

“PROLETARIAN STATE CANNOT SAVE ON THE WORKING PEOPLE HEALTH...”: MEDICAL ASSISTANCE IN YENISSEYSKAYA PROVINCE (OCTOBER 1917–1920) – STATEMENTS AND REALITY

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The article studies medical assistance – the main direction of social maintenance system stated by Soviet government – as exemplified by Yenisseyskaya Province. Yenisseyskaya Province is valuable through its vast territory of 2.34 million square kilometers, its geographical distance from economic and cultural centres of Russia, its underpopulation, absence of well-developed traffic and social infrastructure, and severe natural and climatic conditions. Soviet Power finally established here in January 1920 and, as compared to other Siberian provinces, did not face any serious opposition in this region. The article is based on the documents from State Archive of Krasnoyarsk Krai and published sources. These data allowed revealing limitation of resources (both material and human) in the sphere of medical assistance and service. There is a confirmed statement in research literature that states the fact that during the period of Revolution and the Civil War (October 1917–1920) they did not manage to perform real social maintenance of the working people to the full extent due to the inconformity of the stated programme of social assistance to the needy with the real opportunities for its realization.

Keywords: Soviet state, Siberia, Yenisseyskaya Province, Soviet Power, welfare, public health, medical assistance, healthcare manpower.

INTRODUCTION

Modern historiography of Russian revolution of 1917 passes through a complete rethink. A specialist in history of Eastern Europe Professor D. Beyrau emphasizes the fact that October 1917 is no longer treated as a critical stage but as a part of one sequence of fatalities and political mistakes caused by World War I [1, ђ. 7]. The work by V. B. Shepeleva reviews the most important conceptual approaches to the problem of reasons or premises that ended with crucial events of 1917 in Russia [2]. “Most historians while talking about the revolution mean the events of 1917–1921, that is the end of Russian monarchy – the Bolshevik Party autocracy establishment, stabilization of Soviet Power” [3, p. 14]. The social policy in Soviet state occupies not the last place among other debatable questions connected with the studies of the period of Revolution and the Civil War in Russia [4; 5; 6]. The historian A. Fedorov describes it as “a set of paternalistic and discriminating

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measures that was performed with the purpose of a crucial redistribution of material and mental resources and with a prospect to further transformation of social structure of the agro-industrial country” [7]. A significant contribution into the discussion was done by the collection of Russian and foreign researchers’ studies [8] with its three sections revealing methodological and descriptive issues of the history of Soviet social policy. Among the works that are directly connected with the problem of social policy realization in the sphere of public health general publications [9; 10] and those based on Siberian historic material [11; 12; 13] should be distinguished.

The period under study (October 1917–1920) is attractive from the point of view of the political, economic and ideological factors stipulation of character of the social maintenance of the population. Contemporary scientists mark out its two stages: 1) the period when the strategy of gradual reformation (October 1917 – May 1918) gave place to 2) the principles of war communism (June 1918 – December 1920) [14, p. 21–24] and there was state monopoly on social policy and practice established [15, p. 268; 16, p. 397].

INFORMATION AND METHODOLOGY

The article is based on documents of management and record keeping (organizational/management documents, accounting documents, monitoring documents) of the following: State Archive Funds of Krasnoyarsk Krai: Fund P-49 (Executive Committee of Yeniseyskaya Province Soviet of Workers’, Peasants’ and Red Armymen’ Deputies), Fund P-136 (Public Health Department of Yeniseyskaya Province of Executive Committee of Yeniseyskaya Province Soviet of Workers’, Peasants’ and Red Armymen’ Deputies), Fund P-1224 (Public Health Department of Yeniseyskaya Province Soviet of Workers’, Peasants’ and Red Armymen’ Deputies), Fund P-1384 (Public Health Department of Krasnoyarsk Krai of Public Health Ministry of the Union of Soviet Socialist Republics). The edition of Yeniseyskaya Province Revolutionary Committee “Six Months of Soviet Power in Yeniseyskaya Province. Soviet Institutions overview from January till August 1, 1920” served as a valuable source. The edition was found in the funds of Krasnoyarsk Krai Museum of Regional Studies and it represents a bibliographic rarity.

SOCIAL MAINTENANCE PRIORITIES

The notion “social maintenance” appeared in Russia’s history Soviet period. It determined a complex of interrelations and a system of social economic measures the state took in connection with risks of the citizens’ social position. During the period under study the main kinds of social maintenance were medical assistance, retiring pensions, allowances in the form of financial payments or in-kind aid such as food, clothes, footwear, etc.

The volume of social maintenance, financial and managing mechanisms of its performance were regulated by the “Provisions on working people social maintenance” created on October 31, 1918. By means of this document the state guaranteed free social assistance and services to the citizens, but only to those who earned their living by working. Medical assistance was to be performed in the following ways: “a) initial aid in case of unexpected diseases; b) outpatient treatment by all the specialists; c) obstetrics; d) inpatient treatment; e) health resort treatment; f) physiotherapeutic institutions; g) domiciliary medical assistance”. Financial sourcing came from dues made by factories and institutions of all forms of ownership, nationalized undertakings included, dues made by separate employers as well as craftsmen, farmers and others, property and capital gains of social maintenance institutions. There were financial punitive sanctions allowed for overdue payments: 15 % of the total amount for a month delay, 50 % of the total amount for one-two months delay, 100 % of the total amount for two-three months delay and extra 25 % of the total delayed amount for each month after three months delay [17].

The state social maintenance system did not fall upon the voteless population in accordance to the country’s main law (Constitution) of 1918, such as:

- those using wage work with a view to profit;
- those drawing dividends from capital, enterprises, real property;
- private traders and commercial intermediary agents;
- monks, clergy or religious cults attendants;
- officers and agents of tsar police, Special Gendarme Corps and Department for Defense of Public Security and Order as well as members of Russian Romanov Royal House;
- those under tutelage as well as found mentally unsound;
- convicts on proof for a term provided by the statute or the court [18, p. 257]. Thus, class-divided principle established itself in social maintenance.

Before the Civil War there was a number of decrees issued aimed at creation of state social insurance system for the working people. The state declared 8-hour working day, paid holiday, financial incapacitation compensation, retirement pensions, maternity leave etc.

Functions of local social maintenance institutions were performed by departments of Executive Committees of Soviets of Workers’, Peasants’ and Armymen’ Deputies. Central leadership was performed by the People’s Commissariat of Labour and the People’s Commissariat of Social Maintenance. At the same time, issues of medical and social maintenance were solved by the People’s Commissariat of Public Health. The historian V. V. Tevlina notices, “Lack of institutional integration and absence of united legislation resulted in abdication

of medical and social assistance, social-psychological assistance, social and pedagogical assistance and legal assistance that were developed in social system since before October 1917" [19, p. 402]. Delimitation of functions between central bodies of social maintenance happened only in spring of 1920. Thus, maternal and child welfare, medical evaluation, disablement assessment, all medical institutions and orthopedic workshops were regulated by the People's Commissariat of Public Health, rating of wages, labour, work force tracking and balancing, job safety, unemployment support and establishment of general pension and benefit rates were regulated by the People's Commissariat of Labour. The People's Commissariat of Social Maintenance administered awarding of pensions and benefits, support of those disabled in military service as well as victims of counterrevolution, fires, floods, famine, epidemics, wars, and "abnormal social attitudes of capitalist regime (homeless condition, beggary, prostitution, physical and moral defectiveness)".

The social protection priority was given to Red Army men and families of those dead at the front. During these years the concept of social maintenance was considerably extended due to peasants' incorporation into the list of aid recipients and basic risks coverage, such as unemployment, diseases, pregnancy, permanent disability, old age, funeral costs. This period was marked by multiple complications: poor financing, lack of skilled staff, permanent perturbations caused by functions indetermination between the People's Commissariat of Social Maintenance and the People's Commissariat of Labour.

DEVELOPMENT OF PUBLIC HEALTH BODIES AND INSTITUTIONS IN YENISSEYSKAYA PROVINCE

Insurance medicine appeared in Yenisseyskaya Province without any permission in the beginning of 1918, when they organized a regional sickness fund to serve all the temporarily disable workers and officers at their employers' expense in the administrative centre of the province Krasnoyarsk. The fund offered small amounts that came irregularly in; its activity was very limited. The sickness fund was reformed after there appeared various anti-Bolshevistic organizations in the province area: Temporary Siberian Government (June – November 1918), Temporary Russian Government of the Supreme Governor Admiral A. V. Kolchak (November 1918 – January 1920). Thus, servants were withdrawn from its jurisdiction; insurance was given only to the workers of private and public institutions which number did not exceed 3000 people. After the Soviet Power finally established in Yenisseyskaya Province in January 1920, the sickness fund with all the working staff was included into the local department of social maintenance.

The formation of Soviet medicine in Yenisseyskaya Province started in January 1920 and during the first three years passed under the conditions of extreme development and hardships, typhoid fever epidemic. The society survived through catastrophic social upheavals of the revolution and the Civil War and needed not

only large-scale material aid, but also social and medical rehabilitation. Thousands of people in towns and villages were deprived of their homes, breadwinners, lost their property; there were lots of disabled people, abandoned children, refugees. At this period such social diseases as tuberculosis, syphilis, and trachoma got widely spread.

In January – May 1920 Yenisseyskiy Provincial Public Health Department was formed to organize and manage medical assistance. It included the following divisions: 1) healing; 2) sanitary and epidemic; 3) forensic medicine and enquiry; 4) sanitary and facilities; 5) pharmaceutical; 6) infant care; 7) statistics; 8) military medical; 9) financial and planning; 10) sanitary and educational. Healing division was separated into several sections with a medical specialist at the head of each. There were seven sections in it: treatment section, resort section, section of water transport, tuberculosis section, venereal section, stomatologic section and psychiatric section. Sanitary and epidemic division was also subdivided into sections: section of general sanitation, section of industrial sanitation, section of residential sanitation, laboratory and epidemic section, sanitary and technical section and sanitary and educational section [20; 21, p. 174]. This list proves the wide scope of issues that were under the jurisdiction of Yenisseyskiy Provincial Public Health Department: from organization of epidemiology measures, opening treatment institutions and medical offices to staff records and distribution.

Although the main attention was drawn to the control of epidemics, Yenisseyskiy Provincial Public Health Department was expected to restore medical treatment facilities that had been destroyed during the Civil War. The fact that only one hospital functioned out of the seven hospitals in the Krasnoyarsk County/Uezd, two of them were burnt down, and four hospitals worked as feldsher's outpatient station proved the complexity of the problem [22, p. 175]. In 1921

TABLE : NUMBER OF MEDICAL TREATMENT FACILITIES AND MEDICAL STAFF IN YENISSEYSKAYA PROVINCE ON JULY 31, 1920 [ACCORDING TO: 24, P. 176–178]

<i>Region</i>	<i>Population</i>	<i>Number of medical treatment facilities</i>	<i>Normal bed capacity</i>	<i>Quantity of doctors of feldshers</i>	
Town of Krasnoyarsk	100100	14	770	28	47
The Krasnoyarsk County/Uezd	110000	21	97	8	41
The Kansk County/Uezd	287620	32	no information	12	86
The Achinsk County/Uezd	226279	13	260	12	96
The Minussinsk County/Uezd	298925	26	286	17	65
The Yenisseysk County/Uezd	76286	15	215	7	30
Turukhansk Krai	15588	4	45	1	6

Siberian Region (Yeniseyskaya Province was a part of this region) counted “558 hospitals with 21275 patients capacity, 4 outpatient departments, 597 feldsher’s stations and 141 stomatologic offices; as a result, there were about 13043 citizens per each doctor and 382 people per each bed, with 82 people per bed in towns and 784 people per bed in villages” [23, column 99]. The following table describes the condition of medical assistance in Yeniseyskaya Province by August 1920.

The information in the table shows that medical treatment facilities and medical staff in them distributed extremely unevenly along the area of the province. Medical assistance was organized in the best way in the administrative centre of Yeniseyskaya Province – the town of Krasnoyarsk. The town accounted for 32.9 % of all the doctors and 46 % of bed capacity. Each doctor in Krasnoyarsk treated 3775 people whereas in other places of the province each doctor treated 16106 people on average. No wonder that out of 4990 sickness cases recorded in Yeniseyskaya Province in 1920 Krasnoyarsk accounted for 84.26 % (4205 cases) [25; 26, p. 267].

The most complicated situation developed in the countryside. The population there was mostly treated by specialists with secondary medical education. Doctors and feldshers ratio in the counties of Yeniseyskaya Province was 1:5.6. The whole population of the Krasnoyarsk County/Uezd (110 thousand people) across the area of 190920 square kilometers was treated by only 8 doctors. Taking into account large distances between the doctor’s residence and settlements (sometimes over 100–150 km) and bad road condition, the doctor had to spend a lot of time on trips, which made his work inefficient. Doctors refused to work in the counties because of absent social and transport infrastructure and poor working conditions there. So, it often happened that the rural population did not get any medical assistance. Thus, sorcery was well developed in the countryside with its proper treatment methods [27]. What is more, most of the medical offices were not equipped with special fittings and equipment. They were located in buildings that were poorly adjusted for medical assistance and needed thorough overhaul and rebuilding. Medical treatment facilities strongly lacked medication, dressing materials, linen and disinfectants [28]. Thus, the Kansk County/Uezd with the highest load per doctor (23968 people) had the highest mortality rate of typhus (according to the information dated February 1920): 7.87 % died of spotted fever, 52 % – of recurrent fever, 7 % – spotted fever, 7 % – of recurrent fever, 5 % – of typhoid fever [29, p. 185, 186].

The situation with dental support is proved by the following facts. Krasnoyarsk had only one dental clinic with only three working hours per day. During the open hours the doctors managed to consult about 30-40 patients. What is more, there were absolutely no stomatologic materials or equipment, due to which dental offices in the towns of Yeniseysk and Achinsk did not function. Within a short period of time (April – August 1920) Yeniseyskiy Provincial Public Health Department

managed to organize work of dental clinics in the towns of Kansk, Yenisseysk and Minussinsk, as well as in Krasnoyarsk as part of two town hospitals, in the setting of the railway station hospital admissions and the water transport outpatient department. Krasnoyarsk custodial facilities were served by a mobile dental office, children and teenagers – by school dental outpatient department. Most of the institutions worked in two shifts. Skilled assistance (both dental and of mouth cavity surgery) was offered by Central Provincial Dental Clinic. Feldshers undertook an internship here; a short course on dental treatment was given here as well. Although they managed to achieve satisfactory results, most of the provincial population from the counties still could not receive stomatologic assistance. They failed to organize dental clinics or offices in large settlements, neither could they provide for work of mobile dental groups for the remote areas of the province. One of the main reasons for that was the absence of stomatologic materials [30, p. 179–180].

However, the contemporaries of those events described the beginning of the Soviet medicine in Siberia as a heroic development of a net of medical treatment facilities, including pest-houses and isolation units [31, column 99].

Notwithstanding the hardships of the postwar period and difficult transportation conditions, sanatorium-resort therapy developed well at the local lakes Shira, Tagarskoye, Karachi of the province. During January – July 1920 about 1650 people received this kind of service [32, p. 182].

First steps were also done in the sphere of infant care. There were courses on the care of children under the age of three years established; there was a school outpatient department and a children’s unit at Krasnoyarsk therapeutic hospital with the capacity of 25–30 beds opened. Nevertheless, lack of specially qualified medical staff caused the impossibility of proper examination of children in shelters, playgrounds and schools, and lack of various technical facilities and working staff prevented “the work to be done at the proper level as far as sanitation and hygiene are concerned” [33, p. 193].

EMPLOYMENT ISSUE

Yenisseyskiy Provincial Public Health Department applied mobilization method (compulsion) to the town doctors to place them on a job in the counties in order to eliminate the territorial disproportion in medical personnel. But this measure did not bring a successful result. Firstly, some doctors could not be mobilized due to their elder age or because they had dependants. Secondly, other doctors flatly refused to move to the countryside, considering they can have an illegal private practice in town in case fired [34].

Yenisseyskiy Provincial Public Health Department staffed a part of medical units in the counties with graduates of medical and obstetric schools and institutions, who especially needed material support in the beginning of their career. They

received money for transportation to the place of their work and for household arrangement (such as housing rent, firewood purchase etc.). If local government broke the obligations to young specialists, it resulted in their outflows from the countryside [35].

One of the ways to overcome the lack of personnel was double jobholding. According to Resolution No. 219 dated April 19, 1920, by Yenisseyskiy Provincial Revolutionary Committee [36] a doctor in one medical treatment facility could hold several medical positions [37]. At the same time, doctor had to deliver medical care to the population, to manage the hospital and to do some paper work, such as issue of indents, certificates, which had little to do with medical practice [38]. Overburden of doctors with medical work and side activities decreased the quality of patient treatment and brought to narrowing of medical assistance types. Thus, in the beginning of the 1920s medical aid to population was mostly outpatient. Lack of medical staff and poverty of material-and-technical inventory did not allow providing surgery or inpatient treatment [39].

Generally, according to witnesses, the labour of sanitary and medical personnel took “more than the human frame could bear”. Each doctor in military hospitals had 200 patients; only 2–3 orderly men were in charge in every room for 60 severely ill patients. Loss of medical staff and attendants at the height of typhoid epidemics made 6% [According to: 40, p. 187].

CONCLUSION

Social calamities of the beginning of the XXth century caused systematic crisis in all the spheres of Russia’s social life. Restoration of national economy under these conditions was a task of priority. However, under hard economic conditions the state and local administrations strived for solving the problems of social maintenance.

The medical and sanitary net that functioned in Yenisseyskaya Province could not provide the population with complete available free of charge and well-qualified medical assistance that was declared by the government. Absence of united settlement system, dispersion and social and territorial isolation of residential areas from each other, large scales and uneven population density demanded great material costs for territory crossing and public health infrastructure development in the region. But the state did not have enough resources for that.

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