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Early Soviet Medicine: Statistical and Narrative Utopias

Having found conflicting versions of the past in publications on the history of Soviet medicine, the authors of the article problematized the evidence with which historians work. This led to the study of the production and interaction of statistical and narrative statements of the health care authorities of the 1930s, that is, their reporting and futuristic pipe dreams. The comparison of the medical statistics published in the official directories and the current reporting of medical institutions revealed discrepancies between the published and collected information. Criticism of the official figures by contemporaries gave researchers the opportunity to reveal material and construction technologies of a utopian reality, from the power of which even modern researchers find it hard to free themselves.

Keywords: Soviet Union, history of medicine, medical statistics, official discourse of public health, history of science

Słowa kluczowe: Związek Radziecki, historia medycyny, statystyka medyczna, dyskurs urzędowy o zdrowiu publicznym, historia nauki

The history of early Soviet health care and medicine is an enigma difficult to decypher. The texts of those years were written in the language of the totalitarian regime – a specific ‘newspeak’ (or *novoyaz* in Russian; a term coined by George Orwell) invented to denounce internal enemies and convince coreligionists. Its vocabulary is full of neologisms, metaphors, rhetorical statements and hyperboles. We give only three examples that are directly related to the topic of this article. Speaking to the participants of the Congress of Medical Workers (1930), the head of Public Health Care in Russia Mikhail Fyodorovich Vladimirsky declared that they were ‘on the eve of the entry into the shock quarter of the Bolshevik storm (October–December 1930)’ and should ‘quickly reorganize under the slogan of mobilizing masses to accomplish the tasks of building socialism.’¹ This phrase,

1 M.F. Vladimirsky, *Zadachi organov zdравookhraneniya i sotsialisticheskoe stroitel'stvo*, “Na fronte zdравookhraneniia” 1930, no 5–6, p. 11.

which modern people find hard to grasp, meant a reorientation of Soviet health care from the needs of patients to the interests of the industrial development of the state. For this, according to Vladimírsky, it was necessary to ‘infuse new people into old cadres’ (a paraphrase of the Gospel parable, which had a different moral: ‘you cannot infuse new wine into old bottles’). ‘For us,’ he explained, ‘the task of *workerizing* our apparatus has been set.’² The intention was to quickly prepare thousands of doctors from industrial workers. The participants in the Congress adopted a resolution, one of the stipulations of which read: ‘Doctors must provide for the clear carrying out of the proletarian class line and the best possible care for the needs and demands of the working people.’³ Translating into modern language, the meaning of this statement was to refuse medical care to a significant part of Soviet citizens, and to provide the rest with a wider range of services.

It is the numbers of medical and demographic statistics that gave the plausibility and scientific character to Soviet texts on the state of public health care. Official statistical collections of the mid-1930s claimed that after the end of the Civil War the demographic situation in the country gradually leveled off: the birth rate increased (in 1926 the birth rate was 44.0 per 1000 people, in 1937 – 39.0) and the overall mortality rate decreased. Thus, if in 1913 in the Russian Empire 29.1 per 1000 people of the population died, in 1926 the rate was just 20.3‰. In 1930, according to Stalin’s speech at the 16th Congress of the Communist party, the overall mortality rate in the country dropped to 19‰, and the statistical yearbook of 1935 indicated it at an even lower mark of 16‰.⁴ The State Planning Committee (Gosplan) workers assured their fellow citizens that the mortality rates in the Soviet Union were almost the same as in economically prosperous bourgeois countries (Table 1).

The purpose of statistics in the 1930s was no longer to fix or analyze the social reality in the country, but to establish a utopian view of it in the minds of contemporaries. Having studying the organization of Soviet statistics for many years, French historian and demographer Alain Blum warned his colleagues, ‘The numbers have always been here part of the foundation on which the desired image of Soviet reality was built.’⁵ He also prevented historians from the temptation to refuse to work with Soviet figures. Blum argued that digital indicators were able to lead researchers out of the maze of categories created by Soviet discourse. In fact, this is what we are trying to do in this article.

It is not easy for a researcher of Soviet medicine to get out from the power of state optics and the language of utopias. This requires intellectual efforts and the application of discourse analysis techniques to Soviet texts. It’s worth it. We believe that the clarification of the conditions for the production of statements about the state of medicine in the Soviet Union (including statistical evidence of this) makes it possible to free the history of early Soviet medicine from the sealed packaging of political rhetoric and projecting in which it is still located.

Presently, the history of early Soviet (1917–1941) medicine is packed in conflicting narratives of the past. The spate of studies and debates over the world around the nature

2 Ibid., p. 14.

3 *Rezolyutsii VII Vserossiiskogo s’ezda zdravotdelov*, “Na fronte zdravookhraneniya” 1930, no 5–6, p. 134.

4 *Building socialism in the USSR. Annual statistical report*, Moscow 1936, p. 545.

5 A. Blum, *Roditsya, zhit’ i umeret’ v SSSR*, Moscow 2005, p. 13.

of Stalinism have questioned the homogeneity and uniqueness of this phenomenon, the presence of a single line in social policy.⁶ In this logic, public health measures appeared as zigzags, gaps, large-scale experiments, products of political ambitions of different participants.⁷ In this context, it seems paradoxical that Russian doctors write 'their own' history as independent from the history of the country, one that did not suffer from Stalinism. The authors of official textbooks on the history of medicine and public health (doctors by education) present it as a chain of successive actions by the Bolshevik government to ensure the health and protection of citizens' lives, draw an ascending line of progress and accumulation of medical knowledge.⁸ The departmental history professes positivism and faith in the authenticity of contemporaries' evidence: in the reports of Soviet administrators, as well as in the data collected and ordered by statistical agencies on the rise in the number of doctors, beds, hospitals, and the decline in the number of deceased, sick, and diseases, and an increase in the number of children born.

Probably, the noted asymmetry in the production and transmission of historical knowledge is generated not only by the disciplinary affiliation of the authors of the studies / textbooks and their theoretical preferences, but also by the discursive features of the sources they work with. In this regard, the dialogue of historians and physicians will not be fruitful without clarifying the issue of the nature of historical evidence inherited by researchers. The times when figures were perceived *a priori* as indisputable evidence are left behind. Due to the revision of the theoretical foundations in the historical sciences during the second half of the 20th century, which proved the bias of practically any historical sources, today the retelling of public statements by politicians or the reproduction of figures counted by contemporaries ceased to convince anyone. The crisis of trust is particularly strongly felt in relation to the statistics of totalitarian regimes, which worked so thoroughly with the consciousness and memory of their fellow citizens.⁹ A. Blum had every reason to reiterate the warning, 'The numbers have always been here part of the foundation on which the desired image of Soviet reality was built.'¹⁰ At the same time, he believed that demographic indicators could lead a researcher out of the labyrinth of

- 6 *Sovetskaia sotsial'naia politika 1920–1930-e gody: ideologija i povsednevnost'*, ed. by E. Smirnova, Moscow 2007; D. Hoffmann, *Stalinist Values: The Cultural Norms of Soviet Modernity, 1917–1941*, Ithaca 2003; idem, *Cultivating the Masses: Modern State Practices and Soviet Socialism, 1914–1939*, Ithaca 2011.
- 7 M. Field, *Soviet Socialized Medicine*, New York 1967; N.B. Weissman, *Origins of Soviet Health Administration: Narkomzdrav, 1918–1928*, [in:] *Health and Society in Revolutionary Russia*, ed. by G. Solomon and J.F. Hutchinson, Bloomington 1990, p. 97–120; G.S. Solomon, *The Expert and the State in Russian Public Health: Continuities and Changes across the Revolutionary Divide*, [in:] *The History of Public Health and the Modern State*, ed. by D. Porter, Amsterdam 1994, p. 194–203; D. Mikhel', *Bolezni' i vseмирnaia istoriia*, Saratov 2009; D.L. Khoffmann, *Vzrashchivanie mass: Modernoe gosudarstvo i sovetskii sotsializm. 1914–1939*, Moscow 2018, p. 101–170.
- 8 T. Sorokina, *Istoriia meditsiny: uchebnik dlya studentov uchrezhdenii vsshego meditsinskogo obrazovaniya*, vol. 1–2, 13th ed., Moscow 2018; T. Sorokina, A. Morozov, *Otechestvennoe zdravookhranenie i meditsinskoe obrazovanie v pervoi polovine dvadtsatogo veka*, Moscow 2017; Y. Lisitsyn, G. Ulumbekova, *Obshchestvennoe zdorov'e i zdravookhranenie: uchebnik dlia meditsinskikh vuzov*, 3rd ed., Moscow 2011; idem, *Istoriia meditsiny: Uchebnik*, 2nd ed., Moscow 2008; T. Sorokina, *Istoriia meditsiny: uchebnik dlia studentov vysshikh meditsinskikh uchebnykh zavedenii*, 8th ed., Moscow 2008; *Zdravookhranenie Rossii. XX vek*, ed. by Y. Shevchenko, V. Pokrovskii, O. Shchepin, Moscow 2001.
- 9 Concerning the distrust of the historians of Soviet medicine to the official statistics see: A. Blum, M. Mespoulet, *L'anarchie bureaucratique: Stalinistique et pouvoir sous Staline*, Paris 2003; D. Filtzer, *The Hazards of Urban Life in Late Stalinist Russia. Health, Hygiene and Living Standards, 1943–1953*, Cambridge 2010, p. 17.
- 10 A. Blum, *Rodit'sia, zhit' i umeret' v SSSR*, Moscow 2005, p. 13.

social and national categories created by the Soviet discourse. We believe that morbidity indicators can fulfill a similar mission if we look at the conditions of production and use of medical statistics in the Soviet Union.

The thesis research by Dr habil. in Medicine Elena Ogryzko¹¹ shed light only on one side of this obscure topic – changes in the scientific principles of accounting and calculus, which were used in Soviet medical statistics. In this article, we are interested in a slightly different aspect – the political and social conditions in which statistical and narrative evidence, through which the Soviet state in the 1930s described the demographic and sanitary state of the country, came up. To this end, we focused on the self-description texts created by the People's Commissariat of Health of the RSFSR and the USSR in the 1930s, as well as the population and health care sector of the USSR State Planning Committee (Gosplan of the USSR).

These state entities did not arise simultaneously. In 1918, from the medical departments and medical boards of various people's commissariats, the Council of Medical Collegiums was established, later substituted by the People's Commissariat of Public Health of the RSFSR. Then it was its task to reduce mortality, eliminate epidemics, raise the level of sanitary culture, and organize affordable and qualified medical assistance to the population.¹² In 1936, the People's Commissariat of Public Health of the USSR was created to centralize the activities of the Commissariat of Health of the Union Republics. The organization of medical accounting and reporting in Bolshevik Russia was engaged first in the Economic-Statistical Sector, and since 1931 the Central Administration of Economic Accounting (CAEA) of the USSR State Planning Committee (Gosplan), including the Population and Healthcare Sector. The main task of this institution was the scientific substantiation of current and future plans, as well as control over their implementation. In this regard, it performed modeling and management functions, which gave its managers more power over the medical department. From 1934 to 1936, the CAEA issued annual statistical reports ('Building socialism in the USSR'), which modern historians regard as political manipulation with figures.

We problematized the interaction of statistical and narrative versions of the state of Soviet health care, suggesting that they are not necessarily complementary to each other. Demographic tables published in the 1930s, contradictory data on the increase in the number of doctors and hospital beds, incidence rates, and evidence from contemporaries which asserted that the statistical picture was utopian made it possible to analyze the process of creating official discourse. An analysis of the interactions of narratives and quantitative indicators is productive for such an investigation, insofar as it allows one to see 'uneven edges and white threads' (mistakes, miscalculations, contradictions in the logic of narration, revolutionary recklessness of the speakers) security or failure, as well as areas of confrontation of evidence. In addition, this makes it possible to explain the stability of the positivist versions of the history of early Soviet medicine.

11 E. Ogryzko, *Sostoianie i osnovnye napravleniia formirovaniia meditsinskoj statistiki v Rossiiskoi Federatsii: diss...doktora med. nauk*, vol. 1, Moscow 2011.

12 G. Miterov, *Narodnoe zdravookhranenie za 25 let sovetskoj vlasti*, Moscow 1942, p. 7.

Morbidity and mortality statistics

From the very beginning, the Bolsheviks attached great importance to statistics, and from the late 1920s it became an important tool in the economy of the country of concern. Figures and data for drawing up plans were collected on the basis of simultaneous All-Soviet Union censuses and current departmental reporting. Population censuses of 1920, 1926 and 1939 allowed the Soviet government to obtain tables of mortality and life expectancy of the population, which were indicative of the country's human resources.¹³

Initially, the main difficulties in the work of Soviet statisticians were created by (a) fuzzy principles for calculating and correlating medical data; (b) poorly functioning data collection system, that is, accounting and reporting; (c) lack of world standards for health indicators. The first Soviet principles of the calculation were agreed in 1920, but in 1928 they were revised, and in 1938 they were changed again.¹⁴ The classification and nomenclature of diseases, causes of death and forms of current accounting and reporting constantly changed. Gosplan officials found it difficult to achieve regular data from doctors and hospitals, as well as to preprocess them, organizing them in the form of tables. Judging by the decree of the CEC and the Council of People's Commissars of 1933, which established the criminal responsibility of physicians for violation of the deadlines for submitting and maintaining reports, it was not possible to adjust the flow of statistical information from the bottom up to that time. As for the standards of health indicators, in the 1920s–1930s each country formulated these indicators autonomously. This caused trouble to make comparisons not only between countries, but even between regions of the same country. At the end of the 1920s, the need for common global indicators for health assessment, which could be used to show regional differences, was discussed at the international level. However, the publishers of the Soviet statistical collections did not stop these methodological problems. They liked to make arbitrary comparisons between countries, proving the advantages of the Soviet State.

Table 1. Mortality rates of the population of Western Europe and the USA in the 1935 edition¹⁵

	England	Germany	Italy	Sweden	France	the USA
1930	11.4	11.1	13.7	11.7	15.7	11.3
1931	12.5	11.2	14.8	12.5	16.3	11.1

Modern demographic studies do not confirm the absolute figures published in the mid-1930s. In the classified archives of medical departments, researchers found primary data that summarily give a different picture of reality than the reference books presented in the 1930s. Here we are not going to discuss the problem of the reliability of figures coming from the field. These may have their own claims, generated by the methods of collection and the quality of the research network. In this case, we are talking about discrepancies in the scattered (recorded in archival reports) and generalized (published in reference books) figures. They are explained by the fact that in the interests of propagan-

13 E. Ogryzko, op. cit., vol. 1, p. 20.

14 Ibid., p. 37.

15 *Smertnost'*, [in:] *Bol'shaia meditsinskaia entsiklopediia*, 1st ed., vol. 31, Moscow 1935, p. 13–14.

da and planning, the employees of the State Planning Commission had to inconveniently process data (calculate, summarize or compare) in a special way in order to create the illusion of well-being. The existence of such practices is evidenced by published interrogation protocols of Gosplan employees arrested for counter-revolutionary actions to undermine confidence in demographic statistics.¹⁶

In any case, in the mid-1930s, the officials of the People's Commissariat of Public Health of the RSFSR knew that although the general mortality rate decreased in comparison with the previous years of the Russian Empire,¹⁷ as well as during the Civil War and famine, its level was much higher than the party leaders declared (Table 2).

Table 2. Modern assessment of the main indicators of the movement of the population of the USSR in 1924–1940, made on the basis of primary data from the archives¹⁸

Year	Total coefficients per 1000 people		
	Fertility	Mortality	Natural Growth
1924	49.0	27.6	21.4
1925	47.3	28.7	18.6
1926	45.6	25.5	20.1
1927	46.3	26.5	19.7
1928	45.3	25.3	20.0
1929	44.1	26.5	17.6
1930	42.2	27.0	15.2
1931	40.5	28.0	12.5
1932	35.9	29.5	6.5
1933	34.7	71.6	-36.9
1934	30.4	21.7	8.7
1935	33.0	20.6	12.4
1936	34.6	20.0	14.7
1937	39.0	21.7	18.2
1938	39.0	20.9	18.2
1939	40.0	20.1	20.0
1940	36.1	21.7	14.4

If we analyze the difference between the figures obtained by a similar method of accounting and calculus, the following bleak picture emerges. The catastrophic increase in mortality in 1933 was caused by the severe famine that hit the country after the collapse of agriculture during the first five-year plan. But beyond this pit, demographic statistics testified against the Soviet government and prompted the government to lie. In 1935, the mortality rate in the USSR was not 16%, but 20.6%. This was almost twice as high as in England, Germany and the USA. And in the second half of the 1930s, the mortality rate in the USSR did not fall, as the Bolsheviks assured each other, but grew, reaching the level of 21.7%. Reports of medical institutions stored in the archives of the economy testified

16 *Istoricheskie materialy: Dokladnaia zapiska zamestitelia nachal'nika sektora perepisi naseleniia i zdoravookhraneniia TsUNKhU Gosplana SSSR M.V. Kurmana*. Istmat, istmat.info/node/43693 [accessed 26.01.2019].

17 The data on the Russian Empire were taken from the annual "Reports on the State of Public Health and the Organization of Medical Assistance in Russia", published from 1902 to 1916.

18 E. Andreev, L. Darskii, T. Khar'kova, *Naselenie Sovetskogo Soiuza. 1922–1991*, Moscow 1993, p. 57.

that, firstly, infectious diseases, and, secondly and thirdly, diseases of the respiratory and digestive organs (Table 3) resulted in death.

Table 3. Mortality rates of the urban population of the USSR by major groups, per 100,000 urban population¹⁹

Causes of death	Year		
	1926	1937	1940
Infectious and parasitic diseases	314	619	509
Respiratory diseases	186	323	339
Diseases of the digestive organs	170	383	335
Diseases of the nervous system and sensory organs	100	107	99
Circulatory diseases	92	196	178
External causes	62	112	76
Oncological\cancer diseases	63	90	82

Among infectious diseases the highest mortality rate was given by pulmonary tuberculosis, measles and dysentery; among the diseases of the digestive organs – toxic dyspepsia and acute gastroenterocolitis in children under three years; among respiratory diseases – pneumonia.²⁰ These six nosological forms caused about half of the deaths. So, in 1940, they provided 51.2% of the total mortality of the population: mortality from pneumonia was 17.1%, from toxic dyspepsia and acute gastroenterocolitis – 15.2%, from tuberculosis – 8.7%, from measles – 5.9%, from dysentery – 4.3%.²¹

Such high rates of mortality from these diseases were determined, firstly, by their prevalence, and secondly, by the lack of effective treatment at the disposal of doctors. The same six diseases determined high infant mortality (Table 4).

Table 4. Infant mortality per 1000 births

Year	1926	1927	1928	1929	1930	1931	1932	1933	1934	1935	1936	1937	1938	1939	1940
the USSR	197	182	182	190	196	210	213	317	204	198	186	184	174	168	184

Source: E. Andreev, L. Darskii, T. Khar'kova, op. cit., p. 57.

Infant mortality rates in European countries achieved by the early 1940s were significantly lower: in Belgium – 82, France – 69, Finland – 68, Denmark – 59, Great Britain – 55, Sweden – 43, Holland – 37 per 1000 newborns. Approximately the same level was observed in Canada – 78, the USA – 55, Australia – 43.²² Moreover, the backlog of the USSR from other countries increased steadily. Thus, at the turn of the century it averaged about 100 per 1000 newborns, then by 1940 it increased to 120.²³

19 RGAE, f. 1562, op. 33, d. 2638.

20 Ibid.

21 Ibid.

22 WHO *Mortality Database*, World Health Organization, who.int/healthinfo/statistics/mortality_rawdata/en/ [accessed 24.05.2019]. Only in three European countries this index exceeded 100 per 1000: in Italy – 107, in Spain – 120, in Portugal – 131.

23 E. Andreev, *Snizhenie mladencheskoi smertnosti v Rossii v 1940–1958 gg.*, [in:] *Razvitie naseleniia i demograficheskaia politika. Pamiati A. Kvashi. Sbornik statei*, ed. by M. Denisenko and V. Elizarova, Moscow 2014, p. 108–128.

High infant mortality also determined the low life expectancy rates that existed during the period under review²⁴ (Table 5).

Table 5. Estimation of life expectancy in the USSR in 1927–1940

Year		1927	1928	1929	1930	1931	1932	1933	1934	1935	1936	1937	1938	1939	1940
Life expectancy in the USSR	M	35.5	36.5	36.2	33.7	33.2	31.1	10.3	35.6	36.9	37.7	35.2	37.2	40.5	38.6
	F	39.7	41.4	38.7	39.5	36.8	34.5	13.0	41.0	42.4	44.7	44.8	45.7	46.8	43.9
	both sexes	37.5	38.9	37.4	36.5	35.0	32.8	11.6	38.2	39.6	41.1	39.9	41.4	43.6	41.2

The birth of utopias

Since we work with the same primary data in the archives that Gosplan employees processed, the discrepancies in the generalized figures can only be explained by the fact that the planners wanted (or were forced) to retouch the situation and hide scientific statistics from literate fellow citizens (potential internal enemies), and also from foreign readers (external enemies) and historians (future enemies). Subsequently, it would become a habitual practice for Gosplan.

Apparently, under the Commissioner of Health Michail Vladimirsky (1930–1934), who held this post concurrently with a much more important post of the chairman of the Central Audit Commission of the CPSU (b), there was no conflict between the fabricated statistical reality and medical reality. In 1922–1924 and in 1926–1927, Vladimirsky was in leading positions, first in Gosplan of the Ukrainian SSR and then in Gosplan of the USSR, creating a bloated plan for the first five-year plan and ‘control figures’ in medicine.

During his years of health management, the Commissariat for Health provided statistics from two sources – in the form of poorly organized current reporting from medical institutions and in the form of generalized data and ‘control figures’ from the State Planning Commission (Gosplan).²⁵ Based on fantastic figures, the policy of the first five years led to economic imbalance, starvation and the death of millions of people. The failure led the planners to focus on the priorities. Apparently, Vladimirsky was the initiator of the subordination of Soviet health to the tasks of industry and defense.²⁶ Through medicine, he sought to increase the working capacity of the surviving workers and to make the most of the rather meager investments in health care to develop industrialization and de-

24 Life expectancy (average life expectancy) is an integral demographic indicator characterizing the degree of mortality of the population. It denotes the average number of years for the life of a person who has reached a given age, and is the final indicator of the mortality table. As a rule, the term ‘life expectancy’ means life expectancy at birth, that is, at the age of 0 years. The indicator is calculated on the basis of mortality tables.

25 *Zabolevaemost’ gorodskogo naseleniia i normativy lechebno-profilakticheskoi pomoshchi*, ed. by I. Bogatyrev, Moscow 1967, p. 8.

26 On the contradictions in the positions of the structures of the party-state apparatus and on the conflict of departmental interests of the People’s Commissars when discussing the first and second five year plans: O. Khlevniuk, R. Devis, *Vtoraia piatiletka: mekhanizm smeny ekonomicheskoi politiki, “Rossiiskaia istoriia”* 1994, no 3, p. 92–108.

fense.²⁷ Today, historians of Stalinism recognize the low effectiveness of this tactic, which was soon to be abandoned.²⁸

Having replaced him in 1934 as Commissar of Health, Grigory Kaminsky was a proponent of professional interests and exposed such a utilitarian approach to the problems of medicine. Having two years of study at the Medical Faculty of Moscow University, some experience of party leadership in Tula and Baku, organization of agriculture during the period of New Economical Policy, propaganda work in Moscow and the Moscow region, Kaminsky resolutely took up the new front of work. Doctors became his colleagues in the reorganization of health care – the head of the Military Medical Academy Valentin Kangelari and People's Commissar of Public Health of the Ukrainian SSR, Professor of the Chair of Social Hygiene of Kharkov University Moisey Gurevich.

Kaminsky was also a supporter of the reform inspired by Vladimírsky. However, he exposed its extremes and the utilitarian approach to his predecessor's medicine. In connection with this, the conflict between the State Planning Committee and the People's Commissariat of Health was manifested almost immediately. In 1934, the new team of the People's Commissariat of Health of the RSFSR received from the Health Sector a kind of 'road map' for implementation, and the following year – the published statistics of population growth, health promotion of the population and an expanded network of medical institutions. All this was the result of the magic of Gosplan over the results of the first five-year plan and contradictory directives for the second five-year plan. The problems, which demographic statistics constantly faced, are eloquently evidenced by documents stored in the Russian State Archive of the Economy (RGAE). In 1934, Gurevich, the head of Population and Health Accounting Sector, reported:

Indeed, as a result of the calculations, the results are obtained which establish in the RSFSR as a whole not an increase, as it should be, but a decrease in the population for 1933 (albeit an insignificant one – by 0.2%) against 1932.²⁹

In the same memorandum, Gurevich tried to justify himself saying that the data were inaccurate due to the poor performance of the registry offices (which did not have accounting books and were often closed), failures in the re-registration of city residents, the constant migration of large groups of people (special settlers, military and prisoners), thereby giving higher officials the opportunity not to recognize the summarized data.

In the future, these figures were, indeed, 'recalculated' and reached the proper level. On their basis, the heads of the Health Sector in the State Planning Commission – Mikhail Barsukov and Aron Zhuk – wrote a new plan for the development of Soviet medicine for the next five years. They used the mythical figures of the first five-year plan to formulate a knowingly impossible task for the regional health authorities. Their work was to be

27 C.M. Davis, *Economics of Soviet Public Health. 1928–1952*, [in:] *Health and Society in Revolutionary Russia*, ed. by S. Gross Solomon and J.F. Hutchinson, Bloomington 1990, p. 162.

28 D. Hoffmann, *Vzrashchivanie mass: Modernoe gosudarstvo i sovetskii sotsializm. 1914–1939*, Moscow 2018, p. 186–207.

29 RGAE, f. 1562, op. 329, d. 132, p. 36–38; *Dokladnaia zapiska polnomochnogo predstavitelia nachal'nika UNKhU RSFSR N. Solov'eva i nachal'nika sektora ucheta naseleniia i zdravookhraneniia UNKhU RSFSR I. Gurevicha zamestiteliu nachal'nika TsUNKhU Gosplana SSSR I.A. Kravaliu ob itogakh ischisleniia naseleniia RSFSR na 1 yanvaria 1934 goda*, 1934. Istmat, istmat.info/node/43694 [accessed 27.01.2019].

evaluated, according to compliance with these guidelines. In 1932 (even before the appointment of Kaminsky), the plan was discussed and approved at the All-Russian conference on health and worker's care planning initiated by Barsukov.

In the program brochure, Barsukov and Zhuk proclaimed the task of a new 'big leap' in health care and the continuation of the line of limited medical care.³⁰ And since this policy caused mass outrage of old medical professionals and even the publication of data on the growth of psychoneuroses and industrial injuries during socialist competitions, the planners announced the alternative figures as fraud, achieved through registration and counting.³¹ 'Sanitary statistics has not yet been restructured in class,' the state planners complained, 'The system of average numbers renders out sanitary indicators and does not provide a class picture of social changes' for individual industrial regions.³² That is, while making management decisions it was proposed to proceed not from the average figures in the country, but from indicative or selective statistics. At the same time, officials denounced Republican Commissars of Health for their confidence in the evidence of current reporting ('market surveys'). It was necessary to focus not on those said data, but to achieve the fulfillment of magnificent planned figures. In the next five years, they assured, the workers would be made healthy not by doctors, but by industrialization, collectivization, electrification, machinisation, and increased labor productivity. Then came a colorful description of future prosperity.

In a book dedicated to the management practices of Stalinism, David Hoffmann wrote about turning statistics from a diagnostic tool into an element of social utopia. He showed that a number of speculative categories which Soviet statistics worked with and which data was collected for, became realities and objects of regulation in the USSR, and by average values, managers leveled social reality and evaluated living people.³³

Obviously, practicing medical administrators, who knew the monstrous situation with mortality and morbidity, and were aware of the real state of hospitals and doctors, outraged the utopia of Barsukov and Zhuk. Kaminsky organized an inspection of the indicators for the first five-year plan issued to him by Gosplan and became convinced of their inadequacy. Leaving personally for the regions of the RSFSR and sending his employees there, the head of the People's Commissariat of Public Health received arguments against the 'control figures' imposed on him for the next five years. Half a year after his appointment (August 1934), he delivered an exposing report at the All-Russian Meeting of the Health Workers' Assets. The site for this was not chosen by chance. This meeting continued the tradition of the 1920s to convene All-Russian meetings of leaders of the local health departments and drug departments of Soviet republics. Who knew better the real situation and could judge the utopia of the State Planning Commission than they did? Collectively, medical administrators and doctors declared a sharp divergence of the statistical reality with the reality they worked in. In his report Grigory Kaminsky spoke about the horrific life of communism builders and the poverty of health care. He supported his

30 M. Barsukov, A. Zhuk, *Za sotsialisticheskuiu rekonstruktsiiu zdavookhraneniia: Osnovnye polozheniia vtorogo piatiletnego plana zdavookhraneniia v SSSR*, Moscow 1932.

31 *Ibid.*, p. 17.

32 *Ibid.*, p. 18.

33 D.L. Hoffmann, *op. cit.*, p. 211, 232.

observations with the quotations and testimonies of the senior-most party and state officials who could not be accused of slandering the Soviet state. The situation was especially bad with sanitation and epidemics.

After the meeting, Kaminsky was appointed Chief Sanitary Inspector of the Soviet Union. Six months later (January 1935) he made a report 'On the work and tasks in the field of public health in the RSFSR' at the 16th All-Russian Congress of Soviets. And there the Commissar again accused the State Planning Committee of silencing the real numbers of infectious diseases, and the government was passive in fighting epidemics. To change the situation, he proposed to centralize the management of medicine: to create the USSR People's Commissariat for Health and to hand over to him the management of medical statistics. Kaminsky held the New All-Russian Medical Administrators' Meeting in March 1935 and June 1936. As at the dawn of the medical profession, the chief medical inspector Jakob Wyllie,³⁴ in the fight against bureaucrats, tried to rely on medical mobilization and the power of expert knowledge, proved the special importance of medical specialists for the survival of the Soviet state.

Having established the People's Commissariat of Public Health of the USSR in 1936 and headed its work, Kaminsky created along with it an independent Department of Medical and Sanitary Statistics. At the head of it he put his namesake, a longtime student and collaborator of Professor Sergei Novoselsky – Lev Kaminsky. Novoselsky was recognized in Soviet Russia as an authority in the field of demographic statistics. He began teaching it even before the Revolution at the Higher Statistical Courses of the Central Statistical Committee, and under Soviet power he led the first two population censuses. Based on them, he and Arkadii Merkov, Yurii Korchak-Chepurkovsky and Grigorii Yershov compiled the first mortality tables of the Soviet population.

Lev Kaminsky had to unify the forms and achieve regularity in the reports of medical institutions and staff, provide the People's Commissariat of Public Health with real figures, and also develop standards for medical care based on data on negotiability, hospitalization and attendance. Methodical issues of accounting and calculation were to be solved by the Central Commission of Sanitary Statistics.

Debunking of the Utopia

When he entered into the struggle with Gosplan projectors, Kaminsky argued that their figures did not indicate a growing quality of life for the working people, or the flourishing of life culture. The high proportion of infectious and gastrointestinal diseases in the overall morbidity structure is determined by the influence of a whole complex of various causes, and, in particular, indicates the terrifying, in terms of hygiene, habits of communism builders and the sanitary conditions of everyday and working life they were driven into. Being a witness to this, the prominent Soviet military officer and politician Kliment Voroshilov confirmed that the omnipresence of dirt did not allow people to even notice

34 E. Vishlenkova, *The State of Health: Balancing Power, Resources, and Expertise and the Birth of the Medical Profession in the Russian Empire*, "Ab Imperio" 2016, no 3, p. 56–58.

the dirt.³⁵ In 1935, the popular sanitary editions explained to the Soviet collective farmers the need to build toilets and cesspools in the courtyards, urging them 'not to defecate anywhere.'³⁶ Soviet citizens did not use individual cutlery, did not have their own beds, bed linen, individual towels. Sanitary agitators urged them not to pollute the wells, do a wet cleaning of the rooms, air the rooms where several people slept, wash and change the laundry in the bath at least once every ten days. Doctors complained that they did not isolate patients with measles, diphtheria, scarlet fever and other acutely infectious diseases, and they slept in the same bed and ate from the same bowl with healthy neighbors, and clothes removed from dead people were used by their relatives and acquaintances.

Obviously, in Soviet conditions, sanitary norms declined due to the destruction of the traditional way of life and mass migration caused by the Stalinist modernization of the country: the deployment of large socialist construction projects, dispossessed disposals and deportations of entire nations during the implementation of Stalinist national policies, etc. The situation was accelerated by the rapid growth of cities. If by 1914 about 28.5 million people lived in them, which made up about 15% of the population of the Russian Empire, by 1940 the number of urban residents exceeded 63 million, and the proportion of urban population increased to 32%. The municipal infrastructure of cities simply could not stand it.

In the report, Kaminsky told doctors about the acute shortage of drinking water in cities, where water intake was made from unacceptable, from a sanitary point of view, places.³⁷ In most cities then there was no sewage system (Table 7). The archives, classified later as secret, testify today that in 1932 out of 1,200 cities and settlements of urban type there were only 337 with central water supply systems, and only 52 with sewage. By 1937, the situation remained virtually unchanged: out of 1,370 cities and towns of urban type central water supply was available in 388, and sewage – in 101.

Table 7. The number of cities and urban settlements, provided with water supply and sewerage

Cities\Year	1917	1928	1932	1935	1937	1940	1947
Total number		1202			1371	2952	3362
Provided with water supply	215	292	337	369	388	512	574
Provided with sewerage	23	43	62	77	101	185	230

Source: RGAE, f., 1562, op. 41, p. 65.

Soviet people lived crowded. Modern studies of the Soviet everyday life showed that in 1940 the provision of living space per person living in cities and working villages without temporarily living and not registered was 5.3 square meters per person, and in the capital there was 4.8 square meters per person.³⁸ At the same time, several million people lived in damp, cold basements and semi-basements, in dormitories and barracks at factories and mills.

While it was possible to talk about the true state of things and about party responsibility for the lives of the working people, publications with chilling details appeared in the

35 G. Kaminsky, *Okhrana zdorov'ia v Sovetskom soiuze*, Moscow 1935, p. 21.

36 *Bor'ba s detskimi bolezniami v kolkhoze*, Moscow 1935, p. 18.

37 See, for example, G. Kaminsky, op. cit., p. 23.

38 *Sovetskaia zhizn'. 1945–1953 gg.*, ed. by E. Zubkova, L. Kosheleva and G. Kuznetsova. Moscow 2003; RGAE, f. 1562, op. 33, d. 1682, p. 88–99.

Soviet press. In 1930, Boris Kremlev wrote about the sanitary conditions of the builders at the tractor plant in Chelyabinsk.

In both sites there are solid double-decker bunks, where seasonal workers are placed together with their wives, children, with all their household belongings [...]. The whole life flows on the bunks: they sleep, eat, drink tea, repair and renew the harness, tools, wash clothes, prepare food there. There are no tables, stools or other furniture [...]. No bedding was issued from the organization, and seasonal workers slept on what one had: pieces of old blankets, rugs, mats, outerwear [...]. There are not enough lamps [...] that is why evenings in hostels are almost always dark [...]. Dryers for clothes are not arranged, and they are dried at the furnaces on a wire. Unpleasant smell, moisture, dirt, dust [...]. There is no washbasin at all in one dormitory, it is replaced by a water tap located in a semi-cold room. From this tap horse breeders take water for horses. Spilled water freezes on the floor in a thick layer; such a 'washroom', of course, is avoided by the workers [...]. The latrine is in the courtyard, cold, 70–80 meters from the building. Therefore, as well as because of poor culture of seasonal workers, the entire territory of the hostel is polluted with excrement. There are no garbage pits and dirty water from washing floors, leftovers from cooking and other garbage – all this was poured out and thrown out in the immediate vicinity of the entrance to the building.³⁹

Even more terrible pictures were painted by special reports created by the secret-political department of JSPD of the USSR in 1931:

At Stalingrad Tractor Plant in the barracks where newly recruited workers are stationed, there are no beds, workers sleep in outerwear, lice is widespread [...]. At (the) Red October factory in barrack No. 35 on December 3rd the temperature was zero. The windows are not glazed, the workers sleep in clothes [...]. At (the) Barricades factory, the bath has not been working for a month and a half due to the boiler malfunctioning [...]. In the barracks where the workers live, there is overcrowding, lice, lice are found even in the tables [...]. Quarantine barracks at (the) Barricades plant are not equipped. The barracks are not heated, there are no beds and mattresses. The materials were transferred to the prosecutor's office, but there are still no results on them.⁴⁰

And, finally, large-scale irrigation of the Volga region and the development of new land areas in the North Caucasus hit the health and lives of Soviet citizens. These projects were accompanied by the construction of colossal reservoirs and canals, which, as party informants testified, became foci of breeding malaria mosquito and more than double (from 200–250 to 500–550 cases of diseases per 10,000 population) increase in the incidence of malaria. In the 1930s, the spread of the malaria mosquito became so large that in the Azov-Black Sea region, Dagestan, the Volga region, Kazakhstan, in the North Caucasus, and even in Siberia, any deep puddle filled with water ditch or pit became outbreaks of malaria.⁴¹

39 B. Kremlev, *O mediko-sanitarnom obsluzhivanii stroitel'stva traktornogo zavoda v g. Cheliabinske*, "Na fronte zdravookhraneniia" 1930, no 7–8, p. 39–40.

40 Central Archive of the FSB of Russia, Moscow [CA FSB RF], f. 2, op. 11, d. 47, p. 479–480.

41 G. Kaminsky, op. cit., p. 15.

That is, one cannot say that, before Kaminsky, the party leadership did not know, did not have information about what was happening in the country, did not understand the size of the disaster with morbidity, mortality and their causes. It is another matter that such victims did not seem a disaster to political fighters. The logic was as follows: the party saved lives of old doctors, released a whole army of new doctors, created republican and all-union People's Commissariat of Health. Taking care of the life of Soviet people is the duty of their department, and we must have given them credit for that. Neither the party nor the government is responsible for illness and death. Everything related to the distribution of money, the growth of the medical network and the conclusions looked good.

Hospital growth figures

If we are guided by the data provided by Gosplan's health sector, the main Soviet achievement was the widespread availability of medical care. According to Barsukov and Zhuk, these opportunities were the result of unprecedented financing of health care, the establishment of new medical institutions. The care of the authorities was proved by the figures, which were subsequently reproduced in Soviet statistical publications, medical encyclopedias, and historical studies.

According to the State Planning Committee, by 1932 the number of outpatient clinics, hospitals, hospital and maternity beds had increased several times (Table 9). To demonstrate the striking contrast, numerical data for 1913 were reduced in accordance with the borders of Soviet Russia.

Table 9. Health System Extension⁴²

Years	1913	1928	1932
Medical outpatient sites	4282	14216	19245
Hospitals	8461/4554*	5700	7800
Beds	227868/175690	247000	411300
Maternity beds	7543/6824	26998	43657

* We indicated two figures: one reflects the number of beds, hospitals and cites within the borders of the Russian Empire according to pre-revolutionary sources, and the second – within the borders of Soviet Russia on September 17, 1939. In the Soviet reports and plans until the beginning of the Second World War the second of them was indicated. After the war, other figures began to be used: in 1913 – within the USSR at the time of drawing up the corresponding table, i.e. within the borders of the USSR in 1960, in 1966, etc. Data after the fraction taken from RGAE, f. 1562, op. 18, d. 192. 'Reference statistical materials on health care for 1913, 1932, 1937, 1940. Department of Health CSB Gosplan USSR. For administrative use'.

42 From *Otchet o sostoianii narodnogo zdavii i organizatsii vrachebnoi pomoshchi v Rossii za 1913 god*, Petrograd 1915, p. VI; S. Novosel'skii, *Obzor glavneishikh dannykh po demograficheskoi i sanitarnoi statistike Rossii*, [in:] *Kalendar' dlia vrachei vsekh vedomstv na 1916 god. Visokosnyi*, ed. by P. Bulatov, p. 2, Petrograd 1916; *Zdravookhranenie v SSSR. Statisticheskii spravochnik*, ed. by G. Konstantinov, Moscow 1957, p. 37; *Zdravookhranenie v SSSR. Statisticheskii sbornik*, Moscow 1960, p. 188; *Zdravookhranenie v SSSR. DSP*, Moscow 1966, p. 48–49; RGAE, f. 1562, op. 18, d. 192; op. 41, d. 65, p. 213.

These figures showed the following ratio of hospital beds and population (Table 10):⁴³

Table 10. Relative rates per 10,000 population

Years	1913	1928	1932	1937
Beds (per 10,000 population)	12.6	16	25	36

Kaminsky's comment revealed the secret of success achieved by stretching very scarce resources into a large and heterogeneous space. No miracle happened: the quantity was achieved at the price of quality. Apparently, in order to obtain the desired growth figures, in the Soviet Union any cabin or barn where it was possible to put beds was declared a hospital.

Kaminsky and his staff argued that the vast majority of open hospitals were located in so-called 'adapted buildings'.⁴⁴ Their planning made it difficult, and sometimes made impossible, the deployment of structural units of medical institutions. Many of them did not have plumbing, sewage, electricity, and needed either major or current repairs. At the same time, the funds and trusts allocated by the central government for repairs and construction were withdrawn from physicians by local authorities.

During the random inspection of the People's Commissariat of Public Health, the sanitary condition of most open hospitals turned out to be depressing.

Come to many hospitals that have all-Union names [...], – Kaminsky appealed to his party comrades, – come there as a patient, and sometimes you run the risk of an additional disease, – a nervous injury from just one fact of your placement in this hospital. [...] Insanity, rudeness [...]. The hospital immediately makes you feel gloomy: you see dirt, a dirty sheet: you cover yourself with a blanket and make sure that they have covered others many times, it is spat upon; on the table you are given a cup that looks like all hell of a mess. When you pass through this hospital, you see that food is lying on the tables, flies are crawling.⁴⁵ 'Suvorov Hospital of the North Caucasus Krai. There is a bath in it, but it is out of order [...]. There is no stock of firewood in the hospital. There is no disinfecting chamber, no autoclave, no warm blankets, shoes [...]. Often there is no kerosene at all. The hospital building looks like a barracks. There is no operating room, no dressing room, not even a doctor's office [...]. Such a hospital, – Kaminsky considered, – is better to close. It brings not benefit, but harm, causing fair discontent of workers.⁴⁶

The discrepancies between the state planning figures and the medical reality were confirmed by the members of the rural commissions of the People's Commissariat of Public Health of the RSFSR that conducted the hospital examinations.

43 From: RGAE, f. 1562, op. 18, d. 192; *Zdravookhranenie v SSSR. DSP*, Moscow 1966, p. 46; *Zdravookhranenie i sotsial'noe obespechenie v SSSR. Statisticheskii sbornik*, Moscow 1976, p. 47.

44 'The bed network is increasing almost exclusively at the expense of the transient construction projects that are being put into operation and the adaptation of the premises transferred by the executive committees [...]' [*On the basic guidelines of the 1937 health plan*, Moscow 1936, p. 7].

45 G. Kaminsky, *Zadachi sovetskogo zdravookhraneniia*, Moscow 1936, p. 18.

46 *Idem*, *Okhrana zdorov'ia*, p. 31.

The sanitary condition of such hospitals as Petrovskaya, Vysotskaya, Elburganskaya, Sulimovskaya [North Caucasus Krai – SZ, EV] and others is unsatisfactory, – the participants of one such commission testified in 1935. – Everywhere dust, dirt, on the bedside tables you will always see food, from the bedside tables – rotten products. Products can be found not only in the cabinets, but, as it was in Vysotskaya hospital, under the pillows of patients. Linen is ragged, faded, most of the beds are with boards, and it is not by chance that bed bugs and fleas are found in them. Sanitary treatment of patients is carried out far from everywhere. Of the 11 hospitals examined, we saw sanitation only in four.⁴⁷

Not only the hospital wards, but also the dressing, procedural, and operating rooms did not meet the most tolerable standards.

The unsanitary conditions of patients in hospitals were aggravated by a lack of bed linen. Instead of normally required 5–6 sets per bed, Russian hospitals in the 1920s–1930s had, at best, two, and most often one or one and a half sets of old linen. Similar or worse situations were recorded by members of the commission in Karachay Autonomous Oblast, Chelyabinsk Oblast and many other areas.⁴⁸

The government reported in the statistical reference books about the huge amounts of budget assignments to health care. At the same time, administrative documents of that time give out administrative practices that turned these figures into fiction. Local leaders constantly took from the medical institutions the funds allocated by the central government not only for repairs and construction, but even for the nourishment of patients. In 1935, Gudermes Hospital received 3,800 rubles instead of 16,400 for the nutrition of patients, and did not receive a penny for administrative expenses. Izobilnensky District Hospital in Moskovskoe received 2 thousand rubles instead of 15 thousand. Shpakovsky District Hospital in Mikhaylovsk received 663 rubles for food instead of 19 thousand. ‘Can you imagine how well the patient was fed for 20 kopecks a day!?’ asked the participants of the Third Plenum of the Central Rural Commission of the People’s Commissariat for Health.⁴⁹

Judging by the orders and directives of that time, instrumentation of the existing and newly opened hospitals with medical-diagnostic facilities and medicines was extremely scarce. ‘The material base of our medical institutions is still very weak,’ the People’s Commissar for Health was forced to admit in 1935. Judging by the text of his order, then it was still possible to refer to the positive experience of foreign countries and recognize that ‘we lack many technical achievements that have long been included in European and American practice.’⁵⁰

According to the data collected by the Kaminsky team, the medical institutions’ requirements for medical equipment were covered by 20%,⁵¹ for instruments – from 5 to

47 *Third Plenum of the Central Rural Commission of the People’s Commissariat for Health, Voronezh 1935*, p. 20.

48 *Ibid.*, p. 25.

49 *Ibid.*, p. 21.

50 *On the basic guidelines of the 1937 health plan*, p. 5.

51 G. Kaminsky, *Zadachi*, p. 24.

25%, for medicines – about 20%.⁵² The doctors did not even have such drugs as aspirin, codeine, potassium iodide, bismuth, urotropin. Patients also could not buy them in pharmacies. 'The trade in medicines and objects of sanitation and hygiene is an extremely backward and neglected section of our system [...],' V. Molotov confirmed the words of the People's Commissar for Health at the session of the CEC in January 1936 – 'Many of our medicines are of low quality, a number of the most important medicines are still in short supply, we are poorly promoting pharmacy goods to the village, and we have little use of new medical devices. The network of pharmacies, especially in the districts, is insufficient, the trade in sanitation and household medicine in the general store and the state trade is weak and unsupervised.'⁵³

Import of drugs from abroad was blocked (the only exception was quinine for the treatment of malaria). And 'the main supplier of medicines, the Vokhimfarm trust', Kaminsky reported in 1936, '[...] steadily reduced the production of medicines, increasing production of technical, photochemical and other goods for the heavy industry and trade at this expense.'⁵⁴ The list of medical instruments produced in Russia was short.⁵⁵ The main plant for the production of electro-medical equipment Lamo in the mid-1930s reduced the range of manufactured medical devices from 33 to 14.⁵⁶

The quality of the tools was low, and sometimes 'completely unsuitable.'⁵⁷ Steel of poor quality, unstable nickel plating got off after several boils. Locks of hemostatic forceps either did not open or did not close. The syringes were rough work, the pistons were bad, the needles were too thick.⁵⁸ 'Important drugs,' the commissar denounced drug manufacturers, 'like chloroform for anesthesia, deteriorate and flow off, as the glass industry supplies bottles with badly ground stoppers; Due to the poor quality of the glass ampoules, the production of injection solutions is delayed. The poor quality of the supplied paper did not allow to make mustard plaster.'⁵⁹

Judging by the critical reports and articles of 1934–1937 by Kaminsky, behind the facade of statistical reality created by the plans of the five-year plans and social engineering projects, the infrastructural, economic and even organizational weakness of the Soviet state was hidden.

'Army of doctors'

According to the state planning figures, during twenty years of Soviet power, the number of doctors in Russia increased 3.5 times and reached 105,567. Three years later, it was 130 378. This is confirmed by the current reports delivered to the People's Commissariat of Public Health.

52 Idem, *Okhrana zdorov'ia*, p. 68.

53 *On the basic guidelines of the 1937 health plan*, p. 26.

54 G. Kaminsky, *Zadachi*, p. 23.

55 Ibid., p. 24.

56 Idem, *Okhrana zdorov'ia*, p. 68.

57 Idem, *Zadachi*, p. 24.

58 Idem, *Okhrana zdorov'ia*, p. 69.

59 Ibid., p. 67.

Table 11. The increase in the number of doctors according to official data⁶⁰

Years	1913	1928	1932	1937	1940
Doctors	29438	63200	76027	105567	130378
Care staff	29986	113700	220500	304900	472000

The data indicated a progressive doctor-patient ratio, which equalized the USSR with economically prosperous countries of the time:⁶¹

Table 10. Relative rates per 10,000 population

Years	1913	1928	1932	1937
Doctors	1.7	5	5	7
Beds	12.6	16	25	36

However, the expeditions of People's Commissariat for Public Health to the regions showed that Gosplan statistics was hiding the asymmetry in the distribution of doctors throughout the country. The imperial system of privileges and rewards for the medical service in distant or difficult conditions was broken. The new generation of doctors had no incentive to go either to the abandoned corners of the country, or to the ruined villages. The data of the provision of rural population with medical assistance indicated the lack of success of the Soviet government in comparison with the Russian Empire: 0.7–1 doctor per 10,000 population.

'We have shameful data from the village,' Kaminsky assured back in 1934.⁶² At a meeting of medical administrators, he cited different figures from Gosplan: 64% of district ambulatories do not have doctors at all. From 3716 cites there are 2412 without doctors. The situation is particularly difficult in Dagestan, where 87% of the cites do not have a single doctor; in Far-Eastern Krai – 82%, in Ivanovo region – 86%, in Sverdlovsk region – 91%, in Bashkiria – 82%, in Eastern Siberia – 80%. The fourth part of rural hospitals does not have a single doctor. In Moscow region 35% of rural hospitals are completely without doctors, in Ivanovo region – 36.7%, Sverdlovsk – 33%. In Yakutia, 70% of hospitals do not have a single doctor. Approximately the same situation in Buryat-Mongolia and several other areas.

The Commissar did not report the way these figures were obtained. He only complained: 'To say exactly, statistically, what is being done in the village with medical personnel is quite difficult. We did not find any figures in the People's Commissariat of Public Health 'inherited from Vladimirsky – *authors*' (voice from the spot: especially data). Yes, especially exact data. It is necessary not to invent figures, but to take figures from state statistics. They need to be handled, and all the other numbers – this is 'work goes with a swing under the master's hand.'

And although the statistics on the provision of medical care to citizens looked quite encouraging (in 1933 there were 13.3 doctors per 10,000 population in the cities of the

60 See footnote 43.

61 See footnote 45.

62 *XVI Vserossiiskii s"ezd Sovetov 1935 goda. Biulleten' no 11*, p. 25. The Russian State Public Historical Library, elib.shpl.ru/ru/nodes/10879#mode/inspect/page/427/zoom/4 [accessed 27.01.2019].

RSFSR), Kaminsky assured that these data did not reflect the real situation either. Many of the counted city doctors did not do the diagnostic work and did not work with patients. Some Soviet doctors were in leadership, some were engaged in sanitary and anti-epidemic activities, some worked in research institutes and, finally, a very substantial part of city doctors was, by Kaminsky's ironic remark, 'next to the affaires': in health centers, insurance offices, arranged the bulletins, met at the selection committees, in a word concentrated in the office.⁶³

That is why in order to get an appointment with the doctor it was necessary to sit at the door for at least three to four hours. In many city polyclinics, it was possible to call for a doctor only from seven to nine in the morning. 'What is home care now?', Kaminsky asked, and he answered. 'You can die twenty times, until you wait for the arrival of the doctor, and if you wait, you still will not get real help. A doctor at home is constantly in a hurry [...]. He has five minutes left for one patient. The rest of the time is spent on tram crossings and walking [...]. He often has no time to properly examine the patient. Treatment is conducted by a survey method – what is the temperature, what do you complain about, where do you work, for what period is a sicklist needed? Answer quickly, I am in a hurry. And the patient does not have time to recover, the doctor has already disappeared, like a meteor.'⁶⁴

Barsukov and Zhuk called the slowness of universities in training young doctors counter-revolutionary. The irritation of large-scale ideologues was caused by scientific and theoretical training, on which half-literate students stumbled. 'The old methods of teaching, based on the separation of theory from practice, are not completely eliminated,' planners blamed the medical school.⁶⁵ And the people's commissar for health and his deputies, professors of medicine, had the qualifications of a hurriedly trained army of Soviet doctors aroused rage. Kaminsky declared the 'unacceptably low, downright shameful' level of their knowledge.⁶⁶

In order to get attractive data of growth in the number of medical workers, the Soviet authorities had to lower the entry filters to medical schools. In 1918, entrance exams were canceled for them and it was allowed to enroll everyone 'without a diploma, attestation or qualification certificate from a secondary or any school.'⁶⁷ In 1918–1919, the number of only those enrolled in the medical faculty at Moscow University reached 5,000. Most of them did not have a secondary education, and some did not know how to read and write. According to the results of the first academic year, which ended with the expulsion of 90% of applicants, even ardent apologists of the proletarianization of the intelligentsia refused a cavalry attack in the production of doctors.

It was decided to create special courses for pre-university training, then the so-called working faculties. At the workers' department, young people were received by the directions of party, Komsomol, trade union organizations, volost, district and provincial executive committees, army political departments. A mandatory requirement was the work

63 G. Kaminsky, *Zadachi*, p. 15.

64 Idem, *Okhrana zdorov'ia*, p. 43.

65 M. Barsukov, A. Zhuk, op. cit., p. 19.

66 G. Kaminsky, *Zadachi*, p. 19.

67 Dekret SNK RSFSR ot 2 avgusta 1918 goda «O pravilakh priema v vysshie uchebnye zavedeniia RSFSR».

experience or service in the Red Army for at least three years. After the corresponding decree of the Council of People's Commissars of the RSFSR of 1920, the workers' schools began to function in all university cities, but the quality of training of their graduates remained doubtful.

The next innovation was the transformation of medical faculties of universities into the independent institutes of higher education (in 1930) and the reduction in the length of study there: four years at the treatment-and-prophylactic and three and a half years at the sanitary-preventive faculties. In this regard, the new institutes had problems with the teaching of natural science disciplines, which at universities were read to doctors by teachers of the departments of the Faculty of Physics and Mathematics. The shortened terms of training forced professors to reduce to the limit the amount of teaching in both theoretical and clinical disciplines. 'Four years is not enough,' Kaminsky voiced the opinion of reputable doctors, 'In four years you cannot make a good doctor. Quite often cripples come out, but not doctors.'⁶⁸ The People's Commissar was accumulating not only impressions of conversations with teachers, but also letters from recent graduates of medical higher education institutions who asked for additional training courses.⁶⁹

The 'brigade-laboratory method' affected the preparation of the first generations of Soviet doctors. Instead of systematic lecture courses that were recognized as inappropriate to the goals of training 'practitioners', only introductory and concluding lectures were given. The entire content of the course was to be mastered by students 'actively' in the course of group 'brigade' classes, which were conducted most often by assistants. The 'project method', 'Dalton-plan' and other innovations were closely connected with the brigade-laboratory method. With thousands of applicants, the educational groups (especially in the first year of study) were huge, but only a few of the most active and trained students could master the academic discipline. The political concept of the withering away of the doctor as a healing force played a negative role in reducing the quality of the training of doctors. Its protagonists argued that with the improvement of the life and lifestyle of the masses under socialism, the need for treatment would disappear, and doctors would become 'inspectors, instructors, organizers, educators.'

For several years, Kaminsky's exposing tactics produced positive results. In particular, as a result of his denunciations, educational experiments were discontinued. In 1934, at the 17th Congress of the Communist Party, Stalin called the medical education system created in the Soviet years 'a disadvantage bordering on the violation of the interests of the state.' However, the decree of the CEC and the Council of People's Commissars declared the republican people's commissariats of health to be responsible for the low qualification of young doctors. Medical institutions were provided by additional funds assigned to the construction, reconstruction and re-equipment of the training base, teachers' salaries increased, and the previous training periods were restored. In 1936, the entrance exams returned and a reasonable number of training places were established, the structure and curriculum for the training of a doctor, established at the imperial universities, were restored.

68 G. Kaminsky, *Zadachi*, p. 27.

69 *Idem*, *Okhrana zdorov'ia*, p. 75.

This corrective policy did not last long. In 1937, the Great Terror and mass repressions began in the country. Gosplan utopia was declared a reality, and the political authorities forced those who were allowed to live to believe in it by the power of terror. Marc Ferro and Alain Blum rightly pointed to the separation of the social and political worlds during these years.⁷⁰

Kaminsky himself and his comrades themselves were hit hard by the defeat of the geneticists they had defended. Soon, international congresses and conferences stimulated and supported by the Commissariat of the USSR were recognized as dangerous. Speaking at the June 1937 Plenum of the Party with the debunking report, the Commissioner signed the death sentence for himself and his deputies. Kaminsky, Kangelari and Gurevich were arrested and soon after that executed.

At the 18th Congress of the Party (1939) there was no criticism of public health care. The new leaders were given the task to expand and improve it, as well as to increase the population and growth of the working capacity of workers (that is, the capacity of the state).⁷¹ These events opened a new page in the policy of the Soviet state and closed the era of disputes over the right to determine versions of social reality.

Actually Kamensky and his team were not fighters against the totalitarian regime. They fought not against it, but for the political influence within this regime. They believed in the need of the party leaders to know the real situation. That is why they unveiled the statistical and narrative utopias of their competitors. And by eliminating this group of medical administrators, Stalin showed his acolytes whose was the right to determine the boundary between truth and utopia.

The task of modern medicine historians is not to unveil Soviet figures and evidences. They are already completely discredited in the works of historians of Stalinism. Studying the history of the production of statements about the state of health care and the medical situation in the USSR of the 1930s allows to see how scientific utopias were created, to find out the price of their approval in the history of science. The task of the Russian history of medicine today is the liberation from the language of totalitarianism and the frames of knowledge created then. Judging by the modern textbooks on the history of medicine for medical students, these frames continue to determine the nature of the reasoning about Soviet health care. Apparently, historians of medicine fail to get out of the power of state optics and concepts, invented during the political struggle of the 1930s.

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Wczesna radziecka medycyna: utopie statystyczne i narracyjne

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