

State, Civil Society and Relief Organizations for War

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Summary

A vast array of initiatives designed to counteract the destructiveness of the First World War was developed by states and societies across the world. Protecting the bodies and minds of soldiers from battlefield assault, shielding their families from the hardships of separation, feeding and sheltering refugees and other populations trapped without sustenance by the vicissitudes of war, and combating the spread of diseases constituted the major campaigns of the war's humanitarian battlefield. Had it not been for humanitarian exertions, a subject historians have only recently begun to explore, the war would have been far more catastrophic.

Table of contents

- [1 Introduction](#)
- [2 Ameliorating Soldiers' Suffering](#)
 - [2.1 The Intercessory Role of the Red Cross](#)
 - [2.2 Post-Injury Care](#)
 - [2.3 Morale-Building Initiatives](#)
 - [2.4 Aid for Prisoners of War](#)
- [3 Aiding Soldiers' Families](#)
 - [3.1 Separation Allowances](#)
 - [3.2 Pensions](#)
 - [3.3 Advocacy and Accommodations](#)
- [4 Combating Hunger](#)
 - [4.1 State Policies and Resistance](#)
 - [4.2 Non-governmental Food Aid](#)
- [5 Aiding the Dispossessed](#)
- [6 Confronting Contagions](#)
- [7 Conclusions](#)
- [Notes](#)
- [Selected Bibliography](#)
- [Citation](#)

Introduction

Of the many actions taken to ameliorate the horrors of war, state-directed relief initiatives focused primarily on aiding soldiers and their financially-distressed dependents. Animated by goals of returning wounded soldiers to duty and of reintegrating the permanently disabled into civil society, various governmental, quasi-governmental, and supportive private agencies provided medical and rehabilitative services for injured troops. The development of care package delivery systems to bolster morale and improve the health of soldiers including millions held in captivity complemented these endeavors. Most warring [governments](#) concurrently offered soldiers' families stipends in recognition that the state's demand of military service hurt families financially. Although state-subsidized monetary relief measures for non-combatants blanketed societies and minimized certain hardships, the war's intensifying disruption of ordinary life undermined these efforts in many countries by making foodstuffs increasingly scarce and prohibitively costly. Many soldiers' families suffered terribly despite government aid.

Civil society's responses to war-induced distress revealed many entrepreneurial countermeasures to offset pervasive shortcomings and omissions in state-directed relief offerings. Sympathetic volunteers formed global networks that labored in innumerable relief committees for reasons such as humanitarian sentiment and confessional or ethno-national solidarity. Private foundations and committees ran vaccination campaigns and distributed medical supplies, created vocational workshops for displaced populations to regain the means of economic independence, facilitated community reconstruction projects, and managed food distribution programs for destitute communities at transnational, national, and local levels. Private relief committees often successfully urged governments to either partner with them or to expand governmental aid. Even when they were not closely aligned with state policy, private entities were never truly autonomous because they relied on state sanction to operate in war zones.

Within the context of [industrialized total warfare](#), the boundaries of state and private relief were inexorably blurred. As no clear distinction emerged between the types of relief activities that states and civil society administered during the war, formulating consistent humanitarian responses to war-related suffering proved extraordinarily complicated. Amid the swirling constellation of state, quasi-governmental, and private relief actors, it was often unclear which organizations would assume genuine responsibility for certain relief missions and whether they would possess the wherewithal to adequately perform those missions for the full duration of the war, if warranted. Thus, humanitarian relief policies and campaigns often appeared to donors, recipients, and other elements of international society as uncoordinated, inconsistent, unnecessarily competitive, and even counterproductive.

Humanitarian relief generated but never satisfactorily answered questions about the responsibilities of states to alleviate war-related distress, the ethics of state-led humanitarian intervention for predominantly strategic rationales, the often unequal power relationship between aid donors and recipients, the aid-induced imposition of paternalistic and neo-imperialistic values on beleaguered peoples, and the contested standards of professional humanitarianism. Had it not been for humanitarian exertions, however, a subject that historians have only recently begun to explore as part of an [historiographical](#) outgrowth of social and cultural histories with a particular focus on the history of humanitarianism, the war would have been far more catastrophic.

[Total war](#) necessitated total relief, but the efforts to mitigate suffering tragically could never attack the root cause of the distress: governmental decisions to wage war. Consequently relief was at best a stopgap solution, but its improbability of permanent achievement did not discourage governments and tens of millions of citizens from active participation in humanitarian movements. Societies from [Britain](#) to [Belorussia](#) relied on traditional charitable activities and fundraising techniques even though no ordinary initiatives whether bandage rolling parties, piano concerts, or the sale of miniature flags, could adequately meet the monumental emergency needs created by industrialized killing. Even the vast and innovative military [medicine](#), nation-feeding, and disease abatement programs conceived during the war were limited in their accomplishments because of ever-evolving strategic conditions and interdependent socioeconomic problems. In fact, relief was inexorably linked to military operations because combatants understood that their strategic interests, battlefield performance, and the welfare of their soldiers and civilians depended on various forms of humanitarian intervention. Many aspects of humanitarian relief, therefore, reveal the ways in which belligerent nations articulated war policy, ethics, and social welfare programs. The myriad solutions devised through the persistence and ingenuity of humanitarian advocacy saved countless lives, and suggested an outstanding alternative to unbridled destruction.¹

Ameliorating Soldiers' Suffering

Of the 65 million soldiers mobilized for the First World War, the millions that received injuries and permanent disabilities, or endured captivity as [prisoners of war](#), suffered terribly from industrialized warfare and the hatreds that animated it. Numerous relief measures were conceived to render specialized aid to these soldiers, along with many other initiatives designed to maintain the fighting efficiency and morale of troops in the field. A vast constellation of private organizations that worked to advance state interests directed considerable attention toward minimizing the stresses associated with mobilization and military existence. Individuals acting independently to assist soldiers also contributed to this

process of stabilizing troops amid the battering forces of privation, injury, and death.²

State responses to the flood of injuries in 1914 proved inadequate in practically every theater of war owing to the prevalent but incorrect assumption of a short war and relatively few casualties, and the universally inadequate preparation of medical services for an unprecedentedly destructive industrialized war. Responding to these shortcomings in imagination and preparation, states enlarged their indigenous medical capacity to provide aid to soldiers and concurrently embraced medical services delivered by a consortium of quasi-private and voluntary associations.

The primary purpose of military medicine was to save soldiers' lives and return troops to service. Systems developed for the care of battlefield trauma mirrored factory settings where patients received little personalized care in favor of treating injuries en masse in the most expedient manner possible. New techniques developed during the war to anesthetize patients and to counteract sepsis such as those pioneered by [Alexis Carrel \(1873-1944\)](#), a recipient of the Nobel Prize for Medicine, and the biochemist [Henry D. Dakin \(1880-1952\)](#) while serving in a French army [hospital](#), helped to diminish suffering among the wounded and prolong life. Many physicians, orthopedists, and psychiatrists greeted the opportunities to enhance the status of their professions through the laboratory of war. Despite their valiant efforts more than 9 million soldiers perished.³

The Intercessory Role of the Red Cross

National [Red Cross](#) units, whether German Red Cross surgeons and [nurses](#) repairing the wounds of their countrymen on two European fronts, or Japanese Red Cross medical teams operating in support of Japanese army actions against German forces in Shandong, [China](#), complemented the strategic objectives of their home governments by minimizing the losses of life associated with combat. Through its battlefield nursing services, moreover, the Red Cross provided [women](#) a rare opportunity to witness combat and thereby enter a traditionally male domain. Millions of adult and child members joined Red Cross societies during the war to raise funds for field hospitals and rehabilitation services, to manufacture bandages, and to demonstrate their patriotic ardor by aiding soldiers. In remarkably short time, national Red Cross organizations, operating with state endorsement and cooperation, flourished and dwarfed the innumerable other entities that embraced war-related relief. Red Cross societies, however, were not the only institutions by which private and provincial medical services were provided (such as by the Russian [Union of Zemstvos and Towns](#)) but they were often the most conspicuous. They had been formed in many instances long before the First World War with the expectation that governments would not adequately care for injured soldiers owing

to disinterest and a willing dependency on voluntary assistance. War was their *raison d'être*.⁴

National Red Cross societies were not faithful to the principles of [neutrality](#) they espoused because they functioned as an auxiliary to the military rather than as a genuinely impartial medical corps. No finer example of partisanship existed than the American Red Cross that dispatched surgical teams to [Serbia](#), [France](#), [Russia](#), Britain, [Germany](#), and [Austria-Hungary](#) in 1914-15, while the [United States](#) was neutral, but then concentrated its resources to exclusively aid the U.S. military and the Allied Powers when the United States became a belligerent in 1917. Criticisms of the Red Cross's feigned neutrality surfaced in the war and persist today. Some of the contemporary objections were raised by wounded British soldiers who claimed German nurses mistreated them while in captivity. Such allegations reinforced the perception that enemy aid workers were incapable of honoring international agreements to humanely treat prisoners even though abundant evidence documented how Red Cross surgeons and nurses routinely and compassionately assisted injured enemy combatants.⁵

A related accusation disputing the Red Cross's humanitarian mission asserts that the Red Cross actually enhanced the war effort directly by helping injured soldiers return to duty from where they could potentially kill others. These accusations are nevertheless difficult to prove. It is claimed that the German Red Cross saved the lives of hundreds of thousands of soldiers, but it is uncertain how many of these troops given life-sustaining aid actually returned to the battlefield. Moreover, saving the lives of soldiers whose wounds were disabling actually burdened the state and society with their postoperative care. Soldiers and their families may have been emboldened in their support for war by the dedication of the Red Cross to medically aid the injured, but it is impossible to quantify this sentiment. It is fairer to assert that the national Red Cross societies were inherently politicized entities because they had been formed for specific wartime purposes that they fulfilled, and that they rendered essential humane services to their own nation's troops and allies.

Misunderstandings about the Red Cross's purpose undoubtedly arose because of its complex structure. This involved an [International Committee of the Red Cross](#) (ICRC) based in Geneva that consistently maintained its neutrality; the national associations that did not maintain neutrality in event of their patron government's belligerency; and the thousands of regional and local chapters in respect of which it was harder to regulate and ensure compliance with international standards (encouraged by the ICRC since its founding in 1863).

Post-Injury Care

Whereas the men and women who served as battlefield nurses, ambulance drivers, and stretcher bearers have received considerable scholarly and popular attention thanks to the

inherently dramatic episodes of life-saving under fire and innumerable memoirs and novels that focus on these activities, scholars have generally overlooked the rehabilitation of disabled soldiers including those with neuropsychiatric injuries until recently. Of the 21.2 million soldiers that were wounded, an estimated 6.5 million were disabled and tens of thousands fully incapacitated. Into the 1930s nearly 640,000 British soldiers received disability pensions, and 800,000 Germans out of 2.7 million who had incurred a disabling wound also received pensions. 2 million French troops had incurred disabling wounds of which 300,000 were classified as *mutilés de guerre*. The post-injury care of these and other nations' casualties varied considerably.⁶

Nations generally responded positively to the demands of [veterans associations](#) including the German *Reichsbund* and the Australian Sailors' and Soldiers' Fathers Association for pensions and enhanced medical services long after the war concluded on the basis of their entitlements to state assistance. Publications such as the *Journal des mutilés, réformés et blessés de guerre* maintained pressure on French officials to deliver benefits for veterans. Collectively public financing and private subscriptions raised monies to purchase prosthetics, food, clothing, bandages, medicines, and medical supplies for active and demobilized soldiers alike.⁷

But the services offered to disabled veterans often proved inadequate and a hierarchy of stigmas plagued the process of awards ranking obvious physical injuries first and neuropsychological injuries last. Many veterans suffered both from the discriminatory attitudes that had prevailed in pre-war society that associated disabilities with moral failure, and from the inconsistency of relief programs and accommodations in education, employment, and other areas of life. In newly independent Ireland, volunteers were actually categorically denied pensions owing to pervasive political opposition to participating in a British war. Elsewhere, in Britain actuarial charts were developed to structure disability pensions for soldiers, and Germany made payments to its soldiers according to rank rather than injury to maintain the socioeconomic position of the recipient.⁸

Soldiers with visible disabilities were generally treated better by society and by a consortium of state and private rehabilitation services than those whose injuries were internal or hidden by clothing. No adequate retrospective estimates of post-traumatic stress syndrome, depression, or brain injuries exist for First World War era soldiers. If current-day estimates relying on advanced medical imagery and psychoanalytical tools are correct that nearly one in five American soldiers having served in Iraq and Afghanistan in the 2000s are affected by these conditions, and if that ratio is applied to the First World War, more than 12 million soldiers could have borne "invisible" wounds. Far fewer soldiers and civilians received

treatment for such conditions, however, they were afforded unequal care and fewer state benefits. Examples are French veterans whose psychiatric hospitalization was paid for out of their pensions in contrast to amputees who received free medical services.⁹

Traumatized soldiers, moreover, were poorly served by the psychiatric profession that presumed many patients fabricated their neuroses and believed them to be degenerates and drunkards. Electrical shock therapy in France and Germany caused further injury. Few organizations rallied for their particular needs, although in [Italy](#) the *Comitato d'Azione tra Mutilati, Invalidi e Feriti di Guerra* (Action Committee of the War Maimed, Disabled, and Wounded) provided useful services for these veterans, and in the United States the American Legion successfully lobbied the government for funds to construct veterans' hospitals and provide outpatient care.¹⁰

Regardless of the type of injury many wounded soldiers such as those whose lungs were damaged by [chemical weapons](#) tended to die earlier deaths than they would have otherwise. Death was postponed in some cases by the care of sympathetic relations and friends, and was mitigated by pensions and the valorization of the dead. Soldiers who succumbed to their injuries in the 1920s and beyond are not customarily added to the list of war dead.

Morale-Building Initiatives

The foremost method by which soldiers' received family and community support during the war was through gift packages. An implicit understanding that governments would not adequately provide troops with essential clothing and foodstuffs undergirded this community outreach that began in 1914 and extended throughout the warring countries, their imperial possessions, and the diasporic global networks of European émigrés and sympathizers. Illustrative of this exchange were *Liebesgaben* (gifts of love) consisting of sweaters, socks, food, and sundries that were collected throughout the German Empire and distributed among German forces fighting in Europe. Even though troops in German South-West Africa had mobilized also, the South-West African Warriors' Association and the German Women's Red Cross League for the Colonies channeled their fundraising toward the troops defending their ancestral homeland.¹¹

Activities that alleviated soldiers' spiritual and physical discomforts of war were maintained by private consortiums that operated with state blessing including Caritas, a Catholic charity organization in Germany. In the United States, the U.S. Commission on Training Camp Activities represented seven Christian, Jewish, Catholic, and secular entities that embraced a progressive social work ethos by providing confessional, educational, and recreational

services to troops while maneuvering to combat [prostitution](#) and drunkenness.¹²

Government and military officials keenly understood that the fighting efficiency and cohesion of their armies depended heavily on gift parcels and morale-boosting services. Governments sacrificed precious cargo capacity and communications services to permit the shipment of gift packages and letters, and routinely facilitated the programs established by soldier-caring organizations. In France and other countries, however, regulatory controls were established to ensure that care packages (as they came to be called after the Second World War) would not dangerously clog the arteries of [military transportation](#) and the postal services. A balance was therefore struck between the state and society in the distribution of privately raised supplies for combatants because they sustained soldiers in the field and in prisoner of war camps.¹³

Aid for Prisoners of War

The survival of an estimated 9 million prisoners of war and hundreds of thousands of civilian detainees routinely depended on outside assistance. Even though captivity was such a large phenomenon affecting so many soldiers, historians have only recently begun to explore its contours. Few of the warring countries faithfully abided by the international agreements they had made as signatories to the Geneva (1864, 1906) and/or [Hague \(1899, 1907\) Conventions](#) that stipulated a belligerent was responsible for feeding and clothing captured soldiers, but they generally honored provisions for accepting the in-camp intercessions of accredited relief societies that supported prisoners because it minimized the demands on state resources and diminished the likelihood of reprisals for inhumane treatment by rival states detaining their own prisoners. The conventions, moreover, had created normative expectations of fair and humane treatment for prisoners even though severe privation, [forced labor](#), and violence in the form of reprisals and corporal punishment were a commonplace experience of captives. Much of the suffering endured by prisoners seized early in the war reflected the lack of preparation by the belligerents to develop camp systems because of the pervasive belief in a short war obviating the need for such arrangements. Elaborate systems of captivity were eventually developed that included the construction of prisons, formulation of prisoner labor programs, the registration of prisoners with the ICRC, and the development of inspection protocols by aid agencies and neutral governments.¹⁴

Advocacy for prisoners' welfare moderated the severity of captivity by inducing captors to adhere to standards of fairer treatment and by liaising between soldiers and their families. The diplomatic and Red Cross representatives of neutral governments including [Denmark](#), [the Netherlands](#), [Spain](#), [Sweden](#), [Switzerland](#), and the United States were routinely admitted

to camps to inspect conditions on behalf of belligerent governments whose captives they promised to diplomatically represent, although Russia permitted emissaries from its rival Austria-Hungary to visit camps in which 2.77 million Austro-Hungarian soldiers were imprisoned.¹⁵

Inspections by the ICRC's Agency for Prisoners of War, national Red Cross societies, and church organizations also discouraged mistreatment and facilitated access to medicine, food, clothing, money, and family correspondence. The Australian Red Cross's offices in London, Paris, and Cairo, for example, maintained communications between separated relatives thereby reducing families' anxieties and bolstering prisoners' morale. Civilian detainees and internees, including an estimated 150,000 Bosnian Serbs held hostage in Austria and [Bulgaria](#), were not specifically protected by the Geneva or Hague Conventions. They nevertheless received intercessory attention from family members petitioning government officials: the press; Vatican emissaries; the Quaker-led Friends Emergency Committee (FEC); the International Women's Relief Committee; the *Auskunfts- und Hilfsstelle für Deutsche im Ausland und Ausländer in Deutschland*; the British Emergency Relief Fund; the Relief Committee for Military and Civilian Prisoners in Tientsin, China; and in the Serbian civilians' case, the Serbian Red Cross and the Serbian Relief Fund; which negotiated successfully for better treatment. Published reports by aid agencies detailing humane prisoner treatment in Britain for example, counteracted retributive tendencies toward British troops in Central Powers' captivity. Soldiers permanently disabled or otherwise rendered militarily ineffective by disease were sometimes repatriated to their home countries or interned in neutral countries thanks to the lobbying of Dutch and Swiss officials.¹⁶

Remarkably, states responded positively to external pressures to improve prisoner care even though their energies were consumed by waging war, illustrating the complexity and diversity of the bureaucratic apparatus in modern governments and implying their concomitant concern about reprisals. Governments allocated critical railway space to the transshipment of clothing, boots, blankets, food, and medicine to prisoners. Austria, for instance filled over 1,200 rail cars with relief materials for its prisoners in foreign captivity. But the amount Austria spent on prisoner aid versus prosecuting the war paled in comparison; Austrian prisoners received 85.5 million crowns' worth of supplies whereas the war claimed upwards of 22 billion crowns.¹⁷

The delivery of supplies constituted a major form of prisoners' aid and troops that did not receive regular external relief suffered terribly. During much of the war and in many prison camps, prisoners' foodstuffs were provided almost exclusively from external charities and individuals, as was the case for Belgian, British, and French prisoners held by Germany from

1916 until 1918, when Britain and France at last initiated government-financed food deliveries for their soldiers in Germany via the Netherlands and Switzerland. Variations in support services for prisoners of different nationalities, ethnicities, and military rank produced enmities among prisoner populations and sometimes strained their affections for their countrymen back home who were perceived as miserly and oblivious to their turmoil. Austrians incarcerated in Russia, for instance, resented that their German counterparts received more than four times more aid packages per capita than they.¹⁸

Elsewhere responses to captivity assumed far uglier forms. Conspicuous for its politically calculated decision to prohibit its countrymen from shipping aid packages to its prisoners in Central Powers' camps in an attempt to prevent mass desertions among its ranks, Italy unwittingly facilitated the death of 100,000, or one in six, of its captured countrymen. Romanian soldiers in German captivity also received relatively few parcels and like Italian prisoners died in great numbers. Captives in eastern European and Russian camps enjoyed far fewer comforts associated with packages and their mortality rates were accordingly ten times higher than troops imprisoned in western-central Europe who were adequately provisioned. 25 percent of prisoners in Serbia and 23 percent of captives in [Romania](#) died in camps. In excess of 650,000 prisoners of war from all countries perished in captivity, of whom 400,000 died in Russian camps; many prisoners, moreover, languished in east European camps long after the Armistice of 1918. Formulating universal programs for prisoner care proved an impossibility. No amount of legal protections or humanitarian aid could perfectly shield prisoners from violence, disease, and hunger.¹⁹

Aiding Soldiers' Families

The mobilization of soldiers proved destructive to family life and financial stability. Families understood intimately that the deployment of soldiers and their potential disability or death would strain family finances to the utmost and risked their penury. Wives, mothers, elderly parents, children, and others whose existence depended on a soldiers' ordinary peacetime income encountered the loss of earnings immediately because military service was poorly compensated. Families, therefore, struggled to afford housing and related expenses. The families of European reservists living in the United States and preparing to deploy in August 1914, for example, accepted financial support from European consuls and by aid societies including the Minneapolis Associated Charities of Minnesota and the Hungarian Relief Committee of New York. Soldiers' families in all warring countries routinely required and obtained relief to minimize the hardships associated with military service. Rather than pay their troops well, states aided families directly to maintain the broader support of society for the war effort. These state-to-family obligations grew over time in tandem with the

staggering numbers of battlefield casualties.²⁰

No accurate figures tabulate the recipients of state and/or private assistance owing to a soldier's separation, disability, or death in the First World War. Millions of dependents received financial, legal, and other forms assistance, but the amounts, duration, and conditions of eligibility varied tremendously. The size of family networks can be partially determined using estimates that the war created 3 million [widows](#) and 6 million orphans. Before eighteen months of fighting had elapsed, approximately 4 million German families numbering 11 million people, representing one-third of German households, were receiving state assistance of various forms. An additional 700,000 parents and others were financially dependent on German soldiers' income. Even in the United States, a country that escaped the pervasive loss that most of the belligerents endured with only 7.1 percent of its mobilized forces becoming casualties (versus 90 percent for Austria-Hungary and 76.3 percent for Russia), 2.1 million Americans received \$570 million in state aid, an expenditure that represented the equivalent of two-thirds of the nation's pre-war federal budget; Germany's aid to pensioners after the war was proportionately large in the 1920s also.²¹

Separation Allowances

Separation allowances constituted a near-universal mechanism by which countries at war aided families whose loved ones were mobilized. Germany, France, Britain, [Australia](#), and Italy, among other belligerents, established payments to families to compensate for the financial harm entailed by military service. In many instances regional and municipal governments, in conjunction with private charities, trade unions, and corporations also provided compensation.²²

Warring societies generally considered allowances a moral obligation to families who were enjoined more steeply in the sacrifices of war owing to their loved ones' departure. Where conscription induced military service, states readily recognized the legitimacy of family claims on public assistance and established systems for distributing aid. States also considered allowances a mechanism to preserve class status and to minimize resistance to conscription, as indicated by France extending aid to the families of its [West African](#) colonial troops. States that prioritized voluntarism among their ranks including Britain and [Canada](#), correctly viewed allowances as a recruitment tool that would dispel concerns among prospective soldiers that their families would become destitute as a result of their decisions to join the ranks. British and Canadian recruitment posters accordingly advertised allowances alongside pay scales, disability pensions, and provisions for widows and [children](#). Whereas allowances were often funded separately from military incomes, the United States deducted

allowances from its soldiers' pay directly.²³

Eligibility criteria and the effective administration of payments varied considerably, and perceived or genuine defects in allowance programs generated grievances by families and politically active advocacy groups that challenged the state to enhance its structural capacity to deliver aid as well as to admit to an enlarged responsibility for social welfare entitlements that many citizens articulated as rights. States contested these expanded benefits by enacting policies that invalidated payments to wives upon evidence of infidelity, by limiting payments to certain types of dependents such as wives without children who were generally believed capable of finding paid employment, by halting payments to pregnant women in the belief that pregnancy was profligate, and in certain societies by conceptualizing allowances on the basis of needs rather than universal rights. The informal surveillance systems encouraged by policing morality engendered abuse and reflected societal tensions in countries such as Germany about the nature of family sacrifices and their uncertain equivalence to soldiers' sacrifices. Arguments in favor of universal aid and the moral equivalence of sacrifice built upon pre-war maternalist welfare and socialist movements that had achieved limited legal precedents, and counteracted discriminatory impulses that helped to partially erode the stigma of moral failure associated with recipients of public charity.²⁴

Mirroring the unremitting expansion of the war over four years, states responded positively to these demands through the continual enlargement of dependents' programs to ever more recipients irrespective of need. France restructured its inaugural *allocation militaire* system to discourage continuing desertions by soldiers who had returned to care for their families, and enlarged the program to include spouses, domestic companions, biological and other dependent children, and elderly dependents. Italy initially promoted private relief committees to assist beleaguered families but soon expanded its offerings and eligibility by eliminating need-based criteria for allowances and by forming the *Commissariato Generale per l'Assistenza Civile e la Propaganda Iterna* (General Commissary for Civilian Relief and Internal Propaganda) in 1916, followed by the *Ministero per l'Assistenza Militare e le Pensioni di Guerra* (Ministry for Military Relief and War Pensions) a year later.²⁵

In Britain and Australia families were defined as wives, children, and mothers of soldiers, and they were eligible to receive separation allowances and additional compensation through private and public funds. Canada delegated to the private, state-sanctioned Canadian Patriotic Fund (CPF) the delivery of aid for domestic companions and unmarried mothers based on proof of need. In cities such as Montreal hundreds of female volunteers working in behalf of the CPF offered financial, legal, and other forms of assistance to destitute families, a process mirrored by the American Red Cross Home Services for 300,000 veterans' families in

1916-1918. Recipients of separation allowances often qualified for supplementary aid in the form of maternity allowances, rent subsidies (Germany) or a price moratorium on rents (France). This was true in Berlin from October 1914 onward where families received *Mietbeihilfe* (housing aid), but its relative value declined as a result of inflation during the war; Londoners received such assistance beginning in March 1917.²⁶

Pensions

Widows' pensions in Berlin, Paris, and London were distributed monthly and were configured along similar lines as separation allowances, but payments rarely maintained pre-war standards of living. German widows discovered to their dismay that their husbands' deaths decreased their benefits because of government policy that privileged payments to the families of living soldiers. Acquiring increasingly expensive clothing and food was exceedingly difficult given a widow's newly reduced income, and the health of many impoverished widows in Berlin was compromised by malnutrition-associated illness. Germany eventually adjusted its payments but the damage to its authority in the minds of German widows had been done. The state may have functioned as a surrogate for the deceased husband, but it was a poor substitute.²⁷

Advocacy and Accommodations

Advocacy helped families but its power to change policy was limited. Petitions from the Australian Sailors' and Soldiers' Mothers, Wives, and Widows Association which was headquartered in New South Wales and Victoria could not recast government policy that left thousands of widows destitute owing to cumbersome bureaucratic processes. Italian contemporaries in the *Associazione Madri e Vedove dei Caduti in Guerra* (Association of Mothers and Widows of the Fallen) also labored valiantly but 200,000 widows were financially deprived by their husbands' deaths. Many widows felt the state was derelict in its responsibilities. Admittedly in certain national and local contexts poorer women including some Britons, Germans, and African-Americans were empowered through state aid that exceeded their pre-war income and enhanced their material prosperity and financial independence. Some women received enough earnings for them not to have to seek employment. Historians generally acknowledge, however, that the overall financial impact of the war on families was harmful rather than positive, and that the experience was often disorienting and dislocating to families. Financial hardships owing to service were most conspicuously felt among middle-class families that suffered a sharp decline in their social status. To compensate for financial hardships thousands of families in Germany relocated to the homes of elderly parents, and in Canada among other countries women opened their

homes to boarders.²⁸

Financial survival strategies for families also included many women seeking paid employment. The [Austrian government](#) actually terminated allowances as a measure to incentivize women to work in war industries. Women, especially widows and soldiers' wives without children, discovered their earning power to be countered by sharply rising prices. In Hanover the average daily wages of a female laborer in 1916 could purchase merely one dozen eggs; a whole chicken cost two days' wages. Soldiers' wives in France and Britain routinely sought employment and were deeply frustrated by the need to do so having discovered the shortcomings of their subventions and they bristled at the condescending and humiliating screening processes for eligibility.²⁹

The First World War reached into soldiers' homes and family networks from the outset of mobilization, and the social welfare solutions developed to mitigate the distress it produced found widespread acceptance among the warring societies. Governments assumed far larger burdens in waging the war than is often acknowledged, by responding to the demands of soldiers and their families that dependents receive state assistance. Given the wartime constraints under which governments labored it is remarkable that states proved as responsive as they were to the demands of soldiers' wives, but officials understood they had no satisfactory solutions to maintain national solidarity.³⁰

Combating Hunger

Although the intensity varied greatly food shortages were a near-universal experience for civilian populations affected by the First World War. Britons and Americans were among the few peoples that escaped serious nutritional deprivation during the war. The societies that suffered worst from hunger were those in central and Eastern Europe, the [Ottoman Empire](#) where an estimated 1.5 million Armenians, Lebanese, and Syrians perished from starvation in 1915-16, and in the shattered Russian Empire that experienced an estimated 5-10 million famine-related deaths in the war's aftermath.³¹

Food shortages owed partly to the disruption of agricultural markets and customary sources of supply for foodstuffs, forage, and fertilizers, and the loss of farm hands and draught animals to military service that curtailed planting and harvesting of crops. Most of the warring countries were accustomed to acquiring food and materials for its production in a global marketplace and were highly vulnerable to disrupted rail and maritime commercial networks. Germany, for example, imported nearly 30 percent of its foods (including 50 percent of its barley, meats, and fertilizers). By contrast, [Belgium](#) imported 80 percent of its

grains and a majority of its other foodstuffs. Environmental factors including uncommonly bitter winters, potato blights (Germany), and locusts (Anatolia) accentuated these problems, as did the physical destruction of croplands associated with the movement of armies and military operations. War policies of [occupation](#) and economic warfare through [blockade](#) and the use of sea [mines](#) and [submarines](#) further intensified these deficits. Fuel shortages and transportation delays particularly hurt food distribution, spoiling milk, potatoes, and other consumables. Hunger was thus a byproduct of unpredictable forces compounded by interdependencies across many sectors, making its mitigation exceptionally difficult.^{[32](#)}

State Policies and Resistance

States developed centralized food controls and other programs to stabilize prices and ensure availability of foodstuffs. Practically all societies at war endured some level of government-mandated rationing of foods and were also affected by price controls and measures designed to increase production and reduce consumption, although Austria and Germany discovered to their dismay that their policies often proved counterproductive by discouraging agricultural production and stimulating black markets. Sharp fluctuations in food prices owing to inflation, speculation, scarcity, hoarding, and black markets conspired to leave many people without the means to obtain sufficient food regardless of what rations they may have been entitled to.^{[33](#)}

Hungry populations were not satiated by state campaigns that popularized sacrifice through “meatless” and “wheatless” days of the week whereby consumption of those scarce foodstuffs was curtailed, the increasing human use of traditional fodder crops, and the proliferation of *ersatz* and creative recipes for such products as potato flour-infused *Kriegsbrot* (war bread). Only the most affluent, criminal, or fortunate recipients of international food aid could procure foods in many regions without profound distress. The average Berlin laborer witnessed a 400 percent spike in monthly food costs during the war. Caloric intakes plummeted accordingly. In Germany, many adults consumed 1,000 to 2,000 fewer calories per day than before the war. Malnutrition soared. Women’s and girls’ body weights decreased 25 percent and the mortality rates of girls and boys doubled between 1914 and 1918. In stark contrast, British working classes experienced real improvements in health conditions owing to better standards of living associated with rising incomes and extensive maternal care programs. Hunger nevertheless remained a dominant feature of war experience for many populations.^{[34](#)}

Unsurprisingly protests erupted in societies confronting scarcity and high prices for staples such as milk, butter, wheat, and potatoes. In 1915, food riots rocked the Sicilian province of

Catania, Berlin and other German metropolises. In 1916, Italy experienced widespread protests that intensified in 1917 in cities such as Turin where the army dispersed protesters manning barricades. Vienna, Kiel, Leipzig, Petrograd, and Melbourne, among other cities, experienced unrest in 1917, and in 1918, disturbances were widespread in Germany. Protesters were upset largely by the absolute decline in available calories (in Vienna in 1917 the daily ration was set at 830 calories), but other concerns animated their complaints, too.³⁵

Scarcity radicalized especially women, whose anger was directed toward the state and toward agents of injustices — perceived or real. Their protests revealed that the poorer and laboring classes expected to bear a heavy but proportional burden, and that they also considered governments responsible for protecting families from injustices and acute privation. Privileged access to foodstuffs among the affluent suggested that sacrifices were unjustly distributed across society and fostered conditions that resulted in walkouts, strikes, and even violence. More so than the Allied governments, the Central Powers' regimes were increasingly perceived by their people as incompetent or corrupt in their maladministration of food policies, and shortages awakened their populations to the probability of military defeat.³⁶

Warring officials responded to these complaints in various ways designed to appease consumer demands and thereby defuse the tensions they produced within the ranks and along the homefront. Maintaining [morale](#) by preserving access to quality food emerged as a critical wartime concern of states where substitutes including horses, dogs, sawdust, sand, and ground corn husks entered the food supply. The Bulgarian government established a Directorate for Economic and Social Welfare in the vain hope of counteracting food shortages induced by Germany's acquisition of its agricultural production at levels that left its urban centers hungry and its peasantry distressed. In Russia, the government depended on the Union of Zemstvos that had already engaged in expansive programs to alleviate distress among wounded soldiers and their families, to safeguard agricultural production and include food relief as a palliative measure. Whereas in Italy, the state relied primarily on voluntary private charities and patriotic organizations to support distressed families, although it directly intervened on behalf of industrial workers and the families of poor conscripts. These efforts were inconsistent and episodic and left unaided many destitute communities throughout Italy culminating in widespread protests in 1916-17 over the absolute lack of bread available for purchase in major cities, outbreaks of illnesses, and increased infant mortality. Elsewhere, in Paris, the municipality distributed potatoes and coal freely during the winter to maintain stability. Soup kitchens and wagons appeared in numerous cities including Vienna and Freiburg where tens of thousands of the increasingly destitute lower and middle classes dined on subsidized meals.³⁷

Non-governmental Food Aid

Voluntary efforts to stave off hunger assumed traditional and new forms. Remittances from Jewish and other ethno-religious communities living outside the main theater of war aided thousands of co-confessional sufferers across Europe and the Near East. In famine-gripped Wilna and its outlying communities that starved in the winter and spring of 1916-17, local organizations including the Lithuanian Refugee Aid Committee responded with food aid because German authorities occupying the region would not. Whereas the support of diasporic and local associations drew upon patterns of peacetime relief that expanded during the war, an international food relief initiative for German-[occupied Belgium and northern France](#) dwarfed all other hunger mitigation programs. Led by American citizens under the direction of future U.S. president Herbert C. Hoover (1874-1964), the [Commission for Relief in Belgium](#) (CRB) orchestrated the importation of food to sustain 9.2 million Belgian and French noncombatants living under German rule from late 1914 until the Armistice. The nation-feeding effort hinged on the belligerents' acceptance of the CRB's humanitarian intervention as a strictly neutral undertaking and on obtaining the financial subventions of Britain, France, Belgium, and the United States, in addition to countless smaller private gifts, to procure food in such vast quantities.³⁸

The CRB assumed newfound significance as a philanthropic corporation, a hybridized forerunner of modern multinational businesses and international relief agencies. CRB officials negotiated directly with the leading governments, operated a fleet of dozens of oceangoing vessels on which the commission flew its own flag, and managed a multibillion dollar procurement and distribution effort that stretched from Australia to the Americas and into every Belgian community. At the height of its operations the CRB fed over 9 million civilians on a daily basis through its network of hundreds of neutral American, Spanish, and Dutch administrative personnel and 70,000 Belgians responsible for local distribution. Like the ICRC, the CRB achieved a quasi-nation-state status that enabled it to negotiate directly with the warring coalitions and to extract concessions for the protection of aid workers and relief shipments. Despite these agreements a dozen CRB ships were sunk by German submarines in 1917.

The loss of relief cargoes and the withdrawal of American supervisory officials from Belgium after the United States' declaration of war on Germany undermined the feeding operations to such an extent that famine again threatened Belgium in 1917-18, as it had in 1914, when the CRB first formed. Caloric intakes plummeted in Belgium by two-thirds with corresponding spikes in malnutrition-linked diseases and mortality. In Belgium, a country already enduring widespread and widening destitution and wracked by chronic unemployment and underemployment associated with occupation life, the birthrate plunged 40 percent,

marriage rates declined even more dramatically, and many people spent practically their entire incomes on scarce food. The lines at CRB-managed soup kitchens continued to grow until war's end even though the increasingly tenuous flow of food made this an uncertain font of sustenance.³⁹

The CRB's intercessions spared the Belgian population from even greater suffering and actual starvation and also awakened many other peoples distressed by war to the possibility that humanitarian aid could be delivered to them also, provided the belligerents agreed and volunteers could be found to organize the enterprise. CRB-inspired food relief enlarged after the Armistice under the auspices of Hoover's American Relief Administration (ARA) that operated in twenty-one countries and fed 80 million inhabitants of countries in Europe and the Near East between 1919 and 1923. Collectively the CRB and ARA distributed food and supplies valued at 5.2 billion dollars. The massive aid program indicated that certain fields of relief such as this one required considerable professional expertise in administration, shipping, and logistics. Although few other private or quasi-private relief entities developed such specialization and close relations with governments, banks, the shipping industry, and agriculture as did the CRB and ARA, others found in them a model to emulate and thereby improve their own capacity to superintend relief on along global lines.⁴⁰

Despite the ministrations of the CRB and the ARA, hunger eroded war production by weakening the labor forces that maintained economies; undermined morale among soldiers and civilians; intensified class, regional, and interallied rivalries; created a climate in which diseases flourished and mortality rates soared; and undercut the authority of the regimes struggling to feed their citizens. Hunger revealed the ways in which the First World War was not only a war of industrial production, but of food, too. The demise of the Wilhelmine and Hapsburg governments was a function of the failure to achieve lasting strategic victories against their enemies, as well as of their insufficient agricultural productivity.⁴¹

Aiding the Dispossessed

Attempts to escape violence and governmental deportation policies displaced millions of civilians in Europe and the Near East during the First World War. From eastern to western European fronts the involuntary migration of an estimated 6 million people [within the Russian Empire](#), 5 million within the Ottoman Empire, and 4 million [French](#) and [Belgians](#) constituted a major political and humanitarian dilemma. Some [refugee](#) populations remained in exile for the duration of hostilities including several hundred thousand Belgians that fled German occupation to Britain, France, and the Netherlands. Refugees often returned home when the danger of military operations subsided, but still others on the eastern European front

experienced regular displacement and increasing destitution owing to the frequently shifting tide of battle. Hundreds of thousands of Serbian and Armenian refugees perished in flight.⁴²

The continuous movement of refugees, some of whom were temporarily displaced and others chronically so, and all with varying states of financial solvency, complicated the formation of refugee aid policy. Viennese municipal officials confronted several waves of refugees in 1915 and 1916 in response to Russia's repeated invasions of Galicia. Parisian authorities were so overwhelmed by the influx of peoples that they stopped attempting to calculate their numbers. Whereas France accommodated 3 million refugees including more than 1 million displaced French citizens and 1.8 million Belgian and Serbians, Britain hosted citizens from twenty-nine different countries with the vast majority coming from Belgium.⁴³

National and municipal governments, private charities, and personal kinship networks responded in varying ways to the plight of refugees through relief services that encompassed the provision of money, food, medical, clothing, and soap in addition to arranging and/or mandating employment. Improvisation characterized the initial responses of host societies followed by greater standardization of care in which state intervention became a regularity owing to the deficiency of local resources. Answers to questions of responsibility for the care of refugees were inconsistently obtained and depended in part upon whether a host society welcomed or regretted their arrival. Even where the initial reception was warm because refugees were perceived to be victims of aggression as with Belgians in Britain, attitudes soon ossified as local populations grew resentful of their claims on scarce public resources. Dutch authorities, for instance, relocated Belgians to the peripheries of Bergen op Zoom and other towns to reduce frictions with residents, while the Soviet government distributed aid for Armenians when cities such as Samara were overwhelmed by refugees. Deteriorating relations between locals and their unwanted guests repeated in Northampton U.K., with Belgians; in Béziers with French refugees; and in Vienna with Galician Jews.⁴⁴

In France the *Secours National*, Britain the War Refugees Committee, Russia the Tatiana Committee, and Austria the *Israelitische Allianz* embodied public-private consortiums in which government subventions to refugees were administered by thousands of local committees, often directed by municipal authorities such as mayors or burgomasters and assisted by newspaper owners, bankers, and other prominent community members. Hundreds of private organizations staffed by international and local volunteers numbering thousands, such as the All-Russian Society for the Care of Refugees, Latvian Central Welfare Committee, and the Viennese *Verein soziale Hilfsgemeinschaft* (Organization for Community Aid) obtained for hundreds of thousands of refugees accommodations, employment, clothing, schooling, day care, orphanages, and other critical support. Their operations were globally funded by

countless small donations and institutional support by the American Jewish Joint Distribution Committee and Quaker Friends associations that often continued to work after the Armistice to aid in resettlement. Proto-nationalist movements emerged within Latvian, Lithuanian, Polish, Belorussian, and Armenian refugee communities and many of their newfound spokesmen who were prominent in relief societies composed the leadership of newly independent nations after the war.⁴⁵

Confronting Contagions

Malnutrition, injury, filth, inadequate sanitation, and the movement of troops and refugees gave rise to a virulent environment that killed and debilitated millions of soldiers and civilians. Combating disease epidemics including cholera, typhoid, [influenza](#), smallpox, and typhus, and chronic conditions including tuberculosis that ravaged the warring populations required the coordinated actions of public health administrators and medical experts representing numerous government and private organizations.⁴⁶

Initiatives to arrest the spread of diseases were often led by private entities such the Rockefeller Foundation of New York that deployed its medical researchers to formulate inoculations, develop antiseptic surgical methods, and eradicate disease vectors such as lice that spread typhus. Partnered with enlarging state bureaucracies imbued with sweeping regulatory powers, consortiums such as the International Serbian Sanitary Commission (ISSC) that synchronized Rockefeller, British and Russian Red Cross expertise with Serbian government authority to eradicate typhus in 1915, collaborated to stabilize societies threatened by epidemiological assault. Elsewhere, efforts to mitigate contagion among refugees encamped in the Austrian town Gmünd and in numerous prisoner of war camps throughout central and Eastern Europe belied easy solutions because the contributing factors to the epidemics were manifold. Child mortality owing to malnutrition-induced diseases encouraged state authorities to confer on private entities, such as Germany's reliance upon the *Kaiserin Auguste Viktoria Haus* (Empress Auguste Victoria House) (KAVH), the authority to establish national standards for pediatric nursing and to professionalize infant care.⁴⁷

Despite the temporary successes of entities such as the ISSC against typhus and the KAVH's crusade against preventable infant deaths, such activities could do little to prevent the soaring rates of civilian mortality associated with malnutrition in cities such as [Freiburg](#) that experienced a 60 percent spike in wartime deaths. Belgium, Germany, Austria-Hungary, Romania, and Italy experienced similarly high numbers of civilian deaths linked to diseases associated with nutritional deficits. In Germany *infants* were the beneficiaries of the KAVH but *child* mortality doubled, whereas infants died at increased rates in Italy, likely due to less

specialized care available such as furnished by the KAVH. The insufficiency of food was often the lowest common denominator in the incidence of diseases and their lethality.⁴⁸

Conclusions

Relief initiatives saved millions of lives, but humanitarian advocacy whether it was closely aligned with state interests or genuinely apolitical could not persuade the warring countries to end their titanic conflict. Aid proved only a stopgap measure to limit the destructiveness of war and in certain instances medical care for soldiers and social welfare programs for families actually enhanced the war-making potential of states. The provision of relief illustrates the complexities and diversity of evolving state and civil society relationships in wartime. Sadly, the distress encountered by many people during the war continued long after the Armistice because privation, hunger, and disease still stalked the lands that were ostensibly at peace. Fortunately for the afflicted populations of Europe and the Near East, many of the individuals and agencies that dedicated themselves to mitigating suffering in war continued their humane services long after the [Treaty of Versailles](#) in sober recognition that treaties might signify the end of wars but the process of restoring societies destroyed by a cataclysm had no definite conclusion. Unremitting post-war crises encouraged the continuing efflorescence of international relief organizations and the expansion of [social welfare programs](#) that the war's crises had catalyzed. The capacity of states to inflict destruction and the myriad humanitarian means to counteract war's barbarities continued to evolve in the aftermath of the First World War.⁴⁹

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