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The Hall of Distorting Mirrors

“In a Distorted Mirror” sets out to examine the extensive efforts at “biomedical cooperation” between the United States and the Soviet Union that took place from 1956 to 1977. The article’s stated goal is “to trace the history” of this bilateral cooperation and “to draw out the expectations and misunderstandings that arose on both sides” (41). The body of the article is divided into three sections—“The Road to Cooperation”; “ Searching for Common Ground”; and “The Unraveling of Cooperation”—which promise to illuminate the major stages in that history. But in fact, the first section deals mainly with the reports and impressions of members of U.S. ‘medical missions’ to the Soviet Union from 1956 to 1969; the second depicts the expansion of cooperative efforts in the early 1970s, focusing on the preparations of the 1972 U.S.-Soviet Health Cooperation Agreement (co-signed by U.S. President Richard Nixon and Soviet Premier Leonid Brezhnev) and the Soviet take on the Agreement’s meanings; and the third briefly sketches certain activities undertaken as result of this Agreement from 1972 to 1977. Why the article follows these particular chronological divisions, and why it ends on this particular date 1977 (despite the fact that the Agreement was renewed that very year for another five years) remains unexplained. The article's main conclusion is that the Cold War “analytical framework” of both the Soviet and U.S. participants profoundly shaped mutual perceptions, creating “a distorted picture of the structure and function of each other’s research enterprise” (41), which had “grave” (62) consequences for cooperation. How exactly (and even whether) this analytical framework informed the actual activities during the twenty-plus years covered in the article, or what those consequences actually were, remains obscure. Although the article is a welcome attempt to shed light on an important, and understudied, aspect of U.S.-Soviet relations during the ‘mature’ Cold
War, it falls short of its promises for three main reasons: its analytical categories are muddled, its source base is inadequate, and it pays almost no attention to the broader national and international contexts of this particular "biomedical" cooperation.

To begin, the article does not attempt to trace the basic contours of U.S.-Soviet "biomedical cooperation." The article provides the reader with no information on when exactly and how this cooperation began, what different forms it took, how many ‘missions’ both sides dispatched, or their temporal, geographical, and disciplinary dynamics throughout the twenty-plus years it lasted. One has to mine through the footnotes to learn that the United States sent to the Soviet Union a ‘Mission on Microbiology and Epidemiology’ in 1956; a ‘Pharmacology and Physiology of the Nervous System Medical Mission’ in 1958; a ‘Radiobiology Mission’ in 1959; and a ‘Second Cardiovascular Mission’ in 1964 (the ‘first cardiovascular mission’ is not mentioned). Whether there were other missions before and after these dates or even the total number of such missions is anybody’s guess. On the Soviet side, only one ‘mission’ (in oncology) is directly mentioned in the text, and readers are not told how many Soviet ‘missions’ went to the United States, which disciplines and specialties they represented, or what their objectives and results were. In the text, the reader encounters disparate remarks about certain cooperative efforts and projects in oncology, virology, and the construction of the artificial heart without any indication of their timing, longevity, membership (at the level of both individuals and institutions), stated objectives, or actual results. The reader remains in the dark regarding such critical issues as who initiated concrete missions, how such initiatives were negotiated both internally and bilaterally, how these negotiations reflected and reconciled different interests of various disciplinary communities, and how the structure, directions, and personnel changed over the period under study. Without this basic information on the forms, mechanics, and dynamics of cooperation, it is hard to reach any conclusions regarding ‘perceived’ successes and/or failures of the twenty-plus-year-long efforts.

This lack of crucial information is further compounded by the confused analytical categories employed in the article. The “biomedical cooperation” of the title is supposed to mean exchanges and collaborative projects in biomedical sciences (research and development), and the examples of such cooperation referenced in the article include oncology, virology, cardiovascular diseases, physiology, and microbiology. Yet on the second page, Geltzer refers to “health care cooperation” (41) and a few pages later to “Soviet-American bilateral cooperation in health and medicine” (43), which is a much broader category that encompasses not only research and development, but also the provision and delivery of medical care, as well as various preventive public health measures (e.g. vaccinations), epidemiological intelligence, and sanitary infrastructure. Throughout the article, however, the locus of cooperation is characterized as “the biomedical research enterprise” (40, 41, 48), “the biomedical establishment” (49), “the biomedical community” (49, 51), “biomedical disciplines” (55) and so on. In the conclusion we are again introduced to “the U.S.-Soviet exchange in health care” (62). As the article’s second section explains, in the Soviet Union, these two facets – biomedical
science and health care—were closely intertwined (both rhetorically and institutionally), while in the U.S. they appeared to be widely separate, which became a major source of mutual “misunderstandings.”

What is inexplicably excluded from the article, however, is the fact that during precisely the same time period, along with the missions focused on specific biomedical sciences and specialties (e.g. oncology, physiology, microbiology, radiology, etc.), the United States dispatched to the Soviet Union a series of ‘public health’ and ‘health care’ missions. Notably, though but one relevant example, a ‘U.S. Delegation on Health Care Services and Planning,’ headed by no less a figure than the then U.S. Surgeon General Jesse L. Steinfeld, was sent to Moscow from May 16 to June 3, 1970, and it was during this very mission that Steinfeld and Dmitrii Venediktov, a Deputy Minister of Health Protection and the head of Soviet delegation to World Health Organization (WHO), concocted a plan for creating what would become the 1972 Agreement.1 In fact, the Soviet system of universal, state-funded, and planned health care provision and delivery (what U.S. observers called ‘Soviet socialized medicine’) had been a subject of intense interest for U.S. health policy specialists and medical administrators from its very beginning in the early 1920s2 and it continued to command their close attention until the end of the Soviet Union. Odin W. Anderson, a leading analyst of the U.S. health care system and a well-known critic of national health insurance proposals in the United States (modeled to a degree after Soviet ‘socialized medicine’), whose opinion on the Soviet system is cited in the article, went on a similar ‘health care’ fact-finding mission in 1972. Although she uses certain archival materials related to the ‘health care’ missions, Geltzer fails to differentiate between biomedical and health missions, which sometimes partially overlapped and were interconnected at the level of both institutions and individuals involved but ultimately were quite different sets of exchanges, and thereby creates a distorted image of all of U.S. ‘medical missions’ as having the same goals, expectations, and results. This stance is problematic on two levels: first, it fails to provide the necessary context for U.S.-USSR biomedical cooperation, and second, it fails to disentangle the conflated categories of ‘health care’ and ‘biomedical’ exchanges.


A similar confusion surrounds Geltzer’s second major category—“exchange participants” (41, 62). As is clear from the materials scattered throughout the article, several different groups of actors on both sides were involved in cooperative efforts: researchers in various biomedical disciplines, public health officials and specialists, and state bureaucrats from a variety of government agencies. Occasionally the same person did simultaneously act in two, or even three, capacities (as was the case with Steinfeld, who was not only a public health administrator but also an eminent research oncologist, or Venediktov, whose research interests, though subordinate to his bureaucratic positions, focused on system analysis and health care informatics). But in the majority of cases, the interests, expectations, and perceptions of actors belonging to different groups differed considerably and were shaped by their concrete roles (e.g. as a researcher, a clinician, a public health analyst or an administrator, a State Department bureaucrat, etc.) in the exchanges. Such differences had to be confronted and resolved. But what we get from the article is only a brief glimpse of such internal negotiations on the Soviet side (in the article’s second section) depicting discussions at a meeting of the ruling body (the Presidium) of the USSR Academy of Medical Sciences.

We learn (only from a footnote) that the turnover of personnel was “much higher on the U.S. side than on the Soviet side” (58, fn.62), but the question of how this difference might have affected the quarter-century-long cooperation is not raised by the author. This difference should alert a discerning reader to the concrete personalities on the Soviet side who remained in charge for long periods (such as the head of the Soviet oncology establishment and one-time president of the USSR Academy of Medical Sciences, Nikolai Blokhin, or Boris Petrovskii, the Minister of Health Protection): their personal preferences, specialties, connections, biases, etc. may well have played a much greater role in shaping the cooperative efforts than the article leads us to believe. Similarly, the U.S. participants are a highly diverse group as regards individual political orientations, previous experiences in dealing with the Soviets (and other international players), attitudes to the interrelation of medicine and public health, etc., all of which might have influenced their expectations, perceptions, and activities in the exchanges. Instead, the article as a whole operates with a one-dimensional image of a monolithic ‘U.S. side’ versus an equally monolithic ‘Soviet side.’

Furthermore, in assessing the results of the twenty-plus-year long U.S.-Soviet biomedical cooperation, Geltzer’s article overlooks one of the most important goals (and consequences) of international relations in science, medicine, and public health: namely,

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3 For instance, the article could have examined the exact role that Michael B. Shimkin (who is mentioned in the first paragraph and whose personal field of research was oncology) played in the “American Medical Mission on Microbiology and Epidemiology” in February–March 1956; how his previous experiences of actually being a member of a similar ‘mission’ in 1944 and of being barred from visiting the Soviet Union with an ‘oncology mission’ in 1946-47 influenced his actions and perceptions in 1956; and how his 1956 visit might have affected the future directions of “biomedical cooperation.”
the building and maintaining of professional networks that play a critical role in the formation of disciplines and disciplinary consensus, as well as knowledge and technology transfers. In omitting the role and importance of the personal ties and networks forged, the author misses out on the ‘successful’ legacy of U.S.-USSR cooperation, perhaps most notably the role and mutual importance of the Soviet-American cardiology exchanges in the 1970s on the alliance formed between Eugene Chazov and Bernard Lown, leading Soviet and American cardiologists, respectively, to found jointly the Nobel-prize winning organization, International Physicians for the Prevention of Nuclear War (IPPNW).4

The article’s third major analytic category, a ‘Cold War analytical framework,’ is the least clear of all. The key components/elements/contours of this ‘framework’ remain unidentified, while their particular compositions and connections to the Cold War are assumed rather than examined. For instance, the U.S. perceptions (both admiration and suspicion) regarding the nature of Soviet public health and medical systems predate the Cold War by several decades, yet in the article they are portrayed as an important consequence of the Cold War ‘framework.’ Furthermore, in the course of the twenty-plus years covered in the article, the Cold War itself, and the “analytical framework” it supposedly generated, are presented as being completely static. The waning and waxing of tensions between the superpowers seems to play no role in the formation of this framework. Major events of the period—from the 1956 Hungarian revolt to the 1962 Cuban missile crisis to the 1968 Soviet invasion of Czechoslovakia to the decade-long Vietnam war—are neither mentioned nor analyzed as factors that might have informed a ‘Cold War framework.’ Closer to the article’s subject, such critical episodes of the Cold War-fueled U.S.-Soviet competition and cooperation as the launching of Sputnik (1957), Yuri Gagarin’s space flight (1961), the American Moon landing (1969), and the Apollo-Soyuz project (1975) are not mentioned either, even though cooperation in this particular area (for instance, the US/USSR Joint Working Group on Space Biology and Medicine) was an important element of U.S.-Soviet “biomedical cooperation.”5 The only hint of the changing character of the Cold War itself occurs in passing references to the politics of détente of the 1960s and early 1970s, and to the “rising tensions” between the superpowers and “the plight of Soviet dissidents” in the second half of the 1970s (59). In fact, the Cold War itself does not seem to enter Geltzer’s analysis, which further distorts an already blurred picture of U.S.-Soviet relations and the role of biomedical and health care exchanges in these relations during the period under study.

The major cause of these distortions is the article’s inadequate and asymmetric (in regard to its two major players) source base. The ‘reconstruction’ of U.S. “misunderstandings”


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derives mostly from confidential reports [which are preserved in the U.S. National Archives and Records Administration, (NARA)] by various individual American visitors to the Soviet Union.\(^6\) The ‘reconstruction’ of Soviet ‘misunderstandings’ is based largely on a 1977 book (devoted in its entirety to the subject of U.S.-Soviet cooperation in the field of health care and medicine) published by one of the major Soviet actors, Venediktov,\(^7\) together with a few incidental records of internal discussions within the Soviet medical and public health establishments. Leaving aside the profound differences in the nature of the documents used for gauging U.S. and Soviet positions, the question remains why the author did not use parallel sources, such as individual reports by Soviet visitors to the U.S.; the records of internal discussions within the U.S. medical and public health establishments, the State Department, and the White House; and published reports by various high-level U.S. participants.

We are told that “reconstructing the Soviet viewpoint on these exchanges presents a considerable challenge,” because Soviet “records are scattered throughout many archives in Moscow and beyond”; “the Russian government in 1993 reclassified entire collections of Soviet-era records pertaining to foreign relations”; “structural division and date usually organize collections, with no reference to the content of the records”; and “many Russian archives are not user-friendly” (48-49, ft. 37). Be that as it may, what remains a mystery is why Geltzer did not use the State Archive of the Russian Federation (an analogue to NARA, widely known by its Russian acronym, GARF) that houses an enormous quantity of materials generated by the Ministry of Health Protection (fond 8009) and by the USSR Academy of Medical Sciences (fond 19120)\(^8\), two main players on the Soviet side of collaboration. These two collections are not classified and inaccessible, but, rather, they are very well preserved, organized and open to the public; the detailed inventories for

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\(^6\) Since these reports form the major source base for the article’s analysis of American ‘misunderstandings,’ the reader needs to know much more about the nature of these particular sources. Were these reports voluntary or solicited by specific agencies (e.g. U.S. State Department, Office of Surgeon General, Office of Public Health, scientific associations, etc.)? Who were the intended audiences? Are these reports merely (excerpts from) diaries kept during the trip? Or are they analytical surveys? If the latter, do they follow a certain format? Do they contain answers to specific questions? What were those questions and who formulated them? Do these reports differ in any ways from published accounts of the ‘missions’? Do reports by different members of the same ‘mission’ differ and in what ways? None of these (and many other) questions that could establish the relevance, reliability, and provenance of these sources are addressed. Moreover, references to the archival holdings identify their authors but not their addressees, which would have helped to illuminate some of the above questions.

\(^7\) See D. D. Venediktov, Sovetsko-amerikanskoe sotrudnichestvo v oblasti zdravookhraneniya (Moscow: Meditsina, 1977).

\(^8\) The article does make some use of a duplicate collection of the USSR Academy of Medical Sciences materials housed at the archive of the Academy itself. Although both collections have the same fond number (19120), their contents differ; the inventory of the duplicate collection is only available at the archive itself in a hard copy, and it is not searchable. The collection kept in GARF is far more accessible and user-friendly.
both collections are freely available to global researchers in both published and online forms.9

Indeed, the materials documenting the Ministry’s foreign activities from 1934 to 1968 are all collected in a special inventory (opis’ 34), while similar materials for later years are included in two separate inventories (opis’ 50, 1961-82; and opis’ 51, 1982-92). Each folder (delo) in this collection has a title that clearly identifies its contents. To give just one example: fond 8009, opis’ 34, delo 563 is entitled: ‘Materials on scientific cooperation in the field of health protection between the USSR and the USA (agreements, aide-memoirs of the State Department, briefs, records of conversations)’; it indicates the precise chronological period covered: ‘February 11—August 11, 1959’; as well as the total volume of material: ‘75 pages.’ Similarly, on the U.S. side, published ‘NIH Annual Reports of International Activities,’ as well as regular reports on ‘Technical cooperation in health’ issued by the International Cooperation Administration of the Office of Public Health, are freely available at any major research library (with some volumes accessible online10), while the records of internal briefings and discussions at relevant U.S. agencies can be easily located in NARA. Yet Geltzer apparently consulted none of these materials, and her article is based on a very limited, highly selective, and disparate set of primary sources. Geltzer further missed the opportunity to supplement the available archival and published records by oral history interviews with some of the key actors of her story who are still alive (such as Venediktov or the American Donald A. Henderson, who directed the WHO’s smallpox eradication campaign—see below).11

The last, but not least, drawback of the article is its very limited attention to the broader national and international contexts within which the U.S.-Soviet “biomedical cooperation” unfolded and which informed and shaped the activities of its participants. Such critical events as the U.S. adoption of Medicare and Medicaid in 1965; the 1968 reorganization of the Department of Health, Education, and Welfare; President Nixon’s 1971 ‘war on cancer’; and the 1972 expansion of Medicare and Medicaid are not mentioned. Similarly, the radical reorganization of the party-state apparatus and its functions during the period of 1964-68 that accompanied the ousting of Soviet Premier Nikita Khrushchev and the ascendance of Leonid Brezhnev remains outside of Geltzer’s analysis. U.S.-Soviet “biomedical cooperation” is considered in nearly total isolation from the two sides’ extensive bilateral and multilateral international efforts in the fields of

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11 Although Geltzer mentions in a footnote that she was “able to interview several of the [Soviet] participants—both rank-and-file researchers and high-ranking decision-makers” (49, ft. 37), no references to such interviews appear in the article.
medicine and public health. Although in ‘divining’ Soviet “misunderstandings,” the article mentions Soviet involvement with WHO programs, extensive Soviet ties with socialist countries and Soviet health “propaganda” in developing countries (48), it fails to provide a symmetrical assessment of the U.S. position on these issues. In fact, the crowning achievement of the actual US-Soviet cooperation in this particular area—the worldwide smallpox eradication campaign conducted under WHO auspices for which the USSR provided the bulk of the vaccine and the U.S. much of the funding and infrastructural support—is not mentioned.12 Furthermore, U.S.-Soviet biomedical cooperation was but one aspect of a much broader spectrum of bilateral cultural, economic, technical, and scientific relations between the superpowers. However, the critical question of what place cooperative efforts in medicine and public health occupied within this spectrum is not raised. Moreover, the article fails to engage with the large body of secondary literature devoted to the cultural (including medical and health care) exchanges between the U.S. and the USSR,13 to the role of medicine and public health in international relations,14 and to the place of science in U.S. Cold War diplomacy during the period covered in this study.15

Sadly, the tendency to produce sweeping generalizations based on inadequate sources is becoming more and more pronounced in recent historical publications.


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