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Activities of state authorities in the field of healthcare in the Ukrainian SSR in the 1920s.

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Abstract.

The purpose of the article *is to study and analyse the practical experience of state authorities in the field of healthcare in the 1920s, assess the impact of political factors, in particular the introduction of a new economic policy, on the development of medicine, and determine its quality and accessibility for different categories of the population.* ***The methodological basis*** *of the scientific research consists of the fundamental principles of historical research: systematicity, objectivity, historicism, as well as special methods, including problem-chronological, comparative, and statistical.* ***The scientific novelty*** *of the research lies in the comprehensive coverage of the state of healthcare development in the 1920s based on the introduction of new sources into scientific circulation.* ***Conclusions****. In the 1920s, the Soviet government identified healthcare as a priority area in social policy. Within a short period of time, the necessary regulatory and legal framework was created. However, post-war devastation and economic difficulties led to low-quality medical services and their provision to only a limited number of people. There was a shortage of equipment, qualified specialists and funding. Medical workers received meagre salaries, which negatively affected the quality of their work. This forced doctors to work several jobs, which did not encourage them to improve their professional skills. Poor-quality medical care was often the basis for lawsuits by patients. Workers and employees were mainly covered by social insurance, but the small size of the newly created insurance funds did not allow for the full financing of medical services. Party and state officials enjoyed privileged access to medical care, with separate medical facilities created for them and additional privileges granted. Sanatorium and resort treatment was mainly provided to people who were unable to receive effective care at their place of work or residence. Representatives of the working class, the backbone of the ruling power, had priority in receiving appropriate treatment. Peasants suffered from a lack of funds, specialists, medicines and transport, which often forced them to turn to traditional healers due to the inaccessibility of medical care. The Ukrainian Red Cross Society played a certain role in providing medical services to the population.*

Keywords*: medical care, medical services, new economic policy, state authorities, health care, insurance medicine.*

Діяльність органів державної влади у сфері охорони здоров’я в УСРР у 1920-х рр.

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Анотація.
Метою статті *є вивчення та аналіз практичного досвіду діяльності державних органів влади у сфері охорони здоров'я у 1920-х рр., оцінка впливу політичних факторів, зокрема запровадження нової економічної політики, на розвиток медицини, визначення рівня її якості та доступності для різних категорій населення.* ***Методологічну основу*** *наукової розвідки становлять основоположні принципи історичного дослідження: системності, об'єктивності, історизму, а також спеціальні методи, серед яких проблемно-хронологічний, порівняльний, статистичний.* ***Наукова новизна*** *дослідження полягає у комплексному висвітленні стану розвитку охорони здоров'я у 1920-х рр. на основі введення до наукового обігу нових джерел.* ***Висновки.*** *У 1920-ті роки радянська влада визначила охорону здоров'я як пріоритетний напрямок у соціальній політиці. Упродовж короткого часу була створена необхідна нормативно-правова база. Однак післявоєнна розруха та економічні труднощі зумовили низьку якість медичних послуг та надання їх лише обмеженому колу осіб. Не вистачало обладнання, кваліфікованих фахівців та фінансування. Медпрацівники отримували мізерну зарплату, що негативно впливало на якість їхньої роботи. Це змушувало лікарів працювати на декількох роботах, що не стимулювало до вдосконалення професійних навичок. Нерідко неякісна медична допомога була підставою для судових позовів пацієнтів. Робітники та службовці обслуговувалися, переважно, за рахунок соціального страхування, однак незначні обсяги новостворених страхових фондів не дозволяли здійснювати фінансування медичних послуг у повному обсязі. Привілейоване становище у медичному обслуговуванні мали представники партійно-державної номенклатури, для яких створювалися окремі лікувальні заклади та надавалися додаткові привілеї. На санаторно-курортне лікування, в основному, направляли осіб, які не мали змоги отримати ефективної допомоги за місцем роботи чи проживання. Переважне право на отримання відповідного лікування мали представники робітничого класу – опори чинної влади. Селяни ж страждали від браку коштів, фахівців, медикаментів і транспорту, через що змушені були часто звертатись до знахарів через недоступність медичної допомоги. Певну роль у наданні медичних послуг населення відігравало Українське товариство Червоного хреста.*

Ключові слова: *медичне забезпечення, медичні послуги, нова економічна політика, органи державної влади, охорона здоров'я, страхова медицина.*

Statement of the problem. The establishment of a successful democratic state directly depends on the effective social policy of its leadership. The key objectives of this policy include ensuring decent sanitary and living conditions and organising a high-quality healthcare system. It is critically important to take historical experience into account in order to modernise contemporary Ukrainian medicine and form an effective healthcare system. Research into the development of healthcare in Ukraine in the 1920s is relevant for several reasons. First, this period saw radical changes in all spheres of life, including medicine, which makes it valuable for studying the evolution of the healthcare system. Second, it was a time when a healthcare system was being established that differed from previous systems and had its own unique principles. During this period, there was a struggle against mass epidemics that swept the country after the war campaigns. The experience of organising anti-epidemic measures, developing a network of medical institutions in difficult conditions and mobilising resources is extremely valuable for the modern world, which also faces the challenges of global pandemics. Analysis of these historical decisions can provide lessons for modern public health strategies. Thirdly, the 1920s were marked by the emergence of workers' (insurance) medicine, which was one of the key elements of social policy at the time. Research into its functioning, its impact on the quality of medical care for workers and its legal basis may be important for discussing modern models of health insurance and social protection.

Analysis of sources and recent research. The problems of the formation and functioning of the healthcare system in the 1920s are partially covered in the works of I. Adamska (Adamska, 2011), I. Tkachenko (Tkachenko I., 2011), G. Demochko (Demochko, 2011), O. Murashova (Murashova, 2015; Murashova, 2019). Important aspects of the development of medical insurance as a component of social insurance and the organisational and legal foundations for the establishment and functioning of workers' health authorities have been the subject of research by O. Melnychuk (Melnychuk O. 2009;

Melnychuk O., 2019) and M. Melnychuk (Melnychuk, 2018). Medical care for workers was studied by O. Movchan (Movchan, 2006).

The purpose of the article. The purpose of this article is to highlight the main aspects of the activities of state authorities in forming and ensuring the functioning of the healthcare system in Ukraine in the 1920s, as well as to determine the state of development of the medical industry during that period.

The results of the research. At the beginning of the 20th century, revolutionary events and civil war completely destroyed the healthcare system of the Russian Empire. This led to the closure of private hospitals, laboratories and pharmacies, and the country was engulfed by mass epidemics. In order to establish their power, the Bolsheviks focused on creating their own healthcare system, which, in particular, would be based on the principles of accessibility and free of charge.

In 1917, healthcare issues were included in the Bolsheviks' party programmes. Already in 1918, the need to create a state body to manage this sector — the People's Commissariat of Health Care of the Ukrainian SSR (PCHC) — was emphasised. The theoretical foundations for the formation of the new Soviet healthcare system were developed by the People's Commissars of Health of the Ukrainian SSR, M. Gurevych and D. Yefimov (Adamska. 2011, p. 5).

In creating the relevant legislative framework, the Bolsheviks drew on the experience of the Russian Empire. During the 1920s, 306 key regulatory acts were adopted to govern policy in the medical sector. In the 1919–1920s, the Soviet authorities were engaged in forming the structure of governing bodies in the field of healthcare, restoring medical institutions, providing them with medicines and appropriate equipment, and overcoming social and epidemic diseases. From 1921, issues related to the organisation of resort activities, the activities of the Red Cross Society in the Ukrainian SSR, and the creation of maternity and childhood care institutions were considered.

The implementation of the tasks set by the Soviet authorities in Ukraine began in January 1919, when the Department of Public Health was established. On 19 January 1919, a decree was published, according to which the relevant body was subordinate to public and military institutions. It was responsible for uniting the medical and sanitary units of various departments. After the creation of the Council of People's Commissars (CPC) and the reorganisation of the Provisional Government on 29 January 1919, all departments were renamed as people's commissariats. In this way, the People's Commissariat of Health of the Ukrainian SSR was created. In accordance with the provisions of the CPC of the Ukrainian SSR of 2 February 1919, this body was given a leading role in organising the health care system in the republic. Its responsibilities included: developing and systematising regulatory documents related to medical care; monitoring their proper implementation; issuing relevant orders and decrees binding on state institutions and the population of the Ukrainian SSR; managing the entire medical and sanitary network in the state; promoting coordination of the activities of local authorities in organising medical and sanitary affairs. Medical departments that had previously been involved in health care management were liquidated. Over the following months, the state apparatus of the PCHC was formed and its functions were specifically defined (Murashova, 2019, p. 43).

In accordance with the decree of the Council of People's Commissars of the Ukrainian Soviet Socialist Republic of 11 June 1919, the Soviet government assigned the PCHC the function of controlling sanitary affairs and providing the necessary equipment. According to this document, issues related to the organisation of water supply, sewage, waste disposal, and the creation of public baths, laundries, and disinfection stations also fell within the competence of this body. A special executive organisation was also created – the Central Medical and Sanitary Council, which included representatives of workers' associations, confirming the Soviet leadership's promises to involve the public in the development of the medical sector.

According to I. Adamska, in the first half of 1921, there were 1,400 hospitals in the Ukrainian SSR, with a total of about 60,000 beds, 286 outpatient clinics, 35 polyclinics, and 1,015 paramedic stations (Adamska, 2011, p. 10).

In the 1920s, the Soviet authorities introduced a health insurance system, confirming the state's efforts to provide social protection for workers in case of illness. A similar practice was already in place in Ukrainian lands in the 1840s. In order to prevent the spread of cholera epidemics in industrial enterprises, the first hospitals were organised at the expense of the owners.

After the introduction of the new economic policy, certain changes took place in the development of the healthcare system. Along with the emergence of market mechanisms in the economy, the reduction in the number of state-owned enterprises and their transition to self-financing led to a decrease in the state budget. Under these circumstances, the concept of universal access to free medical care was levelled. For the Soviet leadership, the primary task was to provide medical care to the working class as the main support of the current government.

The main principles of Soviet health care policy during the «new economic policy» period were defined by the Resolution of the Council of People's Commissars of the Ukrainian SSR of 10 December 1921 ‘On social security for workers and employees in the event of temporary or

permanent loss of working capacity and for members of their families in the event of the death of the breadwinner.' The document provided for the possibility of receiving free medical care exclusively for industrial workers and employees. It emphasised the need to create departments of occupational medicine at the central and local levels. Such institutions operated under the PCHC and consisted of the following departments: Central Medical Bureau for Specialised Medical Care, Medical and Preventive Care, Restoration of Working Capacity, Physical Education and Health Improvement of Children. It was proposed that their material support be provided at the expense of the medical care insurance fund (Murashova, 2019, p. 44).

With its own financial resources, the leadership of the workers' medical authorities sought to recognise the independence of insurance medicine from the national health authorities. However, representatives of the latter argued for the need to preserve the unity of Soviet medicine.

In Ukraine, active work on the creation of workers' medical authorities and the organisation of medical institutions began in February 1922. Starting in May, issues related to medical care for workers became the responsibility of insurance authorities. The plan was to provide primary medical care and set up educational institutions to train specialists (Movchan, 2011, p. 132).

This situation caused sharp dissatisfaction on the part of the National Health Insurance Committee of the Ukrainian SSR, which sought to retain control over the process of medical care for the insured. With the assistance of the leadership of the RCP(b), on September 4, 1922, a regulation on social insurance was introduced, which emphasized the need to establish mutual relations in the medical and sanitary field under the general leadership of health care bodies. The corresponding decision provided for the functioning of workers' medicine bodies in the general health care system (Murashova, 2015, p.57).

According to the Regulation "On Social Insurance Funds", which came into force on July 17, 1923, the operational medical care fund, which was responsible for insurance medicine, was officially called "fund G". The basis of this fund was: insurance contributions from enterprises, institutions, farms and private individuals who used hired labor; 25% of the amount of the penalty, which was collected from those who were late in paying insurance contributions. All funds received by the "G fund" were transferred to local social insurance bodies and the local health department (or occupational medicine department) to provide medical care. It is important to note that 2% of the total amount of contributions was withheld to cover the organizational costs of social insurance bodies (Melnychuk.& Melnychuk, 2019, p.28)

The legislation provided that the following categories of the population had the right to receive free medical care from the medical care fund: persons employed (workers and civil servants) and members of their families; unemployed persons receiving social insurance benefits and members of their families; employees involved in collectives organized by labor exchange committees and in community work; disabled workers and relatives of the deceased or missing, receiving pensions under social insurance or personal pensions; disabled workers whose cash payments were terminated on the basis of their involvement in trade or industry where the relevant taxes were not paid. At the same time, disabled people had the right to free medical care until they lost their right to a pension. Health authorities issued medical books that served as confirmation of the right to free medical care for the insured, the unemployed and disabled workers.

Persons suffering from nervous and infectious diseases were to be treated exclusively locally, within the republic. Only in exceptional cases, in particular in the absence of appropriate medical equipment, were they sent to specialized institutions. Such patients were provided with travel funds and accommodation expenses in the event of a lack of places in medical institutions. They were also provided with a relevant package of documents (Trefilov, 1927, p. 218).

The People's Commissariat of Health Care developed the main points according to which the treatment of patients with alcoholism was carried out. It was assumed that this process should last at least three months. The process of such treatment itself was free of charge, but the patient had to pay other expenses at his own expense. All issues regarding this were coordinated with the Psychoneurological Institute (Melnychuk, 2009, p. 146).

Disabled people of the civil and imperialist wars who were registered with social security bodies, insured disabled people, persons receiving a pension under social insurance enjoyed the right to receive prostheses and orthopedic devices at state expense.

The Soviet leadership organized the creation of sanatoriums. During the 1920s, the vast majority of such institutions treated patients with tuberculosis. There were special institutions where medical care was provided to patients with cardiological, gynecological, gastrointestinal, neurological and skin diseases. Initially, only day hospitals were practiced. Since 1924, the first night sanatoriums appeared in the Ukrainian SSR, where workers were able to receive medical procedures without interruption from production. At the end of the 1920s, there were 285 such institutions (TsDAVO. F.342, Op.1. Spr.2665, p 8)

People who were unable to receive effective assistance at their place of work or residence were mainly sent for sanatorium and resort treatment. Final conclusions on the appropriateness of sending an employee were provided by specialists after an appropriate examination and were subject to verification by the medical control bodies of insurance funds. Representatives of the working class - the pillars of the current government - had the preferential right to receive appropriate treatment. They were to make up at least 80% of the total number.

The extremely low level of salaries of medical personnel negatively affected their attitude to the performance of their professional duties. As noted by O. Movchan, doctors resorted to bribery, there were frequent cases of humiliation and abuse of patients, infliction of physical injuries on them. The quality of nutrition of patients was also unsatisfactory, which forced them to leave inpatient treatment early (Movchan, 2011, p. 145).

Priority medical care was provided exclusively to representatives of the party and state nomenclature. In the early 1920s, the government created special hospitals, outpatient clinics and sanatoriums to provide services to employees of central state bodies, as well as members of their families. For such persons, additional places were allocated in the best medical institutions, examinations were organized in leading institutes and trips abroad for the purpose of recovery (Adamska, 2011, p. 10)

The organization of sanatorium and resort treatment was an important and integral element of the health care of party officials. According to the conclusions of O. Melnychuk, officially organized sanatorium and resort recreation in Ukraine began in 1922-1923. Although insurance companies had not yet allocated funds for travel packages for workers and employees, the Ukrainian Resort Administration managed to reserve 570 places. These places were provided to employees of the coal and metallurgical industries. Additionally, the Kharkiv Department of Workers' Medicine independently financed sanatorium and resort treatment for 314 people (Melnychuk, 2019, p.74).

The treatment period lasted from two weeks to a month. Recovery and rehabilitation were carried out at state expense. Party officials underwent examinations in hospitals and were sent to sanatoriums without waiting. They had the priority right to receive the necessary medicines, glasses and prostheses.

In order to achieve an adequate level of medical care for party officials, the government organized a clear system of service provision and carried out various preventive measures. Thus, in 1923, a special commission was created under the leadership of M. Gurevich. It included therapists Finkelstein and Finschmidt, neuropathologists Geimanovich and Jozyfovich, surgeons Trinkler and Beltz. The purpose of its activities was to determine the state of health and prescribe appropriate treatment (TsDAVO. F.342, Op.1. Spr.2665, p.16).

To obtain a permit to resort facilities, party officials underwent a medical examination under the supervision of special medical commissions. After receiving the appropriate doctor's opinion, employees were sent to sanatoriums where places were reserved in advance. The Caucasian cities of Sukhumi, Borjomi, Essentuki, Kislovodsk, resort bases near Kyiv and on the Black Sea coast (Southern coast of Crimea, Odesa, Sevastopol) were especially popular. In some cases, treatment outside the country was envisaged, in particular due to the impossibility of obtaining effective medical care in the territory of the USSR. For treatment outside the country, the government allocated material assistance in the amount of 120 rub. (Murashova, 2019, p.51).

The most common types of diseases in the indicated period were venereal diseases, mental disorders, and gastrointestinal problems. The causes of these diseases were a negligent attitude to one's health, non-compliance with the diet, and abuse of alcoholic beverages.

In 1927, the Central Medical Commission was reorganized into the Medical Commission (MC). At the same time, the lists of clients were adjusted. Two categories of citizens were distinguished. The first included party officials of the highest echelons, that is, members and candidates for members of the Politburo, the Presidium of the Central Medical Commission, and members of the Secretariat of the Central Committee. The second included members of the Presidium of the All-Union Central Medical Commission, people's commissars, heads of cooperative, military, and trade institutions, and editors of central newspapers. For the remaining party members, medical care was provided through the National Health Commission and the All-Union Central Medical Commission. The activities of the medical commissions were financed by the State Budget and the Main Social Insurance Fund (TsDAVO. F.342, Op.1. Spr.1413, p.56)

The organization of health care in the countryside provided for the creation of a network of medical stations. As noted by I. Yurochkina, as of 1923, there were 668 hospitals and 687 outpatient institutions in the Ukrainian SSR (Yurochkina 2008, p. 35).

In July 1923, the National Committee for Health Care conducted a detailed survey of the stations. It was determined that 31.4% of them served more than 20 thousand people, 33.9% - up to 20 thousand, and, accordingly, 27.8% - up to 12 thousand. The presented statistical data indicate that medical care in rural areas was underdeveloped, since the National Committee for Health Care

established the minimum number of patients that should be per district, namely - more than 10 thousand people (TsDAVO. F.342, Op.1. Spr.1867, p. 58)

The quality of medical services was also determined by the provision of medical institutions with transport. According to estimates, only 14% of them had it. The vast majority of districts did not work on call, so the villagers had to get to the medical posts on their own. Some institutions received transport from the district executive committees, others had to hire horses. As a result of the famine, a significant number of households lost their horses, so families living in remote areas did not have the opportunity to receive qualified medical care at all. According to the new administrative-territorial division of the Ukrainian SSR, the polling stations were significantly distant from the district centers (Gurevych, 1924, p. 117-119).

An extremely difficult situation was observed with the financing of the medical sector in rural areas. Since the second half of 1922, maintenance was carried out at the expense of local budgets. As a result, problems with the provision of medicines and auxiliary materials increased. Local funds were catastrophically lacking, there was no assistance from central authorities, which forced the transition to self-sufficiency. Payment for medical services was set in grain units, since the monetary currency at that time was unstable. For example, the cost of a stomach operation was 1 pood 20 pounds of rye. Given the difficult financial situation of the peasants, the constant increase in fees for such services made it impossible for them to receive medical care (Yurochkina, 2008, p. 352).

The material and technical support of medical institutions in the countryside lagged significantly. According to M. Gurevich, only 48% of the precincts were located in specially equipped buildings, 33% in adapted ones, 19% in premises that did not meet medical and sanitary standards. In the case of hospitals, the situation was somewhat better, since 70% of them were located in appropriate buildings. However, rural medical institutions had practically not been repaired since 1914, so almost 80% of them needed major repairs. According to the statistical data provided by M. Gurevich, by 1923, 37% of the premises had been repaired, 61% of the precincts were provided with medicines, and 51% with appropriate equipment (Gurevich, 1924, p. 120). An equally important problem was the provision of medical institutions with qualified personnel. Most of the zemstvo doctors moved to the cities, some of them died. The new workers were significantly inferior to their predecessors in terms of professional training. The reasons for the mass dismissal of specialists were the lack of proper housing and remoteness from the center. Doctors were distributed quite unevenly by specialization. The largest percentage was made up of therapists (67%). At the same time, gynecologists and surgeons worked in each province.

The Soviet authorities took measures to ban paramedics. Under the call to improve the quality of medical services, the government replaced paramedic stations with outpatient clinics. If in 1921 their number was 985, then, accordingly, in 1922 – 758, 1923 – 394, 1925 – 35, 1927 – 40. Since 1925, after the approval of local budgets, village consultations, nurseries and sanitary organizations began to appear (TsDAVO. F.342, Op.1. Spr.1229, p. 15)

The perfect form of organization of the medical sector in rural areas was considered to be the organization of preventive departments, which in their structure should have: an outpatient clinic with separate examination rooms; a hospital that provided such types of medical care as surgical, gynecological, anti-tuberculosis and anti-tuberculosis; tuberculosis dispensary; venereal dispensary; social assistance council; consultation for pregnant women and women with infants; permanent and temporary nurseries; district sanitary doctor (TsDAVO. F.342, Op.1. Spr.1413, p. 65).

In the village during 1924–1925. 1397 doctors worked, that is, 1 specialist per district. The situation with dentistry was catastrophic. Only 10% of village hospitals had dental offices and the corresponding qualified staff. A similar situation was observed with the presence of ophthalmologists and obstetricians. The reports for 1925–1926. spoke about unsuitable equipment, untimely supply of medicines, remoteness of districts and lack of vehicles for providing medical care at home. The lack of qualified medical care was clearly visible. Due to the long queues, a comprehensive examination of the patient took no more than 10 minutes. The low salaries of doctors, which lagged significantly behind the pre-war years, forced them to work part-time, which did not stimulate them to improve their professional skills. Dissatisfaction with the quality of doctors' services grew, which even led to lawsuits. This situation forced doctors to go to provincial towns, which, in turn, slowed down the development of health care in the countryside (TsDAVO. F.342, Op.1. Spr.2010, p. 75). In the villages, medicine became widespread, since it was often almost the only chance for salvation. The Soviet government had a negative attitude towards such practices. On May 19, 1925, the CPC of the Ukrainian SSR issued a decree “On staffing the village with qualified medical personnel.” This document provided for the provision of free housing with proper utilities for rural doctors, but in practice only monetary compensation (up to 15% of the salary) was issued, which did not cover the corresponding costs. The shortage of housing was also observed in provincial areas. Therefore, qualified personnel did not want to work there (Yurochkina I., 2008, p.352).

Statistical data show that as of 1928, there were 980 outpatient clinics and 685 hospital departments in the village, where 11,612 beds were concentrated, of which 1,296 were infectious, 1,845 were obstetric, and 2,183 were surgical. There were 87 paramedic stations, 101 obstetric ones. There were approximately 15.6 thousand people per medical department. The above facts indicate a significant lag in the development of medical care in rural areas (Materials, 1929. p. 7.). The need to strengthen the Bolshevik influence on society provided for the creation of public organizations, the activities of which were to be directed at the development of public health. Thus, on July 13, 1920, the RNC together with the National Committee for Health Care approved the resolution “On the Ukrainian Red Cross”. According to this document, the specified organization was to carry out work on providing medical assistance to Red Army soldiers and their family members.

According to the resolution “On replenishment of the Main Board of the Ukrainian Red Cross”, adopted on April 27, 1921, the society included representatives from the National Committee for Health Care and the People’s Commissariat of Social Security of the Ukrainian SSR, two people from the Commission of Poor Peasants and the Red Army, three from the All-Union Central Council of Trade Unions.

Financing of the activities of the medical and sanitary institutions of the Ukrainian Red Cross was carried out at the expense of membership fees, state subsidies, and income from the network of Red Cross organizations. As for the expenditure part, the largest percentage was spent on humanitarian and medical and sanitary organizations. A significant amount of the Ukrainian Red Cross budget funds during 1927–1928 was allocated for organizational work and for the needs of victims of natural disasters. The main tasks assigned to the newly created organization, first of all, were: preventing the spread of social diseases, organizing medical care in villages, providing the population with medicines at affordable prices, overcoming the problems of child homelessness (TsDAVO. F.342, Op.1. Spr.2657, p.42)

Important in the study period acquired activities aimed at countering social diseases. In the 1920s. in the Ukrainian SSR, tuberculosis, malaria, scarlet fever, and sexually transmitted diseases were most common. At the beginning of 1923 in the state, with the assistance of Ukrainian Red Cross Society, 19 urban and 9 rural TB dispensaries functioned. In these institutions, the population was examined and treated. Of the 36,378 people undergoing medical examination, 24,456 patients with tuberculosis were identified. In order to counteract the spread of the disease, special methods of diagnosis and treatment were used At the end of 1923, a dispensary was opened in the Ukrainian SSR, which registered 95 patients. In order to combat the spread of infectious diseases, malaria stations and epidemic detachments were created (Murashova 2019, p.56).

An important area of activity of the Ukrainian Red Cross Society was solving the problem of improving the health of children and overcoming child homelessness, which was emphasized at the II All-Ukrainian Congress of members of Ukrainian Red Cross Society. Thus, the corresponding institutions were created: children's clinics, homes for tuberculosis patients, summer colonies, village nurseries. According to M. Melnychuk's calculations, during 1923–1924, there were 41 institutions equipped for 4,460 places in the Ukrainian SSR. To provide assistance to the children of the unemployed, orphanages and boarding schools, food and lodging centers, and labor colonies were created at the initiative of the Ukrainian Society of the Ukrainian SSR. Since 1923, the active creation of village nurseries began at the expense of local committees. The main areas of activity of the society in the late 1920s were: improving sanitary conditions through the construction of wells, public laundries, and baths, as well as the creation of maternity hospitals, obstetric centers, nurseries, and playgrounds. It was also planned to establish work on creating a network of medical institutions - hospitals, clinics, rest homes, and sanatoriums (Melnychuk M., 2018 p.60).

During 1927–1928, sanitary and epidemiological activities became widespread, as a result of which 95 village baths were created in the country and a village public laundry was built. During the same period, catering establishments accessible to the poor emerged (TsDAVO. F.342, Op.1. Spr.2657, p. 46)

Another type of activity of the Ukrainian Red Cross Society was assistance to the population affected by natural disasters. They were provided with medical assistance and free meals were organized. 581 relevant points were created, and in 1929 their number increased to 3,173. It should be emphasized that the activities of the UTCHK during the 1920s were relatively effective (Melnychuk M., 2018 p.62).

Conclusions. Thus, in the 1920s, the Soviet authorities identified healthcare as a priority area in social policy. In a short time, the necessary regulatory and legal framework was created. However, the post-war devastation and economic difficulties led to the low quality of medical services and their provision only to a limited number of people. There was a lack of equipment, qualified specialists, and funding. Medical workers received meager salaries, which negatively affected the quality of their work. This forced doctors to work several jobs, which did not stimulate the improvement of professional skills. Often, poor-quality medical care was the basis for lawsuits by patients. Workers and employees

were served mainly at the expense of social insurance, but the small volumes of the newly created insurance funds did not allow for the full financing of medical services. Representatives of the party and state nomenclature had a privileged position in medical care, for whom separate medical institutions were created and additional privileges were granted. People who were unable to receive effective help at their place of work or residence were mainly sent for sanatorium and resort treatment. Representatives of the working class - the pillars of the current government - had the preferential right to receive appropriate treatment. Peasants suffered from a lack of funds, specialists, medicines and transport, which forced them to often turn to healers due to the inaccessibility of medical care. The Ukrainian Red Cross Society played a certain role in providing medical services to the population.

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