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NON-BOLSHEVIK HEALTHCARE IN RUSSIA: ORGANIZATION OF THE MEDICAL CARE IN THE NORTHERN REGION (AUGUST 1918 – OCTOBER 1919)

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NON-BOLSHEVIK HEALTHCARE IN RUSSIA: ORGANIZATION OF THE MEDICAL CARE IN THE NORTHERN REGION (AUGUST 1918 – OCTOBER 1919)[2]

The paper examines healthcare in the anti-Bolshevik Northern Region during the Civil War in Russia. The author focuses on structures and institutions of the healthcare system, their methods and resources, as well as geographical peculiarities of the Northern Region concerning medicine. The main conclusion of the article is that healthcare and medicine were the areas, where interests of the interventionists, central authorities and *zemstvos*, coincided and contradictions between them disappeared. The specific political, demographic and geographical conditions of the Northern Region made regulation of the sanitary situation relatively effective.

JEL Classification: Z.

Keywords: Civil War in Russia, White Movement, healthcare, Northern Region, medicine

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Any war brings not only clashes of armies, but also deterioration of life conditions and epidemies. For now, sanitary aspects of life during the Civil War in Russia are not well-studied. Most of the researchers, who create large or local narratives, do not go beyond short passages about epidemies raging in the former Russian Empire [Goldin, 1993; Novikova, 2011, p. 164–166; Smele, 2015]. There are few historians studying the medical aspects of the conflict of 1917–1922, their main focus is usually on the Bolshevik healthcare measures [Hoffmann, 2018, p. 113–125; Kupaygorodskaya, 2011; Musayev, 2011]. Meanwhile, the efforts of their enemies in public health preservation are also an important part of the Russian medical history. They are closely connected with the Civil War history. Therefore, this article is the first effort of studying the healthcare system, and the struggle against epidemies in the non-Bolshevik Northern Region.

Structures and Institutions of the Healthcare System

The anti-Bolshevik movement in the Russian North took shape in August 1918 after the landing of the allied interventionists military troops of the Entente. This allowed the formation of local government under the guidance of the famous socialist N.V. Chaikovskii, also known as "grandfather of the Russian Revolution". The government was named "Supreme Administration of the Northern Region" (Verkhovnoe Upravlenie Severnoy Oblasti – VUSO), and included mainly socialist-revolutionaries. In October 1918, after an attempt of a military coup, the cabinet of Chaikovskii changed its personnel and name to "Provisional Government of the Northern Region" (Vremennoe Pravitelstvo Severnoy Oblasti – VPSO), and incorporated popular socialists and constitutional democrats. Over time, the government saw many changes in personnel, remaining mainly left-liberal in its core [Novikova, 2011, p. 83–116].

The first cabinet of the government established the Office of Internal Affairs, which was later reorganized into Department of Internal Affairs. It was its duty to solve sanitary and medical issues in the Northern Region. The first head of this institution was constitutional democrat P.Y. Zubov, the second – colonel B.Y. Durov, the third – popular socialist V.I. Ignatiev, then – non-party activist and former head of local city *duma*[3] I.V. Bagrinovskii [Novikova, 2011, p. 83–107].

Apart from them, it was the governmental commissar of the *guberniya*[4], who participated in healthcare issues. He monitored the institutions of the government and of *zemstvos*[5]. This position was alternately occupied by N.A. Startsev and V.I. Ignatiev. During the reform of the government, the position of the commissar was replaced with the position of the chief of the

[3] City *duma* was an elected assembly of self-government in Russian cities.
[4] *Guberniya* was a major administrative division in Russia.
[5] *Zemstvo* was an elected assembly of self-government on the level of *guberniya* and *uyezd*.

guberniya, which has been occupied by I.V. Barginovskii [Novikova, 2011, p. 83–107]. The commissar's and, later, the chief's office included the medical-sanitary section, which employed several inspectors: military-sanitary, marine sanitary, medical and medical of the port. They collected, for instance, registration cards of the regional doctors, and data on diseases in *uyezds*[6] [GARF. F. 3695. Op. 1. D. 235; GARF. F. 3811. Op. 1. D. 164, 165, 166, 167, 168, 170, 171, 172, 175, 176, 450, 452, 459, 463, 466, 467, 470, 471].

Besides the government, the military command of the interventionists forces, directed by F. Poole and E. Ironside, played an important role in the anti-Bolshevik North [Novikova, 2011, p. 128–136]. It had been taking care of its own soldiers, and interfered in medical matters when there was a threat to their health. For example, in November 1918, interventionists took part in the establishment of the Medical-Militia Committee, under the rule of governmental commissar V.I. Ignatiev. This institution registered women, engaged in prostitution, provided medical control of them and cured them of venereal diseases. Later, the allied command initiated the establishment of special hospital, for women, infected with sexually transmitted diseases [GARF. F. 3695. Op. 1. D. 233. L. 37–41; GARF. F. 3695. Op. 1. D. 234. L. 91ob].

Sometimes, Russian military authorities interfered in issues of healthcare too. Military insistently tried to mobilize civil medical personnel, who had to be defended by the civil authorities. In the late summer – early autumn 1919, military authorities became drawn into a conflict with the civil medics. Military-sanitary inspector, who had to allocate doctors for fighting the epidemy among civil population, refused to do so, referring to the shortage of medics [GARF. F. 3695. Op. 1. D. 234. L. 91–91ob, 133–114].

Doctors and medical personnel also had to interact closely with the prison structures, who did not try to keep medical staff for themselves. Penitentiary system representatives cooperated with doctors. They discussed how to improve the living conditions of sick people in the concentration camp on Mudyug Island, and in the local prison on Kego Island [GARF. F. 3695. Op. 1. D. 234. L. 6, 18].

Being aware of the necessity to use specialists to solve medical problems on the regional scale, the Department of Internal Affairs established a number of medical institutions. Among them was the Medical Commission to Fight the Influenza, founded as early as the beginning of October 1918. It was the landing of the allied forces, which brought the Spanish flu (influenza). The commission included prominent representatives of the local medical community, and was supposed to coordinate anti-epidemic actions. Soon, it was transformed into the Medical

[6] *Uyezd* was a subdivision of a *guberniya*.

Commission to Fight Epidemic Diseases. This expanded the scope of activity of this structure. By the end of 1918, the government replaced the commission with the Medical Council of the Department of Internal Affairs, increasing once again the range of issues under its jurisdiction. Despite the relatively high level of attention from the Department of Internal Affairs to the problems of public health, both the commissions and the council did not have administrative powers. This meant that they could propose a plan of medical activities, appointments and official trips, but the final decision was always left to the head of the Department of Internal Affairs [GARF. F. 3695. Op. 1. D. 99. L. 2; GARF. F. 3695. Op. 1. D. 228. L. 1–2].

The position of the chief to fight the epidemies in the Northern Region, established in January 1919, was totally different in this sense. Arkhangelsk city sanitary doctor, doctor of medicine V.A. Belilovskii, was appointed to this position and received almost dictatorial powers in the field of anti-epidemic measures. He was assigned to manage and supervise all medical and sanitary activities, as well as to solve financial issues. The chief was subsidized by the government, but had autonomy in comparison with commissions and the council. He could invite, relocate and distribute medical personnel, as well as establish epidemiological posts and hospitals [GARF. F. 3695. Op. 1. D. 99. L. 3–6.].

Besides special institutions, there were "permanent" ones. Just like other White governments, VPSO reestablished old structures of the local self-government, within the geographic boundaries of its power. These structures were *dumas*, *zemstvos* and *upravas*[7]. Self-government had rather broad powers, and healthcare on the local level was mainly its own concern. In case of difficulties, special local institutions appeared, following the example of the central ones. For instance, in Onega *uyezd* there was a *zemstvo* council and *uyezds* commissions for sanitary issues. Despite the actual autonomy in making sanitary and medical decisions, in distributing resources and finance local self-government depended on the central government in Arkhangelsk. Reasons for this were general devastation of the country and the fact that northern *zemstvos* were rather immature (they emerged only in 1917) [GARF. F. 3695. Op. 1. D. 234. L. 40; Novikova, 2011, p. 22, 88].

Apart from the institutions and their managers, the Northern Region needed people who would take care of sick ones. They were doctors, feldshers and sisters of mercy, who worked in cities and villages.

[7] *Uprava* was an executive body of the city *duma*.

Directions and methods of the medical system

VPSO had to face two main groups of diseases: contagious and non-contagious. Of the remaining medical records, that we have today, most of them are connected with contagious diseases. The list of priorities for the government was as follows. First of all, the government was concerned with typhus and Spanish flu, next – sexually transmitted diseases, last – smallpox, diphtheria and rabies. Diseases are arranged in this order for the following reasons. There was no specific efficient treatment for Spanish flu and typhus, mortality rates related to these diseases were very high. The scale of infections was also taken into account, which was quite high in cases of typhus, influenza and sexually transmitted diseases. Smallpox, like rabies and diphtheria, although infectious, could be rather effectively and quickly medicated at the time.

Perhaps, the only now known as non-contagious disease, that was included in the list of contagious, was scurvy. This is explained by the fact, that its scale was comparable with the scale of epidemics of contagious diseases, and sometimes even surpassed them, and by the fact that its non-contagious nature would have been finally proved only later [GARF. F. 3695. Op. 1. D. 228. L. 7].

One of the key measures of the sanitary-medical system in the anti-Bolshevik North, was the isolation of patients. Documents indicate that at there was a number of buildings, used for this purpose. In Arkhangelsk, the capital of the region, there were special infectious barracks, capable of accommodating up to 100 sick people. While fighting the typhus epidemic, a prison hospital in Kegostrov, which had an isolation compartment, was regularly used. It was located on the island, but still in the city limits of Arkhangelsk, which made the transportation of sick prisoners there possible, and in a way that did not hinder their treatment. Sometimes *zemstvos* also initiated the establishment of small isolation posts (so-called mobile hospitals) for 5-10 people in *uyezds* [GARF. F. 3695. Op. 1. D. 234. L. 52–52ob; GARF. F. 3695. Op. 1. D. 228. L. 8].

Another measure was sending specialists to foci of disease. It could be both individual doctors who coordinated the work of local medics, and sanitary units, consisting of 2-5 people. Documents give evidence, that in Arkhangelsk functioned local sanitary unit, which consisted of a medical student, a feldsher-disinfector, and a coachman. Later, they were assigned a certified doctor as well. Sometimes such units were even smaller: in 1919 only a feldsher and a sister of mercy were sent to Onega uyezd [GARF. F. 3695. Op. 1. D. 228. L. 8].

In cases of lesser scale outbreaks, it was more efficient to send one specialist only. For example, in order to suppress a diphtheria outbreak in a concentration camp on Mudyug Island,

only one doctor was sent, equipped with the necessary serum. Such visits could also present doctors with an opportunity to assess the local sanitary situation. Dr. Garsiev, who had been sent to Mudyug, filed a detailed report on living conditions in the camp [GARF. F. 3695. Op. 1. D. 234. L. 86-86ob, 23, 32–32ob].

Another form of medical care was the sending of sick citizens away for treatment. In Spring 1919, a group of patients returned to the Northern Region: they were bitten by rabid dogs and sent to the British city of Plymouth in order to receive vaccinations. In the region vaccination was also actively carried out. It is known that the epidemic unit, sent in the summer 1919 to Kholmogorsk *uyezd*, made 2857 injections in three weeks [GARF. F. 3695. Op. 1. D. 228. Л. 22ob; GARF. F. 3695. Op. 1. D. 234. L. 95].

As has already been said, a lot of attention was paid to scurvy, which affected a significant part of the population of the North. Local doctors were aware of the fact that the reason for this was a poor and monotonous diet. They were consistently pointing out to the government the need for the improvement of food rations, particularly for prisoners of the local prison and camp at Mudyug island. Doctors also insisted on improving living conditions: the need for the construction of disinfection chambers and baths [GARF. F. 3695. Op. 1. D. 228. L. 8ob–9; GARF. F. 3695. Op. 1. D. 234. L. 18].

All these measures were combined with those of disinfections. While being on treatment, patients should have their laundry disinfected and they regularly went to the baths. Disinfection of the premises was also practiced [GARF. F. 3695. Op. 1. D. 234. L. 32–32ob, 99].

Doctors kept a record of the diseased using a card system, registering those who requested medical help in towns and villages. This method reproduced the mechanisms of the *zemstvo* medical record system. Dr. V.A. Belilovskii, who was in charge of fighting epidemics, considered this system ineffective, but in the circumstances of an ongoing war he could offer nothing else. Data from the *uyezds* was accumulated in local centers and then sent to Arkhangelsk. It reached the regional center approximately every 7-12 days [GARF. F. 3695. Op. 1. D. 228. L. 7–7ob; GARF. F. 3811. Op. 1. D. 164, 165, 166, 167, 168, 170, 171, 172, 175, 176, 450, 452, 459, 463, 466, 467, 470, 471].

However, measures, undertaken to fight epidemics, included not only medical ones but also propaganda. Leaflets about typhus were printed in Arkhangelsk, then distributed through *zemstvos* [GARF. F. 3695. Op. 1. D. 234. L. 40].

Resources and geography

It seems that the geographical and demographic peculiarities of the Russian North were no less important for the sanitary realities of 1917–1922 than other factors. The region was pretty much isolated from the rest of Russia and many resources could be received only with the assistance of the allies [Morozova, 2013; Zimina, 2006, p. 81–82]. Among these resources were many medical supplies. Medical institutions (for example, Medical Council) usually collected information from different parts of the region and found out what was needed there, and then compiled a list of necessary medicines, which was passed on to the government. It organized the purchase through the allies. Judging by the fact that the sources contain no evidence of the shortage of medicine, these requests were most likely fulfilled [GARF. D. 3695. Op. 1. D. 234. L. 23ob].

The area was extensive, but it was not densely populated [Novikova, 2011, p. 18–24]. This made interesting practices among the population possible: some peasants were hiding from epidemics in the forests, realizing that there they were less likely to be found by someone [Morozova, 2013]. Moreover, a limited number of inhabitants meant that there was no need for many medics to fight the epidemic.

Indeed, there were no critical problems with the number of doctors. According to the sources, the number of doctors in the region reached at least 90–100 people. Most of them had a degree of *lekar'*[8], about 10 people had a degree of doctor of medicine, several people had incomplete higher education. Mainly, they were employed by state or *zemstvo* institutions, but there were also doctors with a private practice. Doctors, known to us, were distributed as follows: 75-80 people worked in Arkhangelsk and the *uyezd*, and 15-20 accounted for the remaining uyezds of the region [GARF. F. 3695. Op. 1. D. 235].

We have no data at all of this kind regarding junior medical and paramedic personnel, but indirect evidence does not lead us to the conclusion that there was not enough of them. Requests for medication from the local self-government structures were more frequent than those for additional medical specialists. The Onega *zemstvo* reported to Arkhangelsk that it needed beds for a local isolation post, but did not need a feldsher and sister of mercy, who had already been sent to help. Shortage of specialists is only mentioned in cases when unplanned mobilization of medics took place, and they were taken from their workplaces. In other cases, requests from *zemstvos* for an additional medic were usually fulfilled fairly quickly [GARF. F. 3695. Op. 1. D. 234. L. 52–52ob, 91-91ob, 113–114].

[8] In Russia *lekar´* was a medical degree preceding to that of doctor of medicine.

Stability of the borders was another peculiarity of the Northern region in the studied period. Unlike the Southern and Siberian fronts that were constantly shifted for many kilometers, the Northern front remained peripheral and more stable for the most part of the Civil War. Medically this meant that the government almost never had to arrange medical support for new territories, and could concentrate on those that were under its control. It was also useful in terms of personnel: a frequent lull at the front allowed to send military doctors to treat civilians if an emergency occurred [GARF. F. 3695. Op. 1. D. 234. L. 52–52 ob].

Conclusion

Healthcare was one of the priorities of both the Department of Internal Affairs of the northern government, and local self-government. Ignoring the sickness rates could destroy the Northern Region from the inside and undermine the combat effectiveness of the troops.

Generally, the system of medical care drew on the the experience of organizing healthcare in the Russian Empire, and reproduced it in miniature. In the Northern Region there was no special medical "ministry", and medical issues were solved by the Department of Internal Affairs. At the local level, self-government bodies played an important role. In many cases, they solved local medical problems themselves. The central government was a resource allocator, and intervened through the chief to fight the epidemies when the epidemic situation became threatening. Within the government there was both an internal struggle for human resources, and cooperation between civil and military departments. The role of interventionists in the matter of healthcare was that of external leverage and provider of resources required for medical support. As a result, it was possible to strike the balance between the roles played by local and central institutions, which successfully answered the needs of medical care. Healthcare can be considered the area where the interests of the authorities, public from the local self-government and those of interventionists, coincided, and the contradictions that existed between them receded into the background [Novikova, 2011, p. 136–142; Zimina, 2006, p. 81–82].

The main concern of all three main actors was the fight against contagious diseases and scurvy, which were the main danger to the civilian population and the army. For this purpose, attempts were made to improve nutrition and living conditions, to inoculate the population, to build isolators and to perform disinfection procedures.

Such features of the region, as the stability of the front line during the studied period, and rather small population, allowed the authorities to regulate the sanitary situation relatively effectively. However, limited resources and an imperfect accounting system were the factors which reduced the effectiveness of medical care.

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