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THE SOVIET GULAG

EVIDENCE, INTERPRETATION, and COMPARISON

edited by **MICHAEL DAVID-FOX**

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LIST OF ABBREVIATIONS

ASSR—Associated Soviet Socialist Republic

GKO—State Committee on Defense

GPU, OGPU—State Political Administration/Unified State Political Administration

Gulag (GULag)—Main Administration of Corrective Labor Camps and Colonies

MGB—Ministry of State Security

NKVD, MVD—People's Commissariat of Internal Affairs, Ministry of Internal Affairs

NKIu—People's Commissariat of Justice

OITK—Department of Corrective Labor Colonies

RSFSR—Russian Soviet Federated Socialist Republic

spetsposelentsy—special settlers

TsIK SSSR—Central Executive Committee of the USSR

UITLK—Administration for Corrective Labor Camps and Colonies

UMVD—Administration of the MVD

zek—prisoner

its bureaucratic classifications so that prisoners only had to be "basically fit" for labor. Then it abandoned even this very low threshold and blamed prisoners for their physical decline. The Gulag system exhaustively depleted and inhumanely discarded its prison laborers or, as Varlam Shalamov wrote, its "human waste, remnants, trash" (*liudskie otkhody, ostatki, otbrosy*).[108] These were destructive labor camps.

4. LIVES IN THE BALANCE

Weak and Disabled Prisoners and the Biopolitics of the Gulag

DAN HEALEY

DID THE GULAG have a biopolitics? The linked concepts of "biopower" and "biopolitics" were sketched by Michel Foucault and have been taken up by historians of medicine and the body examining diverse historical contexts.[1] It may sound counterintuitive to suggest that the Soviet forced labor camp system operated policies (a "biopolitics") to manage the quality and character of life at the level of the individual and at the collective level of the populations housed in the camp. The scale of mortality in the camps was extraordinary, apparently belying any official concern about prisoner health. Despite a lack of agreement over the precise numbers of prisoners lost to malnutrition, exhaustion through labor, disease, and violence, the death toll in the camps was very high, especially during the Second World War and famine years.[2] Nevertheless, medical facilities existed in the Gulag to monitor and ostensibly to improve the physical condition of prisoners, and the work of these institutions was framed by regulations and norms that merit systematic scrutiny. Declassification and scholarly publication of Gulag administrative archives have given us a previously inaccessible view of what camp administrators said and did, and a majority of scholars now accept these documents as a flawed but credible record of Gulag practices (including those of concealment and dissimulation).[3] Careful reading from a critical perspective can help us assess what these bosses and the doctors who worked for them thought they were doing with prisoner labor. Understanding the history of medicine in the camps begins with a close examination of official rationales and actions.[4]

Simply put, histories of the Gulag have failed to analyze the camps' significant medical infrastructure that from the early 1930s was subordinated to the OGPU/NKVD/MVD. The Gulag's Sanitation Department, or Sanotdel, served both the system's prisoner and free employee populations.[5] Although

never as well resourced as civilian medical services, its representatives and facilities were ubiquitous within the camp system. Archival records suggest the scale of activity of this "embedded" medical service—a dedicated (*vedomstvennaia*) service similar to "medico-sanitary" services operating in the People's Commissariats of War, the Navy, and Railroads. The Sanotdel's central Moscow apparatus was run by a physician who directed a cadre of doctors and lay bureaucrats acting as medical inspectors, sanitation specialists, and statisticians; on the eve of the Second World War, they constituted 8.6 percent of central Gulag personnel.[6] By 1939 the Gulag Sanotdel network in the camps counted 1,171 infirmaries, clinics, and hospitals with 39,839 beds. During the Second World War, it expanded to 165,000 beds, and by 1953, on the eve of Stalin's death and the subsequent release of millions of prisoners, the Gulag medical service had 111,612 beds at its disposal.[7] In 1938 it employed 1,830 qualified doctors, of whom perhaps one-third were prisoners; at the same time, 7,556 nurses and paramedics worked in the system, and a large proportion of these were prisoners, too.[8] As the camp system expanded, the system's appetite for medical professionals grew inexorably. Prisoner-physicians were plucked from transports and put to work as medics, thereby avoiding life-exhausting "general labor" in the Gulag's mines and forests; such was the demand that prisoner-medics were (from 1939, at least) allowed to use their professional skills more often than engineers or other skilled technicians.[9] They were supervised locally by "freely hired" doctors and medical bureaucrats who were Sanotdel employees. There were lower-level "free" employees, too. From 1938 on Gulag representatives recruited newly qualified doctors, nurses, paramedics (*fel'dshera*), dentists, and pharmacists directly from the graduate assignment commissions of medical institutes and training colleges.[10] Many prisoners were trained as paramedics and nurses in the Gulag's in-house courses, which varied in quality and geographic distribution.[11] Prisoners taught themselves medical basics and forged careers in the camp infirmaries.[12] The medical service was a variegated and dynamic element of the Gulag system, distinctive from Soviet civilian and other institutionally "dedicated" medical systems because of the prisoner status of most of its patients and many of its operatives.

For survivor-memoirists and historians the existence of a medical service in the Gulag has been a politically and morally ambiguous fact, a puzzle for those who spoke out against Stalinist terror. Alexander Solzhenitsyn regarded Gulag medicine with contempt. In *The Gulag Archipelago*, a work analyzing life in the camps in encyclopedic detail, there is no chapter devoted to medicine. Solzhenitsyn dismissed medical care in passages scattered throughout the work. For him the medical services were cut from the same cloth as the

rest of the camp power structure, "born of the devil and filled with the devil's blood."[13] He condemned what he saw as Varlam Shalamov's positive view of the camp sanitation sections (*sanchasti*) as mythologizing legend.[14] Shalamov survived the Kolyma camps thanks to their medical services and to his work from 1946 as a Gulag-trained paramedic. A less jaundiced reading of Shalamov's documentary fiction and autobiographical sketches yields a much more ambivalent view of Gulag medicine, but historians have not systematically analyzed this commentary on labor-camp medical ethics and personalities.[15] Similarly, the perceptive and gifted memoirist Evgeniia Ginzburg, a self-taught Gulag nurse, only episodically reflected on the meaning of penal medical work, apparently bemused by its ambiguous significance.[16]

Despite enjoying access to archival sources, recent authorities on the Gulag continue to skirt this question. Anne Applebaum offers only a cursory sketch of clinics and doctors, avoiding like Solzhenitsyn any sustained analysis of the meaning of medicine behind barbed wire. It was one "of the many absurdities of camp life," a bureaucratic "paradox . . . built right into the system" that she implies was riddled with perversions of medical ethics.[17] Steven Barnes has argued provocatively that Gulag authorities instrumentalized the threat of death as a spur to compel prisoners to greater productivity and the reforging of the self; however, he does not consider what role the camps' medical infrastructure played in the process of sorting prisoners between "death and redemption."[18] The existence of the Sanotdel and its impact on the Gulag prisoner requires closer analysis, preferably from comparative perspectives, but this is beyond the scope of the present chapter.[19]

The concept of biopolitics can help us appreciate the calculus of life and death in the Soviet penal-economic complex. Foucault chiefly defined "biopolitical" concerns as focused on the adjustment of the human body to the needs of modern economies.[20] Capitalism, he wrote, "would not have been possible without the controlled insertion of bodies into the machinery of production and the adjustment of the phenomena of population to economic processes."[21] Drawing on the notions of the surveillance and training of the body that he had described in his history of the modern prison, *Discipline and Punish*, Foucault first argued that "biopower" consisted of two polarities: a focus on the individual body that enabled authorities to optimize its capabilities and integrate it into systems of production and control; and a focus on populations, with expertise that allowed for optimal reproduction, health, and capacity for labor.[22] He later drew a stronger distinction between these polarities, even giving them separate names: "disciplinary power" imposed norms and spatial regimes on individual bodies, while "biopower" used norms to foster the growth and productivity of entire populations.[23] Even

in this later refinement, the ultimate aims of biopower remained the same. Through biopower, authorities attempted to exert "a positive influence on life, that endeavors to administer, optimize, and multiply it, subjecting it to precise controls and comprehensive regulations." The rise of medical and scientific expertise gave authorities the power to shape life to the requirements of a particular political economy, relying on norms of administration, public health, hygiene, and planning. Biopower turned less on the force of law and more emphatically toward "regulatory and corrective mechanisms" that "qualify, measure, appraise, and hierarchize" bodies and their disposition. Indeed, so powerful were these new norms in comparison to legal mechanisms in crafting lives that, for modern societies as imagined by Foucault, the norm began to overtake law as a key instrument of power.[24]

The distinctiveness of a socialist penal economy, and critiques of Foucault's writing by historians of Russia, means that notions of biopolitics cannot be applied to the Gulag without significant qualifications.[25] The Soviet state aspired to total control of society; drawing on prerevolutionary radical precedents, it adapted and deployed disciplinary knowledge without the moderating influence of liberal rule-of-law restraints. The productive symbiosis between law and disciplinary norms discerned by Laura Engelstein for liberal democracies (and mistrusted by Foucault and others) did not take hold in Russia.[26] Foucault himself could not decide if the Gulag represented a pre-Enlightenment form of punishment or an example of modern (in his characteristically Eurocentric sense) incarceration. Jan Plamper demonstrates how productively Foucault generated compellingly paradoxical characterizations of Soviet penality without ever deciding where the Gulag fit in his schemes of historical progress. In particular, Foucault was puzzled by the spectacle of a presumptive socialist workers' state that used labor to define citizenship but also as a punishment and pathway to rehabilitation.[27]

Here I consider the Gulag's biopolitics as a dynamic rationale that lay behind sanitary and medical norms and surveillance mechanisms deployed by the Gulag Sanotdel. Fundamental to biopolitics are decisions taken about resources related to sustaining and enhancing life (food, shelter, clothing, sanitation, medicine). I argue that the Sanotdel's activity, rather than representing one "of the many absurdities of camp life," in Applebaum's phrase, was in fact intended, with a shifting degree of conscious deliberation, to achieve "the controlled insertion of bodies into the machinery of production" using Gulag medicine's specific norms and mechanisms. It is self-evident in this historical context that the relationship between norms and the law followed Soviet rather than liberal-democratic patterns. There was less productive symbiosis between law and norms, although it is premature to dismiss the

possibility entirely, and there were plenty of cases when "sovereign power" (the right to kill or let live, in Foucault's formulation) bluntly trumped norms of disciplinary power or biopower.[28] The noncapitalist and, for many observers, the nonrational nature of Gulag economic activity must also be confronted. Foucault recognized the symbolic dissonance of a nominal workers' state punishing outcasts with forced labor. Many critics of Stalinism have asserted emphatically, with entirely understandable motives, that the Gulag yielded little of value: shallow canals, useless railways, faked production figures. The imperative of punishment and the desperately high cost paid in human lives overwhelmed any genuine value created. Moreover, careful scholars have also cast doubt on the efficiency of Soviet forced labor.[29] Despite these reservations, and while deploring the criminality of Stalinist forced labor, economic historians drawing on archival sources describe the significant proportion of key commodities that the NKVD's penal empire did contribute to the Soviet economy.[30] Meanwhile the survival of Gulag towns after 1953 illustrates the de-Stalinizers' reluctance to abandon as useless the industrial complexes built by prisoner labor, even if MVD Director Lavrentii Pavlovich Beria declared them bankrupt.[31] We must imagine a penal-economic model that made at least some sense to those NKVD–MVD officials who tried to run it. Their management of resources, including their biopolitical decisions, evidently strove to enhance productivity, even in the face of deprivation, neglect, and misinformation. Moreover, Gulag bosses and the Sanotdel did not devise the biopolitics of the camps in a vacuum. Rather, they adapted to the penal setting many of the political decisions about resources applied to Soviet civilian society. This adaptation of civilian norms to penal contexts and the promiscuous crossing of the "Gulag/non-Gulag" border have been noted by Oleg Khlevniuk for the Gulag economy and by Wilson Bell for labor camp society more broadly.[32]

In this chapter I focus on the Stalin-era Gulag from approximately 1929 to the mid-1950s. The peculiar biopolitics of the Gulag evolved rapidly and mutated radically in the era of the Great Break and the establishment of the major penal-construction projects of the early 1930s. Preexisting medical surveillance and norms inherited from the Solovetskii Islands Camp of Special Purpose (SLON) contributed to the shape of later regulation, but from 1929 on wider Soviet civilian biopolitics and the Gulag version came to resemble each other in important ways. In that year Soviet civilian medicine (under Health Commissariat control) was officially redirected away from the unachieved revolutionary aspiration to provide universal care toward a "mobilized" agenda prioritizing "productive" populations, principally urban workers.[33] Prisoners experienced a particularly harsh form of mobilized

medical care, but as will be shown it shared many characteristics with civilian provision. The end of the period studied here marked a shift in civilian and penal biopolitics, with the party leadership making more generous decisions about consumption, for example, and with the embrace of "socialist legality." The Gulag Sanotdel saw corresponding reform after Stalin's death, including a name change to Medical Department (Meditsinskoe otdelenie) that adumbrated an ostensibly more humane view of the prisoner as meriting medical rather than merely sanitary attention.

The discussion that follows concentrates on Gulag treatment of weak and disabled prisoners as a useful window on the biopolitics practiced by camp managers. The treatment of impaired prisoner-workers set baselines that in part defined who was worth saving from the many hazards of Gulag life. The biopolitics of disability in the Gulag was directly related to the camps' economic activity: the burden represented by invalids and nonworking prisoners would become a constant concern for those administrators who managed perceptions of the profitability of Gulag production. Through various forms of regular medical surveillance and norm setting, prisoners were classified in a labor balance or inventory. The labor inventory system identified, sorted, and removed weak and disabled prisoners from camp balances. An examination of this system of surveillance and classification can reveal some of the features of Soviet penal biopolitics. There are major aspects of Gulag experience that a focus on administrative activity and biopolitics cannot address. One is the closed-door decision making in the Sanotdel, which is scantily documented, and therefore intention must often be inferred from the timing, authorship, and language of instructions, directives, and decrees. Another obvious absence is the prisoners' experience of incarceration. The norms and regulations produced by the Sanotdel only hint at weakened and disabled prisoners' victimization and agency. Here I use memoir sources from disabled prisoners that illustrate features of particular regimes and prisoner responses to them. These are primarily the recollections of members of the intelligentsia who were imprisoned unjustly for political crimes, and as such the voices of less privileged inmates, both political and criminal (and the indeterminacy of these boundaries is notorious), are less audible. What follows is not a social history of Gulag invalids, but as an attempt to trace the biopolitical regime that contained them, it will make a "history from below" more feasible.[34]

Soviet Civilians and Prisoners as Invalids

Stalin-era medicine defined the "invalid" as someone who had lost the capacity for labor by virtue of illness or accident; the loss of other life potential

was scarcely recognized.[35] The Soviet approach to disability emphasized the individual's functional capabilities and sought to maximize labor capacity in particular.[36] In 1932, as industrialization accelerated, complicated Health Commissariat schemes devised in the 1920s to classify the injured and disabled civilian worker were scrapped in favor of a three-category system that severely limited access to a disability pension; most invalids were to be redeployed in support roles in the industries they knew. Although the Stalin Constitution of 1936 guaranteed the incapacitated worker the theoretical right to state support, Welfare Commissariat experts promoted the "application of invalid labor" both in rehabilitation and in the general economy. By 1937 welfare officials wrested control from the Health Commissariat of the medical-labor expertise commissions (*vrachebnye-trudovye ekspertnye komissii*, VTEK) which examined invalids and classified them. Financial constraints, generated by five-year plan pressures, overshadowed Hippocratic or humanitarian values on these commissions.[37] VTEK doctors in the Welfare Commissariat devised exercises, treatments, and "labor therapy" (with short work periods and adaptive physical arrangements) to rehabilitate tuberculosis patients and invalids capable of reduced forms of work.[38] Before 1941, most civilian invalids, many of them victims of industrial accidents, were already officially expected to continue working, and VTEK doctors were pressured to limit category 1 designations, which entailed a pension.[39]

VTEK commissions multiplied during the war and in 1944 alone conducted almost 1.7 million examinations of invalids. By 1948 there were 1,521,000 recognized war invalids in the USSR. The classification system dealt with war veterans harshly: only 29,000, or 1.9 percent, were category 1, pensioned invalids; 321,000 (22 percent) were category 2 and not getting support, although the most severe cases could be housed in residential institutions. These homes were so squalid and unpopular that the network was partly shut down in 1948–1952, with the shifting of homeless war invalids ever farther from public space and visibility.[40] The state treated its most deserving civilian invalids, both workers and war veterans, with striking harshness, a fact worth bearing in mind when examining the particular circumstances of invalid prisoners.

In the Gulag, invalidism quickly became statistically significant, because punishingly hard labor in extreme conditions and on deficient rations led to malnutrition, emaciation, and starvation disease, which the Soviet medical system came to label "alimentary dystrophy" during the Second World War.[41] This condition also left prisoners vulnerable to tuberculosis, wastage of the heart and circulatory system, and other degenerative diseases.[42] Staggeringly large cohorts developed preventable vitamin deficiencies (especially scurvy

and pellagra) due to the monotonous diet. The degree of malnutrition and starvation ebbed and flowed over the lifetime of the Gulag; there were good years and several bad ones (particularly during national famines and the war). Large numbers of prisoners grew too ill to work and had to be released from general labor—that is, the main economic activity of any given camp (chiefly mining, forestry work, and construction). Disability also followed from industrial accidents, from self-inflicted wounds to escape general labor, and from violent conflict.[43]

From the Gulag economic managers' perspective, the disabled prisoner was a costly burden, and from the 1930s on camp bosses and doctors sought to measure the extent of disability among prisoners and find ways of lowering the associated costs. To ensure the smooth running of the Gulag's economy, managers needed inventories of prisoner labor. Plans were then set with production targets for each camp complex. The Moscow Gulag directorate constantly monitored the system's labor use (*trudispol'zovanie*) via routine statistical reports. These routines evolved from systems devised on the Solovetskii Islands in the 1920s. Originally, prisoners on Solovki had been assessed not by doctors but by work-assignment foremen (*nariadchiki*); from January 1927 on a decree established a Permanent Medical Commission to assess prisoners' fitness for labor, headed by the chief of the *sanchast'*.[44] For a brief interval, until 1931, it appears that doctors alone sorted prisoners by their capacity to work. If this physician-led sorting was indeed the case, such fully medicalized labor selection could not withstand the pressures of expansion once major construction projects were underway. In any case it is unsound to presume that medicalized labor assignments would necessarily be more beneficial to individual prisoners, given the collectivist and mobilized ethos that officially prevailed in Soviet medicine after 1929, whether for civilian, military, or penal populations.[45]

In 1931 medical-labor commissions were formally established at each camp, composed of doctors—some of them prisoners—placed explicitly under the supervision of the camp director and production managers. Sovereign, disciplinary, and biopower sat side-by-side on these commissions, a vivid expression of the intertwined imperatives of punishment and productivity that determined Gulag operations.[46] Twice a year they inspected all prisoners and classified them by labor capacity.[47] As in the civilian VTEK, clinical decisions were subject to the final approval of bureaucrats with an eye on the financial and legal implications.[48] Prisoners deemed fit for work were said to be in the labor balance or inventory or categorized (*kategoriinye*) prisoners. The disabled were identified (or had permanent disabilities confirmed) during these commissions. The prisoner discharged from labor

duty permanently or for a long period of convalescence was said to be "off the labor balance" or inventory (*zabalansovyi*). Periodic classification of prisoners by their labor capacity operated throughout the lifetime of the Gulag, enabling managers to gauge the physical condition of prisoners and allocate them accordingly. The commissions became major public events, with Gulag bosses and *sanchast'* doctors typically presiding at a cloth-covered table, piled with inmates' personal files; prisoners bitterly recall their perfunctory examinations by free and prisoner doctors alike.[49] Prisoners capable of heavy physical labor (*tiazhelyi fizicheskii trud*, TFT) were assigned demanding general production tasks in forests, mines, and construction sites; moderate labor (*srednii*, SFT) often meant performance of the same tasks, but with a "discounted" norm; light labor (*legkii*, LFT) was often in ancillary roles.[50] Standing medical commissions assessed newly arriving prisoners and the newly injured and monitored prisoner-patients in camp infirmaries. Medical surveillance of the individual prisoner body as an input in Gulag economic processes was a routine and dynamic part of the multiple classification regimes that governed camp life.[51]

Regimes of Invalid Management and Their Evolution

During the 1930s three important institutions appeared in the camps to manage the disabled prisoner: first, the weak-prisoner teams (*slabosil'nye komandy*) and recovery teams (*ozdorovitel'nye komandy*) and, later, separate invalid camps attached to major camp complexes. These institutions went through periods of convulsion that buffeted the Gulag, and officials at national and local levels regularly redefined and reformed them. Nevertheless, despite significant pressures, Gulag directors never withdrew support for these special structures.

Weak-Prisoner and Recovery Teams

In November 1930 Deputy Director of the Gulag Matvei Davydovich Berman issued the first decree establishing weak-prisoner teams in the Gulag.[52] From 1 January 1931 on camps across the rapidly growing system were to establish these teams to house weakened and incapacitated prisoners for periods of one to two months, on a greatly reduced work regime and with a special ration intended to feed the prisoners up and restore their health. Prisoners "who had grown weak as a result of heavy labor" and the recently hospitalized incapable of being sent straight back to work were identified as the main clients for the weak-prisoner teams. Another key group highlights a major hazard of Gulag life: transport to camps (*etap*) was long and poorly supplied and left prisoners malnourished and sick; thus such candidates

from prisoner transports were also listed. No camp was to assign more than 1.5 percent of its prisoners to these teams. In all cases, for an inmate to gain a place on the weak-prisoner team, Gulag authorities—probably the internal security organs and/or Cultural-Enlightenment Department agitators—had to vouch for the candidate's "good behavior and conscientious attitude toward labor." Explicitly excluded from the weak-prisoner teams were those whose health had so degenerated that "their full restoration of labor capacity cannot be counted on." The weak-prisoner teams were thus designed to feed up those who could be restored to general work, while specifically excluding work resisters and those unfortunates nearest to death, often from labor exhaustion. In February 1931 a decree from the Gulag's director, Lazar′ Iosifovich Kogan, made the purpose of the weak-prisoner team even more explicit: anyone assigned to these teams was to be sent back to heavy labor once they recovered. Periodic medical commissions were tasked with identifying the most suitable candidates who could be restored to the fittest labor category.[53]

The evolution of the weak-prisoner team in the Gulag medical surveillance system of the early 1930s shows that its early management was less centrally standardized than Moscow wanted. Such confusion arose against the backdrop of early efforts to divest the Gulag of tens of thousands of incapacitated prisoners via amnesties. A May 1933 Gulag report to the OGPU leadership called for the release of sixty-four thousand "invalids and those incapable of working."[54] By this time, in a report for Stalin the secret police estimated that of the half-million prisoners in the camps, 3.2 percent (12,700) were fully invalids, and a further 25 percent (ca. 100,000) were incapacitated due to illness and wastage from recent transportation.[55] Despite amnesties Gulag conditions continued to produce weakened prisoners, and doctors were called on to identify candidates sooner, before wastage demanding long treatment and convalescence set in. Decrees from Deputy Gulag Director Semen Grigor′evich Firin in 1933 tried to limit stays in the weak-prisoner teams to a maximum of fourteen days, but Berman (by now the Gulag's director) intervened to extend this tough limit by an additional two weeks, albeit with a quota of not more than 10 percent of the weak-prisoner team being allowed an extension.[56]

How the weak-prisoner team was taken up in individual camps can be gauged by a 1934 decree from one Fleishmaker, the director of the Sanitation Department at Dmitlag, the camp building the Moscow-Volga River Canal. The tone of this decree is aspirational, and there is scant likelihood that its directions could always be met in the local camp subdivisions, where free and prisoner doctors ran medical services. Candidates for the weak teams were to be selected from the "emaciated and sick" just coming off transports;

from those unable to fulfill the norm in general labor without a "discount" (*protsentniki*); from those recently discharged from hospital; and last, from those in good condition who were fulfilling or even overfulfilling the work norm, where doctors prescribed rest for strictly medical reasons. Weak-team prisoners were to be housed separately in well-furnished and well-supplied barracks and to be fed a very good hospital ration of 900 grams of bread per day plus various other foodstuffs. They also were due antiscurvy supplements and coupons to spend in the camp commissary shop. Under strict medical observation, they would be subject to a semihospital daily schedule set by medical personnel, who decided which prisoners were fit enough to perform very light tasks for short hours: housework and maintenance. Weak-team prisoners were to be tallied separately on the labor balance as weak-emaciated prisoners and not confused with hospitalized ones. No quota for the weak teams was given in the printed version of this decree, but limited resources and pressure from construction managers would have constrained numbers just as eloquently as an explicit quota.[57] Weak-prisoner and recovery teams were evidently reserved for the temporarily incapacitated and, on paper at least, were intended to refeed prisoners most readily recoverable for heavy labor duty.

The actual effect of these teams as remembered by inmates was at best mixed. Konstantin Petrovich Gurskii, a *zek*, recalled a 1936 weak-prisoner team in Ukhta being led into the forest by a medical orderly (*lekpom*) to collect mushrooms and berries according to a quota; these products were apparently intended for other prisoners. The foraging parties included prisoners deemed *dokhodiagi* (goners) by their peers. Yet Gurskii also found that the weak-prisoner team was a threshold to further medical care, where it was possible to attract the orderly's sympathy and receive treatment, perhaps leading to recovery.[58]

These teams proliferated dramatically as the camp system ballooned during the mid- and late 1930s. The numbers of nonworking prisoners soared as a result of the Terror, and a significant proportion of these inmates were temporarily or permanently disabled. As the Gulag matured in the 1930s, despite its "revolving door," it accumulated more invalids with increasingly dangerous "crimes" in their pasts, making it impossible—in the official view—to release them.[59] Reports by Gulag chiefs to Stalin emphasized that an intractable contingent of unreleasable, nonworking chronic patients and invalids, plus those not at work for other reasons, numbered about 100,000 prisoners by 1935 and 179,000 by mid-1938.[60] The Terror dispatched hundreds of thousands of prisoners to the camps in late 1937 and throughout 1938; the sudden rise in disabled and sick prisoners could not be accommo-

dated in weak-prisoner/recovery teams—or in the invalid camps, discussed shortly—and from reports criticizing the practice, it appears that many invalids were hospitalized, undoubtedly in improvised and primitive conditions.[61] A significant proportion probably perished in desperate conditions; in 1938, 108,654 prisoners died officially registered deaths, a spike in recorded mortality not exceeded until the war.[62]

Late in December 1938, a central Sanotdel decree reformed the weak-prisoner team structure, dividing it into two groups.[63] Candidates for both groups were those weakened by general labor, transports, or recent illness; as before, they required a doctor's recommendation and references for productivity and attitude from workplace managers and cultural-enlightenment officials. This decree explicitly excluded chronic invalids with no hope of restoration of labor capacity, as well as "deliberate work-refusers, escape attempters, prisoners under punishment regime, or those who gamble away their rations." As in the past, there was no stated exclusion on the candidate's type of conviction; it was still formally possible after the Terror for "politicals" to join weak teams. Weak prisoners in the first group were to remain in their previous place of production, to be housed in specially provisioned barracks, and given rest days four times a month, medical examinations every ten days, and supplementary rations. Second-group team inmates were to live in hospital conditions and receive corresponding rations; supposedly they worked only if medical advice permitted, and no more than six hours per day at light housekeeping or workshop duties making consumer goods. They were to be subject to daily medical surveillance with doctors' examinations every five days. "Depending on the physical condition of the camp contingent," no more than 1–2 percent of the annual average camp population could be assigned to group 2 weak-prisoner teams; and no more than 2–5 percent to group 1 teams. These quotas, totaling 3–7 percent of the camp population, were a relaxation of the 1.5 percent limit set in 1931, a veiled admission of the seriously deteriorated condition of the prisoner population.[64] Group 1 prisoners were to remain allocated to the labor balance; "nonworking" team 2 prisoners were taken off the inventory. Recordkeeping and reporting to Moscow about these teams were to be overhauled, too.[65] The reconfiguration of the weak-prisoner teams, confirmed by the newly appointed Gulag director Gleb Vasil′evich Filaretov, was an early example of Beria's "reforms" intended to stabilize the Gulag economy after the chaos of the Terror.[66]

Separate Camps for Invalids

Significant numbers of camps were established for the permanently disabled in the Gulag in the 1930s. The spatial separation of disabled from able-bodied prisoners evidently gave bosses better control over the morale and labor discipline of both groups, rendering the most seriously work-incapable less visible. The invalid camps took different forms in the varied regions colonized by the secret police. By the late 1930s, they were a well-established part of the Gulag network of facilities operated by the Sanotdel, and all had some form of economic activity that justified if not supported their operation.

An early example again comes from Dmitlag. In a 1934 decree Dmitlag Sanotdel Director Fleishmaker laid out a detailed regime for an invalid settlement (*invalidnyi gorodok*) for the long-term disabled.[67] Those eligible were: (1) those who were totally incapacitated and who needed others to look after them (hospitalized chronically ill); (2) those who were totally incapacitated but did not require care; and (3) the emaciated and weakened whose recovery would take more than two months, the "temporarily invalid." The invalid settlement thus was to have a hospitalized, absolutely nonworking contingent and groups who could perform limited forms of labor. All inmates would be under the surveillance of a medical team and assigned work only with a "visa" from the doctor specifying the type of labor of which they were capable and the maximum time they could work. Work-capable invalids would make consumer goods in workshops for camp use. Hospitalized invalids were to get medical rations; workshop invalids, a base ration supplemented by production incentives. All were to receive antiscurvy supplements. The settlement was instructed to plant crops on its own allotments, too. These prisoners were to be removed from the labor inventory and recorded separately as invalids.

Grigorii Vlasovich Kniazev remembered how in 1938 an invalid camp was set up from scratch at Adak near Vorkuta, 20 kilometers from the nearest inhabited point. Able-bodied brigades were sent to clear the forest for tents, and in Kniazev's camp there was rising anxiety among the weakest prisoners, who feared transport to this empty quarter. He heard that the first invalid prisoners "were living in tents; there was no bathhouse, no kitchen, the food was prepared in a massive kettle in the open air. And regardless of the unfinished construction, one group after another of weak prisoners or crippled [*nepolnotsennye*] prisoners arrived there."[68] The elderly were discarded there too. Later in 1938 he was himself sent to Adak. There was little work organized for the inmates, and the weakest simply lay on bunks dreaming of food. The invalid-camp's doctor, also a zek, had few supplies and could do little to prevent death from starvation.[69] Kniazev, however, recovered sufficiently to be transferred to another camp, and he eventually found a job as an orderly (*sanitar*) in a camp infirmary.

Separate invalid-camp workshops probably made most of the consumer goods used in the Gulag. In 1933 the Gulag leadership could already boast a wide range of goods made in 1932 to a value of 11 million rubles, including furniture, toys, domestic products, hardware, leather goods, and musical instruments. The destination of these goods was unstated, but this report noted that future production was largely earmarked for consumption within the camps. The intended consumers were likely camp commandants, administrators, and their dependents.[70] Zinaida Danilovna Usova learnt to make furniture in a carpentry workshop at Talagi Invalids' Camp near Arkhangel'sk in the late 1930s. She eagerly mastered this trade and took pride in her stools, tables, and cabinets. Yet the ration in this camp was only 700 grams of bread per day, and the working day was far longer than those for the weak-prisoner teams: ten hours starting at 7 a.m.[71] At the same time, 23 kilometers from Magadan, at the other end of the USSR, Lev Lazarevich Khurges worked in a well-provisioned invalid camp, in a carpentry workshop and then a toy-making studio, receiving 800 grams of bread for an unspecified workday. Making toys, he wrote, "gave my heart a bit of joy. I would be decorating a doll, a toy rabbit or bear, and every time I took the next one in my hands and imagined some little kiddy's grin, I forgot about my hunger and all the humiliation of my life at that time."[72] These cases, contrasted with Kniazev's in a new camp for the disabled, highlight how assignment to an established invalid camp offered the chance of a degree of dignity gained through useful occupations, an aspiration shared by the disabled inside and beyond the Gulag.

The organization of separate invalid camps received additional impetus from the Terror, when the numbers of disabled swelled. A March 1938 instruction from Deputy People's Commissar of the NKVD Semen Borisovich Zhukovskii ordered all Gulag camps to organize invalids' subdivisions with workshops for consumer production, where the inmates would be held separately from the able-bodied and counted off the labor inventory.[73] The instruction came as part of a longer series of frantic directives trying to give order to the movement of prisoners out of urban prisons and onward to the remote camp complexes; disabled prisoners evidently confounded managers tasked with organizing this transportation. By one incomplete survey of twenty-eight camps, in May 1938 there were approximately thirty-three thousand invalids and weak prisoners in a total of just under nine hundred thousand prisoners (3.7 percent of this total). The situation was no better by the end of the year. In the first quarter of 1939 Gulag financial planners noted a population of sixty-three thousand invalids (3.11 percent of just over two million prisoners) including between thirty-five thousand and forty thousand who were absolutely incapable of work and had to be supported from

the Gulag's state-subsidized coffers.[74] These, of course, were numbers of *designated* invalids, recognized as such by the administration. Certain camp complexes such as Noril'sk and Kolyma, because of extreme remoteness, refused to take weak and invalid prisoners from the mainland (although, of course, they produced and housed disabled prisoners like Khurges and Shalamov), and the pressure on all local Gulag commandants to meet production targets made them unwilling to accept such prisoners anyway.[75] Only by systematically excluding the disabled from the labor inventory and by subsidies could the invalid-prisoner be accommodated in the Gulag's economic model.

The War's Impact on the Treatment of Weak and Disabled Prisoners

With the outbreak of war in June 1941 Gulag officials called on invalids to make a contribution to victory, and even the hospitalized and those normally considered incapacitated were mobilized. The wartime Gulag suffered historic peak rates of mortality, with 1942 the most lethal year and 1943 almost as bad.[76] Even productive, able-bodied Gulag prisoners received 800–1,500 calories per day less than required by the work they were supposed to perform. Gulag authorities presided over reduced rations and squeezed work rates that doomed huge numbers of prisoners to gradual death by starvation disease. As in civilian society, with few exceptions, malnutrition and associated disease, especially tuberculosis, were ubiquitous. Prisoners shared a common fate with free Soviet citizens, whose diets worsened severely during the war and remained remarkably deficient well after it. Donald Filtzer has demonstrated that Soviet civilian mortality in the urban rear reached two significant peaks at this time. First, in 1941–1942 the sudden shock of declining food stocks, evacuation, and worsening living conditions produced a spike in deaths among the elderly and infant populations. Second, a peak in deaths in 1943 among working-age males in the rear was the result of long-term starvation coupled with "nutrition-sensitive diseases," particularly tuberculosis.[77] Following Filtzer's analysis for civilian malnutrition-related mortality, it is unsurprising that the peak of Gulag deaths should have been reached somewhat earlier, in 1942, given the already prevailing poor nutrition, and that it should have continued into the following year. Just as refeeding programs began to arrest mortality in civilian Soviet cities in 1944, when the government secured better control over food stocks, similar programs operated, to a much more limited extent, inside barbed wire.[78] Gulag prisoners were not isolated from Soviet society when it came to the biopolitics of food distribution but suffered an extreme form of the same policies.[79] Even in these desperate circumstances the invalid in

the Gulag was not regarded as "life unworthy of life." In late 1941, when the war was going badly for the Soviets, Gulag financial planners projected expenditures for 1942 of almost 86 million rubles on the upkeep of an estimated fifty-seven thousand recognized invalids. These projections represented a surprisingly marginal drop (of roughly 8 percent) on per capita expenses over the previous year, when there were fewer recognized invalids (53,528) and 87.6 million rubles spent on their maintenance.[80]

The realities of 1941–1942, and the brutality of life in some of the camps under the pressure of war, effectively meant that invalids were often put to work in general labor as though they were able-bodied. The futility and cruelty of such exercises is evident from investigations by legal officials. One prosecutor's report for the forestry camp Usol'lag in Perm' oblast described three cases where commandants were punished for using invalids in general labor. Disabled prisoners were put to work fashioning felled logs into rafts to send downstream for refining.[81] At Iuzhlag in eastern Siberia, a similar case of the abuse of legless invalids—setting them work norms without a discount—was challenged successfully by a prosecutor inspecting a barrel-making factory in the spring of 1942.[82] The fact was that by 1942–1943 a huge proportion of the Gulag prisoner population was officially classed as invalids or sick and not available for general labor. In 1942 a staggering 801,350 of 1,777,043 prisoners fell into these categories—just over 40 percent of the prisoner population. The numbers fell to 411,921 of 1,286,294 prisoners in 1943, but it was still a huge increase from the rates of 20–25 percent of nonworking prisoners that so exercised Gulag officials in the 1930s.[83] One invalids' camp, Chernoistochniki, organized in 1942 for the Tagil' camp complex, was said to have just one-third of its inmates at work in consumer-goods workshops; the rest were listed as weak and sick.[84] For the first two years of the war, the Talagi Invalid Camp inmate Zinaida Usova, having previously worked in a furniture workshop, was transferred to a boot-making shop. The workday was lengthened to twelve hours and rations diminished; the workshop received shipments of dead soldiers' blood-stained felt boots (*valenki*) which they repaired for reuse.[85] Memoir sources testify to experience in the invalid camps that taxed all endurance: invalid camps that were set up in a panic and shut down as quickly; a prisoner's struggle, as manager of an invalid house, to haul food across snow-blasted steppes to save her charges; the ghastly ritual of distributing basket-weaving materials to bedridden tubercular patients near death.[86]

As work capacity plummeted and sickness rates rocketed, Moscow tried to steer camp medical facilities toward priorities mirroring those in military medicine. In January 1943 Beria reminded all Gulag medical personnel that their principal task was to focus on the restoration of prisoners to production.[87] This decree adapted for the Gulag the basic principles of military triage in wartime: Red Army surgeons accorded top priority in battlefield medical care to soldiers who could be returned to the front.[88] Central Sanotdel authorities conducted a campaign in late 1943 to relieve overcrowded camp hospitals of the long-term sick and disabled, who were to be accommodated in "semihospital-like facilities."[89] Hospitalization was for the prisoner whose health was within reach, not for hopeless or chronic cases. Meanwhile, camp administrators addressed themselves to using invalid labor in more systematic ways.

As the war neared its conclusion and reconstruction loomed, disabled prisoner labor became the subject of closer scrutiny and schemes for productivity squeezing. Central camp authorities promoted the concept of "individual labor" (*individual'nyi trud*) calibrated to the capacity of each weakened, convalescing, or chronically ill prisoner. In December 1944 an instruction from Gulag Director Viktor Grigor'evich Nasedkin explained to camp bosses how to organize individual labor for consumer-goods production within infirmaries; the work was to be viewed as labor therapy, severely discounted from previously enunciated norms, and incentivized with food rewards for overfulfillment of quotas. One report issued simultaneously detailed how several forestry camps had established new subdivisions for the weakest working and incapacitated prisoners. There authorities assigned each prisoner individual labor tasks in agriculture or the usual consumer-goods workshops.[90] During and after the war officially sanctioned experiments in labor therapy (*lechenie trudom; trudoterapiia*) gained currency in certain camp sanitation departments in the Ukhta-Pechora region of the Komi Republic and elsewhere, with arguments that if labor assignments were brought under the control of physicians, weaker prisoners could be restored to full work capacity.[91] Gulag experiments in labor therapy mirrored long-standing and widespread civilian application of similar regimes with war veterans and convalescent tubercular or psychiatric patients.[92]

A striking biopolitical feature of Gulag experiments in invalid work therapy was the medicalization of virtually all norms and criteria enveloping the disabled prisoner. Doctors selected cohorts for these experiments according to familiar criteria: the weakened or disabled candidate who had not yet deteriorated irretrievably (by starvation or tuberculosis) was sought, and the psychological profile of candidates was assessed before and monitored during the experiments.[93] Doctors labeled their work prescriptions "dosages" (*dozirovki*).[94] Output norms were sometimes tied to incentive rations; in other experiments weakened prisoners got hospital rations regardless of output.[95] Doctors regulated prisoner housing, ensured supplies of soap and bed linen,

and devised daily schedules. They monitored the subjects' physical condition using physiological, anthropometric, and weight-gain criteria.[96] Behind the language of "individual labor" and "labor dosages" was an increasing competition on the part of Gulag managers for able-bodied labor of all kinds, and a rising sense that, like all managers in the postwar Soviet economy, they would have to deploy more physically diminished labor power.[97] If before 1941 incapacitated zeks worked in locally improvised settings, now they were potentially subject to attempts designed by doctors to insert their damaged bodies into the production process. Such demands mirrored expectations placed on civilians; most of both the industrial and battlefield disabled might get official certification but were not exempt from the duty to toil.

The Gulag Sanotdel circulated the results of individualized labor therapy experiments across the system, but their intense use of resources could not be widely imitated.[98] Yet in the 1940s medical camp bosses using similar principles sought to rationalize existing structures aimed at the recoverable and invalid prisoner. In wartime the weak-prisoner and recovery teams of the 1930s were relaunched as recovery stations and recovery teams (*ozdorovitel´nye punkty/komandy*); as before they focused on reanimating the temporarily incapacitated prisoner while excluding the chronic invalid.[99] Recovery stations were reserved for relatively able workers in need of two weeks' rest (fig. 4.1). The recovery stations were the apparent mirror of refeeding programs targeting organized worker populations described by Filtzer.[100] The Sanotdel explained that recovery teams were for prisoners only able to perform general labor with a discounted norm and were intended to feed them back to health.[101] Memoirists recall the abuse of recovery teams and recovery stations by the criminal "aristocracy" of prisoners who had influence with gatekeepers or intimidated doctors to sign them in, but doctors also used them to save favored prisoners.[102] At Talagi, near Arkhangel´sk, in late 1942 Usova was admitted to a recovery-prophylactic station (*ozdorovitel´nyi-profilakticheskii punkt*, OPP) for a ten-day period, probably after a medical commission examined her. She thought she was chosen because she had learned boot making and was therefore "worth saving." She recalled that her friends "jokingly called the OPP our rest home" (*dom otdykha*), adding:

> In the OPP we did not work; they fed us better than usual and our mood improved somewhat. What really helped was that they gave us the chance to wash ourselves thoroughly, and we got fresh underwear, albeit men's. Our "holiday" [*putevka*] was for ten days and we decided to use the time as effectively as possible. We forced ourselves to toss all the dark thoughts out of our heads; we told each other funny stories, played checkers, chess, dominoes. It was a moment to stop and catch our breath that we remembered for a long time. It did not do that much to improve our health, but we did step back from the edge of the grave just a little.[103]



Figure 4.1. "Patients in recovery-prophylactic stations make use of every sunny day. In April alone the OPP and infirmaries returned 2,886 persons to labor" (Tagil Corrective Labor Camp, 1943). *Source:* GARF f. 9414, op. 6, d. 6, Fotoal´bom Tagil´skogo ITL, 1: 1943.

In 1946 full-blown "recovery camps" were mandated, to be set up in existing agricultural camps, with the purpose of feeding up weakened prisoners; as before, medical commissions selected candidates according to their prospects for recovery of work capacity. Doctors were supposed to assign work corresponding to the individual's physical condition. Recovery camps were allowed to keep prisoners for up to five months.[104] In June 1947 a list of medical conditions entitling the prisoner to assignment to a recovery camp was produced; new was a list of proscriptions barring admission. As so often in the past, hopeless cases were formally excluded. The malnourished and those with tuberculosis and heart disease were only admitted if their condition could be improved. Others on the list of excluded prisoners were meant to be handled elsewhere in the Sanotdel network: those with mental and neurological illnesses (epilepsy, traumatic neuroses, severe mental illness); pregnant women; sufferers of sexually transmitted diseases.[105]

Meanwhile, the Gulag set up a growing network of discrete camps for the disabled in the late war and postwar years, spatially and financially separate from the general camps. In November 1946 a decree designated camps across

the system as special invalid camps for the long-term incapacitated, to be supported by specially earmarked funds from the MVD budget. These camps were excluded from the general accounts that supposedly furnished the MVD with arguments for the profitability of forced labor.[106] The effect was self-deceiving. At this time the camps' central directors realized that local commandants hid many invalids in the weakest labor inventory categories. In part, this practice arose because managers lost many able-bodied workers during the postwar era, as the Gulag "contracted out" tens of thousands of work-ready prisoners to civilian economic ministries for postwar reconstruction. The camps were left with a larger proportion of weaker and nonworking prisoners.[107] The consequences again mirrored conditions in Soviet civilian life: invalids performed work normally done by able-bodied laborers. In 1952 in the Taishet camp system, Ivan Mikhailovich Evseev was certified an invalid by a medical commission and transferred to a special camp, where "they harnessed us, invalids, in teams of four to sledges and drove us into the forest to collect firewood. In a day we went there and back, it was about 7 or 8 kilometers."[108] Another mass phenomenon was perhaps driven by the expansion of Gulag clinics, infirmaries, and hospitals after 1945: self-inflicted injuries appear to have skyrocketed in the postwar years, contributing another stream of disabled prisoners.[109]

The Biopolitics of Disability in the Gulag

On the eve of Stalin's death, the infrastructure for housing weak and disabled prisoners had grown to proportions that challenged even MVD claims of the profitability of prisoner labor. Several camp complexes had large numbers of hospital, weakened-prisoner, and invalid camp subdivisions, sometimes comprising as much as one-third of the overall population of a complex.[110] On 1 January 1953, across the system 11.3 percent of inmates were officially classified as invalids.[111] Despite amnesties and labor-camp reform during the 1950s, disabled prisoners remained a major subgroup of the inmate population, and penal medical officers continued to debate how to improve their treatment.[112]

In the Gulag biopower was normally subordinate to the dictates of Foucault's sovereign and disciplinary power, represented at the center by NKVD commissars and Gulag directors, and at the local camp by its commandant and his administrative and security apparatus. The decrees defining the shifting regimes for disabled prisoners were not issued autonomously by the Sanotdel apparatus in Moscow but by the Gulag's director and his deputies. The Sanotdel was handed a problem created by sovereign and disciplinary powers: the prisoners' ever-deteriorating health. The dilemma was virtually



Figure 4.2. Participants in the doctors' conference of the Mariinskii raion health committee and NKVD Siblag, 1935. *Source:* Narym Museum of Political Exile via the Memorial Society.

impossible to solve, given the limits to the Sanotdel's authority and the scarce resources at its disposal. One can infer that Sanotdel chiefs in Moscow proposed solutions and drafted these decrees for the approval of their superiors who ran the Gulag. Sanotdel leaders, who from the outset in 1930 personally inspected camps and received a vast quantity of reports from them, and who in later years presided over conferences (fig. 4.2) of their regional subordinates in the Gulag medical service, were well aware of the constraints to their expertise imposed by the specific position of their prisoner-patients.[113]

When confronting some of its most endangered charges—prisoners incapable of labor and nearing death—the Sanotdel tried to marshal resources following the rationales imposed by its masters; this was the same logic found in civilian industrial and military medicine. Refeeding of the exhausted was to be reserved for the recoverable prisoner-worker body and, if possible, on a prophylactic basis to avoid long-term convalescence; quotas ring-fenced access to these programs; the prisoner's attitude toward labor mattered; and only in extremis was the disabled prisoner excused from some form of productive toil, no matter how symbolic. Where concentrations of disabled prisoners accumulated, it apparently became necessary to separate them spatially from able-bodied zeks, no doubt to uphold the labor discipline of the majority of prisoners. Gulag bookkeepers also tried to render disabled prisoners

invisible by keeping them off the balance sheet of the workforce. Within this rarified domain, in the later Gulag Sanotdel doctors might be granted the freedom to medicalize every aspect of the prisoner-invalid's existence in labor therapy and individualized labor regimes. Even here the gatekeeper was sovereign power, limiting the range of biopower to showcase experiments for a limited audience of medical and administrative officials.

The biopolitics of disability in the Gulag were cruel, but they reflected the bleakness of official policies applied to the disabled in civilian Soviet society, which in turn were a function of the larger biopolitics practiced by the Stalinist leadership to optimize resources and populations for industrial production and, from 1941 to 1945, for winning the war. Soviet biopolitical decisions mobilized scarce resources in a developing economy for the benefit of targeted populations; membership in a collective determined one's grade of access to provision, be it of medical care, sanitary supplies, and other life-sustaining goods. Allocation followed a complex logic dictated by strategic priorities in peace and war and, of course, ideology. As Donald Filtzer has pointed out for the late Stalin period, the regime consciously elected not to invest in urban infrastructure that assured optimal public health in the classic, West European biopolitical sense (water purification and sewerage, modern housing with indoor plumbing, health and safety equipment in the workplace). Soviet planners had other priorities. Epidemics and massive premature mortality among civilians were prevented only by sanitary measures such as quarantines, disinfection cordons, public baths where scarce soap could be rationed, frequent medical inspections of target populations, and "sanitary enlightenment."[114] This minimalist medico-sanitary regime prevailed outside the Gulag. Within it, the Gulag's biopolitical regime constituted a criminally reduced version. The treatment of disabled prisoners reflected this remorseless logic.

5. SCIENTISTS AND SPECIALISTS IN THE GULAG

Life and Death in Stalin's *Sharashka*

ASIF SIDDIQI

By the early 1970s the culture of underground or *samizdat* literature in the Soviet Union had evolved into a highly risky but established system for disseminating information among the dissident community. Banned literature—poems, fiction, accounts of current events—vied for space in poor-quality publications circulated through a clandestine network.[1] One such typewritten manuscript of less than two hundred pages struck a chord among many samizdat readers despite its unusual subject matter: it described the work of an aircraft design organization from three decades before. Known as *Tupolevskaia sharaga*, the manuscript, as one historian has noted, "attracted a large readership, becoming . . . a classic in the literature of dissent."[2] In vivid language its anonymous author recalled his experiences as an engineer in a special prison workshop headed by the giant of Soviet aviation Andrei Tupolev (fig. 5.1). The prison camp, organized sometime in the late 1930s as part of the Gulag, housed hundreds of leading Soviet aviation designers who, cut off from the outside world, labored through physical and psychological hardships to produce new airplanes for the cause of Soviet aviation. By coincidence, Tupolev died soon after this manuscript began circulating. In Moscow he was given a state funeral and his contributions were eulogized by Leonid Brezhnev, but unsurprisingly there was no mention of his arrest, incarceration, and work in a labor camp during the Stalin era.[3] The anonymously authored memoir, smuggled out to the West and published in English, remained a peculiar anomaly in the historical record, suggesting tantalizing lacunae in Tupolev's official biography.[4]

Although *Tupolevskaia sharaga* was the only substantive record of Tupolev's time in prison, it was not the first publication to describe the phenomenon of prison camps for scientific and technical work: in Alexander Solzhenitsyn's *The First Circle*, readers found a morally complex tale about