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FORMATION AND DEVELOPMENT OF THE HEALTHCARE SYSTEM IN UZBEKISTAN IN THE 20-30S OF THE 20TH CENTURY

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Abstract: This work analyzes the processes of formation and development of the healthcare system in Uzbekistan in the 1920s and 1930s.results of measures taken to improve public health, combat infectious diseases, and expand medical services were also reviewed institutions, the implementation of sanitary and hygienic measures, and the training of qualified medical personnel. The results of measures taken to improve public health, combat infectious diseases, and expand medical services were also reviewed.

Keywords: World War II, Uzbekistan, medical education, medical specialists, Health System, Medical Institutes, medical educational institutions, military medicine, evacuation, medical personnel training, frontline, medical service, Higher Education, war years, medical personnel.

During the years of Soviet rule in Uzbekistan, a specific policy was pursued to establish and develop the healthcare system. The measures implemented and their outcomes were characterized by considerable socio-political complexity, the intensification of contradictions and conflicts across all spheres of life, and the aggravation of social problems. New regulations and working methods consistent with the requirements of the new political system were introduced in various sectors of state and public life. These transformations, however, created significant difficulties for the general population. In particular, such changes were also reflected in the organization and functioning of the healthcare sector.

Compared to other Union republics, Uzbekistan lagged considerably behind in economic development and was primarily specialized in agricultural production. This situation, in turn, created a number of difficulties in the development of the social sphere. Consequently, the processes taking place in the healthcare sector, which constituted an integral part of social policy, did not proceed uniformly during this period.

During these years, state expenditures allocated to healthcare in Uzbekistan gradually increased. In 1927–1928, 14,415 thousand rubles were allocated to the sector; in 1928–1929, the amount increased to 20,525 thousand rubles; and in 1932–1933, it reached 32,461 thousand rubles. Calculated on a per capita basis, healthcare expenditures amounted to 2 rubles 48 kopecks in 1927–1928, 3 rubles 15 kopecks in 1928–1929, and 5 rubles 16 kopecks in 1932–1933.[1]

In the Bukhara district alone, healthcare institutions received 85,071 rubles from the state budget, 746,189 rubles from the local budget, 260,000 rubles from the medical fund, and 72,000 rubles from the republican fund during 1928–1929. Thus, the principal financial resources for healthcare in the regions were provided through local budgets. However, the allocated funds were directed mainly toward urban medical institutions. For example, during the same period, 859,133 rubles were spent on healthcare facilities in the city of Bukhara district, whereas only 248,127 rubles were allocated to rural areas.

One of the most dangerous and contagious social diseases of the period was leprosy, which was widespread throughout the region. Historically, Central Asian societies maintained a distinct attitude toward such diseases: infected individuals were often expelled from their villages. They were required

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to live in special settlements and were prohibited from maintaining contact with the healthy population. Such leper villages existed in Karakalpakstan, Kashkadarya, Bukhara, and Tashkent regions.

The disease was particularly widespread in Karakalpakstan. The first documented information regarding leprosy in the region appeared in 1892 in the memoirs of Avdakushiv, a physician at the Petro-Aleksandrovsk (present-day To‘rtko‘l) hospital. Several factors contributed to the spread of the disease in Karakalpakstan, many of which had deep historical roots. The peoples living in the territories of Bukhara, Khiva, and Kokand khanates possessed relatively advanced cultural traditions and paid special attention to cleanliness and hygiene. Awareness of contagious diseases had existed among them since ancient times. Therefore, any person suffering from an infectious disease such as leprosy, regardless of social status, was expelled from the community.

In Karakalpakstan, however, infected individuals often lived together with healthy residents, and insufficient attention was given to their isolation. Furthermore, the development of the fishing industry encouraged the migration and settlement of people around the Amu Darya delta. Analyses of the global distribution of leprosy indicate that the disease was particularly prevalent among populations residing in river delta regions where rivers flow into seas.[2]

In the 1920s, a special colony for patients suffering from leprosy was established in Tashkent. On November 17, 1929, the People's Commissar of Health of Uzbekistan, Nemsovich, issued Directive No. 4323-1 aimed at improving the provision of supplies to leprosy institutions. According to this directive, 80 kopecks per day were allocated for each patient in order to improve access to food and essential goods. In addition, each patient was to receive medicines worth 50 rubles annually. The directive also stipulated disciplinary measures against employees of leprosy institutions who treated patients rudely. At the same time, Soviet propaganda and ideological activities were intensified within the colonies. Measures included the establishment of “Red Corners,” the distribution of newspapers and journals, and the preparation of special posters, leaflets, and brochures by the Tashkent House of Sanitary Education. Active patients were selected and transformed into promoters of Soviet ideology, organizing collective reading sessions of newspapers and magazines. Efforts were also undertaken to eliminate illiteracy among the colony residents.[3]

Until 1933, that is, before the opening of the Karakalpakstan leprosarium, patients were sent to a colony located in Kazakhstan. The first leprosarium in Karakalpakstan was established 8 kilometers from the center of the Qorauzak district, and by 1936 it had a capacity of 220 beds. Due to flooding caused by the Amu Darya River, large parts of the Qorauzak district were submerged. Consequently, patients from the leprosarium were relocated to the Michikli state farm, situated approximately 100 kilometers from To‘rtko‘l. Construction work continued there for five years, and in 1940 a new leprosarium with a capacity of 500 beds was established. However, during the winter of 1942–1943, rising waters of the Amu Darya flooded the newly constructed facilities. Only a building designed for forty patients and the physicians’ quarters remained intact. As a result, some patients returned to their homes, while others dug underground shelters and continued living there for many years.

Leprosy settlements operated in many regions of the republic. For example, such colonies existed near the city of Qarshi in Kashkadarya Province and in the villages of Sariosiyo, Denov, and Oltinsoy in Surkhandarya Province.

The inadequate treatment of leprosy patients, poor living conditions within the colonies, and other related factors contributed to a growing mortality rate among those afflicted with the disease. In Karakalpakstan alone, 6 patients died from the disease in June 1933, 59 in 1936, 75 in 1942, and 101 in 1943. Due to the shortage of available space, only 56 percent of infected individuals could be admitted to treatment facilities.

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Because accurate statistical and registration procedures were not maintained in many branches of the healthcare sector, it is often impossible to determine reliable figures concerning birth rates in the republic. Archival documents indicate that in 1937 the birth rate in rural areas of Uzbekistan was recorded at 20 births per 1,000 inhabitants, while in urban areas it reached 43 per 1,000. The inaccuracy of these figures becomes evident even through simple analysis, since birth rates were traditionally higher in rural areas than in cities. Research conducted by the scholar Timma in the villages of the Middle Chirchiq district between 1927 and 1929 demonstrated an average birth rate of 57.1 per 1,000 inhabitants.[4] Analysis of this situation suggests that home births accounted for a significant proportion of deliveries in rural areas during this period. Women who gave birth at home were frequently excluded from official registration records.

One of the most pressing issues in the establishment of the healthcare system in Uzbekistan during this period was the shortage of medical personnel. In 1927, a total of 935 physicians were practicing in Uzbekistan. On average, one physician served 1,263 people in urban areas, whereas in rural areas one physician was responsible for 33,597 people. At that time, approximately 400 rural medical districts (SVUs) operated throughout Uzbekistan, employing only 177 physicians. Consequently, there was a shortage of 223 doctors in these institutions. The situation was particularly severe in the Fergana and Bukhara regions. For example, only 52 physicians worked in the 104 rural medical districts of Fergana Province, while in Bukhara Province, where 90 rural medical districts existed, there was a shortage of 63 physicians.[5]

One of the most significant achievements in addressing the shortage of medical personnel was the emergence of the first locally trained physicians. In 1926, Amin Yusupov became the first individual in Khorezm to obtain a feldsher (medical assistant) diploma. He was followed by N. Otajanov, A. Matrizaev, M. Ibodullaev, and A. Mahmudov, who graduated from medical technical schools. Among the first physicians in the region to receive medical degrees were N. Otajanov and M. Umarov.[6] In the Karakalpak Autonomous Republic, U. Kholmuratov became the first physician and began his professional activity in 1932. Likewise, M. A. Muhammedov and F. Ahmedov entered history as some of the first Karakalpak medical professionals with higher education qualifications.[7]

In conclusion, due to the absence of systematic statistical collection and registration procedures within the healthcare sector, it is impossible to determine precise figures regarding the prevalence of diseases, birth rates, maternal and child morbidity, and mortality rates. Consequently, many of the statistics presented in Soviet governmental documents concerning healthcare during this period appear unreliable and inaccurate.

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