

On the history of the formation and development of the Soviet maternal and child welfare system in the Buryat-Mongol ASSR: 1923–1933

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Abstract

This article examines key points in the formation of the Soviet maternal and child welfare system in the Buryat-Mongol Autonomous Soviet Socialist Republic in 1923–1933, which preserved and advanced the pre-revolution basic principles of healthcare delivery. In the early 1920s, the high maternal and child mortality rate persisting in this region remained a pressing problem. Its resolution was one of the priority tasks facing both central and local Soviet authorities. To this end, measures were swiftly implemented to train medical personnel and set up a high-quality inpatient base, primarily in urban areas. By the end of the 1920s, following the creation of the first children's unit at the regional hospital and the first women's and children's outpatient clinics in Verkhneudinsk, the primary focus had turned to maternal and child welfare in the rural areas. The shortage of medical personnel and medical institutions remained the biggest challenge. The key to the success of the first organisational and medical measures of the new public health system was the effective changes in the traditional way of life of the rural population of the republic, aimed at improving their lives, and the introduction of a standardised maternal and child welfare system while preserving regional peculiarities. The legal, organisational and medical process of creating a maternal and child welfare system in urban areas was completed in the first ten years of Soviet rule in the Buryat-Mongol Autonomous Soviet Socialist Republic. The next task was to expand and consolidate the maternal and child welfare system in rural areas.

Keywords

history of regional public health, medical care in the Buryat-Mongol ASSR, maternal and child welfare, women's and children's health centres, children's preventive outpatient clinic

The right regional approach is the key to the successful development and efficiency of a public health system (Starodubov, Baranov, Albitskiy 2004, p. 3). A comprehensive approach, which factors in, among other things, regional peculiarities and differences in staff and resource allocation, are needed in order to effectively address issues relating to maternal and child welfare as a crucial component of public health.

The starting point in the history of the Soviet maternal and child welfare system is January 10,

1918 (Albitskiy and Sher 2018, p. 54). From that point onwards, the model of the Soviet maternal and child welfare system started taking shape in European Russia. In the autumn of 1921, the entire system of delivering medical and preventive care to children and adolescents was concentrated under the administration of the People's Commissariat of Public Health of the RSFSR. And in 1927, the Department of Obstetrics of the Medical Department was handed over to the Maternal and Child Welfare Department of the People's Commissariat of

Public Health of the RSFSR (Albitskiy and Sher 2018, p. 60). This enabled to find the best solutions to the scientific and practical task of protecting the health and life of the mother and her newborn child. Work on creating a maternal and child welfare system in the east of the country, particularly the Buryat-Mongol Autonomous Soviet Socialist Republic (BMASSR), was carried out under the leadership of the central authorities, but in different climatic, geographic and socio-economic conditions from the western regions.

The article examines the features of the formation and development of the regional maternal and child welfare system in the BMASSR in 1923–1933, describes the socio-economic, local, and national peculiarities of its development in this region, and outlines the primary tasks and ways of solving them.

The first organisers of the Soviet child healthcare were faced with three priority tasks: substantiating the theoretical foundations of the new national child welfare system, creating a network of preventive and treatment institutions, and training medical personnel (Albitskiy and Sher 2018, p. 135). The unification of the Far East and Transbaikalia with the RSFSR in November 1922 created the necessary political and economic conditions for the unification of the Buryat-Mongol autonomous regions (Istoriya Buryatii 2011, p. 55), leading to the formation of the BMASSR on May 30, 1923 (Tsybikzhapov 2003, p. 110). Verkhneudinsk (Ulan-Ude – from 1934) became the centre of the autonomous republic. The BMASSR People's Commissariat of Public Health, created by the Order of the Buryat Revolutionary Committee of August 1, 1923, was partially organised in Irkutsk from the former public health department of the Buryat-Mongol Autonomous Region of the RSFSR, itself created by the Decree of the All-Russian Central Executive Committee of January 25, 1922 (Istoriya Buryatii 2011, p. 53). By September, it had taken shape after moving to Verkhneudinsk. The staff list of the BMASSR People's Commissariat of Public Health was approved in September of the same year. It included a maternal and child welfare department (two people) and a child and adolescent healthcare department (two people).¹

¹ State Archive of the Republic of Buryatia (GARB). F. R-248. Op. 1. D. 85. L. 65.

At the beginning of the 20th century, the Russian Empire stood on the verge of creating a maternal and child healthcare system, combining national, social and charitable principles (Albitskiy and Sher 2018, p. 72). In the BMASSR, the establishment of the regional public health system took place in the early 1920s. The core principles of the pre-revolution public health system were preserved during this process. Medical support of the child population and the delivery of efficient obstetric care was a critical area, primarily due to the soaring maternal and infant mortality rate.

The main challenges were reflected in a report dated November 7, 1923, written by the republic's First People's Commissar of Public Health, A.T. Trubacheev:² “Maternal and child welfare in the Buryat-Mongol ASSR is an entirely new matter and has not been developed as it should. Today, there is only one maternal and child health centre with 25 beds in Verkhneudinsk across the republic. There are no institutions of this type in all other areas. As for the organisation of obstetric care, particularly in rural areas, special types of medical care, such as obstetric care, in this context, the BMASSR People's Commissariat of Public Health faces an uphill task to provide this care at least this year since, at the moment, the People's Commissariat of Public Health does not have not a single health facility of this type”.³

For the successful development of the maternal and child welfare system, medical personnel had to be trained, and an inpatient medical and diagnostic base had to be created. To this end, the first midwifery courses were launched at the maternity home of the Verkhneudinsk hospital of the Russian Red Cross Society (RRCS) on April 1, 1924.⁴ The courses were drawn up by the RRCS and the medical section of the Buryat-Mongol department of the All-Russian trade union of workers and public servants of public health institutions. Fifteen students from almost all aimaks (districts), including Russians and Buryats, were enrolled in these courses. The students lived in a

² A.T. Trubacheev graduated from the Faculty of Medicine of Imperial Tomsk University in 1902. For details see GARB. F. P-1. Op. 2. D. 5009. L. 1.

³ GARB. F. R-2. Op. 1. D. 80. L. 41–60.

⁴ Guryanov A. On the launch of midwifery courses in the Buryat Republic, in *Buryat-Mongol Pravda*. May 8, 1924, Verkhneudinsk. (In Russ.)

hostel and received a stipend from the republic's People's Commissariat of Public Health. The courses were six months long (April – October). Besides attending lectures, the students worked at the Red Cross hospital, railway and city hospitals, and an orphanage, which allowed them to use the acquired knowledge of childcare in practice. On September 1, 1924, the Collegium of the People's Commissariat of Public Health ordered to organise one-and-a-half-year midwifery courses, and everyone interested from the republic's districts was invited to enrol. The length of the courses was determined by the need to offer more special and general education given the low literacy of the population. The 1920 census showed that literacy of the Buryat population in the western and eastern parts of the republic was 17.4% and 14.1%, respectively (Istoriya Buryatskoy ASSR 1959, p. 346). Therefore, the effective solution to critical public health issues in the BMASSR largely rested on tackling illiteracy.

That the necessary decisions were made at the level of the republic's administration is evidence of the urgent need for the formation and development of paediatric care in the region. According to Minutes No. 49 of the meeting of the Presidium of the Buryat-Mongol Regional Committee of the All-Union Communist Party (the Bolsheviks), dated August 15, 1924, “three Buryat women had to be sent to Moscow for midwifery courses.”⁵ At that time, there was no academic base for training healthcare workers in the republic. Hence personnel for the BMASSR was usually trained in Moscow, Krasnoyarsk, and Irkutsk. The Resolution of the 12th All-Russian Congress of Councils on the report of the RSFSR People's Commissariat of Public Health, dated May 11, 1925, stated: “The lack of medical workers who know the local language requires sending more indigenous people to medical faculties and increasing the number of scholarships in medical institutions of higher education, and opening medical training colleges, especially local midwifery schools” (Postanovleniya KPSS... 1958, p. 109).

Work on training medical personnel at all levels intensified in the second half of the 1920s. For instance, the regional committee of the RRCS organised off-job one-year courses for

nurses at the Public Health Education Centre in Verkhneudinsk in 1928. Twenty-seven young women had completed these courses by the end of December 1929. The first local midwifery school in Verkhneudinsk opened on October 10, 1930. It undoubtedly played a crucial role in training mid-level medical personnel for the republic. Doctor Gdaly Markovich Varshavsky was the founder and first director of the school.⁶ Two hundred people were enrolled in the midwifery school in 1933. Half of them were members of the indigenous population (Istoriya Buryatii 2011, p. 173). That same year, the school produced its first local graduates – 17 nurses at the maternal and child welfare department and 23 midwives.

Back in 1923, at the instigation of A.T. Trubacheyev, the issue of handing over the Verkhneudinsk hospital of the RRCS to the republic's People's Commissariat of Public Health was raised on numerous occasions. The decree of August 4, 1924, handed over the Verkhneudinsk hospital of the RRCS to the state on October 1, 1924. It was then transformed into a regional hospital. The 25-bed Verkhneudinsk City Hospital, which has been operating until then, was shut down on October 1, 1924, as its premises were wholly unsuitable for providing medical care. The infectious diseases department of this hospital was converted into a 35-bed infectious diseases hospital.⁷

The country's hospital network expanded nearly threefold in the first 15 years of Soviet rule. However, this did not apply to the children's bed capacity: inpatient paediatric care was provided in general hospitals (Albitskiy and Sher 2018, p. 176). One hundred and twenty beds were deployed at the regional hospital, including twelve maternity and ten children's beds⁸. The hospital staff consisted of a senior doctor, five resident doctors, one paramedic, two midwives and ten nurses. Lazar Solomonovich Reznitsky⁹ was the first head of the children's unit of the hospital and remained at its

⁵ GARB. F. P-1. Op. 1. D. 434. L. 30.

⁶ State Archive of Irkutsk Oblast (GAIO). F. 71. Op. 5. D. 503. L. 1.

⁷ GARB. F. R-475. Op. 1. D. 54. L. 99.

⁸ GARB. F. R-475. Op. 9. D. 1. L. 110.

⁹ L.S. Reznitsky was born in 1887 in Verkhneudinsk. He graduated from the Faculty of Medicine of Tomsk University in 1917 (see State Archive of Tomsk Oblast (GATO). F. 102. Op. 2. D. 3935. L. 1–5). Began his career as a paediatrician in 1917. Died aged 43.

helm for six years.¹⁰ He is rightfully considered one of the founders of paediatric care in Buryatia.

Paediatrician Anatoly Mikhailovich Dudin headed the children's unit of the regional hospital for twelve years, starting from 1930.¹¹ In 1925, after graduating from the Faculty of Medicine at Irkutsk State University, he arrived in the BMASSR, where he embarked on his career as a country doctor after taking over the reins at the Turuntayevo Outpatient Clinic. In 1926, he worked as a travelling doctor at the Verkhneudinsk Central Polyclinic. After completing specialist training in paediatrics in Leningrad, he was appointed head of the children's unit of the regional hospital. Georgy Mikhailovich Reshchikov,¹² the then-head of the hospital's gynaecology department, performed all kinds of surgical operations and was the first in Buryatia to perform a caesarean section for medical reasons. Reshchikov's career began in Kyakhta, where, after graduating from Tomsk University in 1913, he first worked as an obstetrician-gynaecologist, and, after the opening of the regional hospital in 1923, he headed the obstetrics and gynaecology department there (Batoev 1982, p. 124–125). By the late 1920s, the bed capacity of the BMASSR regional hospital had increased to 150 beds, while the bed capacity of the obstetrics and gynaecology department had also increased to 35 beds. This enabled to open a maternity ward (Batoev, Nechunaev 2006, p. 16). In 1926, 627 deliveries were made, and 631 gynaecological operations were performed. The decree of the Council of People's Commissars (CPC) of the BMASSR No. 370, of August 28, 1928, allocated five thousand rubles for the construction of a maternity clinic at the regional hospital.¹³

From 1925, the country started restructuring health centres for pregnant women into women's health centres (Ocherki istorii... 1954, p. 401). There was a need for separate consultative care for children. Therefore, to prevent child morbidity and

curb mortality, by 1925, the country's central public health authorities had started developing a network of dispensary-type institutions – children's health centres. As the implementation of the preventive approach of Soviet public health, the dispensary method became fundamental in the work of all health care facilities in the country (Trofimov 1967, p. 33). Like throughout the country, women's health centres in the BMASSR were initially set up in cities, while rural areas had only a handful of women's and children's health centres. During this period, the work of maternal and child welfare centres was gradually restructured according to the district principle. The number of children was extremely unevenly distributed across the districts. It was tough dealing with personnel and material and technical issues in the period following the most devastating civil war amid an economic recession, collapse, and hunger.

The women's and children's health centres in Verkhneudinsk were the first outpatient clinics of the republic's emerging maternal and child welfare system. In 1926, a health centre for pregnant women and infants was first set up at RRCS facilities. That centre was headed by an obstetrician-gynaecologist M.N. Sosnina (Orlova, Khaakova 2006, p. 14). In the same year, a women's and children's health centre opened at the city outpatient clinic in Verkhneudinsk. It soon ramped up its work on providing outpatient care to pregnant women, identifying gynaecological patients and providing health education. The health centre was headed by Doctor R.G. Fortus. Patients were seen three times a week for two hours, and the RRCS funded process. In the first half of 1926, 126 children and 324 women were attended to, and 87 abortion permits were issued for social reasons in six months. The popularity of the centre quickly grew. In 1927, 1,630 women and 1,154 children visited the women's and children's health centre. By 1928, that number had risen to 2,880 women.

Minutes No. 49/66 of the meeting of the Bureau of the Buryat-Mongol Regional Committee of the All-Union Communist Party (the Bolsheviks), held on September 16, 1927, noted that “the basic types of specialised medical care are fully deployed in the city of Verkhneudinsk: gynaecological, maternity, paediatric, dental”.¹⁴ The

¹⁰ GARB. F. R-661. Op. 8. D. 16. L. 124.

¹¹ A.M. Dudin was born in 1901 in Balagansk in the Irkutsk province.

¹² G.M. Reshchikov was born in Kyakhta in 1884. In 1913, he graduated with honours from the Faculty of Medicine of Tomsk University (see GATO. F. 102. Op. 2. D. 3945. L. 7, 27) and started working as an obstetrician-gynaecologist in Kyakhta. He continued working in this field for 40 years in Buryatia.

¹³ GARB. F. R-248. Op. 1. D. 455. L. 5.

¹⁴ GARB. F. P-1. Op. 1. D. 1037. L. 81–106.

volume of medical and preventive work carried out by the women's and children's health centre gradually increased. However, the much-needed infant feeding centre had still not been organised.

In 1928, the women's and children's health centre in Verkhneudinsk was split into two independent institutions – the women's health centre, headed by Doctor M.N. Sosnina, and a children's health centre, led by Doctor E.P. Bronnikova (Orlova, Khaakova 2006, p. 15). There was a day nursery in Steklozavod in Verkhneudinsk. The nursery had opened thanks to the rapid industrialisation process and the active involvement of women in various sectors of the economy. In six months, 129 children had attended the nursery. Daily attendance was 18–25 children, primarily aged 4–5 years. If necessary, the child was examined by a doctor called by the head of the nursery. There was a child care centre for 25 children, where 79 children received medical and social care in six months. Fourteen of those children were over a year old. Twenty-three children (29%) died during this period. Many children, especially foundlings, arrived at the child care centre extremely weak or seriously ill.

Despite the challenging socio-economic environment and the shortage of medical personnel and healthcare facilities, the welfare system for preschool and school-aged children was developing in the capital of the BMASSR. School doctors started paying special attention to health education (Albitskiy and Sher 2018, p. 67, 171, 177). On September 16, 1927, reports by the republic's People's Commissar of Public Health on child welfare stated: "Since 1927, there have been two school medical officers maintained by city funds. They are the only ones serving the 12 schools in the city. The health status of the schoolchildren is as follows: 60% are healthy, 40% suffer from anaemia and malnutrition due to poor living conditions, diseases, etc. A doctor from the RRCS-funded Child Welfare Department is operating as a pioneer. A major shortcoming is the lack of a pedological room and a room for medical examination of the general physical development of children"¹⁵.

If by the mid-1920s, professional obstetrics had achieved some success in Soviet cities, almost none

had been achieved in rural areas. The Decree of the Council of People's Commissars of the RSFSR of June 30, 1924, "On the provision of medical care to the rural population", stated: "...Complete or partial shutdown of existing healthcare facilities associated with scaling back the network for delivering medical care to the rural population is not allowed; to proceed with the gradual filling of sections of the functioning medical network, currently without doctors, with medical personnel, and with the transformation of independent paramedic stations into medical centres" (Postanovleniya KPSS... 1958, p. 102–103). On December 2, 1925, the Council of People's Commissars of the RSFSR issued a decree "On providing rural areas with medical care and improving the material and living conditions of local medical personnel" (Trofimov 1967, p. 35). The Decree of the All-Russian Central Executive Committee and the Council of People's Commissars of the RSFSR of December 14, 1925, states that "each volost (district) must have at least one district hospital with an outpatient department, maternity and infectious diseases departments, mother and infant health departments, a summer nursery, a playground for physically weak children, and vaccination points" (Postanovleniya KPSS... 1958, p. 114–115). The following was proposed to improve the efficiency of obstetric care in rural areas: deploying maternity wards at all district hospitals, organising maternity wards with 2–3 beds at outpatient medical centres, creating midwifery stations in large villages on the outskirts of the district, freeing midwives from any secondary duties at the hospital, and increasing the number of travelling midwives (Lebedeva 1934, p. 23). Special attention was paid to the situation in remote areas of the country (Kulakov, Danilishina, Chicherin 2001, p. 414).

At the first congress of BMASSR Councils on December 4, 1923, the BMASSR's People's Commissar of Public Health, A.T. Trubacheev, stressed: "...the terrible primitive sanitary conditions of the rural population, particularly the Buryat population, and the prejudice towards medical care from the Semeiskie population¹⁶ lead to the direst of consequences – the extinction of the population. Who has not seen coffins carried to the cemetery in the summer every day? These are children dying in

¹⁵ GARB. F. P-1. Op. 1. D. 1037. L. 81–106.

¹⁶ This refers to the Old Believers (opponents of Patriarch Nikon's reforms).

villages and uluses¹⁷ due to the lack of the most elementary understanding of child care. Women die in large numbers during childbirth and pregnancy, unable to and ignorant of how to protect themselves during these periods”.¹⁸

The 1st Republic Congress of Buryat Women was held on November 15, 1925. It laid out a programme for the emancipation of Buryat women. Based on the local conditions, it was decided to create an institute of nomadic women organisers, *krasnie yurty*, and *doma buryatki*.¹⁹ In 1925, the BMASSR already had eleven districts: Aginsky – now part of Zabaykalsky Krai; Barguzinsky, Khorinsky, Verkhneudinsky, Troitskosavsky, Tunkinsky, Severo-Baykalsky and Bauntovsky – now the Republic of Buryatia; Bokhansky, Alarsky, Ekhirit-Bulagatsky – now part of Irkutsk Oblast (Istoriya Buryatii... 1993, p. 44). The districts occupied a vast area. Today, this territory covers three major Russian regions. In 1926, there were eight aimak and twelve district hospitals in rural areas in the BMASSR, also providing medical care to children.²⁰

The construction of new standard hospitals in rural areas dragged on, and no inpatient children's beds were allocated. This was due to the lack of basic infrastructure, experienced engineers, and funding. In most cases, buildings had to be temporarily adapted for use as medical facilities.²¹ There were 11 outpatient clinics and 47 paramedic stations in rural areas²². For a long time, the harsh material, living and climatic conditions, particularly in remote areas of the BMASSR, and dissatisfaction with work, were the reason why doctors declined to work in rural outpatient clinics. For example, out of 23 outpatient clinics, 15 had no doctors.

Local, religious, and ethnic peculiarities delayed the deployment of women's and children's

health centres in rural areas in the BMASSR. For instance, there were only three women's and children's health centres on July 1, 1929. There was no daily outpatient reception for children due to the shortage of doctors in several districts. In April 1934, while addressing a conference organised by the USSR Academy of Sciences of the USSR and describing the state of the republic's rural public health system, A.T. Trubacheev noted: "...On average, the medical centre covers a radius of 30-40 km, but in some areas, it reaches 100 km. This does not allow even coverage of the rural population. The population density of the republic is 1.4 people per 1 sq. km. Out of 42 positions in outpatient departments, 29 were occupied by paramedics" (Problemy... 1936, p. 23). This state of affairs persisted for a very long time, and outpatient clinics were mostly run by paramedics with extensive field experience. Therefore, some outpatient clinics were in the same circumstances as paramedic stations. The only difference was that, in addition to paramedics, outpatient clinics already had midwives, which enabled to provide the necessary obstetric care.

Health care in the BMASSR was complicated not so much by that rural women were not organised, as that part of the population continued to lead a nomadic lifestyle. Women were still giving birth at home without professional assistance. If work among women in Siberia began later than in Central Russia, it started even later among Buryat women. According to records by the head of the Public Health Education Centre in Verkhneudinsk: "...By estimate, 11,000 rubles were approved in 1925-1926. In fact, 33,000 rubles were actually spent on maintaining several maternal and child welfare institutions. Admittedly, the Buryat-Mongol people, still in the early stages of cultural development, are seeing a very low population growth due to a low birth rate and high child mortality. Therefore, the number of existing maternal and child welfare institutions is far from being able to cover all of their needs".²³ Nevertheless, the republic was actively working to create a maternal and child welfare system, and the first rural children's health centre had already opened by 1929.²⁴

¹⁷ An "ulus" is a type of Buryat settlement ranging in size from 5-6 to 200 people. Uluses were mostly located in river valleys.

¹⁸ GARB. F. R-2. Op. 1. D. 80. L. 41-60.

¹⁹ Cultural and educational forms of work among women in rural areas, created in the BMASSR in the 1920s and 1930s. They were aimed at promoting European medical care, teaching sanitary and hygiene skills and home economics.

²⁰ GARB. F. R-475. Op. 1. D. 54. L. 46.

²¹ GARB. F. R-475. Op. 1. D. 54. L. 115.

²² GARB. F. R-475. Op. 1. D. 167. L. 95.

²³ GARB. F. R-475. Op. 1. D. 167. L. 94.

²⁴ GARB. F. R-196. Op. 3. D. 96. L. 79.

Children's preventive outpatient clinics were initially intended as district research guidance centres for child and adolescent healthcare and worked closely with school doctors (Goldfeld 1970, p. 18). The first children's preventive outpatient clinic in Verkhneudinsk opened in 1928 under the leadership of Zinaida Yakovlevna Wasserman,²⁵ the first district paediatrician in Buryatia.

In order to centralise the management of all medical institutions in Verkhneudinsk, a general health association was created in 1929. In May 1930, the children's preventive outpatient clinic became the district children's outpatient clinic, which also provided the necessary medical treatment to children. From 1931, city and district public health departments started emerging in the BMASSR. In Verkhneudinsk, a city children's general health association was created as part of the city public health department. It included all maternal and child welfare institutions, as well as child and adolescent healthcare institutions (Abykov 1943, p. 40). In 1932, the city children's general health association included a preventive outpatient clinic for children aged up to 16 years, a preventive outpatient clinic for schoolchildren, an infant health centre, a children's outpatient clinic for receiving sick children, a school health department, a women's health centre, a 20-bed night sanatorium for schoolchildren with tuberculous intoxication, a 30-seat canteen for schoolchildren, an infant feeding centre and a feeding centre for young children.

The next step in establishing the public health system in the BMASSR was the opening of the Buryat-Mongol State Institute of Health in 1931.²⁶ The institute's research, organisational and procedural work also included such an area as child and adolescent health care. One of the problems blighting the new maternal and child welfare sys-

tem was its weak research and theoretical foundation. Therefore, research on infant physiology and pathology and the organisation of obstetric and general health care for women and young children became paramount for solving several critical social problems, primarily reducing child and maternal mortality (Albitskiy and Sher 2018, p. 93). Bolstered by academic staff, this institute was supposed to conduct active research work in the region. Unfortunately, the institute was hampered by the persistent shortage of not only research staff but also doctors in the republic and a large volume of practical, routine work, leading to its shutdown in 1934.

The organisation of medical care on the outskirts of the republic and ensuring its accessibility remained priority tasks. By then, according to the standard plan, the Tarbagatay District Hospital had been built, and two more were under construction – Kutulik and Ust-Ordynsky. It cost a total of 150 thousand rubles to build a district hospital with apartments and outbuildings. The maintenance of beds in the republic was fully funded by the RSFSR People's Commissariat of Public Health, and 267,712 rubles were allocated for the maintenance of 424 beds. The rural network of outpatient clinics was locally funded by the republic.²⁷

Therefore, in 1923–1933, the development of the BMASSR public health system was a strategic area for the country. The complex process of creating a standard accessible public health system, which began in pre-revolutionary Russia, continued with the corresponding ideological and legal tweaks. The organisation of a maternal and child welfare system was an essentially new area and played a decisive role in curbing the persistently high maternal and child mortality and child disability. It also contributed to the natural population growth. Despite significant regional differences associated with climatic and geographic, local and ethnic peculiarities, the establishment of the maternal and child welfare system was consistent and continuous. By the mid-1930s, the plan to create a network of preventive outpatient institutions for the maternal and child welfare system in Verkhneudinsk had been fully implemented. And in rural areas, the active implementation of the necessary medical and preventive measures continued.

²⁵ Z.Y. Wasserman was born in Verkhneudinsk. After graduating from the gymnasium, she enrolled in the Krasnoyarsk Women's Paramedic School. And after graduating in 1908, she got a job at the Irkutsk Chemical and Bacteriological Institute. From there, she went on to enrol into the faculty of medicine at Irkutsk University. In 1923, Wasserman returned to the BMASSR and was appointed paediatrician at the Central City Polyclinic. From 1924, she taught paediatrics in all courses organised by the republic's People's Commissariat of Public Health.

²⁶ See New centre of scientific thought, in *Buryat-Mongol Pravda*. April 7, 1931. (In Russ.)

²⁷ GARB. F. R-475. Op. 1. D. 54. L. 106.

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