



CHANGES IN THE HEALTH SYSTEM OF UZBEKISTAN DURING THE YEARS OF WORLD WAR II (ON THE EXAMPLE OF NAMANGAN REGION)

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ABSTRACT

The article highlights the priority of the needs of the front in the organization of the health system, the organization of evacuation hospitals for the treatment of wounded soldiers, the retraining of doctors as military doctors, the number of hospitals in the region during the war years, the spread of various infectious diseases among the population based on the analysis of primary documents.

KEYWORDS

Health System, evacuation hospitals, surgeon, epidemiologist, traumatologist, radiologist, malaria stations, influenza, measles, sanitary-epidemiological stations, Hospital, nurse, doctor, pharmacy.

INTRODUCTION

During the war years, the medical field became very important socially. On the one hand, a large part of the medical staff was mobilized to the front, while the rest treated the soldiers who returned wounded in the fighting and the working population behind the front. From the early days of the war, the needs of the front were put first in the organization of the health care system. Among them are the organization of

evacuation hospitals for the treatment of wounded soldiers, the retraining of doctors as military doctors.

THE MAIN FINDINGS AND RESULTS

In particular, with the beginning of the war, evacuation hospitals were established in Namangan with 2 total 400 seats, in districts with 8 total 3000 seats[1]. In November 1941, hospital 2903 in the Istra district of the Moscow region was transferred to the Pop village, and



a number of collective farms and organizations took it to stud. They participated in the process of supplying the wounded with clothing and food.

According to statistics, 19 hospitals were transplanted into the region during the war years[2], from such hospitals were moved to the Turakurgan District (No. 3418) on November 28, 1941, and to Hakkulabad village (No. 1348) in Norin district on April 1, 1942[3]. In total, a total of 113 evacuation hospitals were established in Uzbekistan during the war years, treating 164,382 wounded soldiers and officers. Of these, 143,101 (87%) recovered and 54,252 fighters returned to their parts to the front, and more than 70,000 were trained in various professions and sent to work[4].

As a result of the increased need for medical personnel during the war, an attempt was made to train specialists in a rapid state. In this regard, by order of the Commissariat of health of the USSR, the period of study in medical higher educational institutions was reduced from 5 to three and a half years, in pharmaceutical educational institutions from 4 to two and a half years. The Institute for advanced training of doctors also carried out retraining doctors of general specialties to specialties such as surgeon, epidemiologist, traumatologist, radiologist[5].

During the war years, 3,044 doctors graduated from medical institutes in the Uzbek SSR. Another 5,600 doctors received new specialties in retraining courses[6].

During the measures carried out on a Republican scale, in 1941-1942, the number of doctors increased significantly. In particular, as of January 1, 1942, there were 2,561 doctors in the Republic, while on January 1, 1944 the number was increased to 4,090. The medium medical staff numbered 10,717 on 1 January 1941 and 10,420 on 1 January 1944. As a result of the sending of doctors to the liberated territories of the USSR by the

Red Army, their number began to decline again. In particular, 628 doctors were sent from Uzbekistan in 1943, and 350 in the 1st half of 1944[7]. Of the 4,090 physicians active in the Republic in 1944, 219 were ethnically ethnic Uzbeks, 1,423 Russians, 1,865 Jews, and 14 other indigenous nationalities[8]. So, among the doctors, representatives of the local population were in the minority. Considering that the majority of doctors would return if their homeland was liberated, the health departments had to be prepared for a further decrease in the number of doctors.

In Namangan province, 1032-3000 was allocated to the health system in 1941, consisting of 24 hospitals with 746 beds, 46 outpatient clinics, 12 women's consultancies, 203 doctors and 570 secondary medical personnel from the state unit. In 1941, 312 women had children in rural maternity hospitals, with medical obstetric care provided to 1,140 rural women in total[9]. In 1941, the 210-bed Namangan City Hospital was converted into a provincial hospital and began serving Namangan city as well as 9 districts. Hospital treatment beds were increased to 250 in 1942[10]. By 1944, 35 rural medical plots, 90 paramedic and obstetric plots, 28 hospitals were operating in the Namangan Region Health System[11].

During this period, the network of medical points was also expanded in order to provide medical services to the population. Medical brigades were also formed and shipped to all cities and districts. In particular, in 1944, 25 medical brigades, each consisting of a doctor and 2 nurses, were sent to the districts. The population's need for medicine was provided through 58 pharmacies in the province. In an effort to bring medical services closer to the population, 3 new hospitals and the tuberculosis sanatorium were established in 1944, with an increase in patient admissions in 11 women's and children's consultancies. In turn, funding for the health care system continued



to increase. In 1941, 10320000 was allocated to the system, which in 1944 increased by 80% to 1854-2000. The number of medical workers in the county also increased. In 1941, there were 203 doctors, 570 intermediate medical workers in the province, while in 1944 the number of doctors reached 204 and the number of secondary medical personnel reached 897. In 1945, Namangan province had 4 urban and 22 rural hospitals with 916 beds, 3 budget and 15 collective farm maternity hospitals, 57 outpatient clinics, 78 paramedic outpatient clinics, 5 malaria stations, 14 sanitary-epidemiological stations and 33 budget pediatric wards with 16,000 beds[12].

At the same time, it should be noted that in combination with the growth of the health system in the region, a number of problems had also accumulated. In particular, in most cases, hospitals were cold and did not have enough fuel reserves for heating, the buildings of hospitals were in a state of need for overhaul, and the feeding of patients was also not at the level of demand.

During the war years, attention was also increased to the issue of providing medicine to the population. The population was given 194,400 recipes in 1941, while 240,000 were given in 1942 and 220,500 in 1944. In total, residents of the Namangan region were served by 11 pharmacies and 58 pharmacy points, and given 6600000 rubles of Medicine during the war years.

But, the number of medical personnel was not enough to provide the population with medical services. The 147 doctors allocated in urban areas operated 60 doctors in the state unit and 78 doctors in rural 130 state units. 749 paramedics were employed in the state unit, while 250 were employed. It can be seen from this that the number of medical personnel was less than established, and they had to work more. To solve the problem of lack of personnel in the region, for the first time, a paramedic-obstetric medical school was

established for representatives of the local population[13]. There were also interruptions in the work of training nurses for hospitals. For example, in 1942, 74 nurses were trained instead of the 120 in the plan, while in 1943, 30 nurses were trained instead of 180. For the 1943-1944 school year, 46 students were assembled instead of the 180 in the plan as well. The main reason for this was the fact that local residents did not come to nurse training courses at all. In particular, among the nurses trained in 1942-1943, there were not a single representative of the local Nation[14]. During the entire war, 158 women were trained in medical nursing courses in the province[15].

There were no physio-therapeutic cabinets at all in the province, serving the war disabled. Health care in Namangan province was stuck in the state of 1938. In Chust district, for example, there were only 2 Medical plots per 45,000 inhabitants, with a service radius of 25 km. This makes it difficult for the population to provide medical services, and various diseases, especially malaria, are common. The situation was similar in other districts of the province. However, medical personnel were not enough to solve the problem. The lack of medical personnel had a sharp negative impact on the implementation of complex measures for the provision of medical and sanitary services to the population. For example, in the districts of Kosonsoy, Uychi, Norin, Turakurgan, Namangan, where there were no sanitary doctors at all, a paramedic was operating at the Namangan sanitary-epidemiological station in place of a doctor. In all districts, tropical stations were staffed by intermediate medical personnel instead of malaria doctors. Only one malariologist was a physician in the province, who operated the province's tropical Station[16]. There were also no doctors in 5 rural medical precincts in Namangan region, nor did the ophthalmologist, neuropathologist, physician-laboratory assistant operate in the region at all. Medicines were also not enough. In particular, while



5,000 people with malaria were identified in the province, there were no drugs to treat them. Also, doctors are poorly equipped with vehicles, gasoline is practically not allocated. This, in turn, had a negative impact on the provision of Medical Services[17].

In 1944, 312 women had children in rural midwives and 403 in urban midwives. Also in 1944, there were 1,168 women in urban areas and 1,286 women in rural areas who were blind without any medical care[18].

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