

ISSN: 2788-9718 (online)

Отан тарихы
Отечественная история
History of the Homeland

Үш айда бір рет шығатын ғылыми журнал
2024. № 27 (1)

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Published in the Kazakhstan
Otan tarikhy
Has been issued as a journal since 1998
ISSN: 2788-9718 (Online)
Vol. 27. Is. 1, pp. 172-179, 2024
Journal homepage: <https://otan.history.iie.kz>

FTAXP / МПНТИ / IRSTI 18.31.09.
https://doi.org/10.51943/2788-9718_2024_27_1_172-179

FROM THE HISTORY OF HEALTHCARE IN THE TURKESTAN REGION IN 1917-1924. ON THE EXAMPLE OF THE FERGHANA REGION

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Abstract. *Introduction.* The article analyzes the issues of the formation of the healthcare system in the Ferghana region of the Turkestan Territory in 1917-1924. At that time, economic difficulties and famine had a negative impact on the health care system, which led to a serious shortage of medical personnel, medicines and medical supplies. In 1917-1924, famine increased in Turkestan and epidemics of malaria, typhus and cholera spread. This had a particularly negative impact on the Ferghana region, which was densely populated; The population here mainly specialized in cotton cultivation. *The purpose and objectives.* Research of problematic issues and analysis of difficulties in the organization of the healthcare system in the Turkestan ASSR on the example of the Fergana region, based on archival sources. *Materials and methods.* The following methods were used in the study: typological, historical and comparative analysis, deduction, the principle of historicism. Sources from the funds of the National Archive of Uzbekistan were used. Funds of R. 17, 25, 40, etc., and publications of scientists from post-Soviet states and far abroad. *Conclusion.* In 1917-1924, the Soviet authorities implemented a number of changes in the health care system of Turkestan. If before 1917 the health care system of Turkestan was divided into several parts: state, military, railway and private medical institutions, now it has been united under the auspices of the People's Commissariat of Health. Medical schools were opened in the Turkestan region to train medical personnel, and some medicines were produced locally. At the same time, the measures taken could not completely solve such serious problems as a shortage of personnel, medicines and medical supplies.

Keywords: Soviet government, Ferghana region, healthcare, famine, epidemics, new economic policy

For citation: Patkhiddinov R. From the history of healthcare in the Turkestan region in 1917-1924. On the example of the Ferghana region // Otan tarikhy. 2024. Vol. 27. No. 1. Pp. 172-179. (In Eng.) DOI: 10.51943/2788-9718_2023_27_1_172-179



ИЗ ИСТОРИИ ЗДРАВООХРАНЕНИЯ ТУРКЕСТАНСКОГО КРАЯ В 1917–1924 ГГ. НА ПРИМЕРЕ ФЕРГАНСКОЙ ОБЛАСТИ

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Аннотация. *Введение.* В статье анализируются вопросы становления системы здравоохранения в Ферганской области Туркестанского края в 1917–1924 гг. В тот период экономические трудности и голод оказывали негативное влияние на систему здравоохранения, что привело к серьезной нехватке медицинского персонала, медикаментов и предметов медицинского назначения. В 1917–1924 годах в Туркестане усилился голод и распространились эпидемии малярии, тифа и холеры. Особенно негативно это сказалось на Ферганской области, которая была густонаселена; население здесь в основном специализировалось на выращивании хлопка. *Цель и задачи исследования.* Исследование проблемных вопросов и анализ трудностей в организации системы здравоохранения в Туркестанской АССР на примере Ферганской области, на базе архивных источников. *Материалы и методы.* Применены методы: типологический, историко-сравнительного анализа, дедукции, принцип историзма. Использованы источники из фондов Национального архива Узбекистана. (НА Уз). Фонды Р.17, 25, 40 и др., материалы советской прессы и публикации ученых из постсоветских государств и дальнего зарубежья. *Заключение.* В 1917–1924 годах советские власти осуществили ряд изменений в системе здравоохранения Туркестана. Если до 1917 года система здравоохранения Туркестана была разделена на несколько частей: государственные, военные, железнодорожные и частные медицинские учреждения, то теперь она была объединена под эгидой Наркомата здравоохранения. В Туркестанском крае были открыты медицинские школы для подготовки медицинских кадров, некоторые лекарства стали производиться на месте. Вместе с тем, принятые меры не смогли решить до конца такие серьезные проблемы, как нехватка кадров, медикаментов и предметов медицинского назначения.

Ключевые слова: Советская власть, Ферганская область, здравоохранение, голод, эпидемии, новая экономическая политика

Для цитирования: Патхиддинов Р.Х. Из истории здравоохранения Туркестанского края в 1917–1924 гг. На примере Ферганской области // Отан тарихы. 2024. Т. 27. № 1. С. 172-179. (На Англ.) DOI: 10.51943/2788-9718_2023_27_1_172-179

ТУРКИСТАН ӨЛКЕСІНІҢ ДЕНСАУЛЫҚ САҚТАУ ТАРИХЫНАН 1917-1924 ЖЖ. ФЕРҒАНА ОБЛЫСЫНЫҢ МЫСАЛЫНДА

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Аңдатпа. *Kipicne.* Мақалада 1917-1924 жылдары Түркістан өлкесінің Ферғана облысында денсаулық сақтау жүйесінің қалыптасу мәселелері талданады. Сол кезеңде экономикалық қиындықтар мен ашаршылық денсаулық сақтау жүйесіне теріс әсер етті. Бұл медициналық персоналдың, дәрі-дәрмектердің және медициналық мақсаттағы заттардың жетіспеушілігіне әкелді. 1917-1924 жылдары Түркістанда аштық күшейіп, безгек, сүзек және тырысқақ эпидемиялар тарады. Бұл әсіресе халық тығыз қоныстанған Ферғана облысына теріс әсер етті, мұндағы халық негізінен мақта өсіруге маманданған болатын. *Зерттеудің мақсаты мен міндеттері.* Архивтік дереккөздер негізінде Ферғана облысының мысалында Түркістан АССР Денсаулық сақтау жүйесін ұйымдастырудағы проблемалық мәселелерді зерттеу және қиындықтарды талдау. *Материалдар мен әдістер.* Қолданылған әдістер: типологиялық, тарихи-салыстырмалы талдау, дедукция, т.с.с. Өзбекстан Ұлттық архивінің қорларынан алынған дереккөздер (Қорлар 17, 25, 40 және т.б.) және посткеңестік мемлекеттер мен алыс шетелдер ғалымдарының жарияланымдары пайдаланылды. *Қорытынды.* 1917-1924 жылдары Кеңес өкіметі Түркістанның Денсаулық сақтау жүйесіне бірқатар өзгерістер енгізді. Егер 1917 жылға дейін Түркістанның Денсаулық сақтау жүйесі бірнеше бөлімге бөлінген болса: мемлекеттік, әскери, теміржол және жеке медициналық мекемелер, енді ол Денсаулық сақтау Халық Комиссариатының қарамағына біріктірілді. Түркістан өлкесінде медициналық кадрларды даярлау үшін медициналық мектептер ашылды, кейбір дәрі-дәрмектер сол жерде өндірілді. Сонымен қатар, қабылданған шаралар кадрлардың, дәрі-дәрмектердің және медициналық мақсаттағы заттардың жетіспеушілігі сияқты күрделі мәселелерді соңына дейін шеше алмады.

Түйінді сөздер: Кеңес өкіметі, Ферғана облысы, Денсаулық сақтау, аштық, эпидемия, жаңа экономикалық саясат

Дәйексөз үшін: Патхиддинов Р.Х. Түркістан өлкесінің денсаулық сақтау тарихынан. 1917-1924 жж. Ферғана облысының мысалында // Отан тарихы. 2024. Т. 27. №1. 172-179. (Ағылш.). DOI: 10.51943/2788-9718_2023_27_1_172-179

Introduction. The February revolution and the October coup 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 (1950), M. Makhmudov (1992) 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 (1992) and M. Rakhmatov (1992), the achievements and problems of the Soviet healthcare system were shown while in the studies of G. Mominova (2015) and G. Karomov (2021).

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, 1992: 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 (Mominova, 2015: 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, 2019: 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 (Тракман, 1922). 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 Turk-commission 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 led to "degeneration" of the population (Cavanaugh, 2001: 169 -170). 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 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 Fergana region.

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ГА ФО — Государственный архив Ферганской области
НА Уз — Национальный архив Узбекистана

Sources

NA Uz — National Archive of Uzbekistan
SA FR — State archive of Fergana region



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Редакцияның мекен-жайы:

050100, Қазақстан Республикасы, Алматы қ., Шевченко көшесі, 28
Ш.Ш. Уәлиханов атындағы Тарих және этнология институты
«Отан тарихы» журналының редакциясы

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Журнал Қазақстан Республикасының Ақпарат және қоғамдық келісім министрлігінде
1998 ж. 9 наурызда тіркеліп, N 158-ж куәлігіне ие болды.

Мақалаларды қайта бастырып жариялағанда, микрофильмге және басқа да көшірмелерге
түсіргенде міндетті түрде журналға сілтеме жасау қажет.
