

PROBLEMS IN ESTABLISHING SOCIAL LIFE AND THE HEALTHCARE SYSTEM IN THE BUKHARA PEOPLE'S SOVIET REPUBLIC**Karomov G'ulom Hamitovich**Associate Professor of the University of
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Annotation: This article provides a scholarly analysis of the problems that emerged in the process of organizing social life and the healthcare system in the Bukhara People's Soviet Republic. The study examines factors such as the standard of living of the population during the formation of a new state system, the shortage of medical services, problems related to the material and technical base, the lack of qualified personnel, the spread of epidemics, and unsatisfactory sanitary conditions. It also analyzes state policies aimed at overcoming these difficulties, the reforms implemented, and their outcomes. The article substantiates that the process of establishing social and medical systems in the Bukhara People's Soviet Republic was complex and contradictory.

Keywords: Turkistan, healthcare, doctor, population, disease, hospital, outpatient clinic, epidemic, sanitation, department, city.

Introduction. In the early 1920s, a new socio-political system began to take shape in the Bukhara People's Soviet Republic. During this period, fundamental transformations were required in all spheres of society, particularly in social life and the healthcare system. Socio-economic difficulties inherited from the emirate period, the low standard of living of the population, and the insufficient development of medical services became some of the main challenges facing the new government.

At the same time, the widespread prevalence of infectious diseases, weak sanitary conditions, and the shortage of medical institutions and specialists further complicated the organization of the healthcare sector. Under such circumstances, the state began to implement measures aimed at strengthening social protection, expanding medical services, and safeguarding public health. Therefore, studying the problems encountered in the process of establishing social life and the healthcare system in the Bukhara People's Soviet Republic is of great historical and scientific significance.

The healthcare sector in the Bukhara People's Soviet Republic was formed during a complex and contradictory period marked by deep social and economic crises. The establishment of a Soviet-type system of statehood in Bukhara led to significant changes in all spheres of life. As a result of the Red Army's military campaigns, the socio-economic situation in Bukhara deteriorated. Due to the devastation of peasant households, agriculture declined by 30 percent by the end of 1920 compared to 1918, and by the beginning of 1922 it had fallen by 40 percent. In the same period, cultivated land areas were reduced almost twofold [1].

Thus, the establishment of the healthcare system in Bukhara took place under extremely difficult conditions. In 1920, the first outpatient clinic was opened in Bukhara; in 1921, the second outpatient clinic and a feldsher station were opened in Vobkent. Pharmacies were established in the cities of Bukhara and Kogon, and in 1921 a central pharmaceutical warehouse was opened in Bukhara. In the same year, a conference was convened where A. Trofimov presented a plan devoted to sanitary measures. At a meeting of commissariat representatives, Trofimov also delivered a report on the threat of cholera, and an emergency commission headed by physician Sobolev was formed to develop measures against the disease [2].

Measures to protect motherhood and childhood were also implemented in the Bukhara People's Soviet Republic. In August 1921, a special decree of the Council of People's Commissars of the republic was issued on this matter. According to the decree, pregnant women



engaged in physical labor were granted six weeks of leave before childbirth and six weeks after delivery [3].

Efforts to protect public health in Bukhara were carried out alongside awareness campaigns among the population. New medical posts and pharmacies were built in cities and rural areas. Newly established hospitals provided inpatient care. Patients suffering from various infectious diseases frequently sought treatment. With the increase in diseases and the deterioration of public health indicators, the demand for qualified medical personnel, medical posts, and pharmacies continued to grow [4].

These measures led to both positive changes and negative consequences. The increase in the number of hospitals, greater attention to public health, and the opening of pharmacies, along with the availability of medicines, can be regarded as positive developments. However, the negative aspect was that, given the conditions of the period and the prevailing environment, Soviet social policy, the inability of ordinary citizens to speak languages other than the local one, and distrust toward other peoples limited the effective use of medical institutions and doctors' services [5].

The narrow and unsanitary streets of Bukhara and the extremely poor sanitary conditions became major centers for the spread of diseases. Reports by physicians noted that the entire urban population consumed water from open ponds, where the water was not replaced for days and where hands, feet, and household utensils were immersed. In some cases, latrines were located near flowing irrigation channels. Unsatisfactory sanitary and hygienic conditions had a negative impact on medical work in the Bukhara Republic. There were more than 100 ponds in Bukhara, and the population mainly relied on them for drinking water, but it was impossible to purify the contaminated water [6].

Problems in the irrigation system led to the expansion of marshy areas around settlements and a deterioration in the drinking water supply. Cleaning of ponds, canals, and ditches was not carried out, turning water reservoirs into breeding grounds for insects spreading infectious diseases. As a result, various infectious diseases became widespread. Malaria and dracunculiasis were especially common in the city. Children suffered the most from infectious diseases: child mortality reached 30 out of every 100 infants, and during epidemics it rose to as many as 60 [7].

To improve the situation, it became necessary to allocate more funds to the healthcare sector. Medical expeditions from major cities were sent to epidemic zones. For example, on 15 October 1920, an epidemic response unit led by Sharikin was sent from Moscow to Bukhara. In December of the same year, physicians conducted medical examinations of schoolchildren in Bukhara. It was found that malaria was present in 25 out of 29 pupils at the Jewish children's school and in 20 out of 39 pupils at the Uzbek children's school. In some places, nearly 100 percent of the population was affected by malaria. Anti-epidemic awareness campaigns were conducted among the population, and practical measures were developed to improve urban sanitary conditions. Medical workers traveled to local areas and delivered lectures on the spread, prevention, and elimination of diseases [8].

However, due to economic difficulties, sanitary education activities were not carried out at the required level. The preparation and distribution of medical leaflets explaining dangerous infectious diseases, their prevention, the nature of epidemics, the importance of clean drinking water, and the isolation of patients were hindered by the lack of printing facilities in cities and rural areas of the Bukhara People's Soviet Republic.

In conclusion, within a short period, the state implemented a number of measures to establish a healthcare system aimed at preventing and eliminating infectious and social diseases among the population. These measures were carried out under extremely difficult conditions marked by intensified class conflicts and ongoing military operations at the front.

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