

**THE ESTABLISHMENT AND PROGRESS OF THE PUBLIC HEALTH SECTOR IN
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Annotation: This paper explores the formation and early development of the healthcare system in the Turkestan Autonomous Soviet Socialist Republic (ASSR) during the years 1917–1920. Following the October Revolution, the Soviet government undertook efforts to centralize medical services, combat widespread diseases, train medical personnel, and establish healthcare institutions throughout the region. The study analyzes the political, social, and economic conditions influencing these reforms, highlights both the achievements and obstacles encountered, and examines how Soviet ideology shaped public health policies and their implementation in practice.

After the October Revolution of 1917, power in Russia—and likewise in its colony, the Turkestan region—was seized by the dictatorship of the proletariat. The concepts of state-building and democracy were abolished, and a violent regime was established. The people of Turkestan were also subjected to the rule of this despotic system. The Soviet government created a unique form of autonomy in the region in the shape of the Turkestan ASSR. The main goal of this was to prevent Turkestan from gaining independence and becoming a sovereign state. As a result, the region became even more politically and economically dependent on Soviet Russia.

Although the Turkestan ASSR existed for only a short time, it left a significant mark on the history of Uzbekistan. It operated under difficult conditions marked by political conflict, economic crisis, deepening social problems, and widespread epidemics. On November 2, 1917, a meeting of the Regional Council was held in Tashkent, with the participation of representatives of various local soviets, parties, and social organizations [15]. Efforts were initiated to establish a temporary governing body in the region. During the Third Congress of Soviets, held from November 15 to 22, 1917, the formation of the Council of People's Commissars of the Turkestan Region was officially announced [16]. Former military doctor N.F. Barankin was appointed as the People's Commissar of Health, but he served only briefly before being dismissed from the position. He was succeeded by K.Ya. Uspensky, and later, from April to October 1918, S. Tursunkhodzhayev held the post. Subsequently, the health sector was led by figures such as T. Ryskulov, G.T. Trofimov, I.I. Orlov, S.D. Asfandiyarov, K.Z. Geller, Ya.S. Dashev, and L.O. Gelfogt[8].

During the Russian Empire, governance in Turkistan was entirely subordinated to the Ministry of War, and health affairs were placed under the control of the military-sanitary administration. As a result, heads of provincial health departments and regional physicians were often selected from among former military doctors who typically treated the general population in a formal and indifferent manner. Under such conditions, it was impossible to provide quality medical

services. This system continued for some time even after the October Revolution. After the establishment of the Turkistan People's Commissariat of Health, provincial, city, and district departments were set up, with their leadership still mainly composed of military personnel, who took measures to organize healthcare services in the regions [9].

Within the Turkistan People's Commissariat of Health, several departments operated, including mobilization, medical supply, sanitary station, scientific-practical, hospital provision, sanitary engineering, legal affairs, sanitary education, sanitary-epidemiological, resort, and veterinary services. The heads of these departments were included in the collegium of the Commissariat. Additionally, a residential sanitary inspection unit was established under the Commissariat to monitor the sanitary conditions of populated areas [10]. In turn, health departments were also established in local areas and were affiliated with central and local administrative bodies. A collegium was formed under the People's Commissariat of Health, which included the People's Commissar, his deputy, former military sanitary inspector Professor M.P. Tikhomirov, physicians A.P. Spiridonov and A.D. Grekov, as well as pharmacist A. Ovsyannikov[10]. In turn, local health departments were also established and subordinated to both central and regional administrative bodies. A collegium was formed under the People's Commissariat of Health, which included the People's Commissar, his deputy, former military sanitary inspector Professor M.P. Tikhomirov, physicians A.P. Spiridonov and A.D. Grekov, as well as pharmacist A. Ovsyannikov[1].

Local health sections were established under provincial and city councils, which were later transformed into health departments of the local councils. For example, on April 12, 1918, the Samarkand Provincial Health Commissariat was established, with V.V. Kosmachevsky appointed as its first commissar. At that time, there were 11 medical institutions in the province, comprising 154 treatment beds, 3 outpatient clinics, and 8 pharmacies. A 45-bed Proletarian Hospital was opened, and in rural areas, 5 feldsher-midwife stations (FAPs) were operating. Additionally, a 30-bed kindergarten was established in the Shohizinda garden. Starting from 1920, a Pasteur station, two anti-malaria disinfection detachments, a smallpox vaccination training course, and a nursing school were also launched. The ratio of hospital beds per 1,000 population in the province was 0.38 — with 0.43 beds per 1,000 in urban areas and only 0.07 beds per 1,000 in rural districts [2].

These measures were implemented in other cities and districts of Turkestan as well. For instance, during this period, there were 3 hospitals in the Jizzakh uezd, with a total of 35 treatment beds. The district had only 3 doctors and 9 mid-level medical personnel. In Jizzakh, experienced physicians such as I.N. Sametsky and N.V. Samoylov provided medical services to the population. I.N. Sametsky played an active role in combating infectious diseases in the area. Thus, medical service networks were gradually established at the local level, and the population received care from qualified and experienced doctors [3].

On June 16, 1918, the Council of People's Commissars of the Turkestan Republic approved the "Provisional Regulation on the Organization of Medical-Sanitary and Veterinary Departments in the Turkestan Republic." According to this document, a Sanitary Collegium was established under the provincial health department, tasked with implementing health-related measures and overseeing the organization of all sanitary activities within the province. The regulation also defined the structural hierarchy of the healthcare system, stipulating that district health departments were subordinate to provincial health departments, which in turn were accountable to the People's Commissariat of Health of the Republic. In this way, the roles and

responsibilities of lower and higher levels of the healthcare administration were formally established, contributing to the systematization of the sector.

To fully transfer the management of medical facilities previously under various departments and organizations to the jurisdiction of the People's Commissariat of Health, the Council of People's Commissars of the Turkestan Republic issued resolutions on August 13 and 21, 1918. Subsequently, on September 16 of that year, by order of the Council, all medical institutions — including military-sanitary, municipal, zemstvo, railway, Red Cross, and others — were transferred to the commissariat's authority. This included the Tashkent City Hospital, three outpatient clinics in the old city, and clinics affiliated with the "Makhram" pharmacy. The organization of healthcare in Turkestan took place under extremely difficult conditions. The ongoing civil war, widespread epidemics across the region, and the severely impoverished living conditions of the population further complicated the situation [4].

Here is the English translation of the provided paragraph in a unified, academic style: Efforts were also made to strengthen the material and technical base of the healthcare sector. However, this process encountered numerous difficulties. The increase in the number of treatment beds was achieved by utilizing existing hospital capacities. The provision of hospitals with essential inventory such as bedding, dishes, and medical equipment was in a dire state, as such goods were extremely scarce and nearly unavailable even in the markets due to wartime conditions [9]. In total, from June 15, 1918, to February 15, 1919, 30,179,589 rubles and 36 kopecks were spent on healthcare in the Turkestan region. As a result, the number of inpatient treatment beds in urban areas exceeded 1,000. In rural districts, 65 medical institutions were established, each with 6 treatment beds, totaling approximately 390 beds in district hospitals [10]. This marked a significant step in the development of the healthcare system in the region, especially considering that under the Russian Empire, medical institutions were typically limited to urban centers only [12].

As previously noted, the dominance of the military sector in Turkestan's governance directly facilitated the expansion of medical institutions under the jurisdiction of military districts. For example, in 1918 alone, the city of Tashkent hosted a 695-bed district military hospital, as well as the 158th and 159th evacuated military hospitals. In addition, military hospitals operated in Samarkand (407 beds), Termez (150 beds), and Petro-Aleksandrovsk (50 beds). Military infirmaries were also established in Kattakurgan, the village of Troitsky near Tashkent, Kokand, and Andijan, serving military personnel, prisoners of war, and, to some extent, civilians. Over time, several of these military medical institutions were transferred to civilian use. In November 1918, the former Cadet Corps building in Tashkent was converted into a 100-bed Proletarian Hospital. In total, 70 treatment facilities were transferred to the authority of the People's Commissariat of Health. By early 1919, there were 7,353 treatment beds in Turkestan, of which 6,186 were under the control of military units [13].

In 1920, a special reception and evacuation point was established at the Samarkand railway station, from which the wounded were transported to hospitals. Medical staff at the military hospital provided services not only to military personnel but also to civilians in the Samarkand region. In 1923, hospital resident physician G.S. Kuznetsov installed and put into operation a mobile X-ray machine, which was the first of its kind in the entire Samarkand region. As a result, the scope of medical assistance provided to both military personnel and civilians significantly expanded [7].

Gradually, medical institutions across the region became specialized in the treatment of various diseases. For example, a 40-bed surgical department was opened within the 45-bed

“Proletarskaya” Hospital in the city of Samarkand. Additionally, five rural feldsher stations were established throughout the region. On the initiative of physician N.I. Vishnyakov, a 6-bed eye disease treatment center was opened on Frunze Street in Samarkand on March 12, 1919, and by the following year, its capacity had been expanded to 25 beds [2].

On March 13, 1919, the government of the Turkestan ASSR approved the “Regulation on the Management of Medical Institutions of the Turkestan ASSR.” Based on this document, medical facilities carried out their activities accordingly. In July 1919, a congress of heads of regional health departments was convened, where various issues were discussed, including the coordination of different structures within the system, organizing the operations of medical institutions based on unified principles, ensuring the availability of hospital beds for patients, and improving administrative and statistical work. These reforms played a significant role in improving public health services. Gradually, with the revitalization of medical and sanitary services in the regions and the development of medical statistics, it became possible—at least in part—to prevent and eliminate various epidemics [1].

The Turkestan People's Commissariat of Health continued to take consistent measures to establish and develop the healthcare system. In 1920, a total of 206 individuals were employed within the Commissariat. In June of that year alone, the Commissariat adopted several important decisions, including relocating the departments of the medical faculty to healthcare institutions in the city of Tashkent, issuing referrals for patients to sanatoriums, regulating the distribution of cocaine from remote regional pharmacy warehouses, approving funds for chemical and bacteriological laboratories, converting Red Cross Society schools into nursing schools, and opening a medical museum in Samarkand [10].

That same year, the Commissariat also adopted a number of decisions related to the operation of medical facilities. These included the activities of the Chimgan sanatorium, the establishment of a nursery at the Tashkent sewing factory, the nationalization of the “Mother and Child Home” in Tashkent, a private dental office, and Dr. Sharopova’s laboratory. Additionally, a decision was made to equip the “Kapli Moloko” home in Kokand and to establish a Medical Council under the Commissariat of Health. An analysis of these decisions reveals that they addressed a wide range of issues and were directly connected to various medical specializations, reflecting a broad approach to healthcare development during that period [10].

Among the provinces of the Turkestan Republic, Samarkand province stood out for its extensive network of medical institutions. In 1921, the province consisted of five uyezds — Samarkand, Kattakurgan, Jizzakh, Khujand, and Ura-Tyube — with 53 medical facilities totaling 495 beds operating in the city of Samarkand alone. In general, across the entire province, there were 116 medical institutions with a total of 936 beds, in addition to a 70-bed infant home and nursery [11]. On April 19, 1921, the Khujand uezd was transferred to the Fergana province, which led to an increase in the number of treatment beds in Samarkand province, reaching a total of 677. The provincial health department prioritized expanding the number of hospital beds and opening new outpatient clinics. Throughout 1921, a number of medical institutions were established in Samarkand province, including epidemic and general hospitals, a malaria station, a heliotherapy center, infant homes, outpatient clinics, pharmacies, feldsher stations, a disinfection unit, an isolation facility, an emergency medical service, and a home healthcare service [11]:

Initially, healthcare institutions in Turkestan were entirely under state control, and private medical services were not permitted. For example, in May 1919, an individual named Dernovsky applied to the Samarkand provincial health department for permission to treat

patients privately. However, the provincial health department's collegium regarded his request as speculation and issued a resolution prohibiting individuals from practicing medicine without official authorization. Only with the introduction of the New Economic Policy (NEP) did changes occur in the healthcare system, allowing for the limited operation of private medical institutions. Reforms were implemented to introduce paid medical services. As a result, citizens could receive treatment either by paying directly or through social insurance coverage. For instance, the outpatient clinics in Khojayli and Kungrad (in Karakalpakstan) provided paid medical services to the population. However, these changes had a negative impact on many local residents. Hospitals often remained empty because patients could not afford treatment, leading to reduced access to healthcare for the economically disadvantaged [5].

The existing hospitals were unable to fully meet the needs of the population. For example, in 1921, the "old" part of Tashkent had a therapeutic and surgical hospital designed for 120 patients, an eye hospital for 10 patients, four outpatient clinics, two dental clinics, a pharmacy, and a maternity hospital with 30 beds — all of which were insufficient to cover the medical needs of the local population. Moreover, these institutions were in extremely poor condition. The aforementioned therapeutic and surgical hospital, for instance, lacked a kitchen, laundry and drying facilities, a disinfection room, a basic laboratory, and even a designated area for horses in the hospital yard, all of which were standard requirements for the time. Patients admitted for inpatient treatment were allocated only 41 kopecks per day for meals, which proved inadequate due to inflation. Experts estimated that at least 1 ruble and 25 kopecks per day were needed to provide proper nutrition. As a result, patients often lived in near-starvation conditions, surviving only on bread and water. Furthermore, the health departments operated largely on credit. By 1922, the debt of the Tashkent City Health Department had reached 500,000,000 rubles. In 1921, the department's actual budgetary need was 2,370,000,000 rubles, but it was allocated only 500,000,000 rubles. Thus, due to severe economic hardship, the healthcare system's needs were only partially met across the republic [6].

With the transfer of medical institutions of the Turkestan Republic to local budget control, financial problems within the healthcare system intensified. There were virtually no funds available for repairing hospital buildings, heating, lighting, or paying staff salaries. This situation led to the closure of medical institutions in rural areas, villages, and outskirts of cities, or a reduction in personnel. The number of treatment beds in urban hospitals also decreased. The limited funds allocated were insufficient even for purchasing essential medicines. As a result, local government bodies were unable to address the problems facing the healthcare system, as they themselves were in need of financial assistance. Various institutions were operating under conditions of economic crisis, which further limited their capacity to support the health sector [14].

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