

Na Zdorovye! Soviet Health Posters as Social Advertising

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The Soviet Union controlled all mass media and all manufacturing, importing, and sale of products—including tobacco and alcohol—from 1929 to 1990. Thus the Soviet state seemingly possessed ‘ideal’ conditions for effective social advertising to influence health behavior. Posters were the dominant means employed to spread health information. This paper examines Soviet health posters as indicators of prevalent health problems and government health priorities, and of awareness and knowledge of approaches to attitude and behavior change. Despite its touted reputation for propaganda, the Soviet state and its health promotion agencies apparently had little knowledge of how to motivate health behavior change. These efforts were further compromised by state factories which continued to produce alcohol and tobacco products. Today Russians’ per capita consumption of alcohol and tobacco remains among the highest in the world.

Posters produced during the early decades of the Soviet Union have received significant attention and analysis: they are colorful, often forceful in both language and design, and they are available, surviving as one of the few remnants of mass communications during a tumultuous period. Soviet-era posters have been examined as representations of official, often shifting, ideology, as windows on what those in power wanted from those they aimed to influence and control.

Political scientists have analyzed posters for the political messages presented in text and images; sociologists have examined the posters as representing idealized roles and ideological values; and historians have included them as illustrations of official ideology in their historical context. Museum curators in Russia, the United States, and Europe have organized exhibits of the posters as artistic expressions of the period. Collections of posters have appeared in print, and scholarly books about Soviet posters have appeared in English, Russian, and other languages, relating the historical context of the Soviet poster, how posters were employed, and the artists who created them.

The far-less examined area is Soviet-era posters addressing health issues, yet hundreds of posters were

commissioned and issued that addressed a wide range of health-related issues.

Soviet health posters merit close examination by marketers—in particular, social marketers—for several reasons. First, posters indicate what health problems the officials deemed most pressing, what solutions they proposed, and what they wanted the public to do. Second, for most of the Soviet era the government held a complete monopoly on all publications and other media sources. Therefore the messages and representations in the posters should directly reflect the priorities of the government. Furthermore, the state could take steps to assure that these health messages were not subject to countervailing forces in the media. These would appear to be the ideal conditions for effective mass communication. Third, the posters reveal the types of appeals used to try to motivate action, and thus reveal how the Soviet state viewed the public and the psychology of influence and attitude change. Fourth, in light of post-Soviet openness, these health posters can be reassessed in terms of their veracity and representativeness. For example, some posters displayed an idealized world of leisure, where elegantly dressed couples play croquet at a health resort, when croquet did not exist in the Soviet Union.

The present paper is based on an examination of all the identified health-related posters from the early 1900s through 1990 in the following major collections: the National Library of Russia, St. Petersburg, Russia; the Russian State Library (formerly the Lenin State Library of the USSR), Moscow, Russia; and the Hoover Institution Archives, Stanford University, Stanford, California USA. The review of posters was carried out during several trips to Moscow over a four-year period. An estimated 800 to 1,000 posters were reviewed, of which approximately one-third could be considered health related, directly or tangentially.

For the two major Russian poster collections, the identification of potentially relevant poster categories was made by the respective curators, based on the filing categories in use. Posters in the Russian collections are preserved in large cardboard folio covers, by category and date. The poster categories the curators selected for examination were more inclusive, rather than less, so that reviewing many posters to identify those that were in fact

health-related was a significant task. The reliance on the existing filing categories, followed by sorting within them, adds to the confidence that all—or virtually all—of the directly relevant available posters were identified and viewed.

The uniqueness of this examination of health posters was underscored by the long-time curator of the poster collection in Moscow who has assisted many researchers, who commented that the project reported here was the first to focus on health messages. Researchers who have worked with the Moscow collection and who have published scholarly research (in English) referencing health posters include historians Tricia Starks (2006) and Frances Bernstein (1998), and political scientist Susan Gross Solomon (1990).

WHY POSTERS WERE IMPORTANT IN SOVIET HEALTH PROMOTION

Posters have been a component of commercial advertising in industrialized countries since the nineteenth century, and were in use in late-nineteenth-century imperial Russia in urban areas, most notably St. Petersburg and Moscow. Both cities had international cultural, business, and retail links. Many of the Russian urban elite spoke French and traveled frequently to Paris. A number of multinational firms—including Singer Sewing Machines and International Harvester—had national headquarters in Russia (Carstensen 1985). Therefore sophisticated urban retailers and their customers (through travel) were familiar with commercial posters from Paris, Vienna, and other European centers, and the Art Nouveau style in posters and other art forms caught on readily in nineteenth-century Russia. Even earlier, cheap prints—*lubok* (pl., *lubki*)—on folk and everyday themes were widely printed in Russia and were purchased by the simplest village households as decoration. Thus Soviet-era posters of the twentieth century built on two traditions—the commercial application of Art Nouveau, and the indigenous Russian folk print—as well as on the *avant garde* trends emerging in France, Germany, and Russia in the early years of the twentieth century.

The poster form has been defined as “a mass-produced graphic presentation, usually a combination of text and illustration on paper, intended for public display, and designed to announce or persuade” (Crawford in Witkowski 2003). Helfand (n.d.), writing about posters in the United States, put forward a strong case for the value of posters that applies also to Russia:

Posters have been a powerful force in shaping public opinion because propagandists have long known that visual impressions are extremely strong. People may forget a newspaper article but most remember a picture. A pamphlet or a newspaper can be thrown away, unread; the radio or television turned off; films or political meetings not attended. But everyone at some time or other notices messages when walking or

driving, or sees posters on bulletin boards in offices, hospitals, clinics or pharmacies.

In late nineteenth-century Russia some posters were noncommercial, promoting charitable causes such as donating to the Red Cross, but their primary was commercial. (By this same period the United States was already “awash in advertising” in many forms, including numerous posters for patent medicines (Helfand n.d.).) Russian posters were employed during the First World War for political and nationalist ends, and particularly to mobilize citizens to support the war effort in various ways, such as through enlisting, buying war bonds, and by helping orphans and injured veterans.

The Bolshevik revolutionaries, once they were at least tenuously in power in early 1918, quickly adopted the poster form as the primary means of communicating with the masses (Kenez 1985, 112). The Bolsheviks had few or no alternative means of mass communication. During the Civil War (1918-1920) which followed in the wake of the 1917 Revolution, the Bolshevik regime found itself battling the opposition of tsarist-aristocratic-leaning forces throughout the vast territory of Russia. Reaching and influencing the masses in the areas the regime already controlled, and trying to win over those in hostile areas, were vital to demonstrate the Bolshevik regime’s control and to mobilize mass support for it. To accomplish this was daunting: The economy had been severely crippled by the First World War, and then further weakened by the Civil War. There was no broadcast radio. (Broadcast radio came only in the 1920s and, without electricity, few Russians had the means to receive it even then.) Paper was in short supply, most peasants and many urban poor were illiterate. The changes in mentality and action that the regime desired of the masses were huge. The regime turned to the only means available, which almost always involved posters.

During the Civil War the new state’s poster production was so voluminous that many Western visitors to Russia commented on the profusion of posters as one of the most remarkable features of their visit. A German economist Alfons Goldschmidt visited Moscow in 1920, and wrote that “you find posters on all the walls, in thousands of Moscow shops, on telegraph poles, in pubs, in factories, everywhere you find posters” (White 1989, 108).

Civil War posters were primarily political, warning people to oppose those who opposed the new regime, and to change from bourgeois attitudes and other outdated ways of thinking to modern, socialist ones. For example, in one two-frame, before-and-after poster of 1920, the text reads, “A husband used to pull his wife around by the hair; now he reads to her aloud” (White 1989, 108). Other posters pointed out that all children could now attend school, not just the wealthy minority.

The major health-related campaign launched during the Civil War focused on the scourge of typhus, a louse-borne disease whose spread was exacerbated by widespread poverty and famine, by the collapse of health and other

services, and by migrations of returning soldiers, warring factions, refugees, and others, carrying typhus to all parts of the country. Two to three million people died of typhus in Russia alone between 1918 and 1922 (Patterson 1993, 108).

By 1921 the Bolshevik regime had solidified its position of power and had virtually eliminated its opponents. The Soviet government could turn more of its attention to social needs, including health: “The question of health protection of the country’s citizens arose as one of the most serious internal political issues” (Shertsneva and Poddubny 2001, 61). But the Soviet Union was short of money, doctors, medicines, and medical facilities. Thus the first approach to meeting health needs would have to rely on prevention, rather than treatment. In March 1921, at the first All-Russia Conference on Health Protection, the value of the “visual teaching method” was especially emphasized, as the use of vivid imagery would provide the best conditions for the population to master “the knowledge of how to protect the national health.” The conference concluded that posters were the optimum means of providing health information and mobilizing action (Shertsneva and Poddubny 2001, 61). In addition to being vivid, simple, and direct, posters could be re-examined multiple times to reinforce the message.

The Soviet regime used the terms *propaganda* and *agitprop* to describe their efforts, rather than employing any term—such as advertising—with commercial overtones. At the time, the term *propaganda* [directly from Latin, meaning something that has been or can be spread/propagated] did not yet have any negative connotation in Russian. (A parallel term that has more positive connotations in English is *diffusion*.) The new regime launched a special department to carry out *agitprop*, a combination of agitation or incitement plus propaganda to influence mass beliefs and actions. *Agitprop* has been defined in the West as “political propaganda, especially favoring communism and disseminated through literature, drama, art, or music” (American Heritage Dictionary).

Posters became ubiquitous in the Soviet Union, but ideological and health posters were often part of larger campaigns which included public events to attract attention, and various forms of mobilization to get people take action, such as to get vaccinated. In short, the Soviet state did not rely solely on posters, but posters were always a part of health campaigns, and they remain as the archival artifacts of official Soviet efforts in the field of health promotion.

POSTERS AS SOCIAL ADVERTISING

This paper focuses on Soviet-era (1918-1990) posters which addressed health themes. The health posters (and many of the political posters, from the regime’s standpoint) can be viewed retrospectively as instances of social advertising, defined by the American Marketing Association (2006) as “advertising designed to educate or motivate target audiences to undertake socially desirable actions.”

One point of irony should be kept firmly in mind in connection with Soviet health posters: The Soviet state held all the levers of political power, including control of the media, and by the 1930s the state had total control of the economy and determined what products and services would be provided. In capitalist countries, government health promotion efforts frequently involve *countermarketing* against commercial interests, for example, by urging people to forgo smoking, to eat less fatty and sugary foods, and to conserve fossil fuel and increase physical fitness by walking rather than driving. The Soviet state was the sole producer and seller of all beverages including vodka and of all tobacco products, and yet the state was simultaneously fighting the deleterious personal, societal, and economic effects of alcoholism and tobacco use through poster campaigns. (This internal conflict was not inevitable. In the 1920s Lenin encouraged People’s Commissar of Public Health Nikolai Semashko to develop an anti-smoking campaign, most of which was ultimately not supported (Starks forthcoming). The opportunity to halt tobacco use before it was widely popular was lost. Instead of concerted action, only anti-smoking posters were issued, with less effect.)

The Soviet state had several motivations for engaging in social advertising, growing directly from state interests. To recover as rapidly as possible from wartime destruction and a shattered economy, and to demonstrate the merits of Communism, the Soviet leadership aimed to “ensure a health population and a culturally, militarily, and industrially powerful state” (Starks forthcoming). An essential component was maximizing worker productivity. All able-bodied Soviet citizens were required to hold jobs and, except for a period in the 1920s, all employment was in state enterprises. To perform well in the workplace, workers needed to be alert and healthy. Communicable diseases, alcoholism, smoking-related illnesses, and other ills weakened the worker’s labor contribution and, in the big picture, undermined the state. This view of the importance of health drove the state’s health promotion efforts and the expansion of medical services. One unanticipated but negative consequence was that many Soviet citizens began to view their health as a concern of the state, not a matter of personal choice or advantage. Going to the medical clinic was viewed as the means to get a doctor’s note of permission to miss work, rather than as a means to maintain or improve one’s health.

Health posters employed a variety of appeals. Many of the early health posters were made by well-known artists, including the poet Mayakovsky. The resulting messages and imagery, while colorful and eye-catching, could be so abstract as to be opaque to most of viewers. The notion of struggle was common in early health posters: “Fight cholera!” According to Shertsneva and Poddubny (2001), “the psychological tone of intimidation quite often inspired in the viewer a feeling of hopelessness, rather than enlightenment and encouragement.” Some early posters

equipment and wasted output. Drunkenness was an acknowledged problem before the 1917 Revolution. From the 1920s throughout the Soviet era, anti-alcohol posters appealed to motives of health, family, avoidance of shame, and workplace productivity. One poster specifically designed for display in factories included a prominent space to write in the name of the worst offender in the factory. Some of the best-known Soviet-era posters are appeals to abstain from alcohol. Mikhail Gorbachev's anti-alcohol campaign in the 1980s revived some earlier posters and launched a flurry of new ones. Figure 2 shows one poster from the Gorbachev period, notable for its vague message to "stamp out drunkenness." A February 2001 exhibit of anti-alcohol posters in Moscow illustrated "various strategies by every Soviet leader from Vladimir Lenin to Mikhail Gorbachev—all of them grand failures—to combat alcoholism and rally the people to work, soberly, toward a bright socialist future" (Moscow Times, 2001). Russia has the highest per capital alcohol consumption in the world.



FIGURE 2. "STAMP OUT DRUNKENNESS—THROUGHOUT THE ENTIRE POPULATION" (1980s)

SOCIAL ADVERTISING QUESTIONS ABOUT SOVIET HEALTH POSTERS

Most present-day scholars of Soviet posters are selecting examples to represent periods, themes (such as war, ideology, and gender), and/or specific poster artists. Health posters have received little scholarly attention, and in the absence of research there are many questions of interest to social marketers.*

How were themes selected?

In the first decades of the Soviet Union, selection of health poster themes was driven by health emergencies: infectious diseases, especially typhus and tuberculosis; and factors contributing to infant mortality, including household and personal hygiene, infant feeding practices, and transfer

of diseases through family contact. The artists and writers who participated in creating these early health posters chose the themes themselves to respond to what they perceived as the most pressing issues.

Later on, the Ministry for Health Protection established the Institute for Sanitary Enlightenment, an agency that specialized in determining which themes should be employed in health information programs. These programs included posters addressing a wide range of health-related issues, including the perennial issues of alcoholism and smoking.

What direction was given to the poster artists?

There is evidence of direct, iterative collaboration between health promotion staff and poster artists. The Institute for Sanitary Enlightenment often worked directly with staff poster artists. The artists were assigned health themes, and the resulting posters would be reviewed by institute staff who would then recommend changes to the artists to embody the assigned themes more effectively.

According to anecdotal evidence (from a poster artist of the 1980s, and from the niece of a poster artist of an earlier period), in some cases artists were commissioned to prepare a certain number of posters on a particular theme, and given considerable latitude in carrying out the project. For example, in the mid-1980s one Leningrad artist was commissioned to prepare a set of twenty posters for workplaces telling workers how to protect their hearing from damage. He was given some direction about which issues to address, but he had virtually complete artistic freedom to prepare graphics and text for each poster.

There does not appear to be an established practice of pretesting individual posters or sets of posters with target audiences. The review of posters was done principally—or exclusively—by staff. The Institute for Sanitary Enlightenment did review their posters in draft form and reportedly did some evaluation of them before they were printed in final form and distributed (Artamonova 2006).

When were the posters printed? How were they distributed?

The place of publication and the number of copies in the run appear on the reverse of almost every poster. Usually the publication date is also noted. The government office responsible for a particular campaign placed orders to print a certain number of copies. Many posters have a price indicated on the reverse, but the posters were in fact distributed free of charge to medical facilities throughout the Soviet Union, including clinics, hospitals, first-aid stations, and sanatoria. Health posters were also distributed to schools, workplaces, clubhouses, and other appropriate sites.

What did the target audiences think of these posters?

There are no published accounts of how these posters were understood by the target audiences. Did the posters become mere decoration? Were they interpreted as government exhortations and followed? Or ignored for the same reason? According to Sherstneva and Poddubny (2001), as posters became prevalent by the end of the 1920s, they frequently became habitual decoration and received little attention. One of the motivations for the production of health posters was to decorate the bare walls of new clinics and hospitals. Posters were needed to decorate them, and at the same time the posters would inform those who came for services. According to Artamonova (2006), some of the best health posters were memorable because they were “witty and clever”—often in the combination of words and images—and thus became topics of general conversation.

How was the effectiveness of posters measured? Was there evidence of awareness, knowledge increase, and attitude and behavior change?

There are no measures of effectiveness of posters on influencing attitudes or behaviors. In defense of Soviet health authorities, one could argue that such measurement was lacking in the United States and other industrialized countries until around the mid-twentieth century or later. Formal public opinion and attitude research developed in the United States during and following World War II. Pretesting of health communications at the US National Institutes of Health was introduced only in the 1970s. In the Soviet Union, complete control of mass media and denigration of the social sciences gave little impetus to attitude and opinion research. The absence of competitive commercial marketing further diminished the development of work in this area. (One explanation for the extensive internal spying on Soviet citizens was that, in the absence of a free press and with well-founded fear of serious repercussions for expressing anything but orthodox opinions, the only way the government could find out what people actually thought was through networks of spies and informants and the reading of personal mail.)

The only so-far-identified published research on measuring poster effectiveness during the Soviet period consists of two articles which appeared in the same issue of *Gigiyenya i Sanitaryaya* (*Hygiene and Sanitation*) in 1988. One article (Pozdniakova et al. 1988) describes generally accepted features of good posters: “Their subject matter should be of current interest, novel, and stated in emotional terms. They should display original, saturated, and contrasting colors.” The authors then state that these

characteristics were (in the 1980s) being assessed by artists and others to evaluate posters, but with no clear set of criteria and no reference to those who would ultimately view the posters—the target audience. The article reports a study aiming to provide quantitative measures to fill this gap. Three groups—physicians, poster artists, and young people (details not specified)—were asked to rate on a 5-point scale (1=low, 5=high) the importance of general characteristics of health posters, including, for example, “informativeness” and “readability”. The authors found that the three groups differed in the importance weights they assigned to each characteristic. The authors then aimed to construct a quantitative model aggregating the characteristics of an effective poster into a single score. Thus, in principle, various posters could each be evaluated using their quantitative criteria to yield a single score for each poster, and then the scores could be compared across posters. The authors concluded their article with the statement, “Finally, the ‘quality’ poster can be recommended for mass distribution.”

The second article, by Anan’ina (1988), specifically addresses anti-alcohol and anti-tobacco posters and their content and communication value. The author speculates that posters that are most liked and most highly rated by the target audience—in her case, youth in the last few years of high school and in rural technical schools—will be the posters that are effective and efficient in influencing motivation. The students viewed specific posters and rated them. From these ratings the author concluded that effective posters—those most highly rated—possessed an organic unity between the text and image, and had clear messages.

We can conclude from these two rather recent articles that there has been virtually no effort to assess the communications effectiveness of health promotion posters. The approaches the authors propose do not address the fundamentals of attitude formation or the need for pretesting and pre-publication revision. The approaches, which include some effort at quantification, are neither practical nor useful.

BEYOND POSTERS: HEALTH PROMOTION AND SOCIAL ADVERTISING IN TWENTY-FIRST CENTURY RUSSIA

The most important gap in Soviet health promotion campaigns was lack of knowledge of effective approaches to attitude and behavior change. This was a huge surprise to many Western observers who believed that propaganda—mobilizing the masses through newspapers, posters, radio, parades, films, and speeches—was a social change technology in which the Soviet government excelled. In fact, as this paper has discussed, Soviet health messages and posters often relied on providing information or on intuitive

use of various appeals, but with no theoretical basis, no pretesting, and no evaluation of outcomes.

In the 1960s American sociologist Alex Inkeles reported that Soviet propagandists gave surprisingly little attention to problems of method: “the importance of content is stressed infinitely more than questions of how, by what devices and mechanisms, one can influence attitudes and change opinions” (Inkeles 1967, 24-25). Karl Dehne, a German scientist in the United Nations AIDS Office in Geneva, was stunned to learn that his Russian counterparts didn’t have any knowledge of behavior change approaches beyond the standard provision of information: “They don’t know anything [in former Soviet countries] about outreach, behavioral change, counseling. They say, Information! Information!” When I say, ‘Information isn’t enough to change behavior,’ they say back, ‘Well what else is?’ Imagine—they have no methodology at all for outreach” (Garrett 2000, 233).

Elena Topoleva, Director of the Agency for Social Information in Moscow, concurs that there was little serious, systematic thinking about method (2005). There was no training in Soviet universities on how to design effective communications programs. With *perestroika* from the mid-1980s and after 1991, commercial advertising proliferated and government health promotion campaigns faded away. Social marketing projects, funded almost entirely by foreign governments and foundations, stepped in to introduce HIV/AIDS awareness programs and other health-related social marketing programs. Only now is the Russian government beginning to invest more consistently in public health campaigns, and this comes at a time when the rate of spread of HIV/AIDS in Russia is the most rapid in the world.

The “poster era” has now been superseded. Health-related social marketing campaigns have been launched in Russia, starting in the 1990s, often with technical assistance and funding from outside of Russia. The best contemporary health promotion campaigns in Russia incorporate consumer/audience research, pretesting of concepts and materials, integrated use of various means of influence, and rigorous assessment of outcomes in terms of knowledge, attitudes, and reported behavior. Typical campaigns now combine radio, concerts and events, outreach workers, brochures, websites, contests, and other activities, and—of course—posters.

NOTE

*Finnish professor of public health Pauliina Aarva authored a 1991 doctoral dissertation titled *Terveysvalistuksen kuvia ja mielikuvia. Tutkimus terveysjulisteiden vastaanotosta*. [Pictures and images of health education. A semiotic-receptional study on health posters], University of Tampere, Finland. This dissertation, mentioned by Svetlana Artamonova (2006), considers health posters, including but not limited to Soviet/Russian health posters.

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