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ANALYSIS OF THE POSTWAR DEMOGRAPHIC AND SANITARY SITUATION AND DECISIVE STATE MEASURES IMPLEMENTED (1946–1953)

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Abstract

Based on historical and medical literature, statistical handbooks and published sources, the article analyses the demographic and sanitary-epidemiological situation in the Uzbek SSR in the first postwar years (1946–1953) and the decisive measures implemented by the state. The consequences of wartime human losses, the compensatory rise in the birth rate, the epidemic burden of malaria and other infectious diseases, as well as the reorganisation of the health-care network, the anti-malaria campaign, mass immunisation and the development of maternal and child health services are examined. It is concluded that the measures of 1946–1953 laid the foundation for the sanitary transformation of the republic in the following decades.

Keywords: Uzbek SSR, postwar period, demography, sanitary-epidemiological situation, public health, malaria control, immunisation, medical personnel, Surkhandarya.



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Annotatsiya

Maqolada tarixiy-tibbiy adabiyotlar va e'lon qilingan manbalar asosida O'zbekiston SSRda urushdan keyingi yillardagi (1946–1953) demografik hamda sanitariya-epidemiologik vaziyat va davlat tomonidan amalga oshirilgan hal qiluvchi chora-tadbirlar tahlil qilinadi. Ushbu davrda ko'rilgan choralar respublika sog'liqni saqlash tizimining keyingi taraqqiyoti uchun poydevor bo'lgani asoslanadi.

Kalit so'zlar: O'zbekiston SSR, urushdan keyingi davr, demografiya, sanitariya-epidemiologik ahvol, sog'liqni saqlash, bezgakka qarshi kurash, emlash, tibbiyot kadrlari, Surxondaryo.

Аннотация

В статье на основе историко-медицинской литературы и опубликованных источников анализируются демографическая и санитарно-эпидемиологическая обстановка в Узбекской ССР в первые послевоенные годы (1946–1953) и решающие меры, осуществлённые государством. Обосновывается вывод о том, что мероприятия этого периода заложили основу санитарного преобразования республики в последующие десятилетия.

Ключевые слова: Узбекская ССР, послевоенный период, демография, санитарно-эпидемиологическая обстановка, здравоохранение, борьба с малярией, иммунизация, медицинские кадры, Сурхандарья.



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Introduction

The transition of society from war to peaceful reconstruction is always accompanied by profound demographic and sanitary consequences, and the study of this experience is one of the topical tasks of the modern historiography of Uzbekistan. The chronological framework of the present paper covers 1946–1953: from the beginning of the Fourth Five-Year Plan of reconstruction to the end of the Stalin era, when the main postwar recovery tasks in the sphere of public health had essentially been completed. The aim of the paper is to characterise the demographic and sanitary-epidemiological situation in the Uzbek SSR in these years and to evaluate the decisive state measures implemented, with particular attention to the rural and southern regions of the republic, including Surkhandarya. The source base comprises the monographs of A.A. Kadyrov, general histories of Uzbekistan, statistical handbooks and specialised literature on epidemic control [1–7].

The postwar demographic situation. The Second World War inflicted heavy human losses on Uzbekistan. About one and a half million residents of the republic were called up to the armed forces, and hundreds of thousands of them — by various estimates, from 450 to over 500 thousand — never returned [4]. The direct consequences were a sharp deficit of men of working and reproductive age, mass widowhood and orphanhood, and a deep “demographic trough” formed by the low wartime birth cohorts. The population structure was further complicated by migration processes: during the war the republic had received over one million evacuees, including about 200 thousand children, most of whom were re-evacuated in 1945–1947, while tens of thousands of representatives of peoples deported to Uzbekistan in 1944 remained in the republic as special



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settlers, adding to the demographic and sanitary burden of a number of districts [4].

At the same time, the postwar years demonstrated the high recuperative capacity of the population. The demobilisation of 1945–1948 produced a compensatory wave of marriages and births; by the early 1950s the birth rate again exceeded 30 per 1,000 population, while the crude death rate fell to 8–9 per 1,000, giving the republic one of the highest rates of natural increase in the USSR [5]. Infant mortality, which had been extremely high before the war, declined markedly from the late 1940s owing to the spread of sulphonamides and antibiotics and the expansion of children's consultations. As a result, by the end of the period under review the population of the republic had surpassed its pre-war size, and its predominantly rural character (about two-thirds of the inhabitants lived in the countryside) determined the priority tasks of the health services [3; 5].

The sanitary-epidemiological situation. The sanitary conditions of the first postwar years remained difficult. The food-supply difficulties of 1946–1947, caused by the drought in the main grain-producing regions of the USSR, and the rationing system, abolished only in December 1947, weakened the resistance of the population, above all of children and the elderly. Housing was overcrowded, communal facilities were worn out, and in the countryside drinking water was still drawn mainly from open irrigation ditches and stagnant hauz ponds. The principal mass disease was malaria: the irrigated valleys of the republic — Fergana, Zarafshan, Khorezm and especially the Surkhan–Sherabad valley — were hyperendemic foci, and the incidence of the disease reached its peak in the mid-1940s [6]. Gastro-intestinal infections (dysentery, typhoid fever), brucellosis in the livestock-breeding areas, tuberculosis and trachoma, which affected



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primarily rural women and children, were also widespread, while strict anti-epidemic measures were required to prevent outbreaks of typhus [1; 3].

Decisive state measures. The reconstruction period was marked by an energetic institutional strengthening of the health system. In 1946 the People's Commissariat was transformed into the Ministry of Health of the Uzbek SSR; considerable allocations for health care were provided under the Fourth (1946–1950) and the beginning of the Fifth Five-Year Plans. In 1947–1949 a nationwide reform united hospitals with polyclinics into single curative-preventive institutions and extended the dispensary method of serving the population. The network of rural district hospitals and feldsher-midwife points was enlarged, and sanitary-epidemiological stations, organised in every region and district, became the backbone of state sanitary inspection [1; 3; 7]. The training of personnel was expanded through the medical institutes of Tashkent and Samarkand, the pharmaceutical institute and secondary medical schools in the regional centres; by the early 1950s the number of physicians in the republic had nearly doubled in comparison with 1940, and the number of hospital beds had grown by more than half, although remote districts still experienced an acute shortage of specialists [1; 5].

The most decisive undertaking of the period was the anti-malaria campaign. In 1949 the Soviet government adopted a special resolution on the elimination of malaria as a mass disease, and in Uzbekistan a complex of measures was deployed: hydro-technical works and drainage of breeding places, petrolisation and treatment of water bodies with the newly introduced DDT, breeding of gambusia fish, mass chemoprophylaxis and treatment of the population with acrichine, and a dense network of anti-malaria (tropical) stations and points, including the long-established tropical station in Termez serving Surkhandarya



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[6]. As a result, the incidence of malaria fell many times over by 1953, and by the mid-1950s the disease had ceased to exist as a mass phenomenon in the republic [1; 6]. Parallel measures included compulsory smallpox vaccination, mass immunisation against typhoid and diphtheria, the introduction of BCG vaccination of newborns from the late 1940s, sanitary-education work among the rural population, and the activity of specialised trachoma dispensaries and mobile eye-disease teams. Considerable attention was paid to maternal and child health: maternity homes, including collective-farm maternity wards, women's and children's consultations and nurseries were opened, and the training of female medical personnel of local nationalities helped to overcome traditional cultural barriers [1; 3]. In the cities the piped water supply and chlorination were extended, and the first steps were taken to replace hauz ponds in the villages with wells and pumps.

Conclusion

The years 1946–1953 were thus a contradictory yet decisive period in the demographic and sanitary history of Uzbekistan. Despite the grave consequences of the war and the hardships of the reconstruction years, the republic achieved a rapid demographic recovery based on a high natural increase and falling mortality, while centralised, mobilisation-style state campaigns — above all the anti-malaria campaign — radically changed the epidemiological landscape and prepared the successes of the following decades. At the same time, the gap between town and country in the provision of medical care, the shortage of qualified personnel and the persistence of trachoma and intestinal infections show the limits of what had been achieved. The experience of this period, including its regional dimension in areas such as Surkhandarya, retains scholarly interest and



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practical relevance for the modern organisation of public-health responses to demographic and epidemic challenges.

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