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HISTORY OF THE HEALTH CARE SYSTEM OF THE COUNTRY OF TURKESTAN IN 1917-1924: ON THE EXAMPLE OF THE FERGANA REGION

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ABSTRACT

The history of the Fergana Valley in 1917-1924 is characterized by famine, increasing epidemics, war, and the collapse of the national economy due to the policy of military communism of the Soviet authorities. These factors forced the people to go through a whirlwind of unprecedented difficulties. In the Fergana region, epidemics of perspiration, malaria, cholera, influenza, and plague spread and the spread of syphilis, tuberculosis, smallpox, and other infectious diseases intensified in the conditions of increased famine. As a result, a major health crisis occurred in the region.

KEYWORDS

Soviet power, public health, famine, epidemics, new economic policy, malaria, cholera, sweating disease.

INTRODUCTION

The February Revolution and the October Coup d'état in Russia in 1917 had an impact on Turkestan and started a new era of Russian colonial policy. After the February Revolution, power passed to the Provisional Government. The Turkestan Committee, approved by the Provisional Government on April 7, 1917, continued

the colonial policy in Turkestan. The Provisional Government did not want to change the policy of the Russian Empire towards Turkestan. For this reason, the management staff was left almost unchanged. After the October coup of 1917, on November 1, 1917, the Soviet power was established in Tashkent. The Soviet

authorities established state control over the health care system, as well as over other areas of society. In 1918-1921, the Soviet government implemented a number of positive changes in the health care system. In particular, the training of medical staff from the local population was started, the production of several types of medicines was started in Turkestan itself, the total number of treatment places increased by turning part of the military infirmaries into hospitals and increasing the number of treatment places in the existing hospitals. However, the measures taken were not enough due to the increase of famine and epidemics in Fergana region. Following the announcement of the New Economic Policy in 1921, in 1922 health care costs were transferred to local budgets. As a result, health care facilities fell into a difficult situation.

Materials and methods. The article uses scientific research published in the Soviet era and the years of independence, materials of the National Archives of Uzbekistan and the State Archives of Fergana region, news published in the newspapers "Izvestiya TurTsIK", "Krasnaya Fergana".

The research was conducted based on the principles of objectivity and historicity, using the methods of analysis, synthesis and logic.

Discussion. The February Revolution of 1917 in Russia also had a great impact on the Turkestan region. The

Bolsheviks, who came to power, began to seize cotton and food products and livestock from the peasants without any payment, based on the policy of military communism. As a result, arable land was reduced and famine began. Together with the famine, epidemics of malaria, cholera, and perspiration sicknesses spread in the country, and the spread of smallpox, skin diseases, and stomach diseases intensified. In this situation, the provision of medical assistance by the state to the population was not sufficient at all. The horrors of famine and epidemics in the Fergana Valley during the years of Soviet power in Uzbekistan were not covered. The establishment of Soviet medicine in the region was positively evaluated in the works of Soviet-era researchers, A.I. Pogosyants, M. Makhmudov and other researchers. An opportunity to objectively approach the issue appeared in the studies created after Uzbekistan gained independence. The issues of famine in the region were highlighted in the studies of V. Semenyuta and M. Rakhmatov, the achievements and problems of the Soviet healthcare system were shown while in the studies of G. Mominova and G'. Karomov.

Results. During the reign of the Russian Empire, Fergana region was specialized in cotton cultivation. The grain needed for the region was imported from the central regions of the Russian Empire. But when the First World War began, food prices rose and famine began in Fergana province. During the terrible winter

of 1917-1918, the population was killed here like flies... there was no one to collect the corpses, their remains from dogs and wolves were found at every step, the remains of the poor people were collected only in 1919. [Semenyuta: 7]. N.Khojaev, who studied the issue of food supply to the population with the support of the Turkestan Central Executive Committee, said at the government meeting: "The villagers were satisfied with different types of grass and weeds, because of this there are deaths, especially among children." In Fergana region, 35-40 percent of the population, including 60 percent in Margilon uyezd, 50 percent in Kokand uyezd, are facing famine [Mo'minova: 61]. The famine that began in 1917 in Fergana region left behind a great complication in 1918-1919. As a result of the measures taken, the number of famines in 1920 decreased significantly. However, in 1921 - 1923, the famine in the valley continued on a larger scale. [Rakhmatov: 83] In the winter of 1921 and March 1922, hunger and devastation intensified. Not only in villages, but also in cities and large settlements, one could see cases of people begging for bread. In 1921-1923, as a result of people eating various things, especially plants, various diseases and deaths among children increased. In 1921-1922, as a result of famine and malnutrition, skin, eye and stomach diseases, as well as malaria due to the climate, increased. According to accounting books, more than 1 million people died in Fergana region in 1917-1923 due to famine, disease and war. [NA Uz, 108: 200-201] As a result, the population

of Fergana region dropped from 2,700,000 before the First World War to 1,600,000.

Malaria, cholera, and perspiration epidemics occurred in Fergana region under conditions of increased famine. Due to the fact that hospitals were located in cities, the inner regions of uyezds were cut off from medical care. As a result, local health departments and the People's Commissariat of Health of Turkestan did not have accurate statistics on the spread of infectious diseases in the region. The cited statistical data indicated only the regions where hospitals were located and the number of people who applied to the hospital. As a result of the lack of hospitals and available treatment facilities, the majority of the local population did not seek medical care. In 1922, only 11.4 percent of the population in Fergana region applied to state medical institutions. [NA Uz, 1821: 125]

There was a lack of hospitals, dispensaries, medical staff and medicine to establish a health care system in Fergana region. The Soviet government initially tried to solve the shortage of medical personnel by recruiting medical personnel from among the prisoners of war sent to Turkestan and training medical personnel from the local population. In particular, on March 25, 1917, by the order of the Intendant of the Turkestan military district, paramedics who were prisoners of war were provided with allowances and made equal to the rank of junior paramedics. [NA Uz , 1: 24] On April 14, 1919, Health Committee of Turkestan published the list of

foreign doctors in "Izvestia" newspaper and decided that all pharmacies could be given medicines based on their prescriptions. [NA Uz, 138: 146] However, the shortage of medical personnel increased due to the return of foreign doctors to their homeland and the death of medical personnel due to epidemics. If medical staff fell ill, there was no reserve staff to replace them. 25 percent of medical workers died during the epidemics as a result of the harsh working conditions of medical workers and insufficient material support. [NA Uz, 17: 2] For example, during the sweating epidemic, 50% of medical workers got sick from sweating, and 25% of them died. The fact that the death rate of patients from other professions was 8-9 percent indicates that the financial situation of medical workers was difficult.[10] According to the letter of Fergana regional health department to Turkestan People's Commissariat of Health on August 2, 1921, several hospitals were left without doctors due to the departure of foreign doctors from the region and the death of several medical workers. In particular, only 16 doctors worked in 32 hospitals and 28 outpatient clinics operating in Fergana region. Due to the shortage of doctors and experienced medical assistants, the provision of medical care to the population was transferred to inexperienced medical assistants trained during the military era, gradually causing dispensaries and even hospitals to cease functioning. There were no doctors left in hospitals belonging to large enterprises such as Kyzylkiya, Chimyon, Suyukta,

Santo. There was only one doctor and two medical assistants in the 110-bed surgical hospital in Kokand. One doctor had to fulfill the duties of chief, consultant, and ordinator. Although the Fergana Regional Health Department requested to send doctors many times, the Turkestan People's Commissariat for Health did not fulfill these requests. The 3 doctors sent on September 5, 1921 also returned a month later. [NA Uz, 159: 79] As of March 30, 1921, there was a city hospital with 100 beds, a women's hospital with 20 beds, a therapist's hospital with 60 beds, a maternity hospital with 30 beds, a hospital for ear, throat, and nose diseases with 40 beds, barracks for infectious diseases with 55 beds, and a children's hospital with 40 beds. In the city of Kokand, 10 doctors were required for the regional health department, 7 for hospitals, 3 for sanitary-epidemiological control, 3 for schools, and 2 for sanitary-educational work, out of a total of 18 doctors. [NA Uz, 190a: 1420]

On June 6-9, 1921, the shortage of doctors was noted at the meeting of healthcare departments of the Turkestan region, which was held in Tashkent. The situation was especially difficult in Fergana region and Mirzachul district. The shortage of medical personnel could be eliminated only by attracting doctors from the center. [Izvestiya, 1921: 135] Russian health commissioner, Semashko promised to send 150 doctors to Turkestan, but 15 doctors were sent from the center. [Izvestiya, 1921: 154]

Some of the medical workers in Fergana region were forced to engage in other professions due to poor financial conditions. Owing to the shortage of medical personnel, the Soviet government decided to forcibly return them to the medical field. Pursuant to the order No. 290 of the Turkcommission of the All-Russian Central Executive Committee and Turkestan Council of People's Commissars dated December 27, 1921, the Fergana Regional government made a decision on January 23, 1922 to return all medical personnel to medical institutions regardless of their position. [SA FR, 140: 1]

The main difficulties in the organization of health work arose due to insufficient funds allocated to the sector, insufficient material and technical base. It was noted at the meeting of health departments of the Turkestan region on June 6-9, 1921 that the health care system in the Turkestan region was in a difficult situation. Hospitals were in disrepair, and there was a serious shortage of farm inventories. The situation in the Fergana Valley was extremely difficult. As a result of the lack of fuel for the baths, the itch disease increased. The number of sanitary workers was very small, and those who were there left because of the workload. Due to the lack of fuel supply to hospitals, the places could be reduced twice during the autumn-winter season. [NA Uz, 41: 15]

Following the announcement of the new economic policy in 1921, medical institutions were transferred to

local budgets. After the transition to local funding, it soon became clear that local governments were against allocating funds for public health needs, even at the behest of party and state leaders. At the beginning of politics, Semashko, the head of the health department, sent a telegram to all regional executive committees, asking for special tax breaks for health departments, but to no avail. Due to the implementation of the new economic policy and the transition of all budgetary organizations to self-financing, local medical organizations had to pay for electricity, fuel, transport, fodder and other services, which placed an insurmountable burden on health departments. Because the budget funds for 1921 did not allocate credits for these expenses. In early 1922, the Turkestan Health care Committee was faced with the impossibility of implementing expansion plans and created a reduction scheme that included the partial reintroduction of fees for certain types of medical services. The new health commissioner, Nikolay Gelfgot warned the Soviet National Economy Committee that a sharp reduction in minimum services to the population could increase epidemic diseases, endemic diseases of the local population, "social diseases" (tuberculosis, venereal diseases), and at the same time lead to "degeneration" of the population. [Cavanaugh: 169 -170 pages] In all regions, medical institutions were seriously reduced due to the fact that the possibilities were not taken into account when transferring them to the local budget. During the first

two and a half months of 1922, the Fergana Health Department received no help from higher authorities. As a result, medical workers began to leave their jobs. Although it was provided with some money in April, it did not last long. Medical workers were not adequately supplied with food: 50 percent of the designated flour and 30 percent of rice were given, nothing else. [NA Uz, 92: 277] As of May 1, 1922, the health department of Namangan district owed employees 1,280,000,000 rubles. As a result, some of the medical workers did not go to work, and some of them were kept by the 100 million rubles given to the department. In Margilan uyezd, due to non-payment of salaries during the first three months of 1922, medical workers went hungry and cases of patients' belongings were stolen. There was a serious lack of inventory in hospitals. 75 percent of the beds were unusable, and there was no spare. Medical workers in Osh uyezd were in a difficult situation due to non-payment of salaries for 3 months. The hospital in Gulchin was about to be closed, but it was financially supported by the initiative of the population. [NA Uz, 138: 131]

In Fergana region in June-July 1922, only a few uyezds were able to provide funds for hospitals. If the executive committees of Osh, Namangan, and Margilan districts did not refuse to provide funds, in practice, hospitals were not given funds at all. From October 1, 1922, the hospitals were cut off from the state food supply, which aggravated the situation.

Cases of medical workers' strikes increased. [NA Uz, 138: 106] The greatest reduction in medical facilities occurred from June 1, 1922 to January 1, 1923. During this period, rural district medical institutions decreased by 51.6%, and urban medical institutions decreased by 44.6%. The population per place was 379 people in 1922, and 1270 people on January 1, 1923. [NA Uz: 416: 149]

In the Soviet era, health care was viewed as a secondary issue in Turkestan. Limited funds were allocated to health care. In particular, 327,701 rubles, i.e. 5% of the total budget, were allocated to the Turkestan SSR from the state budget of the 1923-1924 economic year. In the same period, 1,572,034 rubles, 10.5% of the total budget, were allocated to the health sector from the local budgets of 5 regions of Turkestan. Due to lack of attention, health care in the country has gone backwards instead of progressing. Only in 1923-1924, hospital beds in the country decreased from 3,492 to 2,359, that is, by 32.5 percent. In rural areas, hospitals shrunk by 40 percent. In 1923-1924, the number of district hospitals in villages decreased from 64 to 36, and the number of beds in them decreased from 648 to 380. Fergana region had 18,000 inhabitants per place. There were no sanitary organizations for preventive purposes in the entire Turkestan SSR. Also, special medical care was completely absent in uyezds. Syphilis, eye diseases and women in labor were left to their own devices. Despite the limited number of district hospitals in the villages,

the qualifications of medical personnel serving in them were low. Many hospitals were run by medical assistants due to low pay. [NA Uz, 443: 229]

On April 27, 1923, the plenum of the Fergana government came to the conclusion that health care in the region is in an extremely difficult situation. A number of measures are proposed to improve the situation. In particular, in order to attract specialist doctors to Fergana region, their salaries would be increased to the maximum. In his letter to the Turkestan Healthcare Committee dated May 14, 1923, he asked to send experienced pediatricians, ophthalmologists, therapists, bacteriologists and sanitary doctors to work in Fergana region, and a monthly salary of 60-70 gold rubles was set for the doctors. [NA Uz, 389: 17-18] But due to financial difficulties, this decision was not fully implemented. In April 1924, reductions were made among medical workers in Fergana region. Although the reduction was carried out, the financial situation of the medical staff did not change at all. The efforts of the Soviet authorities to train medical personnel from the local population did not bring any results. In October 1923, there were no representatives of the local population among the medical workers in the Fergana region. Only two people were trained for clerical work. [SA FR, 10: 42-46]

By 1923, a number of problems had accumulated in medical institutions. In all hospitals, patients were fed

wrongly, patients were not properly triaged, and medical histories were filled superficially. One of the main reasons for the chaos in the economic-management and treatment-sanitary side of medical institutions was the lack of management capacity of the heads of uyezd health departments, district hospitals and the Osh uyezd-city hospital were managed by medical assistants, while the uyezd hospitals were managed by young, inexperienced doctors.

CONCLUSION

The increase in famine and epidemics in Fergana region led to a health crisis. Although the Soviet authorities implemented organizational and structural changes in the health care system, the provision of medical services to the population was not improved. Hospitals were destroyed in the fighting between the Red Army and the armed resistance movement in the province, and there was a serious shortage of medical staff, medicine, and medical supplies. This caused the death of 40 percent of the population of the Fergana region.

REFERENCES

1. Cavanaugh C.M. Backwardness and biology: medicine and power in Russian and Soviet Central Asia. 1868-1934. Submitted in partial fulfillment of the Requirements for the degree of Doctor of Philosophy in the Graduate School of Arts and Sciences. Columbia University, 2001. – 424 p.

2. Karomov G'.H. Turkiston ASSR, BXSR va XXSRda sog'liqni saqlash sohasining yo'lga qo'yilishi. Tarix fanlari bo'yicha falsafa doktori (PhD) ilmiy darajasini olish uchun yozilgan dissertatsiya. [Establishment of health sector in Turkestan ASSR, BXSR and XXSR. Dissertation written for the degree of Doctor of Philosophy (PhD) in History.] – Bukhara, 2021. - 146 p. [in Uzbek]
3. Maxmudov M. Stanovleniye I razvitiye meditsini I zdravooxraneniya v Sredney Azii (1867 1924 gg.). Dissertatsiya na soiskaniye uchenoy stepeni doktora istoricheskix nauk. [Formation and development of medicine and health care in Central Asia (1867-1924). Dissertation for the degree of Doctor of Historical Sciences.] - Tashkent, 1992. - 424 p. [in Russian].
4. Mo'minova G. O'zbekistonda sog'liqni saqlash tizimi tarixi: yutuq va muammolari (1917-1991 yillar). [History of healthcare system in Uzbekistan: achievements and problems (1917-1991)]. – Toshkent: Yangi nashr, 2015. – 336 p. [in Uzbek]
5. National Archive of Uzbekistan. (NA Uz) Fund R.17, In. 1, C. 108, p. 200-201
6. NA Uz. Fund R-17, In. 1, C. 92, p. 277 and back.
7. NA Uz. Fund R-25, In. 1, C. 1821, p. 125.
8. NA Uz. Fund R-40, In. 1, C. 1, p. 24.
9. NA Uz. Fund R-40, In. 1, C. 138, p. 106.
10. NA Uz. Fund R-40, In. 1, C. 138, p. 131 and back.
11. NA Uz. Fund R-40, In. 1, C. 138, p. 146 back.
12. NA Uz. Fund R-40, In. 1, C. 159, p. 79.
13. NA Uz. Fund R-40, In. 1, C. 17, p. 2.
14. NA Uz. Fund R-40, In. 1, C. 190a, p. 1420 and back.
15. NA Uz. Fund R-40, In. 1, C. 389, p. 17-18.
16. NA Uz. Fund R-40, In. 1, C. 41, p. 15.
17. NA Uz. Fund R-40, In. 1, C. 416, p. 146.
18. NA Uz. Fund R-40, In. 1, C. 443, p. 229 and back.
19. Narodnoye zdравиye [People's health] // Izvestiya Turtsik. July 15, 1921 No. 154. [in Russian].
20. Pogosyans A.I. Voyenno-narodnaya meditsina Turkestanskogo kraya v 1867-1917 gg. i organizatsiya zdravooxraneniya v pervie godi sovetskoy vlasti v Turkestanskoy Respublike za 1917-1920 gg. Dissertatsiya na soiskaniye uchenoy stepeni kandidata meditsinskix nauk [Military-people medicine of the Turkestan region in 1867-1917. and organization of healthcare in the first years of Soviet power in the Turkestan Republic for 1917-1920. Dissertation for the degree of candidate of medical sciences] - Tashkent, 1950. - 220 p. [in Russian].
21. Rakhmatov M. Turkistondagi ocharchilik va uning oqibatlari (1917-1924 yy.) Tarix fanlari bo'yicha falsafa doktori (PhD) ilmiy darajasini olish uchun dissertatsiyasi. [Famine in Turkestan and its consequences (1917-1924) Dissertation for the degree of Doctor of Philosophy (PhD) in History.] - Tashkent, 2019. [in Uzbek]
22. Semenyuta V. Ocharchilik [Famine] // Fan va turmush. 1992, issue 2, page 7 [in Uzbek]

23. State archive of Fergana region. (SA FR) Fund 435,
In. 1, C. 140, p. 1.
24. SA FR Fund 9, In. 1, C 10, p. 42-46.
25. Trakman L. Epidemiya [Epidemic] // Izvestiya
TurTSIKa. January 13, 1922, No.9.
26. Zdravooxraneniye v Turkestanskiye Respublike.
[Health care in the Turkestan Republic] // Izvestiya
Turtsika. 1921 yil 23 June. No. 135. [in Russian].



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