

**AMURCON 2020**  
**International Scientific Conference****BIO-POWER CONCEPT ENSURING HEALTH OF INDIGENOUS  
POPULATION OF KHABAROVSK TERRITORY IN 1950S-1960S**

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**Abstract**

The evolution of the health system for indigenous peoples during socialist modernization is part of the worldwide transformation of the traditional way of life of indigenous peoples. The 20<sup>th</sup> century saw traditional cultures subjected to an all-incompassing influence of industrial civilization. This emphasized the question of their subsequent development. These processes made relevant the task of a comprehensive analysis of the indigenous healthcare system in the Khabarovsk Territory in the 1950s–1960s. The fundamental task of the research is to study the public health system development from the point of view of public policies using the case of health care for indigenous peoples in the Khabarovsk Territory. This article seeks to solve the relevant problem of considering health care as a complex social institution with medicine as an important part responsible for the organization and implementation of medical care for people whose health has been harmed. The article uses the medicine social history method to address problems of birth and mortality among the indigenous population, its socially significant diseases, medical care institutions, communication between physicians and patients, new forms of health care in the region. The ways to fight epidemics, characteristic of the indigenous population, are brought into focus. Socio-psychological and socio-cultural factors of diseases that affect the social structure of the indigenous population is analysed. The theory of biopolitical control and historical sources analysed for the first time help to describe how the Soviet authorities contributed to the healthcare of the traditional ethnic groups in the study period.

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*Keywords:* Healthcare system, demographic dynamics, socially significant diseases, Soviet modernization, indigenous peoples, Khabarovsk Territory



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## **1. Introduction**

The evolution of the health system for the indigenous population during the period of socialist modernization is part of the worldwide transformation of the traditional way of life of indigenous peoples. The 20<sup>th</sup> century saw traditional cultures subjected to an all-incompassing influence of industrial civilization (Shuneyko & Chibisova, 2019). These processes made relevant the task of a comprehensive analysis of the healthcare system for the indigenous population in the Khabarovsk Territory in the 1950s–1960s.

## **2. Problem Statement**

The fundamental task of the research is to study the public health system development from the point of view of public policies using the case of health care for indigenous peoples in the Khabarovsk Territory. This article seeks to solve the relevant problem of considering health care as a complex social institution with medicine as an important part responsible for the organization and implementation of medical care for people whose health has been harmed.

## **3. Research Questions**

The article uses the medicine social history method to address problems of birth and mortality among the indigenous population, its socially significant diseases, medical care institutions, communication between physicians and patients, new forms of health care in the region. The ways to fight epidemics, characteristic of the indigenous population, are brought into focus. Socio-psychological and socio-cultural factors of diseases that affect the social structure of the indigenous population is analysed.

## **4. Purpose of the Study**

The theory of biopolitical control and historical sources analysed for the first time help to describe how the Soviet authorities contributed to the healthcare of the traditional ethnic groups in the study period.

## **5. Research Methods**

The social history of medicine, as a new scientific direction, focuses on the study of historical forms of medicine. This approach addresses problems of birth and death rates among the indigenous population, the trends in its socially significant diseases. These issues are closely related to political and socio-economic processes (Alpyspaeva et al., 2019). Followers of the medicalization theory believed that state intervention in the lives of their citizens was much more effective when they shared the idea of the benefits of such an invasion in the name of protecting the health of the entire population (Lemke et al., 2011; Nye, 2003; Oksala, 2010). Medicalization, as the most important mechanism for transforming the lives of small ethnic groups during the period of socialist modernization, exerted a disciplining influence on the indigenous population and, without the use of coercive methods, drew them into integration with Soviet society (Akhmetova, 2017; Ebanda et al., 2019).

## 6. Findings

After the All-Union Census of 1959, the demographic development of the indigenous population is characterized by a decrease in the birth rate. These data are presented in Table 1.

**Table 1.** The birth rate of the Evenks of the Amur region

Period	Percentage of children born
1951–1955	14.8%
1956–1960	12.1%
1961–1965	10.9%
1966–1970	10.7%

These facts stem from a variety of reasons: the consequences of the Second World War, the transition of the indigenous population to a small family, critical housing conditions due to the reform of “unpromising villages,” the increasing number of single-parent families and mixed marriages, growing urbanization. These factors were typical for all national areas of the region.

Under the pressure of industrialization, the indigenous population of the Khabarovsk Territory underwent a transformation of the worldview system. The involvement of the indigenous population in industrial labor led to serious psychological problems of former reindeer herders, hunters or fishermen. This had an adverse effect on physiological readaptation, often leading them to a state of prolonged stress (Bobyshv & Akhmetova, 2015).

The main mortality factors among small ethnic groups are the deterioration of social and sanitary conditions, housing and household problems, low level of health care and personal hygiene. But the most important reason is the transformation of the type and diet of the indigenous population, increased susceptibility to infectious diseases associated with the specifics of the immune system, as well as the disruption of the economic balance in national areas. A sharp break from the traditional way of life of ethnic groups was a powerful psychological factor in the transformation of the life support system of the indigenous population. The result was an increasing number of suicides and mass alcoholization of the indigenous population. According to the scientific research of the Academy of Sciences, the reserve of “historical health of small ethnic groups under the current circumstances can be exhausted in 2–3 generations” (Bugulov, 2002, p. 47).

The elimination of small settlements had a negative impact on the development of the ethnic culture of indigenous peoples, as the spatial settlement structure of ethnic groups was destroyed. As a result, the natural course of demographic processes was disrupted. According to the Institute of Socio-Economic Studies of Population, from the late 1950s to the early 1980s, the mortality rate among the peoples of the North was 1.5–2 times higher than nationwide. Thus, the average life expectancy of the indigenous population of Kamchatka was 47 years (this was the nationwide level in the 1920s–1930s). The causes of death were most often accidents, poisoning, injuries. These data are presented in Table 2.

**Table 2.** The mortality among natives of Kamchatka caused by accidents

Cause of accidental deaths	% mortality rate
Murder	10
Suicide	15–20
alcohol poisoning	22
drowning	12
freezing	9

70% of deaths from injuries are associated with drunkenness and alcoholism, which have become disastrously widespread in the district (Batyanov & Turaev, 2010).

75 hospitals and 266 paramedic and midwifery centers provided medical care for the indigenous population living in cities and suburban areas of Nikolaevsk-on-Amur and Sovetskaya Gavan and the following districts: Ayano-Maysky, Verkhne-Bureinsky, Komsomolsky, Nanaysky, Okhotsky, P. Osipenko, Tuguro-Chumikansky, Ulchsky, Khabarovsk and Gvasyugi village in the Lazo district. Sanitary-hygienic and epidemiological services were provided by 14 sanitary stations and 4 sanitary departments (State Archive of the Khabarovsk Territory, 2020).

Special attention was paid to the protection of children's health. A free child dowry was provided for each newborn from the indigenous population in the paramedic-midwifery stations and maternity wards of hospitals. Children were provided with full state support in nurseries, kindergartens, schools and boarding schools. The food expenses norms there were significantly higher.

Decreased incidence of pneumonia among children in the first year of life, the rate of hospitalization of children of all ages with such diseases as pneumonia, gastro-intestinal, etc. increased. For a number of years, no cases of diphtheria, trachoma, polio have been registered in the district; the incidence and morbidity of the population with tuberculosis continues to decrease. The incidence of typhoid fever decreased by 15 times and that of infectious hepatitis dropped by 1.3 times. The number of people covered by preventive examinations has increased.

Nurseries were organized in the settlements where the indigenous population lived (in the villages of Arka of the Okhotsk district, Astrakhanovka in the suburban zone of Nikolaevsk-on-Amur, Kalma, Kolchem of the Ulch district, etc.). Two paramedic and midwifery stations were also opened in the national villages of Vladimirovka in Polina Osipenko and Uska-Orochi districts of the suburban area of Sovetskaya Gavan (State Archive of the Khabarovsk Territory, 2020). Repair work was carried out in the premises allocated by the executive committees for medical institutions. In the city of Nikolaevsk-on-Amur an administrative building was rebuilt as the children's somatic hospital with 100 beds, three buildings were converted to a maternity hospital, a tuberculosis hospital, a dermatovenerologic dispensary, and a tuberculosis hospital was opened in a former office building under in Mys Lazarevo village in the former lower Amur area. In the Okhotsk area a house was converted into a clinic designed for 200 visits a day, a building of the fishery was repurposed as a TB section in the Inya village, while in the village of Trinity in the Nanai district the building of the Executive Committee was used for the expansion of the district hospital.

Along with the development of a network of health facilities, the budget of health facilities in the national regions has significantly increased. These data are presented in Table 3.

**Table 3.** Financing of indigenous health care in the Khabarovsk Territory

Year	Budget
1957	4,349 thousand rubles
1964	11,275 thousand rubles

As a result, when compared to 1957, funding for medical institutions in national districts increased by 53 % (State Archive of the Khabarovsk Territory, 2020). In the early 1960s, area and district hospitals (more than 25 beds) were equipped with physiotherapy and X-ray machines, clinical laboratories. All in all, there were 76 x-ray machines, 55 clinical diagnostic laboratories, 42 physical therapy office, a bacteriological laboratory in district hospitals of the villages of Nizhnie Prongi, Novokurovka, Sanniki and Mago in Khabarovsk Territory (State archive of Khabarovsk Territory).

Tuberculosis was the most common socially significant disease among the indigenous population of the Khabarovsk Territory. This was caused by the following factors: specific natural and climatic conditions, huge distribution areas of infection, a relatively low standard of living, migration processes (especially among reindeer herders), the basics of traditional nutrition and everyday life, reduced immunity due to widespread alcoholism and unbalanced nutrition, an insufficiently developed level of organization of anti-tuberculosis assistance to the indigenous population, etc.

Much attention was paid to early detection of tuberculosis. All special institutions were provided with the appropriate equipment, and in the TB hospitals in Sovetskaya Gavan and Nikolaevsk-on-Amur there were tomography machines and small-frame fluorographs available. This work was hindered by the fact that the same people were often examined annually, the unorganized (semi-nomadic) population was not surveyed enough, and inspections of the indigenous population located on distant pastures were not carried out regularly.

In 1963–1964 The Regional Health Department sent medical teams from the regional TB hospital to the national districts to provide practical, consulting, organizational and methodological assistance. They conducted professional examinations, during which more than 54,809 people were examined. These data are presented in Table 4.

**Table 4.** The rate of tuberculosis incidence in the indigenous population

Year	Morbidity rate per 100 subjects
1957	63
1962	28
1963	19
10 months in 1964	13

An important contribution to the study of the indigenous population healthcare in national regions was made by the scientific conference *Acclimatization and climatopathology of humans in the North* held in Arkhangelsk in 1963, which discussed fundamental issues related to living in harsh Arctic conditions.

The reports emphasized that in connection with the adopted resolution of the Central Committee of the Communist Party of the Soviet Union and the Council of Ministers of the USSR of July 5, 1963 *On measures to further improve health care and the development of medical science in the country*, as well as the increasing importance of the North in the national economy of the country, the teams of research

institutes and medical universities of the Russian Federation faced great challenges associated with better and deeper research on human health in the Far North.

First of all, the issues such as adaptation and acclimatization of the migrating population (morbidity epidemiology and regional pathology), features of the clinical progression of a number of diseases, hygienic rationing, etc. need to be finally solved. Special focus was placed on the problems of protecting the health of women, mothers, newborns and children, as well as further expansion of scientific research on the fight against tuberculosis. The heads of a number of institutions, including the Arkhangelsk, Krasnoyarsk, Chita, Omsk, Khabarovsk, Tomsk medical Institutes, the Medical Faculty of the Yakut University and the Yakut Tuberculosis Research Institute were invited to focus more on the problems of the North.

By order of the Minister of Health of the Russian Soviet Federative Socialist Republic of June 13, 1969, the Scientific Medical Council of the Ministry of Health of the RSFSR established a task group *Acclimatization and regional human pathology in the Far North* (Sokolova, 1971). In 1971 scientific institutions under the Ministry of Health of the RSFSR completed research that helped to identify some of the factors providing for protracted pneumonia in children in the Far North. It helped to establish the clinical features of various skin diseases in some population groups in these areas, to study the variability of the trace element composition of the teeth and the periodontal status of the population of the North in connection with acclimatization, the prevalence of chronic tonsillitis and some otorhinolaryngological pathologies in children and logging industry workers, to carry out hygienic assessment of working conditions of the workers of the logging, pulp and paper and construction industries of the North, explore the features of the epidemiology and clinical progression of pulmonary tuberculosis.

## **7. Conclusion**

In general, in the late 1950s and the late 1960s, the Soviet authorities pursued a policy aimed at optimizing medical and sanitary services for the traditional ethnic groups in the Far Eastern region. As a result, the living conditions of the indigenous population improved, healthcare issues concerning indigenous ethnic groups were resolved or were being resolved (construction and repair of medical institutions in remote national areas, special medical equipment, quantitative and qualitative capacity building for medical personnel, indigenous personnel, sanitary and educational work, etc.

Great focus is placed on women and children. All pregnant women are under systematic supervision by doctors and midwives; home births without medical assistance are practically eliminated. Extensive measures were taken to develop logistics for preschool institutions. As a result, the number of places in them in 1972 was 3026. There are 130 children's hospital beds in the district, children were served by 23 pediatricians.

Consistent monitoring of children's health has made it possible to reduce the incidence of rickets, dyspepsia, infectious and other diseases among them. This led to a decrease in child mortality, which in 1972 decreased by more than 2 times compared to 1965.

It is undeniable that in national districts and areas, significant measures were taken to improve and adjust the work of medical personnel, though the shortage of doctors and secondary medical personnel was noticeable in all areas of health care, due to the high turnover of personnel. Because of the remoteness of

many national areas, many medicines were not delivered in a timely manner. In this regard, the issue of institutionalization of the healthcare system for the indigenous population remained.

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