

THE SOVIET EXPERIENCE IN MODERNIZING THE HEALTHCARE SYSTEM OF TURKESTAN (1917-1919)

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Abstract: The present article examined and the practical steps for updating the health care system in Turkestan in 1917-1919 years (on the basis of previously unknown scientific archival documents). The modernization included a radical transformation of the healthcare system, which was established during the period of Tsarist power. The new healthcare system, despite the principled diversity in organization, and class approach in providing medical assistance to the population, inherited the previous system's forms, methods, theoretical bases and medical staff. The formation of the Soviet healthcare system in Turkestan took place in difficult conditions, civil war, famine, epidemics, destruction, poverty, and for this reason, initially served as a set of measures aimed at establishing sanitary standards and control.

While the implementation of the healthcare system modernization in Turkestan spread, Soviet authorities sought to solve a number of problems relating to training of qualified specialists in the production of medicines and pharmaceutical products, the expansion of therapeutic and medical networks, strengthened material and technical base of hospitals, the opening of medical schools, scientific and medical institutions for the study of disease, vaccine production laboratories, pharmaceutical preparations, production plants, providing funds, etc.

As a result of the transformation of the healthcare system and at the cost of great effort made by authorities, the scale of epidemics was reduced, the number of pain clinics, SIC, nursing items, and their medical staff was increased. In practice the health care system was implemented with one of its main principles ensuring free medical help for widespread populations. Thus, in 1917-1919 in Turkestan there were laid the foundations of the Soviet system, which have received further development in Soviet Republics of Central Asia and were in force until the end of the twentieth century.

Keywords: Health care system, medical personnel, Turkestan region, Central Asia, the People's Commissariat of Healthcare, Musbiuro, epidemics, infectious diseases, S. Asfendiarov.

INTRODUCTION

Nowadays, there are no meaningful scientific works in native and foreign historiography in which the history of Soviet system's public health of Turkestan established in the first years of Bolshevik rule in the province were studied. Thereby both processes of establishing the health care system and the activities of the People's Commissariat of Healthcare of the Republic of Turkestan such as an implementation of state policy in the spheres of providing medical care to the population and protecting its health: the creation of a network of medical and preventive and local health authorities, the construction of hospitals and dispensaries, the training of medical personnel and the opening of educational institutions, the organization

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of pharmacy and drug production, the establishment of sanitary control, the fight against epidemics and infectious diseases, etc. were studied deficiently.

The Soviet Government made every effort to transform and modernize the public health care system which was inherited from Tsarism. The process of public health care system's formation and also the forms of its organization in the Turkestan was changed repeatedly. Therefore, the Soviet Government had some impact on the published legislative documents and legal acts that facilitated the search for choice and creation of the most optimal and functional model to support the shortage of medical personnel and medicines, the vastness of the territory and the large population, the region's exposure to the spread of various infectious diseases associated with its climatic features, as well as the lack of a vast medical network in rural areas.

One of the main purposes of the emerging health care system in Turkestan was providing free medical care to all residents of the region. It was partly achieved 1.5 years after the establishment of Soviet power in the region which was declared when in May 1919 the Government of the Turkestan ASSR adopted a law of free medical assistance to the population. This feature of Soviet public health differentiated it radically both from previous eras and from many neighboring countries, that subsequently adopted the Soviet experience of modernizing the medical profession and actively applied it in practice.

The healthcare system which was created in Turkestan, subsequently served as a basis for the medical work of the Central Asian Republics that were formed because of the National-Territorial Delimitation. Such important steps as the training of medical and health personnel among the indigenous populations, the opening of medical schools, the construction of hospitals and medical institutions, the network of outpatient clinics and paramedic posts were beginning in the Turkestan Republic, and found their logical continuation in the Uzbek and Turkmen SSR, Tajik, Kirghiz, and in part the Kazakh ASSR. Considering the conditions of independence, the Central Asian Republics faced difficulties in modernizing and reforming their healthcare systems, the study of the introduction of Soviet healthcare system in Turkestan acquires its own particular importance. Forasmuch, the survivability and effectiveness of the Soviet health system, which existed until the end of the 20th century, was tested and proved over time.

MATERIALS AND METHODS

As it was mentioned above, due to insufficient knowledge of this scientific problem during the considered period, archival documents were used as the main sources, which were deposited in the funds of two archival institutions of Uzbekistan - the Central State Archives (CSA) and the Archive of the President's Office (APO). In the R-17 funds (CEC of the Soviets of the Turkestan ASSR) and R-40 (the People's

Commissariat of Health of the Turkestan ASSR), the Central Executive Committee of the Republic of Uzbekistan, as well as the funds 58 (Central Committee of the Communist Party of Uzbekistan) and 60 (CC of the Communist Party of Turkestan), APO RU, a large array of archival documents that were capable of elucidating the history of the formation of the Soviet health system in Turkestan in 1917-1919. Archival sources are represented by legislative documents and regulations (decrees, orders, circulars, regulations), protocols and extracts of the highest documents of state power's meetings of the Turkestan ASSR - CEC, Council of People's Commissars, People's Commissariat for Health, territory committee CPT, and also the materials of Soviet and Party Congresses. The main important sources are reports, explanatory notes, business correspondence of the leaders of the People's Commissar for Health, which describe in detail the health situation in the Republic, and provide valuable statistical data. Most of the archival documents are unpublished and introduced into scientific circulation in this article for the first time.

The methods of analysis and a critical approach to the archival documents were used while working with them and sources were provided. The reliability of the given information was checked by comparing documents of different provenance and division. On this basis, and reasoning from the problems during the research, the general scientific methods (analysis and synthesis, induction and deduction, systematization, analogy and comparative analysis, modeling, ascent from abstract to concrete, system analysis) were applied as well as historical research methods (comparative historical, retrospective, statistical and etc.).

RESULTS

The formation of the Soviet health-care system in the Turkestan region was held under difficult socio-political and economic conditions. Therefore, it had a number of distinctive features and characteristics which differentiated it from a similar process that happened in Russia. The process began on November 1 1917, in other words, when Soviet power was established in Tashkent. The 3-rd boundary Congress of Soviets after the political overthrow, when the power of the Bolsheviks was legalized, adopted a declaration in which they claimed education of Turkestan's Government - the Council of people's commissars including the Commissioner of Public Health ("The Victory of the October Revolution in Uzbekistan" (1963), p. 578). Until the full re-establishment of notifications between Turkestan and Russia took place, occurring only in September 1919 and while doing own work with the local Soviet authorities, the people's Commissariat for Healthcare enjoyed relative autonomy from the central authorities of the RSFSR.

The newly created health Commissioner of Turkestan had to solve a set of complex problems accumulated over a long period of colonial rule in the province and were not only a severe obstacle to the establishment of a new system of providing

medical aid to the population, but also to take emergency measures to save lives. The first people's Commissar of Public Healthcare, N. Barankin, the famous doctor who worked in different parts of Turkestan for more than 20 years, who was the member of military-sanitary control and well informed about all these difficulties. Nevertheless, after only a week, he resigned and hastily left his post. The control of Commissariat was entrusted to another military doctor, Commissioner for roving Sovnarkom (Council of the People's Commissars – CPC) – K. Uspenskiy. However, this assignment could not bring any appreciable change because K. Uspenskiy as one of the leaders of the Left Socialist Revolutionaries of Turkestan and the supporter of Black Hundreds was busy more with policy and Government confrontation with Bolsheviks, rather than health issues.

These conditions were not yet in all areas and counties of Turkestan but a new power was firmly installed, and where there was anti-Bolshevist and anti-Soviet sentiment among the indigenous population and the Cossacks were strong, the People's Commissar for Healthcare with such radical internal transformation, creation Health Departments in places was very difficult. Another great experience for the whole region was "Orenburg stopper", which was formed at the end of November 1917. It broke off direct rail links between Turkestan and Russia for almost two years, subsequently undercutting any financial, material and food support for region. Moreover, it ceased the influx of health workers from Russia, as a result, Turkestan was forced to grapple with the soaring epidemics of cholera, typhoid, smallpox with their limited resources. Unlike Russia in Turkestan after the Bolshevik coup, time was not divided between civil and military medicine as well as the health service. For this reason, with the beginning of the civil war, all doctors were mobilized to the troops. In this regard, the marginal health authority involved the medical workers, who were among the prisoners of war detained in concentration camps near such cities as Tashkent and Samarqand.

Notable shifts in health care began to occur only in the spring of 1918, when the People's Commissariat for Healthcare made a number of important orders, which facilitated the centralization and systematization of the case of the people's health in the region. In April 19, 1918 the People's Commissariat for Healthcare issued an order prescribing medical organizations, without exception, involving all departments, to be guided by and obey to People's Commissariat for Healthcare in the medical-sanitary respect ("Collection of decrees and orders" (1918), p. 39). The V Congress of the Soviets of the Turkestan region (20 April-May 1, 1918) introduced the changes in the Organization of the Soviet system of health protection in Turkestan. At the Congress, proclaiming Turkestan as an Autonomous Republic within the Russian Soviet Federation, the new composition of the Government, the post of People's Commissar of Public Health appointed a native of Turkestan, a well-known public figure – S. Tursunhodzhaev. Despite the fact that he had no

medical education, he managed to revitalize markedly the Commissariat and to produce tangible results over several months.

Back in the days of the Congress, the People's Commissariat for Healthcare ordered the registration of all Turkestan health workers in April 27, 1918. This allowed the People's Commissar for Healthcare to reveal their exact number, make the appropriate changes by reviewing the work, its parts and establish public health services. Later, thanks to the initiative of S. Tursunhodzhaev, he succeeded in the CPC of the Turkestan Republic Edition to transfer all the assets and personnel of the military medical departments of the former colonial administration used in maintaining of the People's Commissar for Healthcare (A.A. Kadyrov (1994), p. 152). At its disposal were the medical institutions of all agencies, overall governmental organizations and individuals. Later, the CPC of Turkestan Republic ordered the mobilization of all medical personnel to fight an epidemic in May 23, 1918. In June 1918, Tashkent Hospital Council decided that the public work to combat epidemics brought in all the doctors who had not attained the age of 60 and who were free from the performance of military duty ("Mobilization of doctors" (1918). The scale of the epidemic was so threatening, that soon there was published an order prohibiting medical personnel's dismissal.

People's Commissariat for Health of the Turkestan Republic in these conditions of rampant hunger, widespread outbreaks of epidemics and infectious diseases sought all means to keep medical workers serving in military forces in the region at least for a while, and to prevent them from returning to Russia. Besides, the doctors which were involved in the work from among the former prisoners of war began to be regarded as foreign nationals and have the right to return to their homeland. Taking into account the difficulties, extraordinary working conditions, high risk of infection and the amount of work during the struggle with the epidemics, the People's Commissariat for Healthcare managed to get financing for their wages increase (CSA RU. Fund R-40, catalog 1, file 10, p. 750).

In the spring of 1918, the People's Commissariat for Healthcare embarked on a series of measures aimed at combating the epidemic in the province. To this end, there was a reorganization creating new sanitary divisions on the region. In the counties of regions formed, county sanitary divisions, consisted of half the health officials due to the shortage of specialists. In five areas of Turkestan, an area formed the Health Advisory Council or collegium, which entirely consisted of health personnel. In regional centers - Kokand, Samarkand, Tashkent, Verniy, Ashgabat, as well as some larger cities unlike county centers where local councils were created from sound city sanitation departments having been slaves to the People's Commissar for Healthcare directly.

The established sanitary networks allowed deployment of resources to combat epidemics such as typhus and cholera. Restoring messages with Russia about the

railway Orenburg-Tashkent along with the demobilization resulted in regions gaining long-awaited help from Russia's influx of demobilized soldiers and military personnel returning home, however, many of whom were infected with infectious diseases from January to April 1918. Surveys prove that epidemics of typhus and cholera were staggering at the same time and in almost all areas and counties. To organize the fight against epidemics and hunger 2.5 million rubles was allocated (CSA RU. Fund R-40, catalog 1, file 10, p. 751).

The destruction of the past transport and already scarce supply of medicines, adversely affected the activities of local pharmacies, as their stocks declined noticeably, and replenishment had not occurred since early in 1917. In view of this there was an acute shortage of medicines and disinfectants in counties. Private pharmacies opened in many major cities before the revolution, were headed by the pharmacists of European origin. The majority of these pharmacies provided medicines on a fee-paying basis to the European population only, whereas indigenous people could not purchase medications because they had no means to do so. The monopoly of these pharmacies established a favorable position in Turkestan for private entrepreneurs and businessmen who received a significant income from the sale of medicines. In order to put an end to this abnormal state, the People's Commissariat for Healthcare issued the order under which all pharmacies, including military pharmacy shops in Tashkent and Ashgabat joined regional pharmacy stores in July 1918. Shortly after these measures there was established a central pharmaceutical warehouse. To replenish these institutions, the Government provided 17 million rubles (CSA RU. Fund R-40, catalog 1, file 10, p. 752).

But even these funds did not guarantee the purchase of a complete list of essential medicines, which were urgently needed in regions, because certain kinds of medicines were absent in Russia too, as medicines were imported from Europe. For this reason, the People's Commissariat for Health Care proceeded to organize medical-chemical laboratories for the production of medicines starting in the summer of 1918, and pharmacists were invited to work there. The People's Commissariat for Healthcare tried to go to an independent regional supply, as well as pharmaceutical production. After a short time, these measures gave initial results: chemist's shops and hospitals began to be supplied with ether, chloroform, potassium iodide, gold, collargol, and urotropin made in Turkestan. During 1918 the Regional chemical laboratory released 94 kg of ether, 9 kg of potassium iodide, 2263 kg of lapis, 400 kg of collargol, 10 kg of urotropin, 500 g of morphine, 1070 g of yellow mercury oxide, 2 kg of amidochlorous mercury, and 8 kg of quinine (CSA RU. Fund R-17, catalog 1, file 19, p. 3-4 t.).

An important event in this regard was the nationalization of the santonin plant in Chernyaev. The organization of control over the production of this expensive drug, extracted from wormseed, was established by the People's Commissars established

and in the future it could cover not just the region's needs, but more. In addition to santonin this plant produced morphine, licorice extract, soap and ointment against mange etc. At the same time, the organization of the Kara-Suu phosphoric factory began production of yellow, red and iodide phosphor oxychloride, and also matches, which had widespread use not only in medicine but also in everyday life. According to estimates by the provincial authorities in one year, the plant should produce at least 120 pounds of phosphorus that could ensure the needs of this substance for People's Commissar for Healthcare for the first time (CSA RU. Fund R-17, catalog 1, file 19, p. 4 t. - 5).

Continuing to work on the production and harvesting of drugs and medicines in the local context of the Turkestan raw materials, the People's Commissariat for Healthcare organized the manufacture of the highest quality hygroscopic wadding in sterile form, as well as castor oil for medicinal purposes from the cotton gin plant on station Serovo. Urgent planting of medicinal plants was carried out: 15 thousand Valerian seeds, 5 thousand seeds of Digitalis, and was slated to collect large quantities of water pepper and henbane in 1919 (CSA RU. Fund R-17, catalog 1, file 19, p. 5).

One of the basic directions of the People's Commissar for Health throughout its period of existence, was the Organization of free medical care to the entire population of the region. Before the revolution, all sorts of troops, subordinated to the Turkestan military district were stationed in the province and provided with qualified medical assistance through a network of military hospitals. During epidemics, the People's Commissariat for Healthcare began to use the former military medical institutions widely to provide medical assistance to the local population. Taking into account the conditions, they introduced changes in their structure and opened health, infectious, general and surgical departments. According to the estimate for the second half of 1918, the People's Commissar for Health of the Republic of Turkestan Republic asked for more than 30 million rubles from the Council of People's Commissars in order to provide the maintenance of medical personnel and medical institutions of the District (Krai) (CSA RU. Fund R-40, catalog 1, file 10, p. 753).

Somewhat later, all railway sanitary institutions of the province also crossed into the jurisdiction of the People's Commissar for Healthcare, which allowed for the establishment of sanitary control by railways and stations to prevent infectious diseases from entering the Republic and disinfect and treat people in border area's clinics.

During the summer period of 1918 the People's Commissariat for Healthcare moved towards in centralizing all work in hospitals. In July, they had worked out the General rules for State hospitals, the wages were defined, and a single reporting form on material and monetary costs was introduced. Besides, the People's Commissars developed a plan for the construction of hospitals, to which included both the

construction of new hospitals, as well as capital works on already existing buildings. According to this plan, the number of community hospitals, building hospitals in counties and areas was to be increased. Overall planning opened 30 county hospitals (each on 150 seats), 5 regional hospitals (each for 400 seats) and central regional clinics in Tashkent to 1000 seats (CSA RU. Fund R-17, catalog 1, file 19, p. 5). On the construction of such a health network, the People's Commissariat for Healthcare planned to secure nearly 500 million rubles, which Republic of Turkestan did not have at that time.

It should be noted that during the struggle with epidemics the People's Commissariat for Health was limited not only in staffing, but also in the facilities. The acute shortage of medicines and medical supplies led to an increase in prices on the meager pharmacy market of the region. Lack of thermometers, needles, underwear and other items which used in the medicine was the main cause of transition to austerity, some medical institutions did not receive the required material assistance.

One of the techniques used in combating epidemics was the production of vaccines and vaccination of the population. The People's Commissariat for Healthcare organized a laboratory in Tashkent military hospital through the Tashkent Hospital Council. This laboratory was engaged in the manufacture of cholera vaccine. The famous scientists Dr. S. Shorokhov and A. Grekov worked on it. Already in the first two months of work, the laboratory was repaired and sent 'free of charge' to the 150 thousand m³ vaccines against cholera (CSA RU. Fund R-40, catalog 1, file 10, p. 754). In addition, taking into account the need to manufacture vaccines against cholera, typhoid, smallpox and the manufacture of serums against diphtheria, streptococci and others, as well as seeking to organize research work on diseases studied by doctors and bacteriologists, the People's Commissariat for Healthcare introduced the staff and regulations of the Regional Microbiological Laboratory, which had been submitted to the Council of People's Commissars of the Turkestan Republic. In addition to laboratories and as a matter of urgency with the Pasteur station, they engaged in the manufacture of vaccines against rabies, the People's Commissariat for Health ordered opening a school for 40 people.

In conditions of shortages of qualified health workers the People's Commissariat for Healthcare began to resolve the question of medical personnel training within the country. In the absence of the higher medical educational institution, the People's Commissariat for Healthcare temporarily had to confine itself to opening paramedic schools in Tashkent. With the participation of skilled healthcare workers there was developed a new, expanded training program, designed for 5 courses, and the graduates had the opportunity to enter to the 3-d course of medical universities (CSA RU. Fund R-17, catalog 1, file 19, p. 3 t. - 4).

The medical-sanitary network established in the first year of its existence allowed the People's Commissar for Healthcare to register persons infected with

infectious diseases. From June 1, 1918 to January 1, 1919, the number of persons infected with typhus fever (excluding Semirechye region) reached 2771 people, relapsing fever – 641, typhoid – 520, cholera – 910. These statistics do not reflect the full scope of the epidemic because of the lack of accurate records in many rural areas prevented precise data on the number of sick people (CSA RU. Fund R-17, catalog 1, file 19, p. 6-6 t.).

By September 1918, the People's Commissar for Healthcare concentrated in its hands the coordinating and supervisory role in the field of medicine and public health of the Turkestan Republic, as well as the responsibility for the allocation of budgetary funds. So the People's Commissariat for Healthcare recognized the acute need for internal reorganization. To this end, there was established a collegium, which included the People's Commissar, his Deputy M. Tikhomirov, doctors A. Spiridonov, A. Grekov, pharmacist A. Ovsyannikov (Mahmudov, 2015), p. 250) and the internal structure of the Commissariat changed. Originally, it consisted of the following departments and offices: the small tip and mobilization Department, medical supply, health statistics, research, hospital supplies and sanitation, resort and the veterinary service. As the medical-health network escalated, the number of departments and employees increased.

In parallel with the internal reorganization of the Commissariat, the system of Government health departments was created in the field. The lowest link in this structure was single and small volost health services, followed by district departments, which were organized under the county councils. The duties were similar to the regions and were limited to the territory of the district. Health departments of regional towns consisted of County (district for management of cases) and urban (urban health) subdivision. All County departments were directly subordinate to People's Commissar for Healthcare and its structural divisions. In emergency conditions to combat epidemics and infectious diseases, such a step was necessary, as some departments continued to maintain leadership over the medical-sanitary affair. In this regard, the Council of People's Commissars of the Republic of Turkestan confirmed the concentration of the entire medical and sanitary service under the jurisdiction of the People's Commissariat for Healthcare on August 13 and 21, 1918 (A.A. Kadyrov (1994), p. 156).

However, stopping the growth of the epidemics and the spread of infectious diseases by the efforts of only one the People's Commissariat was impossible. During the year of fight, the resources of Healthcare Committee were severely depleted: there was a catastrophic shortage of health workers, doctors and healers, which further compounded by shortages of medicines, medical and sanitary supplies, lack of medical schools and academic medical institutions. To eliminate epidemics, firstly it was necessary to address their root cause – famine, remaining in Turkestan for more than a year, which killed mainly hundreds of thousands of indigenous inhabitants of the province.

The urgent need to change course in the fight against epidemics and hunger was reflected in the resolution adopted by the Communist faction of the Sixth Extraordinary Congress of Soviets of Turkestan, held in the first half of October 1918. It stated: “The health commissariat, which is one of the most important tasks, should to get out of a rather messy modern state on the way of serving the broad masses of the population with the help of specialists in medicine and medical affairs, continuing and now engaged in highly profitable private practice. The involvement of all scientific and special forces in the cause of public health must be carried out immediately in order to approach the needs of the poorest and submissive destiny of the almost half-starved population, which in part continued to die from hunger and epidemics thanks to the fact that cares and attention in this area The Commissariat badly used contact with the Commissariat of Food and local councils” (CSA RU. Fund R-17, catalog 1, file 21, p. 64-65).

As a result of the congress T. Ryskulov was appointed instead of S. Tursunkhodzhaev. It took him one month to understand that the task of combating hunger and its direct consequence – various epidemics, imposed by the regional authorities on the People’s Commissariat for Healthcare, is not feasible under the current political conditions. With the Bolsheviks in power, they did not care about the problems of hunger and unprecedented food crisis, which affected the entire indigenous population of the region. Through the food authorities and the Regional Food Directory, the Bolsheviks supplied food primarily to the army, railway workers and representatives of the European population, while the indigenous inhabitants of the province, especially in nomadic volosts, experienced an acute shortage of them and continued to die. They were subjected to constant requisitions both on the part of the authorities and on the part of the armed Russian peasantry, Cossacks and the kulaks, when their main source of food – grain and livestock was taken by force. In addition, food authorities along with complete indifference to the catastrophic situation of the local population, flourished with bribery, corruption, misuse and squandering of public funds allowed to purchase essential goods.

Considering the aforesaid, T. Ryskulov already on November 26, 1918, speaking at a meeting of the TurkCEC (Turkestan Central Executive Committee), proposed the creation of a special commission to combat hunger, which would include representatives of individual commissariats and Soviet bodies directly involved in the hunger struggle. Having heard this proposal, the TurkCEC put forward T. Ryskulov to the post of the chairman of this commission, instructing him to elaborate on the position, define the functions and the degree of relations with the commissariats responsible for combating hunger, as well as their representatives (CSA RU. Fund R-17, catalog 1, file 1100, p. 61). Two days later, on November 28, 1918, the Turkic Committee issued an order for the formation of the Central Commission to Combat Hunger.

In mid-December, T. Ryskulov, voluntarily leaving the post of the People's Commissar for Health, completely switched to work in the Central Committee to combat hunger. Soon the leadership of the People's Commissar for Health was entrusted to G. Trofimov. However, he was very busy with investigation of the "old Communist" case (I. Tobolin, F. Kolesov, etc.) in the Extraordinary Commission of Inquiry, and he could not devote enough time to work in the commissariat. For this reason, in early January 1919, he was replaced in this position by the famous Doctor I. Orlov.

I. Orlov continued the process of nationalizing private medical clinics, as well as increasing the medical network by reorganizing part of the military hospitals into civilian hospitals. For example, in November 1918, the clinic of the former cadet corps in Tashkent was transformed into a Proletarian hospital, a little later Samarkand and Kokand followed this examples and there were opened children's hospitals were, and medical treatment was organized in Skobelev. In January 1919 a private clinic of famous doctors and brothers Slonim passed to the ownership of the state and on its basis the Institute of Physical Methods of Treatment were established. In total, by the beginning of 1919, more than 70 medical institutions operated in the Turkestan region, in which there were about 7,500 hospital beds, of which just over 6,000 were on the balance of military institutions (CSA RU. Fund R-17, catalog 1, file 23, p. 44).

These transformations allowed the People's Commissar for Healthcare to begin implementing one of the main principles of the Soviet health care system: providing free medical assistance to the population. However, the implementation of this principle in practice faced certain difficulties. Throughout 1918, the People's Commissariat of Health and its subordinate hospitals treated patient's ill with infectious diseases without charging a fee while the rest of the population needing treatment had to pay for it. In addition, attempts to introduce these innovative practices were met with opposition from doctors who sought to engage in profitable private practice, as in the period of Tsarism. In this regard, as early as October 12, 1918, the People's Commissariat for Education submitted a report to the TurkCEC where they requested assistance in resolving this issue by issuing an appropriate decree and a commission was specially set up by the TurkCEC with the participation of the People's Commissar for Healthcare – T. Ryskulov, having carefully studied the state of affairs, concluded that in these difficult conditions establishing the healthcare system in Turkestan, only certain social categories, primarily servicemen of Soviet and party organizations, Red Army men, can be provided with free medical care, along with workers and poor peasants. The rest of the representatives of the working class who were engaged in labor in the private sector should receive paid medical care at the expense of their employers. As a result, on December 31, 1918, the TurkCEC issued an order "On the free treatment of the proletariat" (A.A. Kadyrov (1994), p. 156), in which, due to the lack of medical facilities, personnel,

and the ongoing struggle against epidemics, elites and class was reflected in the provision of medical services to the population. Nevertheless, such a differentiated approach did not last long. Already on May 13, 1919, a significant event took place in Turkestan – the Council of People's Commissars adopted a law according to which medical assistance was free to the population of the region (CSA RU. Fund R-40, catalog 1, file 104, p. 184). Thus, in Turkestan for the first time in its history, qualified medical care became available to a wide section of the population, which was an important step in the implementation of the Soviet health program.

Along with this process, there was an active preparation of a new provision on the People's Commissar for Healthcare. On May 7, 1919, the Council of People's Commissars of the Republic approved the detailed regulation, in which the People's Commissariat for Healthcare was proclaimed the central medical body (CSA RU. Fund R-40, catalog 1, file 1, p. 29). It was entrusted with the management of the entire medical and sanitary affairs in the province. According to this provision, the structure of the commissariat also changed, which now consisted of personnel, scientific-practical, epidemiological, chemical-pharmaceutical, sanitary-technical, hospital, numerically-financial, veterinary, military-sanitary, school-sanitary departments, as well as general sectors from the Department of Medicine of Communications. This provision and a new form of organization allowed the People's Commissar for Healthcare not only to expand powers, but also to give the proper organization to the entire health care system in Turkestan.

In the summer of 1919, the People's Commissariat for Education began training medical and sanitary workers in the province, as reported by the People's Commissar I. Orlov in his report to the SNK of the Republic of Turkestan (CSA RU. Fund R-17, catalog 1, file 32, p. 75-80). On August 15, 1919 in Tashkent on the basis of Poltoratskiy hospital there was opened the Higher Medical School (CSA RU. Fund R-17, catalog 1, file 32, p. 76). In the first year, 150 students were admitted to study and take classes in the school and there were conducted lessons according to the program of medical faculties of universities. For the regular practice of students in the school, the number of beds in the hospital was brought to 1,000, and in the course of their further specialization, departments (pediatrics, otorhinolaryngology, ophthalmology, neurology, etc.) were organized. Such well-known doctors in the Turkestan region as A. Grekov, P. Borovsky, M. Slonim, N. Tikhonovsky, L. Oshanin and others contributed to the establishment of this school.

In order to cover the need for health personnel of the military within the Turkestan territory and the great need for surgical assistance in the population, the People's Commissar for Healthcare in Tashkent organized short-term courses in which doctors had the opportunity to update their practical skills and methodologies for the most frequently performed surgical operations. All of the doctors who worked in Turkestan received a special referral from the People's Commissariat for

Healthcare and could become participants of these courses. Along with this, special courses were started for paramedics, where an updated and abridged curriculum was studied, in order to refresh the knowledge of medical personnel. At the same time, to resolve the staffing issues, the People's Commissariat for Education began training Sisters of Mercy by opening a separate school in the city of Tashkent. In mid-August 1919, the first graduation of nurses was carried out, after passing a 4-month in-depth training course and entering the workforce of medical institutions (CSA RU. Fund R-17, catalog 1, file 32, p. 76 t.).

The opening of the first university in Turkestan region – the People's University gave impetus to the organizational work to open a medical faculty in its structure in April 1918. Long-term business correspondence between the central bodies (SNK and the People's Commissariat of the RSFSR) and the government of Turkestan resulted on June 25, 1919 with the Organizing Committee sent a memorandum to the department of higher education institutions of the People's Commissariat of the RSFSR, in which they recognized the necessity and expediency of organizing the medical faculty in TSU: "The country occupying an area of about 2 million square verst [...], with a population of about seven million inhabitants, should have in its territory at least one independent medical school that could meet the great medical needs and needs of the people of Turkestan and adequately supply its sanitation facilities with medical personnel and workers" (Mahmudov, 2015), p. 257).

On September 13, 1919 at the meeting of the TSU Council, Dr. A. Kryukov, P. Sitkovsky, K. Khrushchev, I. Davidovsky, G. Berlatsky were appointed heads of the departments of the medical faculty. A few days later, at the first meeting of the new faculty, Professor P. Sitkovsky was elected Dean. Famous scientists and doctors from Russia were invited to study at the TSU (Mahmudov, 2015), p. 258-259). Their arrival by a separate train from Moscow, together with the necessary equipment, equipment, training material and special medical literature was expected only in the spring of the following year. Although the training at the medical faculty of TSU immediately began in May 1920 with 5 courses, it was an important step in the training higher medical personnel in the province, since its first release was already in 1921.

The development of not only the Soviet health system, but also the entire state-political system in Turkestan, was significantly influenced by political events that occurred in the summer and autumn of 1919. Following the results of the 8th Congress of Soviets and the IV Extraordinary Congress of the Communist Party of Turkestan, a change of power took place.

The group of A. Kazakov actively opposed to the implementation of the main provisions of the radiogram of the Central Committee of the RCP (B.) on July 10, 1919 with the proportional representation of indigenous nationalities in public authorities, was removed from power.

In October 1919, the formation of a new government of the Turkestan Republic took place with the direct participation of the Musbiuro (Muslim Bureau), which prepared a list of candidates for leadership positions among Muslim workers and presented it at the meeting of the Communist Party Krai Committee on October 13, 1919 (O.M. Kongyratbayev, A.A. Junisbayev (2011), p. 108). However, the nomination of the Musbiuro from their candidates met with strong opposition of the TurkCEC and the Communist Party Krai Committee, since local communists and revolutionaries reasonably feared the strengthening and the influence of the central Muslim party members. It should be noted that the main core of the Musbiuro was a group of Muslim workers who, in the first half of 1919 under the leadership of T. Ryskulov, carried out the work to save the indigenous population of Turkestan from hunger and epidemics. Therefore, they were fully aware of the state of affairs both in the People's Commissariat for Healthcare and in the whole health care system and were interested in preventing a recurring catastrophe in the future. According to Musbiuro, for the successful development of the newly-formed Soviet health care system in the province, which consisted of 95% indigenous nationalities and 70% of rural residents, it was necessary for the People's Commissariat for Healthcare to be managed by a qualified physician, a native of Turkestan, who was well-acquainted with his way of life and specifics, who understood local languages, who will defend the interests of the Muslim majority and promote the advancement of progressive medicine to its most remote locations. This position of the Musbiuro was voiced by its leader and deputy chairman of the TurkCEC, T. Ryskulov, at the meeting of the Krai Committee of the KPT on October 16, 1919 (APO RU. Fund 60, catalog 1, file 61, p. 61), where a heated discussion took place about candidates nominated by the Congress of Medical Officers and the Musbiuro for the future of the People's Commissar for Public Healthcare.

The realization of the idea of the Musbiuro in this direction coincided with the restoration of communication with Russia in September 1919. For this reason, a complex process of reorganization and unification of the health authorities of Turkestan was based on the model of the People's Commissariat of the RSFSR, which could have a positive impact on Soviet Medicine in respect of rural areas. The very candidature of S. Asfendiarov was not only the most suitable for the Musbiuro, but at the same time it was practically the only one. S. Asfendiarov was not only a native of Tashkent, but also a certified physician who graduated from the Military Medical Academy in St. Petersburg. During his service in the Tsarist army as a military doctor (1913-1917) he managed to accumulate a wealth of experience in medical and surgical practice (Junisbayev, 2014), p. 55-115). S. Asfendiarov was a member of the Central Committee to Combat Hunger, headed the supply of sanitary trains and organized flying detachments in the Syrdarya region. He was mobilized to the Transcaspian front as a military doctor of the Chernyavsky regiment in May 1919 (APO RU. Fund 58, catalog 65, file 77, p. 120).

The Musbiuro made considerable effort to appoint S. Asfendiarov as a People's Commissar of Healthcare. The TurkCEC issued an order to approve it for this post in October 18, 1919 (Kongyratbayev, 1994), p. 100). S. Asfendiarov began a new stage in the reorganization of the People's Commissariat for Healthcare. One of the important innovations was the transfer of power in the commissariat from the collegium to the hands of the People's Commissar. The collegium, which previously made all important decisions, was assigned the role of an advisory body to the People's Commissar, who was appointed by its chairman. The newly organized board included as chairman— S. Asfendiarov, his deputy - A. Pavlovich, members – A. Berezsky, D. Degtyarenko, M. Slonim, from the Musbiuro was delegated to A. Karimov (CSA RU. Fund R-17, catalog 2, file 37, p. 70).

The restructuring of the People's Commissariat for the Turkestan ASSR was based on the form of the organization of the People's Commissariat for Healthcare of the RSFSR with the introduction of some changes, taking into account local specifics. As a result of the reorganization, new departments were established in the structure of the People's Commissariat for Education and a business administration was created. A new form of organization was planned for implementation in the local health departments, but due to the shortage of qualified specialists, this work was carried out only partially and unevenly (CSA RU. Fund R-40, catalog 1, file 137, p. 108). At the same time, the separation of medical institutions into military and civilian institutions was made for the first time, and an independent sanitary unit was set up at the Revolutionary Military Council of the Turkestan Front.

A month after the inauguration of the People's Commissar, S. Asfendiarov prepared a detailed report for the TurkCEC describing the state of health care in the republic (CSA RU. Fund R-17, catalog 1, file 1105, p. 34-37 t.). The report focused on the shortage of health and medical workers, inadequate funding, the scarcity of the material and technical base, the shortage of medicines, means for hygiene and disinfection. All this hindered the establishment of work and the deployment of a health care business in the province.

However, the stormy activities in the reorganization and establishment of the health care system deployed by the People's Commissar, S. Asfendiarov was interrupted by the intervention of the incoming Turkmen Commission headed by Sh. Eliava. At a meeting of the TurkCommission in December 27, 1919, a decision was made on the need to conduct another reorganization of the People's Commissar for Healthcare, which was commissioned by the authorized People's Commissar of the RSFSR. K. Geller was appointed as the new People's Commissar. The Turk Commission introduced three people to the board of the People's Commissariat for Healthcare: K. Geller (chairman), S. Asfendiarov (deputy) and M. Slonim (CSA RU. Fund R-17, catalog 1, file 1105, p. 81). Despite the disagreement and active opposition of the Musbiuro, as well as the deputy chairman of the TurkCEC, T. Ryskulov and with personnel reshuffled, the Turkmen Commission still succeeded in

appointing K. Geller as a new public health commissioner instead of S. Asfendiarov at a meeting of the TurkCEC Presidium on January 9, 1920 (CSA RU. Fund R-17, catalog 1, file 1105, p. 86). This ambiguous decision of the Turk Commission was supported by the Krai committee of the CPT (CSA RU. Fund R-17, catalog 1, file 1105, p. 81 t.).

Nevertheless, K. Geller stayed in this post until March 1920, followed by a reverse reshuffle, as a result of which S. Asfendiarov returned with the support of the TurkCEC to the post of People's Commissar for Healthcare. It is obvious that such frequent changes of leaders and repeated reorganization of the People's Commissariat for Healthcare, which were observed in previous years, could not have a positive impact on the development of the entire health care system in the Republic. However, the leadership changes clearly demonstrated not only the degree of confrontation between the Musbiuro and the TurkCommission over the most acceptable and effective model of Soviet health care in the province, but also noted the great importance of this sphere as an integral part of the state building in Turkestan.

DISCUSSION

Talking about the degree of development of this problem, attention should be paid to the fact that native and foreign literature does not have a special study in which the history of the establishment of the Soviet healthcare system in the Turkestan ASSR would be viewed as a separate and independent process. Insufficient knowledge of the topic is due to the fact in the Soviet and post-Soviet periods, historians and researchers representing independent Central Asian states and their scientific works related to the history of medicine and public health care system, did not pay due attention to the establishment process of the Soviet health system in the Turkestan ASSR or its development in their own medical care in their Republics. Among such works which were published in the Soviet period we can refer to studies of A. Karimov, H.Z. Zakhidova, R.S. Sagatova, B.Kh. Magzumova, N.M. Makhmudova, Ya.T. Tadjieva, K.S. Tulyaganova, A. Kadyrov and others.

Among the most recent works, it is important to note the work of M. Mahmudov, in which he conveyed the history of medicine and public health throughout the Central Asian region in 1865-1924 for the first time. In one of the paragraphs of his monograph, using the analysis of archival documents, he achieved the goal re-establishing the creation of a health care system in the Turkestan ASSR with the chronology and detailing individual problems.

The main stages of the development of the Soviet health system of Turkestan in 1917-1924 have found their reflection in the textbook "History of Medicine", the authors of which are Sh.T. Iskandarova and N.F. Rasulov. The book describes the activities of the People's Commissariat of Health of the Turkestan ASSR on

the development of public medicine in the region in a brief and concise form. Additionally, there is an explanation of health authorities' struggle with epidemics and infectious diseases, a description of chronology of the construction of hospital, medical, resort and preventive institutions, and the opening of medical scientific organizations and educational institutions.

Besides the scientific literature which related to the history of medicine and while writing the article, the works of A.B. Babayan and L.P. Izrailevich, O.M. Konyratbaev, A.A. Junisbaev were used. They studied the life and work of the People's Commissars of Health of the Turkestan Republic – I. Orlov, T. Ryskulov, S. Asfendiarov, who made a significant contribution to the formation and development of the Soviet health care system in the region.

CONCLUSIONS

The establishment of the Bolshevik Government in Tashkent in November 1917 marked the beginning of the process of the establishment of the Soviet health care system in the province. It was accompanied by the transformation and modernization of the previous health care system of Tsarist Russia. The process of the forming this system took place in difficult political and socio-economic conditions. The food crisis and the ferocious famine of 1918-1919, the civil war and the blockade of Turkestan, the epidemics of typhus, cholera, plague, malaria, smallpox were wide spread among the local population, the lack of qualified specialists and sanitary personnel, acute shortage of medicines, means of hygiene and disinfection, an inadequate number of medical institutions, outpatient clinics and paramedic centers, and lack of medical training institutes all had a direct impact on health care process.

The newly established People's Commissariat for Healthcare was tasked with centralizing the entire medical business in the region, including Associations of public, city, railway, factory, military and insurance medicine. Its formation took place with the long registration of the regulatory, legal and legislative frameworks in the health sector. The frequent change of leaders (eight commissars were replaced from November 1917 to December 1919), repeated reorganizations of the commissariat, its structural divisions, and health departments had a negative impact on the development of the formation of the health care systems.

However, despite the above-mentioned difficulties, the new system of organization of medical help in the Turkestan Republic was gradually strengthened and expanded. During this period, important measures such as the nationalization of hospitals and medical institutions, the network of private pharmacies, resorts, sanatoriums and phosphoric plants, the transition to free medical care for a wide range of people were taken to establish the healthcare work. Moreover, all medical personnel, treatment and sanitary institutions were transferred to the People's

Commissariat of Healthcare administration. Microbiological and chemical laboratories were created, a higher medical school was opened, courses for the training of paramedics, nurses and midwives were organized and congresses of sanitary and medical employees were held periodically, pharmaceutical production were established, sanitation and educational work were carried out everywhere, by reorganizing military hospitals (hospitals, infirmaries, etc.). Additionally, the construction of a number of new hospitals had been increased to 150 while there was only 70 hospitals in the previous period. After the breakthrough of the blockade of Turkestan and the restoration of communications in September 1919, there was began the process of reorganizing the People's Commissariat of Healthcare of the Turkestan ASSR and the unification of the entire healthcare system of the region according to the Russian model. The formation of the Soviet healthcare system took place throughout the existence of the Turkestan ASSR (1917-1924) and continued in the Central Asian Soviet Republics that were formed as a result of the national-territorial delimitation.

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