

# **The state of the medical care system of the Donetsk region in the first post-war decade according (to the materials of the statistical office)**

**Vira Volonyts** (ORCID 0000-0003-2908-0019)  
Mariupol State University (Kyiv, Ukraine)

**Natalia Shypik** (ORCID 0000-0001-9595-9326)  
Mariupol State University (Kyiv, Ukraine)

## **Introduction**

Today, turning to a retrospective analysis of various aspects of the Ukrainian society's life in the post-war period does not lose its relevance. Health care and its main component – medical care – is one of the most socially significant areas of state activity. The Soviet internal policy and the powerful administrative vertical created a unique system of human resources exploitation, in which the basic principles of public health protection and the development of the medical field were mostly declarative, and the realities of life were the opposite of

the declared ones. The complex processes of post-war recovery led to a number of organizational, economic and social-epidemic challenges that faced the health care system, which was almost destroyed during the war. In our opinion, it is relevant to study the regional dimension of the given problem, which will permit to clarify the peculiarities of the medical system's work at the level of regional analytics (territorial society).

The study of the health care system's state is presented by generalizing studies on the history of the social and everyday life of post-war Ukraine (*Danylenko,*

## Шипік)

2005, 2010; Yankovska, 2014; Kovpak, 2003) and by works devoted to the general and regional aspects of the health care system restoration and the medical and sanitary consequences of the war for residents of villages and cities of Ukraine.

Among the main studies that contain information about the medical care system's state in the context of the post-war reality, it is worth noting the works of T. Vronska (1995), O. Isaikina (2004), and T. Tereshchenko (2007).

A number of works analyze the peculiarities of the Soviet authorities' sanitary policy and the level of medical care of the rural and urban population in different regions of Ukraine. Among the regional studies that reveal the nature of restoration processes, the studies of I. Perekhrest (2007), I. Romaniuk, T. Shkolnikova (2018), V. Ilin (2013, 2016), T. Shust (2015) should be mentioned. However, only some publications analyze the state of medical care in Donetsk region in the first post-war years. Among such works, it is appropriate to mention the publication of M. Herasymova, which examines the peculiarities of the medical system reconstruction in the context of the population of Stalinska (Donetsk region) daily life in 1945-1953 (Herasymova, 2005).

The works of a number of foreign researchers include K. Barton (2007), H. Kuromiia (2002), A. Kimerling (2013), Sh. Fitzpatrick (1985) considered separate issues of the subject we have defined. For example, K. Barton's work directly analyzes the causes and consequences of reforming the health care system in the late 1940s. The researches of H. Kuromiia and A. Kimerling show in general terms the unsatisfactory social and household condition of the population in the region and the peculiarities of migration processes in Donetsk region in the post-war famine years, which affected the health and sanitary situation and the functioning of the medical care system.

### Research methods

A number of methods were chosen for the analysis of the issues, which can be conventionally divided into general scientific, special-historical methods and methods of related sciences. We used the method of analysis and synthesis when searching for material and formulating the main issue of the publication. The method of dialectics permitted to understand the dichotomy of reformation administrative decisions and their direct implementation at the local (regional) level. Quantitative and qualitative performance indices of the medical system were analyzed using a statistical method. The article also used special medical terminology established in science.

Among the special-historical methods, problem-chronological, historical-comparative, historical-systemic methods were used, with the help of which we considered the features of complex measures to change the structure of medical care during the first post-war decade. Using the historical-comparative method, it was possible to identify and reveal common and specific regional features of the medical system. The historical-systemic method made it possible to analyze the peculiarities of medical care in the regional dimension, realizing its incorporation into the general multi-level health care system after the Second World War.

The main and most important part of the sources used to write the article was made up of the materials of the Statistical Office of the Stalin (Donetsk) Region on the state of medical care, morbidity, and staffing of the regional medical system. Until recently, these documents

were stored in the State Archive of the Donetsk region. The fate of these materials is currently unknown. Therefore, there is a need to update them, and introduce information from these documents into scientific circulation. This fact determines the novelty of the publication and emphasizes the relevance of the chosen subject.

### Results and Discussion

The first post-war years became extremely difficult for this important field. During the Nazi occupation of Ukraine, more than 18,000 medical facilities were destroyed and looted, including hospitals, polyclinics, outpatient clinics, maternity homes, dispensaries, and health establishments. The rate of destruction of the medical and preventive network institutions of the Soviet Ukraine was 60–70% of the pre-war level, and in some places it reached 100%. The network of medical institutions in Donetsk region suffered significant destruction.

In 1943-1945, the government allocated more than 3 billion rubles for the restoration of the material and technical base of the health care system and the activities of medical institutions of Ukraine, but these capital investments were significantly inferior to the funds directed to the industrial ministries. During the war, a large amount of medical equipment and personnel was evacuated to the East outside of Ukraine, where the majority remained. At the end of 1945, the repair and construction of medical institutions and their preparation for winter were carried out mainly at the expense of attracting extrabudgetary and public funds. The fourth five-year plan (1946-1950) declared on paper the restoration of the pre-war level of medical care and its further development and improvement. In March 1946, the People's Commissariats of Health of the USSR and Ukrainian SSR were reorganized into ministries of health (Volonyts, Shypik, 2023). In the fall of 1947, the resolution of the Council of Ministers of the USSR dated September 17, 1947 initiated the reorganization of the medical industry. The changes provided for the unification of outpatient and polyclinic institutions with hospitals into single TPUs (treatment and preventive institutions). Pursuant to this resolution, the Ministry of Health of the USSR issued Order No. 431 of October 24, 1947, "On Measures to Improve Medical and Preventive Services for the Population," which defined the basic principles of unification (Fadeev, 2001). This order obliged polyclinic doctors to combine their work with hospital work. Polyclinic doctors had to work according to a two-link system: half of the working day in the hospital, the other half in the polyclinic. However, polyclinics could not quickly adapt to work under the new system and did not want to chop up the working day of a significant number of doctors, especially those who did not work full-time. In hospitals, polyclinic doctors had to serve the wards where patients were treated, and later treated them in polyclinics. This reform was supposed to be completed by 1950. However, it was not possible to fully integrate outpatient and inpatient care within the allotted time. Among the official reasons was the lack of due attention to the association on the part of the city health department and district executive committees. However, the real reasons, which consisted in the lack of premises for opening hospitals, were more real and corresponded to the realities of that time. So, by 1949, a nominally three-level system of medical care was created in the Ukrainian SSR, consisting of precinct hospitals, district, city, and

regional hospitals. There was a transition from the industrial to the territorial principle of medical care of the population. In 1949, the Ministry of Health of the USSR issued order No. 870 within the reformation decisions, which fixed the principle of precinct service. A typical territorial medical precinct with a population of 4,000 people was established. Thus, the number of non-united polyclinics and outpatient clinics has significantly decreased, as most of them have been transformed into precinct hospitals. Because of this, the number of precinct district hospitals increased (*Volonyts, 2021*).

Thus, according to the materials of the statutory administration as of 1950, out of 198 hospital institutions in urban settlements, 161 hospitals or 81.3% were united, the bed fund of united hospitals was 73.5% of the total bed fund in cities and urban settlements<sup>1</sup>.

This system permitted to reduce the number of estimates and staff lists by 566 units. For example, in Telman district, which had 15 hospitals, after the reform and brought to a single nomenclature, remained only 5, and in Dzerzhynsk district – from 40 to 7<sup>2</sup>.

The materials of the analytical report testify that the indices of the doctors' work in united institutions in individual cities and districts are significantly lower than the regional average /84.5/ indices. Particularly low indices were recorded in Chistyakovo, where only 63.1% of doctors worked in joint institutions, Kramatorsk – 70.3%, Stalino – 75.1%. The largest percentage of doctors who worked under the unified system was recorded in Sloviansk – 100% and Makiivka – 95.4%<sup>3</sup>. It should be noted that the unification of hospitals with polyclinics and outpatient clinics was carried out formally, without taking into account the availability of trained personnel and equipped premises. The vast majority of medical institutions lacked special equipment, furniture, linen, and decontamination stations. There was no central heating, water supply, sewage, and some institutions did not even have elementary sanitary and hygienic conditions. There was an acute shortage of even basic things for the work of the medical staff. In some places, there was a shortage of medical equipment, acute shortage of beds, mattresses, sheets, and pillows were sorely lacking. Even the dressing material was used several times; the bandages were washed and used again for dressings.

Most of the establishments were not sufficiently electrified. State funding of medical institutions was too low. Rural precinct hospitals and district dispensaries, where there were not enough doctors, found themselves in an even more difficult situation. The insufficient provision of specialists in rural hospitals was also caused by high turnover of personnel, especially highly qualified ones. In addition, even young specialists could not withstand the overload during the reception and service of patients in the conditions of low wages and everyday inconveniences. Most of the rural hospitals were housed in old, unrenovated, ill-equipped and cramped premises.

They lacked centralized heating, water supply, sewerage, and in some of them, any basic sanitary and hygienic conditions.

However, despite all the difficult circumstances, the reform introduced the principle of territorial division, increased the percentage of hospitalization, reduced the discrepancy in polyclinic and clinical diagnoses, and deepened specialization thanks to interaction with hospital specialists.

This is confirmed by the materials of the regional statistical office, which recorded a decrease in mortality rates for all types of beds in urban settlements. Thus, the mortality rate decreased from 1.86 in 1950 to 1.70 in 1951. This index decreased especially due to children's somatic (from 6.4 to 4.1%), therapeutic (from 1.49 to 1.4) and surgical (from 1.35 to 1.20) departments.

These are minor changes, but given that the mortality rate is the most important index of the quality of medical care for the population, we can state the presence of a positive trend in the process of post-war recovery of medical care<sup>4</sup>.

Another index of the medical care quality is the mean length of a patient's stay in bed. Thus, according to the information of the regional statistical office, there was a decrease in this index (the mean length of a patient's stay in bed) at the expense of all types of hospital departments, but with the exception of maternity, tuberculosis and oncology departments in urban settlements and tuberculosis departments in rural areas. On the contrary, the mean duration of a patient's stay in bed in these departments increased: from 9.1 to 9.5 days for maternity, from 23.3 to 38.5 days for children with tuberculosis, from 20.7 to 21.1 days for oncology, and from 35 to 37.6 days for tuberculosis in rural areas<sup>5</sup>.

A certain improvement in the technical equipment of hospitals was noted: the number of X-ray rooms in 1951 in inpatient facilities increased compared to 1950, by 25, and x-ray machines – by 36 and amounted to 188 units. This number of X-ray machines exceeded the pre-war number by almost three times. As of 1951, compared to the pre-war period, the number of laboratories in urban stationary institutions of the region increased by 4 times and in rural areas – by 2.5 times<sup>6</sup>.

The number of physiotherapy offices increased almost by 6 times in urban settlements, and more than by 5 times in rural areas. Outpatient services to the population were provided, in the vast majority, by combined outpatient clinics and polyclinics.

A common problem for both the Donetsk region and the entire Ukrainian SSR was the shortage of personnel and the availability of hospital beds in inpatient hospitals. It should be noted that compared to the pre-war period, the number of medical workers and hospital beds in the Stalin region has significantly decreased. Compared to 1940, in the first post-war years, the number of doctors in the region almost halved. Thus, if the number of doctors in the urban settlements of the Stalin Region in 1940 was

1 О состоянии медитсінського обслуговування населення Сталинської області в 1951 г. *State archive of Donetsk region*. Fund 4249. Desc. 2. File 7811. Page 9.

2 О состоянии медитсінського обслуговування населення Сталинської області в 1951 г. *State archive of Donetsk region*. Fund 4249. Desc. 2. File 7811. Page 9.

3 О состоянии медитсінського обслуговування населення Сталинської області в 1951 г. *State archive of Donetsk region*. Fund 4249. Desc. 2. File 7811. Page 8,9.

4 О состоянии медитсінського обслуговування населення Сталинської області в 1951 г. *State archive of Donetsk region*. Fund 4249. Desc. 2. File 7811. Page 9.

5 О состоянии медитсінського обслуговування населення Сталинської області в 1951 г. *State archive of Donetsk region*. Fund 4249. Desc. 2. File 7811. Page 10.

6 О состоянии медитсінського обслуговування населення Сталинської області в 1951 г. *State archive of Donetsk region*. Fund 4249. Desc. 2. File 7811. Page 10.

## Шипік)

2,058, then in 1944 it was equal to 1,128 or 54.8%. In rural areas, there was also a certain decrease in the number of medical personnel – from 121 person in 1940 to 116 persons or 97.5% in 1944. On the end of the war, according to the information provided in the statistical reports, the number of doctors gradually increased. In particular, in the urban settlements of the region, the number of doctors increased in 1947 to 2,437 or 118.4% compared to 1940, and in 1950 – to 3,642 or 176%. In rural areas in 1947 there were 175 doctors or 144.6% compared to 1940, in 1950 – 260 or 214%, in 1951 – 252 or 208.8%. However, the level of staffing with medical personnel remained insufficient<sup>7</sup>.

Analyzing the staffing of medical institutions, it should be noted that the staffing of medical personnel in the region remained insufficient and amounted to only 88.4% in 1951. Of the total number of doctors in the region, women accounted for 79% in urban settlements and 64.7% in rural areas<sup>8</sup>. The situation with staffing in the countryside was even more difficult. Almost every rural medical institution was understaffed with specialists. Only doctors with secondary medical education worked in most hospitals. Many of them were still studying or completing their studies, or were practicing, so queues were constantly observed in these institutions, patients were given little attention. The problem of providing qualified medical personnel remained relevant in the future. In 1953, of the 6,790 medical positions required at the state level, there were actually 4,592 doctors, of which 4,337 worked in urban-type cities and towns. In order to cover the shortage of medical personnel, part-time work was widely practiced. In 1953, the regional coefficient of part-time work was 1.4 rates per doctor. In some cities, such as Stalino, Horlivka, Makiivka, the part-time work ratio reached from 1.8 to 2. The level of staffing with medical personnel for rural areas remained extremely unsatisfactory.

Thus, in the rural areas of the Shakhtar district, 5 doctors were provided for by state, but in fact only one doctor worked for 1.5 rates, and 3.5 rates were not filled or replaced by paraprofessionals. In rural areas of the Primorsky district, according to the regular schedule, 10 doctors were provided, but in fact, 4 doctors worked for 2 rates. A similar situation existed with medical personnel in Krasnolymsk, Kostyantynivsk, Artemivsk and other districts of the region.

The consequence of the lack of an adequate number and qualification of medical personnel was that, as stated in the report of the regional statistical service, "medical assistance to the population of the region is not at the proper level." Therefore, as noted in the materials, in many medical institutions, medical workers did not pay enough attention to patients, there were many refusals to hospitalize patients when there were free places, false diagnoses were made, and employees of industrial enterprises were not regularly examined<sup>9</sup>.

7 О состоянии медико-санитарной помощи населению Сталинской области в 1951 г. *State archive of Donetsk region*. Fund 4249. Desc. 2. File 7811. Page 11

8 О состоянии медико-санитарной помощи населению Сталинской области в 1951 г. *State archive of Donetsk region*. Fund 4249. Desc. 2. File 7811. Page 11

9 Об итогах естественного движения населения за 1953 год по Сталинской области. *State archive of Donetsk region*. Fund 4249. Desc. 2. File 8926. Page 9

In the report note, the head of the statistical office mentions two cases of inattentive treatment by medical workers. Thus, Matveeva, the surgeon of the medical unit of the mine No. 40 of the Selidiv district, made a false diagnosis of the sick miner Talalae: "abdominal perforation, partial rupture of the intestinal mesenterium", while he had a complete rupture of the small intestine. As a result of the late surgical intervention, the patient Talalae died on the 5th day from peritonitis.

At the medical site of the mine No. 39-39 "bis" of the Khartsyz district, a trauma paramedic performed dressings with non-sterile material. In 1953, 831 persons were to be hospitalized in the 1st city hospital of Stalino, but in fact 422 people were hospitalized, 50 patients were refused due to lack of places<sup>10</sup>.

District doctors were also overburdened. For example, in 1946, in the Karakubud area, out of the 5 doctors required according to the regular schedule, only one actually worked, whose workload was 40-85 patients instead of the established norm of 18-20 persons per working session. This was an index without taking into account 25-32 inpatients. In addition, this doctor had to serve another 400 pregnant women. Such busyness of the doctor in the absence of auxiliary means (laboratory, X-ray) greatly complicated the diagnosis and affected the quality of medical care. The overall high quantitative indices of medical care hid a decline in its quality<sup>11</sup>.

The shortage of narrowly focused specialists can be illustrated by the example of phthisiologists. This is a telling example, given the difficult epidemic situation with tuberculosis in the first post-war decade. The lack of specialists greatly limited the ability to properly deploy anti-tuberculosis work. In 1955, 261 doctors worked in all anti-tuberculosis institutions of the region, of which only 11 worked in rural areas. A slight increase in the number of phthisiologists did not permit to significantly reduce the burden on one specialist. The part-time work rate in 1955 was 1.7, which corresponded to the level of previous years. Due to the lack of specialists in rural areas, pulmonary surgical beds were served by doctors of other specialties. In part, the lack of specialists can be explained by the problems of medical education and training of medical personnel in the post-war period. After the war, there was a need to increase the number of medical institutes and faculties for further training of a large cohort of demobilized doctors and middle and junior medical personnel. After returning from the war, doctors were required to undergo additional training and pass final exams to receive diplomas of full higher medical education. It should be noted that from 1945-1948, medical institutes switched from a five-year to a six-year training period, and dental and pharmaceutical institutes from a four-year to a five-year one, which had to effect on improving the quality of medical training. Since 1954, medical schools were reorganized into medical colleges, which were supposed to train paramedics, nurses, laboratory technicians, midwives, dentists and dental technicians, etc. In addition, the Red Cross organized

4249. Desc. 2. File 8926. Page 9

10 Об итогах естественного движения населения за 1953 год по Сталинской области. *State archive of Donetsk region*. Fund 4249. Desc. 2. File 8926. Page 10

11 Протоколы заседания исполкома Старобешевского районного совета депутатов трудящихся за 1946 г. *State archive of Donetsk region*. Fund R-180. Desc.2. File3. Page 120

three-month courses at hospitals for training of nurses. (Bilous, 2018).

Documents of the regional statistical office in the first post-war years reflect a surge of socially dangerous infectious diseases, including diseases of the gastrointestinal tract, in particular dysentery, toxic dyspepsia, acute gastroenterocolitis, as well as typhus, measles, tuberculosis, etc. For the almost destroyed medical system, it became a socio-epidemic challenge, which arose due to the destruction of the social infrastructure, the restoration of which was delayed due to the model of reconstruction chosen by the Stalinist regime.

The epidemic situation was complicated by the low standard of living of the population, a certain marker of which is the presence of tuberculosis patients. In conditions of poverty, economic crises and poor nutrition, people's vulnerability to tuberculosis increased. In 1948, tuberculosis occupied the first position (15.6%) in the structure of the causes of death in the population in the cities and urban settlements of the region from the main causes of death identified in the statistical development. Mortality from tuberculosis of all localization organs amounted to 2,994 persons<sup>12</sup>.

The epidemic was fueled by difficult living conditions, overcrowding, hunger, etc. In order to reduce the incidence of tuberculosis in 1948, an extensive program of measures was developed. Since January 1, 1949, in the Ukrainian SSR, compulsory anti-tuberculosis vaccination of newborns was introduced in city maternity hospitals and departments, in rural district hospitals, as well as mass vaccination of children. The work of the medical institutions network in the region, which until the beginning of 1956, was aimed at detecting and combating tuberculosis, included 25 anti-dispensaries, 28 dispensary departments, 24 tuberculosis offices and 5 tuberculosis stations at general hospitals. However, the majority of anti-tuberculosis facilities were located in poorly adapted premises that did not meet the minimum sanitary and hygienic requirements for medical facilities of this type<sup>13</sup>.

For the purpose of early detection of tuberculosis patients, medical institutions carried out mass preventive examinations of the population. In 1955, more than 780,000 persons were examined. Patients identified as a result of mass examinations were registered in anti-tuberculosis institutions. To carry out mass examinations, the regional x-ray station had 25 fluorographs, of which only 2 were mobile. The specified number of fluorographic installations could not provide adequate service to all districts of the region<sup>14</sup>. In general, the further expansion of the epidemic was avoided, and the use of new antibacterial therapy permitted to achieve a steady decrease in mortality from tuberculosis. Since 1949, the number of deaths from tuberculosis has decreased year by year, and the first position among the causes of death

that year was taken by heart diseases<sup>15</sup>. In the early 1950s, the number of newly diagnosed tuberculosis patients decreased.

However, this trend was not stable enough, since during 1952–1955, the number of new tuberculosis patients in urban settlements remained at almost the same level, and in rural areas it even slightly increased (up to 1,273 people). In 1953, cases of pulmonary tuberculosis increased in urban settlements by 2.8%<sup>16</sup>. It can be assumed that the negative impact on medical statistics regarding tuberculosis during 1953–1955 was related to the arrival of more than 52,000 amnestied persons from prisons to the Stalin region (Bazhan, 2015).

The head of the regional statistical service entirely devoted a separate report to the problem of the incidence of tuberculosis, addressed to the population department of the republican statistical office. The document, dated October 1956, noted that "the incidence of tuberculosis has remained practically at the same level in recent years." In addition, due to insufficient work on timely identification of patients, the number of newly recognized disabled persons from tuberculosis has increased<sup>17</sup>. It should be noted that the implementation of anti-tuberculosis program's complex measures was negatively affected by the lack of phthisis doctors, medical and diagnostic equipment, and the general neglect of the social sphere, the development of which did not belong to the priorities of the Stalinist regime.

The materials of the regional statistical reports contain the facts of a significant spread of parasitic typhus in the second half of the 1940s. Favorable factors for this were the unsanitary condition of cities and workers' villages, an acute shortage of the most necessary means of personal hygiene, problems with water supply, and a lack of drinking water. The unsanitary conditions in which the workers lived, directed primarily to the reconstruction of industrial enterprises, the terrible material and living conditions of the migrants, also contributed to the transmission of infections. Thousands of migrant workers lived in barrack-type dormitories in overcrowded conditions (Herasyova, 2005: 8).

According to the regional sanitary-epidemiological station, 9,442 cases of typhus were recorded in 1945, 6,071 – in 1946, and 9,315 – in 1947 (Zadniprovs'kyi, 2007: 243). In 1947, the Stalin Region, together with Kharkiv Region, Dnipropetrovsk Region, and Poltava Region, was the leader in Ukraine in the incidence of typhus fever and rotary typhus (Shypik, 2019: 125). At the same time, due to the lack of drinking water, miners had to use mine water or buy water in the market at 20 kopecks per glass. As a reaction of the central government to the outbreak of the epidemic on December 10, 1947, the Council of Ministers of the USSR adopted a resolution "On measures to eliminate epidemic outbreaks of parasitic typhus."

The resolution obliged the Council of Ministers of the Ukrainian SSR to organize an anti-epidemic commission,

12 О естественом движении населения по Сталинской области за 1949 год. *State archive of Donetsk region*. Fund 4249. Desc.2. File 5857. Page 10.

13 О заболеваемости и смертности населения от туберкулеза в Сталинской области. *State archive of Donetsk region*. Fund 4249. Desc.3. File 854. Page 1.

14 О заболеваемости и смертности населения от туберкулеза в Сталинской области. *State archive of Donetsk region*. Fund 4249. Desc.3. File 854. Page 2,4.

15 О естественом движении населения по Сталинской области за 1949 год. *State archive of Donetsk region*. Fund 4249. Desc.2. File 5857. Page 10.

16 О заболеваемости и смертности населения от туберкулеза в Сталинской области. *State archive of Donetsk region*. Fund 4249. Desc.3. File 854. Page 2,3.

17 О заболеваемости и смертности населения от туберкулеза в Сталинской области. *State archive of Donetsk region*. Fund 4249. Desc.3. File 854. Page 5.

## Шипік)

as well as to organize the continuous operation of the baths, providing them, first of all, with household soap. The Ministry of Chemical Industry was obliged to provide anti-epidemic measures with dust. A significant decrease in the incidence occurred only in 1948, when 2,237 typhus patients were registered (*Zadniproviskyi, 2007: 243*). A typhus epidemic during the famine forced the central government to adopt in November 1948 a provision aimed at strengthening the sanitary-epidemic stations, which were supposed to organize the necessary sanitary and anti-epidemic measures at the local level (*Zima, 2008: 148,149*).

Numerous cases of diseases of the gastrointestinal tract are recorded in the statistical reports of the regional administration. Mortality rates from dysentery, toxic dyspepsia, and acute gastroenterocolitis were significant. Thus, in 1948, 1,248 people died of these diseases in urban settlements, and in 1949 – 1,963 persons, which accounted for 10.1% of the total number of deaths per year from the main causes of death specified in the statistical development<sup>18</sup>.

A favorable background for the spread of diseases, among other things, was the non-compliance with the technical minimum in food blocks, the absence of a sanitation train and equipped toilets even in the regional center. Statisticians noted the seasonal increase in the summer indices and the insufficient level of hospitalization of patients by medical institutions.

In the 1950s, a certain amount of attention of the regional statistical service was focused on the anti-cancer field of medical institutions' work. Information on primary morbidity indicated an almost annual increase in newly detected cases of cancer and other forms of malignant neoplasms. Thus, in 1951, – 2,763, 3,037 – in 1952, 3,159 – in 1953, 3,274 – in 1954, and 3,189 new patients were recorded in 1955<sup>19</sup>.

The deployment of medical institutions network to provide cancer care to the population in the region began after the Second World War. As of August 1956, there were regional and city oncology dispensaries in the city of Stalino with 50-bed inpatients, 9 oncology departments in the cities of the region, excluding Debaltsevo and Druzhkivka, and an oncology office in the New Economic Hospital.

In general, 380 oncology beds were deployed in the region, the number of which was not enough for hospitalization of patients. Treatment was carried out by surgical, radiation (x-ray + radium) and combined methods. Radioactive drugs were available only in the regional oncology dispensary and the Stalin city oncology dispensary. In this regard, there were queues for treatment with radioactive drugs<sup>20</sup>.

In 1955, there were 43 doctors who occupied 55 full-time positions working in oncological institutions of the region. Of them, only 33 doctors had special training. In some hospitals, the oncologist position was replaced by

doctors of other specialties. In medical practice, there have been cases of discrepancies between clinical and pathohistological diagnoses. In the statistical documents, attention was paid to the facts of insufficiently careful examination of patients by individual doctors, as a result of which the disease was not diagnosed in a timely manner, which led to deaths<sup>21</sup>.

The availability of equipment and drugs for laboratories in oncology dispensaries was important for diagnosis and timely detection of cancer patients. As of 1955, there were X-ray machines in all oncology facilities of the region, with the exception of Sloviansk. Pathohistological laboratories were at 7 oncology departments, and cytodiagnosics was only carried out in regional and Stalin city oncology dispensaries. The laboratory at the regional cancer dispensary had great difficulties in supplying hemotoxin, paraffin, and methyl alcohol. In addition, it was not provided with cover glass and dishes for embedding in paraffin. Medicines were delivered to the laboratory from hospitals in other settlements not on the day of biopsy, but on the 2nd to 4th day or 2-3 weeks after the biopsy was taken<sup>22</sup>.

Since 1948, oncological examinations have been mandatory for all medical institutions of the general treatment and oncology network. In 1954, almost 12,000 persons were examined preventively in the region, the following year, 1955 – 406,852 persons, of which 314 were revealed as cancer patients, which is 0.07%, and precancerous diseases – 6,100 people or 1.5% were found. Precancerous patients were registered in oncology dispensaries<sup>23</sup>. The report note of the regional statistical office indicated unsatisfactory results of anti-cancer work, as a result of which the number of advanced cancers in the region as a whole reached 19%. When considering abandoned cases, it was found that 26% of them happened due to the fault of medical institutions. In some localities, there was not even a plan of anti-cancer measures and there were no doctors who would be responsible for oncological work. Preventive examinations were carried out carelessly. There was no registration of women over 35 years of age. Even patients who were in the hospital were not subject to oncological examination<sup>24</sup>. The accounting of identified patients with chronic inflammatory diseases was carried out carelessly, as a result of which a significant number of them were not taken into account.

### Conclusions

Thus, the materials of the statistical administration of the Stalin (Donetsk) region, which were first introduced into scientific circulation, allowed us to outline the state of medical care in the first post-war decade. During the war, the system that provided health care in the region with all

18 О естественом движении населения по Сталинской области за 1949 год. *State archive of Donetsk region*. Fund 4249. Desc.2. File 5857. Page 10.

19 О заболеваемости и смертности населения от рака и других злокачественных новообразований. *State archive of Donetsk region*. Fund 4249. Desc.3. File 854. Page 8.

20 О заболеваемости и смертности населения от рака и других злокачественных новообразований. *State archive of Donetsk region*. Fund 4249. Desc.3. File 854. Page 10,11.

21 О заболеваемости и смертности населения от рака и других злокачественных новообразований. *State archive of Donetsk region*. Fund 4249. Desc.3. File 854. Page 11.

22 О заболеваемости и смертности населения от рака и других злокачественных новообразований. *State archive of Donetsk region*. Fund 4249. Desc.3. File 854. Page 10,11.

23 О заболеваемости и смертности населения от рака и других злокачественных новообразований. *State archive of Donetsk region*. Fund 4249. Desc.3. File 854. Page 9.

24 О заболеваемости и смертности населения от рака и других злокачественных новообразований. *State archive of Donetsk region*. Fund 4249. Desc.3. File 854. Page 9,11,12.

its components, such as infrastructure, finance, and personnel, suffered significant destruction. The attempt to carry out structural reorganization in these difficult conditions led to ambiguous consequences. On the one hand, the transition from the industrial to the territorial principle of medical care of the population created a territorial medical precinct.

However, the process of combining polyclinics and outpatient clinics with hospitals took place mainly formally, without taking into account personnel and infrastructural capabilities. Such changes especially affected rural precinct hospitals, where logistical and technical conditions were even more difficult and the problem with medical personnel was even more acute. The excessive load on one local medical doctor, the lack of narrowly focused specialist was explained not only by general reform decisions in the conditions of the general post-war socio-economic crisis, but also by changes in the medical personnel training. Overloading of doctors led to hasty examinations of patients, which in turn led to false diagnoses.

The post-war recovery of the health care system was burdened by residual financing, economic and organizational problems. In the conditions of post-war socio-economic poverty, poorly developed medical infrastructure, strong migration movements, lack of personnel, difficulties in the work of the anti-epidemic protection system, there was limited access of the population to full-fledged medical care and medical facilities. These circumstances limited the ability of the medical system to fully respond to both new and existing challenges in the form of socially dangerous infectious diseases outbreaks.

## REFERENCES

- Barton, K. (2008). Vseokhvatnaya pomoshch pri stalinizme? Sovetskoe zdravookhranenie i dukh gosudarstva blagodenstviya, 1945–1953 (174–193). In: *Sovetskaya sotsialnaya politika: stseny i deystvuyushchie litsa, 1940–1985*. Moscow. (In Russian).
- Bazhan, O. (2015). Provedennia amnistii u 1953–1955 rokakh v URSR: perebih, masshtaby, naslidky (p. 301–309). In: *Sotsialni transformatsii v Ukraini: piznii stalinizm i khrushchovska doba*. Kyiv (In Ukrainian).
- Bilous, V. (2019). *Istoriia medytsyny i likuvalnoho mystetstva*. Chernivtsi. (In Ukrainian).
- Danylenko, V. (2005). Povsiakdenne zhyttia ukraïnskykh selian u povienni period (1945–1953 rr.) (p. 3–17). In: *Ukraina XX st.: kultura, ideolohiia, polityka*. Kyiv, Issue. 9. (In Ukrainian).
- Danylenko, V. M. (ed.) (2010). *Povojenna Ukraina: narysy sotsialnoi istorii (dr. pol. 1940-kh – seredyna 1950-kh rr.): U 2 kn., 3 ch.* Kyiv, 2010. Kn. 1, Ch. 1 – 2. (In Ukrainian).
- Fadeev, A. (2001). Reforma sistemy zdravookhraneniya SSSR v poslevoennye gody. *Problemy sotsialnoy gigieny, zdravookhraneniya i istorii meditsyny*. №2. 48–50. (In Russian).
- Fitzpatrick, Sheila (1985). Postwar Soviet Society: The 'Return to Normalcy' 1945–1953. The impact of World War II on the Soviet Union. Totowa, 28.
- Herasyimova, M. (2005). Zhytlova ta prodovolcha problemy v povsiakdennomu zhytti naselennia Stalinskoi oblasti v 1945 – 1953 rr (p.91–92). *Conference papers of Donetsk natsional universyy*. Sektsiia istorychnykh nauk. Donetsk,. (In Ukrainian).
- Ilin, V. (2013). Borotba z infektsiinymy khvorobamy v Kharkovi u pershi povienni roky (1943–1947) (p. 156–163). In: *Zbirnyk naukovykh prats Kharkivskoho natsionalnoho pedahohichnoho universytetu imeni H. S. Skovorody. «Istoriia ta heohrafiia»*. Kharkiv, Iss. 47. (In Ukrainian).
- Ilin, V. (2016). Vidbudova okhorony zdorovia u Kharkovi (1943–1947 rr.). *Storinky istorii*. 42, 118–129. (In Ukrainian).
- Isaikina, O. (2005). Medychne obsluhovuvannia miskoho naselennia (1945–1955 rr.) (p. 346–353). In: *Ukraina XX st.: kultura, ideolohiia, polityka*. Kyiv. (In Ukrainian).
- Kimerling, A. (2013). «Proshu razobrat eto pismo i ustranit odnostoronnie vzglyady na rabochikh, a inache ya budu vynuzhden napisat v TsK nashey partii»: pisma vo vlast v poslevoennye gody. *Vestnik Rossiyskogo universiteta druzhby narodov. Seriya: Istoriya Rossii*. № 2. URL: <https://cyberleninka.ru/article/n/proshu-razobrat-eto-pismo-i-ustranit-odnostoronnie-vzglyady-na-rabochih-a-inache-ya-budu-vynuzhden-napisat-v-tsk-nashey-partii-pisma-vo-vlast-v>. (In Russian).
- Kuromiia, Hiroaki. (2002) Svoboda i teror u Donbasi: Ukraïnsko-rosiiske prykordonnia, 1870–1990-i roky [Transl. from Eng.]. Kyiv. (In Ukrainian).
- Perekhrest, I. (2007) Medyko-sanitarni naslidky Velykoi Vitchyznianoï viiny dla naselennia Ukrainy ta yikh likvidatsiia u period vidbudovy (1943–1950 rr.): avtoref. dys. kand. ist. nauk: 07.00.01. – istoriia Ukrainy. Dnipropetrovsk, 20 s. (In Ukrainian).
- Romaniuk, I. Shkolnikova, T. (2018). Stan systemy okhorony zdorovia Ukrainy v pershi povienni roky. *Suchasni informatsiini tekhnolohii ta innovatsiini metodyky navchannia v pidhotovtsi fakhivtsiv: metodolohiia, teoriia, dosvid, problemy*. Vynnytsia, 108–112. (In Ukrainian).
- Shust, T. (2015). Osoblyvosti vidbudovy radianskoi systemy okhorony zdorovia Stanislavskoi (Ivano-Frankivskoi) oblasti 1944–1945 rr. *Ukraïnskyi istorychnyi zbirnyk*. 18, 253–260. URL: <http://dspace.nbu.gov.ua/handle/123456789/100229>. (In Ukrainian).
- Shypik, N. (2019). Vplyv holodomoru 1946–1947 rr. na pryrodnyi pryrist naselennia Donechchyny za danymy potochnoho statystychnoho obliku. *Aktualni problemy nauky ta osvity: Zbirnyk materialiv XXI pidsumkovoï naukovo-praktychnoi konferentsii vykladachiv MDU*. 124–125. (In Ukrainian).
- Tereshchenko, T. (2007). Sotsialno-pobutova sfera sela Tsentralnykh oblastei Ukrainy v period vidbudovy (1943 – 1950 rr.): avtoref. dys. ...kand. ist. nauk: 07.00.01 – istoriia Ukrainy. Cherkasy, 2007. 20 ark. (In Ukrainian).
- Volonyts, V., Shypik, N. (2023). Poviennyi stan ta reformuvannia systemy medychnoho obsluhovuvannia naselennia za materialamy statystychnoho upravlinnia Donetskoi oblasti. *Aktualni problemy nauky ta osvity: Zbirnyk materialiv XXV pidsumkovoï naukovo-praktychnoi konferentsii vykladachiv MDU*. Kyiv, 122–125. (In Ukrainian).
- Volonyts, V. (2021). Health Care System in the Ukrainian SSR and the Attempts to Reform It. *Scientific Papers of Vinnytsia Mykhailo Kotsyubynskyi State Pedagogical*

Шипік)

- University. Series: History. Issue. 37. Collection of scientific researches. Vinnytsia, 63–71. (In Ukrainian).*
- Vronska, T. (1995). Zakhody po polipshenniu sanitarno-epidemiolohichnoho stanu. V umovakh viiny: zhyttia ta pobut naselennia mist Ukrainy (1943-1945). Kyiv, 83 s. (In Ukrainian).
- Yankovska, O. (2003). Sotsialno-pobutova sfera zhyttia hromadian URSR yak vidbytok priorytetiv derzhavy vid pochatku povoiennoi vidbudovy do kintsia «vidlyhy». *Ukraina XX stolittia: kultura, ideolohiia, polityka. 2014. Vyp. 19. S. 29.* Kovpak L.V. Sotsialno-pobutovi umovy zhyttia naselennia Ukrainy v druhii polovyni XX st. (1945–2000 rr.). Kyiv, 2003. (In Ukrainian).
- Zadniprovsnyi, O. (2007) Khronika holodu 1946-1947 rokiv u Donbasi. Donetsk. 372 s. (In Ukrainian).
- Zima, V. (2008). Golod i meditsyna v SSSR. *Ukraina XX st.: kultura, ideologiya, polityka.* №13, 137–151. URL: [http://resource.history.org.ua/publ/xxx\\_2008\\_13\\_137](http://resource.history.org.ua/publ/xxx_2008_13_137). (In Ukrainian).



## **Стан системи медичного обслуговування Донецької області у перше повоєнне десятиліття (за матеріалами статистичного управління)**

**Віра Волоніць** (ORCID 0000-0003-2908-0019)

Маріупольський державний університет (Київ, Україна)

**Наталія Шипік** (ORCID 0000-0001-9595-9326)

Маріупольський державний університет (Київ, Україна)

Статтю присвячено висвітленню регіонального контексту ситуації у сфері медичної допомоги в перше повоєнне десятиліття. Авторками виокремлено ключові проблеми, з якими зіткнулася медична система після вигнання нацистських окупантів. Проаналізовано специфіку втілення медичної реформи 1947 р. на обласному рівні. Охарактеризовано складну епідемічну ситуацію на тлі повоєнної руйнації. Актуальність проблеми полягає у необхідності проаналізувати реакцію медичної системи на виклики, які постали перед суспільством після завершення війни. Розгляд теми набуває неабиякої актуальності в умовах широкомасштабної війни, яку розв'язала РФ проти нашої держави, і яка вже призвела до значного ступеню руйнування об'єктів медичної та соціальної інфраструктури. Необхідно врахувати досвід аби уникнути помилок, допущених советською владою при відновленні медичної мережі і подоланні епідемій, супутніх таким соціальним катаклізмам як війна. Новизна дослідження зумовлена залученням до наукового обігу інформаційних масивів з документів обласного статистичного управління, в яких відображено певну місцеву специфіку. Встановлено, що внаслідок війни основні компоненти системи охорони здоров'я зазнали значних руйнувань. Спроба її реформування у цих важких умовах призвела до неоднозначних наслідків. Позитивним аспектом був перехід від виробничого принципу медичного обслуговування до територіального. Проте, процес об'єднання поліклінік і амбулаторій з лікарнями відбувався переважно формально, без урахування кадрових та інфраструктурних можливостей. Характерною рисою був недостатній рівень укомплектованості лікарськими кадрами в області та брак лікувально-діагностичної апаратури. Надмірна навантаженість лікаря в умовах відсутності допоміжних засобів значно ускладнювала діагностику та впливала на якість надання медичної допомоги. Загальні високі показники медичного обслуговування приховували зниження його якості. Поширеною була практика розташування медичних закладів в малопристосованих приміщеннях, які не відповідали мінімальним санітарно-гігієнічним вимогам. Важкі соціальні умови життя в широкому контексті негативно впливали на структуру захворюваності, загрожували епідеміями і відбивалися на рівні ефективності медичних заходів.

**Ключові слова:** система охорони здоров'я, Донецька область, повоєнна медична реформа, епідемічна ситуація.