistees received a daily wage for the work they performed. The housing, provisioning, medical care, record keeping, transport, and all other administrative affairs were overseen by POW Commissions. These commissions maintained three separate records for each prisoner—one for personal identification, one for disciplinary or administrative incidents, and one for financial allocations. Special attention was paid to ensure that all names were simultaneously recorded in Latin script following French orthographical conventions.

Entente POWs in Anatolia

In keeping with its international obligations and the principle of reciprocity, the Ottoman Empire granted the Red Crescent and Red Cross open access to inspect POW camps. Inspection reports submitted to the Red Crescent headquarters in Istanbul documented the overall state of camps and the conditions of prisoners.

Early in WWI, a Red Crescent committee, which included Yüsuf Râzî Bey and his secretary, 'Alî Mâcid (Arda) Bey, visited British and French POWs in Ankara and Çankırı. Their report indicated that twenty-five British officers were housed under the supervision of Reserve Lieutenant Rüşdî Bey in Ankara, where they resided in a hotel and a house allocated to them. The officers in the hotel enjoyed comparatively better conditions, while those in the house complained of cramped conditions, low-quality furnishing, dirty and rudimentary lavatory facilities, and discomfort caused by sleeping on straw cushions infested with bed mites. Seven British enlisted men were assigned to serve the officers and maintain their living quarters. Yüsuf Râzî Bey also noted that two British soldiers were receiving treatment at the military hospital. Reserve Lieutenant Rüşdî Bey informed them that although the Fifth Corps had approved his request for more suitable and spacious accommodations for the officers, they would have difficulty in providing the requested furniture.

³¹ *Üserâ' Hakkında Ta'lîmâtnâme*, Maṭba'a-i 'Askeriyye, Istanbul, 1322/1916.

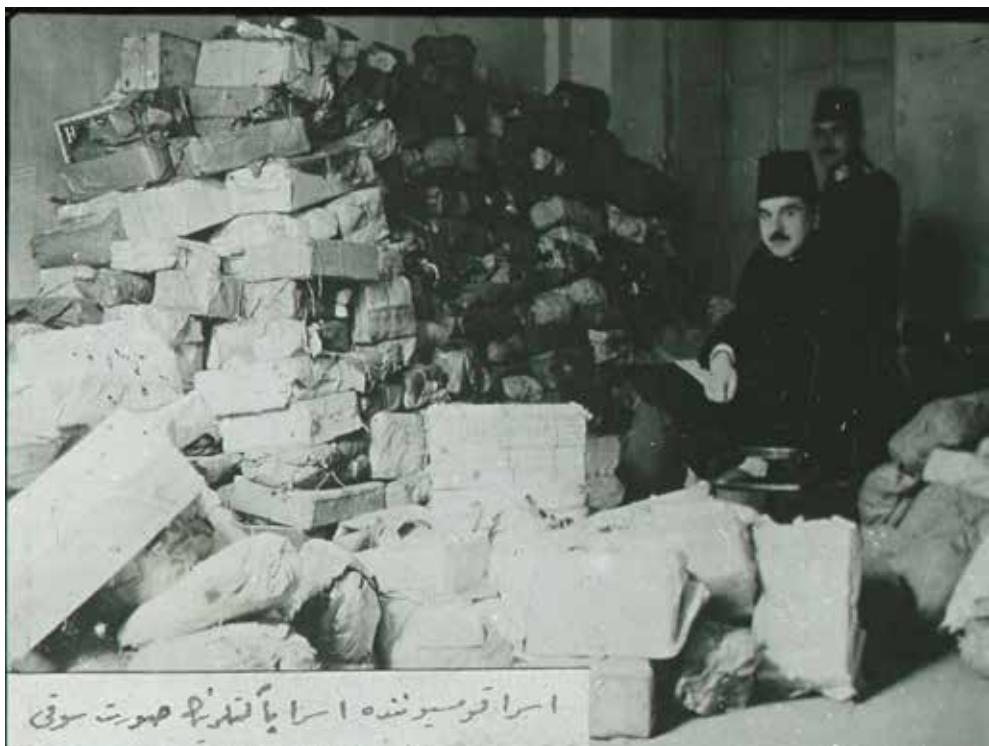
Later, upon his return to Ankara from Çankırı, Yusuf Razi Bey found that several of the officers previously residing in the hotel, as well as several from the overcrowded house, had been relocated to a new building, thus relieving the overly cramped conditions they had earlier reported. Although a few stools and a couple of tables had been provided to the officers, their bedding remained unclean. The Red Cross committee also noted that several people were required to share a single washbasin. In an effort to improve conditions, the Red Crescent purchased several bolts of cambric fabric, which, having been sewn into sheets and pillowcases, were distributed to each prisoner alongside a small washbasin. Despite efforts to supply all the enlisted soldiers with new mattresses and straw cushions, the scarcity of cotton and high cost of wool meant that they could only provide them with ready-made mattress covers and pillowcases. The prisoners submitted a number of requests to the Red Crescent, including that packages, letters, and money sent to them be delivered in a timely manner, that they be permitted access to English books, that they be allowed to write more than four lines of text about important events in their letters, that they be provided medicine, and that they be allowed to procure certain foods and other personal items from Istanbul. Yusuf Razi Bey observed that the officers were in good health, their meals were prepared in accordance to their preferences by enlisted orderlies, and that their rent and food expenses were covered by the salaries they were provided by the Ottoman government. Furthermore, officers were permitted to move freely throughout the city and its environs accompanied by an unarmed Ottoman soldier.³²

According to the Red Crescent committee's report, Çankırı housed a total of 324 prisoners—nine French and 315 British. The barracks in which they were housed were located roughly half an hour from the city. Though somewhat dilapidated and missing a few windowpanes, the area in which prisoners were accommodated was, overall, in good condition. As replacing the missing glass panes was not financially feasible, windows were boarded up to retain whatever heat was produced by the wood- and coal-burning stoves scattered throughout the ward. Although gas supplies were short, thereby limiting the amount of lighting in the facility, each ward was nevertheless afforded gas lamps. After raising complaints to the garrison commander, the French prisoners were relocated to a separate ward; however, they informed the committee that they were still expected to cover their own heating and lighting costs, despite the poor quality of both.

Although the American Embassy provided the POWs in this facility with large quantities of clothing and other staples, many of the needs went unmet. Prisoners lacked adequate winter clothes, coats, bed linens, and shoes. The Red Crescent initially purchased 210 pairs of shoes, Yemeni leather slippers, and socks in addition to 210 undershirts and sashes from local suppliers in Çankırı, which were stored in special warehouses. The delivery and distribution of *mest* shoes

³² TKA, Ds.520 (1912–1916). Mesut Çapa, "Birinci Dünya Savaşı'nda Türkiye'de İtilaf Devletleri Esirleri," *Toplumsal Tarih*, no. 66 (June 1999): pp. 49–56.

and Yemenis that had yet to be crafted were entrusted to 'Ulvī Bey, a former governor and head of the Çankırı branch of the Red Crescent. Both Ankara and Çankırı held exiled civilians and non-military detainees who were subjects to belligerent nations.³³ According to official records, 601 Russian, 460 British, and three French prisoners were held in Ankara in 1916.



▲ Parcels destined to the prisoners of war being sorted in the POW Commission

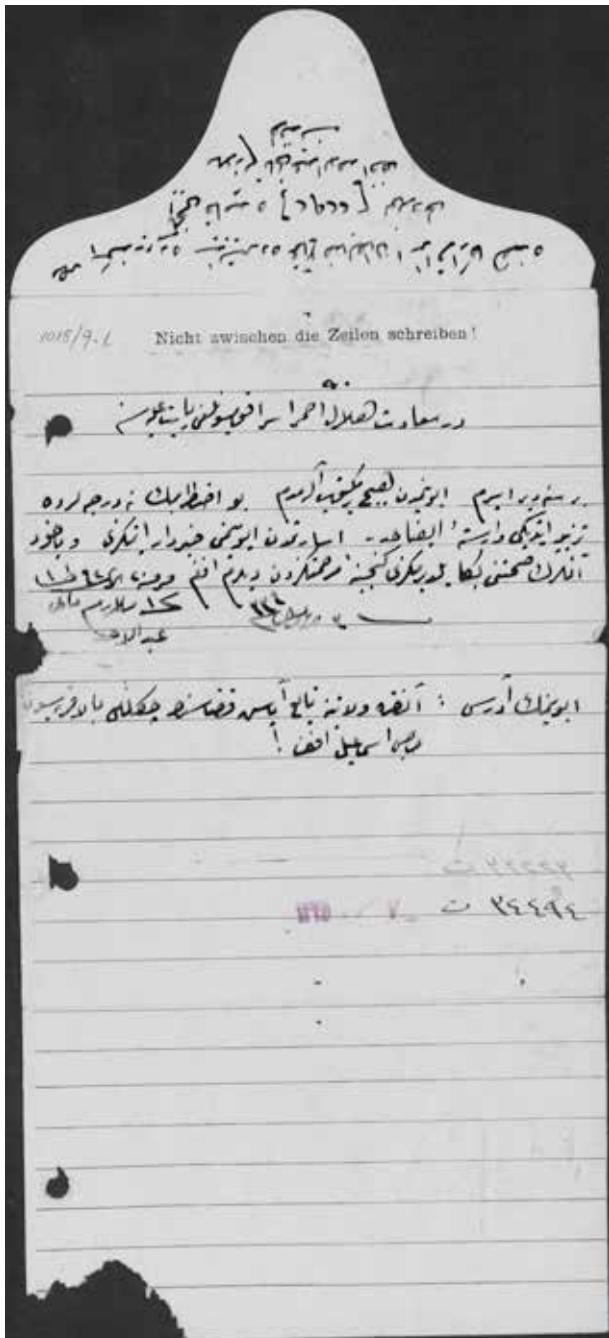
Kemal 'Ömer Bey, a member of the Red Crescent General Headquarters, visited the Afyonkarahisar Garrison on 14 January 1916. Joined by the garrison's commander, 'Āsim Bey, he inspected the eighty-six POWs—composed of twenty-three officers, thirty-six civilian captains and engineers, twenty-seven soldiers—interned there, as an additional twenty-one officers were scheduled to arrive in the camp. Moreover, 305 POWs who had been held in a madrasa before the Red Crescent delegation's arrival were relocated to Pozanti. There, they were accommodated in two of the city's finest houses and a nearby madrasa. The houses boasted spacious gardens where the prisoners took walks, gardened, and played various games. Although lavatory facilities in rural areas were located outside the house in an adjoining structure, typically consisting of no more than a deep pit, large amounts of

³³ Çapa, "Birinci Dünya Savaşı'nda Türkiye'de İtilaf Devletleri Esirleri," p. 51 and TKA, file. 520 (1912–1916).

water were used to clean them each day. One house was occupied by Russian officers and the other by French officers as well as enlistees who served them. Prisoners' water needs were met either by boiling unsanitary city water or transporting fresh spring water from the surrounding area. As for food, prisoners either received it through the garrison as a form of military requisition or procured it themselves from outside sources, sometimes having it brought in from Istanbul by a private business. Prisoners leveled no complaints about the food and were satisfied with their arrangements. As bedsteads were unavailable in the city, custom-made wooden frames were used instead, covered with mattresses and cushions or simple bedding. Despite the modest conditions, however, they slept on clean beds and wore tidy clothes, including well-kept shoes and coats. Since prisoners received their laundry and other effects through the American Embassy, the residence housing the British and Russians was cleaner than that in which the French stayed. Overall, prisoners were in good health. Whereas POWs were initially required to pay five piastres to receive treatment in the municipal hospital, the garrison commander arranged for services to be provided to them free of charge at the military hospital. Remarkably, however, no lice outbreak was reported in the garrison despite the high number of prisoners. By 14 June 1915, a total of 329 POWs had been vaccinated against typhoid three times and smallpox once by the central medical staff.

Prisoners held in the Afyonkarahisar Garrison were at times employed as laborers in exchange for daily wages. Those sent to Pozanti were reported to have worked for the railway company, while several electric and machine specialists had previously been sent to Sivas and a number of agricultural specialists to Adapazari. Two Catholic priests were appointed to administer religious services to the prisoners. Officers requested that their salaries be paid in full on time. Complaining that the daily allowance of four shillings—equivalent to that provided to Ottoman POWs in Entente custody—was insufficient in the face of rising food prices, they requested that housing and food expenditures be covered separately.

Prisoners also expressed dissatisfaction with postal services. Based on the correspondence POWs had received, they estimated that roughly a quarter of the parcels sent by the French and British had gone missing, requesting that the Red Crescent investigate the matter. They also reported significant delays in the delivery of letters and postcards. Lieutenant Commander Henry Stoker, commander of the Royal Australian Navy's submarine AE2, sought the Red Crescent's assistance in retrieving a box containing letters from his fiancée that he had left at the Central Command in Istanbul, describing them as being of great sentimental value to him. Russian POWs asked the Red Crescent to inform the Russian Red Cross that they had yet to receive any letters or packages. French POWs similarly reported that they had received none of the packages sent to them between 1 and 28 August 1915.



◀ PRISONER LETTER

Bihî

*To the High Presidency of Red
Crescent's Prisoners of War
Commission in Dersaadet [Istanbul]*

I have been a prisoner of war for a year. I have not received a single letter from my parents. The extent to which this agony has increased is beyond the need for explanation. I humbly request, out of the depths of your compassion, that you kindly inform my parents of my captivity, or let me know about their well-being, sir.

Dated 3 September 1334 / 1918

20th Division, 62nd Regiment, 1st
Battalion, 1st Company
Second Lieutenant Abdülehad

Address of my parents:

To Hacı İsmail Efendi, from the village of Çengelli Bala, in the district of Ayaş, province of Ankara.

From Second Lieutenant Abdülehad, prisoner of war in the second camp at the Ottoman officers' POW headquarters in Sidi Bishr, Alexandria, Egypt, registration number [2292].

The 184 British POWs interned in the Konya garrison were relocated to various places in January 1916. The government paid for the hotels in which POWs would be lodged until their repatriation. There, they had recreation opportunities, including scheduled soccer matches, recreational outings, and, once every three months, visits to the city's public baths. The garrison staff consisted of a commander, a provisioning officer, a pharmacist, a translator, two clerks, and thirty guards. Also in 1916, the prisoners held in Kütahya's POW camp were kept in to four separate houses in the city center after the initial notion to transfer them to the village of Emet was abandoned. Officers were housed on the upper floors of the houses while civilian captains and engineers—treated as officers—occupied the lower floors. Officers and enlisted men were stationed separately, with orderlies quartered in an adjacent barrack.

A British officer at the Kastamonu POW camp described the prisoners' living conditions in detail in a letter published in *The Times*. There were 120 POWs housed in six residences, with twenty men in each. The officer shared a small room with a major. The prisoners were allowed to leave once a week to shop in the city's marketplace. They also went on recreational trips and played both cricket and soccer—the latter with a ball made of wool.³⁴ In Mardin, the company commander of the Russian prisoners submitted a report on 13 October 1916 in which he states that each prisoner was issued a new coat, a suit, a set of clothes, new undergarments, a pair of woolen socks, a cotton vest, and a goatskin. The prisoners interned in the headquarters were taken to the public baths once a week, and their laundry was washed with soap and ironed at the same interval.

The distribution of written correspondence and remittances was administered by the army at the beginning of the war. However, hiccups in delivery were common, as the staff was unfamiliar with the Latin alphabet. Moreover, letters were often times slow to arrive to their recipients due to censorship procedures. Such complaints gradually began to subside, however, once the Red Crescent assumed responsibility for distributing mail in November 1915.³⁵

Supplies, food, and money sent to POWs in Ottoman territory typically reached the Red Crescent via the American and Dutch embassies, after which they were forwarded to POW camps. In December 1915, a remittance sent from Istanbul to Afyonkarahisar was handled as follows:

In a letter dated 4 December 1915 from Istanbul, Vice President Dr. Besim 'Ömer (Akalin) Pasha informed the garrison commander overseeing Afyonkarahisar's POW camp that a sum of nineteen liras and eight piastres had been transferred to the Ottoman Bank on behalf of several prisoners held there under his command. This remittance consisted of 10.50 liras for Officer Piraspi of the submarine HMS E15, 440 piastres in gold coins for Emil Viktor (POW no. 453) from the submarine *Marya*, 220 piastres for Michel Antoine (POW no. 455), eighty-eight piastres for Hektor Havadek (POW no. 414), and 110 piastres to Kiper (POW no. 441). In a letter to the POW Commission dated 8 December, the garrison commander requested that the funds be withdrawn from the bank and distributed to the designated recipients in return for signed receipts. Two days later, on December

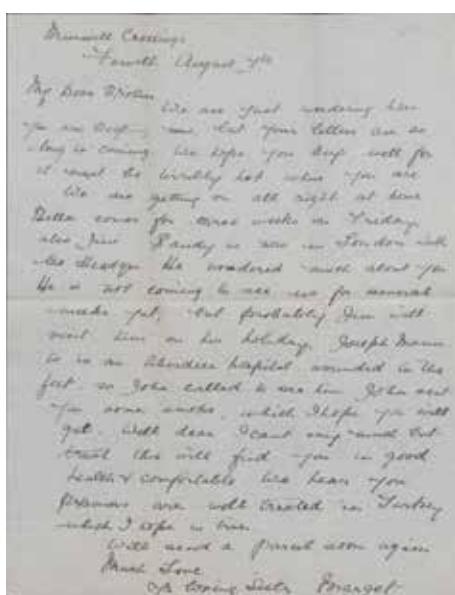
³⁴ TKA, file. 520 (1912–1916)

³⁵ TKA, file. 520 (1912–1916) and Çapa, "Birinci Dünya Savaşı'nda Türkiye'de İtilaf Devletleri Esirleri," p. 54.

10, Senior Captain Mehmed Lütfi Bey confirmed that the payments had been made and that five triplicate receipts had been duly signed. In a follow-up letter dated 12 December, the garrison commander informed the Red Crescent General Headquarters that the funds had been delivered and enclosed one copy of each of the five signed receipts as confirmation. Copies of the receipts were likewise forwarded to the American Embassy for its records. This event demonstrates that remittances reached their intended recipients in a prompt manner, taking approximately one week from the time of receipt to delivery in this particular case.

Afyonkarahisar served as the primary distribution center for remittances and packages sent to garrisons in Anatolia. A lack of postal wagons and high fees demanded by shipping companies, however, complicated the transportation of the said packages.³⁶

Between 1915 and 1918, a total of 8,765 bales of goods and food were delivered to the Red Crescent via the Dutch and American Embassies. The Red Crescent also distributed eight wagonloads of supplies provided by the Dutch Embassy to POW camps. Additionally, the organization delivered a total of 684,961 liras—transferred in 42,410 installments—to Entente POWs held in various camps.³⁷



◀ Murwill (?) Crossings

Faruwell (Last Name?). August 7th

My Dear Brother,

We are just wondering how you are keeping now. But your letters are so long in coming. We hope you keep well for it must be terribly hot where you are. We are getting on all right at home. Bella comes for three weeks on Friday, also Jim. Saudy (?) is now in London with the Headgr (?). He wondered much about you. He is not coming to see us for several weeks yet, but probably Jim will visit him on his holiday. Joseph Maun is in an Aberdeen hospital, wounded in the feet so John called to see him. John sent you some smoke which I hope you will get. Well dear I can't say much but trust this will find you in good health & comfortable. We hear you prisoners are well treated in Turkiye which I hope is true.

Will send a parcel soon again.

Much Love.

Your loving sister Margel

36 Askerî Tarih Stratejik Etüt Başkanlığı Arşivi (ATASE Arşivi), folder.1274, file.588, folio.1/48.

37 Çapa, *Kızılıay (Hilâl-i Ahmer) Cemiyeti (1914-1925)*, p. 118.

Red Crescent Delegate Yūsuf Akçura's Journey to Russia: Ottoman POWs in Russia

It is estimated that, in addition to civilian detainees, between sixty and seventy thousand Ottoman soldiers were taken prisoner by Russian forces during WWI. Russian authorities deported Muslims from Ardahan, Kars, and Batumi whom they deemed unreliable, relocating them to the interior regions of Uralsk and Siberia. Maintaining contact with the POWs captured on the Eastern Front proved difficult, as they were transferred to Nargin Island (modern-day Boyuk-Zira Island) off the coast of Baku and to various camps across Siberia. Most Ottoman officers were sent to Irkutsk near Russia's border with China. Nevertheless, the Red Crescent succeeded in delivering aid through Ottoman Embassies by cooperating with relief organizations of both allied and neutral states. The Ottoman ambassadors in Vienna and Stockholm—Hilmī Pasha and Cevād Bey—worked diligently to ensure that a delegate from the Red Crescent would be dispatched to Russia alongside German, Hungarian, and Austrian representatives.

The first information about POWs in Russia was obtained in the summer of 1916. An official named Rāğıb Bākī, who had been dispatched from Stockholm to Petrograd (St. Petersburg), reported through his contacts at the Spanish Embassy that a large number of Austro-Hungarian and German POWs were being held in Russia. This mobilized the Red Cross into action, prompting the Red Cross delegations of Denmark, Sweden, and other countries to cooperate with the embassies of neutral states to address this issue. The Red Cross was also consulted to help identify Ottoman POW camps and facilitate the delivery of aid to them.

Appointed as the Red Crescent delegate at the Danish Red Cross in Copenhagen in September 1917, Yūsuf Akçura made contact with Ottoman POWs in Russia with the intention of gathering information about their places of residence and health conditions. He also worked to facilitate contact between POWs and their families, coordinate with the Swedish and Danish Red Cross Societies to send money, gift parcels, and books to POWs in Russia, and to welcome sick and wounded Ottoman POWs repatriated through Scandinavia, providing them with money and gifts upon their return. At this time, Denmark invited the Ottoman Empire to attend a conference in Copenhagen to discuss a planned prisoner exchange between Russia and the Central Powers. Yūsuf Akçura joined the delegation, which included the head of the Red Crescent's Prisoner Commission, 'Izzet Bey, and two military officers.³⁸

At the Copenhagen Conference, an agreement was signed establishing the terms of the proposed prisoner exchange and the regulations governing prisoner treatment in POW camps. The agreement lacked a legal foundation, however, since its ratification hinged on the endorsement of government officials. Nevertheless, the text of the Copenhagen Agreement served as the basis for the subsequent prisoner exchange conferences in Petrograd. By the time Yūsuf Akçura

³⁸ Çapa, *Kızılay (Hilâl-i Ahmer) Cemiyeti (1914-1925)*, p. 114.

arrived in Copenhagen, the Danish Red Cross had already made contact with the POW camps in Russia holding Ottoman soldiers and had facilitated correspondence between prisoners and their families. To make it known that a representative had been dispatched to Russia by the Red Crescent, Akçura sent postcards to the camps that had been identified and letters to Turkish-language newspapers in Russia. While in Copenhagen and Stockholm, he forwarded letters from Ottoman POWs in Russia to the Red Crescent's Istanbul headquarters via an Ottoman courier.

After visiting Germany, Denmark, and Sweden, Yüsuf Akçura oversaw matters concerning Ottoman POWs in Russia on 12 January 1918–1 February 1919. As the Brest-Litovsk negotiations with the Russians commenced, Yüsuf Akçura, acting at the behest of Premier Ta'lat Pasha, then in Berlin, joined the delegation en route to Petrograd as the Red Crescent's representative. The members of the delegation—Gâlib Kemâlî (Söylemezoğlu), Turhân Bey, Remzî Pasha, and Mîralay Tevfîk Bey—arrived in Petrograd on 12 January 1918. The details of this delegation's work in Russia are duly documented in a report published by Yüsuf Akçura in 1919.³⁹

The political upheaval in Russia following the 1917 Bolshevik Revolution had an immediate impact on Ottoman POWs. Under Tsarist rule, a few facilities did attempt to meet prisoners' health and nutritional needs, while others left them to languish in locked wagon cars for days without a source of heat, resulting in many deaths. Upon seizing power, however, the Bolsheviks abolished the distinction between officers and enlisted men, going so far as to releasing all POWs. The cessation of state aid left many former prisoners, and specifically officers, in dire straits. Freed enlisted men scattered about, taking up jobs as laborers, tradesmen, and, in some cases, engaging in small-scale wartime commerce to carve out a modest living. Although some officers also engaged in trade, most opted to remain in the facilities where they had been interned. Others moved into private houses and gradually left the cities in which they had been held.

As acting Red Crescent Delegate, Yüsuf Akçura extended material aid to the POW camps that had been identified across Russia. He also sent letters accompanied by books and newspapers that he had purchased in Moscow and Kazan. At the time, the Ministry of War's representative, Major Hakkî Bey, together with Swedish and German delegations, provided aid to Ottoman POWs. The Northern Turks—a conglomeration of Muslim Turks and Tatars in Russia—used the humanitarian associations they had founded under Tsarist rule to facilitate the delivery of aid to Ottoman prisoners. Yüsuf Akçura, while still in Scandinavia, established contact with the Muslim Commission for Aid to Turkish Prisoners of War operating in Moscow. The newspapers *İl*, *Yıldız*, and *Waqt* published by Tatars in Kazan launched public aid campaigns. During his time on the ground in Russia, Akçura actively collaborated with various Turkic-Tatar organizations to coordinate and expand relief efforts.

39 'Osmânlı Hilâl-i Ahîmer Cemîyyeti Rûsyâ Üserâ' Murâhîşî Yüsuf Akçura Bey'in Raporu, Dersâ'âdet, 1335 (1919).

In March 1918, Yusuf Akçura traveled from Petrograd to Moscow, where he met with the local aid committee before proceeding to Kostroma, where Ottoman prisoners were interned. Upon learning that the prisoners held in the POW camp in Chukhloma—a city in the Oblast of Kostroma—had been transferred to Siberia three days earlier, Akçura made his way to Vologda and then returned to Moscow.

The signing of the Treaty of Brest-Litovsk expedited the transfer of POWs. The returning Ottoman diplomatic delegation had, by then, settled in the new capital of Moscow. Arriving in Moscow before the Ottomans, the German diplomatic delegation created a central commission together with seventeen subordinate commissions to facilitate the repatriation of their own POWs. Under the terms of the agreement, this commission was also made responsible for overseeing the transfer and return of Ottoman POWs. Major Hakkı Bey, represented the Ottoman Ministry of War in the central commission. In coordination with Hakkı Bey, Akçura introduced a series of measures to streamline the transfer process. He appointed several Turkish-speaking students enrolled in Moscow State University as clerks and medics. These students played an instrumental role in receiving prisoners arriving in Moscow, seeing to their immediate needs, and arranging for their transport to the German border. Muslims residing in Moscow hosted a communal iftar for fifty-three Ottoman POWs, to be attended by Akçura at the Turkish-Tatar School in Ramadan 1918. Red Crescent nurses prepared holiday gift packages to be distributed in POW camps and among prisoner convoys passing through Moscow and Petrograd during Eid al-Fitr. Each parcel contained tea, coffee, sugar, biscuits, cigarettes, matches, and printed Eid card.

While the transfer of POWs from camps in Western Russian to Moscow had largely been completed, fifteen to twenty officers reported to be in the Volga-Ural basin—particularly in Kazan—had not yet reached Moscow. Additionally, many military and civilian prisoners held in areas south of Moscow were thought to have remained untransferred. In the summer of 1918, Yusuf Akçura set out from Moscow for Kazan, where he spent five months working to ease the plight of Ottoman POWs. He began his journey on 28 July 1918, traveling via Nizhny Novgorod. Upon his arrival, he was informed by members of the German sub-commission and local Muslim communities that no Ottoman prisoners remained in the city.

Continuing his journey through various Muslim Turkish-Tatar villages while en route to Simbirsk (modern-day Ulyanovsk), Akçura learned that the seventy-eight Ottoman POWs once held there had already been transferred to Moscow in June. During their time in Simbirsk, these prisoners had received assistance from the Swedish delegation and the Commission for Aid to Turkish Prisoners of War, an affiliate of the national organization known among Turkish-Tatars as the National Council (*Millî Şûrâ*). Akçura did find six Ottoman soldiers in Samara and an additional seventy-three housed in workers' barracks in Ufa. Civilian prisoners, however, did not reside there permanently; they frequently traveled to Siberia and

other places for commercial purposes, engaging in the fruit trade, baking, and hotel keeping. Political upheaval in eastern Russia and a lack of material resources at his disposal prevented Yüsuf Akçura from visiting POW camps in Siberia. After several months of travel, he returned to Moscow in January 1919. His route unfolded as follows: He left Kazan by car on 14 August 1918 and arrived in Simbirsk on 20 August; continued by river to Samara; departed Samara by train on 12 September, reaching Ufa the next evening; and finally returned to Moscow by train from Ufa, arriving, 1919 after a ten-day journey, on 4 January. Yüsuf Akçura describes the train journey they took from Ufa to Moscow with the prisoners as follows:

On the 4th day of Kanûn-ı sâni (4 January, 1919), we boarded the train cars. The soldiers were overjoyed — they kept singing and dancing the hora non-stop. Among the civilian officers, some bakery owners brought sackfuls of bread for their fellow countrymen. Right then and there, they also collected and distributed a few hundred rubles. That evening, our train departed. (Although the Ufa-Moscow route normally took two and a half days, it took ten days this time.) These few days — spent eating, drinking, and listening to folk tales and songs with joyful compatriots excited to return to their homelands — are among the most delightful days of my life.

Yüsuf Akçura accompanied the prisoners who had arrived from Ufa as they were quartered in the workers' barracks near the Moscow train station. Yet Moscow was, at the time, gripped by such high inflation that the price of a single *okka* (≈2.82 lbs) of black rye bread had soared to forty-five rubles. With money scarce and conditions deteriorating, the prisoners' transfer needed to be expedited. With the German border sealed and the uncertainty surrounding Austria-Hungary, Akçura arranged for the prisoners to be sent to Ottoman territory via Ukraine. The group, consisting of two officers and 148 enlistees, departed from Moscow for Kyiv on 1 February 1919 escorted by two guides.

Having seen the last group of prisoners in Moscow off to Ottoman lands, Akçura left Moscow on 17 February and, following a short layover in Finland on 22 February, reaching Stockholm on 1 March. Following a three-week stint there, he continued on to Berlin, arriving on 23 May. During his time in Sweden and Germany, Akçura continued to attend to the needs of Ottoman POWs stranded in Siberia. Several months later on 7 August, Akçura would depart Hamburg on the ocean liner *Gül Djemal* (formerly the *SS Germanic*), arriving in Istanbul on 23 August.⁴⁰ By the time Akçura's journey through Russia drew to a close in September 1919, it was estimated that some 10,000 prisoners remained in Soviet territory.

40 Çapa, *Kızılay (Hilâl-i Ahmer) Cemiyeti (1914-1925)*, pp. 114-117 and Mesut Çapa, "Yusuf Akçura'nın Rusya Seyahati ve Türk Esirleri," *Türk Kültürü*, No. 366, October 1993, pp. 32-46.

In Anatolia at the End of the First World War

Following the signing of the Armistice of Mudros, the Ottoman Red Crescent dispatched relief delegations from Istanbul to Eastern Anatolia, a region heavily affected by the Russian occupation during the war. Delegations were sent to Trabzon, Erzurum, and Erzincan, and operated there throughout 1919. The Red Crescent organized three major relief teams for the provinces of Trabzon, Erzurum, Erzincan, and Elazığ—regions most severely damaged by the war. Each delegation was composed of a leader accompanied by an administrative officer, two physicians, two clerks, two nurses, and six attendants. The Trabzon delegation was led by Dr. Behçet Bey, the Erzincan delegation by Şaffet Bey, and the Erzurum delegation by Dr. Lütfi (Kırdar). Although initially assigned for four months of service, these teams carried with them 700 tons of staple goods such as corn, wheat, flour, and lentils, as well as powdered milk, sugar, footwear, socks, printed fabrics, undergarments, shirts, quinine, and various other medicines. The Trabzon and Erzincan-Elazığ delegations departed from Istanbul on 25 June 1919, while the Erzurum delegation left on 30 June 1919—each heading to Trabzon with their personnel and supplies.⁴¹

In the postwar period, the administrative structure of the Red Crescent was also redefined. As of 5 February 1918, the board of directors included Dr. Âkil Muhtar, Hâmit Bey, Kilisli Rifat, Dr. Celal Muhtar, Berç Keresteciyân, and Dr. 'Adnân Bey. Dr. Âkil Muhtar and Hâmit Bey were appointed vice presidents of the society. In 1920, following the official occupation of Istanbul, the Red Crescent's Secretary General Dr. 'Adnân (Adivar) Bey relocated to Ankara. His position was then assumed by Şaffet Şav Bey, head of the Red Crescent's Prisoners of War Department.

Conclusion

The Ottoman Red Crescent was engaged in a wide range of activities throughout the First World War—from providing frontline medical support to addressing challenges related with a growing POW population. Importantly, women played a crucial role in ensuring that operations ran smoothly and at the highest capacity possible.

The First World War triggered both a military and profound humanitarian crisis for the waning Ottoman Empire. In such trying times, the Red Crescent proved indispensable, effectively complementing the state's medical and relief services from the very onset of the conflict. Through its efforts in the trenches and at home, the Red Crescent demonstrated just how robust and resilient of an organization it was to the military apparatus and society as a whole.

⁴¹ Mesut Çapa, "Birinci Dünya Savaşı Sonrasında Kızılay Heyeti'nin Trabzon Vilayetindeki Çalışma ve Gözlemleri", *Karadeniz İncelemeleri Dergisi*, No. 17 (Winter 2014), pp. 101-112.

The Red Crescent set up field hospitals to care for sick and wounded soldiers, deployed mobile hospital trains for patient transport, and created provincial branches and volunteer networks to expand medical services throughout Ottoman territory. The active involvement of volunteers, and especially of women volunteers, illustrates the extent to which society as a whole was able to mobilize effectively in extremely difficult circumstances.

Among the organization's most comprehensive international initiatives were its efforts on behalf of POWs, including those captured by Ottoman forces. The delegation headed by Yusuf Akçura collaborated with various Red Cross societies to ensure that prisoners' basic needs—food, clothing, and communication with their families—were adequately met. These efforts exemplify the Red Crescent's ability to adopt innovative, far-reaching strategies to deliver humanitarian services to some of the most neglected and marginalized individuals who, more often than not, found themselves languishing in camps far away from home.

The Red Crescent's wartime efforts laid a solid foundation for its postwar transition into a humanitarian organization capable of operating effectively during peacetime. The institutional model, relief strategies, and operational practices developed over the course of the war formed a lasting legacy that would shape its subsequent evolution into a modern, reputable humanitarian actor. In this regard, the First World War was a pivotal juncture for the Red Crescent—not only in terms of its expanded capacity to deliver essential humanitarian services but also in solidifying its position and legitimacy in the eyes of the society.

A significant factor in the Red Crescent's success was the unwavering, selfless dedication of its idealistic leadership. Ahmet Emin Yalman likened the organization's leaders to *Akıncılar*—historically those who served as the army's vanguard—remarked:

They were deeply devoted to the Red Crescent. To them, the advancement of its mission and avoidance of any misstep was a matter of honor and conscience. They refused to succumb to petty jealousy. Each was a man—or woman—of integrity whose character and moral excellence had been tried, tested, and found to be of the highest quality.⁴²

Throughout the war, the Red Crescent proved itself to be an effective national and international humanitarian organization through its extensive service behind the front lines.

42 Yalman, p. 282.

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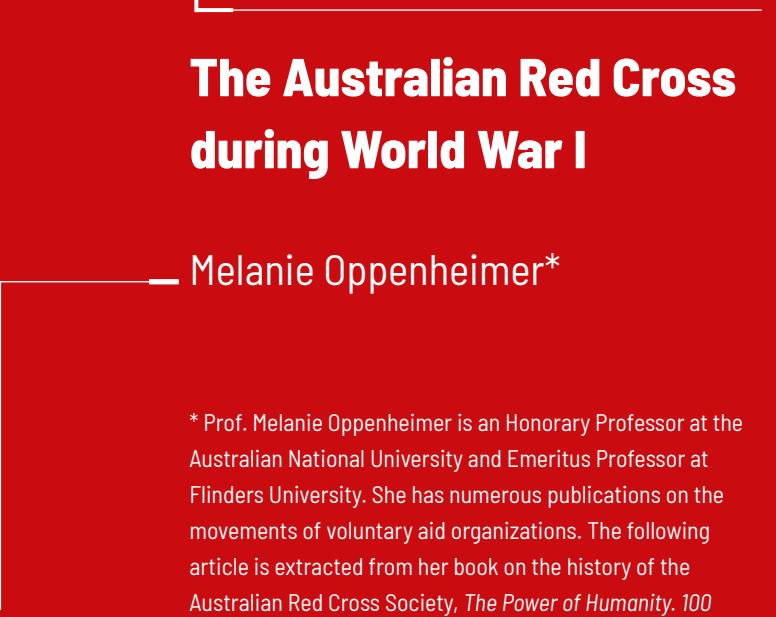
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The Australian Red Cross during World War I

— Melanie Oppenheimer*

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The Australian Red Cross was borne out of a war that holds a special place in Australian history. The young nation, federated only thirteen years before in 1901, was keen to make its mark on the international stage fighting alongside Britain, the so-called mother country, as an equal partner. Perhaps our most sacred cultural institution, Anzac Day, commemorates the landing of Australian troops on the Gallipoli Peninsula on 25 April 1915, an event that many regard as the true birth of our nation. From a population of just under five million, nearly 417,000 enlisted in the Australian Imperial Force (henceforth AIF), with around 324,000 serving overseas. Of those, around 58,000—roughly one in five—were killed and an additional hundreds of thousands were wounded. The AIF was a volunteer force, and would remain so throughout the war, thus making Australia unique among the combatant nations. Yes this spirit of voluntary sacrifice was not limited to those who served in the military. Australian civilians—women, men, and children—threw themselves unstintingly behind the war effort, doing whatever they could to support their “boys” overseas. It was against this backdrop of willing voluntarism that the Australian Red Cross first took shape.

Mobilizing for War

The mobilization of the AIF is a well-known chapter in Australia’s history. Less well known is the remarkable response of the Australian public and the impact it had in the early days of the war. Yet the parallels between the mobilization of the military forces and humanitarian efforts on the home front are indeed striking. The Australian public’s eagerness to support the war effort initially took the form of what Governor-General Ronald Munro Ferguson described as an “orgy of alms.”¹

Patriotic funds were formed in the hundreds, precipitating a veritable deluge of donations. Even those opposed to the war could find a fund that aligned with their social and political beliefs. There were funds to assist Australian soldiers and their families, funds to care for horses and Belgian children, funds to provide musical instruments and church huts for troops in France, and funds that provided shiploads of meat and food to Britain.²

Yet this generosity went beyond donations of money and goods. Many chose to volunteer their time and labor to the cause by joining, among other organizations, the Red Cross thereby expediting its rise to become Australia’s largest voluntary organization. Within weeks of war’s outbreak, the Australian Red Cross (as it was generally referred to) had become a household name, garnering the admiration of the thousands of Australians, and especially

¹ This chapter comes from Melanie Oppenheimer, *The Power of Humanity. 100 Years of Australian Red Cross*, Sydney, Harper Collins, 2014. It was commissioned for the centenary of the Australian Red Cross.

² For a comprehensive study of Australian patriotic funds, see Melanie Oppenheimer, *All Work, No Pay: Australian Volunteers in War*, Ohio Productions, Walcha, 2002; *Daily Advertiser* (Wagga Wagga), 4 August 1914, quoted in Bill Gammage, *The Broken Years*, ANU Press, Canberra, 1974, p. 5; letter from Ronald Munro Ferguson to A. Bonar Law, 13 July 1915, Novar Papers, MS696/727–732, National Library of Australia, Canberra.

women, who had been “left behind” on the home front. From Port Douglas in the tropical far north of Queensland to the gold town of Kalgoorlie in Western Australia, women flocked to the Red Cross to become the volunteer troops on the home front, in much the same way as the military troops were being mobilized for war.

In line with the International Red Cross’ motto, “humanity in the midst of war,” Red Cross volunteers in Europe cared for sick and wounded soldiers, assisted their dependents, and tried to help civilians caught up in the war. In Australia, far from the battlefield, the volunteers’ duties in the early months of the war had a different focus. They concentrated their energies on raising funds, collecting materials, and making goods to be sent to the front, proving themselves to be extremely adept at these tasks. They sent thousands of pounds overseas, as well as shirts and socks, towels and mufflers, packets of cigarettes and boxes of chocolates, medical supplies, crutches, and artificial legs.

The Red Cross’ adherence to the Geneva Convention at times conflicted with the organization’s desire to fulfill its patriotic duty, challenging its leaders from the very onset. The £9,000 provided to the Director General of Australian Medical Services to assist in equipping military hospitals is one such example, as this was a Commonwealth government responsibility, not a Red Cross one. Yet in the early stages of the war, the medical services depended almost entirely on Red Cross supplies of bandages, splints, sterilized linen, and hospital equipment.

Lady Helen at the Helm

Lady Helen Munro Ferguson, the wife of Australia’s sixth Governor-General, founded the Australian Branch of the British Red Cross Society in August 1914 upon the outbreak of war. She loosely based the Australian organization on the Scottish model with which she was familiar. A staunch advocate of Queen Alexandra’s belief that Red Cross work was essentially a feminine endeavor, Lady Helen wanted to ensure that women would occupy leadership roles at all levels of the organization she established in Australia, contrasting with both the British Red Cross, whose executive committee positions were filled by men, and the Canadian Red Cross, where women were not originally included in the leadership structure. The Australian Branch’s structure mirrored the newly federated nation; the societies formed in each state were independent bodies, called “state divisions.” Each society was headed by the wife of the State Governor in question, who, as president, was responsible for all Red Cross work in her state, including the network of local branches established in each state.

Lady Helen graciously allowed her home—the Government House in Melbourne—to become the headquarters of the Australian Red Cross’ national body. This included the central depot, which was established in residence’s magnificent ballroom. Following its transformation into both a factory and a warehouse, the nascent headquarters would receive, create, and



◀ *Lady Helen Munro Ferguson*

dispatch a multitude of Red Cross goods throughout the war. The vast room was divided into sections, with long trestle tables running the length of the ballroom, each piled high with goods. The whir of sewing machines and the hum of industry replaced the gaiety of the violin and waltz. Industrious volunteers assembled and packed Red Cross parcels in stiff brown paper and twine. Others created bandages out of yards of old linen, packed reading materials, or sorted through the socks, pajamas, and other articles of clothing lovingly made by women and girls across the country. Each day over the course of more than four years, upwards of three hundred volunteers—predominantly women—walked through the ornate steel gates and up the groomed pebbled driveway to toil in the central depot. Local women's voluntary organizations filled weekly rosters. Eventually there were forty permanent staff members working at the central depot, including the ever-laborious depot manager. Motor trucks, plodding draft horses, and carts arrived and departed with regimental regularity, either

delivering goods to be transformed into useful items or leaving piled high with wooden crates stamped with the distinctive red cross, each ready for transport to the docks and shipment overseas.

The Red Cross' inhabitation of the Government House would, over time, expand into the tower, where the secretary, Philadelphia Robertson, worked; into the dining room where meetings were held; and into the state drawing room where it was not uncommon to see more than fifty bales of flannel stacked atop one another, scandalizing the household staff who recoiled at the idea of the precious carpets being covered in fluff. Eventually the horse stables were repurposed into a workshop where workers constructed crutches, deckchairs, folding tables, screens, trays, bedside lockers, and various other Red Cross products. Even the staff of the Government House were enlisted to field telephone calls and mail, so much so that Orchard, the hall porter who had worked there so long that "he was on the inventory," remarked that "one of these days, [the] Red Cross would have the governor-general out on the lawn."³ At the end of the war, the value of all goods dispatched from the central depot, most shipped overseas, was estimated at £1,276,666.

All these activities were overseen by Lady Helen. Her office was nearby—a small, humble room just off the main hallway adjacent to the ballroom. From there she kept a watchful eye on proceedings, answered questions, directed operations, and would often be seen in the fray, sleeves rolled up, working with her compatriots. Lady Helen's use of vice-regal space gave her direct control over affairs and emphasized, when necessary, her position and power within the organization. As the war progressed, she presided over an increasingly large and complex business. She would, on a daily basis, deal with a multitude of unprecedented issues in an emotionally charged and constantly changing environment—issues that today would be handled by professionally trained human resource managers. Since the depot was in her own home, Lady Helen took personally any criticism leveled against the organization, such as media reports claiming that a mice plague had spoiled goods in the spring of 1917. She responded by allowing the general public unfettered access to the federal depot, personally guiding representatives of every Victorian branch around the entirety of the facility for two long afternoons. Her aim was to scotch rumors of vermin and provide her visitors with "ocular proof" that neither rust nor mice had corroded or destroyed anything in the depot.⁴

Lady Helen was described by Philadelphia Robertson as having "the guiding hand and the controlling brain of the Red Cross network." She presided over every meeting of the Central Council, the governing body of the Society. "Important resolutions were never better framed [...] nor were wiser judgments than hers forthcoming," suggested Robertson.⁵

3 Philadelphia N. Robertson, *Red Cross Yesterdays*, JC Stephens, Melbourne, 1950, p. 15.

4 *Table Talk*, 6 September 1917.

5 Philadelphia Robertson, 'The Late Viscountess Novar,' No 33, Box 191, ARC Archives (National), Melbourne.

Lady Helen was ably assisted by “our Philadelphia,” as Robertson was affectionately known, who had been brought into the organization to be secretary to the society in November 1914. Unmarried, with Scottish heritage, and of a similar age to Lady Helen, Robertson’s duties included typing correspondence for the President, the Council, and its committees as well as keeping minutes and editing monthly leaflets. Philadelphia would stay with the Red Cross for the next thirty-two years, becoming a leading figure in the Australian movement. There were only a few paid staff members employed during the war, one of which was Robertson, but also included store managers, transport officers, and various clerks. The vast bulk of Red Cross work was carried out by its army of volunteers, from the President through to the thousands of volunteers at the branch level.

Lady Helen remained in touch with her constituency by allotting time to travel around Australia. With the governor-general, she travelled to every state more than once, energizing the Red Cross and other women’s organizations, such as bush nursing and infant welfare groups. She crisscrossed the continent, even sailed across Bass Strait in March 1918 to meet with members, workers, and friends of the Red Cross in Tasmania. An “earnest, untiring worker” herself, Lady Helen gave a “sympathetic and stimulating address” to the Tasmanians and encouraged them to reach out to others who might still not recognize the “magnitude and importance of the Red Cross work.”⁶

The State Divisions

State Divisions of the Australian Red Cross were quickly established. In New South Wales, for instance, volunteers resurrected the branch formed in 1913, with Lady Edeline Strickland as its president. An executive committee was appointed on 11 August, with the division beginning operations the following day from its central office in King Street, Sydney. The members of the committee were a group of highly energetic women and men, all of whom would play longstanding roles in the New South Wales branch, that included Miss Nancy Consett Stephen, Mrs. Langer Owen, Mr. James Fairfax, the Hon. James Ashton, MLC, and Joint Secretaries, the very capable Misses Marjorie Mort, and Gladys Owen. Within three days and with only twenty-four hours’ notice, goods for the comfort and welfare of the first expeditionary force bound for German New Guinea were dispatched on *SS Berrima*. After a few months, the division relocated to larger premises at 215 George Street. A depot for receiving and dispatching goods was established in the basement of Sydney Town Hall.

In Queensland, a public meeting attended by around 600 people was held on 13 August at the Albert Hall in Brisbane. Red Cross activities were initially held in a room offered by the Queensland Transport Ambulance Brigade in Ann Street and later in rooms at the Inns of

⁶ Australian Branch, Tasmanian Division, *4th Annual Report*, 1 August 1918, pp. 7–8.

Court on Adelaide Street. Meetings were held at the British Medical Association and space was allocated in the basement of the Town Hall to store Red Cross goods.

A public meeting was held in the Tasmanian city of Hobart's town hall on 14 August. Albeit the smallest state of the commonwealth, Tasmania was the only division to have two committees or, as they were then called, sections. This was a highly effective arrangement with one committee based in Launceston serving the north and the other, based in Hobart, which served the south.



▲ Ladies at Government House 1916

The South Australian Division was formed at a meeting jointly convened on 14 August by Lady Marie Galway, the cultured, intelligent, charming wife of the governor, who was part German and a Roman Catholic, and the wife of the mayor, Mrs. A. A. Simpson. Lady Galway, like Lady Helen, opened the doors of her home to the Red Cross, leading to both the South Australian Division Headquarters and a central packing depot to be established at the conveniently located Government House on North Terrace. As in Melbourne, the residence's stables were later procured to pack soldiers' comforts.

The small Western Australian Division, led by Lady Clara Barron, used a room in Perth's Government House as a Red Cross storeroom. Battling record drought, the spoiling of the 1914 wheat crop, and a severe trade depression, this Division was slower to get going than its counterparts in the eastern states, being formed in mid-September.

The Victorian Division was formed at a public meeting held in Melbourne Town Hall on 21 August. Many members had already been involved in the establishment of the National Headquarters the previous week. Its office was at the Old Treasury Buildings, Spring Street. Difficulties born out of a rivalry between the State and National Headquarters would, however, embroil Melbourne from the very beginning—the unfortunate result of having both the governor-general and governor of Victoria resident in Melbourne. It was agreed very early on that the Victorian Division, under the presidency of the beautiful and youthful Lady Margaret Stanley, wife of the governor, would focus on the expanding branch network and fundraising in that state whereas the national body, led by Lady Helen, would attend to the broader administrative and institutional aspects of Red Cross work in Australia and overseas. Despite the best of intentions, there were ructions. Melbourne was too small for two sets of vice-regal couples. Jealousies and differences in personality also played a role. Not only was there a generational gap between Lady Helen and Margaret Stanley, the latter disliked her vice-regal duties while Lady Helen relished them. Margaret was busy with her large family, whilst Lady Helen had none, although she did raise her niece and nephew, Veronica and Basil Blackwood, in the Government House during the war.

Furthermore, Lady Helen was constantly disappointed by the increasingly hands-on role of the Victorian governor, Arthur Stanley. She saw the Red Cross as essentially a women's organization, yet believed he was taking control:

As usual the women are taking a very back seat & now the Red X has become so popular they—after running it for 16 months—are beginning to be ousted. A new Council has been elected and Victoria has nominated only men—this is little A. Stanley's fault, he has swept his wife aside & runs her show.⁷

Such frustrations fomented a growing sense of animosity that was only further exacerbated by ongoing problems throughout the war.

⁷ Letter from Lady Helen to Elizabeth Haldane, 1 February 1916, MS6026.f.2, Haldane Papers, National Library of Scotland, Edinburgh.

A National Constitution

By May 1915, when a Division was formed in the Northern Territory, the Red Cross had divisions throughout Australia. All this activity occurred before the Australian branch had drawn up a constitution—getting the organization up and running was considered more important.

It was not until February 1915 that Lady Helen submitted a draft constitution to the Central Council. After the divisions had commented on the document's text, the Central Council adopted the constitution on 5 August 1915, nearly a year after the first meeting of the Australian branch. The role of women was enshrined, with the wives of governors and governors-general to serve as the presidents of state divisions and the Australian branch. The wives of both the prime minister and the minister for defense were also accorded a position on the council.

The objects of the Australian branch of the British Red Cross Society, formulated in accordance with the most recent Geneva Convention, were:

- (a) To supply hospitals, ambulances, vehicles, clothing, comforts etc, for the sick and wounded in time of war, and to generally supplement the hospitals, medical stores and equipment for the Medical Services of the Army and Navy
- (b) To contribute aid to the sick and wounded irrespective of nationality, even though the British Forces are not engaged
- (c) To enroll men and women who are qualified by having obtained certificates in first aid and home nursing, into Voluntary Aid Detachments for home service and to co-operate with the St John's Ambulance Association and Brigade in the formation of units of trained men and women
- (d) To render assistance in the case of any great public disaster, calamity or need, subject to the approval of Council, or in case of emergency of the President.⁸

Thirty years later, a leading barrister lampooned the final document as being “only suitable for a suburban football club.”⁹ The haste with which it had been written would cause much heartache in years to come. The funding arrangements it set out for a national headquarters posed a significant problem, as did the number of divisional representatives allocated to the Executive Council. Still, the constitution served the organization well during its formative years.

⁸ Constitution, First Annual Report of the Australian Branch of the British Red Cross Society, pp. 20–21.

⁹ Quoted in Robertson, *Red Cross Yesterday*, p. 13.

The Finance Committee

On the suggestion of Lady Helen, a Finance Committee was formed in July 1915. This small but powerful committee was comprised one representative of each division and office bearers of the Australian branch. Chaired by Lady Helen, key members included the wealthy Melbourne businessman and politician Sir Edward Miller, who served as the Honorary Treasurer of the Australian Red Cross from 1914 to 1928 (his wife was convenor of the central depot committee); the New South Wales politician James Ashton, who would develop a close working relationship with Lady Helen through the war; and Dr Edith Barrett, who held the position of Honorary Secretary of the committee and worked tirelessly for both the Victorian Division and Headquarters until the late 1930s. All major policy of Australian Red Cross was decided by this influential committee.

Before long, Lady Helen would experience problems with several of the male members on the Finance Committee. With her insistence on chairing all committees, held in the imposing state drawing room in Government House, she regularly encountered hostility and resentment as a strong-willed woman in a position of authority. This is keenly illustrated in a quote from Frederick Fairbairn, who represented the Queensland Division on the Finance Committee:

We are up against a brick wall with Lady H. She likes to have her finger into every pie [...] Our Finance Committee, which practically controls the important work of the Council, has quite useful personnel (Ashton particularly standing out) and [I] am sure we could do much better work, if we had a man in the chair as the Canadians have [...] She is a very clever, capable woman, which possibly only makes matters worse, as it only makes her more self-willed.¹⁰

Many of the male Australian Red Cross leaders, all prominent men of business, politics, law or medicine, were unable to accept a woman in charge. Yet Lady Helen had outstanding leadership qualities. As her husband noted, she had “made the Red X move here, without her nothing w[oul]d have been arrived at save perfect chaos.”

This friction continued throughout the war, though there is little to suggest that Lady Helen was anything but a highly competent manager with prodigious business and leadership skills. Her husband paid her what he no doubt considered the ultimate compliment: “Her business faculties are like those of a well-trained man.”¹¹

¹⁰ Letter from Fairbairn to Murdoch, 13 December 1917, ARC Executive Correspondence [No 33], ARC Archives (National), Melbourne.

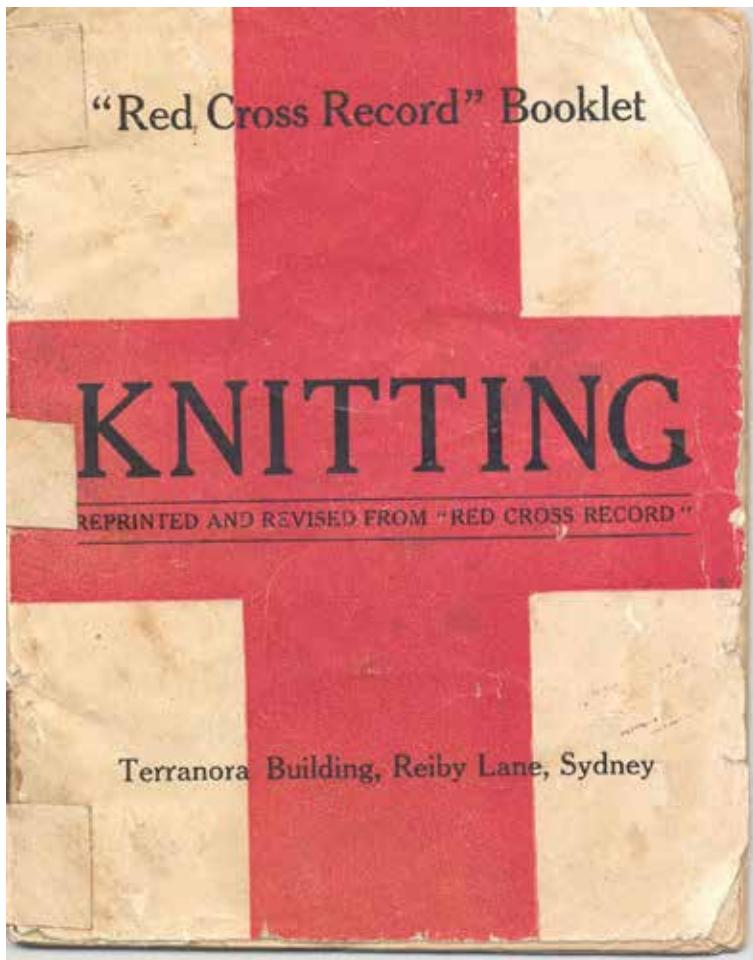
¹¹ Ronald Munro Ferguson to Hermione Blackwood, 12 February 1917. D1071 KH/9/1. Dufferin Papers, Public Record Office of Northern Ireland (PRONI), Belfast; ‘Address by Her Excellency at Third Annual Meeting of ARCS,’ *Argus*, 18 October 1917; quoted from the Dufferin Papers, in Melanie Oppenheimer, ‘The Best PM for the Empire in War?: Lady Helen Munro Ferguson and the Australian Red Cross Society, 1914–1920,’ *Australian Historical Studies*, April 2002, no. 119, p.122.

Local Branches

The third crucial tier of the Australian Red Cross was the local branch network. Though it is impossible to know exactly which was first established, we can name some of the early branches, or “circles,” as they were known in South Australia. The Bulli–Woonona branch in New South Wales held its first meeting on Wednesday, 6 August 1914. The people of Southern Queensland were likewise quickly mobilized, with a public meeting taking place at Toowoomba on 7 August and the first meeting of the branch held four days later. The Toowoomba branch would become a conduit for surrounding smaller branches, supplying them with essential items such as knitting wool, needles, and patterns, as well as cut-out garments ready to be sewn. The ladies of the New South Wales Southern Highlands were quick off the mark, too. Over 150 women—and a few men—convened in Goulburn on 13 August for a meeting led by the town’s mayoress, eager to form a branch and get to work. At Nowra on the south coast, a public meeting was held on 14 August at the School of Arts, where sixty ladies elected the local doctor’s wife, Mrs. Nea Rodway, as president, and Miss Emma Brice, a member of a prominent local family, as secretary. Perhaps hoping that the financial skills of her husband would rub off on her, they elected Mrs. Ruby Hayles, wife of the local bank manager, as treasurer. Although Mrs. Rodway later confessed to having had no idea how to conduct a meeting when she was first elected, she obviously learned quickly, as she was awarded an OBE after fifty years of service, much of that time as president. The nearby towns of Berry and Bomaderry also established early branches, as did Singleton and Broken Hill. By 28 August 1914, numerous country branches, such as Bowral, Forbes, Lismore, Grafton, Jamberoo, Cobargo, and Gerringong, had joined the Sydney suburbs of Arncliffe, Lindfield, St. Leonards, Darling Point, Granville, Neutral Bay, Roseville, Chatswood, Greenwich and Drummoyne in establishing a Red Cross branch.¹² By mid September, branches had been formed across Queensland, in towns both large and small, such as Warwick, Cairns, Cunnamulla, and Nambour. Early Red Cross branches established in South Australia in August 1914 include Glen Osmond, Hindmarsh, and St. Peters in Adelaide and Burra, as well as Crystal Brook near Port Pirie. St. Mary’s in Tasmania was also one of the first branches in that state, formed on 24 August.

Victoria can boast to having one of the first Red Cross branches in the Bendigo suburb of Kennington, which held its first meeting on 8 August. The Ballan branch was formed on 20 August 1914 at a meeting held at the local mechanics’ institute. Miss Theresa McCoppin (later Graham), who ran the Commercial Hotel with her sister Eliza, was elected Honorary Secretary, a position she held for the next forty-nine years. The small group of women met fortnightly throughout the war, holding sewing meetings in the local hotel. They regularly sent parcels of

¹² A Very Brief History of the Bulli-Woonona Branch of the ARCS, NSW Division,’ Branch Records Box 83, ARC Archives (NSW), Sydney; ‘History of the Toowoomba Branch, ARC, 1914–2001,’ ARC Archives (NSW), Sydney; *Goulburn Evening Penny Post*, 15 August 1914; South Coast Red Cross Branches during World War I, courtesy of Alan Clark, 23 November 2011; ‘Red Cross,’ *Sydney Morning Herald*, 28 August 1914.



◀ An Australian Red Cross knitting booklet

goods including knitted socks, towels, handkerchiefs, mufflers, face washers, and rabbit skin vests to the central depot. Other country branches in towns such as Geelong, Warrnambool, Bendigo, Port Fairy, Wangaratta, and Ballarat were early leaders, with working-class suburbs such as Port Melbourne and Williamstown also establishing active branches.¹³

By June 1918, Victoria had, at 886, the highest number of Red Cross branches. New South Wales had 632 branches, South Australia 369, Queensland 225, and Western Australia 148. Northern Tasmania had 108 branches by 1917 and Southern Tasmania had 67. Being such a sparsely populated area with little infrastructure, the Northern Territory did not have any branches as such, but reported a membership of 145 in 1917.

¹³ See, for example, *Burra Record* (SA), 26 August 1914; *Port Pirie Recorder and North Western Mail* (SA), 25 August 1914; and *The Mercury* (Tas), 28 August 1914; June Huggins, *Ballan Red Cross: 75 Years of Service*, privately published, 1989.

Branches were generally based in specific suburbs, country towns, villages, and rural communities. Yet the contributions of the many voluntary organizations, churches, and private businesses that formed Red Cross branches should not be understated. Not only did the Catholic Workers Association branches sprout up in Darlinghurst and North Sydney, the Maribyrnong Ladies' Cricket Club established a branch in Victoria and Melbourne University founded a branch in its namesake city. These branches came to form the bedrock of the Red Cross movement in Australia.

A Women's Organization

Red Cross branch membership was overwhelmingly female. Branch meetings gave members an excuse to meet, knit, sew, and socialize on a regular basis. Red Cross work gave them an active, tangible duty to accomplish for the war effort. Members met wherever they could find a suitable space. Sometimes it was in a local member's home—in her living room or kitchen, or on the verandah, or wherever she kept her sewing machine—while other larger branches used municipal facilities such as churches or community halls, tin sheds, Schools of Arts, or even a local hotel. Sewing circles often required a wooden trestle table or, at the very least, a large kitchen table to cut out grey flannel shirts and other items. Knitting socks was easily done, a task completed either in a group, thereby making it much more fun, or alone at home sitting by the fire once all the daily household chores had been completed. This quiet, contemplative task was done day in and day out across the nation throughout the war by thousands and thousands of Australian women.

Red Cross membership also exposed women to various organizational procedures, such as conducting meetings and taking minutes, and provided them opportunities to practice leadership. Red Cross work was "a revelation to the world" in showing that Australian women could "rise to vocations undreamed of hitherto."¹⁴ Red Cross gatherings offered women a secular environment in which to meet away from the influence of the church, the other major organizational focus of women's lives at that time.

Although most members came from the middle classes, working-class women and girls were enticed to join as well, especially in smaller, rural communities. The Red Cross was especially relevant to countrywomen, many of whom lived tough, isolated lives. Charlotte Appeldorf, for example, helped to form a Red Cross branch in Collinsvale, a small farming and timber area near the Tasmanian city of Hobart. Her daughter Gwendolyne recalls that the women of Collinsvale were proficient homemakers, skills that they used in their Red Cross fundraising. Her mother was an exquisite organizer, as Gwendolyne recounts, so that once the branch was up and running she was "in it up to her eyeballs." Charlotte would later become President of the Collinsvale Red Cross branch during World War II.

14 *The Woman*, 1 February 1916.

Men's Auxiliaries

Though the Red Cross was primarily a women's organization, men could and did join, at least at the branch level, and often held office positions, too. Some men became members of their local branches alongside the women of their community while others joined "men's only" branches or sections. Many of these volunteers were returned servicemen discharged from the army on medical grounds or men deemed unfit for active service.

The central depot at the Government House had a men's section, as did the state divisions. In Queensland, for example, the Central Men's Auxiliary began in 1915 and soon had branches in the bigger towns of Cairns, Townsville, Rockhampton, Mount Morgan, Bundaberg, Maryborough, Toowoomba, Ipswich, and Warwick. The members built a range of items for use by sick, wounded, and invalided soldiers, such as walking sticks and crutches, as well as trays, lockers, bed-rests, folding stools, tables, and bookshelves for use in hospitals. Men's Auxiliaries also constructed the special wooden crates emblazoned with the distinctive red cross for overseas shipments.

Junior Red Cross

Children also contributed significantly to the Red Cross during World War I. At only eight years old when war broke out, Grace Groves lived at Kurrawang, a small railway station town between Coolgardie and Kalgoorlie in Western Australia. Her mother was a member of the Kurrawang Red Cross. Grace remembers the local butcher providing the children with "meat skewers to knit face washers for the soldiers." At their one-teacher school, the children packed Christmas parcels for the soldiers with sweets, a comb, and a face washer. After knitting a pair of socks, she placed a note in the toe, which would cause her to receive a letter from the soldier in Belgium who found it "I thought it was the most wonderful letter I had ever had," she recalled.¹⁵

Australia shares the honor with Canada of being a joint founder of the Junior Red Cross, as both National Societies had junior movements during World War I. In Australia, the Junior Red Cross was the brainchild of the indefatigable Red Cross worker from New South Wales, Eleanor MacKinnon, who was involved with said division from its inception. She was elected to the Divisional Executive Committee in August 1914, sat on a number of committees and sub-committees throughout her career, and edited the *Red Cross Record*.

Early Junior Red Cross circles were formed in Sydney at Glencoe Public School (near Glen Innes in northern New South Wales where MacKinnon lived) and at both Parramatta and Sydney Girls High Schools. In July 1918, the Junior Red Cross was formally incorporated

¹⁵ Oral history interview with Grace Groves, Western Australia.

into the New South Wales school curriculum as a “service activity,” providing lessons in first aid, citizenship, and social responsibility.¹⁶ The voluntary war work of children carried out through state schools, for both the Red Cross and other patriotic funds, was later estimated at around £800,000.

The Production Line

The volume and array of materials, goods, and comforts produced by the thousands of industrious women across Australia from the earliest days of the war are simply unfathomable today. As Lady Helen said, “Australian women were in the field, some eight months before the men went into battle.”¹⁷ This activity continued unabated throughout the war, with the seemingly insatiable need for goods and supplies as relentless as the women volunteers’ desire to create them. The Queensland Division, for example, shipped goods to the value of more than £34,000 to London and Egypt in the twelve months leading up to June 1918, as well as fifty cases of specially prepared wheatmeal biscuits for prisoners of war. During this same period, the Australian Red Cross supplied goods valued at just under £300,000 to allied national societies overseas, hospital transport ships, and Australian Red Cross Commissioners working abroad on behalf of the organization.¹⁸ What makes it all the more extraordinary is that much of this sewing and piecework was done by hand, as electricity was not available in many rural communities at that time.

Members of the small timber and fruit-growing community of Briagolong in remote Gippsland, Victoria, formed a Red Cross branch in October 1915. The women met on alternate Wednesday afternoons for the duration of the war. Using pedal or hand-turned sewing machines, or sewing by hand, these women produced a huge number of articles, including 1,315 flannel undershirts, ninety-seven pairs of pajamas, thirty-six arm stump socks for amputees, and over 1,000 pairs of socks. One member was so devoted that she took her needles and wool with her when she had an emergency appendectomy. The distinctive sound of steel clicking needle on needle was heard from her hospital bed only hours later. If women could not attend the fortnightly meetings because they lived too far from town or had to remain at home with small children, two local women would deliver the raw materials to them and then return to collect the finished products.¹⁹

16 For a history of the early years of Junior Red Cross, see Annie Campbell, “Thousands of Tiny Fingers Moving”: The Beginning of the Junior Red Cross Movement in New South Wales, 1914–1925,’ *Journal of the Royal Australian Historical Society*, December 2004, vol. 90, part 2, December 2004, pp. 184–200.

17 ‘Nettles in the Path,’ *Advertiser*, 9 September 1915.

18 See ARCS, 4th *Annual Report*, 1917–1918, p. 5.

19 Dorothy Watt, *In Peace, as in War: Seventy-five years of Red Cross Service at Briagolong*, undated, circa 1990s.

Within a couple of years, the Australian Red Cross became a large, complex “business” that rivaled any department store or manufacturing industry. Overseen and largely staffed by women, all volunteers, this was a truly remarkable feat. Fruit and vegetable depots supplied military hospitals and the families of servicemen, delivered by Red Cross horses and carts. Red Cross kitchens supplied lunches and both morning and afternoon teas to military hospitals and convalescent homes, in addition to preparing bottled fruits, jams, and pickles. They also ran Red Cross book depots, where newspapers, magazines, and books were collected, sorted, and distributed. Red Cross “industries” or small factory workshops were established where convalescing ex-servicemen did spinning, carpentry, weaving, and basket and toy making as they slowly regained their health. Each division had its own central depot or receiving and distributing service located in its capital city, where all the goods lovingly made in the far-flung branches were sent. Goods were received, sorted, and indexed—the Red Cross was very careful to itemize everything—and then dispatched again by an army of volunteers.

Voluntary Aid Detachments (VADs)

Lady Helen believed that Voluntary Aid Detachments, or VADs, were essential to Red Cross war work. This idea proved very popular, particularly with younger women of independent means—women who did not necessarily have or need a paid job. Occupations for young women from the upper and middle classes were considerably limited; most were expected to become wives and mothers and, as a result, had not trained for a career. They could not actively participate in the war, as the military enlisted only fully trained nurses. With their boyfriends and brothers enlisting, becoming a Red Cross VA was the next best option—something they did so with great esprit de corps. Interestingly, Lady Helen would later remark that this was an important quality in a volunteer, as it made it “easier to take orders from those whom under ordinary circumstances you might consider should be taking orders from you.”

Although the idea of cooperating with St. John Ambulance to form both male and female detachments was outlined in some detail in Lady Helen’s initial proposal, which was based on the British model, the vast majority of volunteers were women and girls. VAs, as they were commonly known, worked either full-time or part-time, carrying out a range of domestic and quasi-nursing duties in hospitals and convalescent homes. Trained in first aid and home nursing, this large voluntary army became the public face of the Australian Red Cross, with their white starched dresses and striking red cross emblems on bosom or sleeve. The VA represented selfless, patriotic Australian womanhood, doing her duty with a spirit of loyalty, devotion, and endurance.

In New South Wales, the VAD movement developed quickly, with detachments formed across the city and in the small, northern dairy and timber town of Casino before the end of 1914. This spontaneous and unofficial activity was formalized on 23 February 1915 when



▲ Members of the Scone Red Cross branch, New South Wales, 1914

the New South Wales VAD was launched at a meeting held at Sydney Town Hall. Colonel Reuter Roth, a key figure in St. John Ambulance, was appointed Red Cross Director of VADs with detachments officially registered. Tasmania, too, was quick to establish a voluntary aid scheme and, as noted in its first annual report, had formed two detachments, one male and one female, and had issued 187 first-aid certificates within the year.

In response to the disastrous Gallipoli campaign, and with the first hospital ship arriving in Australia in July 1915, a national VAD scheme was formally established the following month. The VADs would help the military care for the returning wounded as well as provide domestic assistance and nursing aid in military hospitals and, later, in Red Cross convalescent homes. Members had to be eighteen years or older, with first-aid and home nursing certificates or the capacity to attain them within six months. Training was conducted together with St. John Ambulance, just as Lady Helen had suggested. VAs joined their local detachment and became qualified in home nursing, first aid, home hygiene, and invalid cookery through a series of lectures and practical work, culminating in examinations and the awarding of certificates. There was also drilling and marching. Each volunteer detachment was made up of twenty



▲ VAs parading outside Government House, Sydney, 1917

women or men, overseen by a commandant, and had a doctor attached. There was also a lady superintendent (or male equivalent if appropriate), who, if possible, was a trained nurse or member of the Australasian Trained Nurses Association.

These quasi-nurses and maids of all work were an invaluable source of free labor. VAs were rostered on at convalescent homes to perform nursing, cooking, and cleaning tasks; they met returning transports and handed out cigarettes and sprigs of wattle, and served refreshments at the Anzac Buffets, set up in Sydney and Melbourne to provide hot meals for soldiers either on their way to or returning from war. Although it was “housework on a large scale,” VAs introduced ‘the spirit of youth, of hopefulness, and of counsel.’²⁰

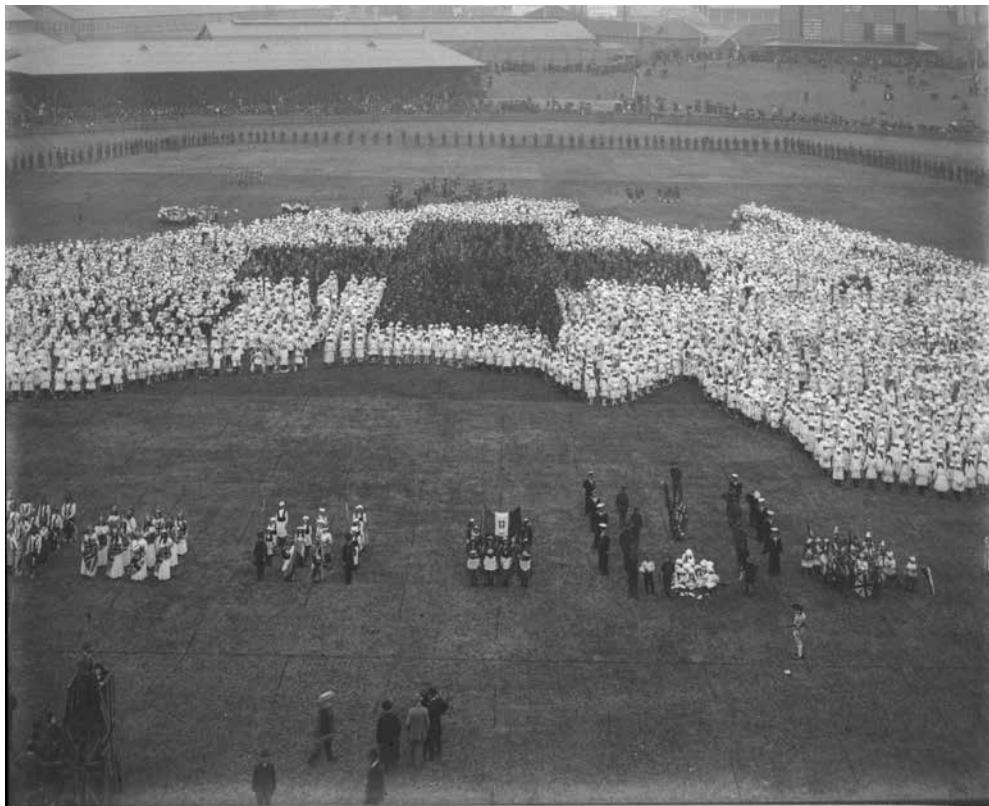
20 Sydney Morning Herald, 5 August 1919.

Money for the Cause

A major role for Red Cross VAs and branch members across the country was to raise money for the cause. The competition between the various charities and patriotic funds was intense and there were continuous calls on the generosity of the Australian public throughout the war. The general convention was to list the names of donors and the amount pledged in the local press, a very public way to galvanize support for the cause.

This youngest national society donated hundreds of thousands of pounds to its parent society for distribution to other national societies, such as the French and Belgium Red Cross Societies. The organization raised over one third of all monies, almost £5 million, donated to Australian patriotic funds over the four years of the war in addition to providing millions of pounds of in-kind support through volunteer labor and goods.

The Australian Red Cross raised funds in a variety of ways—through church collections, patriotic carnivals, gymkhanas, dances, fairs, socials, sports, football matches, race meetings, and art unions. In rural areas, raffles often included live produce such as pigs, poddy calves,



▲ Australia Day Display, July 1915

poultry, sheep, and even canaries. A 24-lb Murray cod was put up for auction at Wilcannia, in far western New South Wales, fetching a whooping £400. One of the more unusual events was reported in Nowra, on the south coast of New South Wales, where a Red Cross Fund Day was held. An army of white-robed women with “their conspicuous red crosses” blockaded the street, prompting everyone wanting to pass to pay tribute.

Carnivals were another popular form of fundraising. Public places festooned with bunting, flags, and colorful kiosks helped the people to dig deep. These carnivals were particularly effective when they were tied to significant events such as the launch of a new campaign on the front or heavy losses in battle. In response to the Gallipoli landing, for example, schoolchildren and workers were given a half- or whole-day off on 30 July 1915. It was called Australia Day (the celebration of Australia Day on 26 January is a more recent tradition), and Red Cross branches around the country held fairs and fêtes, calling out to “a loyal and generous people for loyal and generous help.”²¹ The response was overwhelming: in New South Wales alone, the total amount raised was £839,550. Only £689 had been spent in planning and staging the carnivals statewide, revealing an extraordinary level of voluntary and in-kind support.

To mark the Battle of Verdun, fought between French and German troops in which approximately 700,000 to 800,000 casualties were counted, a similar appeal was made on behalf of the French Red Cross during the week of 8–15 July 1916. On Bastille Day, 14 July, the French national day, the tricolor was flown around the country, and street stalls, concerts, and the sale of buttons resulted in spectacular fundraising success. Australians were generous when their donations would flow not only to Australian soldiers overseas but to other allies as well.

Having vice-regal patronage certainly assisted the Australian Red Cross in its fundraising initiatives, as did the involvement of such celebrities as Dame Nellie Melba. The world-renowned singer, and friend of the Munro Fergusons, was passionate about the Red Cross ideal and threw herself into the cause from the beginning. Unanimously elected president of her local Lilydale branch, to the north-east of Melbourne, Melba was encouraged to do what she did best—sing in concert halls—rather than knitting and sewing, which were not her forte. She later wrote:

The wool I wasted, the number of stitches I dropped, the scarves that unraveled, [...] the socks that would never have fitted any human being! If everybody had been as inefficient as I was, our poor armies would have been going about with bare feet.

Melba organized a series of concerts in Melbourne, Sydney, Adelaide, and elsewhere, raising around £10,000 singlehandedly, with more than £1,000 coming directly from the Adelaide concert. Throughout the course of the war she raised over £100,000, largely through the sale of autographed flags and concert programs in return for silver coins.²²

21 ‘Appeal of the Red Cross’ by Professor T.G. Tucker, *Age*, 12 July 1915.

22 McAleer, *The Shire of Lilydale and its Military Heritage*, pp. 29–30, 243.

The Other Side of the World

The extraordinary volunteer effort on the Australian home front was, in the early days of the war at least, focused entirely on what was happening outside the country and on the other side of the world. It was originally believed that Australian troops would be heading for England, so money and goods were dispatched to the Australian High Commissioner in London, former Australian Prime Minister Sir George Reid, for distribution by the British Red Cross. A committee of expatriate Australians was established with Reid as its chair, and all dealings with the British Red Cross were conducted through this committee. Within a year, the Australian Red Cross had sent over £100,000, excluding in-kind goods. To the delight of Australian members, their “magnificent response” from the “youngest of our Branches” was deeply appreciated in London.

When it had become clear that the first AIF was bound for Egypt and not, as first thought, England, the Australian Red Cross agreed that the Director of Medical Services of the AIF, Surgeon-General Williams, was to be responsible for distribution of Red Cross goods and money to Australian troops in Egypt. There were at the time no guidelines setting out what the Australian government should provide for its troops and what duties the Red Cross was expected to perform under the Geneva Convention.

Original Central Council members Dr. Springthorpe and Dr. Barrett enlisted in the Australian Army Medical Corps and traveled to Egypt together with the troops, arriving in January 1915. Both were given honorary ranks: Springthorpe became a lieutenant colonel and Barrett a major (Barrett was later promoted to lieutenant colonel in May 1915). They provided Lady Helen and her council with important information as to the conditions in the field and the types of supplies required. On the advice of Springthorpe and Barrett, a Red Cross depot was established at the 1st Australian General Hospital (AGH), in the basement of the grand Heliopolis Palace Hotel, which had been requisitioned for the war. The depot was administered by a medical officer, nurses, and orderlies.

The Dardanelles campaign—an Allied assault against the Ottomans—began in February 1915 with a naval attack. The landing at Gallipoli on 25 April, so significant to Australians, was part of this campaign. With thousands of wounded and sick pouring into allied hospitals within the “Red Triangle” of Egypt, Malta, and the Greek island of Lemnos, the Australian Red Cross’ response accelerated rapidly as the organization swung into action. Staff was dispatched to the front and vast quantities of supplies were shipped. Major Barrett, now in charge of a budget of £10,000 in Red Cross funds, reported back to the Central Council in early May that, despite enormous pressure, all Australian hospitals and ambulances had received funds and that Red Cross goods were being distributed to every hospital in Alexandria caring for Australian soldiers. Detailed reports of the work carried out were sent to Lady Helen via Sir George Reid. As a branch of the British Red Cross Society, the Australians relied on the mother

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organization to assist Australian soldiers, especially in Malta, where thousands of Australian troops were treated. An Australian Red Cross commission was eventually based there but only toward the end of the Gallipoli campaign.

In late May 1915, with the Dardanelles campaign deteriorating, the Central Council established an Egypt Committee to seek more direct representation. It was chaired by the British High Commissioner to Egypt, Sir Henry McMahon. As casualties increased, however, it soon became apparent to Red Cross leaders in Australia that they needed increase their efforts. On 13 July 1915, the Central Council passed a resolution appointing two Australian Red Cross Commissioners who were sent to Egypt to act "as the medium of communication for the supply of money and goods [...] and to represent and act on behalf of the Red Cross branch."²³ Ever mindful of divisional politics, the council selected two esteemed but very different men: from Sydney they chose King's Counsel and former member of the New South Wales Legislative Assembly Adrian Knox and from Melbourne they chose world-renowned tennis player Norman Brookes, nicknamed the Wizard, who had won the Wimbledon men's singles twice, first in 1907 and then in 1914. Both men acted in a voluntary capacity, with only their out-of-pocket expenses covered by Red Cross. The men were to liaise with the British Red Cross Society to establish what they called a Bureau of Inquiry that would maintain records on missing and wounded Australian soldiers to help civilians in Australia learn what had happened to their loved ones. This marked the beginning of Australian Red Cross' international involvement with what would later become known as the Field Force and tracing services.

The high-profile men who volunteered their services as Red Cross Commissioners and served abroad reported directly to the Central Council chaired by Lady Helen and communicated through an extensive series of cables and long, detailed reports and letters that took between six to eight weeks to reach Australia. Not surprisingly, this caused logistical problems; for while the commissioners had the power to administer certain monies and policies, their actions required final approval by Lady Helen and her committee. Despite these sorts of administrative problems, the Australian Red Cross Commissioners secured a great deal of relief for the men serving on the frontline. In Egypt, they were ably assisted by scores of Australian women who had followed their husbands, sons, and brothers to Egypt. These women volunteered in the hospitals, providing comforts and recreation facilities lavishly stocked with books and newspapers from home. On railway stations, they dispatched comforts to patients on hospital trains. They provided kitbags to those embarking at Suez, brimming full of pajamas, shirts, undershirts, socks, face washers, envelopes, writing paper, pencils, tins of tooth powder, tobacco, cigarettes, towels, and soap. The army did not supply any of these everyday needs to the men, leaving their provision to the Red Cross and other patriotic funds.

23 ARCS, resolution passed at meeting of the Central Council, 13 July 1915, Central Council Minutes, [NO 33], ARC Archives (National), Melbourne.

Scandal and Strife

Only a few months after the landing on Gallipoli, the Australian Red Cross became embroiled in its first public scandal. Until this point there had been occasional negative reports of the pilfering of stores and supplies, stolen Red Cross goods being sold in Egyptian markets, and even the sale of items salvaged from torpedoed vessels. Yet nothing thitherto rivaled the crisis that would come to light. At a meeting of the Central Council held on 19 August 1915, a letter was reported to have been received from Colonel Springthorpe complaining about the way Red Cross goods were distributed, accusing the Australian Red Cross of having failed to establish depots on Gallipoli and to provide comforts to the men on hospital ships, blaming Major Barrett for these blunders. Springthorpe's complaints were leaked to the press.

The fallout was immediate. Barrett resigned (only to find work with the British Red Cross shortly thereafter). Lady Helen cabled Commissioners Knox and Brookes, who had only just arrived in Egypt, asking them to investigate and respond to the charges of maladministration and the alleged breakdown of the organization without delay. In the meantime, she went on the offensive, knowing that the slightest whiff of scandal could damage the momentum of the fledgling organization in Australia and threaten her authority. "I feel deeply for those who, having worked so hard, and sacrificed so much, are being depressed by these charges of failure in Egypt," Lady Helen declared in the press. "I feel it necessary to grasp some of those nettles which have sprung up in the path of the Red Cross Society."²⁴ She argued that these nettles, as she called them, had their origin in a misunderstanding: Colonel Springthorpe did not grasp the society's true aims, the limitations it faced, or the conditions in which it had been working—particularly the chaos of those critical first weeks of the Gallipoli campaign.

A key criticism was that no Australian Red Cross depot had been established on the peninsula. In fact Barrett had written to General William Birdwood, commander of the Australian and New Zealand troops on Gallipoli, about the possible establishment of a depot there. "We really have no corner of our position where a depot could with advantage be started," replied Birdwood, considering such an endeavor too dangerous. Red Cross goods were later supplied and Barrett was told that soldiers would receive them "if the cases are not blown to pieces." A British Red Cross depot was established on the nearby island of Lemnos and another at Cape Helles, the headland at the southwest tip of the Gallipoli peninsula. Transporting goods to Lemnos and Anzac Cove proved to be very difficult, however, and the Australian Red Cross never managed to establish a depot on Gallipoli during the campaign despite its commissioners and searchers being based in Lemnos and having visited the peninsula personally. Though later reports suggested that Red Cross supplies were plentiful, Red Cross commissioners and searchers reported after touring Anzac Cove that, while their provision was "technically outside the sphere of operations of the Red Cross Society," fit soldiers were in

²⁴ Advertiser, 9 September 1915.

desperate need of canteens.²⁵ Lady Helen's defense of the organization was spirited. Lengthy articles were published in the press pointing out that the Australian Red Cross had diligently sent thousands of pounds' worth of goods overseas to be distributed to men at the front, in addition to the £5,000 donated to each of the AGHs for equipment that had been gratefully received by medical authorities.

While this argument raged, another drama was silently unfolding. Problems had been simmering at the 1stAGH since the AIF's arrival in Egypt. Strong personalities and structural weaknesses were again to blame. Springthorpe was likely galvanized into writing his original damning critique of Barrett and Australian Red Cross by troubles brewing in the 1stAGH. This controversy, too, was splashed across national newspapers. The hospital's commanding medical officer, South Australian doctor Lieutenant Colonel William Ramsay Smith, was recalled to Australia, along with the Principal Matron, Jane Bell.

A committee of inquiry was established to investigate the charges against Barrett. Hearings began at the Ministry of Justice in Cairo in October 1915, the findings of which were handed down eight months later in June 1916. Barrett was exonerated and Springthorpe's actions were condemned. The committee's decision damned Springthorpe's "violent attacks" in the letters he had written, deeming them unjustified and the strength of his criticism to be "far beyond moderation—beyond what circumstances justify." According to the committee, Springthorpe should have discussed his concerns with Barrett before turning to the council in Australia. He should also have understood the difference between the army's responsibilities and those of the Red Cross.²⁶ This brought to a close a bruising experience for the Australian Red Cross, its first highly publicized internal brawl. Although the crisis had little long-term impact on the Red Cross' reputation in Australia, it revealed that better management was required both at home and abroad.

Shifting Fronts

With the evacuation of the Gallipoli Peninsula in December 1915, and the posting of the AIF to France early the following year, the war took on a new intensity. Gallipoli may have been our baptism of fire and given birth to the Anzac legend, but the death and destruction on the Western Front were exceptional. Over two and a half years, nearly 300,000 Australian troops fought there, sixty percent of whom becoming casualties. Upwards of 46,000 were killed or died of wounds. The bodies of thousands missing in action were never recovered. Small French and Belgian towns and villages such as Pozières, Ypres, Passchendaele, Fromelles, and Villers-Bretonneux became household names after bloody battles were fought there. Nevertheless, the Australian Red Cross was there at every step of the way, too.

25 Letter to Secretary, ARCS, Government House, Melbourne, 12 December 1915, ARC Executive Correspondence, [NO 33], ARC Archives (National), Melbourne.

26 Dr J.W. Springthorpe Papers, 2 DRL/0701, Series 2, Wallet 3 of 8, Australian War Memorial (AWM), Canberra.

The Australian Red Cross reorganized in response to the changing circumstances of the war. Responsibility for its work and administration overseas were handed over to its commissioners. The High Commissioner to London and his committee moved to a supportive role. Acting on a request from Lady Helen, a finance committee was established in London in early 1916 to look after the financial operations on the Western Front and in Egypt. This powerful committee included Australian Red Cross Commissioners Edwyn "Jim" Hayward and James Murdoch, Surgeon-General Sir Neville Howse, and the Right Hon. Andrew Fisher. The latter was the former Labor leader who had served as Australian prime minister throughout the first year of the war, resigning in October 1915, and who had replaced Sir George Reid as Australia's High Commissioner to the United Kingdom in January 1916. Bank managers Mr. Percy Arnold from the Bank of Adelaide and Mr. C.A.B. Campion of the Commonwealth Bank completed the membership. The committee oversaw the increasingly complex role of the Australian Red Cross, including the disbursal of the £9,000 expended on prisoners of war (POWs) per month, the purchase of goods, the leasing of stores and offices in London, France, and Egypt, as well as the payment of wages to staff and grants to hospitals.

Commissioners

The Australian Red Cross was served by some inspirational commissioners throughout the war. These volunteers had the huge responsibility of ensuring that the vast quantity of Red Cross goods lovingly made and dispatched from Australia were received, first in the Egyptian distribution centers in Cairo, Ismailia, Alexandria, and Suez, and then later in France. Supplies were initially sent to Marseilles in the southeast and Rouen in the north for the hospitals, casualty clearing stations, and field ambulances established on the Western Front. Depots were later opened in Boulogne, Hazebrouck, Amiens, and Saint-Omer to accommodate goods more efficiently. From mid-1916, the commissioners were given the rank of Honorary Lieutenant Colonel in the Australian Army Medical Corps Reserve. This was in response to the difficulties encountered by the commissioners as they moved around areas closed to civilians.

Some of the commissioners were naturally more capable than others. Norman Brookes was considered "hard to do with" and "lacking in tact." Lady Helen was advised not to allow him to have too much power, as he found it difficult to work with others. Brookes held his position for eighteen months before being recalled to Australia at the end of 1916. Adrian Knox, on the other hand, was considered a first-rate commissioner, highly competent and capable, but he suffered from ill health after contracting dysentery on a visit to Mudros and Gallipoli, forcing him to return to Australia in January 1916. Douglas Mawson, the well-known Antarctic explorer, expressed interest in becoming a Red Cross Commissioner; however, the timing was never quite right. Commissioner Edwyn "Jim" Hayward, director of the well-known Adelaide department store John Martin & Co., was both popular and highly competent.

He was described as “most considerate and courteous and at the same time efficient” and was said to have “the merit of devolving responsibility really and not in appearance only.” Hayward was the Australian Red Cross representative in Malta and later went on to have a distinguished role as Australian Red Cross Commissioner in France. He was mentioned in dispatches and later received a CBE and OBE for his services.²⁷

One of the most important Commissioners was Scottish-born James A. Murdoch, a “small, jovial, and public-spirited” New South Welshman retailer who served from late 1915 through to the end of the war.²⁸ Regarded by his contemporaries as a man of honesty and integrity, he had one objective: “to serve Australia and the Empire, and to do the duty that lay nearest to [him] at all times without fear or favor.” Murdoch originally went to Egypt as a Red Cross “searcher,” but was later allocated the task of Head Depot Supervisor in Cairo before his appointment as Australia’s third Red Cross Commissioner. Steadfast and reliable, it was not long before he was in charge of all Australian Red Cross activities in England and France. The work was relentless. The overtaxed nerves of the staff meant that Murdoch had to deal with much dissatisfaction—not just from his staff, but also from those whom they served. The pressures of wartime affected Red Cross workers just as much as anyone else. As a successful businessman, Murdoch was continually frustrated by what the Red Cross Movement’s failure to put into practice the “principles of commerce.” On one occasion in July 1917, Lady Helen chided him for this attitude, saying:

I think you sometimes a little forget that we are not a commercial enterprise, and cannot therefore treat those who bring presents and give their work quite in the same cut and dry manner as is possible with producing firms and factory hands. The Red Cross is founded on sentiment, and some latitude must be given to its expression.

Despite differences of opinion, Lady Helen and Commissioner Murdoch worked closely together and had a healthy degree of respect for each other, perhaps because no one knew better than Lady Helen that the Red Cross must “not only satisfy the kind heart of a philanthropist, but also the hard head of the businessman.”²⁹ Though the two did not meet face to face until after the war, they corresponded frequently in writing.

27 Letter from Lizzie Mitchell to Lady Helen, London, 11 December 1918, ARC Executive Correspondence [NO 33], ARC Archives (National), Melbourne.

28 Wolfers, Howard, ‘Murdoch, Sir James Anderson (1867–1939),’ *Australian Dictionary of Biography*, National Centre of Biography, Australian National University, <http://adb.anu.edu.au/biography/murdoch-sir-james-anderson-7691/text13463> (Accessed at 14 March 2024).

29 Letter from Murdoch to Lady Helen, 19 October 1917; letter from Murdoch to Lady Helen, 9 July 1917, ARC Executive Correspondence [NO 33], ARC Archives (National), Melbourne.

Searchers

One area of Red Cross work that grew rapidly was that performed by the Searchers and Enquiry Section. While the casualty lists published in the newspapers every day became compulsive reading for concerned Australian families and relatives, these lists provided only very superficial information about a soldier's fate, such as him having died of wounds, as having been killed in action, or simply as missing. It was only through Red Cross networks that relatives desperate for information were able to learn more about what had happened to their loved ones, first at Gallipoli and later on the Western Front. The Australian Red Cross worked with the British Red Cross Inquiry Bureau in Cairo, initially using British searchers, but later deciding to dispatch its own. Over 200 applications were received for the newly created positions. By November 1915, four Australian Red Cross searchers, all male, were hard at work enquiring about wounded and missing men. They were Robert Cain and Stanley Addison from Melbourne and Dr. Norman Kater and Anthony Hordern from Sydney—the latter brought with him his own motor car and would go on to become a commissioner. Two were based at Lemnos, the small Greek island used as a staging post for the Gallipoli campaign, and the other two in Egypt. In an average week, the searchers gained 100 useful reports concerning new enquiries for both the British and Australian Red Cross lists. These reports were typed up and distributed to London, Malta, Cairo, and elsewhere. Volunteer Australian Red Cross searchers continued to be appointed in England and France throughout the war.

War Work

Scores of energetic, capable, intelligent, and motivated young Australian women made their own way to Egypt, London, and later France to assist in war work. The Australian Red Cross appointed volunteers in France at the AGHs. Peggy Murdoch, daughter of Commissioner James Murdoch, was placed in charge of the Australian Red Cross depot at the 3rd AGH, near Abbeville. Arriving in July only weeks after the hospital was established, Peggy started from scratch. A portable hut was sent from England and soon she had it furnished and fitted out with shelving and stores.

Another such volunteer was twenty-four-year-old Vera Deakin. Encouraged by family friend and Red Cross Commissioner Norman Brookes, the youngest daughter of former prime minister Alfred Deakin arrived in Egypt in October 1915 with her friend Winifred Johnson. They immediately secured war work with the Australian Red Cross running the newly established Wounded and Missing Bureau. In May 1916, Deakin relocated to London and became Secretary of the Bureau, a role she worked at tirelessly until 1919, when she returned to Melbourne and married Australian soldier and ex-POW Captain Thomas Walter White.

The Wounded and Missing Enquiry Bureau responded to anxious relatives' inquiries and liaised with searchers, the army, and British Red Cross as to the whereabouts of Australian servicemen who had been reported wounded or missing. This vital overseas work was

supplemented by a network of Australian Red Cross Information Bureaus established in each division with the assistance of highly respected lawyers and barristers from each state. These men were closely involved in committees and personally bore all the expenses they incurred. The bureau in New South Wales started work in July 1915. Within four months, over 500 cables had been on behalf of relatives of Gallipoli casualties. Upwards of 10,000 enquiries were investigated during the war in Queensland alone.

Burgeoning casualty lists from the Western Front dramatically increased the workload of these information bureaus. By mid-1916 more than 200 people a day were already seeking assistance from the New South Wales bureau, which had 4,400 cases on its files. By 1919 this had exploded to 36,000 cases. The digitized Wounded and Missing files now held in the Australian War Memorial are supplemented by surviving South Australian files housed in the State Library of South Australia. They reveal the depths of raw emotion, the aching lack of knowledge, and the loneliness of bereavement for the thousands of civilians back home in Australia who had either lost their loved ones or who had no certainty as to their fate on battlefields on the other side of the world. “I would like to know how long he lived after the wound,” Ellen Jones from Armidale in northern New South Wales pleaded, trying to learn how her son Russell had died. “Did he suffer much, and was he conscious, did he ask for his parents in any way and did he send any message [...] I am so anxious to know all about my dear boy.”³⁰ Amassing information from eyewitnesses in the extremely chaotic situation of battle, Red Cross volunteers pieced together the fate of the soldier in question and relayed that information back to the inquirer. Vera Deakin and others answered each letter personally as best they could. The work came in rushes, especially after the spring offensives on the Western Front in 1917 and 1918. It was an emotionally draining and heart-wrenching job for everyone involved.

The POW Department

On moving to London in early 1916 and in coordination with the British and Canadian Red Cross, the Wounded and Missing Bureau expanded to include a POW Department. Led by Elizabeth Chomley as Honorary Secretary, the Australian Red Cross POW Care Committee played a key role. As soon as the location of an Australian POW was confirmed, a parcel was dispatched to him with the following essential items: “two shirts, two undershirts, three handkerchiefs, two pairs of socks, a toothbrush, powder and shaving gear, a comb, insect powder, a pipe, playing cards, needles, and thread.” From that time on, a weekly parcel with five shillings’ worth of foodstuffs was sent by the Red Cross. Every POW was also supplied with a second weekly parcel of food by the International Red Cross in Switzerland, and every

³⁰ ARCS Wounded and Missing Enquiry Bureau files, 1914–18, 1 DRL/0428, 6076 Private Thomas Russell Jones, 24th Battalion, letter from mother, 28 May 1917, AWM, Canberra.

six months with a greatcoat, jacket, trousers, cap, boots, canvas shoes, shirts, socks, vests, underpants, cardigans, and gloves, as well as blankets and extra food in winter.

Miss Chomley, as she was always known, worked assiduously for over two years at this very exacting war work. At times she railed against the feeling that because she was a woman, she was viewed contemptuously as an amateur. She clashed with the commissioners, who edited her monthly reports to Lady Helen and the Executive Committee, complaining sarcastically that “every man who is some kind of businessman must necessarily know more about the very special and intricate work of dealing with prisoners of war than I do after all my experience.” However, the POWs held her in high esteem. She advocated for them, ensured they were well supplied with parcels and goods, wrote personally to them and made them feel that someone was looking out for them. “Miss Chomley [...] is excellent,” wrote one to his father. “She was never just satisfied with just any ordinary thing: she wanted the best for us [...] She was a mother to us all.”³¹

Cultural Clashes

Not only was there friction between Australian Red Cross volunteers, such as the commissioners and Miss Chomley, there was also a constant niggle between the British Red Cross Society and members of its Australian branch. Australian Red Cross commissioners preferred to operate as if they were part of an independent national body; for they felt they had little in common with the British Society. Lady Helen did not approve, as she told Commissioner Murdoch:

I notice on your letter paper, etc you have dropped all reference to the fact that the Australian Red Cross is a Branch of the BRCS. I rather doubt the wisdom of this, especially in view of the fact that we have no status whatever except as part of the BRCS, seeing that Great Britain is the only Signator to the Convention and holds the Charter. I have myself shortened the title on our Report to the Australian Red Cross, BRCS because of the confusion arising when special collections are made for the Parent Society, but such confusion would not exist overseas.³²

The cultural clash between Australian troops and their British counterparts over the Australians’ perceived unruly behavior and indifference to authority were felt in the Red Cross, too. There was an “incompatibility of temperament,” as one Australian Commissioner described it, “which exists owing to the fact that each has been born, bred and brought up under entirely different circumstances, conditions, and environment.”³³ Peggy Murdoch expressed the Australian view most succinctly when she wrote that although the Australian

³¹ *Argus Weekend Magazine*, 12 February 1938; correspondence from Miss Chomley to Lady Helen, 15 November 1917 and 14 February 1918, ARC Executive Correspondence [NO 33], ARC Archives (National), Melbourne; ARCS, 5th Annual Report, 1918–1919, p. 10.

³² Letter from Lady Helen to Murdoch, 19 December 1917, ARC Executive Correspondence [NO 33], ARC Archives (National), Melbourne.

³³ “The Work of the ARCS in Egypt, Palestine, Syria and Salonika,” report by H.J. Preston, Commissioner, July 1918 to September 1919, ARC Executive Correspondence [NO 33], ARC Archives (National), Melbourne.

Red Cross was officially a branch of the British Red Cross, they were, for all intents and purposes, independent: “our activities differ so much, our distributions of comforts to the individual being larger and entirely supported by Australian help.”

The Australians’ interaction with sister societies overseas was revealing, too. The Australian Red Cross had little to do with the American Red Cross because America had entered the war so late. The relationship with the Canadian Red Cross was “all that could be desired,” with both organizations willing to help the other when the need arose. Commissioner Hayward felt that the New Zealand branch had thrown “in their lot early with the British Red Cross Society” which was not to New Zealand’s advantage. Australians had much in common with the New Zealanders, “more so than the New Zealanders with the British,” stated one Australian Red Cross Commissioner, adding dryly, “To outsiders, New Zealanders are Australians except that they crush their hats in a different manner.”³⁴

Helping at Home

From the outset, the Australian Red Cross had a close relationship with the army medical services on the home front. When the Australian General Hospitals (AGHs) were established in each state, Red Cross Divisions were very generous with donations of goods, equipment, and money. In New South Wales, for example, the Red Cross spent upwards of £9,000 to help the military establish the Randwick 4th AGH. This included the supply and installation of linoleum for ten ward floors, beds to fill the wards, a pathological laboratory, and X-ray equipment. A Red Cross store was established on site and supplied clothing, hospital comforts, and food to patients. A library and recreation room were also established, as well as mail service for patients that was well stocked with paper, envelopes, pens, pencils, and stamps. Morning and afternoon teas were served every day by Red Cross VAs and volunteers.

³⁴ Interview with Miss Peggy Murdoch, Australian Branch BRCS, Abbeville, 25 April 1919; ‘Australian Branch BRCS in France—A Few Notes Drawn up in Accordance with Colonel Butler’s Memorandum of 15 May 1918,’ Commissioner Hayward, ARC Executive Correspondence [NO 33], ARC Archives (National), Melbourne.



Similar assistance was offered across the nation. For example, when a military hospital was established in the Tasmanian city of Launceston, the Red Cross spent £300 on furnishings, £250 on equipping the operating theatre, and £57 for a sterilizer—all of this in addition to providing patients underclothes, pajamas, and other essential articles of clothing. Similarly, the Red Cross donated well over £200 in additional equipment to the 9th AGH at Roseneath in Hobart and funded the construction of a recreation room worth £550. A large recreation room was erected adjacent to the 8th AGH in Western Australia at a cost of £1,033 to the division, £500 of which was paid by Fremantle businesses.

Each state division had its own special tasks, based on its home state's geography. For example, the Red Cross in Hobart assisted thousands of returning New Zealand servicemen as they made their way home. Since Western Australia was the first and last port of call for Australian ships going to and returning home from war, the Red Cross often supplied them with goods for their voyage. This was particularly the case for hospital ships, as in the first year of the war, a total of thirty-one hospital ships carrying sick and wounded individuals were met at Fremantle in addition to eighteen hospital ships bound for New Zealand that were berthed at Albany. All received hospital supplies, cigarettes, fruit, and reading materials.

The Red Cross also assisted sick men in the various military camps dotting the country, such as Broadmeadows and Liverpool in New South Wales. In 1915, the Victorian Division became involved with Langwarrin Camp, near Frankston on Melbourne's outskirts. Originally established as a POW camp, it was later used to treat soldiers suffering from venereal disease. Almost 7,000 soldiers went through the camp, many of them returned home from active service to be treated. The Red Cross, along with the YMCA and other benefactors, assisted the Department of Defence in running the facility. They erected bathhouses and recreational halls, installed electric lighting, and supplied furniture. An irrigation room, invaluable in the daily treatment of venereal disease, was also established and paid for by the Red Cross. Beyond all this, the Red Cross further supplied the camp with underclothing, pajamas, and additional bed linen.³⁵

Once the first invalided soldiers returned to Australia in July 1915 on the hospital ship *Kyarra*, the Red Cross began specializing in convalescent and rehabilitation services. A Home Hospitals' Committee was formed at the national level to coordinate the response, but this soon became a divisional responsibility. Whereas only the most serious cases or those requiring long-term recuperation were sent home, the trickle of sick and wounded men soon became a flood. The Australian Red Cross established convalescent homes across the country in both urban and rural areas to meet the demand.

³⁵ Report to the Red Cross Society, Langwarrin VD Camp, ARC Executive Correspondence [NO 33], ARC Archives (National), Melbourne.

These facilities were often housed in substantial family homes, generously loaned to the Red Cross for the duration of the war. Rose Hall, a large two-storey house situated within three acres of gardens and overlooking Sydney Harbour in Darlinghurst, was one example. Another was Broughton Hall, set in a beautiful and peaceful ten-acre plot along the Parramatta River at Rozelle. After spending almost £1,500 on refurbishment and equipping the large house, it was opened by Lady Helen Munro Ferguson and handed over to the military authorities. It was used to care for nerve and mental trauma cases and became known as the 3rd AGH. The Victorian Division established the No. 1 Rest Home at Wirth's Park in October of 1915 with a staff of over 200, located on the present-day site of the National Gallery of Victoria on St. Kilda Road. In South Australia, a Red Cross Hospital with sixty beds was built at Henley Beach. The Queensland Division opened its convalescent home in 1917 at Grangehill, a property lent to the society by its owner at a nominal rent of £1 per year.

The Department of Repatriation was established through the *Australian Soldiers' Repatriation Act*, assented to on 28 September 1917. Upon its creation, department officials requested Red Cross assistance in providing, equipping, and running convalescent homes in each state for discharged soldiers suffering the effects of the war. The department agreed to pay each division six shillings per day for each patient.

The Golden Thread

In August 1914, no one could have imagined how long the war would continue or how much it would challenge and change the country. When peace finally came on 11 November 1918, Australians were exhausted and war-weary, yet relieved. Now the boys could come home and people could resume their lives. After four years of war, Australia had a well-developed, mature, and highly successful national Red Cross society. In December 1918, as part of Australian Red Cross's fourth annual meeting, thousands, predominantly women, packed the Sydney Town Hall to hear their president, Lady Helen, talk about what she described to be their golden thread of purpose. "Red Cross work represented the maternal love of Australia stretching out to encircle her sons on every sea and land," she told them. They now understood "that to them it was given to create, right in the heart of the cyclone of war and hatred, a centre of calm and brotherly kindness."³⁶

Australia was still to face the devastating influenza epidemic otherwise known as the Spanish flu that followed the war. Striking Europe, America, Asia, and Africa, the pandemic killed more than thirty million people in the next year—around two or three times the total number of people killed during the war. The influenza was brought to Australia by the hundreds of thousands of returning men. Infection control procedures involved quarantining ships, inoculations, the

36 *Daily Telegraph*, 10 December 1918.

administration of zinc sulfate inhalations, and daily “temperature parades.” Despite these precautions, the influenza claimed over 11,000 lives in Australia. The Australian Red Cross was put under huge pressure by the epidemic, but played an integral role in its treatment. Thousands of Red Cross volunteers across the nation supported public health departments with a range of tasks, including nursing in local hospitals and in the homes of victims, and providing comforts, pajamas, and surgical masks to hospitals. They helped to staff emergency depots where inoculations were carried out, helping with swabbings, boiling and sterilizing needles, and generally caring for those who were affected by the crowded and uncomfortable conditions. Schools were closed and used as emergency hospitals, mainly staffed by VAs and Red Cross workers, a number of whom succumbed to the flu themselves. In short, although the war officially finished in late 1918, the work of Australian Red Cross continued on.

The organization’s leaders, both in Australia and overseas, were publicly acknowledged by the Australian government with the various honors and awards bestowed on them. While, in 1919, Philadelphia Robertson had discussions about the possible inclusion of a complete volume on the Australian Red Cross in the official history of the war, to be edited by renowned wartime journalist, Charles Bean, this never materialized. Rather, the exploits of the Australian Red Cross during World War I form part of one chapter in volume XI of the official history of the conflict written by Ernest Scott, professor of history at the University of Melbourne. As the Hon. James Ashton reaffirmed, “the nature of the Red Cross movement [...] was essentially from the top to the bottom a woman’s movement [with] men being employed here and there merely to fill up the chinks!”³⁷

We shall leave it to Lady Helen Munro Ferguson to have the final word on the role of Australian Red Cross in World War I. In 1919, she eulogized the volunteer workers, especially the women of Australia, and paid special tribute to them. She also hinted at a possible peacetime future for this national organization borne out of a cruel and remorseless war:

Originating with the war, our Society had to commence operations from the day of its inception; and we may well congratulate ourselves that the hastily improvised machinery worked smoothly, and proved capable of expanding to meet new demands [...] Thanks to the loyal co-operation of Divisions, Branches, Committees, and workers, the great mission of the Society has been accomplished, and a powerful organization has been created, ready at any moment to renew its war activities, and able in days of peace to play a useful part in relieving suffering and promoting national health [...] women from all parts of Australia and from all spheres of life have been drawn together in a common effort; a strong bond has been created between them, and a spirit of unity and comradeship evoked, which will endure long after the close of our Red Cross war activities of 1914–1919.³⁸

37 Letter from E. Glanville Hicks, Department of Repatriation, to Miss Robertson, 18 August 1919, ARC Executive Correspondence [NO 33], ARC Archives (National), Melbourne; ARCS, Leaflet, Quarterly Series, no 4, December 1920, p. 1.

38 ARCS, 5th Annual Report, 1918–1919, p. 26.



Helping Hands in the Turmoil of War: The Austrian Red Cross, 1914–1918

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Introduction

The Prelude to War and the European Powder Keg

Europe was a continent teeming with tensions and fraught with instability in the years leading up to World War I. The great powers of the time were entangled in a complex, ever-fluctuating network of alliances and rivalries. The Balkans, often referred to as the powder keg of Europe, was a region of particular volatility, as burgeoning nationalist movements challenged the fragile equilibrium maintained by the empires. Austria-Hungary, a multi-ethnic empire struggling to hold its diverse population together, faced mounting internal pressure from nationalist groups demanding greater autonomy or outright independence.

The Assassination of Archduke Franz Ferdinand – The Outbreak of World War I

Referred to as the seminal catastrophe of the twentieth century, World War I was a watershed event in human history. Lasting from 1914 to 1918, this conflict was unique not only for its global reach and the scale of destruction but also for the profound political, social, and cultural changes it precipitated. Central to the onset and progression of this war was Austria-Hungary—a major power caught in a web of national aspirations, imperial ambitions, and political crises.

In the summer of 1914, escalating political tensions, the assassination of the heir to the throne of the Austro-Hungarian Empire together with complex alliance systems in Europe led to the outbreak of World War I. While the immediate catalyst for World War I was the assassination of Archduke Franz Ferdinand in Sarajevo on 28 June 1914, this event set off a chain reaction among the European powers. Austria-Hungary, with the backing of Germany, saw this as an opportunity to assert its influence in the Balkans and to quell the rising tide of Serbian nationalism. The ultimatum sent to Serbia in response to the assassination was intentionally harsh, setting the stage for conflict.

Austria-Hungary's declaration of war on Serbia set the intricate alliance systems in motion. Russia, bound by Slavic ties and alliances, mobilized in defense of Serbia, prompting Germany to declare war on Russia. Russia's ally, France, was then drawn into the conflict against Germany and Austria-Hungary. What began as a localized dispute in the Balkans quickly spiraled into a conflict that would engulf much of Europe and, later, the majority of the world.

Marked by unprecedented scales of destruction and human tragedies, World War I claimed the lives of more than nine million soldiers and wounded around twenty million soldiers by its conclusion in 1918. It also left a staggering seven million civilians dead. As a central power, Austria-Hungary quickly found itself embroiled in a conflict that inflicted enormous hardships both on the frontlines and back at home. By the war's end, a total of twenty-five states comprising approximately seventy-five percent of the world's population at the time had been drawn into the conflict.

The Austrian Red Cross played a crucial role during this time of upheaval and devastation, supporting the armed forces of the empire on the one hand and the civilian population on the other. Originally conceived as an aid organization to serve the wounded and sick during wartime, the Austrian Red Cross rapidly adapted to the harsh and often grim realities of the war, broadening its scope to address a wider range of needs.

Austria-Hungary's Military Campaigns

Austria-Hungary's military campaigns during World War I were plagued by early setbacks and challenges. The empire's armed forces were ill-prepared for a prolonged conflict, facing major hurdles on multiple fronts. In the east, they battled the Russian army, while in the south, they faced the armies of Serbia and, later upon her entrance into the war in 1915, Italy. The multi-ethnic composition of the Austro-Hungarian army created logistical challenges and, more often than not, undermined military morale, as soldiers from various national groups were often reluctant to fight for an empire they felt did not represent their interests.

The Home Front and Societal Impact

The war had a profound impact on the home front in Austria-Hungary. The prolonged conflict drained resources, led to food shortages, and caused widespread economic hardship. The war also intensified burgeoning nationalistic sentiments within the empire, both exacerbating ethnic tensions and fomenting political instability. The societal strain was evident in the growing discontent among the civilian population that would eventually spell the downfall of the empire itself.

Austria-Hungary's involvement in World War I had far-reaching consequences. The war accelerated the disintegration of the empire, leading to its eventual collapse and the reshaping of the political map of Europe. The end of the war saw new nation-states emerge from the ashes of the Austro-Hungarian Empire. The legacy of Austria-Hungary's role in the war is a complex tapestry of imperial ambitions, nationalist movements, and the immense human cost of a conflict that reshaped the world.

The Austrian Red Cross: An Institution in Transition

The Austrian Red Cross, founded on 14 March 1880 as a volunteer medical service, underwent a profound transformation with the outbreak of World War I. The brutal and pervasive nature of the war compelled the organization to adapt to unprecedented challenges. It expanded both the scope of its services and the number of volunteers within its ranks. Men and women from all walks of life came together to meet the needs of the times, providing medical care on the frontlines and supporting families affected by the war's consequences. By 1917, the Austrian Red Cross consisted of twenty-two Regional Branches and 661 Local Branches, with membership increasing from fewer than 75,000 before the war to 253,900 by the end of 1917.

Humanitarian Aid in a Time of Crisis

The primary mission of the Austrian Red Cross during World War I was to provide medical care and support to the empire's wounded and sick soldiers. To do this, the organization established and operated field hospitals and field depots, deployed voluntary medical detachments, organized medical transports, and provided medical care, often under difficult conditions, including on three Red Cross hospital ships. Given the massive scale of injuries and disease, this task was one of enormous scope and complexity.

In addition to medical assistance, the Austrian Red Cross provided food, water, clothing, and hygiene services to soldiers and civilians. It also focused on training nurses who were then deployed both in the field and in the empire's central regions.

The activities of the Austrian Red Cross during World War I reflected the social and political changes of the time. The involvement of women in war efforts, the increasing professionalization of medical care, and the growing importance of international cooperation and international humanitarian law were hallmarks of this period.

The Genesis of the Austrian Red Cross

Henry Dunant's Vision and the Red Cross Movement

In the second half of the nineteenth century, amidst the backdrop of burgeoning national conflicts and the looming specter of war in Europe, the Austrian Red Cross emerged as a beacon of hope and humanity. The organization's creation cannot be disentangled from the broader narrative of the Red Cross movement initiated by Henry Dunant. A Swiss businessman, Dunant was appalled by the suffering he witnessed in the aftermath of the Battle of Solferino in 1859, where Austro-Hungarian troops had fought against French and Sardinian forces. His vision, articulated in his book *A Memory of Solferino*, called for the creation of volunteer national relief societies to impartially assist those wounded in armed conflict. This vision culminated in the 1864 adoption of the first Geneva Convention and finally in the establishment of the International Red Cross and Red Crescent Movement.

The Austrian Red Cross was established against this backdrop of developing international humanitarian law and the growing recognition of the need for organized, neutral, and impartial aid during times of conflict. Founded in 1880, the organization was born out of the principles laid down by the Geneva Conventions and the growing international Red Cross movement that sought to provide neutral and impartial aid to those affected by armed conflict. Austria-Hungary, being a vast and diverse empire in the center of Europe, saw the Austrian Red Cross as a means not only to adhere to these new international norms but also to unite its heterogeneous populations under the banner of humanitarianism.

The Austrian Red Cross' Mandate and Structure

Initially, the Austrian Red Cross' mandate was tightly bound to the needs of war—focusing on the provision of aid to soldiers and civilians affected by armed conflict.¹ This mandate encompassed both medical assistance on the battlefield and support for civilians affected by war. Over time, this mandate expanded to include training volunteers in first aid, preparing for peacetime emergencies, and establishing rescue and ambulance services both for war and peacetime.

The Austrian Red Cross' structure was influenced by the military, reflecting the organization's close ties to Austria-Hungary's armed forces. Its leadership often included military officers and its operations were closely coordinated with military strategies. However, the Austrian Red Cross also developed a civilian volunteer base, drawing on the broader Austrian society's goodwill and sense of duty.

Challenges of the Pre-War Era

The years leading up to World War I were a time of major transformation for the Austrian Red Cross. The organization faced numerous challenges, from navigating the complex political landscape of the Austro-Hungarian Empire to addressing the diverse needs of her population. Additionally, the Austrian Red Cross had to contend with the logistical and ethical challenges of providing neutral aid in an era increasingly dominated by nationalist sentiments.

The Austrian Red Cross' nascent years were, however, marked by increasing international cooperation within the Red Cross movement. The Austrian Red Cross participated in various international conferences and initiatives, all of which helped to shape its policies and practices. This international dimension was crucial in establishing the Austrian Red Cross as a respected part of the global humanitarian community.

Preparation for War

As tensions in Europe escalated in the early twentieth century, the Austrian Red Cross accelerated its preparations for war in adherence to relevant government guidelines. These preparations included expanding its network of volunteers, stockpiling medical supplies, and establishing contingency plans for many different wartime scenarios. The Austrian Red Cross' efforts during this period were driven by a growing awareness that a major conflict could erupt at any moment, underscoring the paramount need to be prepared for the worst.

At the onset of World War I, the Austrian Red Cross had established itself as an integral component of Austria-Hungary's response to the emerging humanitarian challenges of

¹ This becomes obvious when reading the first paragraph of the “Report on the Wartime Activities of the Austrian Red Cross Society during 1914 and 1915,” which starts off by very clearly stating that “All activities, all life, and striving of the Austrian Red Cross are dedicated to our glorious army.” (Bericht über die Kriegstätigkeit der Österreichischen Gesellschaft vom Roten Kreuze 1914-1915, herausgegeben vom Pressereferat der Österreichischen Gesellschaft vom Roten Kreuze, Wien, im Verlage der Gesellschaft.)

modern warfare and humanitarian crises. Its foundation and evolution reflect a period of significant change in international relations, warfare, and humanitarian principles. The Austrian Red Cross' journey from its inception to the outbreak of World War I is a testament to the enduring power of humanity and impartiality in the face of adversity and conflict.

The Austrian Red Cross: Evolution of its Organizational Structure

The Prewar Structure

By 1914, the Austrian Red Cross had evolved into a critical component of the Austro-Hungarian Empire's humanitarian response system. Born out of the principles established by the Geneva Conventions and the International Red Cross movement, the Austrian Red Cross' structure and hierarchy were heavily influenced by the military framework of the empire, reflecting the organization's close association with Austria-Hungary's armed forces.

The leadership of the Austrian Red Cross was predominantly composed of nobility and former military officers, mirroring the societal and political hierarchies of the empire. This structure enabled the Austrian Red Cross to operate effectively within the military system, facilitating the rapid mobilization and deployment of aid in conflict zones. The central body, located in Vienna, oversaw a network of twenty-two regional and 661 local branches, each responsible for coordinating humanitarian efforts within its respective areas.

The Austrian Red Cross also had a sizable volunteer base that included individuals from diverse backgrounds. Volunteers were integral to the Austrian Red Cross' operations, as they provided medical care, training, administrative support, and other essential services. The training of these volunteers, often conducted in collaboration with military medical personnel, was a key aspect of the Austrian Red Cross' prewar preparations.

The Austrian Red Cross' prewar structure not only reflected the military hierarchy but also embodied the diverse social fabric of the empire. The organization was central in unifying the empire's diverse ethnic and social groups under the shared goal of humanitarian service. Women in particular found roles within the Austrian Red Cross, marking a significant step in their societal participation during a time when female involvement in the public sphere was limited. With a large number of men serving on the frontlines, women took on more prominent roles within the organization. They served as nurses, administrators, and, in some cases, were involved in direct aid delivery on the battlefields. This not only broadened the scope of the Austrian Red Cross' work but also marked a transformative period in the role of women in Austrian society.

Mobilization for War

The outbreak of World War I in 1914 marked a turning point for the Austrian Red Cross. The organization rapidly transitioned from peacetime operations to a war footing, a move that necessitated significant structural and organizational changes. The Austrian Red Cross expanded its services to meet the escalating needs of the war, which included caring for the wounded, supporting prisoners of war (POWs), and aiding civilian populations affected by the conflict.

This expansion saw the Austrian Red Cross strengthening its collaboration with the military, leading to a more centralized command structure. The central body in Vienna assumed greater control over regional branches to ensure a coordinated response across the empire. This centralization was crucial in managing the complex logistics of aid, including the distribution of medical supplies through an elaborate system of mobile and stationary medical depots, the establishment of field hospitals, the operation of hospital ships, and, in some cases, state railway ambulance trains throughout the empire's territory.

Adapting to the Novelties of Modern Warfare

The scale of World War I posed unprecedented challenges for the Austrian Red Cross. The sheer number of casualties, the spread of the conflict across multiple fronts, and the logistical complexities of operating in war-torn areas stretched the organization's resources and capabilities. In response, the Austrian Red Cross adapted by increasing its reliance on trained medical personnel and expanding its volunteer base. Specialized units were formed to handle different aspects of the war effort, such as medical care, logistics, and communication. In 1915, at the height of the war, the Austrian Red Cross operated 874 medical facilities comprising a total of 94,867 beds.

As the war progressed, the Austrian Red Cross faced the realities of modern warfare, including the use of chemical weapons and the increasing number of psychological casualties. These challenges required the Austrian Red Cross to adapt its medical practices and expand its services to include psychological support and rehabilitation for soldiers suffering from what was then known as shell shock.

The Austrian Red Cross' International Role

Throughout the war, the Austrian Red Cross maintained its connections with the International Red Cross movement, participating in international efforts to standardize and improve humanitarian aid. The challenges of World War I highlighted the need for international cooperation in humanitarian efforts and the Austrian Red Cross played a role in shaping these global discussions.

Legacy of Change

The war years were a period of intense growth and transformation for the Austrian Red Cross. The organization emerged from the war with a vastly expanded scope, a more diverse volunteer base, and a deeper understanding of the complexities of humanitarian aid in wartime. The Austrian Red Cross' evolution during this period laid the groundwork for its future role as a key player in both national and international humanitarian efforts.

The Austrian Red Cross in War: A Story of Medical Endeavor and Innovation

The outbreak of World War I in 1914 thrust the Austrian Red Cross into an unprecedented humanitarian crisis. This conflict, primarily characterized by its scale and brutality, posed formidable challenges for medical and nursing care. The Austrian Red Cross' response to these challenges went far beyond what had been planned for prior to the war and was a defining moment in the history of war medicine and humanitarian aid.

The Frontline of Care: Field Hospitals and Volunteer Medical Teams

At the heart of the Austrian Red Cross' war effort was its medical and nursing operations. These operations were multifaceted, involving not only emergency treatment on the battlefield but also long-term care in field hospitals, known as *Feldspitäler*.

Each of the Austrian Red Cross' volunteer medical teams (*Freiwillige Sanitätsabteilungen*) typically consisted of one or two doctors, approximately thirty female nurses, several male nurses, and kitchen staff who handled a generous amount of hospital supplies, surgical materials, disinfectants, and food. These teams were tasked with providing immediate and ongoing care to soldiers wounded in combat. While prewar planning had envisaged five such volunteer medical teams, the Austrian Red Cross needed to deploy a total of fourteen teams during the war to respond to the large number of wounded soldiers.

Field hospitals were the primary sites for the Austrian Red Cross' medical activities. Set up close to the battlefield, these facilities were designed to provide rapid treatment to injured soldiers. The conditions in these hospitals were often challenging, with medical staff having to work in overcrowded and under-resourced facilities. Despite these challenges, the Austrian Red Cross' medical personnel strove to provide the best possible care under the circumstances.

As required under the original mobilization plan, the Austrian Red Cross deployed and operated two field hospitals near the frontlines throughout the war. Whereas their intended capacity was two hundred wounded or injured soldiers, the hospitals soon had to deal with far higher numbers of patients—sometimes operating up to two thousand beds at a time. In the end, they succeeded in providing many thousands of wounded and sick soldiers with professional hospital care.

In addition to these field hospitals, the Austrian Red Cross operated a large number of different types of hospitals throughout the territories of the Austro-Hungarian Empire. At the beginning of the war, they had a bed capacity of 2,754 in Bohemia, 385 in Bukovina, 3,130 in Galicia, two hundred in Gorizia and Gradiska, 725 in Carinthia, 420 in Carniola, 1,997 in Moravia, 2,160 in Lower Austria, 610 in Upper Austria, 680 in Salzburg, 404 in Silesia, 1,532 in Styria, 1,241 in Tyrol, 400 in Trieste and Istria, and 70 in Vorarlberg. The total capacity of the Austrian Red Cross non-frontline hospitals and care facilities therefore amounted to almost 17,000 beds. The extensive nature of the war and the large numbers of wounded and sick soldiers meant that capacity needed to be extended to a maximum of 94,867 beds in 1915.

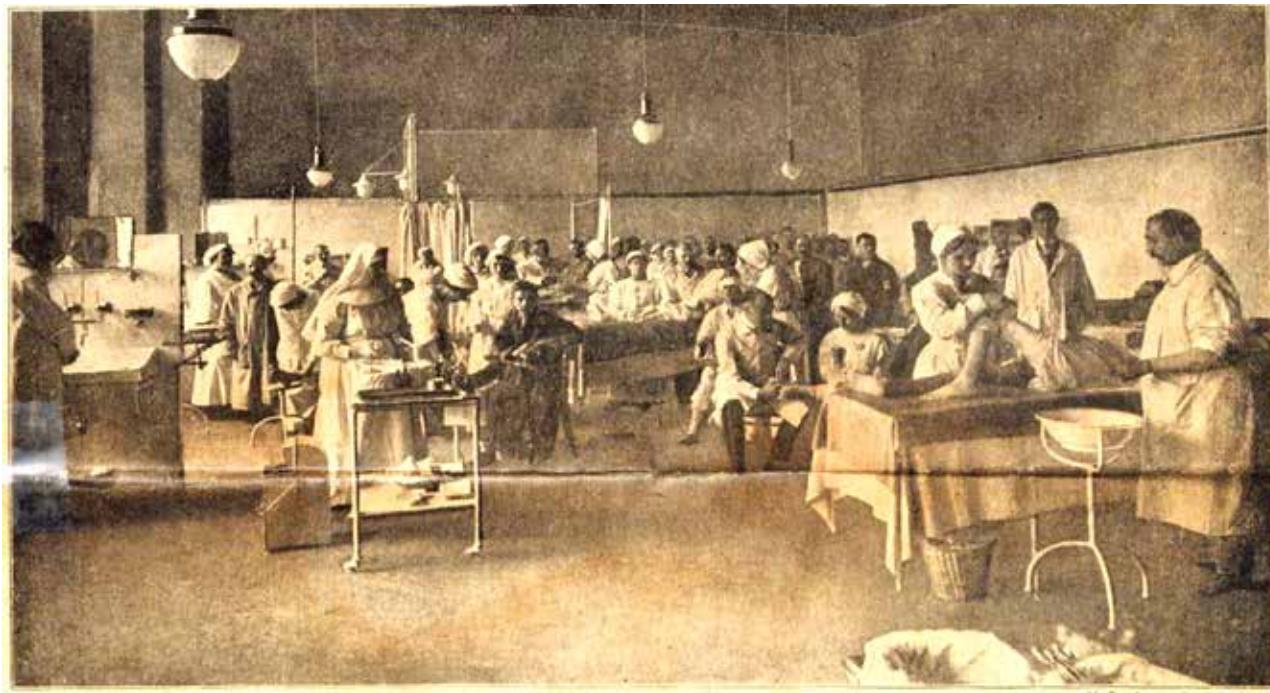
Treating the Wounded and Sick: A Daunting Task

The task of treating war wounds was indeed daunting. The Austrian Red Cross had to deal with a wide range of injuries—from gunshot wounds and shrapnel injuries to chemical burns and psychological trauma. The severity and variety of these injuries required a high degree of skill and adaptability from the medical staff. In addition to physical injuries, the Austrian Red Cross also had to contend with the spread of diseases in the crowded and unsanitary conditions of the battlefield and field hospitals. Diseases like typhus, cholera, and influenza posed a significant threat to both patients and medical staff, adding another layer of complexity to the Austrian Red Cross' medical mission.

One of the most serious medical threats to the armed forces and the population of the empire turned out to be the tuberculosis epidemic caused by the war. During one of its meetings on 3 March 1916, the leadership of the Austrian Red Cross formally recognized this emerging threat and decided to include the treatment of tuberculosis into the society's war and peacetime activities. By the end of 1917, the Austrian Red Cross had established 22 specialized tuberculosis hospitals with a total capacity of 3,902 beds, with five more such facilities under construction.

The Austrian Red Cross opened two clinics, one in Puchberg am Schneeberg (Lower Austria) and another one in Brezolupy (Czech Republic), for its nurses and caregivers who contracted the diseases they were trying to heal. According to the Austrian Red Cross' annual reports, these facilities were very successful in healing and rehabilitating large numbers of sick caregivers during the final years of the war. The clinic in Brezolupy, specialized in healing tuberculosis, consistently achieved exceptional recovery rates.

The nurses of the Austrian Red Cross played a vital role in the medical care of soldiers. Often working prolonged hours under extreme pressure and in dire conditions, these nurses provided not only medical care but also comfort and emotional support to the wounded. Their unwavering dedication helped keep soldiers' morale and mental well-being afloat as they recovered from the horrors of war.

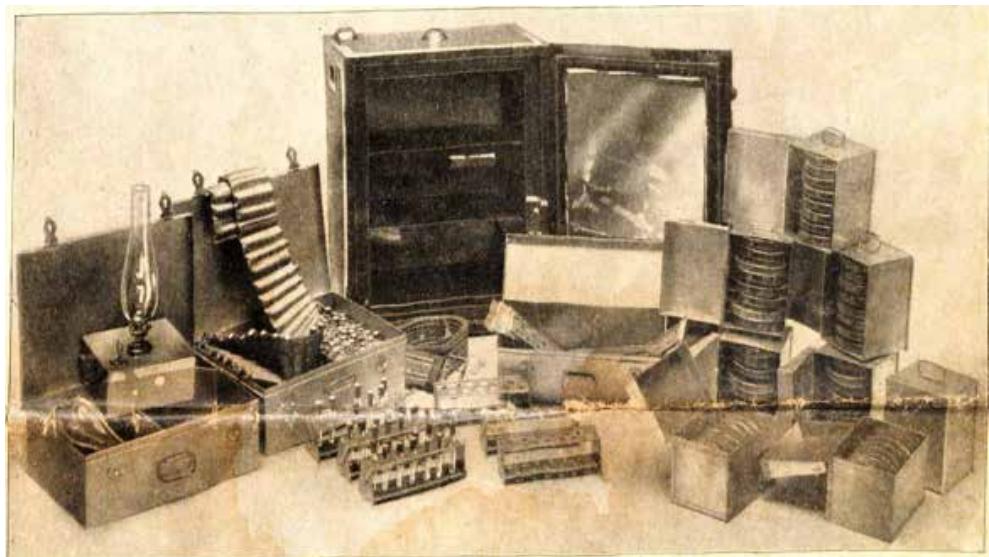


Innovations in War Medicine

The extreme conditions of World War I drove significant advancements in war medicine, many of which were adopted and further improved upon by the Austrian Red Cross. One such advancement was the improvement in surgical techniques, especially in treating wound infections and amputations. The Austrian Red Cross also played a role in the early use of antiseptics and the development of triage systems, which helped prioritize treatment for the wounded based on the severity of their injuries.

Another significant area of advancement was in the treatment of psychological trauma. The Austrian Red Cross was a pioneer in recognizing and treating what was then known as shell shock. Through their efforts, psychological trauma began to be understood as a legitimate war injury that required specialized medical and psychological interventions.

Together with renowned Austrian bacteriologists, the Austrian Red Cross developed expertise in operating one large stationary and 22 mobile epidemic laboratories. The main task of these facilities was the analysis and correct identification of numerous bacteria and the diagnosis of the illnesses they caused. These laboratories were managed by highly regarded bacteriologists. They were staffed by specialized nurses for the treatment of patients affected by epidemics, which the Austrian Red Cross had started training well before the beginning of the war.



▲ Bacteriological Field Laboratory



▲ Chemical and Microscopic Laboratory

Logistical Challenges and Creative Humanitarian Solutions

One of the most important wartime creations of the Austrian Red Cross were the *Eisenbahn-Hilfszug- und Labetrains* (Medical and Food Support Trains). The unexpectedly large numbers of wounded and injured soldiers at the outset of the war, in combination with the overcrowding of rail tracks within the Austro-Hungarian Empire with troop transports and other military trains, rendered it difficult to deploy the dedicated sanitary relief trains that had been assembled specifically for this purpose.

As a consequence, injured, wounded, and sick soldiers were forced to wait in large numbers at overcrowded railway stations near the frontlines, often having to resort to boarding empty freight trains to reach the nearest city where they could access the necessary hospital care. It goes without saying that the conditions on such freight trains were entirely unsuitable for transporting passengers in need of medical care given the utter lack of medical aid, food, or water.

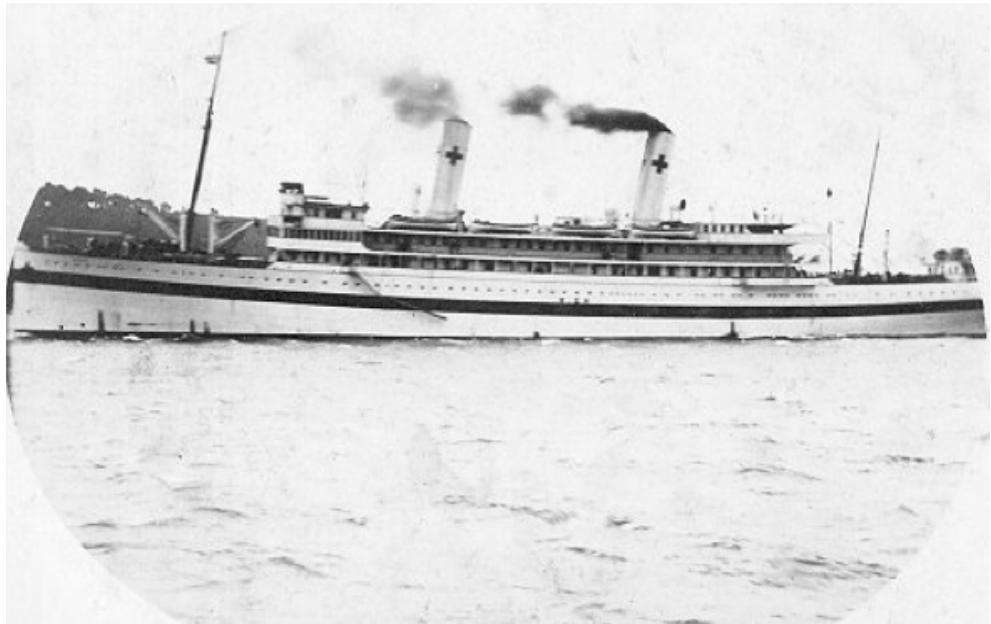
To combat this problem, the Austrian Red Cross decided to assemble the aforementioned Medical and Food Support Trains - nineteen operated by the Austrian Red Cross and six by the Hungarian Red Cross. Each train was equipped with three carriages: a supply carriage, a kitchen, and a staff carriage. Support trains could be coupled to freight trains carrying wounded and sick soldiers, transforming them into fully functioning medical evacuation transports capable of accommodating one to two thousand patients. These trains proved especially valuable on the southern front, where Support Train nr. 12 carried around one thousand soldiers and officers per day, providing them with food and drinks along the way.

Even after the collapse of the Austro-Hungarian Empire in 1918, five of the remaining Support Trains that had managed to return to Vienna continued to perform their humanitarian duties. They were redirected to the Austrian towns of Wiener Neustadt, Gloggnitz, Mürzzuschlag, Bruck an der Mur, and Amstetten, where they provided relief and nourishment to thousands of troops returning from the frontlines.

Austrian Red Cross Hospital Ships

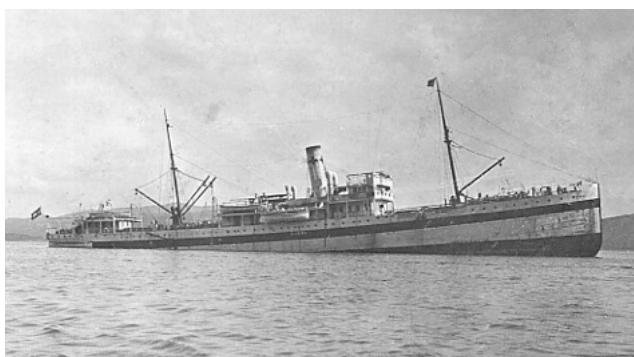
The Austrian Red Cross also operated a fleet of hospital ships (Seespitalsschiffe) throughout World War I. This fleet included the Elektra (3,200 gross registered tons), Metkovich (879 gross registered tons), Tirol (2,836 gross registered tons), Wien (8,000 gross registered tons), Graf Wurmbrand (952 gross registered tons), and Baron Call (3,104 gross registered tons).

These hospital ships were essential in ferrying wounded and sick soldiers from the southern fronts in Serbia and Montenegro to the protected harbors of Trieste or Fiume. From there, soldiers were transferred to hospitals and other medical care facilities. Active during 1916, the *Tirol*, *Elektra*, and *Wien* had a combined capacity of 1,700 beds and could seat an additional number of 900 patients. These hospital ships had evacuated around 60,000 patients from the

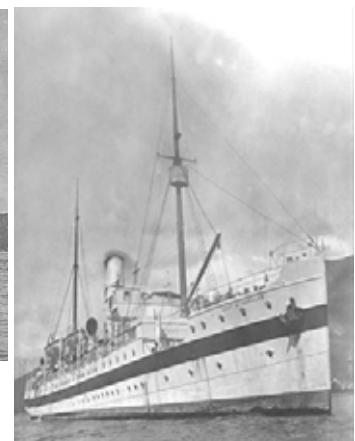


▲ *Hospital ship Wien*

front to safety by the end of 1917 over the course of 200 trips. Danger was never far away. On 18 March 1916, the *Elektra* was struck by a torpedo fired by a French submarine in violation of international humanitarian law. Heavily damaged, she had to be towed to the nearby harbor of Sebenico where she underwent extensive repairs. Fortunately, the *Elektra* had not been carrying any patients at the time. Nevertheless, one Red Cross nurse and two sailors lost their lives and three Red Cross nurses were seriously wounded in the attack.



▲ *Hospital ship Tirol*



▲ *Hospital ship Graf Wurmbrand*

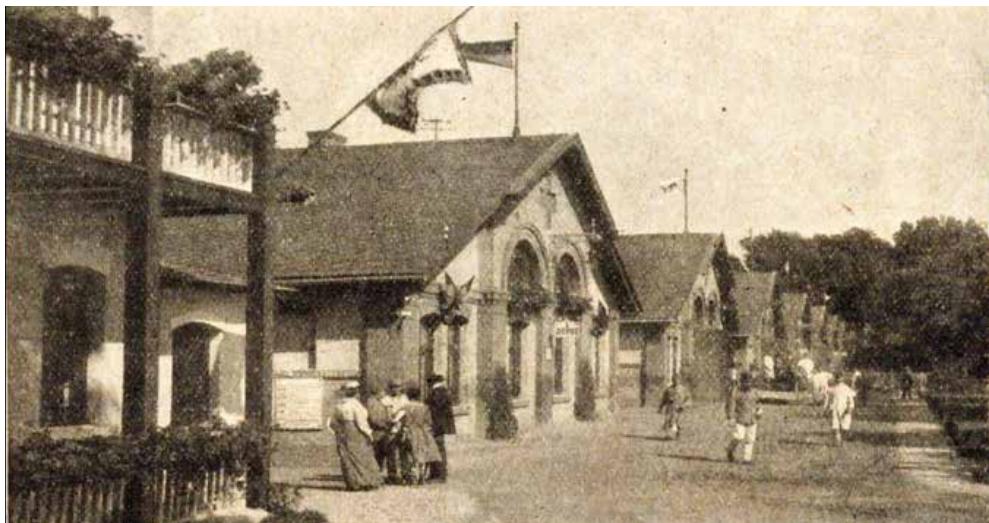
The *Baron Call* was attacked by two Italian warplanes on 30 September 1917 while entering the harbor of Durazzo. The planes dropped four bombs on the ship, all of which fortunately missed their target and exploded in the water without causing any casualties.

Operating several hospital ships over an extended period of time stressed the finances of the Austrian Red Cross. Between 1914 and 1917, the total operating cost of all hospital ships amounted to 3.5 million crowns.² Carrying this cost would not have been possible without financial support from the Austro-Hungarian government.

Overcoming Logistical and Ethical Challenges

The Austrian Red Cross' medical operations were fraught with logistical and ethical challenges. Ensuring a steady supply of medical equipment and medicines to the frontlines required a highly sophisticated and resilient transport and storage system. The Austrian Red Cross had to navigate the complexities of war logistics to ensure that field hospitals were adequately equipped and staffed.

To secure a steady flow of much needed supplies, the Austrian Red Cross set up and maintained a system of two stable depots and up to eleven field depots. These depots mainly contained different types of bandaging materials, medicine, other medical equipment, clothing, and food - items essential for the work of the Austrian Red Cross field hospitals and its medical teams. Regular transports between these different depots guaranteed an adequate distribution of materials.



▲ Main Depot of the Austrian Red Cross

² This corresponds to approximately twenty-four million Euros in 1914 or to 3.5 million Euros in 1917 after high inflation (<https://www.eurologisch.at/docroot/waehrungsrechner/#/>).

The pinnacle of the logistical hierarchy was the main depot of the Austrian Red Cross. Situated on the outskirts of Vienna, its main tasks included the reception, storage, management, and distribution of all goods and materials belonging to the Austrian Red Cross. The main depot was organized according to military principles and was divided into eight sub-depots, each of which dealt with (i) hospital equipment, (ii) clothing, (iii) medical equipment, (iv) medical instruments, (v) medicine, (vi) mineral water and medical substances, (vii) bandaging materials, and (viii) food.

The main depot also contained a pharmacy and an explosion-proof basement for flammable substances. From the beginning of World War I until the end of 1917, the main depot distributed more than 6,000 tons of goods and materials throughout the empire.

Ethically, the Austrian Red Cross faced the challenge of maintaining its neutrality and humanitarian principles in the midst of a highly charged wartime environment. The organization had to balance its commitment to providing care for all, regardless of nationality or affiliation, with the practical realities of operating within an Austro-Hungarian military framework. Nevertheless, the Austrian Red Cross registered foreign POWs, visited them, and distributed parcels and messages that had arrived to them from their home countries.



▲ *Main Depot of the Austrian Red Cross*



▲ Main Depot of the Austrian Red Cross

The Impact of War Medicine on Austrian Red Cross' Future

The experiences of the Austrian Red Cross in World War I had a lasting impact on the organization. The advancements in medical care, the development of nursing practices, and the understanding of psychological trauma gained during the war significantly influenced the Austrian Red Cross' future operations. These experiences also contributed to the broader field of humanitarian aid and war medicine, shaping how medical care is provided in conflict zones worldwide.

One of the lasting legacies of the wartime medical efforts is the strong focus that the Austrian Red Cross still has on providing rescue and ambulance services to the Austrian population. This includes the training of qualified paramedics who work as staff and volunteers within this important sector of the contemporary Austrian health system.

The Austrian Red Cross: A Pillar of Support for Soldiers in the Trenches

The Austrian Red Cross played a crucial role beyond medical care during World War I, extending its services to support the growing needs of soldiers fighting on the frontlines. The Austrian Red Cross' efforts in providing food, clothing, and moral support were pivotal in sustaining the well-being and morale of the soldiers enduring the brutalities of the war.

Nourishment in the Trenches

One of the Austrian Red Cross' primary concerns was ensuring that soldiers received adequate nutrition in the harsh conditions of trench warfare. The logistical challenge of supplying adequate food to the frontlines was immense given how supply lines were often disrupted and troops were in a constant state of motion. The Austrian Red Cross set up canteens and soup kitchens close to the frontlines where hot meals and refreshments were provided to soldiers. These facilities not only offered nourishment but also served as places of respite where soldiers could briefly escape the gruesome realities of war.

The food and nourishment provided by the Austrian Red Cross was not just a physical necessity but also a morale booster. The act of sharing a hot meal amid the desolation of war helped soldiers maintain a sense of normalcy and camaraderie among themselves. The Austrian Red Cross also organized food parcels and care packages, often filled with items donated by civilians, which were distributed among troops. These packages were a tangible link between the soldiers at the front and their loved ones back home.

Clothing and Essential Supplies

Apart from food, the provision of adequate clothing and essential supplies was vital, especially given the extreme weather conditions and the rugged terrain of many battlefronts. The Austrian Red Cross collected and distributed clothing, boots, and other essential items to the soldiers. In the bitter winters, this task took on even greater importance, as proper clothing was essential for survival in the trenches and mountains. The distribution of these items was not just about physical well-being but also about maintaining the dignity of the soldiers. The Austrian Red Cross' efforts aimed at ensuring that the soldiers were not only equipped to face the physical demands of war but also supported in their basic human needs.

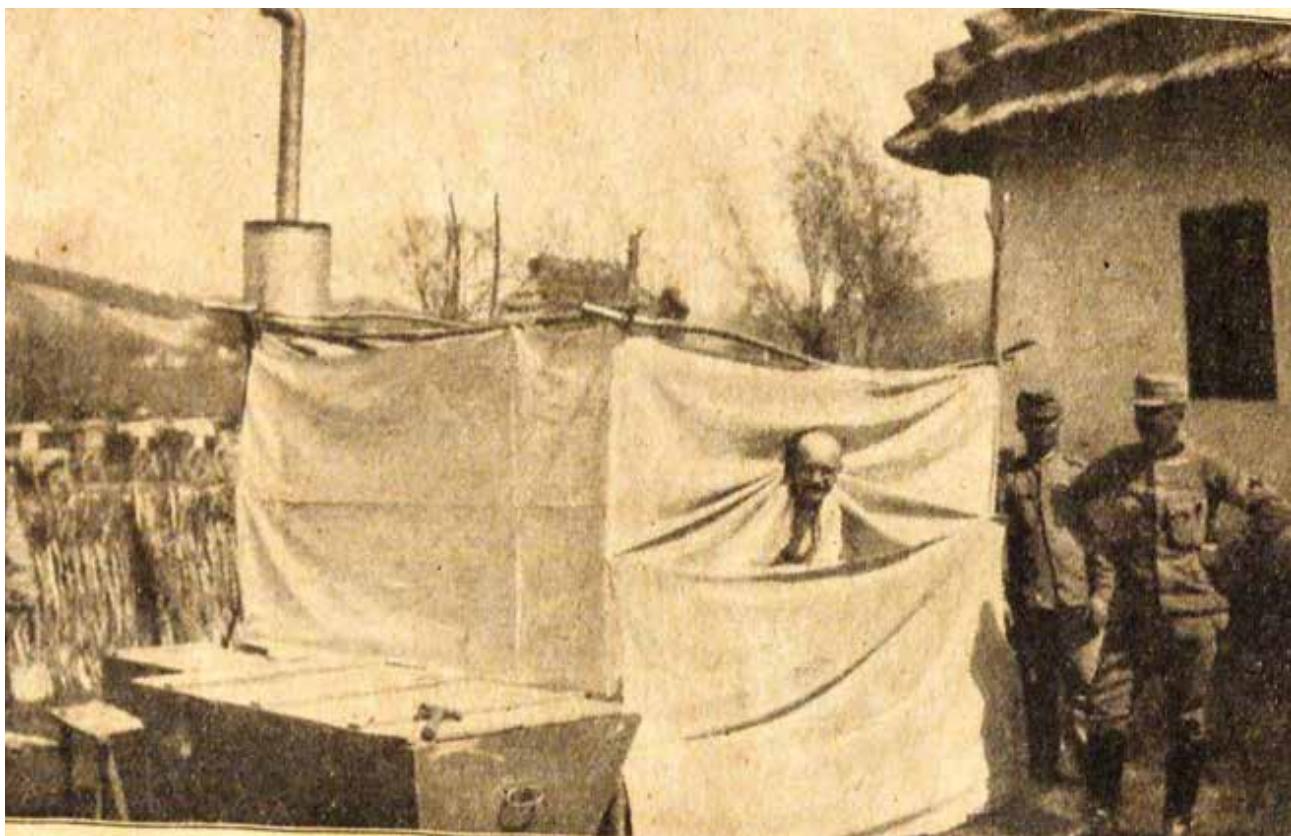
Psychological Support and Moral Care

Perhaps the most profound, albeit one of the least visible aspects of the Austrian Red Cross' support, was in the realm of psychological care and moral support. The psychological toll of trench warfare was immense, with soldiers facing constant danger, witnessing the death of comrades, and enduring the horrors of battle. The Austrian Red Cross recognized the importance of addressing soldiers' mental health needs. The Austrian Red Cross volunteers—especially the Red Cross nurses—provided emotional support to the soldiers. They listened to their fears and concerns, always willing to offer them a sympathetic ear and words of comfort. This emotional support was crucial in helping soldiers cope with the stress and trauma of war.

The Austrian Red Cross also facilitated communication between soldiers and their families. They organized letter-writing stations and provided postal services, enabling soldiers to send and receive letters from home. These letters were a vital source of comfort and connection, reminding soldiers of the life and loved ones waiting for them. The Austrian Red Cross understood the immense value of these family messages, often delivering them under challenging circumstances to ensure the maintenance of this critical link.

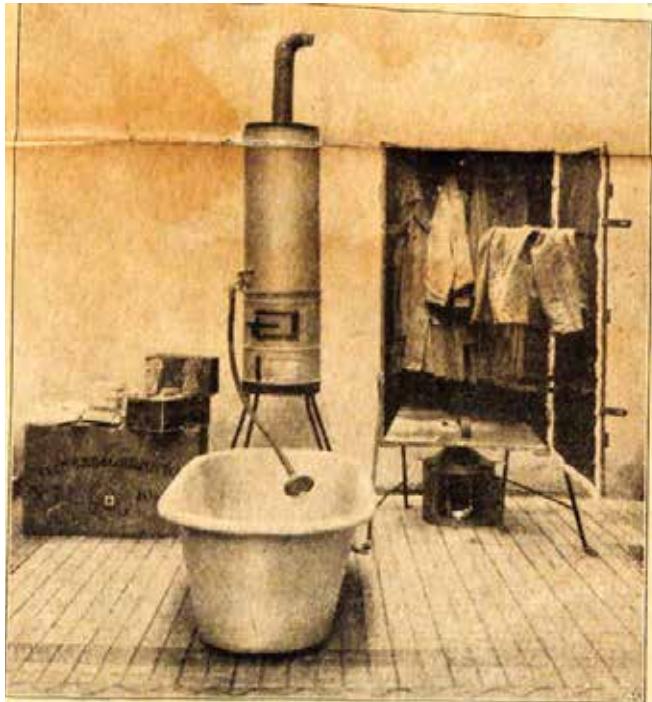
Challenges and Adaptations

The Austrian Red Cross' support for soldiers was not without its challenges. The volatile nature of the front lines, the scarcity of resources, and the constant threat of attack made their mission perilous. However, the Austrian Red Cross adapted to these challenges, finding innovative ways to deliver support. Whether it was mobile canteens that moved with the troops or one of the more than four hundred mobile field bathing facilities, the Austrian Red Cross' flexibility was a key factor in its effectiveness.



▲ 'Field bathing facility' in frontline use

In the annals of World War I, the role of the Austrian Red Cross stands out not only for its medical contributions but also for its unwavering support of the soldiers on the frontlines. Through the provision of food, clothing, psychological care, and moral support, the Austrian Red Cross played a vital role in sustaining the spirits and resilience of those who fought. The organization's multifaceted support system stood testament to its commitment to humanitarian principles and its understanding of the comprehensive needs of soldiers in wartime.



◀ *Mobile field bathing facility*

The Austrian Red Cross: A Beacon of Hope for Civilians and Prisoners of War

In the theater of World War I, the Austrian Red Cross extended its humanitarian reach beyond the battlefield, focusing significant efforts on supporting the civilian population in war-affected areas and caring for POWs. These initiatives reflected the Austrian Red Cross' commitment to impartially alleviating suffering of all those affected by the war, irrespective of their nationality and role in the conflict.

Support for the Civilian Population

The war's impact on civilians grew increasingly catastrophic, with communities facing displacement, starvation, and sometimes even a breakdown of social order. The Austrian Red Cross recognized the need to support these vulnerable populations. One of the primary concerns they addressed was food shortages caused by the war. The Austrian Red Cross organized food distribution centers, providing essential supplies to civilians who had lost their livelihoods and access to basic necessities.

Additionally, the Austrian Red Cross played a key role in providing medical care to civilians. With many local medical facilities destroyed or overwhelmed, the Austrian Red Cross set up temporary clinics and hospitals to treat civilians injured in the war or suffering from diseases and epidemics exacerbated by the conflict. These facilities were often staffed by Austrian Red Cross volunteers who worked tirelessly to provide care under trying circumstances.

Furthermore, the war led to massive displacement, with civilians fleeing their homes to escape the conflict. In 1917 and 1918, the main depot of the Austrian Red Cross, at the request of the regional government, provided much needed medical supplies to the thousands of refugees accommodated in camps in Lower Austria.

The Plight of Prisoners of War

The Austrian Red Cross' humanitarian mission extended to the care of POWs. The conditions for POWs in World War I were often harsh, characterized by overcrowded camps, inadequate food, and limited medical care. The Austrian Red Cross worked to register POWs, to improve their living conditions, and to ensure they were treated humanely.

The Austrian Red Cross also facilitated the delivery of food parcels, clothing, and other essential items to POWs sent to them by their loved ones. Since these parcels were often the only source of additional food and supplies for prisoners, their arrival was eagerly anticipated. Furthermore, the Austrian Red Cross played a crucial role in enabling POWs to communicate with their families. The organization collected and delivered letters between POWs and their relatives, providing a vital link to the outside world.

Medical care for POWs was another area in which the Austrian Red Cross shone. The organization provided medical supplies to POW camps and sent medical teams to treat sick and injured prisoners. In some cases, the Austrian Red Cross also facilitated the repatriation of seriously wounded or ill POWs.

International Collaboration

The Austrian Red Cross' efforts in supporting civilians and POWs involved collaboration with various international organizations and foreign governments. Together with the Hungarian Red Cross, the Austrian Red Cross created a POW Information Office. This office was in constant contact with similar facilities in Russia, Serbia, and Montenegro in line with the 1907 Hague Convention and agreements between the respective governments. Their task was to exchange information about captured soldiers of all affected parties and to maintain registers of POWs. In compliance with the 1907 Hague Convention, the Austrian Red Cross created a special committee charged with visiting foreign POWs within the empire's territory and distributing aid parcels sent from their home countries.

The Crucial Role of Training in the Austrian Red Cross

Training aspiring humanitarians was the backbone of the Austrian Red Cross' effectiveness during the war. Recognizing the complexity of humanitarian needs in a wartime context, the Austrian Red Cross developed comprehensive training programs to prepare volunteers for the many challenges they would face. This training encompassed first aid, nursing, logistics, and even basic medical procedures, ensuring that volunteers could provide essential services in a variety of situations. This training included volunteers who supported the Austrian Red

Cross' information and tracing offices, who kept an eye on the whereabouts of Austrian and foreign POWs and who tried to locate missing soldiers at the request of their relatives.

Given the range of tasks the Austrian Red Cross had to perform, specialized training programs were designed to meet specific needs. For instance, those working in field hospitals received more comprehensive medical training, whereas those involved in supply distribution received logistics and communications training. Specialized training ensured that volunteers were properly equipped to effectively fulfill the roles assigned to them. The Austrian Red Cross' training programs evolved with the changing circumstances of the war. Training curricula were updated as new medical and logistical challenges emerged to ensure that volunteers had the latest knowledge and skills.

Mobilization of Volunteers

The Austrian Red Cross' ability to mobilize a large volunteer force was key to its success. The organization reached out to communities across Austria-Hungary, encouraging people from all walks of life to contribute to the war effort. This call to action resonated with many, leading to an upsurge in volunteer engagement.

The Role of Women

One of the most notable aspects of the Austrian Red Cross' volunteer mobilization was the involvement of women. With a significant portion of the male population conscripted into the military, women found themselves needing to take on roles traditionally filled by men. The Austrian Red Cross provided a platform for women to engage in a variety of tasks, ranging from medical care to logistics and administrative tasks.

Women volunteers in the Austrian Red Cross were often deployed as nurses and caregivers—roles that were challenging but also vital. They provided care to the wounded, managed field hospitals, and even served on the frontlines. They not only contributed to the labor force but also brought compassion and a sense of humanity to the harsh realities of war.

Breaking Social Barriers

The involvement of women in the Austrian Red Cross during World War I shattered many social barriers. It challenged traditional gender roles and demonstrated women's capabilities in areas previously dominated by men. This shift had a lasting impact on the role of women in society, paving the way for greater gender equality in the post-war period.

The important role that women played in humanitarian matters is also reflected in the composition of the highest decision-making bodies of the Austrian Red Cross at the time. According to the General Report of the Austrian Red Cross for the year 1918, there were two female vice-presidents and thirteen female members of the federal committee.



▲ Nurses and Doctors treating wounded soldiers at a Viennese hospital

Volunteer Engagement and Community Building

The Austrian Red Cross' focus on volunteer engagement extended beyond simply recruiting individuals; it was about building a community of volunteers united by a common purpose. The organization fostered a sense of camaraderie and mutual support among its volunteers—crucial in maintaining morale during the difficult war years. Training workshops served as a platform for volunteers to interact, share experiences, and build relationships. This sense of community was vital in maintaining volunteer motivation and commitment.

Recognition and Support

The Austrian Red Cross recognized the sacrifices and contributions of its volunteers. The organization provided support not only in the form of training and resources but also by recognizing their efforts. This acknowledgment was crucial in validating volunteers' work and boosting their morale.

On 17 August 1914, in commemoration of the fiftieth anniversary of the first Geneva Convention of 1864, Emperor Franz Joseph I created a special foundation that awarded different medals and distinctions in honor of services for the Austrian Red Cross. Shortly after this event, the protector of the Austrian Red Cross, Archduke Franz Salvator, opened a specialized office tasked with awarding the newly created medals and distinctions. By the end of 1916, this office had awarded 13,500 medals to sponsors of the Austrian Red Cross. It had further awarded 50,000 distinctions (both with and without war decorations) recognizing different groups of caregivers who had performed special services to military medical care.

Challenges and Overcoming Adversity

Despite its efforts, the Austrian Red Cross faced several challenges in training and mobilizing volunteers. The sheer scale of the war, the rapid turnover of volunteers, and the diverse needs of different frontlines posed logistical and organizational challenges. However, the Austrian Red Cross' flexible approach and its ability to adapt quickly were key in its ability to overcome these challenges.



▲ Medals and distinctions in honor of the services provided by the Austrian Red Cross during World War I

As the war progressed, the Austrian Red Cross adapted its training programs to meet the changing needs of the frontlines. This flexibility ensured that volunteers were always prepared for the tasks at hand. Providing medical services at or near the frontlines was a grueling experience for newly trained nurses and doctors. The high numbers of wounded and sick soldiers and the equally high demand for medical personnel meant that nurses trained at the Austrian Red Cross' nursing schools were immediately sent to the frontline hospitals and other medical facilities in the field after finishing their theoretical education instead of the normal probationary year at a hospital that they would have been required to complete before the war. War-related shortages likewise forced the Austrian Red Cross to make do with limited training materials and facilities. Innovative solutions, such as mobile training units and on-the-job training, were employed to overcome these limitations.

Legacy and Future Implications

The Austrian Red Cross' efforts in both training and volunteer engagement during World War I had a profound impact on the wider humanitarian field. It demonstrated the importance of structured training in preparing volunteers for complex humanitarian tasks. Furthermore, the mobilization and inclusion of women volunteers marked a significant step forward in gender equality, setting a precedent for future humanitarian endeavors.

Bridging Borders in Humanity's Service: The International Collaboration of the Austrian Red Cross

As World War I erupted, the Austrian Red Cross found itself in the unique position of being not only a pivotal national humanitarian organization but also a key player in international collaborative initiatives. Its efforts in cooperating with other national Red Cross societies and international organizations reflect a crucial chapter in the history of global humanitarian aid.

The principles of the International Red Cross and Red Crescent Movement underpinned the Austrian Red Cross' collaborative efforts on the international scene. Founded on the ideals of humanity, impartiality, voluntary service, independence, and neutrality, these principles guided the Austrian Red Cross' international engagements. The collaboration was not merely a response to the exigencies of war but a manifestation of a growing understanding that humanitarian crises necessitate global solidarity and collective action.

Collaborative Networks and Joint Operations

Throughout World War I, the Austrian Red Cross worked closely with other national Red Cross societies and with its Red Cross Branches in the different territories of the Austro-Hungarian Monarchy. This cooperation involved the sharing of resources, information, expertise, and personnel. Joint operations in which teams comprising members from different national societies worked together in war-affected areas were common. These operations were particularly effective in regions where the Austrian Red Cross had limited access or resources.

The International Committee of the Red Cross (ICRC) played a pivotal role in coordinating these international efforts. As a neutral entity, the ICRC facilitated dialogue and cooperation among the various national societies, including the Austrian Red Cross. The ICRC also provided a framework for these societies to engage in joint humanitarian initiatives, ensuring that aid was delivered efficiently and effectively.

After the end of World War I, the ICRC was instrumental in organizing the release of Austrian POWs from their camps in Russia and other allied countries. On 23 March 1920, the Allied Supreme Council authorized the repatriation of POWs detained in Siberia. The repatriation of all POWs was organized in cooperation with the ICRC, itself responsible for practical arrangements.

The Sanitary Aid Expedition to Bulgaria in 1915

One of the most notable examples of the Austrian Red Cross' collaborative efforts on the international level was its 1915–1918 sanitary aid expedition to Bulgaria. Having joined the Central Powers in World War I, Bulgaria faced significant medical and sanitary challenges. The Austrian Red Cross, responding to this crisis, organized a large-scale expedition to provide medical and humanitarian assistance.

The primary objective of the expedition was to improve sanitary conditions and provide medical care to both military personnel and civilians. Challenges were immense—from logistical issues of transporting supplies and personnel to the complexities of operating in a war-torn, foreign environment. The expedition comprised doctors, nurses, and other healthcare workers from the Austrian Red Cross, equipped with medical supplies and equipment. They set up field hospitals and sanitation facilities, significantly improving the healthcare infrastructure in Sofia and Niš. The expedition not only provided immediate relief but also helped build local capacity for ongoing medical care.

The Bulgarian expedition was a testament to the Austrian Red Cross' commitment to international solidarity. It demonstrated how national societies of the Red Cross and Red Crescent Movement could collaborate effectively to address humanitarian crises beyond their own borders.

Collaboration in Prisoner of War Relief

The Austrian Red Cross' international collaboration extended to the care and repatriation of POWs. Working with other national societies and the ICRC, the Austrian Red Cross facilitated the exchange of information about POWs, arranged for the delivery of relief packages, and contributed to repatriation efforts at the end of the war. These endeavors required skillful navigation of intricate diplomatic channels and logistical challenges. The Austrian Red Cross' contributions to these efforts underscored the importance of international cooperation in ensuring that POWs were treated humanely.

Enhancing Medical Knowledge and Practices

The Austrian Red Cross' partnerships with international entities paved the way for the exchange and advancement of medical knowledge and practices. Though joint training programs and conferences, valuable insights from different fronts of the war were shared, fostering innovations in medical care and improved humanitarian practices.

Overcoming Challenges in International Collaboration

Despite its strong commitment to international cooperation, the Austrian Red Cross faced numerous challenges. Language barriers, cultural differences, and varying operational procedures occasionally disrupted collaboration efforts. Moreover, the volatile political landscape of the war strained relations between national societies. One such example occurred toward the end of the war. When the Bulgarian front collapsed, it forced members of the sanitary expedition to retreat hastily to Austria. This sudden withdrawal resulted in the loss of most of their materials and equipment.

Another notable example of international cooperation was the Austrian Red Cross Spa Care program created to host returning and decommissioned soldiers recovering from wounds or illness. This initiative extended beyond Austro-Hungarian troops to include soldiers from allied forces, including the German Empire, Bulgaria, and the Ottoman Empire.

The Austrian Red Cross' collaborative efforts during World War I laid the groundwork for future international humanitarian efforts. These experiences enriched the organization's expertise and drew attention to the value of global solidarity in responding to humanitarian crises.

The Austrian Red Cross' engagement in international collaboration during World War I was a cornerstone of its humanitarian mission. Partnerships with other national Red Cross societies and international organizations, such as the sanitary aid expedition to Bulgaria, showcased its commitment to transcending national borders in the service of humanity. These efforts not only provided immediate relief to those affected by the war but also contributed to the broader development of international humanitarian aid, setting a precedent for future cooperative endeavors. This legacy continues to inspire and guide humanitarian actions in a world where the need for such cooperation is as relevant as ever. Even now, international cooperation, development aid, and immediate response to man-made and natural disasters worldwide remain central priorities for the Austrian Red Cross.

Navigating Turbulence: Effective Humanitarian Aid in Times of Scarcity

The Red Cross, with its emblematic commitment to humanity, faced daunting challenges during World War I. These challenges, ranging from resource shortages to political influence, tested the organization's principles and effectiveness. A closer examination of these struggles reveals both the strengths and limitations of the Red Cross during one of history's most tumultuous periods.

The Challenge of Resource Shortages

Resource scarcity presented a persistent challenge for the Austrian Red Cross throughout the war, as the intense demands of the global conflict stretched supplies of medical equipment, medications, and basic necessities to their breaking point. The shortage of critical medical supplies directly impacted the organization's ability to provide effective care. Field hospitals and medical units often found themselves ill-equipped to handle the overwhelming influx of casualties, forcing doctors to make difficult compromises in the quality of care they could provide. The scarcity of essentials like antiseptics, bandages, and pain relief medications not only hindered medical procedures but also prolonged patient suffering.

A notable example of the scarcity of medical supplies and the creative solutions the Austrian Red Cross implemented to address this issue was its initiative to regenerate and reuse bandages. By the end of 1916, the lack of bandages became glaringly obvious, driven primarily by the lack of cotton in the Austrian-Hungarian Empire. In response, the leadership of the Austrian Red Cross issued a strict directive to all its medical facilities, ordering them to conserve and ration bandaging materials to the greatest extent possible.

The initial response to the bandage shortage was to clean and reuse the materials whenever possible. When excessive contamination prohibited their reuse, bandages were collected, sorted, and sent to the Austrian Red Cross' main depot in Vienna. There, they were carefully packaged and forwarded to a specialized company for chemical cleaning and what was referred to as regeneration. After this process, most of the previously used bandages were restored and made suitable for reuse.

The scarcity of food and clothing also posed a significant challenge both for soldiers and the civilian population. The Red Cross struggled to gather and distribute these vital resources, which greatly hindered its ability to maintain morale and health among those impacted by the war. In response, the organization often appealed to the civilian population for donations of much-needed goods, with schoolchildren even contributing their own garments and belongings to help the soldiers at the front.

The Looming Specter of Politics

Founded on principles of neutrality, independence, and impartiality, the Red Cross found itself navigating the treacherous waters of political influence throughout the war. A major criticism of the organization at the time was its difficulty in upholding these values and maintaining its independence and neutrality, as national societies were often viewed as extensions of their respective states' military and political structures.³ This perception by the public undermined, at least in the eyes of the people, the organization's dedication to said principles and raised concerns about its ability to remain independent and impartial.



▲ Schoolchildren bringing gifts of love to the main depot of the Austrian Red Cross

³ According to its statutes at the time, the main mission of the Austrian Red Cross was to "supplement the state's obligatory care for the wounded and sick [soldiers] in the field and to improve the care of the wounded and sick [soldiers] beyond the capacities of the state as far as possible."

Effectiveness in Various War Situations

The effectiveness of the Red Cross varied considerably across different war scenarios. While its contributions in certain areas were indeed commendable and highly innovative, it faced criticism for its limited impact in others. One salient example of this was the Austrian Red Cross' Therapeutic Outpatient Clinic, which, tasked to rehabilitate injured soldiers so that they could be redeployed to the frontlines, operated in Vienna for several years. Despite employing the so-called Viennese Manual Method, the clinic treated fewer than four hundred patients over the course of its time in operation. The very limited impact it had on rehabilitation efforts, able to boast only a handful of successful cases, drove it to closure before the end of the war.

Confronted with limited resources and widespread need, the Austrian Red Cross was forced to make difficult decisions about where and how to focus its efforts. These decisions often involved ethical dilemmas, balancing immediate medical needs against long-term humanitarian support and the political and military necessities of a country at war.

Innovations and Adaptations

Despite the numerous challenges, World War I drove significant innovations and adaptations within the Austrian Red Cross. The organization developed new strategies for resource management, medical care, and volunteer mobilization, some of which would transform humanitarian efforts in subsequent conflicts. The war also spurred advancements in medical techniques and triage strategies, shaped by the exigencies of battlefield care. These advancements contributed to the evolution of emergency medicine in post-war years. The Red Cross' approach to volunteer mobilization and training became more sophisticated, creating a blueprint for future humanitarian volunteerism.



German Red Cross Activity in World War I

— Rainer Schlösser*

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Established in 1871 following the Franco-Prussian War and dissolved at the conclusion of World War I in 1918, the German Empire was a confederation of two dozen or so states. This federal structure allowed each constituent state retained partial sovereignty after becoming a part of the Empire. One salient aspect of this sovereignty was the continued independence of the numerous National Red Cross Societies throughout the empire's near-fifty-year existence.

Our discussion will begin with several general observations about the Red Cross' organizational structure during this period. This will be followed by an analysis of its self-conception prior to and following the outbreak of WWI. We will then provide a concise overview of Red Cross activities both domestically and internationally, with particular focus on its efforts to assist wounded soldiers and civil populations. To this end, we will explore five case studies that showcase specific Red Cross initiatives. Three of these will detail Red Cross activities during WWI: (i) in the city of Aachen, (ii) in the province of Brandenburg, and (iii) in the state Baden when it was a member state of the German Empire. Finally, we will briefly discuss the biographies of two outstanding Red Cross nurses who cared for German prisoners of war in Russia.

German Red Cross Societies at the Dawn of the Twentieth Century

The International Red Cross was founded in Geneva in October 1863. Before returning home, the Red Cross delegates who had gathered there were encouraged to promote the establishment of National Societies in their respective countries in order to imbue the nascent movement with a more global, universal character. The first delegate successful in this endeavor was the Swabian pastor Ullrich Hahn from Stuttgart, who persuaded King William I of Württemberg to support the foundation of a Red Cross Society (Württembergischer Sanitätsverein). Just weeks after the Geneva Conference the first National Red Cross Society came into being in November 1863 in the former Kingdom of Württemberg, one of the independent states in the German-speaking area, with Hahn serving as its chairman. In the years that followed, an increasing number of National Societies emerged in several sovereign states making up the German Confederation—in Oldenburg, Prussia, Hamburg, and Mecklenburg—thereby solidifying the movement's presence across the region.

In 1871, these sovereign states merged to form the German Empire with the Prussian King assuming the title of German Emperor. Since, however, the constituent states retained aspects of their former sovereignty, National Red Cross Societies continued to operate as independent entities. In fact, it was not until 1921 that these national societies unified to form the German Red Cross that we know today—a direct consequence of WWI.¹ The existence

¹ There were two notable exceptions: (i) the absence of a National Society after World War II, when the German Red Cross was disbanded at the national level by the Allies, having been infiltrated by the Nazi regime, and (ii) the existence of two National Societies in West (est. 1950) and East (est. 1952) Germany.

of so many Red Cross Societies was deemed unnecessary following the fall of the German monarchies and the emergence of the Weimar Republic. Twenty-six autonomous national societies existed prior to WWI, which, despite their loose organization, had been involved in war relief services since 1869 under the Central Committee of German Red Cross Associations (*Zentralkomitee der deutschen Vereine vom Roten Kreuz*)²:

	Name	Location	Date of Foundation
1	Anhaltischer Landesverein vom Roten Kreuz ³	County of Anhalt	1868
2	Badischer Landesverein vom Roten Kreuz	Grand Duchy of Baden	1859
3	Bayerischer Landeshilfsverein vom Roten Kreuz	Kingdom of Bavaria	1866
4	Braunschweigischer Landesverein vom Roten Kreuz	Duchy of Braunschweig	1866
5	Bremischer Landesverein vom Roten Kreuz	Free Hanseatic City of Bremen	1868
6	Landesverein vom Roten Kreuz im Herzogtum Coburg	Duchy of Saxony-Coburg, later Saxony-Coburg and Gotha	1866
7	Landes-Männerverein vom Roten Kreuz in Elsass-Lothringen	Imperial Territory of Alsace-Lorraine	1891
8	Landesverein vom Roten Kreuz für das Herzogtum Gotha	Duchy of Gotha, later Saxony-Coburg and Gotha	1884
9	Hamburgischer Landesverein vom Roten Kreuz	Free and Hanseatic City of Hamburg	1864
10	Landesverein vom Roten Kreuz im Herzogtum Hessen	Duchy of Hesse	1864

2 See the monumental work edited by Ludwig Kimmle (1910); the first volume examines the origins and activities of each national society.

3 In Red Cross historiography, founding dates may vary depending on which event or predecessor organization is regarded as the origin of Red Cross activities.

	Name	Location	Date of Foundation
11	Landesverein vom Roten Kreuz für das Herzogtum Lippe	Principality of Lippe	1907
12	Lübeckischer Landesverein vom Roten Kreuz	Hanseatic City of Lübeck	1869
13	Mecklenburgischer Landesverein vom Roten Kreuz	Grand Duchies of Mecklenburg-Schwerin and Mecklenburg-Strelitz	1864
14	Meininger Landesverein vom Roten Kreuz	Duchy of Saxony-Meiningen	1901
15	Oldenburgischer Landesverein vom Roten Kreuz	Grand Duchy of Oldenburg	1864
16	Preußischer Landesverein vom Roten Kreuz	Kingdom of Prussia	1864
17	Landesverein vom Roten Kreuz Reuß ältere Linie	Principality of the Reuss Elder Line	1870
18	Landesverein vom Roten Kreuz Reuß jüngere Linie	Principality of the Reuss Junior Line	1866
19	Großherzoglich Sächsischer Landesverein vom Roten Kreuz	Grand Duchy of Saxony-Weimar	1869
20	Landesverein vom Roten Kreuz im Königreich Sachsen	Kingdom of Saxony	1866
21	Landesverein vom Roten Kreuz für Sachsen-Altenburg	Duchy of Saxony-Altenburg	1869
22	Schaumburg-Lippischer Landesverein vom Roten Kreuz	Principality of Schaumburg-Lippe	1870
23	Schwarzburg-Rudolstädtischer Landesverein vom Roten Kreuz	Principality of Schwarzburg-Rudolstadt	1870

	Name	Location	Date of Foundation
24	Landesverein vom Roten Kreuz für das Fürstentum Schwarzburg-Sondershausen	Principality of Schwarzburg-Sondershausen	1898
25	Waldeckscher Landesverein vom Roten Kreuz	Principality of Waldeck	1871
26	Württembergischer Landesverein vom Roten Kreuz	Kingdom of Württemberg	1863

While, with the exception of the Grand Duchy of Baden, these *Landesvereine* (i.e., National Societies) were composed primarily of men, parallel female associations emerged in each German state; the first of which was founded by the Queen of Prussia in 1866. These women's associations soon outnumbered their male counterparts.

At the dawn of WWI, nearly one million members of both the men's and women's associations stood ready for deployment alongside 74,000 members of civil ambulance corps, 12,000 members of the Confraternity of Voluntary Male Nurses (*Genossenschaft freiwilliger Krankenpfleger*), and 2,000 members of Samaritan associations—organizations founded by Friedrich von Esmarch in 1882 that espoused Red Cross principles.⁴

Red Cross Spirit and Patriotism

Even more deserving of praise are the selfless efforts of those men and women who were unconcerned with their own privacy and convenience. Day and night, over the course of four and a half years, they devoted their entire being to charity. Indeed, they continue doing so in many places today. Whether in the calm of hospital rooms, in the drafts of vast railway stations, in the sweltering heat of kitchens, in the cramped quarters of offices, or in the dim light of sewing rooms—wherever the Red Cross emblem is visible, small groups of magnanimous men and women gather to relieve the ills of their fellow man. (Kimmle 1919: 7)

With this declaration, the chairman of the Central Committee of the German Red Cross Societies describes, in passionate terms, the spirit of the Red Cross movement from its inception in the 1860s, connecting it to the recent war. Nevertheless, this statement, made by one of the highest representatives of the German Red Cross should not obscure the fact that the majority of Red Cross members was dominated by fervent patriotism—often bordering

⁴ Figures indicated by Riesenberger (2022: 124). Ludwig Kimmle, the Red Cross Central Committee's chairman at the time, estimated that 400,000 members were involved in war-related activities (Kimmle 1919: 13).

on outright nationalism—and a thinly veiled enthusiasm for war. Dieter Riesenberger, the most prominent among recent historiographers of German Red Cross history, does not mince words. He quotes *in extenso* relevant appeals brimming with patriotic fervor and concludes:

Given the expressively patriotic and monarchist obsession of the Red Cross, it was self-evident that it would join in the common war enthusiasm. The Central Committee of the Red Cross and the Central Directorate of the Patriotic Women's Association issued an appeal to the Red Cross members and to the German population entitled "C'mon! C'mon! Come on to the voluntary war welfare of the Red Cross!" and called on the German people to support the fatherland in its "defense" and to strengthen the Red Cross in its national activity by active participation. (Riesenberger 2002: 125)

Furthermore:

In the four years of war, the Red Cross again and again assured, in appeals and opening messages, its devotion and readiness for action. It did not even shy away from insipidities, e.g. the Imperial Superintendent for Voluntary Nursing was named "General of the army of love." As in feudalistic times, the Patriotic Women's Association cultivated her profile as the "Empress's army." Already in 1915, the Red Cross raised the claim to be the army's backbone. (Riesenberger 2002: 126)

There are, however, signs of sober-mindedness. The Bavarian sculptor and Meissen designer Martin Wiegand created a figurine of a young girl dressed as a Red Cross nurse transporting wounded soldiers in a pushcart.⁵ Upon closer inspection, one realizes that each soldier is wearing the uniform of a different army; yet, all soldiers are cared for by the Red Cross, making this an early artistic representation of the Red Cross principles of neutrality and independence.



⁵ The figurine also indicates the inclusion of children in war publicity. While the forms of war propaganda that either target children or use them to convey a message—both within the German Red Cross and beyond—are only touched upon briefly, they merit their own more comprehensive study.

Domestic Activities

In terms of medical care, domestic war activities were in charge of the male medical units (*Sanitätskolonnen*) and the female nursing staffs (*Schwesternschaft*). For welfare matters and other non-medical services, it is in charge of the members of the men's and women's associations respectively.

Red Cross nurses formed the backbone of medical care in the war hospitals. The demand for nurses was extraordinary, especially during the war, and a solution was found in training assistant nurses (*Hilfsschwestern*). These nurses were not required to undergo the extensive training required for full nurses, which typically lasted several years, and instead completed a condensed program lasting only a few months. They served in war hospitals, on hospital trains, and, occasionally, on hospital ships alongside their colleagues from women's associations. They also took part in welfare efforts, staffing refreshment places at railway stations, working in sewing rooms, and later, as the war raged on, assisted in homes for war invalids and disabled veterans.



Medical care and public welfare assignments were central responsibilities of Red Cross personnel. Given the substantial financial demands necessary to sustain humanitarian services, securing public and private funds required the development of innovative strategies. Lotteries were organized, patriotic postcards were sold, and donation stamps were introduced, the proceeds of which benefitted the Red Cross. National and regional appeals for money were initiated alongside charity balls and bazaars. The range of initiatives was as diverse as their implementation. For instance, the appeal for gift parcels resulted in significant logistical problems in their handling, storage, and distribution. These efforts were driven by the prevailing patriotic sentiment atypical not only for Red Cross members but also for the general population.⁶

Case studies—National Societies, Provincial Chapters, Local Chapters

Baden

The Grand Duchy of Baden was one of the federal states that formed the German Empire in 1871. It boasted one of the strongest Red Cross traditions in Germany, dating back to 1859. That year, Grand Duchess Louise founded the nursing staff of Baden (*Badische Schwesternschaft*). After the establishment of the Red Cross, the *Badische Schwesternschaft* adopted the role of the National Society of the Grand Duchy—the only example in which the women's association, rather than the men's, was recognized as the National Red Cross Society. It was not until 1871 that the two associations merged into the Red Cross of Baden. The Grand Duchess not only founded this association but also actively participated in its work, placing her reputation and authority at the disposal of the Red Cross.⁷

The day following the mobilization, a war committee was formed in Karlsruhe, the capital of the Grand Duchy. Although Louise had not been the reigning grand duchess since 1907, she retained a seat in the central bureau of the committee, which was overseen by her lord chamberlain, Richard von Chelius (*Kriegstätigkeit* 1921: 21). This committee was structured to preemptively anticipate the demands of the war. There were eight departments in addition to the central bureau, each with its own staff and its own office: (i) military hospitals, (ii) transport facilities, (iii) depots and donations, (iv) cash policy, (v) an enquiry office, (vi) a relief office,⁸ (vii) accommodation of sick people, and (viii) human resources, the latter divided into separate departments for men and for women.

⁶ Many of those Red Cross activities are discussed by Stefan Schomann in his books, based on personal testimonies and presented in a narrative style for a broad audience, in commemoration of the centenary of the Red Cross in Germany (Schomann 2013).

⁷ The history of this nursing staff, from its foundation up to the end of WWI, is discussed in detail by Lutzer (2002).

⁸ Ludwig's doctoral dissertation (1918) explicitly addresses the activities of this department between 1914 and 1917.

These departments planned and coordinated a wide range of activities both behind front lines and within the Grand Duchy itself.⁹ Red Cross personnel were responsible for transporting the sick and wounded, managing refreshment stations, and assisting in convalescent homes and hospitals, where they provided support to overworked nurses, allowing them to the opportunity to recover. They helped hospitals organize their accommodations and established sewing groups that produced clothes for patients in military hospitals (Ludwig 1918). Various tracing services were established, one to survey patients in Baden's hospital and another to provide families information on missing and wounded individuals. Additionally, mobile war libraries funded through specific donations were established in 1916 (*Kriegstätigkeit* 1921: 76).¹⁰



▲ Hospital train

Hospital Train E, run by the Baden Red Cross, deserves particular mention. Managed by the Mannheim Red Cross chapter (*Das Rote Kreuz Mannheim* 1934: 25), the second largest town in Baden at the time, this train was equipped to transport seriously injured soldiers from the front lines to hospitals located in the rear or back home. Comprising thirty-six cars, including

9 The report on Baden's wartime activities (*Kriegstätigkeit* 1921) provides a detail description of the various areas of operations.

10 This often overlooked detail in war history was recently discussed by Schrödel (2017).

those for kitchens, storage, and sleeping quarters, the train was designed to carry 288 patients in addition to a staff of four doctors, thirty-six male paramedics, eleven female nurses, one bookkeeper, one fitter, and kitchen staff—the usual composition of hospital trains during WWI (Kimmle 1919: 25–26). Operating from September 1914 to January 1919, it traversed various fronts in both the west and east, including Alsace, Flanders, Transilvania, Serbia, Macedonia, and Latvia. In total, it transported an excess of 18,000 sick and wounded individuals, with official figures recording 17,834 Germans and 898 enemy soldiers. The train completed 345 journeys, covering approximately 130,000 kilometers (*Kriegstätigkeit* 1921: 33).

Brandenburg

The former province of Brandenburg, while not identical in dimensions to the modern German state of Brandenburg, was the heart of the Prussian kingdom, with the capital of the Reich, Berlin, located within its borders. It is therefore unsurprising that Brandenburg was home to one of the densest network of Red Cross men's and women's associations in Prussia. Additionally, the Prussian Red Cross, which included the provincial chapter of Brandenburg, was the largest and most influential Red Cross Society among the German states. By virtue of his office, the President of the Prussian Red Cross was also the chairman of the Central Committee of the German Red Cross Societies.



▲ Food being prepared for the wounded

At the war's conclusion, the chairman of the provincial Red Cross chapter, former medical general Arthur Hering, submitted a report detailing the war activities of 138 medical units.¹¹ His observations are applicable for other provincial chapters. In said report, Hering explains that medical units operated either in the rear or back home, as they were prohibited from operating in active combat zones. He also alludes to the fact that many members of the medical units were conscripted into military service, expressing hope that their medical training as Red Cross members would prove valuable even in this capacity. The units operating in the rear—3,807 medics in Brandenburg—were primarily tasked with accompanying hospital trains, providing assistance while aboard, and rendering first aid to those needing it. They also aided in field hospitals established behind front lines.



▲ Refreshment point where supplies were prepared and distributed

11 Male medical units were, at the time, distinct from women's associations.

Many Red Cross personnel—both men and women—served in their home regions, where they cared for sick and wounded soldiers arriving at or passing through railway stations. They also treated refugees escaping the war’s devastation. Throughout the conflict, they provided various services near railway stations, including refreshment rooms, casualty stations, and sometimes even full-fledged casualty wards to handle urgent cases.

Arthur Hering specifies that during the war, a total of 1,921 entrainments passed through Brandenburg’s railway stations, transporting 2,644 officers, 439,341 soldiers, and 11,900 refugees, all of whom received assistance from the Red Cross units (Hering 1919: 6). Red Cross units were simultaneously tasked with recruiting and training new nurses. Units hosted their staff in the central offices of the Imperial Superintendent and Military Inspector for Voluntary Nursing, as well as their depots located in or near the capital. At the end of the war, Arthur Hering, president of the Brandenburg Red Cross chapter, proudly recorded the significant number of his chapter’s members decorated with national or Red Cross donors, including the Iron Cross, various classes of the Red Cross medal, and non-Prussian decorations.

Aachen (Aix-la-Chapelle)

Situated at the far western edge of the German Reich, just a stone’s throw from her border with Belgium and the Netherlands, stood Aachen, a city of 150,000 inhabitants. Known in French as Aix-la-Chapelle, Aachen played a central role in the military operations and, consequently, in the medical and welfare efforts for sick and wounded soldiers. The Red Cross units deployed in Aachen were so active from the outset of the war that, after just one year, a nearly 150-page report was compiled documenting their extensive efforts and administrative preparations (Schweitzer 1916). To support their work, Aachen’s mayor provided them a suitable building and a committee composed of representatives of Aachen’s Red Cross chapter, Red Cross medical units, and the Red Cross women’s association was formed. This was the first and only time during the war that all three organizations operated under the same name. The role of the women’s association is evident in the composition of the central committee of the common association, which consisted of six members—two men and four women—including mayor’s wife, who oversaw the central depot for bandaging material. Given the sheer volume of matters requiring its attention, the committee convened daily.

Fundraising was one of the Red Cross’ key activities. By the very end of 1915, Aachen had collected 500,000 Deutsche Marks (approximately 3,000,000 Euros today). In addition to regular donations, the committee organized special “donation days” that coincided with the emperor’s and empress’ birthdays as well as the anniversary of the war’s outbreak.

At the onset of the war in 1914, the Red Cross operated eighteen military hospitals with more than 500 beds, a number that increased to thirty-nine in 1915. The Red Cross was responsible for organizing medical care as well as Catholic, Protestant, and Jewish pastoral care for patients. Red Cross women distributed food and gift parcels not only at Aachen’s two railway

stations but also at the station of Kinkempois near the Belgian city of Liège. A dedicated group handled the provisioning of hospital trains, many of which passed through Aachen on their way back to Germany from the western front.

Many wounded soldiers were transported to military hospitals in Aachen after the first skirmishes in Belgium to recover from their injuries. While the number of inquiries into the fate of these soldiers naturally increased with the number of wounded soldiers, no one could provide definitive answers about their whereabouts or condition. In response to this growing need, the Red Cross established an inquiry office at its Aachen headquarters, which, quite remarkably, began operations just one day after its establishment thanks to volunteers who offered whatever free time they had after completing their other professional duties.

Voluntary Health Services Abroad



▲ *La Capelle Field hospital*

While the majority of Red Cross activities during WWI took place on the home front, we observe a wealth of activities organized abroad, such as in the case of Baden's hospital train. Red Cross efforts extended across multiple fronts—in the west, southwest, east, northeast, and southeast—as well as in the rear of these battle fronts. Red Cross volunteers often worked side by side with domestic and international Red Cross personnel. *Unter dem Roten Kreuz* (1919) provides a detailed account of German Red Cross missions throughout Europe,

including those in Belgium, France, Serbia, and Bulgaria, as well as Red Cross activities in German colonial holdings in Southwest Africa and East Asia, which were inevitably drawn into the conflict following the events in Europe. Here, we limit our discussion to those in southeastern Europe and the Ottoman Empire.

Southeastern Europe and the Ottoman Empire

During World War I, the relations between the German and the Ottoman Empire strongly intensified—political relations as well as the relations between the two national relief societies of both countries, the German National Red Cross Societies and Ottoman Red Crescent Society (*‘Osmānlı Hilāl-i Ahmer Cem’iyyeti*).¹²

The German Central Committee and its chairman Ludwig Kimmle decided to maintain field hospitals in Ottoman territories to prove medical assistance. In December 1914, the first mission organized by the Central Committee departed for the eastern Anatolian city of Erzincan. A team of five doctors, six female and five male nurses operated a field hospital that could accommodate 260 sick and wounded soldiers. All of the doctors and male nurses were from Prussia while the six female nurses were from Coburg. After five months, however, the team was forced to relocate the hospital to Istanbul, where they continued their work in a former Italian military hospital.

Half a year later in May 1915, a second mission comprising five doctors, ten female nurses, and ten male nurses was dispatched to Istanbul. They established themselves at the French school Sainte Pulchérie, founded in 1846 and still in operation today, where they maintained a field hospital until 1916. Some members returned to Germany whereas others remained and joined others serving in the aforementioned Italian war hospital, which continued operations until the end of the war. When German Emperor William II visited Istanbul in October 1917, he requested that the German Red Cross nurses give him an account on their work. A third mission composed of three doctors, six male nurses, and four male nurses was deployed to Bagdad in 1916, where they served until the city was occupied by British forces in early 1917.

Prisoners of War and Tracing Services

One of the most important Red Cross activities was caring for German POWs. At the beginning of the war, the Central Committee of the Red Cross, in collaboration with the Prussian War Ministry, established several POW committees. These committees were responsible for organizing a tracing service for missing soldiers while and providing assistance to prisoners. The wide scope of their responsibilities required them to form four separate branches: one in Hamburg for German prisoners in Russia, another in Cologne for those in Great Britain, and a third in Stuttgart for prisoners in France.

¹² This section focuses on how German Red Cross Societies and Ottoman Red Crescent cooperated during WWI (Liebner 2023).

Conditions in Russian POW camps were notoriously poor. Approximately 2.5 million prisoners were housed there, including 160,000 Germans, 2.1 million Austro-Hungarians, and 50,000 Ottomans and Bulgarians (Wurzer 2006: 97). Most of these camps were located in the interior and eastern regions of the Russian Empire. POWs were cramped into dilapidated wooden structures or in underground huts where they suffered from malnutrition and inadequate medical care.

The diary of the Swedish Red Cross nurse Anne Linder offers a poignant account of life of Russian POW camps (Olsson 2021). Linder was one of than seventy Swedish Red Cross volunteers who cared for German and Austro-Hungarian POWs.¹³ In the winter of 1915, she set out for Russia from Stockholm, returning in July 1920. Despite her grueling daily routine, she meticulously kept a diary in which she detailed the often disastrous conditions of camps, the consequences of forced labor, the outbreaks of epidemics, the cruelty of guards, and the problems she encountered in her dealings with obstinate authorities. Yet, she also describes the joy that her visits afforded prisoners, especially when she distributed the donated items she had brought along with her, even if only a small sum of money. Linder also dutifully forwarded news of these soldiers to their families back home. These visits were a ray of hope in the prisoners' grim daily routine, and earned her the nickname *angel* among prisoners—a term immortalized in Olsson's 2021 book *Prisoners of War and Their Angels*.

In addition to representatives of the Swedish and Danish Red Cross Societies, who were authorized to care for German POWs, Russian authorities allowed German nurses to visit Russian camps to inspect the conditions of their compatriots. In return, Russian nurses were permitted to visit Russian POWs held in the German Empire. The German nurses who visited these camps witnessed firsthand the appalling conditions in which prisoners were kept. They saw how the emaciated prisoners were nonetheless forced to perform heavy labor, such as clearing virgin forests, constructing railways, working in mines and ordnance factories, and draining the flood plains of the Volga River.

Two of these German nurses, Mathilde von Horn and Anne-Marie Wenzel, kept a diary of their experiences. One of them published her daily following the example of Elsa Brändström (1929), whom she had met. Both were decorated with the Florence Nightingale Medal¹⁴ by the International Committee of the Red Cross for their commitment to serving POWs as well as with honors and distinctions from other countries. Although both von Horn and Wenzel were highly esteemed within the Red Cross Society, they have largely faded from memory today.¹⁵

13 The most renowned of these nurses was Elsa Brändström, who also documented her time in Russia (Brändström 1929). Revered as the Angel of Siberia (*Engel von Sibirien*), she became an iconic figure in Germany's collective memory.

14 Anne-Marie Wenzel received said medal in 1920, the first time it was ever awarded, while Mathilde von Horn was awarded it in 1929.

15 *Der Spiegel* published an obituary when Anne-Marie Wenzel passed away in 1962.



◀ Anne-Marie
Wenzel

Agm. Anna-Maria Wenzel.

Anne-Marie Wenzel (1869–1962)

Anne-Marie Wenzel was born in Letschin, northeast of Brandenburg.¹⁶ At the age of twenty-one, she moved to Berlin to complete her nursing training. She initially worked as a nurse at the municipal hospital in Frankfurt am Main before transferring to the German Hospital in the Italian city of San Remo. Wenzel was fond of traveling and had a thirst for education, especially in art history. In addition to German, she was fluent in English, Italian, and French. She later worked as a private nurse, accompanying wealthy patients on their journeys to Great Britain, France, Italy, and the United States.

Wenzel first worked in various field hospitals in Flanders and Belgium during WWI, including one in Kortrijk. At the end of 1915, the Red Cross approached her with an offer to travel to Russia as part of a delegation from the War Ministry to care for POWs there. Despite initial doubts about whether she would be up to the challenge, she ultimately accepted the assignment and, albeit with some interruptions, remained in Russia from 1916 to 1921.

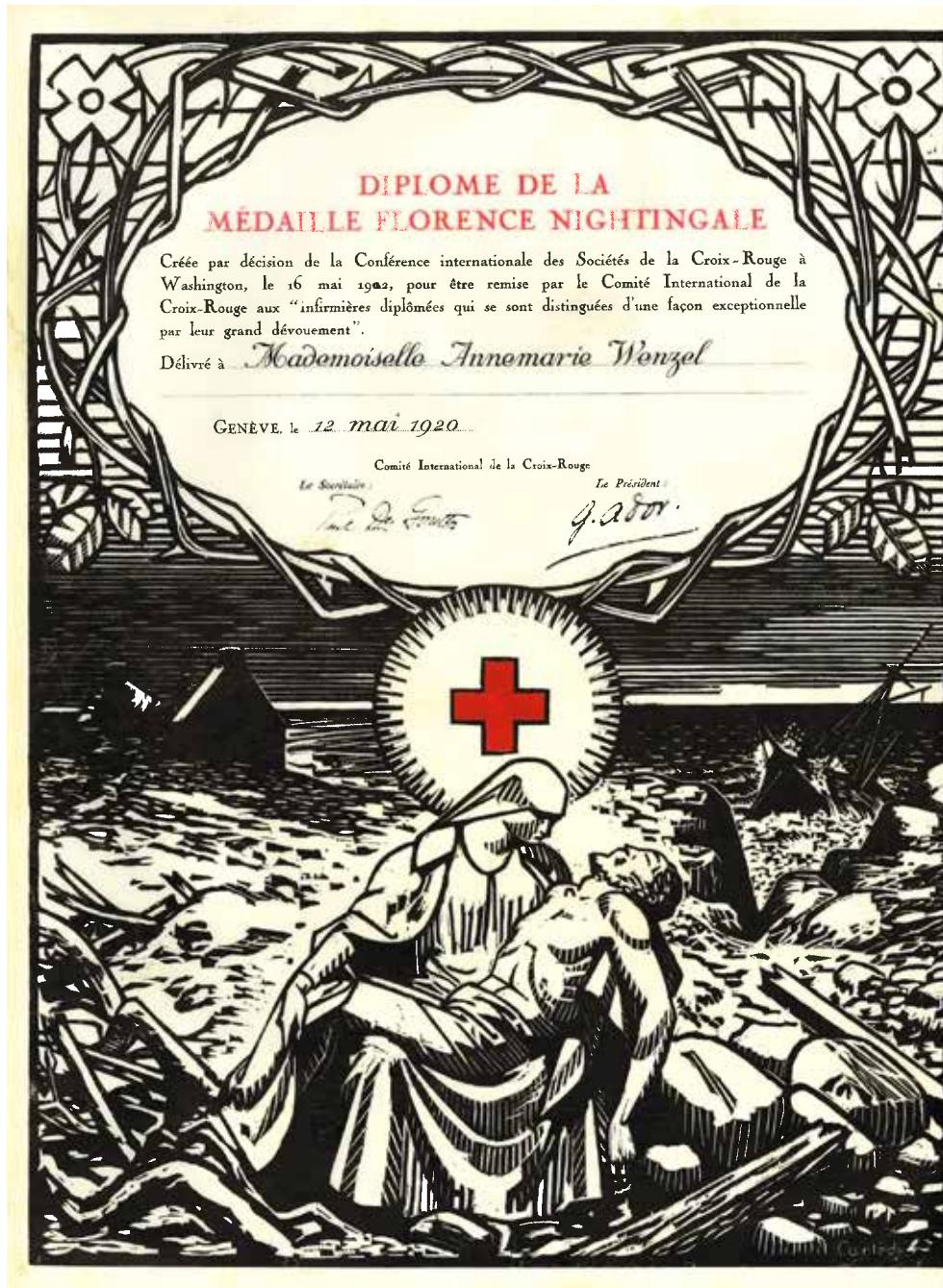
In the spring of 1916, Anne-Marie Wenzel traveled to St. Petersburg with five German and six Austrian nurses under the auspices of the Danish Red Cross. It was there that she first met Elsa Brändström, whose father had maintained a residence there while serving as Sweden's ambassador to Russia. Their paths would cross frequently over subsequent years. Brändström left a lasting mark on the forty-six-year-old Anne-Marie Wenzel, as evinced in her own writings:

I look up to this young blonde girl both with gratitude and amazement. She fearlessly traverses the sites of harrowing suffering, illness, and death, even contracting spotted fever herself. Indeed, her devotion will serve as a beacon for our own works. (Wenzel 1931: 12)

The purpose of this first journey was to identify all POW camps and gain an initial understanding of their conditions. Wenzel delivered first relief to the prisoners and collected messages from them to forward to their families back home. Also as part of her duties, she wrote reports for the Swedish and the Danish Red Cross, the War Ministries in Berlin and Vienna, and the German Empress, who, as patron of the Red Cross women's association, closely followed the activities of nurses in Russia.

After resuming her work in the field hospital in Kortrijk, Wenzel was invited to undertake a second mission planned to last from May 1918 to August 1919. This assignment sought to secure prisoners' repatriation. Unfortunately, however, the political upheavals that overtook Russia led to Wenzel's arrest on suspicion for espionage. Unable to proceed beyond Omsk, she was forced to return home without having accomplished her objective.

¹⁶ Her biography largely follows the account found in Steinmetz and Steinmetz 2022: 283–286.



▲ Florence Nightingale Medal diploma awarded to Mademoiselle Anne-Marie Wenzel by the International Committee of the Red Cross in Geneva on May 12, 1920.

Wenzel left Hamburg for her third journey to Russia in June 1920. The steamer that had previously brought repatriates to Germany was scheduled to sail eastward once more, and Wenzel's assistance was sought once more to support ongoing repatriation efforts:

My first focus is to accomplish a task that has piqued my interest since I first became aware of it. The unfortunate conclusion of my second journey needs to be made up for. The sorrowful questions of family members back in Germany continue to haunt me ever so—"When will they come back? Why don't they come back? How will they come back?" The struggle to secure prisoners' return continues to this day. (Wenzel 1931: 99–100)

With the final vessel, Wenzel accompanied the last prisoners that could be reached back to Germany. Through her efforts, she helped a total of 20,000 men repatriate. Later, she published a book detailing her time in Russia, *Deutsche Kraft in Fesseln. Fünf Jahre deutscher Schwesterndienst in Sibirien (1916–1921)*. The book, based on her diaries, was first published in Potsdam in 1931, with subsequent editions following over the years.

Wenzel continued to work for the Red Cross after the war, though the specifics of her employment remain scarce. When searching for a residence for her retirement, she was assisted by Provost Eduard Juhl (1884–1975), who, in addition to being one of Elsa Brändström's German biographers, had been a member of the ministerial commission for POWs during WWI and, like Wenzel, had been temporarily interned in Omsk. In 1955, she settled in a Red Cross home in Marsberg, North Rhine-Westphalia, where she spent her remaining years. Former POWs continued to visit her throughout her life, several of whom she maintained correspondence with. On her ninety-second birthday, the local repatriates club made her an honorary member.

Mathilde von Horn (1875–1943)

General Matron (*Generaloberin*) of the Baden Red Cross nurses at the time, Mathilde von Horn was a member of the delegation dispatched to Russia in 1916 under the auspices of the Danish Red Cross and the War Ministry to care for German POWs.

The daughter of a Bavarian officer and descendant of the counts of Horn, Mathilde was born in 1875.¹⁷ She completed her nursing training at the Red Cross hospital in Karlsruhe, after which she worked at various hospitals in Baden and in Berlin before being appointed *Generaloberin* in Karlsruhe in 1913. At the onset of WWI, she was, together with 200 nurses over whom she had been appointed matron, deployed to the Eastern Front with the 14th Army Corps. There, she was assigned to a prisoner camp in Turkestan. German authorities placed considerable funds at her disposal, which she used to establish military hospitals and supply food, clothing, and medicine to those in need of them. The nurses were expected to keep a record of all prisoners' numbers, names, health conditions, and punishments imposed to them. These records were sent to the Danish Red Cross before being forwarded to the appropriate public authorities.

17 For Mathilde von Horn's biography, see Wolff (1997) and Enzel (2007).



◀ *Mathilde von Horn*

Von Horn spent nine months on assignment in Turkestan before returning home. However, she was redeployed in a war hospital in Niš in Serbia shortly after her return, after which she was assigned to Bulgaria and, once again, to Russia—albeit this time in the Caucasus. She was arrested in Baku on suspicion of espionage but was cleared after the Swedish Red Cross intervened on her behalf.

The decline of the German monarchies after the war—especially in Baden, where the Grand Duchess had been closely allied with the Red Cross—and the resulting social upheavals, including changes to the status of women, and therefore nurses, greatly troubled von Horn.



She was concerned about the future of her nurses in Baden and the continuation of their work (Enzel 2007: 429–432). Von Horn was forced to abandon her function as *Generaloberin* in 1932 because of declining health. She passed away in Karlsruhe in 1943.

The scope of relief work carried out by German Red Cross volunteers was so vast that we were able to touch on only a fraction of the countless efforts performed by thousands of volunteers to aid soldiers and civilians. One particularly salient aspect overlooked is how volunteers perceived their own experiences in the field. Many letters and diaries detailing nurses' work and the emotions they felt have been preserved in archives and, often in unabridged form, in the comprehensive account of the German Red Cross activities during WWI (*Unter dem Roten Kreuz* 1934). This encyclopedic volume was published in 1934, just one year after the rise of the Nazis and five years before the outbreak of WWII, when Red Cross activities were once again called upon.

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The Japanese Red Cross in WWI: Humanitarianism for War Victims

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Introduction

Following Austria-Hungary's declaration of war on Serbia on 28 July 1914, conflict soon engulfed the majority of Europe and large swathes of Asia. Urged by Great Britain, Japan soon thereafter declared war on Germany on 23 August 1914, albeit not legally bound to do so according to the Anglo-Japanese Alliance Treaty. Then, only four days later, Japan severed diplomatic relations with Austria-Hungary and entered into war mode. Japanese forces began landing operations on the Shandong Peninsula on 2 September, attacking the German port of Qingdao (Tsingtao). After a short battle, Alfred Wilhelm Moritz Meyer-Waldeck—then Governor of Tsingtao—surrendered to the Japanese, rendering both German and Austro-Hungarian soldiers prisoners of war (henceforth POWs).

In this chapter, I intend to examine the role of the Japanese Red Cross Society (JRCS) during the First World War (henceforth WWI). Indeed, the Society spearheaded three important undertakings. First, it sent medical personnel to Tsingtao to assist the sick and wounded—this being the first time the organization sent female nurses overseas. Second, it provided services to the POWs taken in Tsingtao, escorting them to Japan for internment. Third, it dispatched medical teams to Japan's allies—Britain, France, and Russia—to treat these nations' sick and wounded.

A discussion of the sources used during this chapter's composition is in order before proceeding. Primary sources consist largely of documents housed in the JRCS Archives, now owned by the Meijimura Museum in Aichi Prefecture and deposited to the Japanese Red Cross Toyota College of Nursing. The JRCS published a report on its relief activities in 1917.¹ The report was not, however, exhaustive, because it concentrated on medical services relating to the war between Japan and Germany and therefore omitted information on the JRCS's deployment of medical corps to Europe that would have been published later. *Nihon Sekijuji Shashi Zokuko Gekan (The History of the Japanese Red Cross Society, Vol. III)* contains documents discussing the JRCS from 1908 to 1922 and is more comprehensive than the aforementioned report.²

With regard to secondary sources, Olive Checkland gave an account of JRCS humanitarian initiatives during WWI based mainly on English and German sources in Chapter 6 entitled "German Prisoners of War, 1914-18" of her work *Humanitarianism and the Emperor's Japan, 1877-1977*.³ Kawaguchi Keiko and Kawaguchi Ayako explored the wartime activities of JRCS nurses in *Jugun Kangofu to Nihon Sekijujisha* (i.e., *Military Nurses and the Japanese Red Cross Society*), devoting an entire chapter, based on *JRCS History*, to the JRCS nurses dispatched overseas during WWI.⁴ Kurosawa Fumitaka and Kawai Toshinobu edited *Nihon Sekijujisha to*

1 Nihon Sekijujisha (JRCS) ed., *Taisho Sanyonen Seneki Nihonsekijujisha Kyugo Hokoku (Relief Report of the Japanese Red Cross Society During the War 1914/1915 [hereinafter Relief Report])*, JRCS, 1917.

2 Nihon Sekijujisha (JRCS) ed., *Nihon Sekijuji Shashi Zokuko Gekan (The History of the Japanese Red Cross Society, Vol. III [hereinafter JRCS History])*, JRCS, 1929.

3 Olive Checkland, *Humanitarianism and the Emperor's Japan, 1877-1977*, St. Martin's Press, 1994, pp. 71-78.

4 Kawaguchi Keiko and Kawaguchi Ayako eds., *Jugun Kangofu to Nihon Sekijujisha: Sono Rekishi to Jugun Shogen (Military Nurses and the Japanese Red Cross Society: Its History and Oral History of Military Nurses)*, Bunrikaku, 2008, pp. 48-65.

Jindo Enjo (The History of the Japanese Red Cross Society and Humanitarian Assistance) in 2009 after the JRCS Archives were made available to researchers.⁵ Chapter 6 of their work went into the JRCS's relief activities surrounding the siege of Tsingtao, the deployment of the relief corps to Europe, and humanitarian assistance provided to POWs.⁶

Throughout this chapter, I prioritize JRCS material published by the JRCS in Japanese inaccessible to researchers because of language barriers. While the aforementioned *Relief Report* offered a comprehensive synopsis of the hospital ships and relief activities in Sasebo and Tsingtao, *JRCS History* summarizes the work of the Japanese relief corps sent to Europe and the humanitarian services provided to POWs in Japan. Although these materials are themselves rather comprehensive, since they were edited from JRCS archival documents, I shall refer to these documents when *JRCS History* does not offer sufficient detail.

Lastly, space limitations have forced me to restrict the scope of this chapter to the JRCS's work to benefit those affected by the conflict between Japan and Germany and the war in Europe. Accordingly, I have refrained from discussing the JRCS's humanitarian activities during the 1918–1922 Siberian Intervention.⁷ Regarding Japanese names, I have followed standard Japanese convention by writing individuals' family name first and their given name second. Unless stated otherwise, the translations of the Japanese texts used in this chapter were done by myself, the author.

Japan, the Red Cross, and the Geneva Conventions⁸

Before delving into the JRCS's activities during WWI, I should offer a brief overview of Japan's acceptance of the Red Cross and the first Geneva Convention. While Japan was under a self-imposed isolation for centuries it opened its doors to modern international relations in the mid-nineteenth century. Ten years after the establishment of a new government, a revolt led by Saigo Takamori, leader of retained samurai, occurred in Japan's southern island of Kyushu in 1877. Two aristocrats, Sano Tsunetami and Ogyu Yuzuru, appealed to a member of the imperial family to establish a society to help those wounded in the revolt, resulting in the Philanthropic Society's formation in May 1877, after which date the organization immediately started to carry out activities for wounded soldiers.

5 Kurosawa Fumitaka and Kawai Toshinobu eds., *Nihon Sekijujisha to Jindo Enjo (The History of the Japanese Red Cross Society and Humanitarian Assistance)*, University of Tokyo Press, 2009.

6 *Ibid.*, pp. 175–195.

7 Regarding JRCS relief activities for those affected by the Siberian Intervention, see *JRCS History*, pp. 484–591. In addition, the JRCS rescued approximately 700 Polish children in Siberia, feeding and sheltering them in Japan from July 1920 to August 1922. See *ibid.*, pp. 829–853.

8 For readers outside Japan, one readily available publication in English that covers, among other topics, the birth of the Red Cross in Japan, is John F. Hutchinson's *Champions of Charity*: Westview Press, 1996, pp. 203–224.

Japan became a party to the first Geneva Convention in 1886, the second non-Christian country to accede to the treaty after the Ottoman Empire. As Japan adopted the Red Cross emblem, the Philanthropic Society was renamed the Japanese Red Cross Society and began using the Red Cross emblem in 1887. Although the Society had started conducting relief activities for victims of natural disasters as early as 1888, its primary objective was to serve an auxiliary function to the military during times of war. Imperial Ordinance No. 223, for instance, was issued in 1901 in which founding principles of the JRCS were laid out. Article 1 of said ordinance articulated that “[t]he Red Cross Society of Japan is authorized to assist the sanitary service of the Army and the Navy within the limits fixed by the Ministers of the Army, and of the Navy.”⁹ Article 4 stipulated that “[t]he members of the Relief Corps of [the] Red Cross Society of Japan are subject to the discipline of the Army and Navy, whose orders they are under obligation to obey.” The JRCS thus played an auxiliary role under Japan’s army and navy in times of war, observing their military rules.

After the 1877 revolt, Japan found herself once again embroiled in a series of conflicts, namely, the Sino-Japanese War, Boxer Rebellion, and Russo-Japanese War. As a party to the Geneva Convention and other international treaties, Japan needed to observe her contractual obligations in order to demonstrate that she was indeed an equal partner in the international community. Japan made clear her willingness to adhere to international law in WWI in her declaration of war against Germany: “[w]e also command all our competent authorities to make every effort in pursuance of their respective duties to attain the national aim within the limits of the law of nations.”¹⁰

Relief Activities to the Sick and Wounded in Sasebo and Tsingtao

Overview¹¹

During WWI, the JRCS provided relief and medical assistance to the sick and wounded aboard hospital ships in both Sasebo (Japan) and Tsingtao (China). Two JRCS hospital ships, the *Hakuai-maru* and *Kosai-maru*, were dispatched to China to ferry wounded Japanese soldiers and wounded POWs to Japan. Two relief teams were dispatched to a naval hospital in Sasebo, a Japanese city in Nagasaki Prefecture home to a military port, and two teams to the Chinese city of Tsingtao. The total number of those engaged in relief activities for the sick and wounded was 223.¹²

9 The English version of the imperial ordinance appears on pp. 1–2 of “The Regulations and Miscellaneous Informations [sic] about the Red Cross Society of Japan” in Kawamata Seiichi, *The History of the Red Cross Society of Japan*, Nippon Sekijuujiha Hattatsushi Hakkōjo, 1919. The ordinance was repealed in January 1947 after WWII.

10 John V. A. MacMurray ed., *Treaties and Agreements with and Concerning China 1894–1919, Vol. II, Number 1914/9 Japan*, Oxford University Press, 1921, p. 1153. Note that the clause stipulating that the law of nations be observed was not inserted in Japan’s declaration of war against Great Britain and the United States in December 1941.

11 This section is based on *Relief Report*, pp. 5–16.

12 *Relief Report*, p. 16. Two people were added to the total number as substitutes for two staff members who had fallen ill.

Hospital ships¹³

The Sino-Japanese War of 1894–1895 taught the JRCS that the organization needed ships to transport sick and wounded individuals. As such, the JRCS obtained the two aforementioned hospital ships in 1899.¹⁴ The Boxer Rebellion of 1900–1901 saw these ships' maiden voyage transporting both Japanese and Western sick and wounded soldiers, with the majority of Westerners being of French origin.¹⁵ While they had been used as liners by Nippon Yusen Kaisha, a Japanese liner company, during peace time, the JRCS repurposed them as hospital ships once war broke out.¹⁶ In line with Article 5 of the 1907 Convention (X) for the Adaptation to Maritime Warfare of the Principles of the Geneva Convention, the two ships were “painted white outside with a horizontal band of red about a meter and a half in breadth.”¹⁷ In addition, as Article 2 requires, the Japanese navy formally notified the German government of the two ships’ status as hospital vessels on 24 August 1914.

A total of 102 individuals boarded the two ships: two chief surgeons, six surgeons, two pharmacists, two vice administrative managers, four clerks, two assistant pharmacists, two chief nurses, sixty female nurses, two male nurses, and twenty general laborers.¹⁸ Each ship was deployed eight times to one of the several Chinese ports located in Shangdong from Ujina, Japan between September and December of 1914, which each deployment lasting roughly a week.

Hakuai-maru transported 1,013 patients during its eight missions, making the total number of person-days was 4,198. Of the total 1,103 patients, 547 were wounded and 466 were sick. While 428 were wounded in battle, another 119 suffered injuries by other means. The three most common diseases from which the sick suffered from were beriberi (136), respiratory disease (59), and venereal disease (59). *Kosai-maru*, on the other hand, carried 1,040 patients back to Japan over the course of its eight deployments. Of the 1,040 patients, 547 were wounded and 493 were sick. Similar to those on the *Hakuai-maru*, 424 were wounded in battle and another 123 in other circumstances. The three most common diseases were beriberi (117), respiratory disease (89), and nutritional disease (75). Lastly, two patients died aboard *Hakuai-maru* whereas no patients died on *Kosai-maru*.¹⁹

13 This section is based on *Relief Report*, pp. 24–52, unless otherwise stated.

14 Kita Yoshito, “Byoinsen no Katsuyakushita Hokushinjihen (Boxer Rebellion in which Hospital Ships Played a Part),” in Kurosawa and Kawai eds., *supra* note 5, pp. 88–90.

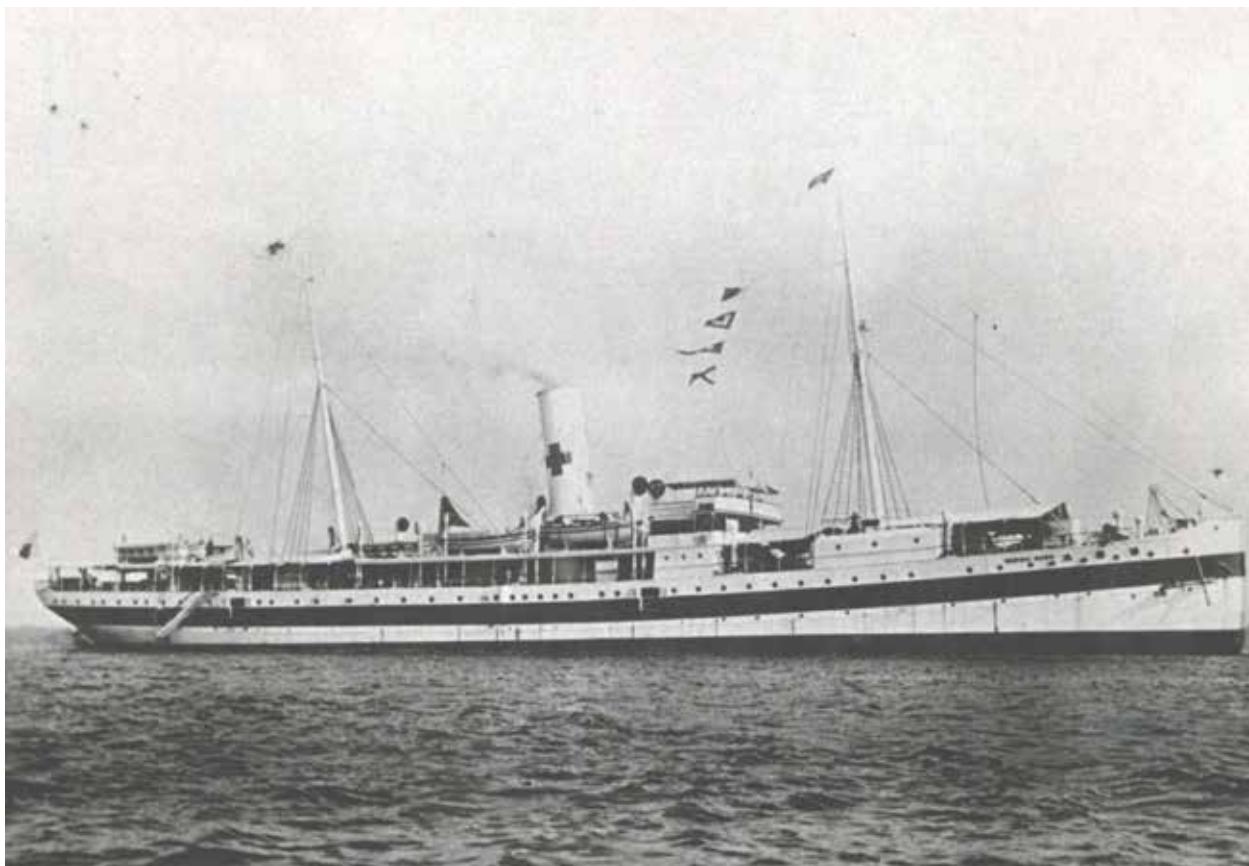
15 *Ibid.*, pp. 97–100.

16 *Ibid.*, pp. 88–89.

17 ICRC, Historical Treaties and Documents, available at <https://ihl-databases.icrc.org/applic/ihl/ihl.nsf/Article.xsp?action=openDocument&documentId=B98C5D19877E5AFBC12563CD00516EED> (last visited 6 August 2022).

18 *Relief Report*, pp.15–16.

19 See Attachment 1.1 in *Relief Report* for the number of patients served by *Hakuai-maru* and Attachment 1.2 in the same work for the number of patients served by *Kosai-maru*. No page number is assigned to either attachment.



▲ Hospital ship *Hakuai-maru*

The weather was dangerously frigid during the months the ships operated, with frequent storms exacerbating the already precarious conditions. *Hakuai-maru* experienced such inclement weather on her maiden voyage that she tossed around on the sea so violently that “many became seasick” and “care of the patients became very difficult.”²⁰ Her second voyage was also plagued by bad weather, though fewer people fell seasick. Two patients died of beriberi on these first two voyages. Although neither hospital ship encountered a single German warships throughout the course of their deployment, *Kosai-maru* received warning that a German ship had appeared in the region before leaving a Chinese port. Although not attacked by said German vessel pursuant to the Convention for the Adaptation to Maritime Warfare of the Principles of the Geneva Convention, *Kosai-maru* was ordered by port authorities to remain in port until the warning was cancelled.

20 Relief Report, p. 27.



▲ Hospital ship *Kosai-maru*



▲ Inside hospital ship *Kosai-maru*

While most of the patients aboard the hospital ships were Japanese, thirty-one POWs were ferried to Japan.²¹ Before deploying the hospital ships, JRCS president instructed the crew of *Hakuai-maru* that “treatment and nursing must be provided to all patients, be he friend or foe. When you accommodate foreigners, whose culture and customs differ from one another, special care must be taken to build confidence in you.”²² Documents in *Relief Report* further reveal that “sick and wounded prisoners of war were offered different meals that were acceptable to them.”²³ While Japanese patients were provided with rice porridge, eggs, and vegetables, POWs were served Western-style meals. For instance an officer aboard *Kosai-maru*, for instance, was served oatmeal, fried fish, ham and eggs, curry and rice, boiled potatoes, bread and butter, and tea for breakfast on 23 November 1914.²⁴

Sasebo Naval Hospital²⁵

As stated above, the JRCS sent two teams consisting of fifty-two personnel to the Sasebo Naval Hospital. The 17th Relief Team sent by the JRCS Nagasaki Branch began operations on 28 October 1914 whereas the 70th Relief Team sent by the Hiroshima Branch began on 16 November. In total, fifty-two staff members were sent to Sasebo: two surgeons, two clerks, four chief nurses, forty nurses, and four porters.²⁶ Both teams ceased their activities on 20 January 1915. The staff worked mainly in operating theatres and contagion wards while stationed in the naval hospital.

The 17th Relief Team treated and cared for 377 patients, and the total number of person-days was 6,949. Upon its inception, the 17th Relief Team performed surgeries and treated infections. Of the total fifty-five surgeries, two were performed on British servicemen from the HMS *Triumph*. The seventy-five cases of infection included dysentery, typhoid infections, and paratyphoid infections. Both a chief and an assistant nurse were assigned to the two British sailors, with whom they would communicate with body language and hand gestures before gradually learning English. Then on 15 November, the 70th Relief Team arrived at the hospital and took over the contagion wards managed by the 17th Team. The 17th Team remained in charge of the hospital’s surgical wards until 17 December, at which date it transferred responsibility of these wards to the 70th Team. There were seventy-two patients at the time of this handover, including eight soldiers who had sustained injuries in battle. Though the 70th Team sometimes experienced difficulties in treating incoming patients with critical cases after assuming charge of the hospital’s facilities, patient conditions were, for the large part, adequate.

21 *Ibid.*, Attachments 1.1 and 1.2. Twelve were aboard *Hakuai-maru* and nineteen aboard *Kosai-maru*.

22 *Ibid.*, p. 44.

23 *Ibid.*, p. 39.

24 For menus for Japanese patients aboard *Hakuai-maru* between 24 and 30 September 1914 and for the POWs aboard *Kosai-maru* between 22 and 24 November 1914, see *ibid.*, pp. 40–41.

25 This section is based on *Relief Report*, pp. 52–62, unless otherwise stated.

26 *Ibid.*, pp. 15–16.

Relief Activities in Tsingtao²⁷

The Germans surrendered to the Japanese in Tsingtao on 7 November 1914. Three days later, when the Minister of the Army ordered the JRCS to send two relief teams to Tsingtao, the JRCS chapters of Fukuoka and Saga—two prefectures relatively close to China—formed two teams. In addition, a team headed by the headquarters' vice-chief of directors was organized to administer relief activities. Altogether, sixty-seven staff members were dispatched to Tsingtao: One vice-chief of directors, two surgeons, one inspector of nurses, four clerks, four chief nurses, forty nurses, five interpreters, and ten general laborers.²⁸ The JRCS teams left Moji Port on 18 November and arrived in Lao Shan Bay on 20 November. They finally arrived in Tsingtao on 22 November. The Independent 18th Division of the Japanese Army issued an order on 23 December, stating that "(i) The 84th and 88th Relief Teams shall be engaged in relief activities in Tsingtao. (ii) The 1st Field Hospital shall hand over the patients of the German-Chinese High School Hospital to these Teams."²⁹ As it was relatively safe from attacks by the Japanese forces, the high school had been used as a hospital to treat seriously wounded patients.

On 26 November, the Tsingtao Defense Army Headquarters became responsible for the High School Hospital, replacing the Independent 18th Division.³⁰ Gradually, however, JRCS personnel and patients were sent to Tsingtao Defense Hospital, culminating with the



▲ *Tsingtao Defense Hospital*

27 This section is based on *Relief Report*, pp. 62–117, unless otherwise stated

28 *Ibid.*, pp. 15–16.

29 *Ibid.*, p. 68.

30 *Relief Report* writes this date as 26 December on page 70; however, it was revised to 26 November in *JRCS History*, p. 311.

eventual closure of the High School Hospital and transfer of JRCS personnel to the Defense Hospital on 18 December by military decree. Formerly the German Governor's Hospital, the Defense Hospital was so utterly destroyed by the Japanese forces that what remained "was the embodiment of the war's horrendous conditions."³¹

One report detailing the care provided by nurses in the High School Hospital describes how one of the school's halls was used as a ward for dysentery patients.³² Although this 21m x 12m ward was equipped with electrical lighting, it suffered from frequent power outages. Coal was used to heat the ward to an ambient temperature of approximately ten to fifteen degrees centigrade.³³ Beds measured 1.4 meters long, 80 centimeters wide, and 45 centimeters high.



▲ German-Chinese High School Hospital

31 *Relief Report*, p. 71.

32 The report was reprinted in *ibid.*, pp. 84-96.

33 Degrees Fahrenheit (50 to 60 degrees) were used in this report. See *ibid.*, p. 85.

While patients with mild symptoms were allowed to wear military uniforms, those with severe symptoms were required to wear hospital gowns. Toilets for patients with relatively severe symptoms were located near the ward whereas patients with minor symptoms were required to travel to the basement to relieve themselves. Meals were prepared by German cooks and volunteer women and served by patients with mild symptoms. The report mentioned that although cresol and a soap solution were used for disinfection, the effects of the war rendered disinfection efforts inadequate.

The two Relief Teams treated and cared for a total of 347 patients in Tsingtao. Of this total, 201 were injured in battle, twelve were injured by other causes, eighty-six suffered from infections, and forty-eight had fallen ill to a myriad of other ordinary diseases. The total number of patient person-days was 5,445.

Dispatches of Relief Corps to Europe

Overall Preparation of the Dispatches³⁴

After the Japanese Government requested that the JRCS dispatch relief corps to Britain, France, and Russia, the Standing Council of the JRCS responded on 11 September 1914.³⁵ The JRCS was tasked both to “organize a relief corps consisting of one doctor, twenty nurses, one clerk able to understand a foreign language, and one interpreter [...] to Britain, France, and Russia to assist the relief efforts of their respective Red Cross Societies.”³⁶ Since this was the first time that the JRCS sent aid workers to Europe, it was decided that in order for them to keep up with their European counterparts, all individuals “should be at least moderately familiar with foreign languages, their skills should be excellent, their bodies strong, and their minds sound.”³⁷

Relief Corps in Russia³⁸

After deliberating with Russia, Japan decided on 30 September 1914 that the JRCS would organize a relief corps consisting of one chief surgeon, two surgeons, one pharmacist, one chief nurse, six nurses, and two clerks to work at a 100-bed hospital in the Russian town of Petrograd. The Ministers of the Japanese Army and Navy approved of the dispatch on 8 October, thereby prompting the Japanese Foreign Minister to notify the Russian Government of the developments on the same day.

34 This section is based on *JRCS History*, pp. 341–352, unless otherwise stated.

35 The Standing Council decided that “all the more important affairs of the Society”, according to Article 18 of the Articles of the Red Cross Society of Japan, The English version of the Articles appear in pp. 3–15 of “The Regulations and Miscellaneous Informations [sic] about the Red Cross Society of Japan” in Kawamata, *supra*, note 9.

36 *JRCS History*, p. 342.

37 *Ibid.*, p. 343.

38 This section is based on *JRCS History*, pp. 352–377, unless otherwise stated.



▲ Opening ceremony of the JRCS Hospital in Petrograd

The relief corps left Tokyo on 23 October 1914 and arrived in Vladivostok three days later. From there, the team boarded the Trans-Siberian Railway and embarked for Petrograd, arriving there on 16 November. The fourth floor of an “upper class gentlemen’s club” in the busy Italyanskaya district was planned to be used as a hospital. To formally inaugurate the hospital, an opening ceremony attended by Japanese and Russian dignitaries was held on 19 December.³⁹ The staff consisted of a mix of Japanese and Russian workers, with seven of the eighteen nurses being Japanese and the remaining eleven Russian. The hospital began admitting patients on 20 December 1914, only to reach its total capacity of 100 patients a short five days later. Of these patients, forty-eight suffered from gunshot wounds and forty-three from artillery wounds.

Although the relief corps was initially scheduled to operate in Russia for five months, the corps’ Russian mandate was extended in April 2015 for an extra five months, so as to last until October, as there was no end in sight to the war. After Countess Kleinmichel offered her villa at Yelagin during the summer of 1915, patients were moved to the villa on 23 June, staying there until 3

³⁹ *Ibid.*, p. 359.

October. Come summer, the JRCS in Tokyo petitioned the Japanese Government to repatriate the relief corps to Japan. The Japanese Ambassador in Russia, however, was insistent that the corps not return to Japan, as the situation on the ground in Russia had not changed since April. The JRCS decided that the relief corps would stay for an additional six months until April 1916, stipulating, however, that this would be the final of such extensions.



▲ JRCS Relief Corps in Russia

More patients awaited doctors upon their return from the villa to the Petrograd-based hospital because of the deteriorating conditions caused by the ongoing war. After enlarging the hospital to accommodate 300 patients, the JRCS sent an additional six nurses and one clerk to Petrograd in the final months of 1915. The number of patients, however, continued to decrease until February 1916 as fewer battles were fought during that period. The Winter Palace accommodated about 1,000 patients, and other hospitals even “competed to accommodate” patients.⁴⁰ On 27 March 1916, however, the number of patients shot up to 187 and then to 215 by the end of the month before gradually declining once again.

40 *Ibid.*, p. 368.

The relief corps was warmly received by the Imperial Family of Russia. Duke Alexander of Oldenburg greeted the staff at their arrival to Saint Petersburg and visited the hospital on 15 March 1914. On 1 July 1914, Empress Dowager Maria Feodorovna, President of the Russian Red Cross, visited the hospital with Grand Duchess Xenia Alexandrovna where she addressed the entire staff. On 13 January 1916, the Czar awarded the Order of Saint Stanislaus 2nd class to Dr. Ueno, the head of the Relief Corps, as well as accommodations and medals to other staff members.⁴¹



▲ JRCS Hospital in Petrograd

41 *Ibid.*, pp. 373 and Appendix 6, pp. 68–69.

The relief corps finished its activities and handed over the patients to the Russians on 8 April 1916, having served 496 noncommissioned officers and the total number of person-days was 43,531 over the course of its one-and-a-half-year mandate. Many patients were severely wounded by gunshots and artillery shells. Of the total patients treated, 288 fully recovered, six died, and thirty-eight were transferred to other hospitals. The relief corps departed St. Petersburg on 25 April 1916 and arrived in Tokyo via Vladivostok and Korea on 13 May.

Upon request by the Russian Red Cross, one surgeon, Dr. Miwa Minosuke, remained in Petrograd until September 1917, well more than a year after the JRCS Relief Corps' departure from the hospital, treating the sick and wounded.⁴² Dr. Miwa's report to the president of the JRCS cites 494 patients before the JRCS Relief Corps' departure⁴³ and 981 thereafter. The number of patients of person-days before the departure was 44,103,⁴⁴ while the number after the departure was 72,188. Since no additional personnel were assigned to the hospital following the relief corps' departure, remaining staff was heavily overworked once newly wounded soldiers began flooding in. Apart from inpatients, the hospital treated "many [outpatients] when riots broke out in the Russian capital."⁴⁵ After remaining in Russia for roughly three years, Dr. Miwa returned to Japan in October 1917.

Relief Corps in France⁴⁶

Japan and France discussed sending a relief corps to France, eventually agreeing to send a team consisting of one chief surgeon, two surgeons, one pharmacist, two chief nurses, twenty nurses, one clerk, two interpreters, and one porter that would leave Japan on 2 December 1914. The hospital was to be located near Bordeaux and would accommodate 150 patients. The Japanese Ambassador to France stated that the relief corps would operate under the supervision of the French Army. The relief corps left Tokyo on 16 December 1914, arriving in Marseille via Shanghai, Singapore, and the Suez Canal on 4 February 1915. Although Bordeaux was originally slated to host the hospital, the Parisian Hôtel Astoria located near the Arc de Triomphe was decided upon. The hospital was named Croix-Rouge Japonaise, Hôpital Bénévole n° 4 bis and admitted twenty-three patients from a British hospital on 14 February 1915.⁴⁷ After an official opening ceremony on 3 April, President Raymond Poincaré visited the hospital 24 April where he met 110 patients and the hospital staff.

42 *Zairoto Nihon Sekijujisha Kyugohan Byoin Jokyo Hokoku* (Report on the Japanese Red Cross Relief Corps Hospital in the Russian Capital [hereinafter Dr. Miwa's Report]), included in *Oshu Senran Rokoku Haken Kyugohan Hokoku* (War in Europe, Reports on the Relief Corps Dispatched to Russia), File No. Sen (War) 718, JRCS Archives. JRCS History does not contain any information on the Petrograd hospital after the relief corps vacated it.

43 JRCS History (p. 370) places this number at 492.

44 *Ibid.* (p. 370) places this number at 43,531. One possible explanation for this disparity is that Dr. Miwa expressly based his calculations on the Julian calendar. See Dr. Miwa's Report.

45 See Dr. Miwa's Report.

46 This section is based on JRCS History, pp. 377–405, unless otherwise stated.

47 *Ibid.*, p. 389.

The head of the relief corps, Dr. Shiota Hiroshige, wrote a report on 24 June 1915 in which he described the working conditions of the Japanese nurses.⁴⁸ The report stated that language barriers hindering communication between patients and nurses were the greatest difficulty faced by hospital staff. Moreover, volunteer French nurses served meals to patients, wrote letters for them, and applied cleaned bandages alongside the Japanese in the hospital. Although the Japanese nurses were patients' primary caregivers, these volunteer nurses sometimes unwittingly "meddled into" the Japanese nurses' affairs while acting as intermediaries between the patients and JRCS nurses.⁴⁹ While the Japanese nurses pick up French words necessary for daily conversation and both their nursing skills and enthusiasm helped them overcome said language barrier, the report emphasized the importance of learning the language.⁵⁰ Another difficulty the nurses faced was working with shoes on. Nurses were accustomed to wearing *waraji* (straw sandals) or *tabi* (traditional Japanese socks) in Japanese hospitals as opposed to shoes. The shoes they had brought from Japan were heavy and prevented them from moving with ease. The JRCS hospital ordered lighter shoes in response; however shoemakers were far and few between because of the war. Moreover, the standard French shoes they purchased did not fit Japanese women. The report concluded that "it should be heeded that the relief corps experienced undue hardship in such a trivial matter [as shoes] while overseas—and particularly in France—that might have significant consequences."⁵¹

Though the corps had been scheduled to remain in France until 13 July 1915, corresponding to a period of five months, "the ongoing war" prevented their departure.⁵² The Japanese Ambassador asserted that since "it is currently impossible to infer when peace will be restored and that an increasing number of wounded soldiers would be sent back home," it was necessary to prolong the corps' mandate.⁵³ The JRCS extended the corps' stay in France for six months, until mid-January of the following year. The extension was indeed necessary, as the hospital housed 149 patients in July, 163 in late September, and 208 in October, thereby exceeding its capacity. A second extension was discussed and agreed upon by Japan and France on 21 December 2015. Since both nations wanted the corps' mandate to remain in France the JRCS Standing Council decided that the relief corps would remain until June 1916.

⁴⁸ The twenty-first report (24 June 1915, Relief Doc. No. 812) included in *Oshu Senran Futsukoku Haken Kyugohan Hokoku* (War in Europe, Reports on the Relief Corps Dispatched to France [hereinafter Reports on the Relief Corps to France]), File No. Sen (War) 725, JRCS Archives. *JRCS History* did not include any account of this report.

⁴⁹ *Ibid.*

⁵⁰ *Ibid.* This report admits that nurses were unable to study French because of time constraints.

⁵¹ *Ibid.* The report found the Japanese doctors experienced the same problem with shoes.

⁵² *JRCS History*, p. 393.

⁵³ The official communiqué was dated 30 April 1915 and reprinted in summarized form in *JRCS History*, pp. 394–395.



▲ JRCS Hospital in Paris

Although his report for the previous year candidly admitted the difficulties faced by Japanese nurses, Dr. Shiota boasted in his report dated 30 March 1916 that the JRCS hospital in Paris had come to achieve widespread acclaim, with British, Italian, Spanish, Swiss, and American newspapers and magazines reporting its activities.⁵⁴ This drove even higher numbers of wounded soldiers to seek admission to the hospital, which, in turn, forced hospital staff to consider applications scrupulously. In addition to wounded French soldiers, French civilians and foreigners, such as British and Mexican soldiers, sought treatment in the hospital's facilities.



▲ Inside the JRCS Hospital in Paris

The French Ambassador to Japan forwarded his government's wish that the corps remain in France to the Japanese Foreign Minister in May 1916. This time, however, the JRCS responded that the relief corps needed to return to Japan to deal with an "inevitable situation," thus ending the corps' deployment in France.⁵⁵ The JRCS hospital was handed over to the British Red Cross and Dr. Charles Georges Jarvis, who took over responsibility for thirty-seven patients on 1 July.

54 The fortieth report (30 March 1916, Relief Doc. No. 484) included in *Reports on the Relief Corps to France*, File No. Sen (War) 725, JRCS Archives. JRCS History did not include any account of this report.

55 JRCS History, p. 400.

A total of 910 patients were treated between 14 February 1915 and 1 July 1916 and the total number of person-days was 54,832. Of the 910 patients, 858 suffered gunshot wounds and twenty-three died. The French Government appointed Dr. Shiota *officier de la Légion d'honneur* and awarded accommodations and medals to other staff members on 24 June 1916 in honor of their service.⁵⁶ The relief corps left Paris on 10 July 1916 via Le Havre and arrived in Southampton on 11 July. They remained in London for several days before boarding *Fushimi-maru* and arriving in Japan on 15 September 1916.

Relief Corps in Britain⁵⁷

Unlike the relief corps sent to France and Russia, the British Government requested that the relief corps consist primarily of nurses who would care for wounded British soldiers. Accordingly, the JRCS sent a relief corps consisting of one chief surgeon, one surgeon, two chief nurses, twenty nurses, one clerk, and one interpreter whose immediate role would be patient care. The Japanese Ambassador to Britain informed the JRCS on 2 November that the relief corps would be assigned to a Red Cross hospital at Netley, Southampton. The Ministers of the Army and Navy approved of the dispatch on 18 November 1914, paving the way for the relief corps to embark out of the Japanese port of Yokohama on 19 December. After traversing the United States overland, the corps finally arrived in Liverpool on 22 January 1915. They moved to London where they stayed for one week and were warmly received by the British Government and the British Red Cross. They arrived in Netley on 31 January and begin operations on 1 February.

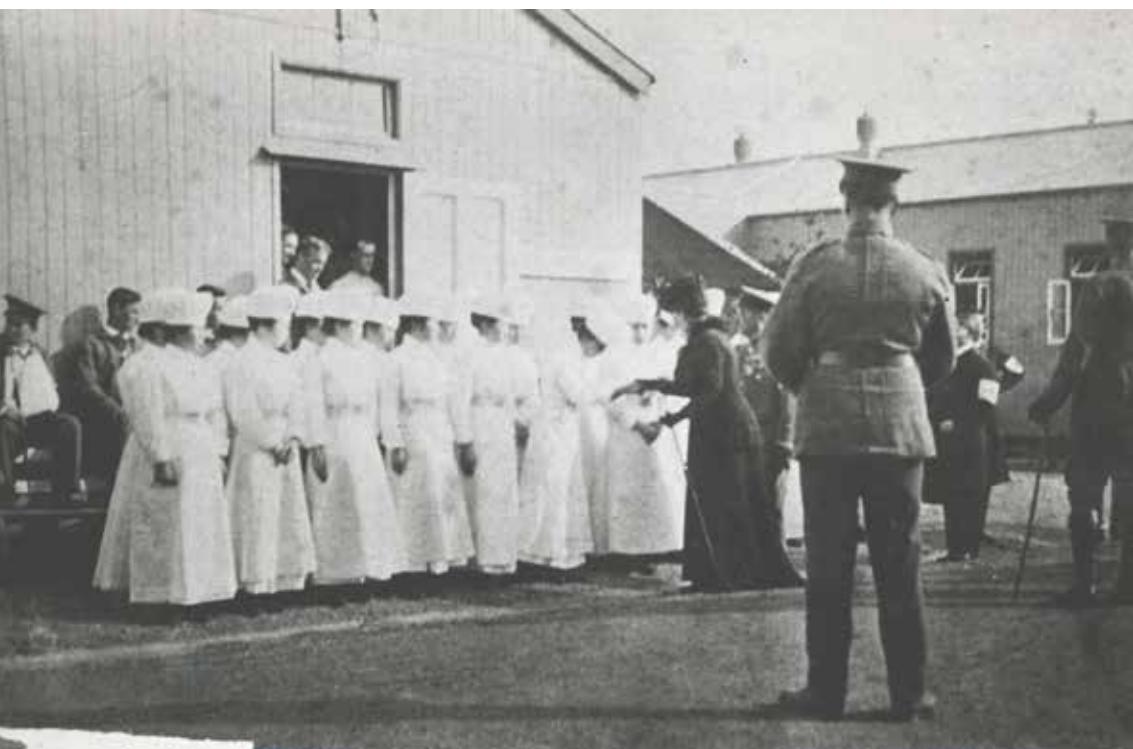


▲ JRCS staff with British patients at Netley

56 *Ibid.*, Appendix 6, pp. 69–71. The French Government had previously appointed Dr. Shiota *chevalier de la Légion d'honneur* on 31 August 1915. *Ibid.*

57 This section is based on *JRCS History*, pp. 405–438, unless otherwise stated.

Chief surgeon Dr. Suzuki Jiro complained that the British nurses at Netley had been rushed through their training because of the war and, as a result, were not as proficient as they should be.⁵⁸ Although the Japanese staff wanted to work by themselves, the head of hospital insisted that British nurses work with their Japanese counterparts because Britain suffered from a shortage of nurses as qualified as the Japanese nurses who had completed three years of education.⁵⁹ At the beginning, there was concern that the Japanese nurses worked with their British colleagues in the barracks of British doctors because “manners and customs were different and they did not understand English well.”⁶⁰ However, they had “excellent skills” and “learned English at unexpectedly high speed,” so that “patients trusted them more and more.”⁶¹



▲ Queen Alexandra shaking hands with JRCS nurses

58 *Suzuki Ichō Eikoku Haken Kyugohan no Kinmujokyo ni Kansuru Enjutsu Yoshi* (Summarized speech by Chief Surgeon Suzuki about the record of activities of the Relief Corps dispatched to Britain), included in *Oshū Oshū Senran Eikoku Haken Kyugohan Kankei, sono ichi* (War in Europe, Documents concerning Relief Corps Dispatched to Britain, No. 1 [hereinafter Documents concerning Relief Corps to Britain]), File No. Sen (War) 719, JRCS Archives.

59 *Ibid.* JRCS History did not mention a shortage of skilled nurses in Britain.

60 JRCS History, p. 418.

61 *Ibid.*, p. 420.

Although the relief corps had planned to stay in Britain until 30 June 1915, the British government requested that their mandate be extended until the end of the war. The JRCS was unable to extend the length of the corps' stay until the end of the war but did extend it for six months until the end of December, a proposal that Britain accepted.⁶² By the end of September 1915, the number of patients for whom the Japanese surgeons were responsible had increased to 177 after arriving from continental Europe over the English Channel and from the Dardanelles. Those arriving from continental Europe had been wounded in battle, while those arriving from the Dardanelles had caught an infectious disease. As the Japanese staff, and particularly the nurses, was busy with these new patients and their mandate was scheduled to end in three months, another extension was requested and approved until 31 December. Before the termination of their service, however, two surgeons and two chief nurses were invited to Buckingham Palace on 15 December, where they were received by King George V and Queen Mary. The Order of St. Michael and St. George was bestowed upon the surgeons and the Royal Red Cross upon the chief nurses. Queen Alexandra, who simultaneously presided over the British Red Cross, hosted the entire staff of the JRCS relief corps at Marlborough House on 17 December.⁶³ The JRCS handed over 109 patients to British surgeons on 31 December 1915 when their mission was officially ended. The relief corps left the British Red Cross Hospital at Netley on 1 January 1916 and arrived in London the same day, where they stayed for three weeks to rest and sightsee. They departed Britain on *Fushimi-maru* on 24 January, arrived in Tokyo on 23 March, and were formally disbanded the following day.

Between 1 February and 31 December 1915, two Japanese surgeons oversaw seven wards and two Japanese nurses were assigned to each ward. A total of 663 patients received care in these seven wards and the total number of person-days was 23,405. The excess Japanese nurses were assigned to British wards, which cared for 1,930 patients and the total number of person-days was 78,809.

The JRCS and POWs⁶⁴

A relief commission was formed for POWs in the Headquarters of the JRCS in December 1914 after receiving the approval of the Ministers of the Army and Navy.⁶⁵ Article 3 of the commission's regulations requires it to "contact the Central Agency regarding prisoners of war" established by the International Committee of the Red Cross (ICRC) and to "undertake

62 *Ibid*, p. 421.

63 Although *JRCS History*, p. 427, refers to this place as Marlborough Hall, Chief Surgeon Suzuki refers to it as Marlborough House in his speech. As such, Queen Alexandra most likely hosted the JRCS staff at Marlborough House. See *The Japanese Red Cross Mission to England* by Dr. J. Suzuki, reprinted from the Transactions of the Japan Society of London, Vol. XIV, included in *Documents Concerning Relief Corps to Britain*, File No. Sen (War) 719, JRCS Archives.

64 This section is based on *JRCS History*, pp. 591–622, unless otherwise stated.

65 The establishment of the Commission is reported in *Bulletin international des Sociétés de la Croix-Rouge*, No. 181, jan. 1915, p. 91.

administrative work regarding prisoners of war in accordance with the Ninth Red Cross International Conference" held in Washington in 1912.⁶⁶ Article 3 further stipulated that the JRCS Relief Commission was to follow the procedures laid out by the Central Agency in Geneva while handling cash or other forms of material gifts sent by foreign Red Cross Societies to POWs interned in Japan and that upon receiving a request to inquire into a POW, it would petition the Information Bureau for Prisoners of War and relay what it discovered to the Central Agency. A total of 1,306 gifts and letters were received and another 1,122 sent between December 1914 and January 1920 when the last POW was released. The JRCS also played a role in forwarding gifts and letters to Japanese POWs interned in Germany.



▲ Prisoners of war patients (officers) in Tsingtao

66 JRCS History, p. 597.



▲ Prisoners of war patients in Tsingtao

Edited by the Information Bureau for Prisoners of War, the “Report about Relief for Prisoners of War” counted 4,353 Germans and 301 Austro-Hungarians among the total 4,654 POWs.⁶⁷ They were transported from Tsingtao to POW camps in Japan, where existing army barracks, Red Cross branches, prefectoral assemblies, public halls, schools, temples, and other buildings were repurposed as camps. When Governor Meyer-Waldeck stayed at the JRCS’s Fukuoka branch, he commented that the building featured “an exquisite view of [...] many old and famous places” in Fukuoka.⁶⁸ While the Japanese government was in charge of treating POWs, the JRCS lent the government buildings in Fukuoka, Oita, and Shizuoka to house POWs.

ICRC Relief Activities for POWs and the JRCS

ICRC president Ador called for POWs to be treated equally to belligerents in Circular 163 issued on 15 January 1915. The JRCS transmitted the circular to the Ministers of the Army and Navy, who responded that they did not find it “necessary to add changes to the existing laws and regulations or the actual mode of application” and that “prisoners of war, whether German or Austro-[Hungarian], are, as far as extant circumstances permit, treated by us in conformity with a philanthropic spirit.”⁶⁹

67 The report is reprinted in *ibid.*, pp. 602–612.

68 *Ibid.*, p. 603.

69 JRCS History, p. 600. The response was reprinted in French in *Bulletin international des Sociétés de la Croix-Rouge*, No. 183, juillet 1915, p. 401.



▲ ICRC Delegate, Dr. Paravicini (second from the left), 11 July 1918

In January 1917, the ICRC contacted the JRCS to inform them that the Committee would send three doctors to Japan to visit German POWs. They did not reach Japan, however, because one of them fell ill.⁷⁰ The JRCS was informed on 9 May 1918 that the ICRC had appointed Dr. F. Paravicini, who was residing in Yokohama at the time, to visit Japanese POW camps in their stead.⁷¹ Dr. Paravicini visited the camps at Kurume, Oita, Ninoshima, Aonogahara, Bando, Shizuoka, and Narashino between 28 June and 15 July 1918. JRCS personnel accompanied Paravicini as he toured the POW camps, the expenses of which were covered by the JRCS

70 *Bulletin international des Société de la Croix-Rouge*, No. 190, avril 1917, p. 176.

71 Letter dated 9 May 1918 from Swiss Minister F. de Salis to JRCS President Ishiguro, included in *Taisho Rokunen ki, Sekijūji Kokusai lin, Zai Honpo Dokou Furyo Shisatu Kankei* [Visits to German and Austrian Prisoners of War in Japan by Members of the International Red Cross, 1917/1918 [hereinafter ICRC visits to Prisoners of War in Japan]], File No. 3130, JRCS Archives.



▲ JRCS staff at the tomb of Florence Nightingale

as per regulation.⁷² Paravicini submitted his report entitled *Berecht ueber den Besuch der Gefangenlager in Japan 30. Juni bis 16. Juli 1918, zu Haenden des Internationalen Comites des Roten Kreuzes von Dr. F. Paravicini in Yokohama, Delegirten des Internationalen Comites*.⁷³ While this chapter I have sought to introduce readers to the humanitarian activities undertaken by the JRCS during WWI in this chapter, detailed accounts on the services rendered by the ICRC are outside of the chapter's scope. Interested readers, however, can find Paravicini's report on the ICRC's website.⁷⁴

72 JRCS History, p. 615.

73 The report is included in *ICRC Visits to Prisoners of War in Japan*, File No. 3130, JRCS Archives. It was later published as follows: Internationales Komitee vom Roten Kreuz, *Dokumente Herausgegeben Während des Krieges 1914–1918 – Berecht des Herrn Dr. F. Paravicini, in Yokohama, über seinen Besuch der Gefangenengelager in Japan (30. Juni bis 16. Juli 1918)*, zwanzigste Folge, Verlag Georg & C°, Basel und Genf, 1919. The report is translated into Japanese and published in Ohkawa Shiro, ed., *Obeijin Horyo to Sekijuji Katsudo: Paravicini Hakase no Fukken (European and American Prisoners of War and Red Cross Activities: Rehabilitation of Dr. Paravicini)*, Ronsosha, 2005, pp. 179–234.

74 See ICRC, *Prisoners of The First World War ICRC Historical Archives, List of the Camps*, available at <https://grandeguerre.icrc.org/en/Camps>. Once there, click one of the Japanese camp sites to download the report, which appears in the same form as above.

Conclusion

The JRCS was created in 1877 to assist soldiers wounded during the Satsuma Rebellion but would go on to play an auxiliary role to the military medical services during the Sino-Japanese War (1894-95), Boxer Rebellion (1900-1901), and Russo-Japanese War (1904-05). The JRCS not only remained active but evolved during WWI. First, the Siege of Tsingtao was the first time the JRCS sent female nurses to work overseas, thus paving the way for female nurses, who had only worked inside hospitals in Japan prior to WWI, to be deployed to field hospitals outside Japan. Second, the JRCS sent relief corps to three of Japan's allies—Britain, France, and Russia—marking the first time that the JRCS would dispatch personnel to foreign countries to work under their military rules. Third, the JRCS acted as an intermediary for between the ICRC and POWs. Today, the 1949 Geneva Conventions and their 1977 Protocols detail provisions about the treatment of POWs, according to which the Red Cross, particularly the ICRC, plays a part in protecting. Although the first Geneva Convention did not contain such provisions during WWI, both the JRCS and ICRC spearheaded their own humanitarian initiatives for POWs.



The Portuguese Red Cross during the First World War (1915-1919)

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During the First World War—a conflict of total war¹—the Portuguese Red Cross assumed a central role, collaborating with the military authorities in Africa, France, and Portugal. This involvement raises a salient question: What was the role of this organization during WWI?

The origins of the Portuguese organization trace back to 1865 when the first commission was created, which, in 1887, became the Portuguese Red Cross Society (*Sociedade Portuguesa da Cruz Vermelha*, hereafter CVP) upon approval of all its statutes. According to its founding article, the organization would provide assistance to “wounded and sick servicemen in times of war, without distinction between religion, nationality, or political beliefs,” aligning its efforts with military services. To organize volunteer support and provide assistance in times of war, the CVP would hold fundraising events and collect donations to secure the funds necessary to run such an endeavor. It also outlined the structure for creating local delegations within Portuguese territory, each led by a president, secretary, and treasurer.²

First, as we will see, this voluntary organization sent a team to Angola (1915), then to Mozambique (1916), where several healthcare structures were created by the CVP to care for sick and wounded servicemen in collaboration with military authorities. Although not officially belligerent yet Portugal had started reinforcing its military presence in Angola and Mozambique in August 1914 to secure her overseas colonies. Following the German declaration of war on 9 March 1916, Portuguese troops were deployed to France, where the CVP would eventually open a hospital in 1918.³ In the meantime, a temporary Red Cross hospital was established in 1917 on the home front to receive servicemen returning from the battlefields in Africa or in France. In this chapter, we aim to present a concise overview of the CVP’s role during the First World War, highlighting specifically how the organization’s efforts helped solidified its position within the medical and humanitarian domains.

Despite a growing corpus of literature on Portugal’s involvement in the First World War—particularly following the centenary of the war’s conclusion—there remains a notable gap in studies examining the CVP’s actions in the war numerous theaters.⁴ This chapter seeks to fill this gap by delineating the CVP’s initiatives through a qualitative and quantitative analysis of unpublished sources from various Portuguese archives. Primary sources include records

1 Rafael Marques, *Cruz Vermelha Portuguesa*, Quarteto Editora, Coimbra, 2000, pp. 23-24; *Cruz Vermelha Portuguesa 1865 a 1925*, Centro Tipográfico Colonial, Lisbon, 1926, pp. 31-39.

2 Rafael Marques, *Cruz Vermelha Portuguesa*, Quarteto Editora, Coimbra, 2000, pp. 23-24; *Cruz Vermelha Portuguesa 1865 a 1925*, Centro Tipográfico Colonial, Lisbon, 1926, pp. 31-39.

3 Filipe Ribeiro de Meneses, “The Portuguese Expeditionary Corps in France (1917-18) and the long shadow of the Peninsular War against Napoleon,” *e-Journal of Portuguese History*, 16:2 (December 2018), <https://doi.org/10.26300/d9mr-qy49>; Aniceto Afonso; Carlos de Matos GOMES, *Portugal e a Grande Guerra 1914-1918*, Verso da História, Vila do Conde, 2013.

4 Luís Augusto Ferreira Martins (dir.), *Portugal na Grande Guerra*, vol. II, Ática, Lisbon, 1938, p. 326; Marques, p. 28; Margarida Portela, “A Grande Guerra e a medicina em África: Na senda de novas questões e à procura de novas conclusões,” in C. F. Afonso e V. L. Borges (coord.), *Portugal e as Campanhas de África: da imposição de soberania à Grande Guerra*, Coleção “ARES” 8, Instituto de Estudos Superiores Militares, Lisbon, 2015, p. 301.

from the Historical Archives of the Portuguese Red Cross Society (*Arquivo Histórico da Cruz Vermelha Portuguesa*, hereafter AHCP), the Military History Archive (*Arquivo Histórico Militar*, hereafter PT/AHM), and the Overseas History Archive (*Arquivo Histórico Ultramarino*, hereafter AHU), along with published reports and newspaper articles from the period.

This chapter is organized into several parts, each examining a distinct geographical area where the CVP was deployed. We begin with an analysis of the African territories of Angola and Mozambique. Historians have highlighted that the expeditions sent to these two largely impoverished Portuguese colonies were plagued by severe logistical challenges, including chronic shortages of food, water, and medical supplies, nursing staff, and field hospitals. Consequently Portuguese troops stationed in Africa suffered from disease and sometimes desperate health conditions, with many servicemen being deemed unfit for duty.⁵ It was within this context of disorganization and inadequate coordination with the Portuguese army that the CVP was forced to operate.

Thereafter, we will briefly explore how the CVP operated in France, underlining the most important aspects of its presence in this war theater. Finally, we turn to the CVP's role in Portugal, focusing on Lisbon and the temporary hospital established there by the Red Cross to prepare medical teams for their deployment abroad and to receive returning servicemen.

The CVP in Angola (1915)

Portugal engaged militarily in Africa to protecting her colonial interests from Britain and Germany encroachment. Portugal dispatched troops to Angola and Mozambique in response to a German raid on the Portuguese border post in the north of Mozambique in late August 1914. The first expedition arrived in the Angolan city of Moçâmedes in early October. Days later, a confrontation with German troops took places in Naulila, followed by a German assault on the Cuangar post.⁶ As clashes intensified, particularly in Angola, this initial expedition would receive a series of reinforcements over the following months.⁷ Though figures vary across sources, over 18,000 men were deployed to Angola between 1914 and 1918, including approximately 6,000 locally recruited servicemen.⁸

5 Gomes da Costa, *A guerra nas colónias, 1914–1918*, Portugal-Brasil Sociedade Editora, Lisbon, 1925, pp. 244–245; Marco Fortunato Arifres, *A Primeira Grande Guerra na África Portuguesa: Angola e Moçambique: 1914–1918*, Cosmos e Instituto da Defesa Nacional, Lisbon, 2004, pp. 84–87; Vítor Manuel Lourenço Borges, *O Regimento de Infantaria 14 nas campanhas do sul de Angola da I Guerra Mundial*, Master's Thesis, Instituto de Estudos Superiores Militares, Lisbon, 2016.

6 Ana Paula Pires and Richard S. Fogarty, “África e a Primeira Guerra Mundial,” *Ler História*, No. 66, 2014, pp. 57–67; René Pélissier, *História das campanhas de Angola: resistência e revoltas 1845–1941*, Editorial Estampa, Lisbon, 1997, pp. 232–241; Alberto de Almeida Teixeira, *Naulila*, Divisão de Publicações e Biblioteca Agência Geral das Colónias, Lisbon, 1935; Augusto Casimiro, *Naulila: 1914*, Seara Nova, Anuário do Brasil, Lisbon, 1922.

7 Nuno Severiano Teixeira, “Portugal na ‘Grande Guerra’ 1914–1918: As razões da entrada e os problemas da conduta,” in Nuno Severiano Teixeira (coord.), *Portugal e a Guerra, História das intervenções militares portuguesas nos grandes conflitos mundiais séculos XIX e XX*, Edições Colibri, Lisbon, 1998, pp. 62–63.

8 Afonso and Gomes, p. 522.

In the wake of these first expeditions to Africa and the events in Naulila, the CVP decided to take action. After reaching an agreement with the Portuguese government, it launched a public subscription campaign. The organization likewise began studying “the best ways to assist our soldiers in Africa.”⁹ The Red Cross president and the Ministry of Colonies outlined how the costs of a joint endeavor would be divided. According to the agreement, the government would cover the costs of returning team members to Portugal, their board and lodging, and accommodations for both the team and the patients they treated. This included providing facilities where the Red Cross team would operate, along with all furniture and fittings. In turn, the Red Cross would be responsible for staff salaries and the cost of instruments, bandages, utensils, pharmaceutical apparatus, and medications. Everything suggest that this agreement was duly upheld, with regular requests for medication submitted to Lisbon and receipts for pharmaceutical costs routinely sent.¹⁰

A team was assembled and was ready for departure to serve in a government-provided hospital by mid-January of 1915. Fundraising initiatives facilitated the creation of a fully equipped medical assistance complete with surgical equipment, medication, bandages, food supplies, and sterilization equipment.¹¹ This team, accompanied by troop and supply reinforcements, departed Lisbon aboard the packet ship *Portugal* on 3 February 1915. They arrived twenty days later in Moçâmedes, the operational base in Angola at the time.¹²

Though the team underwent changes over the course of its deployment, it was initially composed of a Red Cross delegate, two doctors, and four highly qualified male nurses lauded for being “among the most able in their class.”¹³ As staff was tight, these nurses performed various responsibilities, such as managing warehouse inventory and maintaining records. While illness forced one nurse and doctor to return to Portugal, another two doctors, a pharmacist, and three sergeants joined in the Red Cross team in Angola, meaning that individuals from outside the organization also contributed their services. In contrast to the healthcare team dispatched to France, the Red Cross did not send any female staff to Angola.¹⁴

9 “Sociedade Portugueza da Cruz Vermelha,” *A Capital*, No. 1754, 1915, p. 2.

10 PT/AHM/DIV/2/02/025/14, Copy of a Letter from Domingos Tasso de Figueiredo to the Ministry of Colonies, 11 January 1915.

11 PT/AHM/DIV/2/02/025/14, Copy of the letter from the CVP, 19 January 1915; Copy of the letter from Domingos Tasso de Figueiredo to the minister of the Colonies, 11 January 1915.

12 *Relatório e Contas da Formação Sanitária da Cruz Vermelha, em serviço junto da coluna de operações no Sul de Angola 1915*, Typographia Adolpho de Mendonça, Lisbon, 1916, p. 3.

13 PT/AHM/DIV/2/02/025/14, Copy of the letter from the CVP, 19 January 1915 and copy of the letter from Domingos Tasso de Figueiredo to the minister of the Colonies, 11 January 1915.

14 *Relatório e Contas...*, Helena da Silva, “The Portuguese Red Cross Hospital in France during World War I,” *Revue du Nord*, 2018/3, No. 426. DOI: 10.3917/rdn.426.0601.



▲ *The Portuguese Red Cross Hospital in Lubango (Angola), 1915*

These healthcare specialists worked in various facilities where the Red Cross was responsible for treating the injured and sick, often under trying conditions largely stemming from the disorganization of the Portuguese Army Health Services and poor sanitary standards. Although the team was initially to staff a hospital to be constructed in Moçâmedes, where they would serve troops in Angola's interior, they were ultimately deployed to Lubango. They were given assurances that the Red Cross would be provided with a two-pavilion hospital with a minimum capacity fifty beds and that at least one doctor and one nurse would be assigned to where they were most needed.¹⁵

More than a month after their arrival in Angola, the Red Cross team was stationed in Moçâmedes awaiting orders to proceed to Lubango along with the medical supplies sent from Portugal. Transport difficulties delayed the team's arrival until 23 April—two months after their initial arrival in Angola.¹⁶ The Red Cross team was required to follow the Portuguese government's directives concerning their deployment, especially regarding local assignments. Frustrated by the prolonged delay in Moçâmedes, team members likely grew disillusioned with the disorganization and the lack of suitable facilities and equipment necessary for their mission.

15 *Relatório e Contas...*, p. 3; AHCVP Folder [F] WWI Africa, Letters from Lourenço Serejo to the Red Cross, 1 and 15 March 1915.

16 *Relatório e Contas...*, p. 3.

Although the government's decisions regarding the team's deployment and reassignment did not always align with the wishes of the Red Cross board back in Lisbon or the team members in Angola, these orders were to be respected.

The CVP was tasked with providing clinical services at the Lubango hospitals, which included the Old Hospital (i.e., *Hospital Velho*) with two wards—Nos. 1 and 2). Here, a doctor, three Red Cross nurses, and two sergeants of the Angola Health Company were stationed. The team's remaining nurse worked at the New Hospital (i.e., *Hospital Novo*), assigned to ward No. 3 under the supervision of Lieutenant-Doctor Afonso José Maldonado. By the end of May, the Red Cross had established a first-aid post to provide immediate care to incoming patients, equipped with a stretcher and all other necessary medical supplies.¹⁷

By mid-May, the hospital capacity in Lubango had increased from thirty to one hundred patients, which likely encompassing both the Old and New Hospital. However, this was still deemed inadequate, as a capacity of 300 patients was necessary to meet local demands. The Red Cross doctor lamented that he was required to work in a "foul military hospital with countless patients piled up on the floor."¹⁸ This drove him to request that authorities provide a proper building for the hospital and, should the government be unable to do so, that one should be rented by the Red Cross itself. Since, however, operations in Angola were expected to conclude in August or September, the Red Cross board deemed it unreasonable to ask the Portuguese government to rent such a property for such a limited period of time. The board added that the team should carry out their duties wherever they were assigned, making use of all available materials and medication to care for the wounded "without any concern about the hospital itself, which could not be obtained, and without any goal other than the wellbeing of those who suffer."¹⁹

Despite these setbacks, the Red Cross team in Angola managed to obtain their own hospital on 1 August 1915. This new provisional hospital, referred to as ward No. 4, was located in the warehouses of the company Teixeira Soares and contained one large ward with sixty beds and another with thirty. Surprising, what came to be known as the Red Cross Hospital of Lubango was not this facility but rather the New Hospital (referred to hereafter as ward 3), outside of which the Red Cross flag flew. As mentioned in the Red Cross report, all the clinical services of the Lubango military hospitals were carried out by members of the Red Cross team. In parallel, the Red Cross ran a pharmacy that supplied the three hospitals operating in Lubango from August onward.²⁰

17 *Ibid.*, p. 4; AHCVP F-WWI Africa, Ambulance Service Order No. 1, 18 May 1915.

18 AHCVP F-WWI Africa, Telegram from Máximo Brou to the Red Cross, n.d.

19 AHCVP F-WWI Africa, Telegram from Máximo Brou to the Red Cross, 10 June 1915 and a letter from the CVP to Máximo Brou, 21 July 1915.

20 *Relatório e Contas...*, p. 3; AHCVP F-WWI Africa, Telegram from Alexandre Botelho to the Red Cross in Lubango, 7 July 1915 and telegram from Máximo Brou to the Red Cross, 9 August 1915.

In addition to these services, a Red Cross doctor and a nurse were deployed to the front line—specifically to Combat Ambulance No. 1—on 24 July 1915 while in Chibia at the time.²¹ They served on the front until 11 September, making them close to the zone of conflict in Môngua, “the largest battle field ever fought by a European colonizer against a black African power or state in Sub-Saharan Africa since ... 1896.”²²

Despite their rudimentary conditions, these hospitals admitted 1,453 patients between May and September of 1915.²³ Our analysis of the treatment records from this five-month period reveals that only six servicemen wounded in combat were treated by the Red Cross in the Lubango hospitals. This should come to no surprise, however, given the significant distance between Lubango and the conflict zones. The other admittances correspond to ninety different medical conditions, reflecting the prevailing state of health among Portuguese troops. Notably, malaria in its various forms accounted for more than a third of the patients, revealing the lack of basic prevention measures, such as the use of mosquito nets. Other common ailments included rheumatism, diarrhea and enteritis, and gastric disorders. Of the total 1,453 patients admitted, twenty-two deaths were reported, the majority of which were due to infectious diseases,²⁴ particularly pneumonia and pulmonary tuberculosis.

As noted above, the lack of organization and resources in Angola and Mozambique led to widespread illness among servicemen. Poor diets and a shortage of potable water contributed to numerous gastrointestinal problems. Moreover, the healthcare system was both inefficient and ill equipped to handle the realities of Africa. Not only was there a lack of hospitals and medicines like quinine, staff lacked training in dealing with tropical diseases. Further compounded these issues, military personnel were largely uninformed about or indifferent toward preventative healthcare measures.

The Red Cross team encountered a series of difficulties in Angola, such as the prolonged wait in Moçamedes, the deployment of such a small team, shortages of essential supplies, and unsanitary conditions. The relationship between the Portuguese government, particularly the head of the Health Services in Angola, and the Red Cross was often strained. The Red Cross team worked under his orders, which required a great deal of insistence and a good dose of diplomacy so that they would be able to jointly set up healthcare facilities able to receive and care for Portuguese servicemen. With a steady rise in patients and a lack of hospitals, staff, supplies and medicines, the Red Cross’ involvement in Angola was indeed a godsend.

21 AHCVP F-WWI Africa, Ambulance Service Order No. 10, 24 July 1915.

22 René Pélissier, *As Campanhas Coloniais de Portugal 1844–1941*, Editorial Estampa, Lisbon, p. 362.

23 We do not know whether this refers only to military personnel, or if this includes civilians. *Relatório e Contas...*

24 Helena da Silva, “Dying in Mozambique during the First World War: Death Causes in Two Provisional Hospitals,” *Romanian Journal of Population Studies*, Volume XI, Issue 2, July–December 2017.

The decision to conclude the Red Cross' mission in this war theater was made by the head of the Health Services in Angola, bringing their service to an end on 21 September 1915. Nine days later the team departed aboard the *Zaire*. Overall, the Red Cross' contributions in Angola were highly regarded—so much so, in fact, that several members of the team went on to serve with the CVP in Mozambique the following year.²⁵

The CVP in Mozambique (1916–1918)

The first conflict in Mozambique occurred in the north, at Maziúá near the Rovuma River, on 24 August 1914, when German forces launched a nighttime attack on a Portuguese border post, killing its chief.²⁶ The first expedition arrived in the Mozambican city of Lourenço Marques in October of 1914, which was followed by three others. Altogether, more than 30,000 men were deployed in Mozambique between 1914 and 1918.

In line with the CVP statutes established in 1877, a delegation tasked to assemble a healthcare team to accompany the Portuguese expedition in Mozambique was founded in Lourenço Marques on 12 October 1914. However, controversy over the delegation's official name delayed its deployment until 25 March 1916. As preparing a team to follow the army operations in the northeast of Mozambique proved to be a time-consuming process, it was only in August 1916 that the Red Cross delegation began distributing Port wine infused with quinine to barracks and hospitals. The delegation also fulfilled requests from the Chief of the Health Services to purchase essential supplies—medicines, bandages, mosquito nets, champagne, and tonic wine—from Johannesburg, Port Elizabeth, Durban, and Cape Town. This marked the beginning of the Red Cross' support for the expeditionary troops in Mozambique.²⁷

Though there are only a few documents on the subject, the Lisbon Red Cross sent an ambulance to Mozambique.²⁸ Several references are in fact made to this ambulance, which arrived in Lourenço Marques in June of 1916 before heading to Porto Amélia, where it transported around 300 patients to permanent hospitals in Mozambique. This ambulance probably went on to Palma in August 1916 when the Palma Military Hospital “was handed over to the Red Cross formation in the service of the Expedition and was renamed the Red Cross Hospital.”²⁹ According to the Red Cross, this ambulance treated 1,513 patients over a six-month period of time. Of those served, five died and another 169 were declared unfit for

25 For example, Doctor Aurélio Ricardo Belo, Doctor Artur Machado, and Nurse Gustavo dos Santos. AHCVP F-WWI Africa, multiple documents.

26 Pires and Fogarty, pp. 57–67.

27 *Boletim Oficial da Sociedade Portuguesa da Cruz Vermelha*, III series, vol. 3, Casa Portuguesa, Lisbon, 1919, pp. 17–18.

28 Ambulance was the name then used for blood hospital.

29 AHU 03.00.00.580, Service order from the Mozambique Headquarters, 18 August 1916.

duty.³⁰ Both Dr. Artur Machado and Nurse Gustavo dos Santos, who had served the Red Cross in Angola, served on this ambulance in Mozambique. The team returned to Lisbon at either the end of 1916 or the beginning of 1917, when it was replaced by another team.³¹

Heading this second ambulance was Dr. Aurélio Ricardo Belo, who had also served at the Red Cross in Angola. He arrived in Mozambique on 23 October 1916 with two male nurses before being assigned to the Hospital-Ship Quelimane two days later,³² where they joined the rest of the Red Cross team.³³ At least one other male nurse and fifty indigenous men took part of this team, who served in one of the ship's six nursing wards. Dr. Belo complained about the bureaucracy and lack of organization, asking the Red Cross in Lourenço Marques for essential supplies that were missing.³⁴ The Red Cross team did not remain long on this ship, as the Commandant of the Expeditionary Troops decided on to send it to Palma 23 November 1916 to replace the aforementioned Lisbon Red Cross ambulance.

Palma served as the base of Portuguese military operations from March 1916 until early 1917, after which Mocimboa da Praia assumed this role. Palma was predominately a swampy and unhealthy lowland, except for the two plateaus on which the camps and hospital were situated.³⁵ The Red Cross team began operations in the Palma Hospital at the end of December 1916, which had 200 beds in six pavilions resembling huts, or *pahotas*, "built in the indigenous manner." The Red Cross improved the hospital by placing anti-mosquito nets on the windows and doors, demolishing deteriorating huts, erecting a tent to serve as an infirmary, and enlisted a carpenter to carry out a series of upgrades.³⁶

As in Angola, the Portuguese army in Mozambique was responsible for covering all food and medical expenses. The Red Cross team, however, voiced concerns about the food supplied, often complaining about broken water bottles, spoiled canned goods, expired milk, and receiving fewer provisions than requested. Nevertheless, the Red Cross did supply medicine and medical equipment, including quinine, needles, and cotton. The organization received several donations, both in cash and in kind, which allowed them to improve the hospital's conditions and provide additional comforts, such as when patients received clothes, tobacco, and a better meal for dinner during Christmas of 1916.³⁷

30 *Boletim Oficial...*, 1919, p. 154.

31 *Ibid.* p. 101; *Boletim Oficial da Sociedade Portuguesa da Cruz Vermelha*, III series, vol. 1, Casa Portuguesa, Lisbon, 1917, pp. 295–296.

32 Seized on February 1916, this was one of the German ships (*Kronprinz*) stationed in Portuguese ports. Though lacking the requisite facilities, it initially operated as a hospital ship before being repurposed into a ship to transport passengers and goods in 1918. Manuel Carvalho, *A Guerra que Portugal quis esquecer*, Porto Editora, Porto, 2015, p. 68.

33 *Boletim Oficial...*, 1919, p. 18.

34 AHCVP F-WWI Africa; AHU 02.04.19.1072.

35 Álvaro Rosas, *Terras negras: impressões duma campanha*, Empresa Industrial Gráfica do Porto, Porto, 1935, p. 289.

36 *Boletim Oficial...*, 1919, p. 25; AHCVP F-WWI Africa.

37 *Idem.*

In addition to a shortage of nursing staff, the Red Cross team faced a critical lack of doctors, mainly because several team members fell ill—a common occurrence during the First World War in Mozambique, where disease, as opposed to combat, proved more fatal.³⁸ Even as the head of the Red Cross team himself fell ill, he referred to his staff's sick leave as a "crisis" and "days of real discouragement" given the hospital's high turnover rate.³⁹ Admissions increased from 17 December 1916 to 19 April 1917, peaking at 142 in March. The head of the Red Cross counted a total of 472 admissions for this period, most resulting from fevers, dysentery, scabies, and malaria-related anemia, with only four reported deaths.⁴⁰

The Red Cross also operated an aid-station in Palma, where 1,011 consultations were carried out between December 1916 and March 1917, the first month being the least active and the latter the busiest. Despite the hospital's high turnover rate, the director's assessment of the services as excellent and high patient satisfaction, the Red Cross team was redeployed from Palma to Mocimboa da Praia, located eighty kilometers south of Palma, in April 1917 following the Portuguese military's decision to relocate its base of operations to Mozambique.⁴¹

Palma proved to be largely inhospitable, characterized by unsanitary conditions and a harsh climate, which likely justified the decision to relocate the military's base of operations. Despite initially appearing attractive with her lush vegetation, Mocimboa da Praia was located on an old swamp—a place ideal for fostering the spread of infectious diseases. Indeed, it was described as "a swampy plain inhabited by lions [...]. The climate is terrible, both rainy and sunny, with permanent unbearable heat," thus leading soldiers to eulogize it as "cemetery of Europeans."⁴² To make matters worse, the military camp was built on the ruins of an ancient indigenous cemetery, several of whose graves were still visible.

The Red Cross team arrived in Mocimboa da Praia on 22 April 1917 and immediately began constructing the hospital and setting up tents, as the site lacked even the most basic infrastructure. The hospital was filled to capacity when it opened a month later, which was normal given the high prevalence of disease. The costs associated with building and maintaining the hospital placed significant financial strain on the organization.⁴³ Once again, the team experienced a high turnover rate, as several nurses fell ill and had to be replaced by others from Lisbon who similarly soon succumbed to fever and dysentery. Local staff also frequently fell sick, prompting the head of the Red Cross services to issue repeated requests for more personnel to sustain operations.⁴⁴

³⁸ Silva, "Dying in Mozambique" pp. 13-34.

³⁹ AHCVP F-WWI Africa.

⁴⁰ AHU 02.04.19.903.

⁴¹ *Boletim Oficial...*, 1919, p. 25; AHCVP F-WWI Africa.

⁴² Teresa Araújo (org.), *Moçambique na I Guerra Mundial, Diário de um alferes-médico Joaquim Alves Correia de Araújo 1917-1918*, Húmus, V. N. Famalicão, 2015, pp. 54-55.

⁴³ AHCVP F-WWI Africa.

⁴⁴ *Idem*.

As for the hospital itself, it was consistently full. Patients who stayed in the units found themselves waiting for beds. Indeed, “the state of health [was] terrible,” where “a lot of people [we] [a]re dying.”⁴⁵ Records show that the Red Cross received 489 patients between 26 April and 15 September 1917, with July being the busiest month, and that fifty-eight men passed away, confirming previous statements. As was the case in Angola, the leading causes of hospitalization included fevers, dysentery, malaria-related anemia, and malaria-typhus.⁴⁶

The head of Portuguese military operations in Mozambique decided to relocate the Red Cross team in August 1917 together with the headquarters to Chomba, an area eighty meters above sea level approximately 140 kilometers inland. This decision required that access roads be constructed, a process that would take several months because it meant traversing the region inhabited by the indigenous Makonde people, who, supported by the Germans, did not hesitate to attack Portuguese troops.⁴⁷ The Red Cross team arrived in Chomba in October 1917 and began setting up hospital tents, which immediately began receiving patients in two nursing wards. The camp, regarded as superior to previous and contemporaneous camps, boasted a kitchen, a pharmacy, an office, and tents for the staff.

Although the Red Cross team had planned to remain deployed until the end of March, their departure was hastened by a British telegram informing them that the Germans had crossed the river Rovuma and were heading for Chomba. Accordingly, Portuguese troops left Chomba in panic on 22 November 1917, prompting the head of the military forces to order the Red Cross team to set up in Patchitinembo, ten kilometers east of Chomba. The team traveled there with thirty patients and whatever hospital supplies they managed to load onto four trucks supplied by the Portuguese army, leaving the rest behind. Upon arrival, The Red Cross reestablished itself as a field hospital and quickly set up a new pharmacy to serve the sick and injured.⁴⁸

For the first time, records explicitly mention the existence of wounds sustained from fighting with the Germans. When examining the wounded, the Red Cross doctor found that the Germans had used expanding bullets that wrought serious injury requiring more sophisticated treatment. Records on the 471 people admitted to Red Cross hospital facilities from 2 October to 22 November 1917 in Chomba and from 24 November to 19 December 1917 in Patchitinembo reveal several interesting changes. The leading causes for admittance included malaria-related anemia, fever, dysentery, and, especially in December, wounds sustained in combat. Most patients were evacuated to other healthcare facilities and nineteen deaths were recorded during this period.⁴⁹

45 *Boletim Oficial...*, 1919, p. 25.

46 AHU 02.04.19.903.

47 AHU 02.04.19.967.

48 AHCVP F-WWI Africa.

49 AHU 02.04.19.903.

Once again, the Red Cross team did not stay long in Patchitinembo, as the head of the Health Services decided it should relocate to Nacature, a city approximately sixty kilometers from Mocimboa da Praia.⁵⁰ The Red Cross team set off, this time to spend half a year in Nacature, about sixty kilometers from Mocimboa da Praia. Though the team would spend half a year in Nacature, we unfortunately have very little information about their stay there. Dr. Belo remained the director of the Red Cross team until April 1918, at which point he returned to Lourenço Marques, succeeded by Dr. Jorge Barros Capinha, who had also served in Angola previously. Changes were also made to the nursing staff as they became overcome by sickness and fatigue.⁵¹ Two hundred eighty-nine patients were admitted to the hospital between January and June 1918, with admissions peaking in January (66) and February (60) after which monthly admissions declined until witnessing a subsequent increase in June (59). Come July, Portuguese army vehicles were ordered and delivered from Mocimboa da Praia as the Red Cross team was yet again preparing to leave. This time, however, records neglect to mention where the team went afterwards.⁵²

The Portuguese Red Cross partook in various other activities in Mozambique during the Great War. Red Cross Commissioner Adriano Moreira Feio remained in Lourenço Marques from January 1917 to September 1918, where he oversaw the disembarkation of 8,951 patients from forty-five ships arriving from northern Mozambique, even accompanying them to other hospitals located in the town. A group of eighteen volunteers, known as the “Red Cross ladies,” begin assisting at the *5 October Hospital* in Lourenço Marques beginning in December of 1916. Divided into six groups of three, these altruistic women worked two mornings or two afternoons per week. However, no additional records detail the specific nature of their duties there.

As evidenced thus far, the Red Cross team in Mozambique faced an overwhelming workload, often lacking the space and capacity necessary to accommodate more patients. Between 25 October 1916 and 30 June 1918, Red Cross healthcare facilities recorded 2,200 admissions, most suffering from various communicable diseases. Although the mortality rate remained relatively low overall, extant records confirm that diseases were the main cause of both hospitalization and mortality among Portuguese soldiers. The sole exception was Patchitinembo, where injuries sustained in combat accounted for a higher proportion of hospital admissions than other cases.⁵³

The services provided by the Red Cross were always closely coordinated with the Portuguese military services, as was also the case in Angola. The military authorities decided where the Red Cross team would go, covered food expenses, and provided medical staff, nurses, and

⁵⁰ AHU 02.04.19.967.

⁵¹ AHCP F-WWI Africa; AHU 02.04.19.920.

⁵² *Boletim Oficial...*, 1919, p. 26; AHU 02.04.19.962.

⁵³ Helena da Silva, “A Cruz Vermelha Portuguesa em Moçambique na Primeira Guerra Mundial, Esboço histórico,” *Revista CEPiHS* 6, Húmus, Vila Nova de Famalicão, 2016, pp. 415-441.

indigenous workers when needed. In return, the Red Cross provided essential supplies and services, such as medicine, medical and office equipment, tobacco, and food to improve patients' diets.

As mentioned above, the Red Cross team was small and frequently affected by illness, resulting in high staff turnover. Nevertheless, they consistently managed to construct temporary facilities—often consisting of tents or huts—on short notice, always striving to maintain hygienic conditions such as using mosquito nets and sterilizing water. These basic precautions, often overlooked in local hospitals, proved vital in preventing severe health repercussions among Portuguese troops.

The Red Cross' actions in Mozambique were thus indispensable, attempting to compensate for as much of the Portuguese government's shortcomings as possible. Operating in a very different context where building hospitals was far more time consuming and arduous, the CVP relied significantly on support from other Red Cross organizations to sustain its efforts.

The CVP in France (1917–1919)

Portugal maintained her neutrality until, at the behest of the British government, it seized German ships had been moored in Portuguese waters since 1914. This act prompted Germany to declare war on Portugal on 9 March 1916, which, in turn, led to Portugal's deployment of troops to Northern France the following year.⁵⁴ More than 55,000 Portuguese servicemen arrived at the European theater of war after 1917, specifically in the British sector of northwestern France. As it was the British who prepared the Portuguese to fight alongside them, Portuguese forces adopted a similar healthcare system. This system included advanced first-aid posts on the front lines, first-aid posts and ambulances further back, field hospitals on the second line, and base hospitals in the rear. By 1918, Portugal had two base hospitals in Ambleteuse, a small seaside resort between Calais and Boulogne-sur-Mer.⁵⁵ It was also in this location that the CVP built a hospital—not, as we shall see, a small feat at all.

Following the declaration of war, the CVP launched a war subscription campaign to raise funds for, among other activities, a hospital in France.⁵⁶ One year later, in March of 1917, a team was dispatched to prepare for this undertaking. This team included Matron Maria Antónia d'Atouguia Ferreira Pinto, Red Cross Commissioner Luís Bettencourt and Dr. Jorge Cid (hospital director), and Dr. Alberto de Azevedo Gomes (head of the surgery).⁵⁷ While in

⁵⁴ Afonso and Gomes, pp. 103–104.

⁵⁵ Álvaro Martins, *As tropas do 1º Grupo de Companhias de Saúde, em França, na Grande Guerra (1917–1919)*, Imprensa Beleza, Lisbon, 1936, p. 50, p. 124.

⁵⁶ *Boletim Oficial da Sociedade Portuguesa da Cruz Vermelha*, III series, vol. 2, Casa Portuguesa, Lisbon, 1918, p. 224.

⁵⁷ AHCVP F-WWI Ambleteuse 1, Letter from Azevedo Gomes to the CVP President, 19 April 1917, Letter from Luís Bettencourt to the CVP President, 07 May 1917.

France, they visited several hospitals operated by the French and British Red Cross societies to collect as much useful information as possible for their prospective hospital.⁵⁸ Additionally, they held meetings with Portuguese military authorities, to whom they were subordinate, and with British Red Cross Commissioner Lord Donoughmore.

Lord Donoughmore offered to help the CVP by providing everything necessary for the future hospital, except the building itself. He did, however, suggest that a hospital be built following Canadian models of barrack-type wards, as they were considered superior and were used by the British army in France.⁵⁹ The British Red Cross facilitated the acquisition of a patch of land in Ambleteuse conveniently located near a road in an elevated position, and offering a view of both the sea and countryside.⁶⁰



▲ The Portuguese Red Cross Hospital in Ambleteuse (France), 1918

58 Boletim Oficial..., 1917, pp. 295-296.

59 AHCVP F-WWI Ambleteuse 1, Letter from Azevedo Gomes to the CVP President, 19 April 1917.

60 AHCVP F-WWI Ambleteuse 1, Letter from Luís Bettencourt to the CVP President, n.d.; J.P. FREIRE, *Impressões da Guerra (Notas de reportagem)*, Sociedade Portuguesa da Cruz Vermelha, Lisbon, 1919, p. 40.

Sommerville & Co. was awarded the construction contract, having been the sole applicant. Working with a budget of £11,500, Mr. Limming, the architect for the British Red Cross, drew up the hospital plans and defined its specifications.⁶¹ Since the Portuguese team needed to return home, Lord Donoughmore and Mr. Limming took responsibility for supervising the construction process and managing the financial accounts.

Nevertheless, the hospital's construction faced numerous delays. First, Lord Donoughmore departed for India and was replaced by Sir Arthur Lawley, who, rather fortunately, upheld all the terms and conditions of his predecessor's agreement. Second, the British architect revised the project twice. Since each revision required superior approval, work on the hospital was further postponed. Logistical issues also compounded these delays: The wood to be used took longer than expected to arrive from England, material and labor shortages exacerbated by the war, and poor weather conditions—rain and mud—further marred progress. Although the hospital was supposed to be ready by the beginning of October 1917, only the foundations for two of the barrack- wards had been laid.⁶²

The hospital plan of October 1917 included twenty wooden barrack-style buildings of different sizes (Plan 1). The facility included two U-shaped main medical wards, each containing sixty beds. The surgery ward, also with sixty beds, was connected by a covered corridor to a surgery house that housed an operating room, sterilization and anaesthesia facilities, and two smaller wards with twenty beds each—one for special cases and the other for officers. Behind the surgery house stood a smaller building equipped with laboratory and diagnostic facilities, like an X-Ray machine.

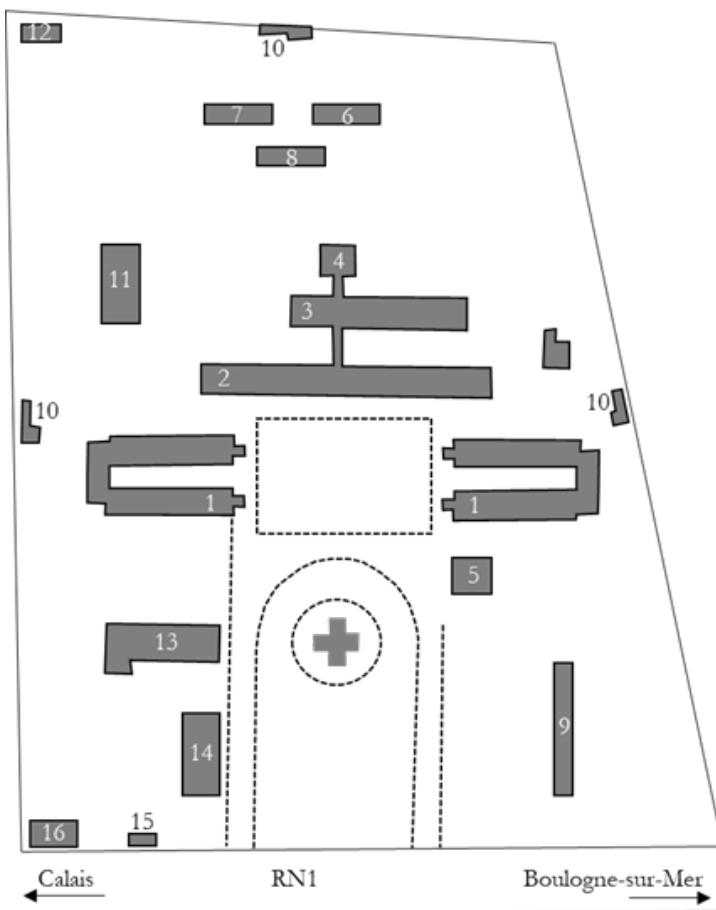
The hospital had a reception area and several rooms to perform first-aid dressing and patient triage. Facilities also included dormitories for sergeants and enlisted personnel working at the hospital, separate mess halls (one for sergeants and enlisted soldiers and another for officers and nurses), bathrooms, a kitchen, and an administrative building with a pharmacy. There was also a morgue, an incinerator, a disinfector, storage spaces for food and medical supplies. Remarkably, nearly all the buildings—including the wards, administrative building, dorms, and mess halls—were equipped with heating.⁶³

61 AHCVP F-WWI Ambleteuse 1, Letter from Luís Bettencourt to the CVP President, n.d.

62 AHCVP F-WWI Ambleteuse 1, Letter from Maria Antónia Ferreira Pinto to the CVP President, 11 October 1917.

63 AHCVP F-WWI Ambleteuse 1, Maps and plans of the hospital.

Plant 1: The CVP Hospital in Ambleteuse (1918)



1 – Medical Wards	9 – Officers and Nurses' Mess
2 – Surgery Ward	10 – Bathrooms
3 – Surgery House	11 – Kitchen
4 – Laboratories and X-Ray	12 – Incinerator
5 – Reception	13 – Administration
6 – Sergeants' Dormitory	14 – Stores for food and health material
7 – Enlisted Soldiers' Dormitory	15 – Disinfector
8 – Sergeants and Enlisted Soldiers' Mess	16 – Morgue

Source: AHCVP F-WWI Ambleteuse 1 (adapted by the author).

The American Red Cross also supported this hospital by contributing 25,000 francs for its electric installation.⁶⁴ Despite the hospital's location in France, the French Red Cross did not collaborate with their Portuguese counterparts, possibly because there had been no prior interaction between the two organizations.

The CVP hospital was designed to offer complete comfort and was regarded as a model hospital, surpassing even Canadian facilities. The British Red Cross provided everything that the buildings needed, as initially agreed. Nevertheless, the costs of building and furnishing the hospital rose to 320,000 francs, almost thirty times more than what had initially been budgeted.⁶⁵ Although it was not finished, patients started arriving on 9 April 1918 following the Lys Offensive (also known as Operation Georgette or Fourth Battle of Ypres) when the Germans attacked the Portuguese lines. While the hospital operated autonomously, though the Portuguese Military Health Services in France oversaw its technical and sanitary conditions, as well as the discipline of hospitalized servicemen.

As was the case for the Red Cross teams in Africa, the hospital suffered a high staff turnover rate partially because of illness. None of the medical staff that made up the first group sent in November 1917 remained until the end. The hospital director himself was replaced six different times, sometimes at very short intervals. The Red Cross faced difficulties hiring doctors and needed to request assistance from the Portuguese Military Health Services. Consequently, several doctors and pharmacists from the Portuguese Expeditionary Corps in France worked at the Red Cross hospital, with the organization covering their salaries, board, and lodging.⁶⁶ The hospital employed around thirty men, many of whom had been part of the team from the onset, working as nurses, stretcher-bearers, servants, cooks, administrators, and staff in the operating theater and radiology department. The number of personnel fluctuated over time depending on the hospital's changing needs.⁶⁷

The matron played a key role in negotiating with the British and the American Red Cross Societies as opposed to serving as chief nurse. In fact, she entrusted older ladies to oversee the wards' operations as she personally lacked formal nursing qualifications.⁶⁸ This was another unique aspect of the hospital; for the Portuguese army at the time had no female nurses. Military authorities, doctors, and soldiers were in awe of the highly skilled female nurses, particularly the British ones. In response, the CVP created an elementary nursing course in Lisbon to prepare a group of women to serve as nurses during the First World War. These "lady nurses," as they were then called, were aged between twenty-one and forty,

64 AHCVP F-WWI Ambleteuse 1, Letter from J. H. Perkins to Luís Bettencourt, 31 January 1918.

65 *Boletim Oficial...*, 1919, p. 8, p. 155.

66 AHCVP F-WWI Ambleteuse 2, Letters from Luís Bettencourt to the CVP President, 4 October 1918, 18 November 1918.

67 Helena da Silva, "O Hospital da Cruz Vermelha Portuguesa na Flandres," in Abílio Pires Lousada e Jorge Silva Rocha (coord.), *Portugal na 1^ª Guerra Mundial. Uma História Militar Concisa*, Lisbon CPHM, 2018, pp. 495–517.

68 AHCVP F-WWI Ambleteuse 1, Letter from Luís Bettencourt to the CVP President, 23 September 1918.

were required to be fully vaccinated, and free from contagious diseases.⁶⁹ A total of thirty-five female nurses were sent to France to work at the CVP hospital, receiving an allowance, boarding, and a uniform for their services. While some stayed only a couple of months, others remained longer. However, contractual disagreements drove several of those who stayed to leave the CVP and join the Portuguese army in France. These women paved the way for future women to enter an area traditionally dominated by men—war and military nursing.⁷⁰

The hospital admitted a total of 747 patients from 9 April 1918 to 20 January 1919, only two of whom were British and not Portuguese. The first, admitted in June for heart problems, stayed there for eighty days. The second, admitted in December of 1918 complaining of weakness, a concussion, and a sprained ankle, stayed for sixteen days before being discharged.⁷¹ It is noteworthy, however, that only two British soldiers were admitted to this hospital despite the fact that Portuguese troops fought in the British sector. Also interesting is that despite the Red Cross' neutral status, no records indicate on the admittance of German soldiers or of any soldier from other Central Powers.

The number of monthly admissions steadily increased until they eventually reached their peak of 182 in June, most likely a result of the first wave of the influenza pandemic that had swept across much of the European continent.⁷² Afterward, admissions gradually decreased until November, at which point they spiked again with new cases of the flu and general weakness. Following the end of the war, the hospital experienced a further decline in the number of admitted patients as it began accepting released prisoners of war. Some patients remained one or two days while others stayed for more than eight months. Only six deaths were reported, most likely as a result of respiratory disease. The hospital treated a notably higher number of officers, maybe because it featured better conditions for longer hospitalization than other Portuguese hospitals in Ambleteuse.⁷³

As this was a rear hospital able to receive patients requiring more complex medical care and extended convalescence, only seventy patients treated—a relatively small number—suffered from combat-related wounds. Injuries typically included fractures, contusions, and shrapnel wounds from grenades or bombs that required major surgery possible only at this hospital.

69 *Boletim Oficial...*, 1917, pp. 161–166; Sociedade Portuguesa da Cruz Vermelha, *Hospital Temporário da Cruz Vermelha da Junqueira, Relatório 1917*, Casa Portuguesa, Lisbon, 1918, p. 13; AHCVP F-WWI Ambleteuse 2, multiple documents; Francisco Vieira; Helena da Silva; P. Pinto, “Evolution of Nursing Education in Portugal—a historical analysis of the Nursing School at the Hospital Geral de Santo António in Porto (1896–1947),” *e-journal of Portuguese History* [online], vol. 8, nº 1, Summer 2010, pp. 1–11.

70 Silva, “O Hospital da Cruz Vermelha Portuguesa na Flandres.”

71 AHCVP, *Livro de registo de praças de pré que estiveram em tratamento no Hospital de França*, ACVP.

72 See A. Rasmussen, “The Spanish flu” in J. Winter (ed.) *The Cambridge History of the First World War*, vol. III Civil Society, Cambridge University Press, Cambridge, 2014, pp. 334–357.

73 AHCVP, *Livro de registo de oficiais que estiveram em tratamento no Hospital de França* and *Livro de registo de praças de pré...*

Twenty major surgeries were recorded to have been performed before August.⁷⁴ Illness, therefore, accounted for the majority of incoming patients. One out of four men admitted to the hospital suffered from weakness or asthenia—not surprising given that when the hospital was open troop deployment times were not respected, meaning that men remained in the trenches for extended periods of time.⁷⁵ The remaining causes were primarily infectious or respiratory diseases, including the flu, bronchitis, malaria, and tuberculosis. At least thirty-four patients were treated for mustard gas exposure. Less commonly treated were instances of shellshock, venereal diseases (syphilis and gonorrhea), and circulatory system disorders (angina, aortitis).

The hospital primarily treated soldiers for illness, which stemmed from the harsh conditions of trench warfare, including poor nutrition, inadequate hygiene, exhaustion, and exposure to poisonous gases. Furthermore, both medical reports of the time and letters from CVP personnel described how the local climate, unsuitable for Portuguese soldiers, exacerbating their medical conditions, particularly for those suffering from tuberculosis.

The CVP hospital in Ambleteuse was an important asset for the Portuguese army, since it primarily treated Portuguese soldiers, including a significant number of officers. The hospital remained open after the armistice to receive liberated Portuguese prisoners of war. The Red Cross along with Portuguese military authorities decided to close it at the end of January 1919 and to transfer all existing patients to Base Hospital 1, also located in Ambleteuse. Despite the CVP's being under military command, communication between the two was limited, typically focusing on healthcare matters and patient-related issues.

This hospital, indeed a novelty for Portugal at the time, was built under the advice and guidance of the British Red Cross with financial contributions made by the American Red Cross. The Portuguese matron played a key role in facilitating this cooperation, acting primarily as a liaison between other Red Cross societies. Prior to her departure to France, she and other members of this team had worked at the Red Cross in Lisbon.

The CVP in Lisbon (1916–1918)

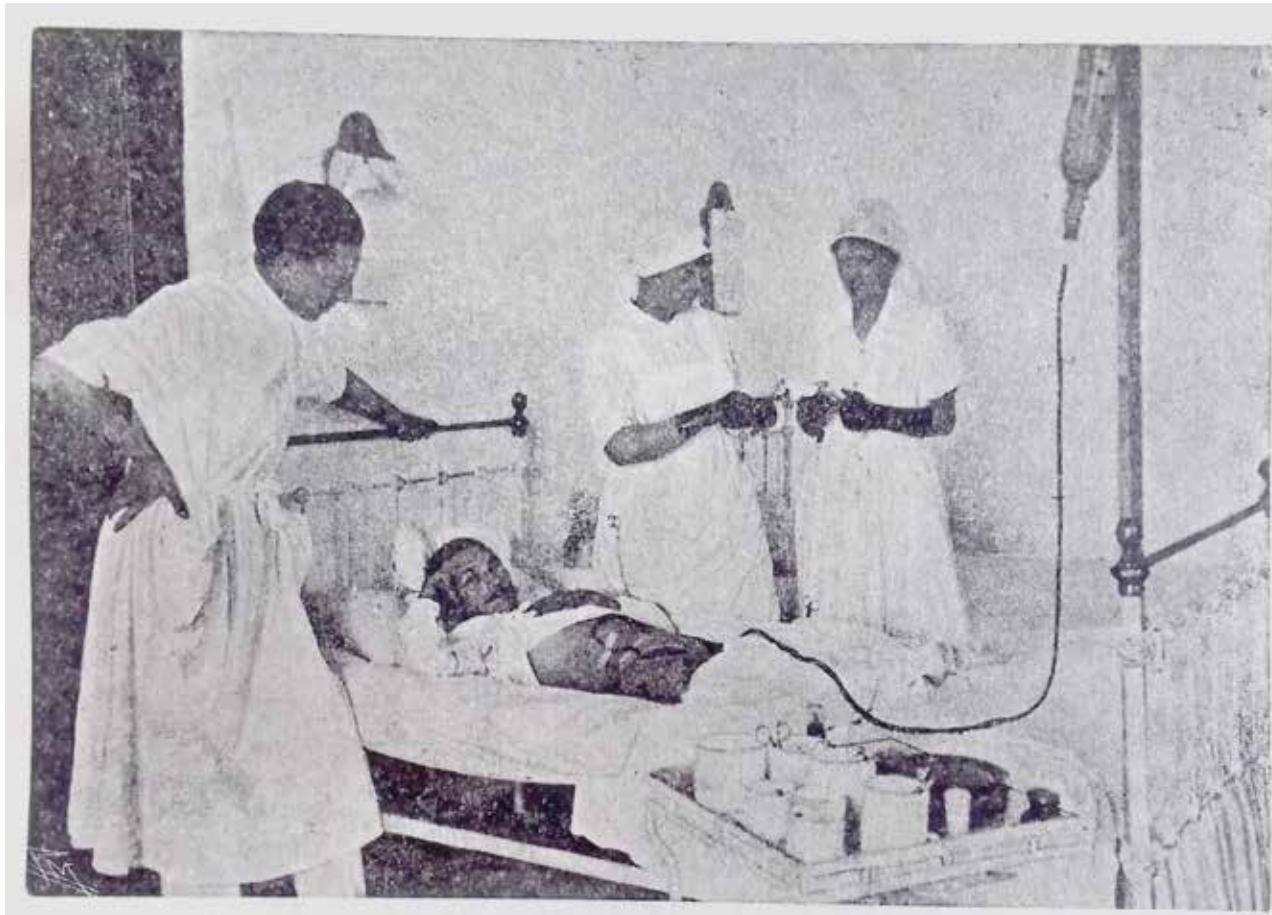
The CVP opened a temporary hospital known as the *Junqueira Hospital* (*Hospital da Junqueira*), named after the street on which it was located in Lisbon. Several aristocratic and bourgeois families owned palaces on this street, among them the Burnay family. The Countess of Burnay⁷⁶ lent the St. Anthony Vila to the CVP to be used to treat soldiers injured in

74 AHCVP F-WWI Ambleteuse 3.

75 V. M. Godinho (org.), *Correspondência da Grande Guerra*, Imprensa Nacional Casa da Moeda, Lisbon, 2010, p. 94.

76 Maria Amélia de Carvalho Burnay (1847–1924), also known as “the Countess,” was the first president of the women’s voluntary organization *Portuguese Women’s Assistance to the War Victims* (Assistência das Portuguesas às Vítimas da Guerra) established in response to Germany’s declaration of war on Portugal. The Countess was also the mother-in-law of, Dr. Thomas de Mello Breyner (1866–1933), the first director of this particular hospital. C. Bastos and M. M. Ramalho, “Thomaz de Mello Breyner: O Hospital do Desterro e a clínica de sifilis,” in A. J. Barros Veloso, L. Damas Mora and H. Leitão (eds), *Médicos e Sociedade. Para uma História da Medicina em Portugal no século XX*, By the Book, Lisbon, 2017, pp. 107–126.

combat until six months after the Armistice. By early October 1916, it had been reported that this "first-aid post" with its thirty beds and surgery rooms from urgent cases had opened.⁷⁷ Having been in the Burnay's family since the nineteenth century, the St. Anthony Vila was a simple, modern two-story building on whose property was a separated pavilion housing a chapel where mass was to be celebrated on Sundays and holidays in accordance with the Countess' wishes.⁷⁸



▲ The Portuguese Red Cross temporary hospital in Lisbon, 1918

77 "A obra de uma senhora ilustre," *Ilustração Portugueza*, 2 October 1916, p. 268; Martins, p. 326; "Actualidades. Cruz Vermelha," *A Medicina Contemporânea*, XXXVI (45) (1918), pp. 358-359.

78 Sociedade Portuguesa da Cruz Vermelha, *Hospital Temporário da Cruz Vermelha da Junqueira, Relatório 1917*, Casa Portuguesa, Lisbon, 1918, pp. 3-5; *Boletim Oficial...*, 1918, p. 137.

There is, however, an unfortunate dearth of information on the early stages of this hospital's operations. We know that "some months later," Dr. Joaquim Salinas Antunes was named director and that the hospital was officially inaugurated at the end of April 1917 when fifty wounded veterans were transferred from Lisbon's Military Hospital of Estrela.⁷⁹ A few days later, the Portuguese Minister of War, Norton de Matos, visited the facility and suggested that the Red Cross increase the hospital's capacity to alleviate the burden borne by Lisbon's military hospitals, adding that the ministry would supply all necessary surgical and medical equipment. The Red Cross accepted this proposition and began adapted the hospital so that it could accommodate 207 beds—20 for officers, 27 for sergeants, and 160 for soldiers—within eight nursing wards. Among the other planned facilities were three dressing-rooms, a room for sterilization and another for surgery, a pharmacy, a kitchen, a storage house, and offices.⁸⁰ While the exact date of completely remains unknown, the hospital continued to receive visits from doctors and politicians, including the President of the Portuguese Republic and General Barnardiston, the chief of the British Military Mission, who praised the comfort and quality of the facilities.⁸¹

In October 1917, a decision was made to increase the number of beds to 237. While the owner of the building generously paid for part of the renovations, the Red Cross covered most of the related costs, particularly the installation of electrical lighting, crucial to the facility. These improvements simultaneously led the hospital to incurring higher operational expenses, which, coupled with high inflation, placed the organization in a difficult financial position. Furthermore, the CVP shouldered the vast majority of these costs, while the Portuguese army contributed only a nominal amount per patient. The hospital director noted that many officers preferred this facility over the military hospital, further increasing the financial burden incurred by the Red Cross.⁸² Although the hospital operated autonomously, the director of the Military Hospital in Lisbon was to be kept informed of the health conditions and discipline of both the soldiers and veterans admitted to it.⁸³

A total of 1,445 patients were admitted to this hospital between 29 April 1917 and the end of July 1918.⁸⁴ Initially established to treat war veterans, civilians—including women—were

79 Sociedade Portuguesa da Cruz Vermelha, p. 4; "Inauguração do hospital 'Villa Santo António,'" *A Capital*, 28 April 1917, p. 2.

80 Sociedade Portuguesa da Cruz Vermelha, pp. 4–5.

81 J. P. Freire, *Impressões da Guerra (Notas de reportagem)*, Sociedade Portuguesa da Cruz Vermelha, Lisbon, 1919, p. 95; "Hospital temporário da Cruz Vermelha: a visita do chefe da Missão Militar Inglesa," *A Capital*, 4 September 1917, p. 1.

82 "Hospital temporário da Cruz Vermelha," *A Capital*, 21 September 1917, p. 2; Sociedade Portuguesa da Cruz Vermelha, pp. 3–12.

83 AHCVP F-WWI Portugal 5, "Regulamento Interno do Hospital da Sociedade Portuguesa da Cruz Vermelha na Junqueira."

84 Sociedade Portuguesa da Cruz Vermelha; *Boletim Oficial...*, 1918; AHCVP, *Praças e civis que estiveram em tratamento no Hospital Temporário da Junqueira nos anos de 1917 e 1918, Registo nº3 e nº4*; AHCVP, *Oficiais que estiveram em tratamento no Hospital Temporário da Junqueira nos anos de 1917 e 1918*.

admitted during the December 1917 coup d'état and again during the second wave of the Spanish flu pandemic after October 1918, when a ward was repurposed to treat influenza patients.⁸⁵ More than eighty percent of admissions from mid-October to November 1918 were due to influenza, with one in four of these patients dying and a higher mortality rate among women. While some patients remained for several months, also it served as a temporary hospital for others. Servicemen with specific conditions that could not be treated there were transferred to other hospitals equipped to care for patients suffering from physical and psychological trauma from the war.

This so-called temporary hospital saw frequent changes not only in its facilities but also in its staff, going through four different directors in less than two years. One factor contributing to this turnover was its role in training caregivers before their deployment. It was at this hospital that most of the Red Cross caregivers received their training before being deployed to France. An elementary nursing course that comprised both a theoretical and a practical component was offered specifically for women aspiring to be nurses.

The hospital faced the real possibility of closing down in October 1917 when the majority of caregivers—including the director, the matron, several doctors, both male and female nurses, stretcher-bearers, and several orderlies—were mobilized to work at the CVP hospital in France.⁸⁶ This left the Red Cross hospital in Lisbon with had four female, or chief, nurses, four auxiliary female nurses, and five practicing female nurses divided among the eight wards and surgery room.⁸⁷ The number of nurses fluctuated throughout 1918, as new women entered the practice and a second group of ten women left for France in August. These women were not provided boarding but were fed during their shifts and paid for their services. In fact, those working in the influenza ward received higher compensation because of the higher risk they incurred there.⁸⁸ Male nurses primarily worked night shifts when their female counterparts were off duty. When six of male nurses left for France in October 1917, only three aspiring nurses remained on duty in Lisbon. Several of them had already served the Red Cross in Angola and in Mozambique.⁸⁹

The influenza pandemic not only altered the way the hospital operated but also hastened its closure. As mentioned above, a ward was opened to treat Spanish flu patients in October 1918, regardless of age and gender. Consequently, the hospital began admitting women as well as children who had lost their parents during the pandemic. It is important to note

⁸⁵ AHCVP F-WWI Portugal 4, "Letter from the hospital director to the CVP," n.d.; *Boletim Oficial...*, 1918, p. 135; *Boletim Oficial...*, 1919, p. 104; AHCVP F-WWI Portugal 5, "Ordem de Serviço" (21 October 1918).

⁸⁶ "Hospital temporário da Cruz Vermelha," *A Capital*, 21 September 1917, p. 2; Sociedade Portuguesa da Cruz Vermelha, pp. 6-7.

⁸⁷ Sociedade Portuguesa da Cruz Vermelha, p. 20; AHCVP F-WWI Portugal 5, "Ordem de Serviço," 19 July 1918.

⁸⁸ AHCVP F-WWI Portugal 5, "Ordem de Serviço," 21 October 1918.

⁸⁹ AHCVP F-WWI Africa and F-WWI France 1; AHCVP, *Livro Caixa*; Sociedade Portuguesa da Cruz Vermelha, p. 20.

that most of the Spanish flu's victims had reached reproductive age. Initially, the CVP had wanted to find a designated institution for these children, after which it planned to build an orphanage for them. However, as their numbers continued to swell, reaching sixty-seven in November, it was decided that the Red Cross hospital would close on 15 December 1918 and that the building would be converted into an orphanage.⁹⁰

The hospital underwent constant changes, with the Red Cross carrying out various construction projects to adapt the facilities, increase overall capacity, and accommodate more servicemen. The general perception of this institution was positive, with doctors, politicians, patients, and families complimenting it on multiple occasions. Once again, the CVP worked alongside Portuguese military authorities, even if their relations were at times strained. The CVP was often associated with the aristocracy and the monarchy, which did not always please the government of the newly established Portuguese Republic. Nevertheless, there were few other voluntary organizations as well established as the Red Cross in Portugal that could quickly raise the necessary funds to build hospitals and send medical teams to the different war theaters.

Final considerations

As we have demonstrated, the CVP was present throughout the First World War in Angola, Mozambique, and France, as well as on the home front, where it received men returning from the frontlines and civilians affected by the influenza pandemic. The CVP played a vital role within the Portuguese army's health services by building healthcare facilities where they were needed, supplying goods and medicines, caring for servicemen, and training aspiring caregivers, including female nurses, who later served sick and wounded servicemen. However, the organization also faced significant challenges stemming from disorganization within the Portuguese army, particularly in Africa, where delays, confusing or conflicting orders, and shortages of essential materials hindered operations.

The CVP faced an uphill battle in filling its ranks with qualified individuals—a situation made significantly worse by the high turnover rate from frequent sickness and fatigue caused by the demanding workload. Despite these difficulties, however, its members worked tirelessly, with several serving in all four of the aforementioned locations—a testament to their commitment to the Red Cross. It was, moreover, members of the CVP who played a key role in establishing joint endeavors with other Red Cross societies, especially in France, which proved vital to the war effort.

⁹⁰ AHCVP F-WWI Portugal 4, "Letter from the hospital director to Francisco de Almeida Grandela," 5 November 1918 and "Letter from the Red Cross hospital director to the director of the Lisbon Military Hospital," 13 December 1918; *Boletim Oficial...1918*, pp. 104–105.

Interestingly, our analysis of admissions records in the different facilities revealed that the CVP cared almost exclusively for Portuguese individuals despite its neutral status. It is, however, possible that other nationals were left out of the records, and, should this indeed be the case, the number of true admissions might be significantly higher.

To conclude, the CVP's ability to adapt swiftly and effectively to the ever-changing demands of the conflict played a pivotal role in solidifying its position in Portugal. The organization's quick response to the military's orders and needs, alongside its continuous expansion of medical and humanitarian services, ensured that it remained a vital voluntary organization in the country. For all its work, the CVP proved not only its resilience but also a profound sense of duty, earning it recognition both at home and abroad.



The British Red Cross during the First World War

— Mehzebin Adam-Suter*

* Curator of the British Red Cross Museum and Archives in London, where she oversees the Red Cross' collection relating to the history of humanitarianism, spanning from the 19th century to the present day. She led the development of the organisation's exhibition space and launched *Museum of Kindness*, which showcases over 150 years of the charity's history. She also curated *Brushstrokes from the Front Lines: Doris Zinkeisen and the British Red Cross*, a major exhibition.

Prior to this, Mehzebin worked at the Imperial War Museum and the Science Museum in London, and undertook a placement at the District Six Museum in Cape Town. She holds a BA (Hons) in History and an MA in Art Gallery and Museum Studies.

Introduction

The British Red Cross was founded in response to the Franco-Prussian War of 1870. Colonel Robert Loyd-Lindsay, a war veteran who had himself experienced the horrors of war firsthand, believed that Britain should provide neutral aid to sick and wounded soldiers on both sides of the conflict. Mere days after the war broke out, the colonel penned a letter published in *The Times* newspaper on 22 July 1870 that called for the creation of a voluntary aid organisation in Britain to join the global Red Cross Movement. This appeal would resonate with several prominent figures in British society, precipitating many to donate generously toward the establishment of such an organisation.

Less than a month later, on 4 August 1870, a public meeting held in London led to a resolution mandating the creation of a National Red Cross Society in Britain to aid sick and wounded soldiers during wartime. Initially named the National Society for Aid to the Sick and Wounded in War, the Society was based upon the principles of the Geneva Convention and aptly adopted the red cross emblem. Surgeons and nurses were promptly deployed soon after its establishment and both medical equipment and cash donations were sent to help sick and injured soldiers of the Franco-Prussian War. Thus began the British Red Cross.

Following the outbreak of the First World War in 1914, the British Red Cross once again took action to ease the suffering wrought by the war. The organisation formed the Joint War Committee with the Order of St. John to work collaboratively to fundraise, provide resources and services to people affected by the conflict, and organise Voluntary Aid Detachments (VADs) both in Britain and abroad. Auxiliary hospitals, convalescent homes, ambulances, and hospital trains were a few of the vital services provided to sick and wounded members of the armed forces as a result of these efforts. Hospital clothing and books were likewise given to the wounded while food parcels were sent to prisoners of war (POWs). The National Society also supported civilians displaced as a result of the conflict, caring for them in hospitals, setting up displacement camps, and providing clothing, medical supplies, and other essentials.

With the majority of men conscripted to fight on the front line, it was left mainly to women to lead efforts to provide vital aid to the sick and wounded. Out of more than ninety thousand British Red Cross VADs, around sixty-six thousand were women. Some refused to accept any monetary compensation at all, while many worked for nominal pay. Volunteers worked in various roles—as nurses, ambulance drivers, dispensers, orderlies, and, among others, searchers for the missing. Scores of women used their artistic talents to document and promote the work of the British Red Cross. By the end of the war, volunteers had demonstrated their importance in helping save lives in the wake of global conflict.

The British Red Cross entered a new phase in its history upon the closure of the First World War. As a founding member of the League of Red Cross Societies, now the International Federation of the Red Cross and Red Crescent Societies, the British Red Cross petitioned for and obtained a supplemental charter that extended its objectives to include the improvement of health, the

prevention of disease, and the mitigation of suffering throughout the world. This enabled the charity to embark on a program of peacetime activities both in the UK and abroad.

In the years since, the British Red Cross has continued to play a vital role in times of conflict and peace. The organisation has upheld its mission to be here for humanity, providing aid before, during and after emergencies to those in need, regardless of who or where they are. This commitment to alleviating suffering and championing humanitarian values continues to resonate in today's world.

Voluntary Aid Detachments

In 1909, the War Office commissioned the British Red Cross and the Order of St. John to form Voluntary Aid Detachments to support territorial medical services during wartime. These teams, referred to as VADs, were composed of men and women who had successfully completed a comprehensive training program. While both men and women were required to pass first aid examinations, women also needed to pass nursing examinations—all qualifications that had to be renewed regularly.

Membership to these detachments surged during the first weeks of the First World War as people signed up to help provide relief. Eventually, on 24 October 1914, an agreement was drawn up forming the Joint War Committee of the British Red Cross and the Order of St. John. These two organisations combined their resources to fundraise, train and recruit volunteers, and provide services to the sick and wounded.

Dame Katherine Furse was head of the VAD Department from 1915 until 1917, at which date Lady Ampthill assumed leadership. Viscount Chilston, nominated as chief county director to supervise the work of the VADs in the UK, served as the official liaison with the War Office.

VADs were dispatched throughout Britain and abroad, where they fulfilled a variety of essential services such as nursing, transporting patients and supplies, searching for missing soldiers, and organising Working Parties, rest stations, and hospitals. Women made up the majority of the more than 90,000 British Red Cross VADs, with 66,000 female volunteers filling the department's ranks. All of these individuals, but especially nurses and ambulance drivers, dealt with hazardous conditions, frequently working under shellfire and bombardment.

Prominent Individuals

Princess Sophia Duleep Singh (1876–1948)

Princess Sophia Alexandrovna Duleep Singh, the daughter of the last Maharajah of independent Punjab and goddaughter of Queen Victoria, was a well-known socialite in London and a prominent suffragette. Princess Duleep Singh joined the Women's Social and Political Union and led the Women's Tax Resistance League.

The princess dedicated much of her time volunteering with the British Red Cross during the war. Working as a VAD nurse at the Percy House Auxiliary Hospital in Isleworth and the Royal Pavilion Hospital in Brighton, she played an instrumental role in saving countless lives. Her work included nursing sick and wounded Indian soldiers and organising fundraising events for them.



▲ Princess Sophia Duleep Singh,
1914–1918

Vera Brittain (1893–1970)

Vera Brittain, a writer and campaigner, is best known for her memoir *Testament of Youth*, in which she reflects not only on her experiences working as a VAD in Britain, Malta, and France but also on the war's devastating impact on her family and friends. Brittain also shared her thoughts on the status of women in this memoir, highlighting the vital role they played during the war.



◀ Vera Brittain,
1914–1918

**Angela, Countess of Limerick (1897–1981)**

Too young for VAD overseas service when the war began, Angela Trotter falsified her age to nurse the wounded in France. This marked the beginning of her journey with the Red Cross, with whom she worked for sixty years, eventually being awarded the Henry Dunant Medal for outstanding service in 1975.

◀ *Angela, Countess of Limerick, c. 1914–1918*

**Princess Mary (1897–1965)**

Princess Mary, at the age of seventeen, played an active role in assisting those affected by the war, visiting hospitals and welfare organisations and working as a VAD at London's Great Ormond Street Hospital. After more than a decade of dedicated involvement, she was appointed the first commandant-in-chief of British Red Cross VADs in 1926.

◀ *Princess Mary with her mother Queen Mary, 1914–1918*

Dr. John Alcindor (1873–1924)

Dr. John Alcindor was a physician and activist for racial equality who, having been born in Trinidad, personally overcame discrimination to aid others during the war. Despite holding a medical degree from Edinburgh University and years of experience working in several London hospitals, Dr. Alcindor was initially rejected by the Royal Army Medical Corps because of his origin. Undeterred, he joined the British Red Cross as a volunteer, where he treated countless wounded soldiers at London railway stations upon their return from the battlefield. As a testament to his dedicated service, Dr. Alcindor was awarded a Red Cross medal for his tireless and life-saving efforts in treating injured soldiers.



▲ Dr. John Alcindor, c. 1914

Edward Morgan Forster (1879–1970)

Edward Forster, a British social and literary critic, novelist, and essayist, joined the British Red Cross during the First World War. As a searcher in the Egyptian port city of Alexandria, his role involved interviewing wounded hospital patients to gather information on the whereabouts of soldiers reported missing.



▲ Edward Morgan Forster, c. 1924



▲ Group of ambulance drivers next to Red Cross ambulances in France, c. 1914–1918

Women War Artists

Women led aid efforts directed to the sick and wounded, as most men were conscripted to fight on the front line during the First World War. Working as a VAD was a transformative experience for many, especially for the women who, having been freed from family and social constraints, gained access to occupations traditionally reserved for men. The First World War was a turning point for women's status in British society, with some women being given the right to vote for the first time in the UK in 1918.

Although women are often celebrated for caring for the sick and wounded, their artistic contributions are often overlooked. Many women used their creative talents to promote and memorialise the work done by the British Red Cross. These women played an integral role in interpreting and documenting the conflict, capturing the impact of the war and the experiences of women who carried out humanitarian work both in Britain and abroad.

Joyce Dennys (1893–1991)

Joyce Dennys designed this well-known VAD recruitment poster for the First World War. It lists different VAD positions and features members of the British Red Cross, Order of St. John, and Territorial Force. The response to the poster is believed to have been so great that no other VAD recruitment poster was deemed necessary.

Dennys was an illustrator, playwright, and author of the book *Henrietta's War*. She decided to volunteer to help those in need when her art studies were interrupted at the war's outbreak. She served as a VAD with the British Red Cross from 1914 to 1917.



◀ VAD are urgently needed

Artist: Joyce Dennys
(1893–1991)

Poster, 1915

Marion Saumarez (1885–1978)

This painting depicts a British Red Cross VAD and a trained nurse treating a patient, Mr. Worpe, in Shrubland Park Hall in Suffolk. The Saumarez family loaned Shrubland Park Hall for use as a hospital during the First World War, making it one of the thousands of auxiliary hospitals administered and staffed by the British Red Cross during the war. The Red Cross had made preparations during peacetime to identify suitable properties for conversion into hospitals in the event that a war broke out.



▲ Shrubland Park Hospital. Artist: Marion Saumarez (1885–1978). Oil on board, c. 1918

A call was issued for women to join the medical profession as more of their male counterparts enlisted in the armed forces and the number of injured people increased. Women predominantly managed the day-to-day affairs of auxiliary hospitals and VADs carried out duties that, albeit less technical, were no less important than those performed by trained nurses.

The artist Marion Saumarez served as a British Red Cross VAD nurse in Shrubland Hall together with her sisters. Gladys Saumarez served as the quartermaster and Evelyn Saumarez as the commandant.

Olive Mudie-Cooke (1890–1925)

Although women artists were not officially commissioned to enter the war zone during the First World War, several found themselves close to the front line while working in hospitals



◀ *Ambulance driver*

Artist: Olive Mudie-Cooke
(1890–1925)

Pencil sketch, c. 1920–1921

and ambulance units. The first convoy of female VAD drivers arrived in France in April 1916, where they proved so successful that a further 110 drivers were dispatched to Étaples.

Olive Mudie-Cooke worked in France and Italy from 1916, driving ambulances for the First Aid Nursing Yeomanry and later the British Red Cross. Fluent in English, French, Italian, and German, she also worked as an interpreter for the Red Cross. Mudie-Cooke sketched and painted the scenes she witnessed, including ambulance drivers and medical staff on the job. Her art depicts the humanitarian work undertaken by British Red Cross volunteers close to the front line. The Imperial War Museum's Women's Work Sub-Committee acquired several of her works of art.



▲ *Camiers: VAD convoy unloading an ambulance train at night after the Battle of the Somme*

Artist: Olive Mudie-Cooke (1890–1925)

Lithograph, c. 1920–1921

Fundraising

Fundraising was crucial for the Joint War Committee to sustain its operations and deliver essential services to aid those in need throughout the First World War. Money and in-kind donations were collected through various fundraising initiatives, supporting hospitals, medicine, clothing, grants, and aftercare for the sick and wounded.

Posters were widely used by the British Red Cross during the war to appeal to the public for funds. They promoted the charity's work and raised awareness of the needs of the sick and wounded. The artist Tom Purvis, one of the most important English poster artists of his day, was commissioned by the Joint War Committee in 1915 to design several fundraising posters.



◀ *Most urgent of all funds*
Poster, 1915
Artist: Tom Purvis (1888–1959)

The Times Fund was a fundraising campaign which involved the newspaper giving a significant amount of free advertising space to the British Red Cross almost daily throughout the war. All funds raised contributed towards services to support sick and wounded servicemen. The total raised by the campaign was around £16.5 million, equivalent to roughly £800 million today.

Charity shops—or, as they were known at the time, gift houses—were effective in raising money for relief work. On 22 May 1916, a gift house (possibly at 48 Pall Mall in London) was opened where gifts were donated and then purchased. In February 1918, a gift house opened at 92 Kensington High Street in London, lent to the British Red Cross free of charge. The profits were shared between the Red Cross' Kensington division and the Kensington war hospital supply depot. A Red Cross shop at 39 Old Bond Street was a popular place to shop for souvenirs and gifts following the armistice.

A Red Cross fundraising event called Our Day was organised for the first time in 1915 and continued annually throughout the war. This initiative drew inspiration from Queen Alexandra's Rose Day, during which the public supported the Queen by purchasing flowers to raise funds for her favorite charities. Street collectors sold flags that had been ordered and sourced centrally during Our Day, with small flags sold for a penny and silk flags for sixpence. In addition to selling flags, local events such as concerts and market stalls served as venues for fundraising.



▲ Alexandra Rose Day at Netley Hospital, 1916

Individuals from other parts of the British Empire contributed funds for the charity. Canadian women residing in London sold tinted maple leaves, while women from New Zealand sold kiwi badges. Australian sellers sold special Australian flags and leather kangaroos. By the end of the war, approximately £8 million (≈£400m today) had been raised through Our Days.

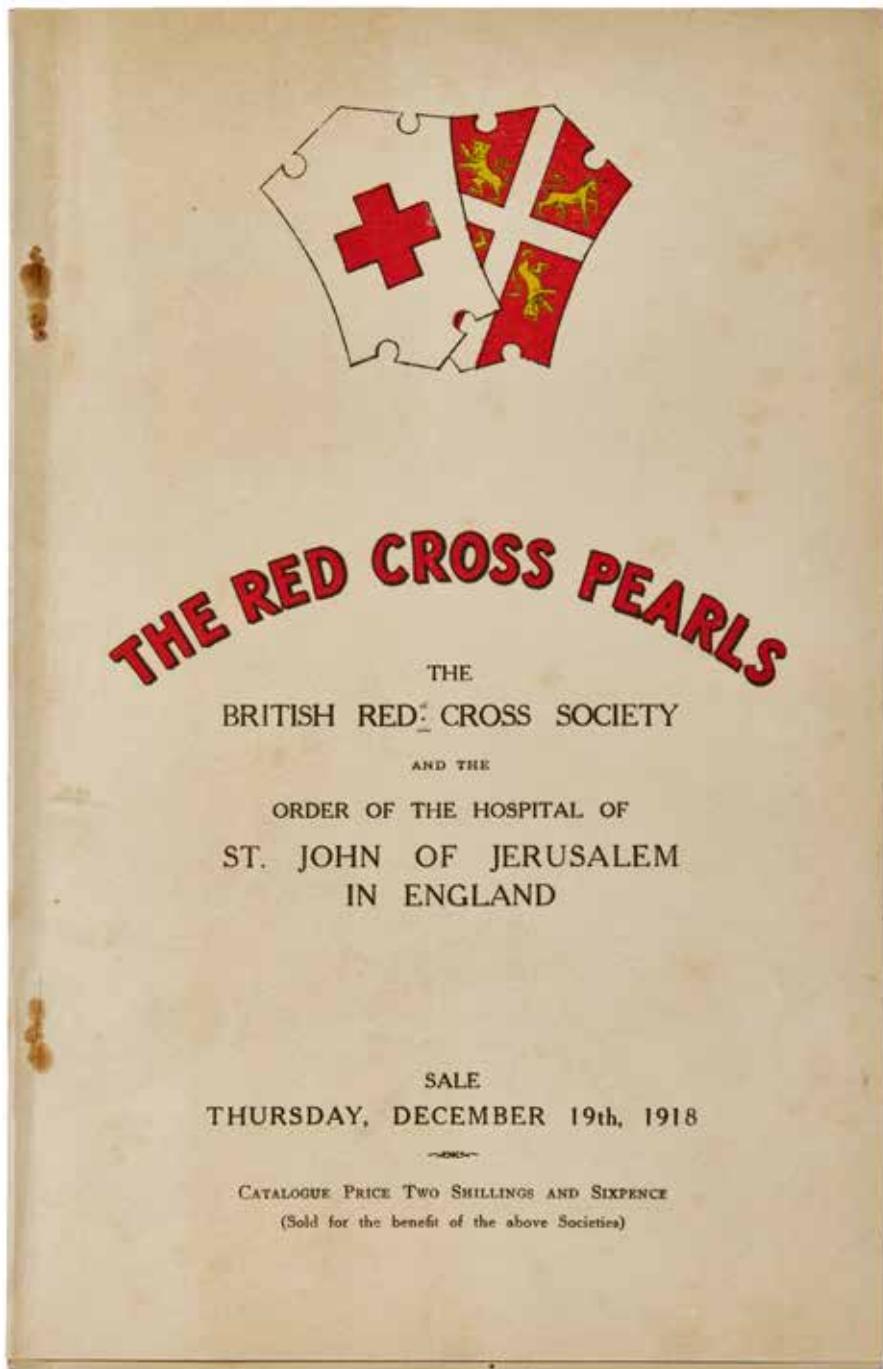
Christie's London-based auction house organised several events where jewellery and other valuable items donated to the British Red Cross were auctioned for charity. A total of seven auctions were held during which silver, porcelain, embroidery, jewellery, and works of art by well-known artists such as George Fredrick Watts and Max Beerbohm were sold.

Christie's played a pivotal role in the high-profile Red Cross Pearls Appeal, a campaign driven by Lady Mary Northcliffe, the wife of the owner of the *Daily Mail* and *The Times*. These newspapers amplified the initiative's reach by appealing to the public for pearls to create a necklace, which would be sold through a lottery and whose proceeds would be used to aid sick and wounded servicemen. While the British Red Cross had initially intended to collect enough pearls for a single necklace, the overwhelming generosity of donors resulted in plans to craft multiple pearl necklaces. An exhibition of the pearls held at the Grafton Galleries in Mayfair, London, from 22 June to 1 July 1918 attracted more than sixteen thousand people and resulted in nearly three hundred additional pearls being donated. The pearls, which ranged from priceless heirlooms to treasured trinkets, were generously donated by various women from across Great Britain. Some women gave single pearls in memory of loved ones lost during the war, while others came together to contribute one pearl on behalf of their communities. Many pearls were also donated as a tribute to the nurses and VADs who had served during the war.

Although the House of Commons rejected a bill to allow a lottery for these pearls, the necklaces were auctioned with help from Christie's. Nearly four thousand pearls were donated to the appeal, enough to make forty-one pearl necklaces. The necklaces were sold at an auction on 19 December 1918, raising around £85,000 (≈£4m today). The amount raised by the appeal totaled approximately £100,000 (≈£5m today).

The Pearl Necklace Appeal officially came to an end on 23 May 1919 when Lady Mary Northcliffe presented a cheque to the then-president of the Red Cross Pearl Necklace Committee, Princess Victoria. The money raised for the British Red Cross and the Order of St. John helped cover the costs associated with the rehabilitation of soldiers following the end of the war.

Miss Elizabeth Asquith, daughter of former British Prime Minister Herbert Henry Asquith, established the Red Cross Gold and Silver Fund in April 1918. The fund aimed to collect and sell gold and silver to raise money for the British Red Cross. While broken or useless items were melted down, a silver tankard inlaid with gold from the King was sold for £1,000. In addition, a teapot and stand were given by the Queen. The fund raised around £53,000, equivalent to roughly £3 million today.



▲ The Red Cross Pearls auction catalogue, 1918

A need was identified to provide relief to POWs, and the British Red Cross began a service to pack and dispatch parcels containing food and other items to British POWs overseas. These packages were made possible by the Central Prisoners of War Fund, and donations from the public reached around £675,000 (≈£33m today). By November 1918, the Packing Department was dispatching over 47,000 parcels a month.

Hospitals

The British Red Cross administered thousands of auxiliary hospitals and convalescent homes for wounded servicemen in Britain during the First World War. At the outbreak of the war, the Joint War Committee and the War Office were inundated with offers of buildings that could be used as hospitals. These properties included town halls, schools, and both large and small private houses. While the Joint War Committee established suitable locations into auxiliary hospitals, the War Office provided grants to take care of patients housed there.

The auxiliary hospitals were affiliated with central military hospitals and provided care for patients without life-threatening injuries but who needed a place to convalesce. These hospitals were usually overseen by a commandant responsible for the entirety of hospital's operations excluding medical and nursing services. Staff included a quartermaster who managed the receipt, custody, and distribution of supplies; a matron who supervised the nursing staff; and VAD members trained in first aid and home nursing. While local women from the neighborhood often volunteered part-time, it was often necessary to supplement volunteer work with paid staff, such as cooks. The War Office eventually decided to offer compensation to some of the local medics who had also volunteered in the hospitals for their services.

Volunteers and staff also travelled to work overseas throughout the world, including France, Belgium, Serbia, Malta, Italy, Russia, Mesopotamia (modern Iraq), and Northern Persia (modern Iran). Surgeon General Sir Alfred Keogh, the chief commissioner of the British Red Cross overseas commission, arrived in Brussels on 19 August 1914 to inspect the newly arrived unit composed of ten surgeons, ten dressers, and twenty trained nurses. Keogh held discussions in Paris with the French Red Cross and the British ambassador, leading to the opening of four hospitals in the city that month in line with the ambassador's recommendations. In addition, a hospital containing three hundred beds opened in Rouen in September to treat officers and provide accommodation for patients' relatives. The Joint War Committee managed a number of other hospitals in France, including in Le Touquet, Abbeville, Wimereux, Étaples, and Le Tréport.

Six doctors and twelve orderlies were dispatched to Serbia in October 1914, followed by a second unit to Vrњачка Banja in 1915. The second unit included five surgeons, one matron, six trained nurses, seven VAD members, and nine orderlies. Given the high number of typhus cases at the time, it was initially decided to focus on treating those patients only. Although

the typhus epidemic gradually subsided, it became necessary to treat civilians in addition to soldiers. Unfortunately, several members of the unit in Serbia were taken as POWs. After first being transferred to Kruševac and then to Belgrade, they were allowed to return to England in March 1916.

On 19 January 1915, a Joint War Committee hospital unit from England left for Montenegro. Dr. Clemow, accompanied by two doctors, two trained nurses, two VAD members, and four orderlies, assumed command of a military hospital housing 126 patients upon arrival to Montenegro. However, it became necessary to evacuate the hospital that November.

As the situation escalated in the Mediterranean, military hospital bases were established in Malta, Egypt, and Mudros (on the Greek island of Lemnos). The ever-rising number of sick and wounded created a shortage of available hospital beds. In response, dedicated volunteers worked tirelessly to meet the increasing demands, leading to the recruitment of additional staff from the Malta St. John Ambulance Brigade.



▲ Oakley VAD Hospital in Kent, UK, 1914-1918



▲ VAD hospital in Gournay, France, 1916

Relief Supplies

The Stores Department of the Joint War Committee played a crucial role in providing hospital equipment and other resources. A store was established in the stables of Devonshire House in London within a few days of the outbreak of war to receive and distribute in-kind donations. As goods continued to pour in, an additional store opened in the cellars of 83 Pall Mall in London followed by other locations to respond to the department's growing needs. Sir William Garstin and Mr. James Caulfield Goff served as this department's director and general manager, respectively. The department provided medical and first aid items, lamps, stoves, hot water bottles, tea urns, coal, tents, beds, hospital clothing, and various other much-needed supplies. Large quantities of equipment were sent across Britain and overseas, including France, Switzerland, Malta, Romania, and Salonika (modern Thessalonika), as well as further afield to Egypt, Mesopotamia, Uganda, Northern Rhodesia (now Zambia), Russia, and India.

The department also supplied serum and vaccines for Red Cross personnel sent abroad and arrangements were made with doctors to administer vaccinations locally. Perishable food and tinned products were made available to meet the demands of hospitals in Britain and abroad. In addition, collars and chains were provided for the teams of dogs that brought in the wounded on sleighs from the North Russian Front.

Working Parties began forming across the country as soon as the war began to organise the supply of hospital clothing. In addition to ensuring that patients had the socks, shirts, belts, and other clothing they needed, Working Parties manufactured bandages, splints, swabs, and other essential medical items. To better coordinate the Working Parties, the Joint War Committee established Central Work Rooms in 1915. Work Rooms were charged with registering and coordinating existing sources of hospital supplies, creating new procurement opportunities, and serving as a central hub of information for special hospital needs and urgent supplies. Hospital and surgical equipment patterns were distributed to ensure uniformity and workers received training to organise and lead Working Parties effectively. Work Rooms were likewise tasked with registering homeworkers—individuals unable to participate in existing Working Parties because of illness or distance.

It had become necessary to supply reading materials to the sick and wounded after the war broke out. One soldier in Egypt explained the need for reading materials in a letter he wrote:

All we have to read here is a scrap of the advertisement page of the *Daily Telegraph* which I picked up in the desert, and on it we saw that you send books to sick and wounded. Please hurry up and send us some.¹

Founded in August 1914 by Helen Mary Gaskell, honorary secretary of the library, and her brother Beresford Melville, treasurer of the library, the Red Cross War Library initially began as the British War Library. Sir Charles Hagberg Wright, librarian of the London Library, along with five of his staff members, advised on the best method for classifying and circulating books. Based at Surrey House in Marble Arch, London, the library's mission was to supply books and newspapers to the navy, army, and associated hospitals. In response to an urgent public appeal, thousands of books were generously donated by various people from around the country.

The library was renamed as the British Red Cross Society and Order of St. John War Library when, in 1915, the Joint War Committee was asked to assume financial responsibility for it. The library provided, free of charge, books and magazines to sick and wounded soldiers and sailors in hospitals and hospital ships at home and abroad. The books were distributed in packages to France, Mesopotamia, Egypt, Malta, Salonika, Italy, India, and other conflict areas. By the end of the war, over four million books had been distributed through the library, of which 1,237,246 books were bought for the library and another 2,889,233 were received as gifts.

¹ See Oliver, Beryl. *The British Red Cross in Action*. Faber and Faber Limited, 1966. p. 305.



▲ British Red Cross store in Étaples, 1914–1918

Transport

The Motor Ambulance Department of the Joint War Committee used hospital trains, motor ambulances, and motor launches to transport the wounded by rail, road, or water. The widespread use of motor ambulances was among the many innovations introduced during the First World War. The British Red Cross used motorised ambulances to transport the wounded for the first time during this conflict, replacing the slow and jarring horse-drawn vehicles that would exacerbate the suffering of injured soldiers as they were rocked and shaken along the way.

Efficient and comfortable transportation methods to carry the wounded to hospitals and rest stations were determined to be needed. As such, on 12 September 1914, a meeting was held at the Royal Automobile Club where members volunteered both their cars and themselves as drivers to the Red Cross. Following this, Dr. Edward Stewart was sent to Boulogne to search for wounded men with eight motor ambulances, six motor cars, and their drivers. *The Times* appealed for funds on behalf of the British Red Cross in October 1914, raising enough for 512 vehicles within three weeks. By the end of the war, a total of 3,446 motor vehicles had been sent to various destinations.

In addition to providing vehicles to transport the wounded, the Motor Ambulance Department supplied specially-equipped units with x-ray machines, dental facilities, soup kitchens, and laboratories. Lorries and cars were also used for communication between the Joint War Committee bases and services across France and Belgium.

Male volunteers worked as ambulance drivers both in Britain and overseas, with men on the home front often dividing their time between serving as local ambulance drivers and working as night orderlies in auxiliary hospitals. As more men were enlisted in the armed services, however, the need for women to volunteer as ambulance drivers emerged. The first convoy with women VAD ambulance drivers was established in the France commune of Étretat in April 1916, when twelve female VADs carried out an evacuation in connection with the hospital and camps in that area. This proved so successful that a further 110 female drivers were sent to Étaples and additional drivers to Le Tréport, Wimereux, and Saint-Omer. Although driving motor vehicles had previously been considered inappropriate for women, the war changed attitudes toward women as they successfully carried out jobs traditionally undertaken by men.



▲ Ambulance drivers in Étaples, France, c. 1916

A close relationship developed between the British Red Cross and the Friends' Ambulance Unit. The Friends' largely depended on the British Red Cross and the Order of St. John for vehicles to supplement their small fleet. Their work also included staffing the Red Cross ambulance trains and hospital ships. Ernest Proctor was one of the men who volunteered with the Friends' Ambulance Unit attached to the Red Cross. A conscientious objector, Proctor volunteered as an orderly to support the life-saving work of the Red Cross during the war. Proctor was also a professional artist who documented his experiences during the war by producing a series of artwork.



▲ *Joint War Committee ambulance depot at Étaples, France*. Artist: Ernest Proctor (1886–1935). Gouache painting, 1919

The 1899 Princess Christian Hospital Train, the first purpose-built hospital train in Britain, was designed by Sir John Furley and named after Queen Victoria's daughter, the chair of the British Red Cross Ladies' Committee. Princess Christian of Schleswig-Holstein, née Princess Helena of the United Kingdom, helped fund the construction of this train, which was used during the Second Boer War to distribute relief items and transport the wounded to Cape

Town. The 1915 Princess Christian Hospital Train (No. 15) used during the First World War was supplemented by the No. 11 train—the Red Cross commissioner converted from existing French rolling stock. In addition, the UK Flour Millers' Association presented the Red Cross with two specially built and equipped ambulance trains (Nos. 16 and 17), constructed by Great Western and Great Eastern Railways.

Motor launches were also required to transport the wounded, Red Cross personnel, and supplies. The British Red Cross sent three motor launches to serve in Mesopotamia on the Tigris during the summer of 1915. Following this, the Motor Launch Section of the Ambulance Department was formed to organise further launches in August 1915. A total of thirty-three Red Cross launches were in operation in Mesopotamia by the end of 1916 and four river motor launches were sent to the Dardanelles. In addition, six specially equipped motor launches, known as pulling boats, were provided to evacuate the Gallipoli beaches while the Red Cross hospital ship Nabha made rounds carrying patients between Basra and Baghdad from May 1917.

Refugees and Displacement

The First World War displaced an estimated ten million people around the world. The Joint War Committee organised a refugee service for displaced people that continued after the war had concluded. The service included caring for civilians in hospitals, setting up displacement camps, and providing food, clothing, medical equipment, and essential items. Volunteers from the British Red Cross supported refugees in France, Belgium, Egypt, Palestine, Salonika, Corfu, Mesopotamia, and Northern Persia. Additional work was carried out in Switzerland and Malta, particularly after the armistice.

As Enteric fever spread among Belgian refugees in 1915, British Red Cross trained nurses were sent to care for patients in a hospital near Saint-Omer. Trained nurses were also sent to assist the Friends' Ambulance Unit, after it opened a hut-hospital at Malo-les-Bains. Attached to this hospital was the Isle of Wight barge hospital on the Dunkirk canal, which provided accommodation for twenty-six patients, all of whom were Belgian refugees.

A rest station was opened in Boulogne to provide food to French and Belgian refugees fleeing the bombardments. British Red Cross volunteers served at the rest station, which fed over ten thousand people between March and June 1918.

Volunteers also supported some of the 250,000 Belgian refugees forced to flee to Britain. One of the many volunteers was Hedvica Shlehover, who enrolled as a member of the London/38 branch of the British Red Cross in September 1914. Shlehover undertook various duties, including caring for Belgian refugees.



▲ Refugees leaving Ham, 1918



▲ *Miss Hedvica M. Shlehofer. Artist: Hans Knoechl (1850–1927). Oil on canvas, 1916*

The British Red Cross contributed funds to help refugees who had arrived in Salonika after travelling over the mountains in Serbia and Albania. The aid helped prevent the spread of diseases and provided much-needed food, water, clothing, and other supplies to people in desperate need. Large numbers of civilians were displaced as opposing armies advanced and retreated across Mesopotamia and Northern Persia. Red Cross supply depots in Northern Persia provided refugee camps with food, clothing, and medical equipment to treat dysentery, fever, and influenza. In addition, refugees travelling through Switzerland from Austria, Poland, and Hungary were provided bags of washing supplies and clothing as many only had the clothes they were wearing.

Following the armistice, Allied POWs were transferred to Egypt to return home, and hundreds of civilian refugees travelled on the repatriation ships along with them. The British Red Cross gave food, clothing, and other essential items to the department responsible for these civilians in Egypt.

Post-War Rehabilitation

The armistice of November 1918 did not end the work that the British Red Cross performed caring for sick and wounded servicemen, many of whom had been suffering from shell shock or left with physical disabilities. The organisation's post-war services involved running several auxiliary hospitals and convalescent homes for patients who had yet to recover enough to return home. Several of these establishments were managed in collaboration with the Order of St. John.

One of the vital aftercare services for wounded soldiers was the provision of artificial limbs. By 1918, although many men needed permanent artificial limbs, they faced a lengthy waiting period before having their permanent limbs fitted. In response, the British Red Cross began supplying provisional artificial limbs, and by December 1919, the Provisional Limbs Department had produced 11,750 of them.

Another useful post-war service of the Joint War Committee was the provision of orthopedic centers. In 1918, a grant of £10,000 was given by the Joint War Committee to the Military Orthopaedic Hospital in Shepherd's Bush in London. The funding went toward the establishment of treatment departments within the hospital, including operating theaters and hydro-therapeutic, electro-therapeutic, massage, and plaster clinics. Centers were also set up in other parts of the country, such as in Liverpool and Leeds.

Manuel II (the last king of Portugal), working in collaboration with the surgeon Sir Robert Jones, supported the work of the Joint War Committee during and after the war by visiting orthopedic centers throughout the country. His main focus was on the importance of curative workshops, which involved training men in a handicraft of their choice as part of their recovery treatment. There were workshops for numerous subjects, including carpentry, tailoring, general and electrical engineering, painting, commercial photography, fretwork, plumbing, ironworking, printing, sign writing, splint-making, and shoemaking. The workshops allowed men to retrain for a new career and exercise injured limbs simultaneously. It was hoped the work would help to improve the patient's mental health. Embroidery became a popular form of occupational therapy for convalescing men and the works of art produced were often given to the VADs caring for them.



◀ This embroidered cloth was created by a soldier recovering in a hospital. It was given as a gift to Florence Baker, a VAD nurse.

The medical loan service established by the Joint War Committee to support sick and wounded servicemen temporarily loaned wheelchairs and other medical equipment. After the war, the British Red Cross found itself with a surplus of hospital equipment that it sought to put to good use. In response to doctors' requests to borrow bed rests and wheelchairs, the organisation established medical loan depots. Beyond this surplus, additional equipment was made available for weekly hire. The medical loan service, now called the Mobility Aids Service of the British Red Cross, has grown to become the UK's largest provider of short-term wheelchairs.

The 1918 Influenza Pandemic

Considered the deadliest global pandemic in history, the 1918 influenza claimed an estimated 50 to 100 million lives worldwide. An appeal was made by the British Red Cross chief county director to recruit and train volunteers to help treat patients with influenza at the outbreak of the pandemic. Joyce Sapwell, a British Red Cross VAD nurse, wrote about her experiences working in a hospital in France during this health emergency in her memoir:

About one-third of the staff were down with it, and the hospital was full. We had one hundred and eight deaths in eight weeks... I had not even one orderly to help. Several patients became delirious, and if they got out of bed, they usually died. I had to go from one ward to the other all night long... This was a very hectic time, on the go all night.²

Despite the dangers, volunteers continued to care for the sick and wounded, many of whom caught the virus while nursing patients. One of these volunteers was Miss Allwood, whose obituary states that she "died on 11th November from pneumonia following influenza contracted while on duty in the Auxiliary Red Cross Hospital, Louth. She was an excellent and devoted voluntary worker at the hospital, and was loved and trusted by all.

The British Red Cross Stores Department was in great demand during the pandemic, distributing large numbers of medical supplies to hospitals across the country and overseas. During the autumn and winter of 1918, French and Belgian medical units in military rest stations, inundated by patients suffering from influenza, requested four hundred beds from the British Red Cross.

British Red Cross VADs stationed in French hospitals faced an overwhelming workload, treating not only patients suffering from influenza but also large convoys of severely wounded men arriving from the front lines. When a severe outbreak of influenza swept across Swiss soldiers in November 1918, the British Red Cross extended its support, providing food, towels, clothing, and other relief items.

² Sapwell, Joyce. *Reminiscences of a VAD in two World Wars*. 1977.

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described. We should add, however, that no report by Mrs. Harker was given, but merely extracts from letters she had received from V.A.D. members referring to their personal experience. No attempt to give an account of the Hospital itself was made.

According to the *American Red Cross Bulletin*, a request was lately received by the American Red Cross Society to provide a *dot* for an intending bridegroom in the following terms: "I am on the point of getting married, and should like to know whether you could help me slightly in a financial way, as all my relatives are in invaded Belgium, and the only money I have is my army pay. My fiancée is as poor as I am. She is a refugee at St. Brieux."

The Nursing Times says:—

It is possible that some trained nurses are thinking that, with the signing of the armistice, the work of the war is over; but we are asked to remind them that the Joint War Committee Hospitals are as numerous as ever, and sisters holding a three years' certificate and staff nurses holding a two years' certificate are urgently needed for home service. Applications should be made to Miss Swift, 83, Pall Mall, London, S.W.

The Daily Telegraph suggests that V.A.D. members with nursing experience would be invaluable as aids to doctors and nurses in country districts. This is a suggestion which has often been made, and one great merit which it possesses is that it can be carried out voluntarily by whomsoever it is approved. There is nursing and nursing. V.A.D. members would be quite unsuitable to take charge of the nursing of many complicated surgical and medical cases. But who, in these times, has not felt the want of an "aid" in simple cases of illness where all that is required is ordinary help in the sick room? For the want of such help lives have been lost during the past months, and we read of a doctor with seven latchkeys of houses where there was no one to answer the door owing to influenza having prostrated all the inmates.

Princess Mary visited the Continent last month in order to see the working of the V.A.D. and other women's organizations in France. During her stay she visited various hospitals, convalescent homes, rest stations, clubs, and hostels. Her Royal Highness, who has herself qualified as a V.A.D. member, was much impressed by the extent and variety of the work overseas in which so many women are engaged.

We regret to announce the deaths of Miss Ethel Dunning, Cheshire/28, Mrs. Parkinson, Breconshire/2, Miss Sollars, Worcester/32, Miss Maud Helena Allwood, Lincoln/26, Miss Margaret Carew, Devon/20, Miss Gladys Bell, Hereford/16, Miss Dora Phillips, Warwick/38, Mrs. Mabel Florence Stuart-Richardson, Herts/38, Mrs. Mary Ann Hunt, Lincs/68, Miss Hannah Wilson, Cumberland/10, Miss Edith Cosham, Warwick/70, Miss M. O. E. Owen, Warwick/28, Miss Phyllis Park Crump, Cornwall/68, Miss Dora Helen Craven, Leicester/28, Miss Doris May Dodge, Devon Reserve, B.R.C.S., Miss Winifred Furlong, Essex/106, B.R.C.S., Miss Anstie Fairfax Harvey, Dorset/86, B.R.C.S., Miss Bertha Larmer, Birmingham Reserve, S.J.A.A., Miss Minnie Dorothy Miller, London/232 (R.), Miss Edith Radford, Notts/122, S.J.A.B., Miss Violet Helen Moseley, London Reserve, B.R.C.S., Miss Gertrude Constance, London/146, Lady Maybell Ogilvy, London/168, Miss Russell, London/268, Miss Mildred Feeny, London/198, Miss Vickers, London/30, Miss Mary Orrid, London/58, Miss Constance Highton, London/58.

Miss Dunning, whose death resulted from pneumonia

following influenza, joined the Acton detachment in 1912, since when she had worked consistently with the utmost devotion for the Red Cross. She was beloved by all with whom she came into contact.

Mrs. Parkinson, who died on 27th October, was Commandant of Breconshire/2. She had done much good work both in her detachment and at the County Red Cross Hospital and will be greatly missed by all her co-workers.

Miss Sollars, who died from pneumonia following influenza, had belonged to Worcester/32 since 1911 and had worked at Powick Red Cross Hospital since the opening. Her Commandant writes: "Her work which was untiring and devoted in its character was much appreciated by patients and staff and I have lost a keen supporter."

Miss Allwood died on 11th November from pneumonia following influenza contracted while on duty in the Auxiliary Red Cross Hospital, Louth. She was an excellent and devoted voluntary worker at the hospital, and was loved and trusted by all. Her name recently appeared in a list of *Nursing Honours*.

Miss Carew had worked continuously since December, 1914, serving three years at No. 1 Hospital, Exeter, and afterwards, up to the time of her death, at Coulter's Hospital in London. Her Commandant writes: "She had quite made her mark as a surgical nurse and had held really responsible positions. She was buried on 7th November, at Rattery, South Devon, where many personal friends gathered to pay their last token of respect and esteem. A contingent of wounded from a neighbouring V.A.D. Hospital also came to do honour to one who had so nobly worked amongst the sick and laid down her life in the cause."

Miss Bell died at the British Red Cross Hospital, Netley, on 15th October, of pneumonia following influenza. The Matron writes: "Miss Bell had served at this hospital since August, 1916, and contracted the disease in the performance of her duties. Her quiet, unostentatious performance of the work entrusted to her gained the warm respect and regard of fellow workers and patients alike. She was buried in the officers' section of the Military cemetery attached to the Royal Victoria Hospital, Netley."

Miss Phillips, who died from pneumonia following influenza, had worked regularly for two years at the Auxiliary Hospital, The Rectory, Berkswell. Her Commandant writes: "She was always bright and helpful and much liked by her fellow workers and patients."

Mrs. Stuart-Richardson, who died on 21st November, was one of the original members of her detachment which she joined in 1911. She worked at Bricket Wood Hospital, St. Albans, from October, 1914, first as cook, then as head-cook, and from 1916 until January, 1918, when her health failed, as joint quartermaster.

Mrs. Hunt died of pneumonia following influenza. Her Commandant writes: "She has been a willing and conscientious nurse in this hospital (Billingborough, Horbling and District V.A.D. Hospital) for two years and her devotion to duty and unfailing courtesy and kindness have endeared her to patients and staff alike."

Miss Wilson worked for some time at the Eggerslack Auxiliary Military Hospital, Grange-over-Sands, and the Commandant of this hospital writes: "Miss Wilson was so bright and willing we were always glad to have her when she could be spared."

Miss Cosham, who died of pneumonia following influenza, had done four months' nursing duty at the Coventry and Warwickshire Hospital.

Miss Crump, who died on 3rd November of pneumonia following influenza, was an Art Mistress and gave her services in the Cornwall Auxiliary Hospitals during her holidays.

The League of Red Cross Societies

The League of Red Cross Societies, now the International Federation of Red Cross and Red Crescent Societies, was formed on 5 May 1919. The League expanded the role of National Societies to include peacetime initiatives, aiming to respond to natural disasters and health emergencies whilst also promoting healthy living so as to prevent potential health crises. The British Red Cross was granted a Supplemental Royal Charter on 12 December 1919, thereby extending its original objectives to encompass the improvement of health, disease prevention, and alleviation of human suffering throughout the world.



◀ Wash hands always before meals

Published by: The Junior Red Cross
Poster, 1940s

Another development to emerge following the conclusion of the First World War was the Junior Red Cross. Young people from around the world had helped with relief efforts during the war. In the UK, for instance, children collected sphagnum moss used to make wound dressings. The British Junior Red Cross was officially formed in 1924 upon the League of Red Cross Societies' recommendation that all National Societies recruit junior members. The three objectives of the Junior Red Cross were formally defined in 1925: the protection of life and health, service to the sick and suffering, and fostering international friendship and understanding. Although the Junior Red Cross has been discontinued, young people continue to be involved with the British Red Cross through youth engagement and education programmes.

The British Red Cross Today

Since the First World War, the British Red Cross has continued to provide hope and help in times of armed conflict. The Red Cross and Red Crescent Movement is bound by the principles of neutrality and impartiality. It does not take sides in fighting – it exists to reach people with critical support, no matter who they are. Whether in Ukraine, Sudan, Gaza and the West Bank, Israel, or Syria – whether a conflict lasts hours or decades, whether it's in the headlines or not – teams focus solely on meeting humanitarian need. Right now, as conflicts rage around the world, the British Red Cross's mission to be here for humanity has never been more important.



▲ Volunteers from the Palestinian Red Crescent in the city of Deir al-Balah, Gaza, 2023.

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Kate Forbes

President of IFRC



**HUMANITARIAN SUPPORT DURING WWI:
ACTIVITIES OF RED CROSS AND RED CRESCENT SOCIETIES**

editor AHMET KUYAŞ

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