

Curative Mythmaking: Children's Bodies, Medical Knowledge, and the Frontier of Health in Early Soviet Odesa

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Odesa's Many Frontiers

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Article abstract

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Keywords: children, orphan, disease, public health, medical, poverty, school, political education, Soviet Union, Odesa.

The 1927–28 celebration of the ten-year anniversary of the October Revolution was a momentous occasion in the Soviet Union. In Odesa, some 2,000 kilometers to the south of the uprising’s centre in former Petrograd, cash-strapped local authorities tried to leverage the event to fulfill what they viewed as a sacred obligation. It had taken some doing to secure Soviet rule over the port city. Multiple armies had fought for its control and frantic individuals who had sought to escape Bolshevik rule had fled here. Yet, for the present authority, Odesa was unquestionably Red. Preservation of October’s gains required vigilance and memorialization. The defenders of the city’s premier children’s institution—Comintern Children’s Town No. 1—proudly claimed the shelter as “a living monument to the achievements

of the October Revolution.”¹ Within its walls, were amassed droves of children whose parents had died in the struggle for Soviet power (DAOO, f. R-134, op. 1, spr. 1006, ark. 95). Victory demanded the full restitution of their health as well as their rescue from the poverty of orphanhood and abandonment. As Tricia Starks has argued, “the cleansed body was not just the building block of the socialist utopia; it became the material manifestation of the revolution’s success” (4). The model town would not just transform its wards. It would also restructure them as replacements for the heroic fallen, and, as such, they would function as inspirational exemplars for Odesa’s large number of children under state care.

Children’s welfare activists in Odesa envisioned a radical inversion of place. Change would happen in spaces formerly occupied by the forces of counter-revolution: a military school, a dacha settlement for Odesa’s affluent, and tsarist-era medical institutions and shelters. This ambition seemed possible because of a fundamental Bolshevik faith in science’s capacity to better the human condition. Two impediments stood in the way—the perceived corrupting, unpredictable nature of Odesa and the prevalence of disease, itself a product of the urban environment. Although the Soviets exploited the compulsory powers of the state in their search for a remedy, they were motivated by a professed ambition to relieve human suffering, especially among the revolution’s first generation. The martyrs of October demanded it.

Throughout the 1920s, there existed a tension between the Soviet state’s ambition to transform its young charges and its fear that too many homeless children (Russ.: *besprizornye*; Ukr.: *bezprytul’ni*)—the kind of children generally housed in institutions like the Comintern Children’s Town—would overwhelm the state’s capacity to reorient all children. Alan Ball, the author of a foundational work on the subject, vividly describes this dilemma: “As banners unfurled to proclaim children ‘the flowers of the future,’ ubiquitous *besprizornye* prompted many to worry that weeds choked the country’s flower beds, portending numerous thistles among the roses.” To optimists, however, the very existence of this population suggested “an unsurpassed opportunity to orchestrate the training of adolescent bodies and minds” (Ball xiii).²

Homeless children were famously adept at escaping the state’s grasp, but their guile only seemed to convince state authorities to redouble their efforts in the face of resistance. Maria Cristina Galmarini-Kabala argues that the social and economic integration of these children, along with that of other ostensibly dependent citizens, was a critical expression of Soviet

¹ Unless otherwise noted, all translations are my own.

² See also Gorsuch 139–66.

activists' steadfast commitment to the extension of moral rights: "Motives involving some degree of coercive rehabilitation, normalization, and punishment of non-working deviants co-existed with emancipatory intentions and genuine humanitarian concerns" (9). In Odesa, the state had a potentially greater ability to inscribe its intentions on children's bodies because of their structurally contingent position. It is true that many officials pursued this objective out of a notion of duty to the collective fate of children. Catriona Kelly reminds us: "street children might inspire fear, but parentless children as such were usually the object of pity" (229). However, orphanage administrators cared for such stray souls with a functional balance sheet in mind.

Above all else, Odesan authorities were worried that the scourge of disease would fatally undermine the campaign to prepare street children for engagement in the new socialist state. This essay focuses on understudied attempts to stem the tide of contagion among *besprizornye/bezprytul'ni* because progress on this front was a critical precondition to overall achievement. The editors of an influential work on the history of Soviet medicine emphasize that the Bolsheviks viewed the provision of health care as integral to their vision of socialism because of its promise to better the lives of all. The medicalization of early Soviet society tended to be centrally planned and attuned to "prophylaxis," but funding gaps "exposed enormous contradictions between the central health administration's desire to embed technically sophisticated preventive care across the nation, and the localities' acute demand for therapeutic services" (Bernstein et al. 7–8, 11–12). The Comintern Children's Town ultimate objective was to inculcate healthy habits among its waifs, but it and, most certainly, Odesan health authorities found themselves engaged in an inescapable and recurring crusade to treat the sick.

This challenge of locality can be lost in sweeping studies of the problem of children's homelessness that address the limits of institutional control but tend to amplify the pretensions of state undertakings. In reality, authorities interned children, only to have them escape and return—and disease travelled with them. The "battle against homelessness" inevitably involved a battle for health, a form of biopolitics famously described by Michel Foucault as a policy "centered on the body as a machine: its disciplining, the optimization of its capabilities, the exertion of its forces, the parallel increase of its usefulness and its docility, its integration into systems of efficient economic controls" (*The History of Sexuality* 139).³ As numerous other

³ Paula Michaels views the Soviet use of biomedical knowledge in non-Russian Central Asia as a form of "colonial control," similar to that exercised by "European imperial powers" (8). See also Mikhel 64–65. This imperial understanding might be applied to Ukraine even as some Odesa residents imagined the city to be a Russian

scholars have noted, this was an effort that the Soviets believed they would win because science was on their side.⁴

The “imparting of health” (Russ.: *ozdorovlenie*; Ukr.: *ozdorovlennia*) specifically to Soviet children required medical treatment in the most immediate sense to resolve the outbreak of disease. It also necessitated the application of the evolving field of “pedology” or child science, which drew from such disciplines as psychology, sociology, criminology, and education. In 1918, the government of Soviet Russia (RSFSR) authorized the creation of “medico-educational [pedagogical] establishments” to systematically treat and regulate juvenile offenders, many of whom were street children now categorized as “morally defective” (*moral'no-defektivnye*) (Byford 156). Although by 1924, this moniker fell out of commonplace use, pedologists were still convinced that many such children “were unhealthy, even if their pathology could be construed mostly as a reaction to an environment that the revolution would be transforming in a fundamental way” (Byford 158).⁵ Importantly, the association of a behavioural illness with *bezprytul'ni* also presumed their increased exposure to physical disease because of their surroundings and activities—petty thievery, prostitution, and substance abuse. In the “clinical gaze” of Odesan child scientists and physicians, these children were abnormal; their “hooliganism,” like that of their counterparts in the RSFSR, stood outside the norms of Soviet modernity and threatened to spread (Foucault, *The Birth of the Clinic* 278–81).⁶ Intervention was justified by an elaborate understanding of health, epidemic threat, and social remediation.

Ultimately, education was to ensure a definitive resolution of the problem of street children. The Comintern Children’s Town maintained its own internal network of schools; other children’s homes (Ukr.: *dytbudyanky*; Russ.: *detdomy*) for orphans and semi-orphans scattered throughout the city also functioned as centres of learning. Authorities would transfer the majority of *bezprytul'ni* collected from the streets to these institutions, but some criminal offenders were placed in correctional institutions, which offered their own form of instruction.⁷ Education was intended to be

space. On Odesa’s linguistic transformation in the 1920s and early 1930s, see Pauly 200–234.

⁴ For examples, see Bernstein et al. 8; Starks 21, 56.

⁵ On “medico-pedagogy,” see also Caroli 35–38, 188–202; Galmarini-Kabala 86–87.

⁶ On hooliganism, see Neuberger; Beer 190–201; Hoffman 105–06, 178–79; Shaw 73.

⁷ Galmarini-Kabala notes that the RSFSR Narkompros favoured support for “defectological” establishments that observed standards of “hygiene, sanitation, and good pedagogy” over correctional labour colonies that did not uphold even “the most primitive requirements of pedagogy” (87). The approach was similar in Soviet

transformational. Larry Holmes, in his authoritative study of schools in early Soviet Russia, asserts that the RSFSR Commissariat of Education (Narkompros) aimed “to annihilate the distinction between physical and mental labor that Marx had found so abhorrent; to make learning a joyful and relevant exercise; and to produce well-rounded, energetic, and politically loyal citizens” (9).⁸ I advance this argument further in my own work on primary schools in the Ukrainian Soviet Socialist Republic (UkrSSR). In addition to instructing children in the Ukrainian language and national culture (as part of a campaign for linguistic Ukrainization—*ukrainizatsiia*), I argue that a unique feature of the separate Ukrainian educational system was an even more strident commitment to labour training. This orientation resulted in the creation of distinctive two-year *profshkoly* (vocational schools) at the secondary level as well as the regular promulgation of a labour-oriented progressive curriculum for the primary school. The comparatively lasting devotion of the Ukrainian Commissariat of Education (Narkomos) to this pedagogy was justified on the grounds that the republic needed to quickly train children to rebuild an economy especially ravaged by civil war and famine (Pauly 23, 42–62).⁹ Odesan street children were a notable expression of the human loss that Ukraine had experienced.

Odesa’s place in Ukraine meant that children’s institutions in the city were objects of the above efforts. Administrators and activists corresponded first with republican level authorities in Kharkiv about their educational plans. However, such aims suffered the same fate as those in Russia: “under the conditions of famine and epidemics, the issues of moral and ideological education of the younger generation receded into the background” (Smirnova 256). Soviet experts believed unsatisfactory physical health and behavioural disorders were interrelated, but nothing could be accomplished without addressing the former (Kelly 202; Starks 86). As it regards disease, municipal authority mattered more than republican.¹⁰ The walls of places like the children’s town failed to wholly circumscribe its wards, and disease was a perennial interloper. The city loomed just beyond the boundaries of any juvenile institution.

Ukraine. For an introduction to pedagogy in such labour colonies and homes, see Ball 96–97; Slavko 106–07.

⁸ For more on early Soviet education in the RSFSR, see Fitzpatrick; Ewing; Parlett.

⁹ The republics maintained their own educational and health systems. Some Odesan children’s institutions like the Comintern Children’s Town had all-Union significance, but they fell under the supervision of UkrSSR authorities in Kharkiv.

¹⁰ There is limited scholarship on the problem of children’s homelessness in the whole of early Soviet Ukraine, although Ukrainian historians have emphasized a concern for locality. On the Donbas, see Dobrov, et al. On southern Ukraine, see the following theses: Zinchenko; Bukriev.

As a port city, Odesa had continually wrestled with the issue of disease. Charles King stresses the fundamental importance of the threat of contagion to the city's history in the Russian Empire. Since its founding, parasites had arrived by sea inside the bodies of ship passengers or amongst cargo and the "perils of epidemic diseases, and Russia's nearly century-long fight against them, became another of the hallmarks of Odessa's [Odesa's] frontier identity" (King 61). Profits from the sale of marked-up goods and services sold to travellers who were quarantined in the port's lazaretto filled the coffers of Odesa's most enterprising and, in turn, civically minded citizens (King 141–43). Disease also spread through relations between residents, especially in the city's notorious underworld. By the late nineteenth century, the intersecting concerns of criminality and infection became as much a part of myth as Odesa's cosmopolitanism, wealth, and culture: "The seaport has lent itself to such mythmaking, it was easy to find both Nirvana and Gomorrah within its walls" (Tanny 8).¹¹ Rebecca Stanton labels Odesa a "heterotopia, a place that is real and fictional at the same time" (18). Like the city's modernist writers, Soviet health administrators were to advance the construction of an "Odessian [Odesan] text" (8, 16, 20, 26–33), in which the reality of observed and known disease co-existed with triumphant narratives of its ongoing eradication.

This essay focuses on the presentation and management of this potential. Circumstances militated against easy success, but the public value gained from the effort was more important than the rescue of any individual child. Soviet authorities judged that the most effective way to feed, clothe, and train indigent and homeless children was to concentrate them in state-run institutions. However, this effort revealed a central paradox. Grouping high numbers of children together provided ideal conditions for the spread of disease and compromised the state's educational goals. Furthermore, an overabundance of sick children threatened to undermine the model status of institutions like the Comintern Children's Town. Odesan authorities trusted in the value of a controlled space when disease (and the potential of epidemic) disrupted the most determined management. The solution was to be found in the isolation and even removal of carriers of infection beyond the bounds of the city.

This was not a uniquely Odesan response, but the city's dilemma was heightened because of particular circumstances—a comparatively large population of street children and the city's historical reputation as a haven for the hungry, the desolate, and the criminal. The campaign required the

¹¹ If Gomorrah was the presence of thieves and comen, Nirvana for some was the relatively high percentage of Jews among Odesa's doctors—already 39.5 percent in 1881 (Tanny 29). For a history of pre-revolutionary criminality in Odesa, see Sylvester.

participation of the wider city in the identification of contagion, association of disease with immorality, and perpetuation of the image of good health. The Soviets could tap into Odesa's formidable scientific expertise, and success promised benefit for the whole city. What emerged from their efforts was a biopolitical script written in the name of the collective good.¹²

INSTITUTIONALIZING HEALTH

Street children were an enduring concern in Odesa. The disorder wrought by war, political terror, and famine created new a generation of orphans and semi-orphans—children from across the former empire sought sanctuary from winter's cold by riding the rails south to the end of the line. They eked out an existence in the relative warmth of the city, living in the “skeletons of buildings destroyed by French naval bombardments and the explosion of German ammunition dumps” (Ball 30). As Viktor Savchenko puts it, street children were “met in Odesa at every turn”—out of a 1923 children's population in the Odesa province of approximately 1.1 million, there were 30,000 street children living outside penal institutions. These “hardened ‘little’ people” were not only a source of crime, but also were significant carriers of disease (Savchenko 31-32). In this year alone, children's homes in the Odesa province housed 22,000 wards, a number that was second only to the famine torn Ekaterinoslav (Dnipro) province in the fledgling Soviet Ukrainian republic (Ball 283).¹³ Odesa was and had always been a mecca for desperate children whom the Soviet state now hoped to save.

Much of what we know about the founding of the most important Odesan institution designed to confront the problem of children's homelessness and the accompanying threat of disease comes from the notes of Vladimir Potemkin,¹⁴ the 1922 head of the Odesa Provincial Education

¹² Sergei Prozorov associates biopolitics with Stalinism because of the hegemonic, transformative intent of this system. However, what he terms an experiential, “revolutionary transcendence” was imposed at an earlier date on children who passed through state institutions in Odesa (Prozorov 78).

¹³ Savchenko's view is that the children represented the “inhumanity of the ‘proletarian’ government” (31). Moscow was also a major destination for homeless children from throughout the USSR (including Ukraine). Children's institutions here were severely overcrowded, despite the priority funding afforded to the Soviet capital (Smirnova 251).

¹⁴ The sources that I consulted for this study were written in the Russian and Ukrainian languages. I generally rely on transliteration from Russian for last names of non-ethnic Ukrainian figures. I provide first names for all individuals when known.

Department (Hubnarosvita—*Huberns'kyi viddil narodnoi osvity*).¹⁵ According to Potemkin, the initiative for the idea of a “children’s town” in Odesa belongs to the then representative of the Odesa Provincial Revolutionary Committee (Revkom) and a future Ukrainian commissar of education, Oleksandr Shums'kyi. When touring Odesa in 1920 with the chief of the Provincial Corrections Department, Shums'kyi visited an internment camp, located on the grounds of a former military cadet academy on Sredn'ofontans'ka Street, to the south of the centre of Odesa. Shums'kyi found it odd that prisoners incarcerated by Soviet justice occupied a well-furnished building and were provided with regular meals, while many of Odesa’s forlorn children lived in overcrowded, unsanitary, and disease-ridden conditions. Therefore, he resolved to thoroughly transform the building and farmstead of the military school, as well as a settlement of dachas renamed Samopomoshch' (Russ.: Self-Reliance) and the beach and bathing area of the former “Arkadiia” health resort, located within walking distance (Potemkin 7). His goal was to transfer multiple children’s institutions to the site and unite them in one organization under one management.

On 12 June 1920, the Odesa Revkom designated a provincial Council for the Defence of Children with wide authority for creating a proposed children’s town (Ukr.: *mistechko*; Russ.: *gorodok*). It formed a special administrative board dedicated to this task. The site of the children’s town was not settled, but Shums'kyi strongly advocated for the use of the cadet academy because of its relatively recent construction as a large training facility, its embrace of over five acres of land, and a proprietary electrical station and central heating system. Its barracks were to be used for classes and an infirmary, not for children’s housing, because the board decided that this was antithetical to the outlined principles of the “town,” which ostensibly advocated for “the idea of a harmonious combination of small children’s communes.”¹⁶ Only the officers’ rooms were intended to be

¹⁵ Hubnarosvita and the other local departments referenced in this essay were units of local governments, but they also reported to and received instruction from republican level commissariats such as Narkomos. The administrative divisions of Soviet Ukraine are confusing, partly because their names, jurisdictions, and numbers shifted midway through the 1920s. I translate the larger unit—*huberniia* (Ukr.)/*guberniia* (Russ.)—as “province.” From 1923 to 1925, the UkrSSR government replaced these provinces with a greater number of smaller *okruhy* (regions) and subsidiary *raiony* (districts).

¹⁶ There were two other children’s towns in Odesa (the First of May Children’s Town No. 2 and the October Revolution Children’s Town No. 3); however, the Comintern Children’s Town No. 1 was the only centre to survive past the mid-1920s. Children’s towns receive little mention in the existing historiography. Dorena Caroli discusses a

occupied by school-age children. In addition, the shelter's wards could avail themselves of the cottages and gardens of the Samopomoshch' dacha settlement and Arkadiia beach. These facilities offered "an intimate, peaceful, and happy atmosphere" in which young bodies would be restored to health (Potemkin 9).¹⁷ As Starks puts it, such structures "showed the power of the Soviet state to change the physical environment, reflecting the hope that it could manipulate human behavior, as well as the faith of the hygienists that physical change precipitated socialist consciousness" (70–71). The Odesa children's town promised not just the conversion and control of a tsarist-era military space, but its functional transposition.

The children's town was to be a sort of amalgamated, residential school system. Ten "school-communes" and six kindergartens were initially housed on site. In accordance with Soviet nationalities policy, a portion of these educational institutions were designated by ethnic make-up, including Ukrainian, Polish, Jewish, Lithuanian, and Belarusian establishments. Ethnic Russian children and other nationalities were enrolled in so-called Russian-language "internationalist" schools. The number of schools continued to grow as the residents of other children's institutions—*dytbudynty*, school-communes, summer colonies, etc.—were transferred to the town (Potemkin 15, 32, 45–46).¹⁸ Practically speaking, the differences between the institutions of origin were negligible. The overwhelming majority of children transferred to the town were orphaned, semi-orphaned, or abandoned. The descriptor "commune" implied greater integration of a labour curriculum and an aspiration toward self-governance.¹⁹ The town's kindergartens and

children's town established in Moscow in 1924, but her description is at odds with the image Potemkin paints. While it was ostensibly founded to rationalize costs, Caroli maintains that the town severely disrupted the lives of its 1,500 internees (214).

¹⁷ Catriona Kelly describes similar ambitions for a model orphanage in Odesa, the House of the Child (Kelly 203–04).

¹⁸ The schools were later renamed *trudshkoly* (labour schools) and *profshkoly* (vocational schools) to correspond with the UkrSSR's conventional educational system of the 1920s.

¹⁹ By 1924, the town consisted of 14 *dytbudynty*, educating 1,460 children: 63.78 percent were full orphans, 30.55 percent were half-orphans, 3.81 percent had parents, and 1.86 percent had unknown parentage (DAOO, f. R-1234, op. 1, spr. 8, ark. 126–27). Soviet pedagogues imagined children's homes as places of tutelage for all children, but already by the early 1920s in the RSFSR they cared largely for the homeless (Ball 87–88, 131–32, 283–84). For more on children's homes, see Caroli 219–21, 232–41; Kelly 201–02; Kirschenbaum 50–62; Holmes 31, 111–12. In Ukraine, the state's desire to act as a surrogate parent was realized through a localized, labour-oriented progressive curriculum in the primary school (Pauly 23–24).

“schools-communes” were effectively boarding schools for children aged 4–14-years old, although younger and older children were present as well. It was the very lack of self-sufficiency of these institutions that justified their concentration in the town. And none would survive if rampant disease was not addressed.

To operationalize their plan, the organizers of the Comintern Children’s Town and other children’s institutions in the city of Odesa deferred to a range of medical expertise. Despite concerns about sanitation at Samopomoshch', “the question of the aptitude of the settlement” was reportedly decided “based on a special medical authority” provided by the Odesa Provincial Health Department (*Hubzdorov—Huberns'kyi viddil okhorony zdorov'ia*) (Potemkin 9). A planning commission formally appointed a doctor for every 2–3 schools of the town and one senior doctor for a 60-bed “hospital” to be located on site (Potemkin 36). Furthermore, the department’s Protection of Motherhood and Infancy Section (*Okhmatdyt—Okhorona materynstva ta dytynstva*) was to conduct regular inspections of the town and other children’s homes to evaluate the health of toddlers under four-years of age (DAOO, f. R-110, op. 1, spr. 1447, ark. 181). In short, the commission presented wellness as the determinative criterion for the town’s design.

In their drive to improve children’s health, Odesan officials benefitted from the city’s status as a centre of medicine. The port’s long history of fighting disease necessitated the establishment of innovative research and therapeutic institutions.²⁰ Nobel-prize winner, Il'ia Mechnikov, first began research into cellular immunology at Odesa’s Novorossiiia University. The Odesa bacteriological laboratory, proposed by Mechnikov to combat cholera in the late nineteenth century, provided employment and training for scores of the Russian Empire’s most prominent medical scientists, some of whom were critical to later Soviet epidemiological efforts in the city and beyond (Davis 29–31, 58–65).²¹ One leader of this “Odessa [Odesa] group” was the Ukrainian scientist, Danylo Zabolotnyi, whose microbiological institute (*Mikrob*) in Saratov supported a robust anti-plague network in the Volga region of Soviet Russia, beginning in 1919 (*Mikhel* 52–66).²² In Ukraine, the “terrible epidemic situation” following the civil war required “exceptional attention,” and the third and final Soviet Ukrainian government recruited

²⁰ In 1902, partly in recognition of Odesa’s “location in the epidemiological danger zone of Southern Russia,” Odesa was granted its own medical administration alongside ones in Moscow, St. Petersburg, and Warsaw (*Hutchinson* 11).

²¹ John Davis argues that “much of the work that influenced the general Russian medical framework is traceable to Mechnikov in Odessa [Odesa] and [Nikolai] Pirogov at Sevastopol” (236). For more on Mechnikov, see King 143–50.

²² *Mikhel* labels Zabolotnyi “the foremost Russian” expert on plague (53).

Zabolotnyi for service in a newly secured Odesa. He served multiple roles in the early 1920s, including chair of a state-appointed scientific commission on typhus, first rector of the newly formed Odesa Medical Institute, and founder of the House of Sanitary Education (Lotova and Idel'chik 129, 187; Zaporozhan et al. 99, 161). As a sign of its standing, Odesa hosted the Tenth All-Union Congress of Bacteriologists, Epidemiologists, and Sanitary Doctors in 1926, an event which paid homage to Mechnikov by renaming a street after the groundbreaking scientist and, in Zabolotnyi's estimation, stimulated a new wave of research in "the old scientific centre" that was Odesa (Vasil'ev 162–64). It was also an acknowledgment of the Soviet public health work already begun in places like the Comintern Children's Town, a prime example of Soviet "modernity" exemplified by Odesan health activists.²³

The variety of medical evaluative mechanisms instituted by local authorities testifies to the importance that they gave to the town's function as a curative as well as prophylactic institution. In April 1921, Radnarkom (*Rada narodnykh komisariv*—Council of People's Commissars), the highest executive authority of the UkrSSR, issued a decree declaring the settlement an "experimental" institution and bequeathing it with the full formal name: the Communist International [Comintern] State Model Children's Town, later designated Children's Town No. 1.²⁴ Lessons regarding the medical care of children would have importance for the Ukrainian republic and the Soviet Union as a whole. However, health concerns disrupted the early years of the town. To begin with, ambiguity about the initial fate of the town meant that plans to disinfect the cadet academy were delayed. Diseases like typhus and cholera which inhabited the bodies of its former occupants—political prisoners and Red Army soldiers—threatened to contaminate the new arrivals.²⁵ Furthermore, the town was located some seven kilometers outside of the city centre and its supply of therapeutics and other essential aid was sparse due to the unavailability of transport. The onset of winter hampered the initial organization of the proposed hospital, as children

²³ Tanya Richardson notes that contemporary Odesans lament the city's loss of a kind of "modernity" represented by the dilapidated tsarist- and Soviet-era medical establishments that she observed on walks with local history enthusiasts (108).

²⁴ Despite this initial honour and its later attention, the children's town has garnered little in the way of comprehensive scholarly attention. It gets occasional mention in Ukrainian histories and there are two brief studies: Kuz'mych; Petryshyna and Iurii. Richardson was led to its former site by the leader of a local history group who offered a romanticized account of the town's past (150–51).

²⁵ Soldiers and deserters were primary spreaders of infectious disease in the former Russian Empire (Weissman 102).

huddled together without heating oil, clean linens, soap, medicine, or much food (Potemkin 17, 24–26).

Infections spread rapidly among all residents in the town and scurvy felled undernourished young bodies. Administrators blamed these contagions on multiple factors. Obviously, the absence of soap and medicine meant that staff could not bathe children or launder clothing. Perhaps as a measure of self-preservation, some employees resorted to buying medicine for the children out of their own pockets in effort to stave off illness. In a city devastated by war, food was in short supply for all Odesa residents and thefts from the kitchen, stockrooms, and garden occurred regularly regardless of the controls that the town and local authorities implemented. Furthermore, Hubzdorov's response to the growing health crisis was insufficient. Potemkin maintains that from the very beginning, the health department had "regarded the construction of the town disapprovingly," pointing to the significant potential of an outbreak of disease among a high concentration of children, crowded into poorly furnished buildings without adequate sewage (36). The department was probably correct, but Potemkin suggests Hubzdorov's early hesitation led to confused management. By the summer of 1921, the town's population had expanded to 2,000 and became one of the largest children's facilities in the Soviet Union—with only four consulting doctors responsible for caring for all residents within the town. To better rationalize resources, a special commission of the Odesa provincial government streamlined their medical reporting authority. It placed all medical personnel, including two recently recruited dentists and a pharmacist, under a new medical section head who reported directly to the town's recently empowered director (Potemkin 20–22, 36–38). Whether Hubzdorov liked it or not, local authorities considered this assemblage of children's institutions to be a premier pediatric health institution in Odesa.

But children kept on arriving to the town and often they were unclothed, sick, and weak. Despite the medical role that Odesa authorities had assigned to it, Potemkin expresses an exasperation with this requirement to admit new children, an annoyance that must have reflected the feelings of the town's staff at the time. He argues that there should have been a "temporary" cessation in the admission of children while the town waited to receive desperately needed supplies. Instead, Hubnarosvita continued to press for the entry of new children until the town simply became overwhelmed (Potemkin 20). In fact, the influx of new children motivated the creation of a unit in the town's hospital to quarantine children with scabies, a parasite which infected some 70 percent of the children's population. Cases of diphtheria, scarlet fever, and measles among new wards led to their separate housing. Most seriously, typhus was reported in the town's Yiddish-language kindergarten after an employee contracted the infection while washing and dressing arrivals. The fact that most of the children were around 30 percent

lighter than the normal weight for their age meant they were less able to successfully fight off disease (Potemkin 36–38). A 1921 flood of starving children from the famine-ravaged Volga region in the RSFSR (to the northeast of Odesa) only exacerbated this challenge (DAOO, f. R-99, op. 1, spr. 64, ark. 71).

There is a certain irony in Potemkin's frustration with the entrants. After all, resolution of disease was one of the chief reasons for the town's creation. The provincial education department especially saw value in assembling sick children in one place to marshal its resources towards a single, revolutionary goal: the uplifting and training of neglected children. Furthermore, even though Hubzdorov administrators warned against danger of this site and its grandiose size, they were not in principle against the idea of grouping sick children to better treat them and gather epidemiological knowledge. However, the town's leaders did not want disease to reach such a scale that it interfered with the town's pedagogical and political missions. The solution that they ultimately settled on was separation of the sickest children. In January 1921, children who contracted typhus were placed in an "isolation unit" in the centre of the city and those with severe ringworm were transferred to a municipal hospital for epilation by x-ray. By 1922, the town's health situation was said to have improved remarkably. Infectious diseases continued to occur, but their spread was reportedly quickly contained. And the remaining children flourished. The purported formula for success was "baths, country air, and swimming in the sea" (Potemkin 36–40).

CONTAGION AND THE CITY

In reality, disease persisted beyond the walls of Comintern Children's Town. In a detailed report to the Odesa provincial branch of a UkrSSR state agency established to aid victims of the famine—the Committee for Famine Relief (Ukr.: *Dophol—Komitet dopomohy holoduiuchym*; Russ.: *Pomgol—Komitet pomoshchi golodaiushchim*)—administrators of an isolation unit, perhaps the one Potemkin specified, described conditions for sick, orphaned children. According to the unit's administration, in the early winter and spring of 1922, some 35–40 children were transferred per month to a municipal hospital (likely the First Soviet People's Hospital) for "diseases related to hunger": scurvy, edema, and other unidentified intestinal conditions (DAOO, f. R-702, op. 1, spr. 2, ark. 26). Their situation was apparently so serious that the hospital only discharged these children at the time of the report's writing in the fall. Deaths, particularly of infants and toddlers, also occurred in the isolation unit before its personnel could move them to the hospital. The report blamed these deaths on a poor diet of water,

cereal, a small amount of black bread, and occasional milk. Children systematically lost weight from the date of their admission until some submitted to starvation.

It was astounding that Odesan institutions accepted any children from the Volga region, or even from other points in the UkrSSR. Odesa had its own problem with food shortages, and disease spread rapidly among the city's starving population. By the time authorities chose to provide sick children from the city's shelters with external medical assistance, it was generally too late. According to data from April 1922, some 62 percent of institutionalized children admitted to the First Hospital died in that month from starvation and dysentery. The situation was even more desperate outside the city's borders. As of 25 July 1922, there were 519,034 people starving in the Odesa province, including 225,508 adults and 293,526 children. The population survived on water and wild, leafy plants—sorrel and orache (Savchenko 27). Dophol was the principal agency for dispensing aid to this population. It formally operated under the authority of the UkrSSR government, but it worked closely with its counterpart in the RSFSR. It also co-ordinated aid from foreign organizations, such as the American Jewish Joint Distribution Committee (Joint/JDC), the Nansen International Relief Committee (Nansen Mission), and the American Relief Administration (ARA).²⁶

The activities of these organizations in Odesa are worthy of a separate, comprehensive examination. In brief, the personal observations of ARA staff and support officers in Odesa make for grim reading. Bertrand Patenaude, the author of a formidable study on the ARA campaign in Soviet Russia and Ukraine, notes that for “tales of the unburied dead no place surpasses Odesa [Odesa]” (Patenaude 230). The commanding officer of a ship which had brought ARA relief packages to the port visited one Odesa hospital in April 1922 after hearing of corpses “piled up like cordwood” and was astonished by the hundreds of bodies he saw in the building's basement (Patenaude 231). Among the victims he observed on the way to a municipal cemetery were several children; most of the dead appeared to have “died from starvation as they were very much emaciated.” Wooden carts carried corpses to the undertaker only then to be used to transport living, infirm children “with no thought to sanitation” (Patenaude 238). The picture gained from a reading of ARA and other foreign sources is of Soviet bureaucratic incompetence and ignorance of basic public health remedies. While this view is not without reason, it is truer that authorities were simply overwhelmed

²⁶ The RSFSR Pomgol committee effectively functioned as an inter-republican organization, especially prior to the creation of the USSR in December 1922. On the UkrSSR Dophol, see Veselova et al; Kyrlylenko. There is a whole file collection at the State Archive of the Odesa Region dedicated to the activities of foreign famine relief organizations in Odesa, DA00, f. R-453, op. 1.

by the scale of human misery. As I have argued above, Odesan health experts had considerable epidemiological experience.

Since Dophol's assumption of oversight over the isolation unit in the summer of 1922, its administration insisted that the "establishment is resuscitating step by step" (DAOO, f. 1, R-702, op. 1, spr. 2, ark. 26). Children retained their weight because of the committee's provision of food. Hospital transfers became infrequent, and the number of deaths declined. Recently weaned toddlers, the most at-risk population, were now given food suitable to their age of development. Most importantly, the unit began to function more effectively as a quarantine agency. Adequate supplies of food helped not only children, but also employees. Employees who were more regularly fed and paid could better attend to new arrivals and help stem the tide of further contagion. Yet the mere fact that the report highlighted such improvements, suggested a continued struggle. It argued that the quarantine "should be equated with institutions of a shock [*udarnogo*] character" because "we serve as the threshold which protects our children's homes from infection" (DAOO, f. 1, R-702, op. 1, spr. 2, ark. 26). At the time of the unit's founding, most of the employees became sick with epidemic typhus after contracting the disease while treating children's lesions. One older employee became sick with cholera and died. The staff worked to clean the children, treat skin, and eye diseases, stop outbreaks of smallpox, and administer vaccinations for cholera and typhus. New arrivals were particularly vulnerable because of their emaciated condition: thus, the unit's focus was on diet. The children had improved in health and presumably were sent on to conventional children's homes, like those of the Comintern Children's Town. However, as the report, argued "we indiscriminately take on all the street filth." It noted ominously that the "severe conditions of the coming autumn and winter [1922-23]" required Dophol's further support (DAOO, f. R-702, op. 1, spr. 2, ark. 26-26zv.).²⁷ As much as progress had been achieved, it was the unit's continued responsibility to prevent the spread of epidemic further, to other children's institutions and the city of Odesa more widely. The entire city's population was invested in the success of the isolation unit. And it seemed overly optimistic that it alone would stem the tide of disease.

As with any public health concern, the primary objective of local authorities was to keep the numbers of potential carriers of disease low and to separate the sick. The practical consequence of this for the city of Odesa was an effort to widen its quarantine powers and exclude non-resident children from prolonged care. For example, a 1921 transfer of over one thousand refugee children from the Volga German Workers' Commune to the

²⁷ On the chaotic nature of these "re-evacuations" of children, see Smirnova 168.

Odesa province in closed, “medical trains” was temporary. An unspecified, but a “great” number of them died en route or soon after their arrival. By September 1923, Odesa authorities sent most of them back, although some had also returned on their own without permission. 115 of these children remained in the Odesa province, either because of significant “health conditions” or because they had no family to return to and had been abandoned by the peasant families that had hosted them (DAOO, f. R-99, op. 1, spr. 64, ark. 71). What was abundantly clear is that the great majority would not be admitted to Odesa’s children’s homes or allowed to wander into the city and join the ranks of its street children. State authorities acted to ensure that the children’s travel to Odesa, stay, and return was strictly regulated, with a specific regard to concerns of public health.

The population of at-risk children identified by local Odesa officials fluctuated, but the sense of acute crisis (and opportunity) that they signaled in the years following the end of the civil war abated. A January 1924 plan compiled by the inspectorate of the provincial education department proposed a careful account and categorization of street children and institutionalized dependents, including former evacuees from famine-infected provinces who remained in the city. This latter provision suggested perhaps that the number of refugee children was still significant, regardless of the state’s intent. Whatever the case, the inspectorate’s aim was to secure the “stabilization” of children’s homes, that is the division of children into discrete populations by age and want. Importantly, it specified the need to establish special “curative” [Ukr.: *likuval’ni*; Russ.: *lechebnye*] homes for children suffering from disease, especially favus (a fungal infection of the scalp), trachoma (a bacterial infection of the eye), and scabies (DAOO, f. R-150, op. 1, spr. 326, ark. 182). Further grand curricular plans that the inspectorate sketched out in the proposal would never be realized if this ambition to contain illness was not met.

The documentary record suggests that this problem of isolating sick children in Odesa was never fully resolved. And the city’s borders remained porous. In October 1928, the inspector of the Child Protection Section (*Sektsiia okhorony dytynstva*) under the reorganized Odesa Regional Education Department (*Okrnarosvita—okruzhnyi viddil narodnoi osvity*), Havryliv, related his agency’s continued efforts to quarantine children.²⁸ The

²⁸ Okrnarosvita replaced Hubnarosvita after the 1925 redrawing of the UkrSSR’s administrative divisions into *okruhy* (regions). Havryliv was simultaneously the head of the regional Commission on Juvenile Affairs (KSN). His dual role speaks to the overlapping nature of children’s welfare agencies. Like their Russian counterparts, local departments of education in the UkrSSR recruited inspectors to patrol the streets for *bezprytul’ni* and transfer them to collectors administered by the KSN

section had initiated a roundup of Odesa's street children the previous spring, but "since other localities were not taking similar measures regarding the forced placement of children in children's homes, scores of street children from other localities began to arrive again in Odesa" (DAOO, f. R-134, op. 1, spr. 1030, ark. 1). The section was forced to pack children into small buildings that were ill-suited for childcare. This ad hoc adaptation had a negative impact on the children's health: "With such overcrowded children's homes . . . there was no way to separate healthy children from the sick and distribute them according to age and social neglect" (DAOO, f. R-134, op. 1, spr. 1030, ark. 1). The Odesa city soviet ordered Okrnarosvita to find better quarters for these children. As a result, a large, new home for homeless children was established on Hospital'nyi Lane—near the military hospital, just south of the centre—to house children from existing shelters. In this home, children were separated according to multiple variables, including health. However, space remained tight. The house was redesigned for 300 children, but it housed 364 at the time of the report's writing (DAOO, f. R-134, op. 1, spr. 1030, ark. 1). Havryliv gives no details on how sick children were grouped in this new scheme, but the continued overloading of a structure specifically intended for the remediation of this problem is telling about its intractability.

Nevertheless, municipal authorities seemed to trust in their ability to identify and solve the persistent problem of children's health through bureaucratic organization. The conventional militia and the state security police (Ukr.: DPU—*Derzhavne politychne upravlinnia*; Russ.: GPU—*Gosudarstvennoe politicheskoe upravlenie*) picked up some 654 children from the streets over the course of a year and a half.²⁹ The child protection section divided these children up and distributed them to ten different types of institutions. Although the state had established a wide range of remedial bodies for juvenile delinquents by the late 1920s, authorities usually dispatched *bezprytul'ni* to establishments maintained by local departments of education or health.³⁰ In this instance, 19 children were sent immediately to reformatories run by the regional justice department; another 196 were slated for review by the Odesa prosecutor's criminal investigative department. Some of these children were probably unwell, but the section

(which were also part of the Narkomos network), to be discussed below. On these operations generally, see Ball 97, 245; Bukriev 118–19, 139–42, 287–88.

²⁹ For Andrei Slavko, this action represented a "new stage" in policy toward the homeless—after 1927 the Soviet authorities increasingly resorted to "military-Chekist operations" in a bid to resolve the embarrassing problem of street children (62–63). See also Savchenko 278–81.

³⁰ The nomenclature of children's institutions can be confusing. Alan Ball provides a partial list: *detdomy* (*dytbudyanky*), colonies, communes, institutes (95).

prioritized concerns about their criminality. Havryliv claimed that the timely separation of sick children from the healthy allowed Okrnaroslita to rationalize its resources and eliminate one building for trachoma sufferers. The section sent most children to conventional children's institutions, like the new building on Hospital'nyi, and apparently segregated them there. Only 14 children were sent to medical establishments for urgent treatment. Still, Havryliv conceded the possibility of a new influx of sick children: "At the present moment, due to ill health in the countryside and unemployment in the city, there is again an increase in children's homelessness, and there will be no opportunity to take care of them in children's homes due to the absence of [available] places" (DAOO, f. R-134, op. 1, spr. 1030, ark. 1-2). The demand for a solution would continue to grow, but municipal and provincial authorities lacked the capacity to alleviate the burden on existing institutions beyond periodic shifts in responsibility.

In the early 1920s, the effort to limit the spread of disease in the city of Odesa was a revolutionary necessity. Children were ironically seen as both the spreaders of epidemic and the inheritors of the new political order under construction. By the late 1920s and into the 1930s authorities, like those in the education department, saw youth as potential harbingers of a danger not from the more distant Volga area, but from the environs around the city itself. In the fall of 1928, grain requisitions in the countryside had not begun. Yet, the council viewed the wider region as a source of "ill health," perhaps because of already existing food shortages and limited medical facilities. It sought to keep the problem at bay, partly by finding employment for teenagers already in the city, as well as by returning juvenile, provincial migrants to their parents or giving peasants willing to foster the children a one-time payment of 30 rubles and an allotment of land (or 120 rubles without land) (DAOO, f. R-134, op. 1, spr. 1030, ark. 3).³¹ Odesa here does not appear to be the site of revolutionary catharsis and transformation, but rather a closed space in which childcare campaigns would be carefully circumscribed to ensure the greatest success.

MEDICALIZING CARE

Odesa was exceptionally situated to pursue this experiment not only because of its long history of fighting disease, as has been referenced, but also because of investment Soviet authorities made in medical sciences in the city. It was home to a major university, the former Imperial Novorossiiia

³¹ Urban foster parents were extended greater trust, receiving a *monthly* support payment of 10 rubles.

University, renamed the Odesa Institute of Public Education (INO—*Instytut narodnoi osvity*) in 1920–21 and Odesa State University in 1933. After a period of restructuring, the Odesa INO came to house traditional academic departments—such as psychology—and pedagogical faculties that had formerly been the preserve of the pre-revolutionary Odesa Teachers' Institute. It staffed specialists in elementary education and the new field of pedology who would advise on children's development in the city's varied institutions.³² The medical department of the Novorossia University split off and formed a separate Odesa Medical Institute (OMI) where leading epidemiologists researched and trained many of the city's doctors (Zaporozhan et al. 99, 110). Numerous hospitals and clinics were located in the port, including a renowned Infectious Diseases Hospital (whose construction began in 1804–06), the First Soviet People's Hospital (the former Jewish Hospital), and the Second Soviet People's Hospital (the former "New Hospital"). The first urban disinfection station in Ukraine was established in Odesa. Since 1894 it had operated as an independent unit of the Infectious Diseases Hospital. From 1918–28 it was run by the noted epidemiologist, Lev (Levko) Hromashevs'kyi, and, according to one account, set the standard for "anti-epidemic services" for the entire "Soviet state system" (Romanenko 387).³³ Odesa was the heart of medical education and research for southern Ukraine and a leading centre for the entire Soviet Union.

Odesan institutions were especially attune to the medical care of children. The local departments of health not only oversaw the general therapeutic institutions described above, but also ones specific to children's health. On the grounds of the first tuberculosis hospital in Odesa, located in the Slobidka neighbourhood (near the main train station), health authorities established an Institute of Tuberculosis in 1922 that included a children's sanatorium and—after the institute's move to the more spacious confines of the former Evangelical Hospital in 1924—a pediatric clinic (Zaporozhan et al. 48–49). Like their counterparts in Soviet Russia, Odesan health authorities constructed a program of "dispensarization" in which clinics and other medical facilities would provide care, as well as serve as vehicles for sanitary education and preventive measures against disease" (Weissman 107; Vasil'ev 140). With the support of state officials, the Ukrainian Red Cross maintained multiple anti-tuberculosis dispensaries and children's institutions in the city, including a health sanatorium named "Sunny Camp" (*Soniachnyi tabir*) for 100 children in the northern Luzanivka outskirts, a

³² For a superb history of the Odesa INO, see Levchenko.

³³ For more on the development of the hospital system and Hromashevs'kyi's role, see Zaporozhan et al. 41, 49, 110, 140, 153. On the history of public health initiatives and institutions in Odesa during the tsarist era, see Herlihy 234–40.

250-person “semi-boarding school” in the southern Burlacha Balka neighbourhood, and an outpatient clinic for children infected with tuberculosis on the main thoroughfare of Derybasivs'ka in the centre (Zaporozhan et al. 48–49, 152–56).³⁴ The city also boasted specialists in pediatric psychiatry, specifically the field of psycho-neurology championed by Vladimir Bekhterev to treat the “defective” child.³⁵

Odesan health authorities seemed particularly attached to the new, Soviet-defined field of social hygiene. Advocates of this field—whose ranks included the earliest Russian and Ukrainians commissars of public health (Nikolai Semashko and Moisei Gurevich)—believed that disease was “first and foremost a social phenomenon, best understood in its social context” (Solomon 181; see also Robak 139 and Starks 30, 140).³⁶ As Susan Gross Solomon argues, regional experts (as opposed to central administrators) determined the local application of social hygiene (181). In Odesa, the pressing issue of *bezprytul'ni* shaped an orientation around the study of the relationship between parental living conditions, child abandonment, and health. The Odesa Medical Institute organized courses in social hygiene first in 1920 and a separate department (*kafedra*) dedicated to the discipline in 1923, also headed by Hromashevs'kyi. The department opened a specialized clinic for children and expectant mothers, which served simultaneously as a therapeutic, research, and educational centre (Zaporozhan et al. 110–11). Guided by the example of Moscow and Kharkiv, Odesan researchers eventually established an Institute for the Protection of Motherhood and Infancy to study a range of concerns, from children’s infectious diseases to the “physiology and pathology of the birth act” (Zaporozhan et al. 116; see also Romanenko 248). A Hygienic Museum was founded in 1922 to disseminate information on good sanitary habits to the public and included a section on maternal and pediatric health (Zaporozhan et al. 162). The aim of all these endeavours was to not only treat illness, but also to prevent its occurrence.

Given the model status of Comintern Children’s Town, it is not unexpected then that this extensive, homegrown medical knowledge informed the complex’s operations. As has been discussed above, doctors were assigned to the town’s multiple schools. It is likely that many were

³⁴ The newly established Ukrainian Red Cross mobilized to offer food to refugees from the Volga famine and to treat disease among new arrivals and a resident population already weakened by hunger. For similar activities in Kharkiv, see Robak 140.

³⁵ In 1930, these specialists came together to staff the Ukrainian Psychoneurological Institute in Odesa (Zaporozhan et al. 65, 116). On Bekhterev, see Byford 160–79; Caroli 299–301.

³⁶ Semashko was commissar from 1918–1930, Gurevich from 1920–1925.

graduates of Novorossia University and maintained a clinical relationship with one of the city's hospitals. A November 1924 report from the director of the town, Mykhailo Kokhans'kyi, noted that while there were 6 meetings of *dytbudynky* heads during the preceding term, the medical staff met 20 times under the new head of the medical section, A. O. Mnatsakanov (DAOO, f. R-150, op. 1, spr. 365, ark. 57zv.). Teachers met even more frequently, but it is notable that doctors and medical personnel conferred as often as they did. Health was a priority because illness would continue to impede instruction. The overwhelming majority of the children in the town were of school age. As noted, Hubzdorov's Protection of Motherhood and Infancy division (Okhmatdyt) maintained direct responsibility only over children 4-years old and younger.³⁷ Formally, Hubnarosvita/Okrnarosvita and the Odesa municipal education department (under the city soviet) oversaw most of the institutions examined in this essay. But the division was never so complete. Especially for older children, health and education officials cooperated to design policy, and both considered physicians essential to care.

The Comintern Children's Town, despite its elevated status, continued to suffer from a shortage of resources. However, it was still the model children's institution in the city, and directors of other shelters attentively observed its trials. A March 1926 meeting of the Odesa Regional Commission for Children's Health (formed with representatives of the departments of health and education) underscored the importance of health concerns in the settlement. The then head of the town's medical section, Ielkin, gave the formal report. In response, a district (*raion*) health department doctor, Liuboshits, pointed to the unfitness of some of the town's living quarters as well as the irregular use of its dilapidated, bath house. Liuboshits lamented that preventative epidemiological work in the town was insufficient because children rarely came to evening discussions hosted by the doctors. Medical consultations arose only out of necessity (presumably when there was an outbreak of disease), children were only examined twice a month (perhaps due to staff shortages), and the town's medical section did not update the district health department regularly. Khersons'kyi, the commission representative responsible for children's homes, argued differently: medical work in the town was "considerable" (DAOO, R-112, op. 1, spr. 488, ark. 30). The main problem was not the effort of its medical staff, but rather continued overcrowding in the town, as well as the inedible nature of some the food it received.

³⁷ For some toddlers, the town was the final option in a range of public assistance programs offered to single mothers. Such a state institution was to reportedly function as "the guardian that the mother should have been" (Robak 138). For discussions of Okhmatdyt in the RSFSR, see Galmarini-Kabala 117-19, 133-44; Starks 29-34, 52-54, 84.

Liuboshits's critical commentary should be taken seriously, and yet it appears out of step with the reality of conditions in Odesa in the mid-1920s. Clearly, administrators within the Comintern Children's Town and local health officials took the question of health seriously. The commission set aside a discussion of health in this institution specifically because of its importance. It is remarkable that children, still hungry and unsatisfactorily provisioned, were blamed for possible disease in the town because of their aversion to additional meetings on hygiene after a long day of schooling. Nevertheless, such a demand was the expectation of a model institution, and it was an approach consistent with the dictates of social hygiene. Infection was unlikely to be brought under control without the participation of these newly empowered, rescued souls. As the head of the commission, Rozenfeld pointed out: "there is an impression that the medical division of the town undertakes more therapeutic than preventive work" (DAOO, R-112, op. 1, spr. 488, ark. 30). The presence of 9 tubercular children in the town warranted continued vigilance. Rozenfeld ordered the quarantining of these children, the construction of a disinfection chamber on site, the establishment of a "House of the Sick Child," and separate accommodations for children with urinary incontinence (DAOO, R-112, op. 1, spr. 488, ark. 30). All this would seem to have demanded greater funding, which other members of the council doubted existed; Khersons'kyi had argued for the transfer of children to the city's disinfection chamber. But Rozenfeld's belief as head of the commission was that such health norms could be established in-house. The town would set an example for other children's institutions and lessen the demand on Odesa's health facilities for the general population.

Medical expertise was also employed to combat a particular concern: teenage sex and sexually transmitted diseases. A September 1926 discussion by the Odesa city soviet's primary school division of an account drafted by the Commission on Juvenile Affairs (Ukr.: KSN—*Komisiia u spravakh nepovnolitnikh*; Russ.: KDN/Komones—*Komissiiia po delam o nesovershennoletnikh*) gives some sense of the public anxiety regarding homeless girls especially. The KSN advised the city soviet on crimes committed by minors and highlighted its failure to properly oversee "defective" girls who—it can be inferred by the discussion that followed—had engaged in prostitution. The primary school division, literally the Commission for Social Upbringing (Ukr.: Sotsvykh—*Komisiia sotsial'noho vykhovannia*), found that scores of the new arrivals had been randomly placed amongst the general population of two children's homes (Children's Homes No. 13 and No. 14) and a girls' labour home (run by the regional department of justice).

Because of the absence of an admissions protocol and adequate night staff, these girls had not been properly supervised. Without such staff, the

Sotsvykh resolution concluded, “it is impossible to correctly educate sexually perverted children” (DAOO, f. R-1234, op.1, spr. 302, ark. 11–11zv). It ordered additional staffing and the installation of electrical lighting in the regional detention centre or “collector”—where some of the girls were still housed—because “the collector is poorly lit, and in every dark corner there is a ‘raspberry’ [den] for gamblers and for the satisfaction of sexual perversions” (DAOO, f. R-1234, op.1, spr. 302, ark. 11–11zv). Furthermore, the wall of the girls’ labour home was to be raised, presumably to prevent escape of those placed there. Lastly, Sotsvykh called on the city soviet’s executive committee to require the opening of additional beds in the municipal hospitals, including a correctional hospital. The division included this last provision after concluding that “sick juvenile offenders” had been “repeatedly” placed in children’s homes after the regional health department refused to admit them to a hospital (DAOO, f. R-1234, op.1, spr. 302, ark. 11–11zv.).³⁸ Sotsvykh’s statement does not specify that the girls were suspected of prostitution or that they had been infected with venereal diseases, but this seems likely.³⁹ Its insistence that the girls be carefully monitored and detained is clear, as is its determination that medical professionals outside the detention centres and shelters treat them. The girls who were sent to Children Homes No. 13 and 14 would have interacted with boys, and the potential for transmission of disease of any kind to either sex was an unspoken worry.

Figuratively and factually, the municipal Sotsvykh viewed the city of Odesa as the precipitable danger. It tempted children to engage in hooliganism, and Soviet advocates of children’s welfare, like those in Odesa, viewed this behaviour “as an urban social problem that fed off the fetid atmosphere of capitalism and bred in the rank, metropolitan environments” (Starks 79). Their objective was to place such children in imagined, futuristic centres of hygiene—such as reconstructed children’s homes and towns—

³⁸ The correctional hospital was attached to the Home for Forced Labour (Russ.: *DOPR—Dom prinuditel’nykh rabot*; Ukr.: *BUPR—Budynok prymusovykh robot*), under the Commissariat of Justice. Labour homes were set up as an alternative to prisons for young offenders: “while labor homes shared many of the pedagogic methods of [the] *detdoma*, they were to employ stricter discipline with window bars and guards to restrain their charges” (Ball 96–97). Collectors (or receivers) admitted children apprehended on the street as well as those who arrived on their own. KSN staff were to question, evaluate, and then dispatch them to the appropriate authority or institution (Ball 92–93, 96–97, 244).

³⁹ It is probable that some of the boys in the collector had also engaged in paid sex, but the report makes no mention of any such history and its emphasis is on the surveillance of girls’ sexual habits. For a discussion of young male prostitutes in Odesa, see Savchenko 256.

but for now they confronted the reality of life in “cities of the past” (Starks 79). Utopia would be a work in progress, as the streets continued to beckon sinners and existing buildings remained in various states of repair. Fears about the spread of individualistic, asocial behaviour were inevitably heightened in the money-making environment of the New Economic Policy (Ukr.: NEP—*Nova ekonomichna polityka*; Russ.: *Novaia ekonomicheskaiia politika*). Along with “capitalist” NEPmen, came prostitution and disease. For example, authorities discovered that one “School of Rhythm and Dance” in the Malyi Fontan neighbourhood—adjacent to where the Comintern Children’s Town was located—was a front for a brothel employing 13–18-year-old girls recruited from the streets by criminal gangs. A whole range of Odesan citizens—including workers, civil servants, and high school students—paid for sex and contributed to the spread of disease: “It was common in Odesa in the 1920s to use the services of prostitutes and become infected with venereal diseases, a kind of ‘bravado’ [Russ.: *ukharstvo*], ‘reckless courage’ [Russ.: *molodechestvo*]” (Savchenko 74).⁴⁰ Once housed in children’s institutions, former child prostitutes often were among the most problematic internees: “Many flew into fits of real tears at the slightest provocation, while others appeared completely indifferent to everything around them” (Ball 59). Scores sought to run away (Ball 59; Kelly 210). They not only rejected the confinement of their newly regimented lives, but also considered the street to be a comparatively safer option.

Another discussion of the 1927–28 roundup of street children underscores the application of medical knowledge and explicitly references the danger of venereal diseases. The Odesa Regional Commission for the Assistance of Children met on 15 August 1928 to consider the progress of the operation.⁴¹ In the context of discussing the detention of Odesa’s adolescent homeless, several speakers noted that medical authorities would determine the placement of those arrested. One member of the commission, Rutberg, argued for the medical evaluation of 100 homeless youths per day in two separate facilities. Children with trachoma would be placed in a newly created isolation unit and treated on the spot. He anticipated a high number of infections, but there was no other option because of the lack of beds in the city’s hospitals. Another member of the commission, Baumshtein, disagreed,

⁴⁰ According to a 1925 study of prostitutes, 60 percent had sex in “the trade” before age 15 and 34 percent were infected with syphilis or gonorrhea (Savchenko 275–77). On social perceptions of venereal disease (and children’s sexuality) in the Soviet era, see Bernstein 119–21, 134–36.

⁴¹ Formed in 1922, the Central Commission for the Assistance of Children was the successor interagency body in the UkrSSR to the Council for the Defence of Children. Local governments, such as the Odesa Regional Executive Committee, formed their own affiliates (Zinchenko 92).

arguing that the hospitals should be ordered to take in children with trachoma, especially if the numbers of infected remained limited (DAOO, R-134, op. 1, spr. 1048, ark. 2–2zv.). Since at least one building for pediatric trachoma patients remained open two months later, Rutberg's opinion appeared to carry the day (DAOO, f. R-134, op. 1, spr. 1030, ark. 2). Rutberg's argument points to a fundamental tension in the public health campaign in Odesa: how could children be treated efficiently so that they could join conventional institutions meant for their reform and not tax the city's existing medical establishments?

Youths infected with venereal diseases warranted greater concern. Rutberg believed that in their case, the commission should first contact the city's hospitals and medical institutes, specifically the respected Glavche Dermato-Venereological Institute that specialized in venereal diseases.⁴² He conceded that the "regional health department does not know how many beds would be needed to accommodate this type of patient" (DAOO, R-134, op. 1, spr. 1048, ark. 2). Only after the medical staff at the city's established specialist centres assessed those youths taken from the street would the "remainder," ostensibly less serious cases, be treated in "disinfection units" (DAOO, R-134, op. 1, spr. 1048, ark. 2). Baumshtein's commentary reveals a primary concern with girls infected with syphilis. Although he acknowledged 300 girls might be accommodated in Odesa, there was presently no home to house this number. He maintained that they should be sent to a labour commune in Orel (in Russia) or somewhere else outside of Odesa, especially since "25 percent are infected with syphilis" (DAOO, R-134, op. 1, spr. 1048, ark. 2zv.). Commission members debated the placement of these girls and all the recently captured street children in the discussion that followed. The secretary of the commission, Voitenko, faulted the health department for not knowing how many places might be available in the city's hospitals for infectious patients and called for an immediate assessment. It is astonishing that the organizers of an operation of this magnitude failed to anticipate what had been a longstanding problem in Odesa.

However, this was the point. The commission deliberated just how many children might be institutionalized and where, up to what age, and what agencies and public organizations should assume responsibility for the costs of the children's upkeep. What was in the commission's capacity was the ability to shift populations around. Therefore, it could call for use of the building on Hospital'nyi Lane, as well as the conversion of another children's home (identified as the Irzhova Children's Home) on Enhel's [Engel's]

⁴² Physician and researcher Egor Glavche founded the first dermato-venereological institute in the Russian Empire in Odesa. The clinic was reorganized and named after Glavche in 1922, following his death from tuberculosis in 1919 (Zaporozhan et al. 45, 115).

(formerly Marazli) Street in the city centre. What it did with the occupants of the latter shelter is not entirely clear (or indeed how it found the funds to force this move), but the street children authorities captured in the roundup took precedence.⁴³ And it required medical expertise to decide what to do with the infected, who represented the overriding threat to the commission's educational aims. It is notable, although not surprising, that the commission saw girls as the carriers of venereal disease as opposed to boys. The focus on girls as a danger and the readiness with which the commission appeared to be willing to exile them from Odesa is telling about the explicitly male nature of this anxiety. In the very same breath that commission member Rutberg identified syphilis among the girls, he called for a consultation with "pedological experts" (DAOO, R-134, op. 1, spr. 1048, ark. 2). In its concluding protocol, the commission sanctioned Baumshtein's proposal for the girls' removal. In effect, the commission could use medical authority to provide cover for what it wanted to definitively do: expunge a juvenile body politic in preparation for change.

There was to be a winnowing of sorts. In a separate meeting of the commission, two days earlier, Rutberg had suggested that it was necessary to create a sub-commission of doctors to examine those picked up from the street and to identify those who are ill. Another member of the commission, Dubrovs'kyi, had recommended the temporary placement of children in regional military facilities because troops were on maneuvers (DAOO, R-134, op. 1, spr. 1048, ark. 4–4zv.). So even before the commission proposed the relocation of girls, the removal of children from the city was contemplated. And medical checks of the children agreed to in the August 15 meeting would permit discriminatory measures. The commission specified that representatives from the municipal militia would ensure the enforcement of these checks and that experts on child development—a pedologist and a psychiatrist—would join the doctors' sub-committee (DAOO, R-134, op. 1, spr. 1048, ark. 2zv.).⁴⁴ It would be unfair to say that the commission was uninterested in the welfare of these children. It was. It argued for a study of parental neglect to determine why some children ended up on the street and advocated for the quick organization of dining facilities to feed those who might more quickly recover. But it had to prioritize precious resources within the city for those it deemed most salvageable.

⁴³ The commission estimated repairs to the future home of the Irzhova Children's Home at an address on Pishonivs'ka Street (in the Moldavanka neighbourhood) would cost an unrealistic 3,000 rubles or roughly half of the commission's reported yearly budget (DAOO, R-134, op. 1, spr. 1048, ark. 2–2zv.).

⁴⁴ It was a regular practice throughout the USSR for doctors to be actively involved in the educational work of incarcerated juveniles (Slavko 120).

In Odesa, authorities then made a strategic choice about children's care. Galmarini-Kabala argues that "the right to be helped was neither a fixed and stable hegemonic discourse nor a homogenous field of social action" (117). This meant that the kind of help offered to some could be renegotiated. While the goal of "defectologists" was "not to exclude social degenerates, but to adapt problematic personalities to the socialist living environment," Odesan experts designated this environment to be outside the port city (Galmarini-Kabala 133). They likely reached this judgment not only because of a historicized view of Odesa's criminality (the girls would only flee, return to the corrupting street, and sustain the cycle of infection), but also because they needed to present a picture of success in their fight against disease. The Soviet "faith in isolation and regimentation as the foundation of health" was regularly undermined by a human propensity to persist in unhealthy habits (Starks 82; see also Kelly 207). The state here was much weaker than the girls' ability to adapt and seek out their perceived self-interest. Removal of possible recidivists enabled continued optimism.

The decision to explicitly eliminate sexually active girls was also a remedy informed by Bolshevik gendered assumptions. As Eric Naiman has detailed, early Soviet officials, scientists, and writers spoke of "hypertrophied" sexuality in decidedly negative terms, as a "contaminating legacy of the capitalist world" (161). Critics of NEP believed it created new opportunities for sexually licentious behaviour for which women were chiefly to blame. And every girl was a potential future corruptor of not only Soviet men, but also of socialism. As Martyn Liadov, party historian and rector of Sverdlov Communist University, concluded in a 1925 study of human sexual behaviour: "sensual curiosity and purely feminine interests appear at an early age [in girls]. And it is in this way that the city prepares infinite cadres of prostitutes, coquettes, and depraved women" (qtd. in Naiman 182). Activists in Zhenotdel, the Communist Party's women's department, favoured a description of women as victims of NEP and advocated for greater social support of female workers, including an extension of childcare. But many of their leaders, Elizabeth Wood reminds us, still associated the Soviet female population generally with "dark recesses, immobility, backwardness, and vulnerability to undesirable influences" (173–75, 192, 198–200). Naiman argues that the prevailing public discourse during NEP was to go one step beyond this, to caution against the political integration of women. Women were effectively negated because of "a femininity that can never be purged" (Naiman 206).⁴⁵ While

⁴⁵ Naiman maintains that the expulsion of the female protagonist from Moscow in the 1927 film *Tret'ia Meshchanskaia (Bed and Sofa)* was a case of female elimination. The real-life Odesa street girls met an analogous fate.

not all local officials may have believed this, the girls designated for a labour commune in Orel were apparently not deserving of redemption in Odesa.

Presumptions about the deleterious function of women had an inevitable impact on the fate of girls because of what was viewed as a female “biological tragedy,” a supposedly unique responsibility for reproduction that drove female lust and made absolute parity with men impossible. Regardless of the Soviet promotion of gender equality, juridical conventions of the time accepted the male body as normative and the female as deficient. Soviet law in the 1920s did not specify at what age girls were considered pubescent, but rather advanced an ambiguous notion of “sexual maturity,” a concept which relied on the often-contradictory testimony of medical experts in sex crimes cases. While the information on the girls captured in the 1928 roundup is limited, they were clearly subject to greater scrutiny than boys, likely because of a prevailing assumption that male sexual behaviour was to be expected because of the boys’ supposedly “uncomplicated sexual instinct” (Healey 80). Such behaviour could be controlled through sublimation, while young female sexuality was to be assessed and feared. The fact that all the children passed through a medical examination created opportunity for experts to pass moral judgment through the guise of a forensic analysis of the girls’ sexual maturity. In this manner, to paraphrase Dan Healey, Odesan authorities co-opted science to sustain a “patriarchal surveillance over the hymen” (81).⁴⁶ Since the reports only identify diagnoses of syphilis for girls, it is reasonable to presume that their sexual development—and activity—was a special concern worthy of the state’s intervention.

Lastly, this detention of street children demonstrated the limits of the social hygiene approach in Soviet Ukraine. For those entrusted with crafting Soviet health policy, “the long-term strategy of resocialization and propaganda urged by social hygienists seemed out of place by the late 1920s” (Solomon 188–89). Coercion could now be used when quick results had not been achieved. Solomon posits that this shift had a real effect on research into the social causes of disease: it simply tapered off (192, 199).⁴⁷ The gradual shunning of the discipline also impacted the application of public health measures. In Odesa, the persistence of *bezprytul’ni* served as a reminder that—more than ten years after the revolution—child

⁴⁶ If any of the girls were infected as a result of a criminal sexual assault, Odesa housed one of a handful of regional bureaus established to study the “personality of the criminal.” However, scientists were more interested in the psychology of male assailants than in the mental trauma experienced by female victims (Healey 109, 113).

⁴⁷ As an area of study, Solomon suggests social hygiene may have survived longer in Ukraine than in the RSFSR.

abandonment still occurred and enabled the spread of disease. As the worrisome products of social schism and misfortune, infected street children required more aggressive containment.

AN INSECURE MODEL TOWN

Ultimately, the battle for children's health hinged on the question of money. The financial stability of all children's institutions in the city of Odesa was always tentative, and all institutions were in search of public support. This anxiety applied also to the first institution discussed in this essay, the Comintern Children's Town. In October 1924 the municipal Sotsvykh met to consider another report by the town head, Mykhailo Kokhans'kyi. He noted that, from November 1923 to September 1924, the town was amid a transition from the Ukrainian republic's state budget to local funding.⁴⁸ Kokhans'kyi's appointment as director in fall 1923 followed a highly tumultuous period. According to his own testimony, he stabilized the town after a significant administrative turnover that had negatively affected the children's health: "the external appearance [of the town] and sanitary condition testified to the long absence of the master's eye" (DAOO, f. R-1234, op. 1, spr. 8, ark. 126). Finances were in a catastrophic state, and although the town ultimately received some 57,077 rubles from the local budget, it still required 4,357 rubles from "patrons," probably factories and other Soviet enterprises that donated some proportion of their budget to the town's upkeep (DAOO, f. R-1234, op. 1, spr. 8, ark. 126–27). Kokhans'kyi implied this figure was drastically low.

Other speakers weighed in on the need for this sort of public backing from patrons. In so doing, they argued that the town's size and compound organization deserved encouragement and that, in effect, the investment of enterprises and civic organizations in the town would mean an investment in Odesa's public health and vitality. One member of the city soviet's education department, Prityts'ka, underscored the "municipal" nature of the town. The fact that it included non-academic buildings, such as its own hospital, warranted the "attention of patrons" (DAOO, f. R-1234, op. 1, spr. 8, ark. 128). Others supported her argument in favour of external help specifically to ensure a regular supply of food and medicine. A dissenting opinion was offered by another member of the education department, Dobrovol's'kyi, who maintained that "the idea of charity from the outside is dangerous, by the way, and in relation to the pedagogical [efforts], should be

⁴⁸ For more on the budgetary shift of primary schooling in the UkrSSR, see Nikolina 21–22; Pauly 107.

rejected" (DAOO, f. R-1234, op. 1, spr. 8, ark. 129). He advocated for greater self-reliance, arguing that the children's labour in the town's farm and five workshops would produce profit, and would presumably add the sort of pedagogical value he was seeking.

The debate over public sponsorship of the town led to a questioning of its purpose. The most telling line of reasoning at the Sotsvykh meeting was given by a senior education inspector, Kulish. He praised the progress that the administrators and staff had achieved in the town, dubbing the settlement a "colossal children's ship," a moniker which suggested something about the scale of the task being undertaken and the torpidity of any effort. Critically, he wondered if too much was being expected with so little funding: "we are afraid to give the town the name 'model' because it imposes on us a considerable commitment. And it is difficult to achieve model status at 6 rubles per child" (DAOO, f. R-1234, op. 1, spr. 8, ark. 128). He applauded the unity of purpose in the town. It was no longer a "federation" of individual parts brought haphazardly together; it was now a "diamond in the social system, but a diamond with extremely scarce material resources" (DAOO, f. R-1234, op. 1, spr. 8, ark. 128). The only solution he saw to the town's financial dilemma was patron assistance. If such assistance could not be found, Kulish's comments raised the possibility of the town's dissolution.

The backdrop to this discussion was a dispute over the nature of good health. Speakers addressed many of the issues that have been discussed above: shortages in clothing, bed linens, soap, food, and medicine. One member of the city soviet who inspected the town, Salman, insisted that: "From the outside, the town has a beautiful appearance. The children are healthy and cheerful" (DAOO, f. R-1234, op. 1, spr. 8, ark. 128). Kokhans'kyi claimed that—in contrast to prior years—there was only one death and virtually no infectious disease, apart from one case of scarlet fever. He also asserted that the children were examined weekly by specialist doctors (DAOO, f. R-1234, op. 1, spr. 8, ark. 128). Although the town certainly had achieved progress from where it had begun, it is clear from the documentary evidence discussed above that the problems with disease and malnourishment continued to torment the town well past 1924. Although the intent to provide medical supervision was real, issues with staffing and funding impeded comprehensive care. Even here, speakers decried food shortages, the negative effect of labour on children's health, and the lack of a clear plan to protect their physical development.⁴⁹ The nature of the

⁴⁹ Galmarini-Kabala argues that many children's welfare activists believed that science would lead to redemption "only when combined with a heartfelt, loving attitude" (Galmarini-Kabala 130). This sentiment was on display in the October 1924

children's well-being was unsettled. The fact that some could assert the achievement of a higher standard while the continued existence of town was questioned raised doubt. Just what did normal look like?

If the Comintern Children's Town was to serve as an example to the rest of the children's institutions in the city—and indeed to educators all over the Ukrainian republic and the Soviet Union—it would seem to require funds that could not simply be made up by external “patrons,” whose contributions were likely far from voluntary anyhow. A November 1925 request sent to the UkrSSR Commissariat of Education from the Odesa Provincial Executive Committee, Provincial Education Department, and Provincial Commission for Assistance to Children asked that that the town, together with the Odesa's two other children's towns, be assigned to the central state budget. They made this argument partly based on health, arguing that the local budget's inability to provide for key supplies “undoubtedly sharply affects the sanitary situation of the school” and the “health of children” (DAOO, f. R-134, op. 1, spr. 933, ark. 569). However, they also insisted that the Comintern Children's Town deserved support because of its recognition as a model institution, whose experience was instructive to a host of institutions. Furthermore, it had an essential public function, because workers and peasants in the province “judge its achievements in the changing field of education,” and it is visited regularly by foreigners, interested in seeing “the most organized institution” in the city of Odesa (DAOO, f. R-134, op. 1, spr. 933, ark. 569).⁵⁰ The provincial officials even took the trouble of reminding authorities in Kharkiv of the town's model status by sending them a copy of the 1921 Radnarkom decree giving it this distinction.

The request was not honoured. The model town continued to rely largely on funds provided by Odesa's local budget. Three years later, in March 1928, the Odesa Regional Executive Committee (Okrvykonkom) turned to Kharkiv again with multiple requests for funding from the republican and union budgets for school construction. It noted with regret that the region had never received infrastructure funds from the centre. The region spent some 200,000 rubles for the upkeep of the Comintern Children's Town, including the construction of a sewage system and major repairs to its buildings. However, the needs of 2,100 children were still significant: “The housing question in the town is now extremely acute. We

Sotsvykh meeting. Some members clearly viewed emotional support as necessary to the town's endeavours.

⁵⁰ One indication of such ongoing attention is a later 1934 report by the Odesa Intourist office, which recommended visits to Okhmatdyt branches in the city for American and Spanish tourists arriving by boat (DAOO, f. R-1234, op. 1, spr. 1882, ark. 23). On foreign interest in Soviet children's and public health institutions, see Dewey; David-Fox 159–72; Starks 93.

have only 50 percent of the necessary living space, also there are no premises that would satisfy the minimum needs of school hygiene” (DAOO, f. R-134, op. 1, spr. 1006, ark. 94). Although the town had retrofitted the buildings of the old cadet academy and dacha settlement, Okrvykonkom asked for funds for the construction of a school designed specifically for education, as well as a supplementary grant for the supply of mechanized equipment to the town’s workshops. It justified this request again based on the city’s model status: “While conducting its work with street children, the town, due to its far-reaching achievements, should be used as an institution for the education of children of workers and peasants and be a factor in the formation of a new way of life and the upbringing of children” (DAOO, f. R-134, op. 1, spr. 1006, ark. 94; see also DAOO, f. R-134, op. 1, spr. 1006, ark. 96).⁵¹ The advancement of the city’s other children’s shelters, as well as of its mainstream schools, required a well-endowed exemplar.

The request caught the personal attention of the head of the Ukrainian republican government (VUTsVK—*Vseukrains'kyi tsentral'nyi vykonavchyi komitet*, All-Ukrainian Central Executive Committee), Hryhorii Petrovs'kyi. In a handwritten notation to an April appeal directed to him from the Odesa regional education inspectorate, Petrovs'kyi ordered the UkrSSR deputy commissar of education, Anton Prokhod'ko, to give attention to the matter (DAOO, R-134, op. 1, spr. 1006, ark. 92). Ultimately, the school was built, although it is unclear from the extant record how its construction was funded. It seems likely that central authorities stepped in for this discretionary cost. Of course, the complex was a privileged institution in Odesa. Furthermore, the boundary between the children’s town and the larger city had begun to break down. The inspectorate’s letter to Petrovs'kyi maintained that the construction of such a school would provide better instruction not only to the children of the town, but also to those in the surrounding environs.⁵² Furthermore, the town was no longer simply a recipient for the forlorn. In one of its petitions to the UkrSSR Commissariat of Education, the inspectorate noted that “nearly entirely normal children of Odesa [*maizhe vse normal'ne dytynstvo Odesy*]” were enrolled in the town (DAOO, f. R-134, op. 1, spr. 1006, ark. 96). This was a remarkable

⁵¹ Regional authorities complained that many children in villages outside the city continued to attend school in “unhealthy,” earthen huts (DAOO, f. R-134, op. 1, spr. 1006, ark. 93zv).

⁵² There were 2,100 children enrolled in the town’s primary and secondary schools in 1928 (DAOO, f. R-134, op. 1, spr. 1006, ark. 92). The archival record does not specify the number of non-resident pupils for this year or future years. Reports from the early 1930s suggest that children with known parents were present in the town but do not indicate their residential status (DAOO, f. R-1234, op. 1, spr. 1926, ark. 2; spr. 302, ark. 27).

achievement in 1928. Street children were viewed as “prime transmitters of disease,” but even more cynically as tempters of “‘normal’ boys and girls” (Ball 127–28). Here the two populations now intermixed.

The dual functionality of the institution enabled the entreaty. Formally it was the preserve of the regional education department. However, it was also a key bulwark against pediatric maladies. Neil Weissman has demonstrated how central health authorities in Soviet Russia tried to maintain health standards by retaining a “core cadre of sanitary physicians on the central budget” and granting subsidies for construction of new health facilities (Weissman 114). However, local officials tried to manipulate this system to meet their own defined needs, particularly as it regarded the “fight against social disease” (Weissman 115). The Odesa regional education inspectorate was engaged in a similar game, appealing to the Ukrainian republican government’s expectation of rationally achieved good health and learning. The fact that these concerns intersected in the Comintern Children’s Town made its case that much stronger.

By 1928 the inspectorate could tentatively boast of securing the health of at least a proportion of former street children, by “purifying” the ranks of its most famous children’s shelter. Two years earlier, in an October 1926 meeting of the municipal primary school commission, education officials had warned that troublesome homeless children needed to be placed in guarded agricultural settlements outside Odesa due their previous attempts to escape care in reformatories and collectors. These juvenile delinquents (“moonshiners,” “prostitutes,” and “thieves”) were the victims of a kind of an inherited mental illness—as one speaker noted, “heredity strongly affects children”—for whom there was less hope education would lead to gainful employment and among whom contagion might spread (DAOO, f. R-1234, op. 1, spr. 302, ark. 5).⁵³ As we have seen these children—criminal, lice-ridden, and diseased—would continue to lurk on the other side of the Comintern Children’s Town gates. Inside the Soviet ideal was presented.

⁵³ For many leading defectologists, hereditary did not play a determinative role in the development of criminal behaviour (Galmarini-Kabala 89). However, sex researcher Liadov believed that in raising a child, parents “instill in it our hereditary diseases, our hereditary character traits” (Naiman 190). His view was clearly shared by Odesan education authorities (Naiman 190).

NEW BLOOD

The desire to rescue children in Odesa had always been motivated by real fears that threatened to overtake any simple concerns for charity. In the Soviet era, this anxiety took on added political overtones for authorities who worried that a child's ill health would compromise the revolution and serve, in some cases, as a marker of moral ruin. Healthy bodies enabled Soviet children to rationally accept, advocate for, and participate in the socialist economy. Amidst the death and destruction of post-revolutionary Odesa, the campaign for children's welfare promised to replace those lost in the fight for Soviet power. However, the young citizens who would make up for this shortfall were a poor substitute for their predecessors. Especially in the early 1920s, but well into the decade, any visitor to the city would have noticed the emaciated, soiled forms of boys and girls haunting the city's rail station, markets, and streets. Emboldened by their trust in science, the Soviets sought to exorcise these apparitions by rallying the city's eminent medical institutions to remove problematic youths and recast others as a new generation of revolutionaries on the march.

By the end of the decade, A. O. Mnatsakanov, the former head of the Comintern Children Town's health section, had taken over the directorship of the complex and lauded anew this campaign for corporal rebirth. In an April 1930 communique to the Odesa Regional Department of Education, he reminisced: "In the tempest and crash of the civil war, which was difficult for our region, the Odesa Communist International Children's Town was born" (DAOO, f. R-134, op. 1, spr. 126, ark. 2). The blood of workers was spent, he argued, to restore the children to health: "Before the party and Soviet power was placed the critical task of preserving childhood and the new revolutionary generation. With native proletarian blood, the region expended all its strength, took all opportunity to save, feed, and forge young children fighters" (DAOO, f. R-134, op. 1, spr. 126, ark. 2). The town celebrated its tenth anniversary in June by placing the inheritors of this sacrifice on display in a grand gymnastics parade (DAOO, f. R-1234, op. 1, spr. 1058, ark. 61). In fact, the town had not banished disease, hunger, or squalor on its own. But rhetorically, the state declared victory through this performative affirmation.

Odesa's distinct advantage in confronting the problem of sick children was that it had a long history of fighting epidemics and could employ enviable medical know-how in the new struggle. In spite of extreme material shortages, municipal authorities were emboldened by the availability of expert talent to undertake the construction of the Comintern Children's Town. The town's success could offer inspiration for other Soviet authorities engaged in analogous campaigns to banish destitution, hunger, and disease and, in so doing, justify the revolution's merits. Indeed,

containing children's disease was necessary for the salvation of the health and future of the entire city. But presentation of progress meant that some children were deemed incapable of rescue. Children were examined, sorted, and classified. The best candidates were selected for the application of the city's best resources. The wards of the children's town represented a selective transformation achieved through authentic effort as well as bureaucratic choice.

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