

# Red Cross

By [Cédric Cotter](#)

**National Red Cross societies played a very important role in the First World War. They supported armies' medical services, brought relief to prisoners of war and sometimes organized their repatriation, and helped the civilian populations. Despite the universal ideal of an independent, neutral, and impartial Red Cross Movement, the national societies were subordinated to their respective governments and integrated into the war effort, used a tool for the mobilization of minds as well as for the promotion of their countries abroad. Women were an important component of these societies, but despite their commitment, they did not accede to leading positions.**

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## Introduction

At the outbreak of the First World War, national societies of the Red Cross had been active for decades and had already proved their importance in many conflicts and natural disasters. The Great War, however, transformed them deeply. They played a predominant humanitarian role in which millions of people participated by making donations or volunteering. The aim of this article is to present very briefly the main activities of the Red Cross national societies. While each country is different, the work of the Red Cross is nevertheless characterized by universal tasks. Section 2 of the article highlights the relationships of these societies to their governments and their complicated interactions within the Red Cross Movement. Section 3 focuses on the diplomatic and cultural roles of the Red Cross, analyzing its usefulness as a tool of foreign policy and the mobilization of minds before concluding with some reflections on the role of women.

This article is based on research conducted at the archives of various national societies and of the International Committee of the Red Cross (ICRC). The existing literature is also an important source, although it still suffers from large gaps. Indeed, historians have been particularly interested in global phenomena involving the Red Cross ([prisoners of war](#), civilian populations, [refugees](#), war [medicine](#), etc.) as well as by the action of humanitarian organizations such as the ICRC, the [Commission for Relief in Belgium](#), and others. There are very important publications on the American Red Cross, as well as several studies on the Swiss and Dutch societies. Few articles mention [Austria-Hungary](#) or [Denmark](#), and beyond commemorative works, there is still a lack of precise and recent studies on the other national Red Crosses, their functions and actions, at least in English. These gaps in the literature partly explain the limitations of this article.

## Main Activities of the National Societies

### Medical Care

Medical teams and voluntary aid societies were officially recognized by the Geneva Convention for the Amelioration of the Condition of the Wounded and Sick in Armies in the Field from 6 July 1906.<sup>[1]</sup> The primary mission of the national Red Cross societies was to assist the military health services in the event of conflict. Prepared and trained for this purpose, they were massively mobilized at the beginning of the war. Red Cross members were present at almost every stage of the wounded route. In [France](#), ambulances, like that of Dr. [Alexis Carrel \(1873-1944\)](#), were deployed next to the front. Self-surgical groups or the presence of the famous X-ray units initiated by [Marie Curie \(1867-1934\)](#) enabled doctors to act efficiently as quickly as possible. The injured were also transferred behind the front and transported by thousands of ambulances of all kinds. In August 1917, the Ford Motor

Company donated 1,000 ambulances to Bordeaux.<sup>[2]</sup> Barges and sanitary trains were also used for the [transportation](#) and repatriation of the wounded. Auxiliary hospitals supported military [hospitals](#) and treated millions of soldiers. Red Cross assistance was still present during the convalescence and rehabilitation of the wounded.<sup>[3]</sup> The British Red Cross mobilized thousands of vehicles, barge transports, and dozens of motor launches to be used as hospital-ships; it even used three sanitary trains that carried 461,844 wounded throughout the conflict. On British territories, the Red Cross ran more than 3,000 auxiliary hospitals. Despite small differences, all national societies from belligerent countries were engaged in similar activities to aid and assist wounded soldiers.

Red Cross teams not only helped the wounded on the Western and Eastern fronts, but were also present everywhere where fighting were taking place. The British Red Cross sent commissions to [Egypt](#), [Malta](#), [Salonica](#), [Italy](#), [Corfu](#), [Serbia](#) and [Montenegro](#), [Romania](#), [Russia](#), [Switzerland](#), [Holland](#), [Mesopotamia](#), and [East Africa](#),<sup>[4]</sup> in addition to managing ten hospitals in France and [Belgium](#).<sup>[5]</sup> This presence near the front also allowed national Red Cross to provide other services to the armies: Some societies set up war canteens (sometimes with mobile canteen cars), *foyers du soldat*, and other services. Under the auspices of the Red Cross, poor women earned money by making clothes for the soldiers. National societies also mobilized significant energy to fight the [Spanish influenza](#). Many [nurses](#) lost their lives.

In 1914, the structures set up to deal with the war were inadequate, but they grew rapidly and eventually reached gigantic proportions. For example, the *Société de secours aux blessés militaires*, one of the three entities forming the French Red Cross, ran 541 auxiliary hospitals for a total of 25,450 beds. It also operated seventy-eight train station warehouses, 110 border posts, and seventy health centers. This sub-branch employed 3,300 stretcher bearers and 10,000 nurses, not to mention the thousands of volunteers who assisted them.<sup>[6]</sup> Overall, the French Red Cross operated 1,480 hospitals in metropolitan France alone, for a total of 116,689 beds. Over the course of the whole war, this totaled 75,504,714 days of hospitalization.<sup>[7]</sup>

## Relief to Prisoners of War

Prisoners of war were the second category of victims to receive huge support from national Red Cross societies. Many actors participated in the relief of prisoners, and the ICRC was on the front line. Its delegates visited camps before producing reports that were then published. Its agency for prisoners of war contributed to the re-establishment of family links for millions of prisoners. [Churches](#), the [YMCA](#), and private committees were also very important actors, both for material and spiritual relief. But national societies played a vital role in their supply: As mentioned in a report from the British Red Cross, it was the [government](#) who, being unable to send parcels to [Germany](#), asked the Red Cross to organize deliveries to prisoners.<sup>[8]</sup>

Thousands of private committees and local organizations sent food, clothing, hygiene items, and books. National societies tried to channel these initiatives and centralize the aid before sending it on

to the [internment camps](#), very often through neutral countries. In this time, 497 million letters, 115 million parcels and 10 million mandates transited through neutral states.<sup>[9]</sup> Throughout the war, after gathering relief from its local sections, the British Red Cross packaged and dispatched more than 2.5 million parcels.<sup>[10]</sup> In March 1917, the various sections of the German Red Cross had already sent forty-four trains of about twenty-six cars each to Russia bearing food, clothing of all kinds, books, and other goods for German prisoners interned in that country.<sup>[11]</sup> German and Austro-Hungarian nurses joined mixed commissions and visited camps in Russia, in enemy territory, to care for prisoners.

Red Cross Movement played an important role in restoring family links, forwarding information on the fate of prisoners, and putting them in contact with their families. This task was first and foremost performed by the ICRC's International Agency for Prisoners of War, which mainly dealt with the [Western Front](#), along with the Danish Red Cross, which was active on the [Eastern Front](#). However, national societies were active as well. First, on the [Italian/Austro-Hungarian front](#), an agreement between the two national Red Cross societies allowed them to exchange lists of prisoners directly. Other societies collaborated with the ICRC for the transmission of information to families. For example, using the data collected in Geneva by the ICRC or obtained from governments, the French Red Cross had the possibility to reach out to families through its own agency, which produced 4.8 million records.<sup>[12]</sup>

This created a competitive situation between the ICRC and national societies. Who would share information with families? Each side wanted to keep its prerogatives. There were some frictions with the French Red Cross and, especially, the Frankfurt section of the German Red Cross.<sup>[13]</sup> In 1917, a report mentioned several competitors for the ICRC, consisting of both national societies and certain private organizations.<sup>[14]</sup> National Red Cross societies were sometimes able to provide information faster than the ICRC, but generally received lists from their own governments only, while the ICRC had the advantage of gathering data from much more varied sources. Moreover, the Geneva-based institution had the capacity to federate national Red Cross societies in order to avoid internal competition and strengthen the Movement against the competition of entirely private committees. The sponsorship of certain private organizations and the preference given to national Red Crosses allowed the ICRC to defend its interests and guarantee the effectiveness of its international agency.

## **Relief to Civilian Populations**

When it was founded in 1863, the Red Cross had no ambition to help civilian populations. However, during the decades preceding the First World War, some national Red Crosses started providing aid to victims of natural disasters and attempting to alleviate problems related to hygiene and public health. The scale of the disaster that shook the world in 1914 pushed them to bring relief to new categories of beneficiaries: victims of tuberculosis, of Spanish influenza, refugees and displaced persons.

In France, civilians from [occupied](#) regions such as Oise, Somme, and Aisne who were repatriated to other parts of the country received material and moral assistance. Dispensaries were available to them, where they received [food](#), clothes, linen, furniture, tools, and more. Infant consultations and war canteens (such as those for the military) were also opened for them.<sup>[15]</sup> The German Red Cross also allocated 4.5 million Marks for aid to the displaced. More than 70,000 Germans from East Prussia and 100,000 refugees from other regions, including from enemy countries, received material support.<sup>[16]</sup> This task was commissioned by the Prussian Minister of the Interior.

The American Red Cross was particularly active. In 1915, for example, a collaboration with the Rockefeller Foundation resulted in a sanitary commission to fight typhus in Serbia.<sup>[17]</sup> Before 1917, 341 ships delivered over 1.5 million dollars' worth of aid to Europe.<sup>[18]</sup> As early as 1917, the American Red Cross invested in new activities concerned with hygiene rather than strictly war-related: It distributed food, built hospitals, provided medical assistance, launched campaigns against tuberculosis and typhus, and distributed other kinds of relief. At the same time, it also organized campaigns promoting health education for children. In France, it opened a children's hospital in Évian and organized conferences and "children's exhibitions" in all major cities of the country. Their aim was to explain to French mothers the best ways to raise their children. Similar initiatives were launched in Central and Eastern Europe at the end of the war.<sup>[19]</sup>

### Special Activities led by Neutral Societies

Neutral national societies were actively involved in this humanitarian trend. They were all prepared for war, but because of [neutrality](#), had no wounded soldiers to take care of. Stimulated by the fear of losing their *raison d'être*, they had to reorient themselves towards new activities. On the one hand, they acted for the benefit of their own population and armed forces, for example by organizing public health activities. On the other hand, they provided relief to the victims of the belligerents. Like belligerent countries, neutral Red Crosses sent medical teams to the front: Dutch ambulances were active on the Eastern and Western fronts,<sup>[20]</sup> while Denmark sent ambulances to Belgium, [Estonia](#), France, Russia, and Serbia<sup>[21]</sup>. Swiss nurses reinforced the ranks of French, German, and Austro-Hungarian ambulances. Nurses were also involved during the Spanish flu pandemic. In Switzerland, the Red Cross was responsible for transporting foreign internees to their place of internment. More important, it was in charge of the repatriation of two categories of victims: badly wounded prisoners from POW camps; and civilian refugees from occupied territories from Northern France who crossed Switzerland from Germany to Haute-Savoie. Local committees also assisted these victims when their trains stopped in the main cities.

The Swiss Red Cross was particularly active on behalf of prisoners of war. Many local sub-committees prepared and sent parcels. In Bern, under the auspices of the Swiss Red Cross, some semi-independent committees like *Pietas*, *Pro Captivis*, and the *Comité bernois de secours aux prisonniers de guerre* also received and provided relief. These were, in fact, controlled by the Allied

or Central Powers, who used Switzerland as a hub for humanitarian relief. *Pro Captivis* first tried to bring relief to French and Belgian prisoners of war, then later expanded its work to cover internees from other countries. Following an agreement signed in July 1916, *Pro Captivis* started to re-dispatch parcels to German prisoners of war in France via facilities in Switzerland and, as of 1918, in Barcelona. Between March and October 1918, 100,000 parcels were sent to France.<sup>[22]</sup>

[Sweden](#) and Denmark sent delegates to the field, where they redistributed aid to prisoners. Neutral nurses, such as [Elsa Brändström \(1888-1948\)](#), were present alongside the delegates. The Danish Red Cross eventually played an important role by setting up offices in various foreign cities in order to act more efficiently and closely with the victims, an initiative which foreshadowed future ICRC delegations. Danish offices were gradually opened in 1916 in Petrograd, Moscow, Kiev, Vienna, Berlin, and Paris.<sup>[23]</sup> The Swedish Red Cross copied the idea and opened its own offices in Petrograd and Moscow, while forty-four delegates acted on the field. Between 1915 and 1917, this national society sent forty-one rescue trains to Russia<sup>[24]</sup>.

<b>Country of internment</b>	<b>Number of prisoners of war assisted</b>
Germany	1,258,700 Russians; 83,900 Romanians
Austria-Hungary	853,000 Russians; 40,000 Romanians
Russia	1,732,764 Austro-Hungarians; 172,675 Germans; 47,684 Ottomans; 145 Bulgarians

Table 1: Swedish assistance on the Eastern Front<sup>[25]</sup>

Neutrals were mainly useful in performing services that belligerent national societies could not. For example, the Swiss, Swedish, and Danish Red Crosses were involved in the repatriation of badly wounded prisoners, providing medical and material assistance throughout the journey. The mobilized medical personnel could thus make themselves useful and take care of foreign wounded. In Holland, the Red Cross was also involved in organizing the internment of foreign military personnel.<sup>[26]</sup>

Following a request by the ICRC, the Danish Red Cross opened an agency for [prisoners of war](#) on the Eastern Front in September 1914. Although this was an equivalent organization of the International Agency for prisoners of war, it was organized independently, without any real coordination with Geneva. This agency employed about 150 salaried staff members and as many volunteers. It suffered from recurring financial problems and the ICRC had to pay off its debts. Throughout the conflict, this Copenhagen agency had to deal with an insufficiency of information coming from Russia, but still produced more than 3.5 million records.<sup>[27]</sup>

## Interactions with States and other National Societies

### Structure of the National Red Crosses and Relations with the Host Governments

The First World War represented a climax in the ideology of the nation. The progressive totalization of the conflict meant that all the resources of the state, economy, military, and society were directed towards the war effort. The Red Cross Movement did not escape this phenomenon. The nationalization and militarization of national societies first took place between 1880 and 1906.<sup>[28]</sup> The universal ideal of the Red Cross was gradually redefined from a national perspective; the Great War greatly amplified this assimilation and politicization. Red Cross members wore uniforms and were mobilized for active duty, often under military command. Their work was perceived in terms of service to the nation. Both the control exerted by national governments and the attitude of some volunteers betrayed their abandonment of the notion of neutrality.<sup>[29]</sup> However, each national society had its own structure and unique manner of operation.

For example, the French Red Cross consisted of three different societies founded in the second half of the 19<sup>th</sup> century: *Société de secours aux blessés militaires*, *Association des dames françaises*, and *Union des femmes de France*. They were coordinated by a central committee founded in 1907 and eventually merged into a single organization in 1940. In addition to these three entities, other committees received authorization to use the Red Cross emblem and act under the auspices of the French Red Cross. In the United Kingdom, the British Red Cross and the Order of Saint John of Jerusalem unified their efforts within a Joint War Organization controlled by a Joint War Committee.<sup>[30]</sup>

The German Red Cross being federalist by nature, its central committee was modest in 1914, before expanding and setting up twenty-two different departments employing more than 700 people.<sup>[31]</sup> Close to the state, the administration, and the society of the empire, the German Red Cross assumed specific tasks that were directly dictated by the government. In Austria-Hungary, shortly before the outbreak of the war, the national Red Cross society was divided into various federalist associations under the coordination of the central office in Vienna. In fact, 4,800 fire brigades and rescue federations were also attached to the Red Cross. Like in other countries, the Red Cross' activities were largely integrated within the military medical services. In the United States, the Red Cross had been designated the "official volunteer aid department of the United States" in 1911 and its usefulness was recognized by Presidents Howard Taft (1857-1930) and Woodrow Wilson (1856-1924).<sup>[32]</sup> Colonel Edward Mandell House (1858-1938) even used the Red Cross "cover" for a mission to Europe. The United States' entry into war in 1917 eventually reinforced this situation. Mabel Boardman (1860-1946) was replaced by a central committee led by Howard Taft and assisted by Robert Lansing (1864-1928) and representatives of the army, navy, justice and treasury. Wilson also ultimately chaired the Red Cross. Additionally, a War Council was established to coordinate US humanitarian aid. It was run by the influential Henry Davison (1867-1922) and obligated all major organizations such as the YMCA, the YMWA, and the Jewish Welfare Board to collaborate with the Red Cross.

The same phenomenon was present in the neutral countries. The Swiss and Dutch Red Crosses were run by the military or former soldiers. The Swedish Red Cross was patronized and chaired by

Charles, Prince of Sweden (1861-1951), its funding partly provided by the state, and Swedish diplomacy promoted its activities. General Edvard Brändström (1850-1921), father of Elsa Brändström and Swedish Minister in Petrograd, intervened directly in favor of his national Red Cross.<sup>[33]</sup> The situation was not very different in Denmark, where it was sometimes difficult to distinguish the goals of the government from those of its National Red Cross, led by Waldemar, Prince of Denmark (1858-1939). In both belligerent and neutral countries, and despite the existence of thousands of private committees, national societies of the Red Cross assumed such an important role that they became genuine state humanitarian bodies. Led by governments, they lost their independence and neutrality in favor of the political goals of their respective governments. In the belligerent countries, this control went so far as to integrate the Red Cross into their war effort.

### **Relations within the Movement**

Obviously, this seizure by governments and the politicization of national societies created difficulties for the cohesion of the Movement and relations between societies. If they all pursued common humanitarian aims, their ways of achieving these aims and the expected political outcomes varied greatly. Their activities were sometimes coordinated, but generally not through the ICRC channel. Moreover, their integration into the belligerents' war effort generated disputes that seemed almost irreconcilable. The ICRC had to maneuver with great finesse to prevent an implosion of the Movement.

There were conflicts between Red Cross national societies on all fronts. For example, while the Italian and Austrian Red Crosses had a cordial and professional relationship, the Serbian, Hungarian, Bulgarian, and Austrian societies continuously complained to the ICRC and accused each other of all possible evils. The situation was such that Geneva had to intervene vehemently to ensure full reciprocity in their working relations. Politicization and ideology were extremely present. In 1916, the Hungarian Red Cross complained about the propaganda being carried out under the cover of the Serbian Red Cross. Other correspondence shows tensions between the Russian Red Cross and the Ottoman Red Crescent and between the French, German, Austrian, English, and American Red Crosses. In 1917, the British Red Cross protested against the "barbarity of the German Government."<sup>[34]</sup>

Tensions were particularly acute when national Red Crosses complained of violations of the law. For example, when a medical facility, hospital or lazaretto was bombed, a protest was sent to the countries accused of being the perpetrator through the national societies and the ICRC.<sup>[35]</sup> Many complaints about torpedoes fired at hospital ships also passed through Geneva. Some of these were errors caused by signaling problems. But [submarine warfare](#) exacerbated the phenomenon and led to several attacks against British ships. Discussions were much more heated concerning health personnel. Under article 12 of the 1906 Geneva Convention, and subject to compulsory medical exceptions, captured health personnel should not be interned, but released in order to continue their assistance to the wounded. As early as the autumn of 1914, many French complaints accused the

Germans of not respecting this clause. Germany replied by accusing Russia. The situation was finally resolved in June 1915, but conflicts soon arose again. It was not until 1917 that a suitable agreement enabled the effective repatriation of this particular category of prisoners.

Thus, the ICRC found itself caught in the crossfires of the national Red Crosses, from which it constantly received complaints. The Geneva institution conveyed these complaints to the various belligerents. As a keeper of the Geneva Conventions, the ICRC also shared its interpretation of the law. Although acting under the banner of neutrality, the ICRC was not totally neutral and sometimes criticized the Central Powers more severely than the countries of the Entente. All these activities were essentially carried out within a diplomatic framework and these exchanges between national societies or governments remained secret. Sometimes, however, the ICRC used its "Bulletin" to publish certain protests, present its interpretation of the law and, very rarely, overtly criticize a belligerent.<sup>[36]</sup>

The existence of so many important actors resulted in collaboration, reciprocal inspiration, and a genuine humanitarian competition within the Movement. Some national societies fought for a kind of supremacy. In Russia, the Danish and Swedish Red Crosses collaborated closely with the American Red Cross and the YMCA. But they entered into a hard competition as consequence of the political rivalry between the two Scandinavian states. The preference the ICRC gave to the Danish Red Cross certainly fueled this competition.

The most emblematic example of humanitarian competition is that of the ICRC facing the rise of the American Red Cross. The two entities had a good relationship during the first years of the conflict, but 1917 was a turning point. Using Switzerland as a humanitarian hub for its activities in Europe, the American Red Cross clashed with the ICRC in its attempts to secure a leading role within the Red Cross Movement. The Americans were critical of the purely Swiss nationality of the ICRC, but they also considered it an outdated institution. Henry Davison, chair of the War Council, was particularly active and, in the end, promoted the creation of the League of National Red Cross Societies against the will of the ICRC.<sup>[37]</sup> These tensions continued after the end of the First World War.

## Red Cross and Society

### A Tool for External Propaganda

National societies played an important role for the victims of war, but their impact was not limited to prisoners, wounded, or civilians directly affected by the conflict. They also exerted their influence on other countries, whether they were at war or at peace.

The Red Cross was very useful for [propaganda](#). Nationally organized humanitarian activity bolstered the reputation of a country abroad, and was often used by small neutral powers to justify their detachment from the war. Holland, militarily weak, stressed the importance of its [humanitarian aid](#), symbolized by the Red Cross and internment, in an attempt to convince the belligerents that its

sovereignty should be preserved.<sup>[38]</sup> Denmark used the same strategy. The strong relationship between the Red Cross and diplomacy was a manifestation of the strategic utility of humanitarian aid.<sup>[39]</sup> Sweden also tried to show its usefulness and to get moral and political benefits by helping victims of war. Switzerland put in place a global rhetoric where it intentionally tied its neutrality to humanitarian aid, and therefore to the Red Cross. It also frequently stressed the Red Cross's Swiss origins and the similarity of the two flags.<sup>[40]</sup> In short, all these countries used humanitarian aid as a means of defense and promotion abroad. It proved to be a very effective argument, allowing small powers a way to power other than by military or economic might.

But this propaganda could be more aggressive and ambitious. Japan relied on its Red Cross to present itself as a civilized Asian nation.<sup>[41]</sup> (Spain and the Vatican also had this ambition, but without using the Red Cross.) The best example, however, was that of the United States, especially from 1917 onwards. Excluding enemy territories, its activities extended up to twenty-five allied or neutral countries. For example, it installed 141 stations in Italy, 329 in Great Britain, and 551 in France.<sup>[42]</sup> There, the American Red Cross spent almost 31 million dollars, added to expenses of 3.5 million dollars in Italy and 3 million in the United Kingdom.<sup>[43]</sup>

Like the other major American organizations, the Red Cross was constantly highlighting its patriotism. One of its clearly-stated goals was to strengthen the morale of the Entente and to generate sympathy for American aid:<sup>[44]</sup>

Our Army is not in France in full force yet, but the Red Cross is there, and it is the purpose of the Red Cross to see to it that both the French Army and the French people understand that the heart of the American people is behind them, and that the impulses of that heart are expressed now in works of real mercy and assistance.<sup>[45]</sup>

Similar comments were made in Italy and many other countries. The Red Cross preceded the army and, in July 1917, installed or had installed forty-three hospital bases, twenty-eight hospital units, and forty-six ambulance corps.<sup>[46]</sup>

Humanitarian aid also supported more ambitious ideological objectives. The American Red Cross tried to establish American practices in Europe. It organized exhibitions, mobilized the Junior Red Cross, and propagated the American ideal on topics such as hygiene, health, education, and child care. The ultimate goal to have a stable, democratic Europe aligned with the political and economic interests of the United States.<sup>[47]</sup> The Red Cross served a practically missionary role. While the smaller neutral powers used [humanitarianism](#) to gain acceptance of their status or to lend a cast of moral superiority to their neutrality, their rhetoric remained humble and defensive. The United States, on the other hand, used the Red Cross as a much more offensive diplomatic tool to disseminate both geopolitical and ideological ambitions.

## **A Tool for the Mobilization of Minds**

Historians such as [Pierre Purseigle](#), [John Horne](#), Ronand Richard, Julian Irwin, and [Michaël Amara](#) have highlighted the use of humanitarian aid as a tool for the mobilization of minds. Civilians had to display patriotism and sacrifice equal to that of the men at the front; participation in charitable activities was part of this display. Of course, individuals were often concerned about the conflict because of relatives or friends who were directly suffering from it. Compassion played a very important role and inspired many personal initiatives. People probably mobilized themselves because they genuinely shared in the suffering of the victims. Thousands of private charities created at that time illustrate this spontaneous generosity and humanitarian commitment.

However, other factors could also explain this unprecedented mobilization. Governments tried to impose an ideal of the patriotic duty partly characterized by solidarity with the victims of war. Of course, there was general enthusiasm at the beginning of the war. But very quickly, humanitarian aid began to run out of steam. In France, the elites urged people to do their duty to those who were suffering. If this manifestation of patriotism was not sufficiently “spontaneous,” the authorities were prepared to use coercive methods.<sup>[48]</sup> As a result, the French Red Cross counted 1,167 committees and more than 250,000 active members.<sup>[49]</sup> The same was true in England, where commitment to humanitarian work was a way of participating in the war effort.<sup>[50]</sup> More than 90,000 volunteers joined the 3,094 Voluntary Aid Detachments raised by the British Red Cross.<sup>[51]</sup> The German Red Cross could count on the commitment of 92,094 women and 109,554 men. Including administrative staff, a total of 201,648 persons were active in the German Red Cross.<sup>[52]</sup> Their commitment was presented as a patriotic duty.<sup>[53]</sup>

The American case is extremely interesting since its entry into the war led to huge changes in the country’s humanitarian commitment. From 30,000 pre-war members, the American Red Cross grew to 300,000 volunteers after the conflict began. In July 1917, 2 million Americans joined. By 1919, the ARC counted 32 million adult members and 11 million children, roughly a third of the country’s population at that time.<sup>[54]</sup> According to [Branden Little](#), 43 million Americans contributed more than 400 million francs to the Red Cross.<sup>[55]</sup> Among the volunteers sent to Europe were writers such as [John Dos Passos \(1896-1970\)](#) and [Ernest Hemingway \(1899-1961\)](#). In 1917, the rhetoric became more brutal: Participation in the Red Cross was not only an act of patriotism, but moreover an obligation. Slogans read like orders to the populations, shaming those who did not participate.

In Switzerland, the phenomenon was even more striking. Acting as a humanitarian hub, the country was home to the Swiss Red Cross and the ICRC, as well as hundreds of other private charities, including foreign Red Cross societies. The Italian, Serbian, British, and American Red Crosses opened offices there. The Federal Council incorporated it to the prerogative of a neutral country, while the press very often associated the work of the Red Cross with notions of duty, sacrifice, privilege, and patriotism. Therefore, external justification also made sense within the country.

## The Role of Women

Women played an important role in humanitarian work. Many private committees were directed by high-society women, and the Red Cross was no exception. Indeed, humanitarian activity was one of the few areas of [mobilization](#) in which women could fully participate. As they were unable to fight, assisting victims of the conflict was an excellent opportunity to show their patriotism and contribution to national defense.

The main female figure is that of the nurse. In France, on the eve of the war, it was common for elite young women to volunteer as nurses for the Red Cross. After the outbreak of hostilities, they were quickly joined by a large number of middle-class women who supported the 63,850 nurses mobilized.<sup>[56]</sup> They paid a heavy toll in the war: 105 of them were killed by bombing, 246 by disease, and 2,500 were injured. German women were also invited to contribute to the war effort by engaging in humanitarian work.<sup>[57]</sup> As in France, many of them worked in hospitals or other medical facilities, sometimes very close to the front.<sup>[58]</sup> German and Austro-Hungarian nurses even traveled to Russia to take care of prisoners of war. More than 20,000 American women followed the same movement. Dutch and Swiss nurses on the Western Front, Danish nurses, [Edith Cavell \(1865-1915\)](#), and Swedish women headed by Elsa Brändström on the Eastern Front all testified to the efforts of young women to temporarily emancipate themselves by helping the victims of war.

This massive and important commitment produced a whole imaginary and iconography. The image of the nurse caring for soldiers and victims of war was very common. Often, a nurse was depicted holding an injured soldier in her arms. Many images evoke the motif of the *pietà*, when Mary cradles the adult Jesus in her arms. The nurse was therefore cast in the role of the mother; one image by the American Red Cross was appropriately titled “The greatest mother in the world.” In it, a huge woman carries a wounded soldier on a stretcher like a swaddled baby. Compared to these dramatic images, other posters were much more positive. Young, attractive nurses were entreated to do their part for their country. It sounded like an invitation to join the work of the Red Cross. These posters give a more dynamic picture of the mobilization of women.

Beyond this rich iconography, the reality was somewhat different. The First World War is important because it contributed to the professionalization of nursing. It gave thousands of women the opportunity to temporarily emancipate themselves and to engage, sometimes abroad, with the war and its horrors up close. But nursing was mainly reserved for women from the upper social strata; over time, middle- or working-class women were invited to mobilize and participated in less prestigious tasks, such as making clothes. Moreover, the heroic image of the nurse did not correspond to the reality of her status. Women were expected to play a discreet role. The mobilization of women was seen as a secondary complement to men’s rather than an opportunity for accomplishment in its own right. A typical example of this mentality: The Swiss Red Cross payed the men who assisted the repatriation trains, while the women received nothing.<sup>[59]</sup>

Ultimately, women’s commitment did not translate into an improvement in their social status. National Red Cross societies are an excellent example of this failure. All managerial functions were

occupied by men and closed to women. Even as significant a figure as Mabel Boardman was ousted from the leadership of the American Red Cross in 1917 with the creation of the War Council. The only real exception was Marguerite Cramer (1887-1963). A pillar of the International Prisoners of War Agency, this trained historian played an important role throughout the war, even carrying out official missions to several European governments on behalf of the ICRC. In November 1918, she was the first woman to become an official member of the [International Committee of the Red Cross](#). While some others members of the Committee saw this as a great sign of progress, her membership had been approved only after long months of procrastination. Beyond this exception, if women played a key role in the Red Cross Movement, their commitment was not accompanied by social recognition.

## Conclusion

In 1914, national societies of the Red Cross were already viewed with respect. They had proved their usefulness. Four years later, their importance had grown to an extent that no one could have imagined. During the First World War, the Red Cross Movement significantly developed and expanded its usual activities. But, more important, it took on new and innovative tasks such as providing aid to prisoners of war and civilians and educating the public on hygiene. In this sense, some national Red Crosses anticipated the activities that would occupy them during the reconstruction. Most of these activities are still very important today. In 1918, there were still many challenges related to war: a partially destroyed Europe had to be rebuilt; millions of victims were still in need of care; prisoners of war were waiting for their repatriation; and Eastern Europe was plagued by new conflicts.

Yet while the ICRC and national societies were busy mitigating the consequences of the Great War, and while new conflicts had erupted in various parts of the world, another event shook the organization. In 1919, under the leadership of the American Red Cross – especially Henry Davison – a new League of Red Cross Societies was founded. Inspired by the League of Nations model, this new entity intended to supplant the ICRC by focusing on peacetime activities. Paradoxically, while the Red Cross Movement was ending the war with immense prestige, internal dissension would endanger its cohesion and threaten the very existence of the ICRC.<sup>[60]</sup>

Cédric Cotter, International Committee of the Red Cross

Section Editor: [Michael Geyer](#)

## Notes

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