

**PROVISION OF MEDICAL SPECIALISTS TO HEALTHCARE INSTITUTIONS IN
THE UZBEK SSR (1945–1990)**

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Abstract: This scientific study examines the process of supplying medical specialists to healthcare institutions in the Uzbek SSR between 1946 and 1991, the growth of the number of physicians and mid-level medical workers, reforms in the personnel training system, and the impact of Soviet healthcare policy on staffing practices. The activities of medical institutes, medical colleges, and professional development centers during the Soviet period, as well as their role in meeting the republic's demand for qualified personnel, are analyzed from an academic perspective. The research focuses on identifying the historical significance of the staffing process in improving the quality of medical services in the Uzbek SSR.

Keywords: Uzbek SSR, healthcare, medical specialists, physician corps, mid-level medical workers, personnel policy, medical institutes, professional development, Soviet healthcare, shortage of medical personnel.

After the Second World War, as in all regions of the former Soviet Union, restoring and developing the healthcare system became one of the priority tasks in the Uzbek SSR. The sharp increase in the demand for medical personnel during the war and the reduction in the number of existing specialists resulted in significant shortages in the healthcare sector. Therefore, between 1946 and 1991, providing healthcare institutions with qualified doctors and mid-level medical staff became one of the main directions of state policy.

During these years, the number and capacity of medical higher education institutions in Uzbekistan were expanded, new medical colleges were established, and updated curricula were introduced for training specialists. At the same time, a system for improving the qualifications of physicians was developed, and scientific research aimed at raising the level of professional training was strengthened. The shortage of doctors in urban and rural areas of the republic was gradually reduced, and the quality of medical services provided to the population improved.

The relevance of this study lies in the fact that examining the personnel policy of the Uzbek SSR allows for the rational use of historical experience in the modern process of reforming the national healthcare system. By scientifically revealing the historical foundations of medical staffing, this topic serves as an important source for further improving today's healthcare sector.

At the end of 1945, a total of 349 pediatricians were working across the republic, and each year an additional 60–75 new specialists joined their ranks. By 1950, the number of pediatricians had reached 683. Within three years, the total number of physicians rose to 3,045, while the number of mid-level medical workers reached 15,064. Thus, mid-level medical staff were trained

at a rate five times higher than that of physicians. By 1956, the total number of pediatricians in the republic reached 1,015, representing a 2.9-fold increase compared to 1946.

In 1953, a total of 279 physicians were working in Bukhara Province, of whom 48 had been sent from central institutions, while 53 were forced to leave their positions. In 1954, out of 274 physicians, 38 had been transferred from the center, and 61 had resigned. In 1955, 250 physicians were employed, of whom 11 left their jobs. During these years, 23 doctors resigned voluntarily, 69 left due to family circumstances, and 11 withdrew from their positions because they were admitted to postgraduate studies [1].

According to the order of the Ministry of Health of the Uzbek SSR dated January 27, 1954, titled "On the Personnel of the Healthcare System Operating in the Republic," it was emphasized that 6 physicians from the cities of Bukhara and Kogon should be reassigned to rural areas. However, only 1 of these physicians actually agreed to work in the rural districts [2].

Despite the measures taken by the Ministry of Health in 1955 to increase the number of medical personnel in rural regions, by 1957 the situation in Andijan Province remained problematic: out of 181 physicians working in treatment and preventive care institutions, 92 were concentrated in the city itself, and in many cases a single physician held multiple positions simultaneously. For example, in Andijan city, 3 physicians held 7.5 positions; in Balikchi, 2 physicians covered 5 positions; in Jalakuduk, 11 physicians filled 25 positions; and in Pakhtaabad, 4 physicians carried out duties equivalent to 10 positions [3].

Despite one physician performing multiple duties, the acute shortage of medical personnel in the regions could not be resolved. For instance, in 1955, the deficit of physicians in Bukhara Province ranged from 3 to 6 positions in city hospitals, 4 to 6 in rural areas, 7 to 9 in district centers, and in some cases the shortage reached 14 physicians [4].

To partially address these issues, in 1955, 48 graduates of medical institutions were assigned to Bukhara, of whom 29 (or 60.5 percent) eventually took up work. In 1956, 38 new physicians were assigned, but only 16 (42 percent) remained to work in the provincial center. Many of the assigned physicians refused to work in district hospitals due to the lack of housing, which left many positions vacant. The chief surgeon of the province, D. Yanovsky, was forced to live in a hotel in Termez because no accommodation had been provided for him. In the districts of Boysun and Shurchi, and in rural areas, salary payments were frequently delayed, and physicians did not receive their wages on time.

In 1954–1955, a total of 34 physicians in Surkhandarya Province resigned from their positions for various reasons. Most left because of the lack of housing and family circumstances; 5 resigned due to illness; the remaining physicians cited low wages, lack of transportation, and the long distance between the workplace and their residence as the main reasons. For example, I. Rodina, who worked as a chief physician at the "Ok-Qapchugai" state farm and the Jutov factory, resigned in less than a year because no transport had been provided for commuting between the two locations [5].

In 1953–1954, only 161 physicians were working in the treatment institutions of Surkhandarya Province, despite the staffing plan requiring 282.5 positions. In 1953, according to the order of the Ministry of Health, 15 medical graduates were assigned to the region: 7 were sent to rural areas and 8 to city institutions. Among those sent to rural posts, three specialists were trained in ophthalmology, otolaryngology, and phthisiology. In 1954, a total of 16

physicians were assigned to rural medical posts, district hospitals, and sanitary-epidemiological stations—5 to rural doctor stations and 11 to urban facilities. Interestingly, only one of the doctors assigned to city institutions belonged to the local nationality [6].

Despite these assignments, shortages persisted: 3 of the 9 districts lacked therapists, 4 lacked pediatricians, obstetricians-gynecologists, and phthisiologists; 8 districts lacked dermatovenerologists; 7 districts had no ophthalmologists [7]; and district-level dental care was entirely absent. For example, surgeon V. Lutin was assigned by the provincial health department to the Angor district of Surkhandarya Province. There, he not only worked as a surgeon but also as a malaria specialist and simultaneously served as the head of the district health department [8].

During this period, a total of 922 medical workers were employed in Fergana Province, of whom 50 were mid-level medical personnel. Of the total, 608 worked in urban areas and 204 in rural districts [9]. On average, one physician was responsible for 1,439 patients; however, when calculated by districts and cities, this figure ranged from 2,500 to 4,500 patients per physician. Compared to fully qualified medical doctors, the proportion of mid-level personnel in the province was considerably higher. By the late 1950s, the Ministry of Health of the Uzbek SSR employed 1,954 therapists, 1,244 pediatricians, 639 surgeons, 609 obstetrician-gynecologists, 433 phthisiologists, 341 dermatovenerologists, 234 ophthalmologists, and 274 infectious disease specialists [10].

In 1954, a total of 7,094 medical workers were employed in the Uzbek SSR, of whom 5,962 (84 percent) worked in urban areas, and 1,132 (16 percent) in rural regions. However, the level of staffing in rural healthcare institutions remained extremely low. For instance, Bukhara Province had 538 approved healthcare positions, but only 385 were filled. Rural healthcare facilities had 175 workers instead of the 315 required—just 56 percent of the needed staff.

The data demonstrate that the distribution of medical workers across the regions was uneven, and staffing plans were not fulfilled. Moreover, favoritism and nepotism were observed in assigning graduates to different regions. For example, although graduates I. Strelnikova and V. Gelfenbein were officially assigned to Kashkadarya and Bukhara respectively, an order issued in March 1955 transferred them to Samarkand Province instead. In another case, although graduates F. Abdullaev and Urmanbekov were assigned to Kashkadarya and Bukhara, they began working in Tashkent Province. These actions were justified by Deputy Minister of Health N. Jamolova, who issued falsified assignment papers [11]. Similarly, N. S. Artikova, who graduated from Tashkent Medical Institute in 1989 and was supposed to work in Navoi Province, began her career in Tashkent City.

When distributing medical workers across regions, urban areas were generally prioritized. For example, in Surkhandarya Province, Chief Physician K. Shokirjonov assigned only 5 of 16 newly deployed graduates to rural areas, with the remaining 11 placed in urban institutions. In Bukhara Province, Chief Physician I. Kamolov allocated 3 medical workers to urban hospitals, even though they had been assigned to rural doctor stations. As a result, of the 270 physicians distributed by the USSR Ministry of Health, only 180 actually arrived in their designated regions [12].

According to the decision of the USSR Council of People's Commissars dated January 23, 1941 (No. 150), the transfer of physicians from rural to urban regions—and the simultaneous appointment of replacements—was to be carried out only by the USSR People's Commissariat of Health [13]. However, such unauthorized actions became common in Bukhara Province. In

the districts of Peshku and Konimekh, as well as the provincial health department, physicians working in rural areas were dismissed without replacements being appointed. According to the decision of the Central Committee of the Uzbek SSR (December 15, 1953), 200 physicians working in urban areas were supposed to be reassigned to rural districts by 1954. Yet, according to data from June 10, 1955, only 58 physicians had actually been sent to rural areas. Of these, 9 came from Tashkent City, whereas the required number was 83. Bukhara sent only 4 physicians instead of 6, and Surkhandarya sent only 2 instead of 5.

There were also significant problems in improving the qualifications of regional physicians. Of the 111 doctors who needed further training, only 38 completed their courses. Physicians in Kashkadarya and Surkhandarya did not undergo training at all. In Khorezm, only 8 of 11 doctors completed their training; in Namangan, 4 out of 15; in Bukhara, 3 out of 16; and in the Karakalpak ASSR, only 2 out of 8 physicians improved their qualifications [14]. As of January 1955, nearly 190 rural doctor stations and ambulatories nationwide reported shortages of physicians [15].

Archival evidence shows that, despite policy decisions intended to increase medical staffing in rural areas, the actual results were often opposite. In particular, staffing levels in 1955 were significantly lower compared to 1954, indicating a decline in the rate of doctor deployment to rural regions. For example, the number of rural physicians decreased by 32 in the Karakalpak ASSR, by 31 in Surkhandarya, by 27 in Andijan, and by 15 in Kashkadarya.

During these years, the republic saw a growing number of cases of trachoma—an eye infection—yet specialists capable of treating it were in short supply. In 1954, there were 190 ophthalmologists in the republic, but only 27 of them worked in rural areas. In 1955, 211 ophthalmologists worked in urban areas, while only 42 served in rural districts. Furthermore, 104 districts across the republic had no ophthalmologist at all [16].

Based on statistical data from 1958, the supply of medical workers per 10,000 population across Soviet republics was as follows: RSFSR – 17, Ukraine – 16, Uzbekistan – 12, Belarus – 11, and Tajikistan – 10 [17]. On average, per 10,000 people, there were 3 therapists, 1 surgeon, 0.7 obstetrician-gynecologists, 2 pediatricians, 1 epidemiologist, 0.3 ophthalmologists, and 0.1 psychiatrists [18]. In 1959, out of 118 professors and lecturers, 7 were doctors of science (professors), 17 were candidates of science (associate professors), and 16 were candidates of science serving as assistants. By 1963, the number of professors and lecturers increased to 212 [19].

In the decision of the Central Committee of the Communist Party of the Uzbek SSR dated June 2, 1961, titled “On the Condition of Cultural and Social Services to the Population of Khorezm Province and Measures for Its Improvement,” significant shortcomings in the region’s social service system were severely criticized. The document also included several critical remarks regarding healthcare services. According to the source, in 1960, although 955 new hospital beds were introduced in Khorezm Province, the region continued to suffer from a shortage of doctors. Instead of the required 593 physicians, only 265 were working. In the districts of Shovot, Khazorasp, Kushkupir, Yangiarik, and Gurlan, no ophthalmologists were available, and the districts of Shovot, Kushkupir, and Yangiarik lacked radiology specialists entirely. The number of obstetrician-gynecologists was also insufficient, and there was not a single physiotherapist operating in the entire province [20].

In 1968–1969, tuberculosis hospitals and dispensaries in Fergana Province were supposed to employ 183 physicians, yet only 98 medical workers were actively working. Similarly, there

was a shortage of radiologists: although 98 positions were allocated, only 70 radiologists were employed, of whom 38 worked full-time and 20 held part-time positions.

By the 1980s, noticeable improvements were recorded in providing rural districts of the Fergana Valley with physicians and mid-level medical staff. In 1982 alone, 186 young doctors were sent to Namangan Province to work in rural areas, with 56 of them assigned to district hospitals and emergency departments [21]. Nevertheless, staffing levels in treatment and preventive institutions remained inadequate. For instance, the supply of therapists averaged 3.4 per 10,000 population across the province, while in Namangan and Pop Districts this figure was 1.8, and in Chust and Turakurgan it was only 2. The availability of pediatricians was also unsatisfactory: although the provincial average was 3.2 per 10,000 people, in Pop and Yangiqorgon districts the number was only 1.6 [22].

The province also faced a shortage of specialized doctors, particularly obstetrician-gynecologists and ophthalmologists in Pop, Yangiqorgon, and Zadar (present-day Mingbulok), and endocrinologists were entirely absent in the districts of Uchqorgon, Kosonsoy, Yangiqorgon, Turakurgan, and Uychi [23].

Between 1980 and 1991, 110 pediatricians and 50 obstetrician-gynecologists were assigned to treatment institutions in Andijan Province, and 80 percent of them began working in rural districts [24]. By 1985, there were 31 physicians and 78.6 mid-level medical workers per 10,000 residents in Andijan [25]. The province had 86 hospitals with a total of 18,850 beds, 221 polyclinics, and 81 rural doctor stations, employing 4,996 physicians and 12,555 mid-level medical personnel.

By the late 1980s, 2,347 physicians were working in the Karakalpak ASSR, meaning that 23.4 doctors were available per 10,000 population. In 1980, this figure had been 2,198. Despite this noticeable increase, the region still suffered from shortages of therapists, pediatricians, obstetrician-gynecologists, radiologists, and other specialists [26]. During this period, around 400 physicians enhanced their skills through mobile training courses held in Nukus, taught by specialists from Moscow, Leningrad, and Kiev in surgery, traumatology, cardiology, and pediatric gastroenterology. Additionally, 116 physicians attended residency programs at the medical institute, while 623 mid-level medical workers improved their qualifications. As of January 1, 1983, one doctor of medical sciences and nineteen candidates of sciences were working in the Karakalpak ASSR [27].

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