

Features of the formation of the health care system in Transbaikal during the period of the Far Eastern Republic

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Abstract

The formation of the health care system in Transbaikal after the revolution of 1917–1918 had a number of essential features that will be covered in this paper. In 1919, the organization of medical care in Transbaikal retained its pre-revolutionary structure. In connection with the tense political situation in eastern Russia and the serious danger of a military conflict with Japan, in the spring of 1920, a buffer state was created – the Far Eastern Republic (FER). The FER Ministry of Health was established within the framework of the administrative territorial unit. During this period, the Ministry of Health had to fight epidemics, organize medical and sanitary assistance for the population and provide medical support for the People’s Revolutionary Army. Throughout the FER’s territory, free access to all types of medical care (outpatient, inpatient, sanatorium and dental) was introduced for all working groups of the population. From that point on, the state medical authorities consolidated and directed all the FER’s medical and sanitary and veterinary affairs. The Ministry of Health consisted of a civilian and military administrative unit, a medical and veterinary council and local health institutions for the indigenous population. The institutions were involved in the organization of health care and conducted medical and preventive activities and statistical studies. Despite Soviet Russia’s comprehensive assistance, the FER’s economic situation remained dire and unstable. The deficit of skilled health workers and medical institutions prevented the improvement of the health care situation. Radical changes in the public health system became possible only after the accession of Transbaikal to the RSFSR. In the territory of Transbaikal during the existence of the FER (from the spring of 1920 to the end of 1922), the formation of a health care system aimed at providing all segments of the region’s population with access to qualified medical care was an ongoing process.

Keywords

history of health care, Transbaikal, Far Eastern Republic, Ministry of Health, medical care

The formation of the health care system in Transbaikal after the revolution of 1917–1918 had a number of essential features (Zhuravleva 1967, p. 116) that will be covered in this paper. Soviet rule had been established in central Russia and systematic organisation of a new health care system was being undertaken. Beginning in March 1918, one of the first health care measures to be implemented in the Transbaikal region was the merging of the management of medical and sanitary affairs into one body – the medical and sanitary council and its executive committee (Malaya entsiklopediya... 2011, p. 19). Meanwhile, civil war raged on in Transbaikal and in early September 1918, the Soviet regime in the

territory was temporarily overthrown (Shereshevskiy 1960, p. 4). The dismantling of the Russian state naturally impacted the state of health care in the Transbaikal region. The situation remained extremely tense and was exacerbated by the likelihood of a military conflict with Japan. There was a need to buy time, recover and isolate Japan from its allies by exploiting the differences between them (Ocherki istorii... 2009, p. 188, 192).

The purpose of this article is to analyse the features of the development of health care in Transbaikal during the creation of a buffer state, the Far Eastern Republic (FER). In 1919, the organisation of medical care in Transbaikal retained its pre-revolutionary structure.

Although the political coup in August 1918 and the seizure of power in Transbaikal by otaman¹ G.M. Semenov spared medical facilities from destruction, they failed to improve the conditions of the sector overall (Shalamov 2017, p. 156–166). In February 1919, the head of the Transbaikal Regional Medical Department in Chita presented the list of the region's medical institutions in Omsk. At that time Transbaikal had 43 hospitals of various departments with 1,321 beds. The in-patient medical base consisted of 4 city hospitals: in Chita (110 beds), Verkhneudinsk (35 beds), Troitskosavsk (35 beds) and Nerchinsk (30 beds). In the rural areas, there were 16 zemstvo hospitals with 270 beds. The largest were in Sretensk (70 beds) and Aksha (40 beds) and the rest had 10 beds each. The occupational health clinics of the Transbaikal Railway with 300 beds included two in Chita and Verkhneudinsk and three at Khilok, Mogocha and Zilovo stations.² The tense epidemiologic situation in Transbaikal required the provision of disinfection chambers. There was a shortage of permanent disinfection chambers in medical institutions: the Helios³ disinfection chamber was only operational at the Chita City Hospital.⁴

A hospital for fighting epidemics with 10 beds, a mobile disinfection chamber and a laundry room was opened in Nerchinsk on 1 February 1919 during a typhus outbreak.⁵ There were two mobile disinfection chambers on the Amur Railway in the Transbaikal region.⁶ The Transbaikal Railway also had a steam-formalin disinfection chamber in the form of a wagon, one Helios disinfection chamber installed in a wagon, two immovable Helios chambers and one steam-formalin disinfection chamber at the Khilok railway hospital.⁷ There was a dearth of qualified health workers. The doctor's post at Verkhneudinsk prison hospital, for example, remained vacant.⁸

The work of the health service leadership and the dedicated efforts of health workers facilitated the extensive development of the sector in this region. Data from 2 July 1919 show that the number of zemstvo hospitals had increased. Aginsky village in Chita district had an outpatient clinic and Tsugol had a hospital with 10 beds. In the Verkhneudinsk district, zemstvo hospitals were set up in Krasny Yar and Uralsk (10 beds each) and in

Mysovsk in the Selenginsky district (10 beds). Zemstvo admission rooms were opened in Barguzin, Zildinsk, Ulety, Turuntayevo, Kudara-Buryatsk (10 beds) and in Undinsk (4 beds).⁹ The Japanese Red Cross sent 82 boxes with medicines to Nerchinsk through the Cossack administration. The medicines were distributed among residents of Nerchinsk (Cossacks, townspeople, peasants and indigenous residents), as well as Nerchinsk, Nerchinsko-Zavodsky and Akshinsky districts.¹⁰

The epidemiological situation in the region remained tense. An excerpt from the minutes of a meeting of the Regional Sanitary Executive Committee held on 19 September 1919 indicates that an infectious disease hospital with 20 beds was to be built in the Sretenskaya Cossack village within four months. The total hospital and service area was to be 60 square metres. According to preliminary estimates, the construction was expected to cost 300,000 rubles.¹¹ However, there were challenges with work and construction materials, and the estimated cost had reached 1,728,367 rubles and 66 kopecks by December.¹²

Appropriate government agencies had to be established in order to solve the socio-economic problems of the region. The founding congress of Baikalia workers, which opened in Verkhneudinsk (Ulan-Ude) on 28 March 1920, appealed to all governments and peoples of the world on 6 April with a declaration of the establishment of the independent democratic Far Eastern Republic (FER) (Istoriya Buryatskoy ASSR... 1959, p. 140, 145). Transbaikal was part of the FER, and its administrative centre (Chita) became the capital city of the FER. The new state included Transbaikal, Amur, Sakhalin and Kamchatka regions and the right-of-way of the Chinese Eastern Railway (CER) (Batoev 2011).

Soviet Russia recognised the FER on 14 May 1920 and provided financial, diplomatic, economic and military aid (Namsaraev 1993, p. 38). The organisation of the public health service began with the establishment of the FER Ministry of Health.¹³ By the order of the head of the Main Department of Sanitation, F.N. Petrov, "senior physician of the Verkhneudinsk local surgical infirmary, Dr Serkov Nikolai, will be assigned to the FER Ministry of Health on 26 May 1920 in accordance with Order No. 17 of the FER Ministry of Health of 26 May 1920".¹⁴ Based on Order No. 6 of 5 November 1920, free access to all types of medical care (outpatient, inpatient, sanatorium, dental, etc.) was introduced throughout the FER's territory for all working groups of the population. On 30 November

¹ A title of Cossack leaders of various kinds. — *Editor's note.*

² State Archive of Transbaikal Territory (GAZK). F. 1. Op. 2 (vr). St. unit 1216. L. 3–4 ob.

³ Helios is a thermal disinfection chamber. It is a box made of corrugated iron and is divided into two parts: the lower part accommodates a hearth which heats air in the chamber through a hot plate, and the upper part is occupied by a hexagonal gauze cylinder in which the items to be disinfected are placed.

⁴ GAZK. F. 1. Op. 2 (vr). St. unit 1216. L. 15.

⁵ Ibid. L. 14.

⁶ Ibid. L. 13.

⁷ Ibid. L. 12–12 ob.

⁸ Ibid. L. 10.

⁹ Ibid. L. 27–27 ob.

¹⁰ Ibid. L. 35.

¹¹ Ibid. St. unit 828. L. 7.

¹² Ibid. St. unit 828. L. 9, 37.

¹³ GAZK. F. R. 1144. Op. 1. St. unit 1. L. 3.

¹⁴ State Archive of the Republic of Buryatia (GARB). F. R. 353. Op. 1. D. 16. L. 39.

1920, Fedor Nikolaevich Petrov¹⁵ was appointed the first Minister of Health of the FER.¹⁶ During this period, the Ministry of Health had to fight epidemics, organise medical assistance for the population and provide medical support for the People's Revolutionary Army (Fedotov and Mendrina 1975, p. 222). In his report, N.M. Serkov spoke about the restructured system for providing medical care to the public in the Baikalia region from 3 March 1920 to 1 October 1921: "After the establishment of the Ministry of Health by the new government, the health care sub-department was restructured into a district health care department on 22 April 1920, and was subsequently renamed the regional health care department, which took over civil medical facilities and institutions in 3 Russian districts and 3 Buryat aimaks. The transformation of the entire medical and sanitary department into a regular system was carried out throughout the whole of 1920 and early 1921".¹⁷

On 20 December 1920, the FER government approved the Charter of the Ministry of Health,¹⁸ which from that moment onwards directed medical and sanitary and veterinary affairs in the FER at the state level. The Ministry of Health consisted of a civilian and military administrative unit, a medical and veterinary council and local health institutions for the indigenous population. The following departments were created within the ministry: medical, sanitary and epidemiological, medical regions, medical communication routes, state medical evaluation, maternity and child welfare, pharmaceutical, sanitary and educational, general provision, financial, statistical, sanitary and technical and administration. The Ministry of Health was, therefore, in charge of managing "all medical and sanitary and veterinary institutions, as well as bacteriological institutes, plague control stations, sanitary trains, hospital ships etc., civil (migrant, railway, waterways, mining, etc.) and military departments and public non-governmental organisations (zemstvos, cities, the Red Cross Society, health insurance funds, etc.) throughout the territory of the Far Eastern Republic".¹⁹

The Baikalia region (Western Transbaikal) was established on 22 November 1920 by order of the FER government and the Transbaikal region, and its centre was located in Verkhneudinsk. The Baikalia Regional Health Department was established in October 1921. The Verkhneudinsk City Health Department and the Barguzin, Verkhneudinsk and Troitskosavsk District Health Departments were brought under the regional health department. There was a regional pharmaceuti-

cal warehouse in Verkhneudinsk, as well as Mini- (minimal) Pharmacies No. 1 and No. 2.²⁰ The law on medical practice in the FER was passed between 12 October and 23 October 1922.²¹ According to Article 43 of the principal law passed by the FER government, medical work in the republic was strictly regulated. Doctors and other health workers holding degrees from Russian universities, military medical academies and first aid/obstetric schools were granted the right to practice general medicine. Foreign medical professionals had to confirm their qualifications by presenting before a special committee and obtaining a properly issued identification card, and mid-level health workers, including military paramedics and nurses, were allowed to work only under the supervision of doctors. Due to the demand for obstetric care and the shortage of medical assistants and midwives, assistance to midwives was allowed only in special cases.

N.M. Serkov headed the Baikalia Regional Department of Health until 15 March 1922. He was also the commissioner in charge of eradicating tuberculosis in the region from 22 October 1920 to 15 March 1922. Tension remained in the organisation of medical service in the new political and socio-economic environment. In order to bolster party influence in health care agencies and institutions, an institute of political commissars with broad authority in organising assistance to medical institutions and monitoring their day-to-day work was established by Order No. 30 issued on 30 March 1921 (Shchupak 1967, p. 75). A report filed by one political commissar in the Baikalia Regional Department of Health on 18 September 1921 states: "Political work is progressing at a slow pace due to the lack of cadres and the minimal political evolution of low-level staff. In Verkhneudinsk hospitals, with few exceptions, under the influence of specialists, low-level staff is hostile towards the communist party and sometimes towards political commissars themselves. It is very difficult to work".²² One of the political commissars' tasks was to open libraries. The same report states: "At the moment there are libraries in hospitals in Verkhneudinsk and the regional department of health, each with 400–500 copies, and literature has been received to open libraries in the Barguzin and Troitskosavsk district health departments. Trade union work is progressing".²³ The FER Ministry of Health issued an order (No. 69, dated 18 October 1921) which states that "in order to implement the principles of universal independent medicine and facilitate systematic and coordinated work between all medical departments, except military medicine, an institute of representatives of the Ministry of Health shall be established, whose rights and duties shall be defined

¹⁵ Russian State Historical Archive of the Far East (RGIA DV). F. R. 1721. Op. 1 D. 2. L. 1.

¹⁶ GAZK. F. R. 1144. Op. 1. St. unit 1. L. 7.

¹⁷ GAZK. F. R. 200. Op. 1. St. unit 3. L. 1–2.

¹⁸ RGIA DV. F. R. 1721. Op. 1 D. 1. L. 2, 3, 6.

¹⁹ GAZK. F. R. 1144. Op. 1. St. unit 1. L. 3.

²⁰ RGIA DV. F. R. 1721. Op. 1 D. 11. L. 11.

²¹ RGIA DV. F. R. 1468. Op. 1 D. 107. L. 24–26.

²² RGIA DV. F. R. 1721. Op. 1. D. 11. L. 9.

²³ Ibid.

by a special charter”.²⁴ The head of the Regional Department of Health, N.M. Serkov, was appointed representative of the Ministry of Health in the Baikalia region.²⁵ With his direct involvement, based on Order No. 183 issued by the Baikalia Regional Department of Health on 22 November 1921, a maternity shelter with 25 beds and nursery facilities was established at the Verkhneudinsk city hospital for the first time.²⁶

In 1921 in the Baikalia region, the Verkhneudinsk City Department of Health was in charge of the Verkhneudinsk City Hospital, which was expanded to 80 beds; the *Ekonomiya* Public Hospital with 25 beds; an infectious disease hospital with 100 beds in addition to a cholera barrack with 30 beds; and a prison hospital with 50 beds.²⁷ The Verkhneudinsk District Health Department was in charge of Petrovskaya Hospital with an outpatient department, the Petrovsky Factory Mini-Pharmacy, the Khilok Village Mini-Pharmacy, 7 medical centres and 16 paramedical centres. The Barguzin District Department of Health had a city hospital and a Barguzin outpatient department, mini-pharmacies in Barguzin and Goryachinsk, Telyatnikovskaya Hospital, 3 medical centres and 13 paramedical centres. The Troitskosavsk District Department of Health had a city hospital in Kyakhta, an infectious disease barrack, an outpatient department, a mini-pharmacy in Troitskosavsk, Tamirskaya Hospital, 3 medical centres and 12 paramedical centres. However, due to its dire economic conditions and despite comprehensive aid from the RSFSR, the FER government on numerous occasions was forced to shift health care costs to local governments, leading to the closure of medical institutions, delays in paying health workers their wages and a monthly allocation of funds to the regional health department. In a general assessment of the situation, N.M. Serkov stressed: “One of the main reasons slowing down the work of health workers, besides their shortage, is the extreme material insecurity ... which has paralysed both the will and desire of the most ardent among them. Hunger and need – these are the two logs of the cross shouldered by the advocates of public health on their path towards Golgotha”.²⁸

In Eastern Transbaikal, the Chita City Department of Health began its work under the FER Ministry Health in August 1921 under the leadership of A.V. Segelman. City health departments were divided into sub-departments, modelled after district departments which

were established with permission from the Ministry of Health depending on local conditions (Chaban and Kolodinach 2011, p. 177). The Chita City Department of Health had the following sub-departments: medical, sanitary and epidemiological, maternity and child welfare, statistical, financial and accounting, pharmaceutical and clerical. In Chita and neighbouring areas there were a city hospital, a male and female psychiatric hospital, a regional zemstvo hospital, a children’s hospital and a prison hospital, as well as the Chernovsky mine hospital.

The Chita City Hospital shouldered most of the burden of treating patients during that period. It remained the only state-funded medical institution in Chita (the funds were allocated for only 100 beds). The city still faced epidemics of such diseases as typhus, scarlet fever and smallpox. The medical department received patients in an advanced, extremely severe stage, and mortality was as high as 91%. The city hospital had 30 beds for infectious patients, but there was a constant shortage of beds and every year hospitals and barracks had to be set up and health workers assigned to them (Chaban and Kolodinach 2011, p. 178). Because medical institutions were to be overseen by regional administrations, the institute of political commissars was abolished.²⁹ An excerpt from the order issued by the political inspectorate of the FER Ministry of Health No. 123, dated 25 October 1921, states: “Political commissars of the Baikalia Regional Department of Health will be assigned to the Military Main Sanitary Department”.³⁰

The congress of the indigenous Buryat people was held in Verkhneudinsk from 23 May to 3 June 1920 (*Istoriya Buryatskoy ASSR... 1959*, p. 142). The congress decided to preserve aimaks (counties) and khoshuns (districts) as national administrative territorial units (*Istoriya Buryatii 2011*, p. 42). The Ministry of National Affairs created in the FER was in charge of implementing national policy tasks based on the RSFSR’s experience. The indigenous Buryat population was therefore part of both the RSFSR and the FER. The Buryat-Mongolian Autonomous Region (BMAR) of the RSFSR had a population of 185,192, with Buryats constituting 70%. The FER Constitutional Assembly opened in Chita on 12 February 1921. A decision was made to separate the entire territory occupied by Buryat-Mongols into the special RSFSR BMAR. On 27 April 1921, part of the Baikalia region became part of the RSFSR BMAR. A resolution passed by the FER Constitutional Assembly stated: “From the territory inhabited by the Buryat-Mongolian people, a special self-governing region shall be formed, having the right for local legislation, without contradicting general laws of the Far Eastern Republic

²⁴ RGIA DV. F. R. 1721. Op. 1. D. 15. L. 47.

²⁵ Our study clarified and updated the biography of N.M. Serkov. It also assessed his organisational and medical work in Transbaikal (Batoev and Serkov 2017).

²⁶ GARB. F. R. 92. Op. 1. D. 5. L. 199.

²⁷ RGIA DV. F. R. 1721. Op. 1. D. 11. L. 9.

²⁸ GAZK. F. R. 1144. Op. 2. St. unit 37. L. 1.

²⁹ RGIA DV. F. R. 1721. Op. 1. D. 11. L. 68.

³⁰ *Ibid.* L. 73.

lic, and the region will be named the Buryat-Mongolian Autonomous Region".³¹

The FER BMAR did not have a continuous territory or a defined border. Buryat national administrative units – khoshuns³² and aimaks³³ – included only the Buryat-Mongolian population with isolated Russian settlements between them. The law on the interim administration of the FER BMAR was passed in Chita on 18 August 1921,³⁴ in accordance with which the following aimaks were created: Aginsky, consisting of 4 khoshuns; Barguzinsky, consisting of 7 khoshuns; Khorinsky, consisting of 10 khoshuns; and Chikoosky, consisting of 3 khoshuns (Namsaraev 1993, p. 40–43). The interim congress of aimak representatives elected an interim Buryat-Mongolian administration consisting of three people, one of whom was the chairman.³⁵ At the first national assembly of the BMAR, held from 12 October to 3 November 1921 in Chita, a new regional administration, now dominated by communists, was elected. Its structure included a presidium (5 people) and a secretariat. The administration consisted of the following departments: administrative, financial, public education, trade, military, judicial, public health, land, veterinary, tax office, police administration and revolutionary tribunal.

Therefore, by mid-1921, the administrative division of the autonomous region of the indigenous population of the FER consisted of four aimaks: Aginsky, Khorinsky, Barguzinsky and Chikoosky. Administrative territorial changes were implemented between 1921 and 1923, during which some khoshuns were disbanded or merged. By August 1922 the number of khoshuns in the Khorinsky aimak had dropped from ten to six. Four khoshuns remained in the Aginsky aimak. All khoshuns in the Barguzinsky and Chikoosky aimaks had been dissolved by the end of 1922. The last population statistics from Czarist Russia showed that the Buryat-Mongolian people was in gradual extinction. According to census data from 1917, there were 115,970 Buryat-Mongols (43,061 men, 43,349 women and 29,560 children) living in the Aginsky and Chikoosky aimaks of the FER. Children made up 25.49% of the entire indigenous population, while national census data showed that children constituted 50–60% of the overall Russian population. According to census statistics from 1897, there were 179,487 indigenous people in the Transbaikal region (previous

administrative division). Across districts in the Transbaikal region, the indigenous population was distributed as follows: in the Chita and Akshinsk districts 42,605 people, in Barguzin 11,450, in Verkhneudinsk 53,407, in Selenginsk and Troitskosavsk 71,610 and in Nerchinsk and Nerchinsko-Zavodsky districts 415 (179,487 Buryat-Mongols in total). At that time the indigenous population of Chita district comprised Buryat-Mongols from the Aginsk foreign administration. The entire Buryat-Mongolian population in the FER, according to data from 1897, comprised 42,605 people in the Aginsky aimak, 11,450 people in the Barguzinsky aimak, 53,407 people in the Khorinsky aimak and 23,870 people in the Chikoosky aimak (131,332 people in total).

The next full-scale statistical studies in the Transbaikal region were conducted in 1916. According to excerpts from documents of this census, which was conducted by the statistical department of the Buryat-Mongolian Autonomous Administration, the population in the same aimaks stood at 48,363 in the Aginsky aimak, 12,158 in the Barguzinsky aimak, 52,624 in the Khorinsky aimak and 17,652 in the Chikoosky aimak (130,797 people in total). The considerable difference between data from 1897 and 1916 in the Aginsky and Chikoosky aimaks is explained by a study of the Aginsky steppe conducted in 1908 by the Chita branch of the Russian Geographical Society, which stated: "The population grew due to immigration from Mongolia. With respect to the Chikoosky aimak, the population figure for 1897 is inaccurate".³⁶

Therefore, according to data from the statistical department of the Aginsky aimak of the Buryat-Mongolian Autonomous Administration, which can be considered accurate, the indigenous population in the Aginsky aimak on 1 July 1921 included 33,741 people, in the Barguzinsky aimak 12,158, in Khorinsky 52,624 and in Chikoosky 17,652 (116,175 people in total). The socio-economic conditions and the government-funded health care system required fundamental changes to prevent the total Buryat-Mongolian population from declining by 25–30% with each generation.³⁷ The decline in the indigenous population was observed from 1897. In such an environment, conscription would have led to extinction,³⁸ and so on 4 October 1921, the FER government passed a law exempting Buryat-Mongols from military service.³⁹

While the territory of Transbaikal was part of the FER, local health care councils – aimak health care departments (district health departments) – were established for the first time in the region and were put in charge of organising health care for the Buryat-Mongo-

³¹ RGIA DV. F. R. 1468. Op. 1. D. 69. L. 69.

³² Khoshun is an administrative-territorial unit corresponding to the county. All khoshuns in Transbaikal were abolished on 26 September 1927.

³³ Aimak is an administrative-territorial unit corresponding to the county.

³⁴ RGIA DV. F. R. 1468. Op. 1. D. 69. L. 2.

³⁵ Ibid. L. 7.

³⁶ RGIA DV. F. R. 1468. Op. 1. D. 77. L. 28.

³⁷ Ibid. D. 71. L. 43.

³⁸ Ibid. D. 77. L. 27.

³⁹ RGIA DV. F. R. 1468. Op. 1. D. 71. L. 48.

lian people. The Charter of Local Health Care Councils in the FER BMAR⁴⁰ states: “Local health care councils shall be established under aimak and khoshun administrations and shall be subsidiaries of the regional department of health for the implementation of measures aimed at protecting public health and improving medical and sanitary affairs in local areas. Facilitating the teaching in schools, as a compulsory subject, of public and personal prevention of infectious diseases, primarily syphilis, gonorrhoea, tuberculosis, trachoma, etc., and syphilology; recommendations for teachers of said subjects. Lectures and talks, distribution of pamphlets, articles, sanitary bulletins. Conducting statistical surveys”.⁴¹

Aimak health departments operated in Aginsky, Khorinsky, Barguzinsky and Chikoysky aimaks. Despite economic challenges, the FER government in 1921 allocated funds for equipping three hospitals, four outpatient clinics and ten paramedical stations in the BMAR. Overall, 120 thousand rubles worth of gold was allocated for local health care needs (Shereshevskiy 1960, p. 81). A memorandum written by the head of the Department of Health⁴² of the Buryat-Mongolian Autonomous Administration, Doctor D.V. Pisarev, reveals the state of public health services for the population of the FER BMAR in early 1921: “The autonomous region has a population of 113,627 people. At the moment, there are only two doctors and four paramedics for the entire region”.⁴³

The estimated cost of health care needs was 17,900 rubles⁴⁴ in 1921 and 46,735 rubles⁴⁵ in 1922. However, medical institutions and manpower were not uniformly distributed across the vast territory of the region. For example, the Bauntovsky district (now the northern part of the Republic of Buryatia) in 1921 had neither a doctor nor a paramedic nor a medical assistant. Overall, the socio-economic situation in the FER remained dire, and medical institutions experienced serious financial, economic and staffing challenges. The constitution of the FER guaranteed free enterprise, accumulation and movement of capital and private ownership, and the economic agreement between the FER and the RSFSR retained the nation’s uniform economic system. Loans and various grants for the FER in 1921–1922 amounted to less than 14 million rubles. Nevertheless, it was dif-

ficult to guarantee free health care. The Verkhneudinsk City Hospital was subsidised by the city administration, and medical care was paid for: 10 rubles for outpatient visits, 65 rubles for daily maintenance and treatment of one patient, 32.50 rubles for daily maintenance and treatment of children under 12 years and 32.50 rubles for maintenance and treatment of children under 12 years in the infectious disease barrack.⁴⁶

The fee for treatment and surgical operations was determined in 1922 at a meeting of the doctors of the Chita Regional Zemstvo Hospital. Outpatient treatment was to cost 50 kopecks, dressing from 75 kopecks to 1.50 rubles, and outpatient surgery from 80 kopecks to 1 ruble. The cost of daily in-patient maintenance for 1 patient was set at 1 ruble. The cost of operation ranged from 2 to 35 rubles, and 3 rubles was charged for normal child delivery. The cost of treatment in Verkhneudinsk and Chita was significantly different: Chita was the capital city of the FER, and economic conditions there were presumably better; there were more medical institutions and health workers. On 25 September 1922, the FER government enacted a law on the Main Department of Healthcare of the Ministry of Internal Affairs dissolving the Ministry of Health.⁴⁷ The act of the FER government on the resignation of the administration was published in Chita on 14 November 1922.⁴⁸ The implementation of the Soviet model of public health care in Transbaikalia only became possible after accession to the RSFSR (Afanaseva 2004, p. 65–66).

Therefore the establishment of the Soviet public health system in European Russia began between 1917 and 1920. Meanwhile, civil war and foreign intervention continued in the east and the organisation of medical care in Transbaikalia in 1919 remained the same as it had been in Czarist Russia. In connection with the tense political situation in eastern Russia and the serious danger of a military conflict with Japan, in the spring of 1920, a buffer state was created – the Far Eastern Republic (FER). A Ministry of Health was established for the first time within the framework of this administrative territorial unit, which enabled tasks to be prioritized and solved with centralized management. Due to the ongoing deficit of qualified medical personnel and medical institutions, the FER Ministry of Health had to combat epidemics and organise the delivery of medical care to the public and the army. Free access to medical care was introduced throughout the territory of the FER. During the organisation of medical care for the indigenous population, local health care agencies were established for the first time – aimak health departments under the FER Ministry of Health, which devised centralised solutions to

⁴⁰ This charter was approved in accordance with the order issued by the presidium of the Buryat-Mongolian Autonomous Administration on 1 December 1921, No. 59, Item 6 in accordance with Item 8, Article 9 of the Charter of the Central Department and Local Administrations of the Buryat-Mongolian Autonomous Region and based on the Order of the National Assembly of 30 October 1921, No. 20.

⁴¹ RGIA DV. F. R. 1468. Op. 1. D. 77. L. 46.

⁴² This department was located in Chita.

⁴³ GAZK. F. R. 16. Op. 1. St. unit 8. L. 69–70

⁴⁴ RGIA DV. F. R. 1468. Op. 1. D. 73. L. 61.

⁴⁵ RGIA DV. F. R. 1468. Op. 1. D. 67. L. 87–89

⁴⁶ GARB. F. R. 92. Op. 1. St. unit 11. L. 5.

⁴⁷ GAZK. F. R. 181. Op. 1. St. unit 6. L. 67.

⁴⁸ GAZK. F. R. 1122. Op. 1. St. unit 4. L. 17.

medical challenges. The establishment of a health care system in the region thus assumed new features, but progressed with challenges and delays. The FER successfully fulfilled its primary goal: military conflict in the East was averted. The material and technical base of health care in Czarist Russia remained weak. However, during this difficult period, the system avoided complete breakdown and even experienced extensive development. For example, in-patient obstetric beds were installed for the first time in Verkhneudinsk, and in Chita a separate children's hospital was established.

Measures were being taken to reduce maternal and child mortality. Efforts to improve sanitation, foster hygiene practices among the public and eradicate illiteracy began. For the first time, measures were put in place to root out many social ills. In order to organise public health in the Transbaikal region, there was a need to recruit health workers, first and foremost, and to eliminate the shortage of medical institutions, ultimately ensuring affordable medical care for the entire population of Transbaikal.

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