

ҚАЗАҚСТАН РЕСПУБЛИКАСЫ  
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ҒЫЛЫМ КОМИТЕТІ  
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IRSTI 03.20.00

## GLOBAL CAPTIVITY IN THE FIRST WORLD WAR: PRISONERS OF WAR IN TURKESTAN, 1914 – 1916

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**Abstract.** This article examines the health of prisoners of war in Turkestan during the First World War through the lens of international relief. Using the example of typhus, it considers the spread of epidemic disease seen through the reports of Red Cross delegates who inspected the conditions in POW camps in the Russian Empire. Alongside this, the article contributes to the growing literature that considers wartime captivity from a global perspective; by comparing imperial managements of wartime captivity in the Russian, British and German Empires, this article reframes experiences of captivity in Turkestan and places them in the wider global context of captivity in the early twentieth century.

**Key words:** prisoners of war, relief, typhus, Red Cross, global perspectives, First World War.

FTAXP 03.20.00

## ЖАҢАНДЫҚ ӘСКЕРИ ТҮТҚЫНДАУ ҚҰБЫЛЫСЫ БІРІНШІ ДҮНИЕЖҮЗІЛІК СОҒЫС КЕЗІНДЕ: ТҮРКІСТАН ТӘЖІРИБЕСІ (1914 – 1916)

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**Аңдатпа.** Мақалада Бірінші дүниежүзілік соғыс кезіндегі Түркістандағы әскери тұтқындардың денсаулық жағдайы халықаралық көмек призмасы арқылы қарастырылады. Сүзек мысалында эпидемиялық аурудың таралуы Ресей империясындағы әскери тұтқындар лагеріндегі жағдайларды тексерген Қызыл Крест делегаттарының баяндамалары негізінде қарастырылады. Сонымен қатар, мақала әскери тұтқындау мәселесін жаһандық тұрғыдан қарастыратын жарияланымдардың көбеюіне ықпал етеді. Ресей, Британ және Германия империяларындағы әскери тұтқындарды империялық басқаруды салыстыра отырып, бұл мақала Түркістандағы тұтқындау тәжірибесін қайта қарастырады және оны XX ғасырдың басындағы жаһандық тұтқындау контекстіне орналастырады.

**Түйін сөздер:** әскери тұтқындар, көмек, сүзек, Қызыл Крест, Жаһандық перспективалар, Бірінші дүниежүзілік соғыс.

МРНТИ 03.20.00

## ГЛОБАЛЬНЫЙ ФЕНОМЕН ВОЕННОГО ПЛЕНА В ПЕРИОД ПЕРВОЙ МИРОВОЙ ВОЙНЫ: ОПЫТ ТУРКЕСТАНА (1914 – 1916)

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**Аннотация.** В данной статье рассматривается вопрос состояния здоровья военнопленных в Туркестане в годы Первой мировой войны сквозь призму международной помощи. На примере сыпного тифа рассматривается распространение эпидемического заболевания, на основе докладов делегатов Красного Креста, инспектировавших условия в лагерях для военнопленных в Российской империи. Наряду с этим, статья вносит вклад во все большее число публикаций, где военный плен рассматривается с глобальной точки зрения; сравнивая имперское управление военнопленными в Российской, Британской и Германской империях, эта статья переосмысливает опыт плена в Туркестане и помещает его в более широкий глобальный контекст плена в начале двадцатого века.

**Ключевые слова:** военнопленные, помощь, сыпной тиф, Красный Крест, глобальные перспективы, Первая мировая война.

**Introduction.** In his memoirs, Captain Alf Harald Brun, who led the Danish relief mission for prisoners of war in Tashkent, reflected on his decision to go to Turkestan in 1917. He wrote that the region was ‘without a doubt one of the most interesting parts of the vast Russian Empire, although, with a view to my special mission, it might also be said to be one of the most difficult of them all. For it had vast dimensions, and a great number of prisoners of war interned there, poor means of communication, and many tropical diseases harrowing the populace’ (Brun, 1931: 4).<sup>26</sup> His account echoes the testimonies of other Europeans who spent time in the region, who also described their experiences as distinctive and challenging. Aid workers and prisoners of war (POWs) who spent time in Turkestan emphasised the uniqueness of the region due to its distance and isolation from the Russian Empire’s metropole of Petrograd, as well as regional particularities such as the extreme climate and distinct form of administration. While these particularities created distinct circumstances for internment in Turkestan, there were significant similarities with certain elements of captivity in other locations. This article places internment in Turkestan during the first World War within a broader comparative frame to situate this case study within the wider context of imperial management of wartime internment in the early twentieth century.

Robert Gerwarth and Erez Manela (2014: 3) were among the first to argue that the First World War was fought between multi-ethnic, global empires rather than just European nation-states. This perspective urges us to extend the geographic and chronological boundaries of our understanding of the war in order to consider its impact on colonial spaces. Accordingly, historians have begun to understand the conflict not just as a ‘total war’ but as a global phenomenon that affected societies located thousands of miles from the theatre of war.<sup>27</sup> The wide geographic scope of the conflict has also been acknowledged by

<sup>26</sup>Denmark had agreed with Austria-Hungary to represent its POWs on Russian soil. A special department was created for this purpose at the Danish legation in Petrograd, from where delegates were dispatched to different parts of the country, which had been divided into several districts (Brun, 1931: ix).

<sup>27</sup>Key works include Santanu Das, *Race, Empire and First World War Writing* (Cambridge: Cambridge University Press, 2011); James E. Kitchen, Alisa Miller, and Laura. Rowe, eds., *Other Combatants, Other Fronts: Competing Histories of the First World War* (Newcastle upon Tyne: Cambridge Scholars, 2011); John H. Morrow, *The Great War: An Imperial History* (London: Routledge, 2004); Daniel Marc Segesser, *Der Erste Weltkrieg in globaler Perspektive* (Wiesbaden: Marixverlag, 2013); Jay Winter, *The Cambridge History of the First*

scholarship on wartime captivity. In their recent edited volume on civilian internment, Stefan Manz, Panikos Payani, and Matthew Stibbe (2018: xiii) highlight the importance of imperial aspects of captivity during the First World War for our understanding of the phenomenon's geographical, political and humanitarian aspects. Nevertheless, the focus of this work remains largely Eurocentric, and regions such as Central Asia continue to be neglected or framed in relation to Europe. Further research into the experiences of POWs in colonial settings is an important step towards writing a truly global history of the conflict.

This article approaches this task through the lens of relief, focusing on the work of different Red Cross societies who inspected camp conditions. Utilising their reports, it investigates the spread of epidemic disease in prisoner of war camps in Turkestan from 1914-1916. These reports evidence that the relief workers' main concerns were related to the health of prisoners. According to their accounts, typhus, malaria, and cholera were most prevalent in Turkestan, but they also frequently mentioned typhoid fever, tuberculosis, dysentery, nephritis and scurvy (BArch R67/1149, LABW GLAK, FA 6643, Thormeyer and Ferrière, 1916). This article will first consider how the general conditions in Turkestan's prisoner of war camps and environmental factors were thought to contribute to illness among POWs. Then it will examine the spread of typhus, which according to delegates of the International Committee of the Red Cross (ICRC), posed the most serious epidemic threat to POWs in Turkestan (Thormeyer and Ferrière, 1916: 64). health is only one of many aspects that shaped experiences of captivity, but it is worth considering for several reasons. Mainly, health had a significant impact on individual's experiences of captivity as it was the outcome of various aspects of imprisonment, including transport, accommodation, and nutrition. Not all of these can be considered in detail here, but the spread of epidemic disease will be used as a window to consider different imperial managements of captivity and what was unique about the Russian case.

**Materials and methods.** This article is mainly based on archival documents from the International Committee of the Red Cross in Geneva, the German Federal Archives (BArch) and the State Archives of Baden-Württemberg (LABW GLAK). The sources used originate primarily from the organisations that were involved in the provision of relief to prisoners of war in Russia. Red Cross reports, produced by delegates following their inspections of POW camps, are valuable to historians as they provide detailed information of the conditions observed.

In the Russian Empire, the Swedish and Danish Red Cross were at the forefront of the efforts to help POWs. They actively provided relief on the ground for the entire time during which German and Austrian prisoners of war were held in Russia and collectively were able to cover almost the entire territory of the Russian Empire (Nachtigal, 2003: 104). Exceptionally, Red Cross nurses (or 'sisters' as they were called at the time) from Germany and Austria-Hungary also visited 'their' prisoners of war. These women would travel across the Russian Empire over the course of two to four months in 1915 and 1916 to visit prisoner of war camps in the districts assigned to them. In exchange, Russian Red Cross nurses were granted the same privileges on the Central Powers' territories (Davis, 1993: 34; Nachtigal, 2003: 105).

In addition to the work of national Red Cross Societies, delegates of the International Committee of the Red Cross (ICRC) began to visit POW camps in 1915. By 1919 more than five hundred visits of this kind had taken place all over the world (Palmieri, 2014: 10). While the geographic scope of the ICRC's activities was truly impressive, their reach was not as global as Palmieri suggests. The ICRC was mostly active in Western and Central Europe, and its delegates infrequently visited the extra-European theatres of the War. Nevertheless, these missions were important as they connected prisoners of war in Turkestan with the European theatre of war and camps in other locations. Though some places were visited more frequently than others, the delegates' movements created nodes in the global network of internment, which serve here as a starting point to examine how captivity was experienced and managed in different imperial spaces.

This article also draws on a variety of published sources, most notably memoirs written by POWs themselves. These accounts describe the conditions in Turkestan's prisoner of war camps from the captives' perspective. These can offer invaluable insights into daily life in the camps that were obscured from the view of visiting delegates and cannot be found in the archives. But when considering this literature with regards to experiences of captivity, it is important to bear in mind that published accounts of captivity during the First World War were largely produced by officers and are therefore not representative of the majority. Only about 2.5% of Austrians interned in Russia were part of this group, and they received very different treatment to rank and file soldiers (Rachamimov, 2002: 7, 9).<sup>28</sup> This fact makes the few accounts that were written by enlisted men all the more valuable.

Certain aspects of the management of prisoners of war in Turkestan, such as regulations regarding epidemic disease, were obscured from the view of both Red Cross delegates and POWs. Therefore, it is impossible to offer a complete picture of the management of epidemic disease in Turkestan's prisoner of war camps based on these sources. However, these accounts allow us to examine what anti-epidemic practices were carried out on the ground in remote regions of the Russian Empire. Furthermore, looking at relief allows us to gain vital insights into global experiences of internment during wartime, which have thus far been underexplored in the existing scholarship.

**Discussion.** A considerable amount of literature has been published on prisoners of war in the Russian Empire. The ground-breaking work of Gerald H. Davis (1993), Reinhard Nachtigal (2003) and Iris Rachamimov (2002) has examined different aspects of wartime captivity in Russia, including the provision of relief by various national Red Cross societies. However, these accounts predominantly focus on the experiences of prisoners of war in Siberia; the accounts of Red Cross delegates sent to inspect prisoner of war camps in Russia show that experiences of captivity varied considerably across the country. Beyond the English and German historiography, significant scholarship exists on prisoners of war in Turkestan. In recent years, scholars writing in Russian, such as Tatyana Kotyukova (2017) and Tatyana Doroshenko (2021), have examined various elements of internment in Turkestan during the First World War, including conditions in the camps, work and correspondence. Kotyukova (2019) has further begun to examine documents pertaining to camp inspections in Turkestan. A number of regional studies have also been published by historians, including Timur Apendiyev and Nurzhigit Abdukadyrov (2019) (on Semirech'e) and Gulnara Mendikulova and Evgeniya Nadezhuk (2018) (on Almaty). This article seeks to integrate these bodies of scholarship, which to date have largely remained distinct, and to contribute an original analysis by using the lens of relief to shed light on experiences of health in captivity and to bring the example of Turkestan into global histories of internment.

This article also draws on the wider literature on captivity and relief during the First World War. Ever since Anette Becker's (1998) pioneering book, the study of the experiences of prisoners of war has been intertwined with the study of humanitarian relief. Since then, several important texts dedicated to the topic have been published by scholars such as Uta Hinz (2006b), Heather Jones (2009) and Matthew Stibbe (2006). Using the example of POW relief, these works have advanced and nuanced our understanding of the expansion of the Red Cross movement during the First World War. Each of these works invaluablely furthered our understanding of wartime relief, but their focus remained firmly on Western Europe. Studying prisoners of war in colonial settings has the potential to broaden the scope of our understanding of humanitarianism during the First World War and to integrate events that took place in remote regions of the Russian Empire with this wider literature.

**Results.** The POW camp system extended across the Russian Empire's entire territory, from Moscow to the eastern regions of Khabarovsk and Vladivostok. The Russian authorities largely subscribed to the idea of a civilisational hierarchy wherein Slavic peoples were elevated above non-Slavs. This hierarchical view of nationality had an impact on the final destinations of captives. Therefore, Slavic prisoners were predominantly interned in the European portion of the Empire, whereas Germans, Austrians and Hungarians dominated camp populations in Siberia and Central Asia (Nachtigal and Radauer, 2014). According to the Hamburg Society of the Red Cross, a total of 54 out of a total of

<sup>28</sup>Rachamimov also points out that there are memoirs by some of the Red Cross nurses that visited Russia. However, with the exception of Käthe von Mihalotzy's short contribution to *In Feindeshand* they were not written by delegates that visited Turkestan.



293 Russian camps were located in Turkestan in 1915 and spread out across the length and breadth of the region (LABW GLAK, Bad. Schwesternschaft Nr. 72).

The first prisoners of war arrived in Turkestan in September 1914. Their numbers fluctuated over the course of the war, and estimates vary. According to American delegate Stirling, 82,425 Austro-Hungarian and 3,812 German prisoners were interned in Turkestan in 1915 (Wurzer, 2000: 53). The fall of Przemyśl in March 1915 brought an influx of prisoners to the region so that by the end of the year there were more than 200,000 men interned there (Doroshenko, 2021: 21). In the following summer, when revolts broke out across Russian Central Asia, many of the POWs were evacuated to Siberia, and by 1917 merely 50,000 remained in the region (Wurzer, 2000: 53; Mark, 2013: 169). While the Provisional Government largely continued the policies of the tsarist government, after the Bolshevik revolution, POWs were freed from captivity and, for the most part, left to their own devices by the new Bolshevik government (Leidinger and Moritz, 1999: 91, 96).

Haphazard construction of camps, poor infrastructure, and inadequate facilities all contributed to poor sanitation in Turkestan's POW camps. Tatyana Kotyukova (2017: 48-49) suggests the military authorities in Turkestan wanted to house POWs away from urban settlements, but this was not possible due to a lack of infrastructure in more remote areas. Thus, most prisoners of war in the region were interned near or even directly in cities and towns. Initially, existing structures, such as military barracks, were adapted to accommodate prisoners. For example, Troitsky, which became one of the largest camps in the region (at times, it held up to 18,000 interned men), was located about 30km north-east of Tashkent in the summer encampment of Russian troops stationed in the governorate-general's capital (LABW GLAK, FA 6643). As increasing numbers of POWs had to be accommodated, 37 purpose-built camps were constructed in Turkestan throughout the war, in addition to these conversions (Kotyukova, 2017: 48-49). Timur Apendiev and Nurzhigit Abdukadyrov (2020: 2019) suggest these arrangements were made haphazardly due to a lack of preparation. The fact that several camps were still partially under construction in the autumn of 1915 when prisoners of war already inhabited them is further evidence of this. For example, construction had not been completed in the camps of Ashgabat, Samarkand and Zolotaya Orda, all of which held more than 5,000 prisoners (Thormeyer and Ferrière, 1916: 104, 113). This presented problems, especially in the latter two, where bathrooms and laundry facilities had not yet been completed, contributing to unsanitary conditions and the spread of epidemic disease.

Makeshift accommodations were by no means unique to Turkestan. In the British Empire, a variety of places were converted into temporary holding facilities for prisoners of war, such as Newbury racecourse or an exhibition hall in London, or an agricultural showground in Johannesburg. These facilities were intended to be temporary both in the sense that they would cease to exist once they were no longer needed, often after a few weeks, and that prisoners only remained in these camps for a short period of time before continuing their journey to a more permanent location (Manz and Payani, 2019: 25-26). Though there were variations in the types of structures used, there were similar responses to the sudden influx of prisoners of war in the British and Russian Empires. However, despite these parallels, much higher rates of illness prevailed in the Russian camps than in Britain. Thus, a number of other factors that impact the spread of diseases, such as typhus, need to be considered.

Red Cross delegates claimed that environmental conditions had a significant impact on the health of camp internees and frequently commented on the landscape they encountered in Turkestan. There were significant differences in environment across the region, which contributed to disparities in camp conditions (Kotyukova, 2019: 36). In some camps, the climate was pleasant and even thought to be beneficial to the prisoners' health (LABW GLAK FA6643). Yet, Turkestan's harsh climate was also cited as one of the reasons for the ill-health of prisoners and thought to have a negative impact on their constitution. For example, German Red Cross delegate Mathilde von Horn commented in her report in 1916 that the Zolotaya Orda camp was located in the hostile environment of Turkestan's steppe region, and prisoners there were subjected daily to the blazing heat of the desert sun (LABW GLAK, FA 6643). Similarly, ICRC delegates Ferdinand Thormeyer and Frīdřic Ferrière remarked on their visit to the camp a year earlier that the 'total absence of vegetation, scarcity of water and dry air' made conditions unbearable in the summer when extreme temperatures and mosquitoes plagued the inhabitants (Thormeyer and Ferrière, 1916: 114).

These descriptions echo Russian imperial imageries, which viewed the unfamiliar environment in Turkestan with apprehension. Jennifer Keating (2022: 20) demonstrates that the desert landscape and extreme heat the region was associated with were thought to pose a threat to imperial rule as well as the European bodies and minds who enacted it. Similarly, the reports cited above speak to anxieties about the impact of internment in colonial settings on European soldiers. These appeals are reminiscent of the early nineteenth-century notion that ‘high and fluctuating temperatures, high humidity, and exposure to intense sunlight weakened the constitutions of Europeans who were not designed for or adapted to, warm climates’ (Worboys, 1996: 183).

A similar phenomenon can be observed for prisoners of war in other locations outside the Russian Empire. The German government used unsuitable climate as a main argument for the repatriation of its citizens from internment camps within British colonial territories. German government officials and inmates objected to the tropical environment of Ahmednagar, and the Institute for Tropical Disease in Hamburg commented on the harmful effects of prolonged exposure to the East African climate in a letter to the Imperial Colonial Office (Reichskolonialamt) (Murphy, 2017: 60). These concerns reveal that established prejudices against certain regions as unhealthy continued during the First World War. Within the Russian Empire, the climate in Turkestan was seen as particularly harmful, but the same argument was also made for colonial settings outside the Russian Empire. In addition to taking note of how the climate could affect prisoner wellbeing, the Red Cross delegates who visited prisoner of war camps were also concerned with the impact of specific diseases, and in the Russian case, typhus was of particular concern.

The Russian Empire had considerable experience with typhus by the time war broke out in 1914. According to K. David Patterson (1993: 361), the disease was endemic to most of the country, and ‘typhus visited major cities annually in the late nineteenth and early twentieth centuries, and rural people in all provinces were vulnerable to periodic outbreaks.’ The disease also affected captive populations in the Empire before the first World War. Most recently, a typhus and typhoid epidemic took hold in Russian prisons between 1908-1910. The suppression of the 1905 revolution had led to a rapid influx of prisoners, causing severe overcrowding in penal facilities, which in turn facilitated the spread of disease (Nakonechnyi, 2020).

As a result of these frequent encounters, the government and local authorities had trialed numerous measures to contain and prevent the spread of typhus by the outbreak of the First World War and used empirical evidence to establish isolation and disinfection as effective measures against the disease (Nakonechnyi, 2020; Patterson, 1993). Nevertheless, typhus spread across the country in 1914, and the chaos that reigned during the first months of the war prevented the implementation of effective measures to curb the spread. While typhus was contained on the Western front, it posed a significant threat to soldiers and civilians in eastern Europe (Harrison, 2010: 132-134; Patterson, 1993: 373). From here, the disease was carried into Russia’s interior by soldiers who were hurriedly evacuated from the front. John Hutchinson (1990: 117) described the dire situation as follows: ‘the desperate haste that marked early efforts to evacuate the sick and wounded resulted in the indiscriminate dispatch of soldiers suffering from cholera, smallpox, and typhus to the very heart of the country. Neither the army nor the Red Cross were able to separate and control infectious disease at the rudimentary front evacuation points, which had inadequate disinfection, bath, and laundry facilities.’

Hutchinson’s account shows that lack of preparation and resources made controlling the spread of typhus impossible. As well as Russian soldiers who were hastily evacuated from the front, prisoners of war were transported across great distances to remote parts of the Empire. Many did not receive adequate medical care after capture and carried disease with them to the interior (Nachtigal, 2004: 137). This problem was exacerbated by the unsanitary conditions of transport by rail, which provided ideal conditions for the spread of disease (Rachamimov, 2002: 53).

As historians such as Davis (1982: 38) and Rachamimov (2002: 103-105) have shown, typhus was one of the biggest challenges to prisoner of war health in Russia. Alongside other infectious diseases such as cholera, it decimated camp populations across the Empire in the first two years of the war, and Central Asia was no exception. ICRC delegates reported that a typhus epidemic had swept through Turkestan’s prisoner of war camps in spring 1915. After some reprieve in the summer months, conditions

had reportedly stabilised by the time the German and Swiss Red Cross delegations visited in October and November, respectively (Thormeyer and Ferrière, 1916: 64, 101). Shortly thereafter, the epidemic situation worsened again, likely in connection with the influx of large numbers of prisoners from Przemyśl, whose arrival contributed to overcrowding and increased infection in the camps. The winter months and early spring of 1916 saw epidemics of typhus and cholera, which left staggering rates of mortality in their wake (Cartellieri, 1942: 97-98; Кустенбергер, 1923: 21-22). According to German Red Cross delegate Mathilde von Horn, who visited POW camps in Turkestan in October 1916, of 30,000 men who had passed through the camp in Troitsky, 6,750 (or 22.5 per cent) had died by the time the delegation arrived, most of whom had fallen victim to violent epidemics.<sup>29</sup> Swedish Red Cross nurse Elsa Brandström paints an even more dire picture, suggesting that almost half of the prisoners in Troitsky lost their lives to epidemics within a three-month period (Brandström, 1927: 50). Historians frequently use Troitsky as an example of the appalling conditions POWs were subjected to in Russian Turkestan (Kotyukova, 2019: 31). The camp was so notorious it became known as the ‘death-camp’ of Turkestan (Brun, 1931: 49). However, the delegates’ reports show that other camps in the region also had deplorable sanitary conditions, including Katta Kurgan, Samarkand and Zolotaya Orda. According to Mathilde von Horn, mortality rates in the latter two were higher than in Troitsky (LABW GLAK, FA 6643).

The Red Cross delegates provided a number of reasons for the high infection and mortality rates in these camps. The main factor that they highlighted was inadequate hygiene and sanitation caused by unfinished or unsuitable facilities, as well as overcrowding and the camp administrations’ inability to do anything about any of these factors. The delegates’ reports require careful reading. Despite their acknowledgement of the gravity of the medical situation in Troitsky, different delegations produced conflicting reports of the conditions in the camp. According to the ICRC’s report of their visit in November 1915, the situation in the camp was satisfactory overall, and these Swiss delegates even classed some elements, such as the food, as ‘good’. Their report contained very little evidence that an epidemic could have manifested itself there only a few months prior. The ICRC’s only criticism was that there were too few bathing facilities and that the latrines were ‘a little far away.’ (Thormeyer and Ferrière, 1916: 111-112). This description stands in stark contrast to that found in the report written by German nurse Erika von Passow and Captain Drechsler, the Danish officer who accompanied her, who visited the camp just a month before the ICRC. Their report gives the impression that conditions in Troitsky were far worse than elsewhere. Following their visit in October 1915, they wrote: ‘The sanitary conditions in this camp are very bad, and the mortality is alarmingly high’ (BArch R67/1149). In addition to the bad hygiene in the camp, they criticised its vermin infestation and the undernourishment of prisoners (BArch R67/1149).

These high mortality rates were also not exceptional when compared to other regions in Russia. A number of studies have shown that infectious disease shaped captivity across the Empire, the most detailed of which is Reinhard Nachtigal’s article on the typhus epidemic in Tockoe, located in Kazan military district. Even though the authorities went to great lengths to conceal the true scale of the epidemic, it is evident that typhus claimed more lives here than it did in any of the Central Asian camps (Nachtigal, 2000: 377). The main reasons for this disastrous situation were the same in Tockoe as in Turkestan: inadequate hygiene and sanitation, overcrowding, and lack of decisive action to prevent the spread of disease in the camp.

The Russian Empire was not the only place of internment where prisoners of war suffered as a result of these factors. Typhus spread across camps in Germany during the first half of 1915. Heather Jones (2011: 99) estimates the overall infection rate at 5.27% but it was much higher in some camps. It is difficult to ascertain the total number of deaths but in Wittenberg, which became particularly notorious, the average death rate was reportedly 11% (Jones, 2011: 96). A severe typhus epidemic also occurred in the camp of Mauthausen in Austria during the first months of 1915 (Leidinger and Moritz, 2006: 35-36). Clearly, typhus presented a challenge to authorities and camp administrators in other locations that

<sup>29</sup>LABW GLAK, FA 6643, Bericht über den Besuch der Kriegsgefangenenlager in Turkestan, p.22; Thormeyer and Ferrière, *Rapport*, p. 103

accepted POWs from Europe's Eastern front. However, the Russian Empire had the highest death rate of POWs among the war's major forces, which was in large part due to hygiene (Nachtigal, 2000: 363). In Turkestan the scourge of epidemic disease went on for longer than elsewhere; the spread of typhus was not curbed until well into 1916 (LABW GLAK, FA 6643).

One reason for the horrendous conditions in Russian camps that has been highlighted by historians is the failure of the authorities to implement timely and effective anti-epidemic measures. Georg Wurzer (2000: 81-82) argues that materials from the Russian State Military Archive, dispute the claim made by German POWs that the Russian authorities only took measures against epidemic disease among prisoners when it posed a threat to the civilian population. According to these documents, Petrograd already sent orders to take decisive action against the spread of epidemics to Irkutsk military district in February 1915. These included the isolation of sick prisoners alongside other 'concrete regulations', though Wurzer does not tell us what these were. Historian Reinhard Nachtigal (2004: 153) suggests such directives were issued for Turkestan only in May 1916, when the typhus epidemic had raged for several months. Red Cross delegates and POWs do not appear to have known about these measures. However, these sources can give an insight into the situation on the ground, what actions were taken locally and how effective they were.

These accounts, which comment on conditions at the local level, are further important because regulations were not uniformly instituted across the country. While central control mechanisms, located in Petrograd, existed in theory, the reality was very different in the various military districts, which lay outside the control of the central authorities. (Leidinger and Moritz, 1999: 83, 85). Elsa Brandström, daughter of the Swedish ambassador to Petrograd, had lived in Russia for several years before beginning her work for the Swedish Red Cross and understood the country and its administration. She reflected on this in her memoir:

'The regulations came from St. Petersburg, but the generals in charge of the individual military districts were permitted to adapt them to local conditions as they saw fit. Therefore, the district commanders could add to the ordinance, which ultimately had to be executed by the camp commandants.' (Brandström, 1927: 7, cited in Leidinger and Moritz, 1999: 87).

Brandström's statement highlights the fact that local circumstances, as well as individual administrators, significantly affected the experiences of POWs in Russia. In her memoir she also shares a remarkable insight on Turkestan: 'The head of sanitation in Turkestan could not be convinced that typhus was spread by vermin so that all countermeasures such as disinfection or isolation of the sick were omitted.' (Brandström, 1927: 49). This claim of complete lack of preventive measures needs to be investigated further. In some camps this may have been the case, for example ICRC delegates reported on their visit to Ashgabat in November 1915 that prisoners arriving from Premyszl were not quarantined (Thormeyer and Ferrière, 1916: 113). However, the same report mentions that the typhus epidemic broke out 'despite precautions' in Troitsky (though no detail is given) (Thormeyer and Ferrière, 1916: 103). These differences between camps in the region suggest that conditions greatly depended on the leadership in individual camps, who operated with a considerable degree of autonomy.

Delegates' reports and memoirs alike highlight the role of camp staff and administration; they are filled with passages describing interactions with particularly caring or callous individuals. Notably, in all of the camps where medical conditions were found to be unsatisfactory, delegates criticise camp staff for incompetence or wickedness in their reports (LABW GLAK, FA 6643; BArch, R67/1149). On the other hand, they frequently attributed good conditions to the work of good commanders and doctors. Mathilde von Horn, who visited Zolotaya Orda in October 1916 reported that the conditions in the camp had much improved since the typhus epidemic in the spring. The reason she gave is that the previous head physician had been dismissed after Russian Red Cross delegation inspected the camp earlier that year, and was replaced with the 'capable' Dr. Osberchevsky, who was praised by POW doctors for his efforts to improve hygiene in the camp (LABW GLAK, FA6643).

As a comparison with Heather Jones' (2009) work shows, many of these dynamics can also be observed in responses to typhus in POW camps in Germany. For example, she cites the account of French medic Georges Monvoisin, who was interned in the camp of Wittenberg and later wrote about the conditions he witnessed there in his doctoral thesis. His account highlighted the overcrowding and

lack of medical supplies in the camp and that prisoners had no access to clean laundry, hot water or soap (Jones, 2009: 96-97, 106). In addition to shortcomings in sanitation and medical care in the camps there was also an almost complete lack of preventive measures against typhus in the first two years of the war. The German prisoner of war system did not delouse or quarantine soldiers newly arriving from the Eastern front and in many of the temporary camps there was no equipment for disinfection (Jones, 2009: 105).

Overall, the German authorities' responses to the typhus epidemic were 'initially remarkably slow' and only in the spring of 1915 were decisive actions taken (Jones, 2009: 104). Uta Hinz (2006a: 106, cited in Jones, 2009: 104) has argued that the typhus epidemic constituted a turning point in the management of prisoners of war in Germany. Permanent structures were built to house POWs, which changed the landscape of the German camp system within mere months. As a result, the hygienic conditions markedly improved and further typhus epidemics were prevented.

The epidemic situation in Turkestan began to improve by the summer of 1916. While typhus was quelled, hygienic conditions in many camps remained inadequate and prisoners continued to suffer from other forms of epidemic disease, such as Malaria (LABW GLAK, FA6643). In her report on the situation in Turkestan's POW camps in October and November 1916 Mathilde von Horn indicates the visit of a Russian Red Cross delegation in spring of that year was one of the main reasons for the improved conditions she encountered. The report suggests that sister Alexandra Romanova, the head of the delegation, had commandants and doctors she found to be incompetent dismissed, which led to improvements in the camps of Zolotaya Orda, Khodjent and Samarkand (LABW GLAK, FA6643). While further research is needed to ascertain the full impact of this visit, the report cited above suggests the changes affected were localised to individual camps, rather than structural. Likely, the general improvement in conditions was the result of a combination of factors, including pressure from humanitarian inspections, the introduction of regulations to stop the spread of epidemic disease, and the fact that the removal of POWs to Siberia in the aftermath of the 1916 Revolts eased the pressure on Turkestan's strained resources.

**Conclusion.** By considering initial responses to the influx of POWs in the British Empire, for example, in the provision of accommodation, and reactions to the 1915 typhus epidemic in Germany, this article has placed the main case study in the broader global context of captivity in the early twentieth century. It has shown that despite the unique circumstances that shaped the lives of POWs in Turkestan, there were considerable similarities with internment in other locations and that challenges related to hygiene and sanitation were not unique to the Russian case. While this article has focused on typhus as an example of the management of epidemic disease in Germany and Russian Central Asia, other comparisons could be made, for instance, by looking at other illnesses, such as malaria, or considering the use of POW work in other colonial settings.

As well as placing the case study of Turkestan in a global framework, this article has offered a micro-history perspective of internment by examining the camp level, mainly through the eyes of Red Cross Delegates who only spent a short amount of time in the region. These sources alone do not enable us to understand fully how the local context shaped experiences of captivity. For example, Thormeyer and Ferrière (1916: 103) wrote in their report on Troitsky that '[t]he fight against the epidemic was difficult because of local conditions and the difficulty of obtaining the necessary pharmaceutical products.' The delegates do not elaborate on this but they could have referred to shortages of food and other necessities, which began in Tashkent in 1915 and caused great hardship among the local population and POWs alike (Sahadeo, 2007: 168-169). Another factor to consider is the medical infrastructure in Turkestan. Sophie Hohmann (2009) argued the region was wholly underprepared for the epidemiological challenges brought by the influx of displaced people during the First World War. Further research is needed to understand precisely how these factors influenced the running of POW camps and, in turn, how the presence of large numbers of displaced persons impacted Turkestan during the First World War.

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## МАЗМҰНЫ ТЕОРИЯ ЖӘНЕ ӘДІСНАМА

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