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TRANSFORMATIONS IN THE HEALTHCARE SYSTEM OF THE UZBEK SSR (1945–1990)

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Abstract: This scholarly work examines the major transformations that occurred in the healthcare system of the Uzbek SSR between 1946 and 1991. It analyzes the expansion of medical institutions, the development of preventive and sanitary initiatives, specific features of the medical training system, and the impact of Soviet healthcare policies on the population. The study provides a scientific assessment of the formation of the republic's medical infrastructure, the evolution of centrally managed public healthcare services, anti-epidemic strategies, and the establishment of a highly qualified corps of medical professionals. Archival documents, statistical records, and academic literature have been used to explore the distinctive characteristics of the healthcare system during the Soviet era.

Keywords: Uzbek SSR, healthcare, Soviet medicine, medical institutions, sanitation, epidemiology, prevention, centralized administration, medical personnel, health policy, public medical services.

The post–World War II era marked a turning point in the political, socio-economic, and cultural development of the Uzbek SSR, including significant changes in its healthcare sector. Between 1946 and 1991, healthcare became one of the priority areas of Soviet social policy. The expansion of the network of medical institutions, the establishment of new hospitals, polyclinics, and rural medical stations, and the introduction of the principle of free medical care formed the core features of this system.

The Soviet healthcare model operated on a centralized management structure throughout the republic, ensuring uniform standards of medical services, compulsory preventive measures, and strengthened sanitary-epidemiological control, which collectively contributed to rapid improvements in healthcare. Simultaneously, major reforms were carried out in the training of medical personnel, resulting in the preparation of highly qualified specialists in medical institutes and research centers.

In this study, the reforms implemented in the healthcare system of the Uzbek SSR between 1946 and 1991, the social significance of this system, its positive and negative aspects, as well as the impact of Soviet health policy on the daily life of the population, are examined on a scholarly basis. The relevance of this topic is explained by the need to thoroughly understand historical experience during the process of reforming the national healthcare system in the years of independence.

The structure of medical services for the population consisted of three main types of healthcare institutions — adult hospitals, children's hospitals, and maternity homes. In addition, a special administrative network of dispensaries operated for certain diseases, namely "tuberculosis, dermatovenerology, psychiatric, oncological, and narcological illnesses."

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Primary healthcare in urban areas was provided by adult and children's polyclinics. Rural medical ambulatories served approximately 1,500–1,600 residents. Central district hospitals consisted of departments for adults, children, maternity care, and infectious diseases; however, most of them faced shortages of therapists, pediatricians, obstetricians, and dentists. The lowest level of the system consisted of feldsher-midwife stations, where mid-level feldshers and midwives provided services to the population.

The sanitary-epidemiological service was responsible for monitoring environmental cleanliness, promoting disease prevention, and implementing control measures against infectious diseases. After the war, the number of disabled individuals in the region increased significantly. In 1946, the "Institute of Reconstructive Surgery of the Uzbek SSR" was established, which focused on restoring the health and working capacity of disabled war veterans [1]. This institute had a clinic with 300 beds and provided surgical care, physiotherapy, and therapeutic physical training.

According to physician Kh. Z. Zokhidov [2], 96 percent of disabled veterans were able to work in various sectors of the national economy after treatment, while 21 percent completed training courses organized at the hospital and acquired new professions. Regional hospitals also had 30-bed reconstructive surgery departments. In addition, a closed-bed treatment system for war invalids was established, allocating a total of 1,100 beds for neurosurgery, urology, maxillofacial surgery, and tuberculosis.

According to the Ministry of Social Security, in 1948 the Uzbek SSR had 57,912 war invalids, including 51,880 who were engaged in labor activities and 6,032 who were unable to work. The regional distribution showed that the highest number of disabled veterans — 10,797 — was recorded in Samarkand, while the lowest — 1,187 — was in Surkhandarya. At that time, responsibility for ensuring the health of war invalids was assigned to the Ministry of Health [3].

In rural areas, several small hospitals were consolidated, and new medical institutions were established in district centers. These organizational-consultative centers provided therapeutic, surgical, pediatric, maternity, and infectious disease services to patients. Two major institutions offered extensive medical services to the population: at the Tashkent State Medical Institute, 24 clinics with a total of 1,610 beds operated, while the Samarkand State Medical Institute maintained 16 clinics with 540 beds.

The restructuring of the above-mentioned institutional system was closely linked to efforts aimed at eliminating the consequences of the war. The severe postwar medical situation in the republic revealed significant weaknesses in preventing the spread of infectious diseases. For instance, in the years following the war, 59 sanitary-epidemiological stations were established in urban areas and 117 in rural districts, employing approximately 300 physicians and 1,000 mid-level medical workers. Despite these efforts, infection rates in these regions remained high.

For example, in 1947, 20,000 malaria cases were recorded in Bukhara Province. The rapid spread of the disease was attributed to climatic changes, shortages of medicines, and the lack of qualified specialists [4]. On August 11, 1947, the chairman of the regional executive committee, S. Nazarov, sent a request to the Chairman of the Council of Ministers of the Uzbek SSR, Abdurakhmanov, asking that specialists and students be dispatched to combat the disease, as well as requesting supplies of acrichine powder and necessary transport vehicles [5]. As a result, 19 physicians, 40 feldsher-midwives, 15 kilograms of acrichine powder, and 96 kilograms of acrichine tablets were sent to the region [6].

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The worsening spread of infectious diseases throughout the republic was largely caused by the poor sanitary-epidemiological conditions in the regions, the population's failure to observe hygiene rules, and the lack of access to clean running water and washing facilities. For example, in 1946–1947, the absence of public bathhouses in the Kokbulok and Miroqi districts of Kashkadarya Province resulted in an increase in cases of parasitic typhus [7]. Moreover, anti-typhus measures in the provinces of Samarkand, Andijan, Tashkent, and Kashkadarya were deemed unsatisfactory.

To address such issues and to raise medical awareness among the population, the "Republican Scientific Research Institute of Sanitation and Hygiene" was established in 1947. In 1948, the first congress of physicians specializing in epidemiology, hygiene, and infectious diseases was held in the republic. Beginning on May 13, 1952, the Sanitary-Epidemiological Station began operating as an independent sector [8]. However, a number of problems in staffing the medical field remained unresolved. For instance, in Kashkadarya Province, only nine sanitary doctors were available, all of whom were specialists sent from central institutions.

Despite the measures taken, maternal and child mortality rates in the region remained high during 1946–1950. Out of every 100 women, 20 mothers died, 3 percent of infants were born dead, and the majority of those born alive were weak or ill. This situation, in turn, indicates that women were engaged in heavy labor, were inadequately supplied with essential food products, and received poor-quality medical care for both mothers and children.

To overcome this situation, it was required to open maternity and child consultation centers in all cities and provinces, increase the number of hospitals, and provide them with qualified specialists. Due to the shortage of physicians in rural areas, feldshers were forced to provide medical care to children. A single feldsher-midwife station (FAP) served two or three kolkhoz populations. Medical ambulatories were extremely limited in number and were established only after the 1950s.

Efforts to combat infectious diseases in the region continued. In the Resolution No. 715 of the Council of Ministers of the Uzbek SSR dated October 29, 1955, several tasks were assigned regarding the vaccination of the populations of "Bukhara, Samarkand, Kashkadarya provinces and the city of Tashkent against smallpox," but the implementation was not fully carried out. For example, out of the 800,000 residents of Tashkent, only 627,000 were vaccinated against smallpox.

Similar situations were recorded in other regions as well. In Khorezm Province, 287,000 residents were vaccinated instead of 381,000; in Andijan, 382,000 instead of 702,000; in Fergana, 477,000 instead of 856,600; and in the Karakalpak ASSR, 250,000 residents were vaccinated instead of 439,000 [9]. Due to the failure to vaccinate the entire population, almost 2,000 doses of smallpox vaccine at the Nukus sanitary-epidemiological station had expired. Even more concerning, in some regions the expired vaccines were administered to children. For example, in the city of Mirzachul, 27 young children were vaccinated with a smallpox vaccine that had expired by 1.5 months. The fact that no adverse effects were observed in infants was noted as an achievement of the medical staff.

In the 1960s–70s, along with expanding the network of medical institutions, increasing specialized services and providing emergency medical assistance to the population became a priority. Construction of primary healthcare facilities — ambulatory-polyclinic centers — and large multidisciplinary hospitals (1,000 beds), as well as expanding the capacities of existing

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central district hospitals by 300–400 beds, were undertaken. Work was also carried out to develop specialized medical fields such as therapy, cardiology, and pulmonology.

Between 1963–1970, the increased use of chemical treatments and toxic substances in agriculture—by nearly 1.5 times—caused serious harm to public health and contributed to the rise of various dangerous diseases. An appeal by the Academy of Sciences of the Uzbek SSR to the CPSU Central Committee regarding measures to mitigate the harmful effects of toxic chemicals used in cotton cultivation on human health and the environment was ignored [10]. According to contemporaries of the period, publication of articles about the harmful consequences of excessive use of chemicals was prohibited. As a result, in 1962 alone, 3,885 cases of viral hepatitis were recorded in Surkhandarya Province, increasing to 4,657 in 1963. In 1964, 68 patients with heliotropic toxicosis were identified [11], of whom 5 died, and this figure had increased by 20–25 percent compared to previous years [12].

Thanks to the efforts aimed at eliminating infectious diseases, it can be observed that in the first 11 months of 1962, cases of rabies decreased by 8.3 percent, typhoid–paratyphoid infections by 14.8 percent, and epidemic typhus by 15.3 percent. However, diseases such as pertussis, brucellosis, and anthrax continued to persist among the population. During the same period, malaria remained widespread in Surkhandarya and Bukhara provinces [13]. In combating typhoid–paratyphoid infections, the work carried out in Tashkent city, Tashkent and Samarkand provinces was deemed unsatisfactory, while efforts to prevent epidemic hepatitis were ineffective in Bukhara and Samarkand provinces. Similarly, anti–pertussis activities in Fergana and Andijan provinces were considered inadequate. As a consequence, the number of deaths from infectious diseases increased across all provinces of the republic, including the Karakalpak ASSR [14].

The failure of city and district health departments to analyze the causes of disease outbreaks, the absence of a unified anti-epidemic system, the shortage of rooms allocated for vaccination and infectious disease treatment were among the main contributing factors. Vaccination campaigns were also carried out unsatisfactorily in the Karakalpak ASSR, Surkhandarya, Bukhara, and Fergana provinces [15].

During this period, significant improvements were not observed in the social and living conditions of the population. For example, as of January 1, 1965, only 65 out of 989 kolkhozes and 49 out of 290 sovkhozes were equipped with water pipelines. In many rural areas of Bukhara, Surkhandarya, and Syrdarya provinces, clean drinking water was entirely unavailable [16].

According to the Regulation approved by the USSR Ministry of Health on July 17, 1968 [17], the Ministry of Health of the Uzbek SSR was defined as an integral part of the national economy, responsible for ensuring the comprehensive development of the healthcare sector, improving the network and material–technical base of medical institutions, meeting the population's need for free, highly qualified medical care, and organizing the training of medical, pharmaceutical, pedagogical, and scientific personnel. In the same years, the Ministry of Health was unable to fulfill its state plan to deliver waste materials containing silver extracted from X-ray and fluorographic films. According to the plan, 580 kilograms of precious metals were required to be submitted [18]. Thus, the Ministry of Health was not only responsible for public health but also functioned as an integral component of the republic's economic system.

Until 1970, the structure of the Ministry of Health of the Uzbek SSR underwent several reorganizations. Depending on the demands of the period, its structure included the Chief

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Directorate of Sanitation and Epidemiology, the Chief Directorate for Maternal and Child Health Services, the Obstetric Care Department, the Chief Directorate for Personnel and Educational Institutions, the Planning and Finance Department, the Medical Statistics Department, the Department of External Relations, the Central Accounting Office, the Medical Scientific Council, the Second Department, the Special Department, the Control and Inspection Department, the Administrative–Economic Department, and the Department for Reviewing Workers' Applications, Complaints, and Letters [19].

According to the decision of the Council of Ministers of the USSR dated September 5, 1973, all rest homes, sanatoriums, and resorts under the Ministry of Health—except for tuberculosis sanatoriums—were transferred to the jurisdiction of the trade unions [20].

On August 13, 1987, based on Resolution No. 1124 of the Council of Ministers of the Uzbek SSR, the Republican AIDS Diagnostic Center was established in the city of Tashkent, and a diagnostic laboratory was opened in Samarkand Province. Beginning in 1988, diagnostic laboratories were launched in all provinces of the republic [21]. The establishment of these institutions indicated that the threat of AIDS in the republic was increasing, while at the same time highlighting the backwardness of the healthcare sector, particularly the lack of proper sterilization equipment needed for disinfecting medical instruments.

In the 1980s, the structure of the healthcare system underwent changes: departments for capital construction, executive oversight, budget supervision, and balance control were established. During this period, the number of deaths caused by cardiovascular diseases in the Uzbek SSR continued to grow [22]. By 1985, nearly 2,700 ambulatory–polyclinic facilities, more than 6,200 feldsher-midwife stations, and 1,850 pharmacies were operating throughout the republic. On average, there were 32 physicians and about 90 mid-level medical workers per 10,000 residents [23].

One of the most acute problems of this period was the Aral Sea catastrophe, yet it received insufficient attention from the healthcare system. The severe social and environmental conditions led to a drastic increase in anemia: between 1980 and 1991, its incidence rose more than 5.5 times, reaching 1,160 cases per 10,000 people. According to available data, by 1989 the number of patients with cardiovascular, gastrointestinal, and liver diseases had increased by 32 percent compared to previous years [24].

During these years, the southern regions of the Uzbek SSR became hotspots for the spread of infectious diseases. Archival documents indicate that in 1985, Surkhandarya Province recorded 2,240 cases of hepatitis "B," and in 1986 this number reached 3,216 (per 100,000 population) [25]. It is noteworthy that in 1988, while the infection rate of viral hepatitis ("yellow fever") in the USSR averaged 251.8 per 10,000 people, this figure reached 950 in Surkhandarya Province and 1,250 in Kashkadarya Province [26].

The Uzbek SSR also ranked among the highest in the Soviet Union in terms of maternal and child morbidity and mortality. According to reports of the USSR Ministry of Health, in 1980, 27.3 out of every 1,000 infants nationwide died before reaching one year of age, while in the Uzbek SSR this figure was 47. Sources emphasize that many infants died due to the toxicity of breast milk. Regionally, in 1980, 89.9 out of every 1,000 infants born in Surkhandarya and Samarkand Provinces died [27]. In Namangan Province as well, child mortality remained high: among approximately 1,000 newborns, 50 died from various diseases [28].

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