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NEW ACHIEVEMENTS IN RURAL
 PUBLIC HEALTH IN THE UKRAINE

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Since the war about 800,000 houses for collective farmers, 200,000 industrial buildings, and 27,000 buildings for cultural institutions have been restored or erected. Over 5,000 kolkhozes have been organized in the western oblasts of the Ukraine, while Izmail', Chernovits, Bolynsk, and other oblasts were completely collectivized. The microclimate of many populated areas, especially in the south, was improved by the construction of thousands of reservoirs and tanks.

The number of public-health institutions, pharmacies, consultation clinics for women and children, and pharmaceutical centers in villages has been greatly increased as compared with 1940. Sanitation and epidemiological stations have been organized in all rayons. Dispensaries have been built or established in existing hospitals, and specialized medical treatment is being extended to rural districts, bringing rural health care to the level of that in cities.

Until 1941 over 50 percent of the doctors in the Ukraine were general practitioners and 52 percent of the hospital beds were occupied by general cases.

The situation in the western provinces was worse. Poland and Rumania, before uniting with the Soviet Union, had no doctors or hospitals in rural regions. Organization of medical institutions in rural districts, disrupted by the war, had to start from the very beginning.

The achievements of the Ukrainian Republic in speeding up the development of rural public-health institutions -- especially in western districts -- were greatly facilitated by three decrees by Smirnov, Minister of Public Health USSR. No 201 of 29 May 1947 "On the Improvement of Medical Service for the Rural Population," No 360 of 6 September 1948 "On Training Medical Specialists for Rural

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Rayon Centers" and No 369 of 15 September 1947 "On the Structure and Norms of Medical and Prophylactic Institutions in Rural Rayon Centers and Basic Staff of Medical Personnel for Rural District and Rayon Hospital."

The government supplied the funds for training specialists and organized specialized medical aid in rayon centers; 1,200 doctors took specialized training in the large hospitals and clinics. Specialized hospital care, which had improved greatly during the postwar period, made further progress in 1947 - 1948.

The number of hospital beds in rural districts is 125 percent greater than before the war and 102 percent greater in cities.

Statistics on ordinary and infectious diseases showed a decrease in 1948 as compared with 1947. The 14.1-percent increase over 1947 in the number of hospitalized cases is primarily a reflection of the increase in hospitalization of those cases requiring it.

Hospitalization of so-called "general bed cases" decreased 27 percent while those in special departments and wards increased. These figures demonstrate the improved quality of hospital service and the demand for specialized services. Previously, patients in the country requiring such services were obliged to go to the nearest city. The return of veterans from well-equipped military hospitals to villages lacking in special facilities emphasized this need.

Many hospitals were organized to receive tubercular patients. As a result of better care, the morbidity rate in rural districts was lower in 1948 than in 1947; twice as many tubercular cases were hospitalized and a still higher percentage of bacillary cases were quarantined and treated.

In 1948, more than 2 million women over 35 were examined for cancer by midwives under the direction of gynecologists. If symptoms of cancer or other diseases were detected, the patient was directed to the proper institution for further diagnosis and treatment.

The number of surgical operations and hospitalized surgical cases was doubled in the course of one year.

Although hospitalized cases with neuropathy, ophthalmopathy, and otolargogothy have increased 495, 399, and 178 percent respectively since 1947, the absolute number of cases hospitalized for these ailments is insignificant.

General therapy cases were admitted to all hospitals, but only 89 percent handled stomatology and dentistry, 90 percent dermatology, 82 percent pediatrics, 70 percent obstetrics and gynecology, and 67 percent phthisiology. The need for specialists in all rural institutions is evident from these figures.

In 1948, medical assistants in rural districts took care of as many dispensary patients as doctors and made more home visits. First aid, obstetrical care, and antiepidemic measures depended on medical assistants and midwives. Hence, the quality of their services, especially in areas with no other facilities, is vital. The steps taken by the Ukrainian Republic in organizing courses and publishing textbooks are insufficient to ensure their qualifications.

The number of dentists' offices and dental laboratories doubled from 1947 to 1948, but the number of patients tripled. A dental department is needed in every medical department and a laboratory in every rayon center. The sale of medicine is double that of the prewar period, but supplies are lower in rural areas.

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Medical aid was given to 95.4 percent of the clinical cases in rural districts in eastern oblasts and 77.8 percent in the western oblasts. This extension of medical and prophylactic care has greatly reduced the morbidity and mortality rates. Infectious diseases were also considerably less than in 1940.

The immediate plans for the development of rural public health in the Ukraine include:

1. Erecting hospitals in all rural rayon centers where none exist.
2. Doubling the number of doctors in most centers and extending specialized aid to out-patients.
3. Converting all dispensary-type medical departments into hospital departments in the course of 2-3 years; organizing new departments in the Transcarpathian and western oblasts.
4. Providing out-patient and hospital facilities in all rayon centers in 1949 - 1950 for general therapy and surgery, for obstetrics and gynecology, and pediatric practice; and in larger rayons, for nervous diseases and tuberculosis.
5. Improving the care of mothers and infants; organizing seasonal public nurseries in all kolkhozes; 100-percent medical aid and 60-percent hospital care during confinement.
6. Improving rayon sanitation and epidemiological stations, with a physician in charge of each station by 1949.

The program also includes improved service in dentistry, medical supplies, laboratories, physiotherapeutic departments, and areas served by medical assistants and midwives.

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