



# Problems in Medicine and Health Care in Karakalpakstan During the World War II

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**Abstract:** The article discusses the widespread prevalence of infectious intestinal diseases and parasitic typhus among the urban and rural population of Karakalpakstan during the years of World War II. It also highlights the frequent occurrence of urban doctors recording deaths from acute respiratory diseases (such as influenza and measles), as well as tuberculosis and gastrointestinal diseases (such as dysentery and hemocolitis). Regarding the heads of the sanitary-epidemiological stations (in Nukus, Chimbay, Tortkol, Muynak, and others), it is emphasized that they worked not out of fear, but conscientiously, without regard for time and effort, as expected during the wartime period. During the war years, the attitude of urban populations toward modern medicine improved significantly. It highlights that doctors such as U. Khalmuradov, V. V. Voskoboynikov, V. P. Khaneeva, A. V. Poltoratsky, I. G. Lepeshkin, E. G. Ridaeva, S. Alimov, and others gained great respect and worked diligently among the population.

**Keywords:** Sanitary Epidemiological Examination, Healer, Infectious and Epidemic Diseases, Nurses, Fanya Efimovna Vaisberg, U. Khalmuradov, V. V. Voskoboynikov, Malaria Epidemic, Healthcare

## Introduction

The war against fascism is an important event in the lives of Uzbekistan people, as well as for all the peoples of the Soviet Union. The interest of humanity in this terrible war, which claimed the lives of tens of millions of people, has not waned over the years but continues to grow because it represents a pivotal, integral phenomenon in the history and historiography of the former republics of the USSR, now independent states. Alongside other peoples of the Soviet Union, the people of Karakalpakstan also made a significant contribution to the victory over fascism in World War II. Representatives from Karakalpakstan fought bravely and selflessly on the war fronts, while in the rear, the elderly, women, and teenagers worked tirelessly.

The healthcare sector in rural areas was less developed, as it was being newly formed on a scientific basis. In 1937-1938, there were 114 doctors and 896 mid-level medical

personnel working in the republic, and only in 1940 were 1.876 million rubles allocated to this sector. However, these funds were insufficient, leading to a sharp increase in mortality rates during the first years of the war, especially among children. Epidemics of acute respiratory and other particularly dangerous diseases began to spread everywhere. There were no special sanitary and epidemiological services even in the cities; these duties were assigned to local doctors. Rural medical outposts were unable to cope, and many of them did not even have doctors—only paramedics and nurses. They were housed in makeshift facilities—"mud-brick buildings with earthen floors, crumbling walls due to saltpeter, small windows... The collapse of the roofs and walls of these buildings is dangerous for the inhabitants and annually consumes so much money that a new building could be constructed. The medical staff lives in the same kind of rooms." (Central State Archive of the Republic of Karakalpakstan, p.69)

## Methodology

The methodology for this article will focus on a historical analysis of healthcare development in Karakalpakstan during World War II. It will employ a qualitative research approach, using a combination of primary and secondary sources. The primary sources include archival documents from the People's Commissariat of Health (Narkomzdrav) and testimonies from veterans and medical workers who served during the war. Secondary sources include published reports, academic articles, and official records related to healthcare services in Soviet Central Asia during the wartime period. The research will aim to explore the impact of the war on healthcare provision, demographic changes, and the challenges faced by the healthcare system in Karakalpakstan.

## Research Design

### 1. Data Collection:

#### *Archival Research*

Examination of documents from Soviet-era archives, including reports from the People's Commissariat of Health, health surveys, and official statistics on medical personnel, epidemic outbreaks, and demographic changes in Karakalpakstan.

#### *Oral Histories and Testimonies*

Utilising memoirs and accounts from veterans and healthcare professionals who worked in rural areas during the war. These personal narratives provide insights into the everyday struggles faced by medical personnel and the local population.

#### *Published Sources*

Reviewing books, articles, and research papers focused on healthcare in Soviet Central Asia during the 1930s and 1940s, to contextualise the findings and cross-verify the information obtained from archival and testimonial sources.

### 2. Data Analysis:

#### *Thematic Analysis*

Organising the data into key themes such as healthcare infrastructure, epidemic control, personnel training, and local attitudes towards healthcare. This process involves coding the information obtained from various sources to identify recurring patterns and issues,

particularly those related to shortages in medical personnel, facilities, and the socio-cultural dynamics affecting healthcare access in rural communities.

#### *Comparative Analysis*

Comparing healthcare conditions and policies in Karakalpakstan with those in other parts of Soviet Central Asia and the broader USSR. This analysis will highlight the unique challenges faced by Karakalpakstan due to its geographical, demographic, and economic context.

### **3. Interpretation:**

The analysis will interpret the findings within the broader framework of Soviet healthcare policy and wartime mobilisation. It will examine how the state's efforts to expand healthcare in rural areas were influenced by the war's impact on resources and personnel availability.

It will also assess how local factors such as traditional medical practices, religious beliefs, and the socio-economic situation of rural communities influenced the effectiveness of Soviet healthcare interventions.

#### *Methodological Challenges and Limitations*

This historical analysis may encounter limitations due to the availability and accessibility of archival records. Some documents may be incomplete or missing, and personal testimonies, while invaluable, may reflect subjective experiences that require careful corroboration with official records. Additionally, interpreting the socio-cultural context of rural healthcare in the 1940s requires a nuanced approach, as the interplay between Soviet policies and traditional practices may not always be straightforward or well-documented.

#### *Ethical Considerations*

This study will adhere to ethical standards in historical research, ensuring that all sources are cited appropriately. Testimonies and oral histories will be treated with respect, acknowledging the lived experiences of individuals while maintaining objectivity in the analysis.

### **Result and Discussion**

The increase in mortality and the rapid spread of epidemic diseases in 1941 forced the People's Commissariat of Health (Narkomzdrav) to organize sanitary-epidemiological brigades that were tasked with carrying out preventive measures in auls (villages) and collective farms. For example, in January 1942, a sanitary-epidemiological survey was conducted among the rural population of the Kungirod district. It was discovered that from November 15, 1941, to January 29, 1942, 19 children died in the 11 aul councils of the "Pravda" collective farm. Most of the children died from catarrhal bronchopneumonia, measles, scurvy, meningitis, and other diseases. The doctors conducting the survey indicated that the main causes of the children's deaths were the lack of warm clothing ("barefoot, without headgear, and rarely anyone in a coat, mothers carry young children on their backs without clothes, merely tied with a scarf, sometimes with a fever or after recovering from a cold"), the poor sanitary and hygienic conditions of the housing ("dampness, darkness, lack of ventilation, drafts, etc., as well as the complete absence of

personal hygiene among the collective farmers in caring for their children"), and prolonged, unbalanced, vitamin-deficient diets ("boiled rice, millet porridge, salted cabbage, which weakens the body's resistance in general, and especially in children, leading to scurvy").[3]

In subsequent years, diseases such as relapsing fever, dysentery, trachoma were common in rural areas of Karakalpakstan, and there were cases of typhus, typhoid fever, and measles. Even by the end of the war, the epidemiological situation in the republic remained difficult: diseases such as leprosy, venereal and skin diseases, trachoma, and tuberculosis were widespread. Labor veteran U. Tleubergenov recalled that "due to the decline in the standard of living of the population during the war, diseases such as cholera and plague spread among the population, since there were not enough medical institutions, medicines, and there were a lot of deaths. More than 20 people died in two villages of "Kazayakly." [4] Veteran of labor I. Shagilov also recalls the case when his sister fell ill and a mullah was called. He writes that in those years the population was reluctant to turn to doctors, more to mullahs and healers (tauip): "If he recovers - good, if not - they will cry, grieve and bury. Although at that time in Muynak there were hospitals and good doctors who came from Russia worked there. But at that moment it did not occur to anyone to turn to doctors" (Central State Archive of the Republic of Karakalpakstan, p.70)

The population, especially the rural population, in most cases turned to local healers (taubs, porkhans) and chiropractors. Usually, in each village there were porkhans and taubs, who treated the sick using various herbs, spells and prayers. Porkhans treated with various spells and prayers, driving out the spirit of "evil forces", taubs also let blood, treated with medicinal herbs. However, they were powerless against infectious and epidemic diseases. On the eve of the war, about 500 medical workers were sent to Karakalpakstan, but despite this, in 1940 there were only 2.4 doctors per 10,000 people [32], although, compared to 1925, this figure increased almost 6 times.

The Second World War left a serious mark on the demographic situation of the rural population of the republic, especially in 1941-1943. According to statistics, in 1941 the natural population growth was 5622 people, and in 1942 – already 6000, however, for the first seven months of 1943 this figure was 1720 people. At the same time, these figures were not accurate, since the registration of births, as well as deaths, was not always registered. "Even in the cities, not all the deceased are registered, and in general, few people care about registration in rural areas," said one of the documents of the People's Commissariat of Health of the republic. "Cemeteries are located in cities and villages in open fields, have no guards, everyone can dig graves and bury without any control or demand." [6] In most cases, the rural population did not seek medical help, preferring local taubs, healers. For example, in 1941, 13,937 births were recorded in the republic, in 1942 - 11,385, in 7 months of 1943 - 4,438, while in 1941 only 4,177 women in labor sought help from medical workers, in 1942 - 2,672, and in 1943 - only 537. The reason was considered to be religious prejudices and distrust of local medicine, as well as the lack of local personnel, since almost 80% of the medical personnel were representatives of European nationality.

**Table 1** Number of medical personnel in the Karakalpak ASSR in 1941-1943.

Year	Staff positions		Actually occupied	
	Doctors	Mid-Level Medical Staff	Doctors	Mid-Level Medical Staff
	1941	279	1082	105
1942	328	1123	163	589
1943	351	1140	134	560

To address the situation in rural areas during the early years of the war, the People's Commissariat of Health of the Republic sent young doctors and nurses to districts and collective farms, and organized advanced training courses for mid-level medical personnel. For example, in 1941, after graduating from the Samarkand Medical Institute, Fania Yefimovna Vaisberg arrived in Karakalpakstan by assignment and was sent to the Kegeyli district, where she worked throughout the war. She organized efforts to combat the epidemic in the district center and the villages, and later worked as the head of a medical district. In the same district, Zoya Kasymovna Kantarbayeva, a paramedic-midwife, worked for many years; during 1941-1945, she actively fought against infant mortality. Maria Borisovna Shlepina graduated from the Turtkul Paramedic-Midwifery School only in 1943 and worked in the villages and collective farms of the Kegeyli district until the end of the war. She actively participated in eliminating epidemic outbreaks, working around the clock under difficult conditions in a temporary hospital in the village, while also conducting house-to-house visits in the collective farms. The selfless work of nurse Praskovya Timofeyevna Zelepukhina, doctor and head of the hospital of the 5th village council Lidiya Ignatyevna Tikhonchuk, paramedic-epidemiologist Li Chan Ik, and others during the war years should also be noted. In the Karaozek district, doctors Antonina Petrovna Popova (head of the Medical Service of the 8th village council), Tedyia Singh (head of the district hospital), Tamara Alexandrovna Stepanova (pediatrician), and paramedics Zina Wai, Li Dan Sen, Kainarbayev, and others distinguished themselves.

Most of the mid-level medical personnel were graduates of the Turtkul Paramedic-Midwifery School: in just 1941-1943, 185 paramedics (including 12 paramedic-midwives) were trained there, the majority of whom were from local nationalities. Through the Red Cross and Red Crescent, 220 reserve nurses were trained; through the People's Commissariat of Health, 12 disinfectors, 1,218 heads of seasonal collective farm nurseries, 20 nursery patronage nurses, 174 anti-malaria disinfectors, 32 surgical operating room nurses, 23 doctors in military field surgery, and more were trained. (Central State Archive of the Republic of Karakalpakstan, p.45)

House-to-house visits by doctors and paramedics were carried out regularly, typically on foot. According to archival sources, in rural areas, as well as in most cities, "the work of medical personnel is associated with constant walking, and the lack of footwear makes it impossible for them to perform their duties." [9] The People's Commissariat of Health of the Republic even pleaded with the government to provide medical personnel with footwear, outerwear, and fabrics (manufactured goods).

The buildings of medical institutions also required attention and significant investments. For example, in the Takhtakupyr district, there was only one hospital and seven medical stations, all of which were located in improvised premises. The quality of medical care did not meet the needs of the population. People often sought medical help due to the worsening sanitary and medical situation in the district. In 1942 alone, 34,995 people were examined, and in 1943, 21,982. The most common illness was typhus. The district had 30 bathhouses and 18 disinfection chambers, but their functionality was far from ideal; even the bathhouse in the center of Takhtakupyr operated only twice a week. (Central State Archive of the Republic of Karakalpakstan, p.74). A similar situation existed in almost all districts.

In 1944, the republic had only 89 doctors, with 24 more arriving during the year. The existing 28 rural medical districts were staffed only by paramedics. There was a shortage of doctors, with only one-fifth of the positions filled, and only one-third of the mid-level medical staff positions occupied. In 1945, the total number of doctors increased to 106. However, with the end of the war, the outflow of specialists intensified, as the benefits and privileges for medical personnel working in remote areas were removed. (Central State Archive of the Republic of Karakalpakstan, 1)

Another reason was in the training of medical personnel. In one of the reports, it is noted that "among our doctors, we have almost no national personnel, and this issue urgently needs to be addressed." "With few exceptions, European medical workers, including both doctors and mid-level medical staff, exhibit a 'suitcase mentality,' and only firm refusals by the People's Commissariat of Health prevent Ukrainians from leaving for liberated Ukraine and, in general, all those wishing to leave Karakalpakia. Analyzing this desire to leave leads to the conclusion that our personnel, especially doctors, are not being properly prepared in universities, and they are intimidated by the deep periphery. While sitting on the student bench, they study social hygiene from books that describe sewer and water supply systems in Paris, Moscow, and Leningrad, but no one lectures them on how to combat unsanitary conditions in a neglected collective farm, where people don't know what a bathhouse is and where the entire area surrounding the dwelling serves as a toilet. Poor housing and general living conditions in rural areas of Karakalpakia add bitterness to their first impressions, and it takes a long time for a person to adjust. Over the course of 2.5



years (1941-1943), we have seen that 70% of the young doctors arriving are like hothouse flowers, almost not adapted to work in our conditions." (Central State Archive of the Republic of Karakalpakstan, p. 23-24)

In the summer of 1944, a malaria epidemic spread, with 20,279 cases reported. The government of the republic adopted a special resolution that outlined a series of measures to combat this disease. However, stopping the spread of malaria was difficult due to a lack of both personnel and medicine. In most cases, the population resorted to self-treatment using traditional folk methods because, on the one hand, there was a shortage of medicine, and on the other, there was still distrust of official medicine in rural areas. This is how Academician M. Nurmukhamedov describes his illness during the war years: "Once, I fell ill with malaria. The war was ongoing, and the medical service was facing difficulties. I remember the illness tormented me: usually, in the afternoon, I would suddenly be struck with a fever, I was terribly cold despite the summer heat, and I felt awful. Then these symptoms would subside, and I would feel better, but I would dread the next fever attack, which would return the next day, again in the afternoon. One day, my desperate grandmother brought two live common carps that she had bought at the market. She ordered me to undress and squat down, which I did. Right before my eyes, my grandmother cut open both fish, deftly removed their insides... Grabbing one of the carps, she started to hit my armpits with the inside of the fish, saying, 'Not my hand, but the hand of my pir Fatima (*Meniñ qolim emes, piyrim Biypatmanuñ qoli*). After finishing the treatment session, my grandmother ordered me to dress without wiping myself off..." (Alima, 2014).

At the end of 1944 and in 1945, the government of the republic began to pay significant attention to this area, particularly to the protection of motherhood and childhood. On December 15, 1944, the Council of People's Commissars (CPC) of the Karakalpak ASSR and the regional party committee, in accordance with the decree of the CPC of the Uzbek SSR and the Central Committee of the Communist Party of Uzbekistan on increasing state assistance to pregnant women, mothers of many children, and single mothers, strengthening the protection of motherhood and childhood, and establishing the honorary title "Mother Heroine" and the institution of the Order of "Maternal Glory" and the "Medal of Motherhood" on September 14, 1944, decided to open nursery schools with 80 places in rural areas. They also organized courses in the districts for the training and advanced training of nursery school nurses, ordered the freeing up and renovation of all kindergarten and nursery premises, and so on (Berdimuratova, 2017)

## Conclusion

However, after the end of the war, the healthcare sector experienced a period of stagnation, with an outflow of qualified workers, deterioration of existing medical facilities,

including pharmacies (which numbered only 14 throughout the republic, mostly in cities and district centers).

During the war years, the state sought to control all aspects of the population's life, including the small amount of free time that workers had. Significant changes occurred in the field of cultural services to the population during the war.

The main task of the cultural institutions of the Karakalpak ASSR became mobilizing forces for the defense of the Motherland, as well as addressing the key tasks of the national economy. Cultural workers explained to the population the nature, goals, and progress of the war, as well as the essence of Nazi ideology.

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