

SECRET

MFDCB-X

20 September 1950

SUBJECT: Preliminary report on interrogation of Dr. N. N. Poppe of the Far Eastern Department, University of Washington, on Soviet Far East.

Introductory.

On 14 September 1950 I had an opportunity of spending $4\frac{1}{2}$ hours with Dr. N. N. Poppe, a DP, who is now a Professor of oriental languages and an expert on Far East at the University of Washington.

Dr. P. appears to be an outstanding scholar. He was a professor at the Leningrad University and a corresponding member of the Academy of Sciences of the USSR. The latter position indicates an unusual distinction which suggests either outstanding scholarship or an exceptional standing in the Party. In Dr. P.'s case the scholarship opened the door to the Academy. Dr. P. is very intelligent and observant. His knowledge of the Soviet Far East appears to be very good. At any rate, originally in view of his specialty I did not expect to spend more than one hour with him. Very soon, however, I realized that Dr. P. may supply much more information on health and sanitation and on kindred questions of the Soviet East, or several parts of the European part of the USSR, than his specialty would indicate. I would have spent with him more than $4\frac{1}{2}$ hours, but for consideration, both, of Dr. P. and Mr. [] of the CIA who was present at the interview, I terminated the interview not because the subject was exhausted but because I felt that any further extension of the interview would not

DECLASSIFIED AND RELEASED BY
CENTRAL INTELLIGENCE AGENCY
SOURCE METHOD EXEMPTION 3B2B
NAZI WAR CRIMES DISCLOSURE ACT
DATE 2005

SECRET

SECRET

give results, importance of which, would warrant any further demand on time and efforts of Dr. P. and Mr. []

Outer Mongolia.

Dr. P. had made trips to Outer Mongolia in 1926, 1927, 1929, 1936, 1939, 1940, 1941. He thus was able to observe developments in public health efforts of the country.

9712
Squallor was conspicuous in 1926 as it continued to be in 1941. However, some improvement could be ascertained since 1939. ^{in Outer Mongolia} ^{noticed in the period from} ^{to 1941} Mongolians are preferably nomads in a way that definite tribes would migrate according to seasons within a definite region and never outside of the ^{of their tribes} ^{specific} ^{There is} ^{For} ^{Each} ^{region} ^{has} a central hospital and region physicians would travel within the region to examine and treat the ^{region's} population. This procedure has proved to be very effective.

Veneral diseases are widespread among Mongolians. It was asserted that in 1926 as many as 60% of the population ^{were} infected with V.D., but by 1939 the ratio ^{had} ^{considerable} decreased so that in 1939 more than 50% of recruits were accepted into the army.

Subjectively Mongolians are suffering ^{more} from gonorrhoea more than from syphilis. Tuberculosis is also extremely widespread. As a matter of fact, Mongolians soldiers are unable to live in standard barracks. Many of the Mongolian soldiers develop tuberculosis ^{if put} ^{under} ^{the} ^{living} ^{which} ^{prevail} conditions prevalent in the army.

Other important diseases, typhoid and dysentery, including amoebic dysentery are to be mentioned at the first place. Newcomers ^{among the} ⁱⁿ ^{the} ^{great} ^{numbers} ⁱⁿ ^{Mongolia}

SECRET

SECRET

as a rule suffer from dysentery, and Dr. P. was not spared.

Epidemics of plague have occurred, but plague has never been endemic, he asserts. ^{As research} Of the rodents, serving as hosts to fleas, marmots (tarbagan) are especially widespread. Mongols eat marmots; but they avoid sick animals. They usually run away from a sick animal, Dr. P. ^{while in a pocket} is inclined to think that this is the reason why plague epidemics never spread.

Dr. P. was not aware of any ^{endemic} endemicity; epidemics of malaria or typhus. Scabies is widespread. So are helminthic diseases with which practically the whole population is ^{afflicted} affected. Epilepsy is very common. Of animal diseases, especially of diseases which may be communicated to men, brucellosis appears to be widespread. ^{among the animals} He could not tell anything on ^{nothing significant} rabies, or anthrax. ^{or tularemia} ~~Rinderpest~~ was under control after special efforts had been made. ^{in regard to rinderpest which was effectively under control} He had not heard anything on ^{I know nothing of} tularemia.

^{Concerning} ~~Of~~ vectors he mentioned only flies, fleas and lice; he had a very slight knowledge on ticks. ^{Ticks are} They were present in Mongolia, yet he did not know any further details. ^{but to what extent I cannot know}

~~The above statement on diseases suggests that sanitary conditions in Mongolia were extremely bad. Indeed, water was supplied in barrels from the river; waste was disposed in the most primitive way. Human excreta was certainly used as fertilizer. ^{A great amount of scavenging} Dogs have served as scavengers. ^{in actuality} Latrines were relatively scarce, but ^{as they} absence of them, Dr. P. said, was preferable; dirt prevalent in latrines would make them useless, and besides, ^{contributing just} another focus of infection would be added. Epidemic-~~

SECRET

logical stations were primitive, but ~~they have~~ rendered ^{some} useful work.

Staple food consisted of tea, water, milk, salt, flour, put together in a bowl. The latter utensil ^{was} ~~is being~~ carried by every Mongol in his pocket. After usage it ^{was} ~~is~~ not washed but rather licked until it looks clean.

Buryat Mongolia.

Dr. P. had also opportunity to visit several times Buryat Mongolia, mainly the capital, Ulan Ude. Conditions in this republic were better than they were in the neighboring Outer Mongolia, yet there was much room for improvement in Buryat Mongolia, too.

~~Ulan Ude~~ ^{struck by fire} Ulan Ude is a relatively modern industrial city. Water was derived from the river's upper stream. ^{could be considered, some of the} It was very unsafe. Central water works ^{were being} started to be installed in 1940. There was no sewerage system. Night soil and other refuse ^{were} collected in primitive cess-pools ^{which were} only occasionally. ^{Method of disposal was} even then it would be carried in wooden barrels ^{after} not very strong ^{enough} to keep the contents intact during the transport. Garbage ^{was} would be collected in wooden boxes, emptied approximately every two weeks, and dumped outside of the city ^{limits} bounds. Incinerators were non-existent.

Some new houses, including the best, ^{comparatively} and rather a modern hotel included flush toilets, but paper, even newspaper was ^{lacking} absent. Walls, of the otherwise modern toilets, were accordingly smeared. Soap was rare and expensive...

Of diseases, tuberculosis was very common especially among former nomades. ^{Whereas by tradition} ~~While~~ formerly they would live in tents, after ^{lived}

SECRET

SECRET

settlement they were housed in slums. Basedow's disease was widespread in the region of the Tunka mountains.

I cannot recall the name of another disease which
A disease is also widespread in Buryat Mongolia, the name of which escaped Dr. P.'s memory. *of which* Symptoms are fractures of the bone, particularly of skull. [Etiology is unknown (osteoporosis? MKO). A doctor dissertation was prepared by Dr. Kazantsev of the Omsk Medical Institute. I shall try to locate this piece of work, or at least a reference to it.]

Enteric diseases due to ^{un}sanitary condition are common.

Ticks of the neighboring Taiga are vectors of encephalitis. Brucellosis is widespread. Lepra is endemic. There is a leprosarium ^{in the} on the island of Olkhon on the Baikal lake. Dr. P. does not know the size of the leprosarium.

Medical care, particularly availability of professional physicians (and not feldshers) was ^{a grand deal} less favorable in Buryat Mongolia than it was in the European part of the USSR. This was especially true with regard to the rural areas.

Leningrad.

a. Water supply.

Leningrad still derives water from the river Neva, ~~Dr. P.~~ asserts, as did Petrograd and St. Petersburg, the former names of the city. *which* ~~Neva water~~ ^{practically impure} has been extremely unsafe. The city (then St. Petersburg) suffered a major cholera epidemic in 1908, and typhoid has been endemic. Central water works used to be inadequate. A major project ^{for the obtainment} of derivation of

SECRET

SECRET

water from the lake Lagoda and ^{for this} of installation of a modern and large central water purification plant, ^{which was} started in the thirties, was still at the initial stage when World War II began, ~~Dr. P. stated.~~ For obvious reason the work was discontinued during the war. ^{I don't} ~~Dr. P. doubts~~ ^{if} whether the project has been realized by now.

b. Waste disposal.

^{There was a} Sewerage system ~~was existent~~ in Leningrad, but it was obsolete, ^{by} and ^{far} not all houses, or ^{even all} sections of the city, were included into the network. Refuse was collected in concrete boxes. Removal was supposed to take place every week, but this regulation was only on paper. As a result, whenever the boxes were full, refuse would be dumped beside the boxes. An ideal breeding place for rats and flies was thus provided.

c. Housing condition.

Housing conditions ^{all} though better than in Moscow, ^{were} ~~was~~ very bad. Nine square meter (10.76 sq. yd) per person was the norm which was not allowed to be exceeded, with the exception of a room for professional needs. ~~Mr. P. could have a study. Officially, this norm was not the maximum only, but actually it was, because, in case of emergency it was allowed to reduce the norm up to six square meters (7.19 sq. yd.) per person. Actually, the majority of the Leningrad population were allotted this norm. Even then, (if an addition to the family takes place, not necessarily a new born child (it ^{might} be a parent), ^{I know of} instances were known to Dr. P. when the minimum of 6 sq. m. was still farther lowered. As a rule rank and file would have only one room per family.~~

SECRET

d. Hospitals.

In spite of overcrowding, people ^{would be} reluctant to go to hospitals in case of a major illness. As many believed in Western Europe several decades ago, the Leningrad population of a decade ago generally believed that hospitals did more damage than good, and the probability of dying in a hospital was great. ~~On the other hand, Dr. P. was a patient in a large hospital, called Mechnikov Hospital located on the Okhta Street. The hospital is a city in itself. It occupies 24 buildings. Dr. P. estimates that this hospital has about 5000 beds. I, for one, doubt his estimate, but he could not give any further details. The hospital ward in which he was a patient was clean, ^{and} care was satisfactory, but the food was bad.~~

e. Medical Districts.

Medical districts in which a physician is responsible for the sanitary condition of his district and in which he acts as a General Practitioner of the district population were established too late for ~~Dr. P. to form an opinion about the efficacy of this system.~~

~~Being a non-statistician, he was skeptical about the project undertaken shortly before World War II. A physician would visit homes on a sample basis without invitation just to learn about health and social condition of the families. This method, if skillfully carried out, is correct, but Dr. P. thought that this was one of many measures of the Government which were not respected, but which the public was not expected to discuss. Failure to discuss this beforehand and Dr. P.'s reaction throws another light on the situation in the USSR.~~

SECRET

SECRET

Before the present system of medical district was established, a member of the patient's family had to inform the local outpatient dispensary ("ambulatoria") or clinic ("poliklinika") if the patient was unable to visit the dispensary or the clinic. This is a known fact. Now was Dr. P.'s assertion that if a patient was ^{was} ill for several days and he needed a daily visit by a physician, he would be visited by one of the 2-3 physicians associated ^{them or their affiliates with} by the local clinics, who is just on duty. In other words he may be visited ^{one} today by one physician, ^{the next day} tomorrow by another ~~doctor~~ ^{another} and on the third day still by a ~~third doctor~~, and this rotation may be repeated during the course of the patient's illness.

Personnel in the outpatient clinics was overworked.

GENERAL

Miscellaneous questions pertaining to no specific locality were touched upon in the course of conversation.

A. Water.

Water was ^{not} nowhere safe, even in Moscow. ^{anywhere in the USSR, Numerous} Posters were wide-spread with the ^{warning} legend "Don't drink unboiled water". Railway Stations were provided with officially boiled water, but actually, ~~Dr. P. asserts,~~ ^{the} water was seldom boiled though it was warm.

B. General sanitary condition.

General sanitary conditions ^{were} everywhere bad. ^{in the USSR, which I traveled upon to my depot in 1945} House Leac ^{infestation} was almost universal. Dr. P. and his family belonged to the few exceptions in this respect. ^{To avoid being afflicted myself,} Since ordinary soap was rare and expensive, ^{I would buy} they would buy perfumed toilet soap which, because of its

SECRET

SECRET

prohibitive price, was always available. ^{Si. aralstani, I} Besides, because ~~he~~ ^{my} had the right to have a ~~large~~ study (~~in fact he had a small den~~), his family was not as overcrowded ^{of} as was the vast majority of the population. On ^{my} his frequent trips in railroad coaches ~~he~~ ^I would rub himself with a repellent. ^I He used ^{successfully} for this purpose, with success, a sabadilla lotion [^{Source} he called it S. "spirit" (alcohol)].

C. Diseases.

a) Malaria.

A large scale movement of population, including that ^{the many...} between Central Asia or Caucasus ^{the} and the rest of the USSR resulted in ^{a spread of malaria} penetration of the disease in localities which ^{formerly had been} ~~hitherto~~ were almost free of ^{it} ~~malaria~~. Leningrad ^{was one} ~~belonged to~~ such localities, for instance. ^{danger of contact} ~~Though the malaria situation was improving, it remained an extremely~~ ^{dismal at the time I left the country} serious problem throughout the USSR, ~~at a time when he left Russia (1945).~~

~~He asserts that~~ breeding of bats was but one of prophylactic measures.

b) Typhus epidemics.

Typhus epidemics have not ^{reached} ~~reached~~ dimensions observed ~~at~~ ⁱⁿ the early twenties. Even during the war there were no major epidemics reported.

c) Enteric diseases.

Enteric diseases were widespread everywhere.

d) Leishmaniasis in Uzbekistan.

^{I have} ~~Contrary to Dr. S. (Philadelphia) assertion, Dr. P. has~~ heard that leishmaniasis was endemic in Uzbekistan localities bordering Tadzhikistan.

SECRET

SECRET

e) Venereal diseases.

~~Dr. P. confirmed assertion found in the Soviet literature~~
that V.D. was on the decline prior to World War II. ~~He asserted that~~
promiscuity was not widespread in Russia, at any rate not to the extent
~~which is observed~~
~~he found to be the case~~ in Germany. Prostitution was practised but to
a limited extent, ~~he said~~; ~~alone~~, because of the crowded housing
condition, promiscuity and prostitution had to ~~meet~~ ^{confront} with enormous
obstacles. Because of scarcity of consumer goods, including stockings
and other apparel, many girls would readily sell themselves for a
pair of stockings or the like, ~~he admitted~~; but usually they would
have a rather steady liaison with a man in a high position who would be
able to procure such things as stockings. ~~Dr. P. also asserted that~~
~~the Soviet adolescents were less wild in sexual aspects than were~~
~~German adolescents during and after the war.~~ ^{less regard to} ^{morality} ^{Because}
~~He even~~ ^{was} ^{afraid} to
~~send his two sons in a German school for this reason.~~ ^{my} ^{to}

~~Dr. P. also stated that V.D. dispensary~~ ^{was} including
prophylactics were available in sufficient number where treatment was
readily afforded. The patients ^{did} ~~need not~~ state their names.

I, for one, was somewhat skeptical about the above, too
favorable, statement. In the course of our discussion on this subject
I offered Dr. P. two explanations, if he is right in his assertions:
First, poor nutrition, referred to below and overwork may be responsible
for the behavior of the youth, asserted to be a rule by Dr. P.; secondly,
crowded housing condition may weaken sensation, awakened in another sex.

SECRET

SECRET

Dr. P. thought that this might have been the case. At any rate, should similar assertions be forwarded by other informants, I think they should be taken with a grain of salt.

f) Psychiatric diseases.

Dr. P. asserts that there were ~~much~~ ^{more} less serious psychiatric cases than conditions ^{might} in the USSR would suggest. It is true that depression was widespread but according to what he had heard, there was less need for asylums than there was in Western Europe. It is a ^{possible} matter of ^{speculation} whether or not phlegmatic attitude of rank and file was ^{the} resulted from poor nutrition and from a constant dictatorial regime. Dr. P. said that ~~my interpretation may be correct.~~ At any event people were not cheerful, and the major purges, started in 1937 had their effects on the population.

D. Nutrition.

Nutrition has never been adequate. After the famine of the early thirties the situation was not catastrophic any longer, it is true, but never adequate. In order to discourage buying too much food there were ^{maintained} restrictions, even after the ration system had been provisionally discontinued, and prices were prohibitive. Those ~~of~~ the farmers who had their own plots and a cow per family would have been better provided with food but for the fact that they had to pay ^{excessive} too-much taxes for milk gained from the family cow. In ~~Dr. P.'s~~ ^{Dr. P.'s} ^{in my} opinion, farmers were better provided with food in spite of the just mentioned hardship. This opinion is not shared by some experts. At

SECRET

SECRET

any rate food was not plentiful in the USSR taken as a whole on the eve of World War II. (At present, the situation appears to be somewhat better. MKG). Dr. P. was not accustomed to make his estimates in terms of caloric intakes. Therefore, he was rather vague in this aspect, but *I am not accustomed to estimating caloric intakes but I believe* he thought that the average caloric intake had hardly exceeded 1800 calories per person per day, and that of a worker was at the most 2000 per day.

E. Food sanitation.

Meat inspection in Leningrad and possibly in other major cities was observed. Milk was unsafe, and it was distributed in an old fashioned way from canes. Grocery stores and food markets (so called "kolkhose" markets) were extremely dirty everywhere, so were the food handlers. Packing paper was not available.

F. Medical Care.

Dr. P. was able to compare some methods of treatment in Russia and in Germany. The German doctors asserted that Russian methods were mostly out of date. On the other hand he knew of a few cases *in the USSR* where modern and efficient methods *of medicine* were employed. Mostly *(German)* physicians were too overworked to be able to be up to date even if facilities for their progress were available.

In outpatients clinics patients were mostly handled very hastily. Certificates for sick leave would be granted only if the patient's temperature was above normal, independent of whether or not fever should be considered as a criterium of disability.

SECRET

In one aspect Dr. P. was able to remove my difficulty to understand properly the Soviet system of medical care.

It will be recalled that large factories have their own medical staff which treat also members of the workers' families. I was unable to find out whether or not there was an overlapping of two agencies as to factory doctors and district medical officers. According to Dr. P.'s knowledge, factory doctors as a rule, have never treated, they acted merely in consultation capacity apart from their functions connected with industrial hygiene.

Only workers and students were subject to periodical physical examination.

G. Medical supply and equipment.

Medical supply was scarce, especially sulfa drugs. Dr. P. could not make any statement on medical equipment with the following exception: Dentists' boring machines were mostly old fashioned. Even in a German village equipment was more up to date, than equipment in Leningrad.

H. Physical standards.

Dr. P. suffered from myocarditis, he had once TB which was healed, and he suffered from the effects of enteric diseases contracted in the East.

In 1940 at the age of 43 years he was called to military service. The verdict of examining physicians was: "Fit for service during the war, unfit during the peace". Similarly he knew of a 53

SECRET

SECRET

years old man without two fingers on his right hand, who was accepted for military duty.

Before the war, at times all recruits were considered as fit unless crippled or afflicted with open tuberculosis, he said.

I. Preparation to war, including BW and CW.

There was no doubt that the Soviet government has taken numerous measures for war preparedness. Dr. P. did not know anything specific about BW or CW. The extent at which measures of defense were treated had suggested to Dr. P. and to many other observers the extent at which measures of attack were being prepared.

He had to attend lectures, on BW and CW defense, twice a month. He could not remember any details with the exception of generalities, since such lectures could not be taken seriously. He gave one example: A certain gas (he forgot which one) could not be easily detected. Particularly canaries were susceptible to this gas. An open discussion was not encouraged, but among themselves ^{ourselves we} the auditorium would joke ^{about} as to where to get a canary...

Dr. P. did not believe that prisoners of concentration camps were serving as guinea pigs for medical experiments. He has met about seven former prisoners who told him that in spite of complaints they were rarely treated at all. Even if among the prisoners there was a physician he was helpless on this account. On the other hand he knew of several instances, where prisoners had disappeared, and where relatives were unable to trace them. In such cases the information

SECRET

SHORE

given to relatives was that the prisoner died several years before. This may suggest that some of the victims may have served as objects of experiments.

J. Birth control.

In the cities birth control was in practice. Self-induced abortions were widespread. Dr. P. did not believe that the same could be generalized with respect to the rural population. On the other hand young villagers had the trend to migrate to cities.

K. Manpower.

Although working conditions, both in the industry and on the farms were extremely difficult, rank and file of the population endeavored to be included in the category of "workers" for social reasons.

Dr. P. agreed with me that there was over-population among the farmers before the war, notwithstanding assertions of the Soviet propaganda to the contrary. However, this was true only with the following modification: During the harvest season there was scarcity of labor in the USSR (as elsewhere, including USA. HKG); but, during the rest of the year, members of the collective farms had to seek work elsewhere, or they would be given assignments within the collective farms to repair or build roads and the like, which they did using obsolete methods. In other words, productivity of labor was low, or still expressing otherwise, what is important to note, there was a large reservoir of manpower.

Intelligence Specialist
Medical Intelligence Branch

SHORE