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THE PECULIARITIES OF THE FORMATION OF THE HISTORIOGRAPHY OF THE HEALTHCARE DEVELOPMENT IN BELARUS IN 1919–1939¹

The article highlights the key trends in the development of both domestic and foreign historiography regarding healthcare development in Belarus from 1919 to 1939. It was shown that a full-fledged scientific discourse on the problem began to emerge only in the 1970s, which was happened due to the predominant attention to the problem not by qualified historians, but by medical professionals themselves from among healthcare organizers.

Keywords: historiography, healthcare, medicine, doctors, BSSR, Western Belarus.

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ОСОБЕННОСТИ ФОРМИРОВАНИЯ ИСТОРИОГРАФИИ РАЗВИТИЯ ЗДРАВООХРАНЕНИЯ В БЕЛАРУСИ В 1919–1939 гг.

В статье отражены основные тенденции в формировании отечественной и зарубежной историографии развития здравоохранения на территории Беларуси в 1919—1939 гг. Было показано, что полноценный научный дискурс по проблеме начал зарождаться только в 1970-х гг., что связано с преимущественным вниманием к проблеме не квалифицированных историков, а самих медицинских работников из среды организаторов здравоохранения.

Ключевые слова: историография, здравоохранение, медицина, врачи, БССР, Западная Беларусь.

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Introduction. The study of healthcare history has traditionally been conducted not by historians, but by medical professionals. As a result, historical analysis has often been substituted with descriptive essays. The lack of a fullfledged scientific discourse confirms the absence of significant works on the historiography of healthcare development, both in domestic and foreign scientific discourse. Even in the generalizing publications on the history of healthcare in Belarus among medical workers, there are no chapters, devoted to the analysis of historiography [1]. Notable exceptions include the works of physicians M. Barsukov and D. Byalyatsky, as well as historians A. Savich and G. Sventukhovskaya [3-5]. This article aims to characterize the unique features of historiography regarding healthcare development in Belarus during the period from 1919 to 1939.

The main part. The initial stage of scientific regarding the development of healthcare in Soviet Belarus from 1919 to 1939 featured a limited number of researchers. Most of the work on this topic was conducted by individuals involved in anti-epidemic measures, as well as local health office leaders, such as S. Balkovets, D. Kagan, G. Lipmanov, as well as senior managers - heads of the People's Commissariat of Health (PCH), their deputies and employees, including M. Barsukov and Z. Mogilevchik [6–10]. It is important to highlight the practice-oriented nature of the scientific discussions in the 1920s, that was not limited by theoretical study, but also generated practical solutions to health problems, primarily in rural areas: reducing the area of medical sites, replacing paramedics with doctors, and training medical staff.

The approaches of the 1920s were characterized by a relative transparency in the presentation of information and a diversity of opinions regarding health issues. However, by the end of the 1920s, these diverse views were largely excluded from scientific discourse, as the development of Soviet medicine began to be analyzed in a more complementary manner. In the late 1920s and 1940s, a traditional narrative about the exceptional nature of Soviet medicine, in contrast to the «capitalist» world, which served only for the benefit of workers and peasants, began to emerge [11, p. 11-23]. The demonstration of the success of Soviet healthcare was carried out using extensive statistical material. It became common practice to compare key medical indicators with those from the pre-war year of 1913, as well as with indicators from advanced capitalist countries. To ensure a consistently favorable comparison for Soviet medicine, specific indicators were chosen that conveniently showcased the evident superiority of the Soviet system (R. Alesin, A. Lipmanova) [12, p. 108–109; 13, p. 64–71].

The post-war period was characterized by the beginning of systematic coverage of the problems of healthcare development in the BSSR by Belarusian historians. However, this exploration primarily occurred within broader studies of Soviet statehood rather than as focused monographic research. For example, historian N. Kadescribed menskaya Belarusian Soviet healthcare as «a matter of daily concern for the party and Soviet organs of Belarus» [14, p. 240– 241]. S. Margunsky highlighted the crucial role played by the assistance from the Party and the Soviet leadership of the RSFSR in establishing healthcare in the SSRB, as well as the significant influence of the organizational foundations laid by the PCH of the RSFSR on the forming of the corresponding commissariat in Soviet Belarus during the 1920s [15, p. 76, 90, 137]. At the same time, Soviet historians rarely examined the mechanisms of the health authorities activities and the results of their reforms, which often diverged from statistics.

In the 1960s and 1970s, the activities of the People's Commissariats of Health of the SSRB and LitBel were noted in publications that generalized the history of Belarusian Soviet statehood. Notably, in the only specialized historical work on the organization of Soviet healthcare in Belarus, P. Petrikov emphasized social aspects over medical ones, focusing on initiatives such as the opening of tea houses, baths, and cash payments to the population [17, p. 45–51]. The majority of publications discussing the history of healthcare in the BSSR were articles by health organizers, such as the Minister of Health of the BSSR, I. Insarov, Deputy Minister of Health D. Bialiatski, etc. [17, p. 13-22; 18, p. 62-66]. The primary objective of these authors was to underline the key role of the RSFSR and the assistance of its state bodies in the process of establishing healthcare in the BSSR, as well as the role of the Communist Party and the Soviet government in organizing medical care for the population. During the 1940s and 1980s, a substantial number of related papers were published in encyclopedias and journals such as «Healthcare of Belarus» and «Soviet Healthcare». These publications do not include assessments or express the authors' viewpoints on the issues discussed, which limits their usefulness for historiographical analysis. Additionally, it is worth noting that from the 1960s to 1980s, there was a noticeable increase in biographical studies focusing on individual figures in Soviet healthcare [19, p. 73–76].

An exception to this trend was a separate group of studies conducted together with his apprentices by the famous researcher of the history of medicine, Professor G. Kryuchok, who founded the scientific school for the study of the history of medicine in the BSSR [20, p. 7-9]. Kryuchok's research primarily addresses the «capitalist» period of the nineteenth and early twentieth centuries. However, under his guidance, several historians of interwar medicine including K. Anishchenko, emerged. Zmachinskaya, E. Shishko, A. Petrova, and E. Tishchenko. Thus, K. Anishchenko's work posits that the «pre-war five-year plans» (1928– 1941) marked a period of significant development for the medical organization in the BSSR, which was caused by the need to serve the growing agro-industrial complex in the Soviet Union. [21, p. 123–124]. E. Shishko underlined the crutial role of the medical faculty of the Belarusian State University in restoring the medical human resources capacity in 1920s. [22].

In the post-Soviet period, the work of G. Kryuchok's apprentices continued, with E. Tishchenko being particularly notable. He was the first scientist to study both the Soviet model of healthcare in BSSR and the implementation of the Polish medical system in Western Belarus and highlighted the local features of the Soviet medicine development in Belarusian conditions (afterwar poverty, destruction of the medical-sanitary network during the Polish-Soviet war, lack of medical personnel) [23, p. 192–195].

M. Abramenko is one of the few modern researchers who study the history of the formation of Soviet healthcare in Belarus. The author's works stand out due to the use of a diverse range of sources and literature, as well as a systematic approach to the research. This is reflected in the analytical overview of healthcare development, which is considered within the broader context of state reforms implemented by the Bolsheviks, while also taking into account the Belarusian

specifics. [24, p. 76–77]. In summarizing M. Abramenko's work, it is important to highlight that the author primarily addresses theoretical issues related to healthcare development, which detracts from the assessment of the actual practical outcomes achieved by the medical organization.

Another notable figure in the historiography healthcare studies in Belarus F. Ignatovich. Unlike M. Abramenko and E. Tishchenko, Ignatovich concentrated on biographical studies that highlighted the evolution of healthcare through the contributions of key individuals in the medical profession [25, p. 71– 72]. Various aspects of the development of Soviet healthcare were revealed in his works by E. Valchuk. A significant achievement of the author was the analysis of the ideas of healthcare organizers about a rational model for building a medical organization in rural areas, highlighting the role of head of the PCH of the BSSR, M. Barsukov in this process [26, p. 102-106].

At the current stage of historiography development, there is a noticeable trend towards a biographical approach [27, p. 69–70]. A characteristic feature of such works is their narrative style. Additionally, these essays frequently include documents, photographs, and other materials that have not previously been included in academic discourse [28, p. 78–83]. As the successful example of such studies the biography of Academician V. Leonov, prepared in 2022 at the National Academy of Sciences of Belarus, should be noted, revealing the features of the development of medical education and practical work in healthcare in the 1930s [29].

Recent advancements in Belarusian historiography related to the history of health care in Belarus are linked to the research conducted by O. Kulpanovich, who reconstructed the organizational structure of the SSRB Commissariat for Healthcare. However, the nature of her work limits the ability to evaluate the author's contributions, as it primarily presents a narrative framework that focuses on illustrations and follows a chronological-descriptive style [30].

In addition to standalone works that specifically address the history of healthcare in Belarus, it is important to highlight studies that cover individual topics related to the broader issues in the history of medicine. For example, A. Zamojski pointed out the negative impact of implementing a class-based approach to healthcare, which deprived a significant portion of the popu-

lation of access to qualified medical care. He also reached a valid conclusion regarding the uneven organization of healthcare services between rural areas and large cities [31, p. 217, 349]. S. Khodyn pointed out that state funding for healthcare has ceased due to the New Economic Policy, which led to a shift in medical financing on local budgets, insurance contributions, and patient payments for treatment. This has resulted in a reduction of both the medical network and the number of healthcare workers. According to the author, these changes have brought the healthcare system in the BSSR closer to the model used in Western Belarus, where there is perceived was no state support for healthcare [32, p. 204].

V. Batyaev studied the activities of medical associations in the BSSR during the 1920s, focusing particularly on the Belarusian Red Cross. The author outlines the significant results of its work during that decade. However, the practical activities of the organization are not presented comprehensively; instead, they are illustrated through isolated examples [33, p. 46–145].

It is important to emphasize the individual achievements of modern historiography, in the field of healthcare studies, by summarizing key publications. For instance, the organizational structure of the highest administrative bodies in healthcare is detailed in reference publications from the Belarusian Research Institute of Records Management and Archival Affairs [34, p. 138–231].

In the 2000s and 2010s, the topic of healthcare development in the BSSR in multivolume historical works also received thesis coverage, which is predetermined by the extensive nature of the subject and chronology of these studies. For instance, the fifth volume of the six-volume series «History of Belarus» features sections on the BSSR during the 1920s, including subsections titled «Healthcare» and «People's Life». However, the state of healthcare in these sections is primarily presented in summary form, mainly consisting of statistical data. The overall paradigm of healthcare development and the organization of its structure at both state and regional levels are not adequately addressed [35, p. 173–174; 36, p. 298–299].

In Russian Soviet historiography, which developed under the influence of the main ideologists and direct creators of the healthcare system – N. Semashko, D. Gorfin, etc., an unambiguous consensus about the thoughtfulness and strict

consistency of the creation of a healthcare management system under the personal close supervision of V. Lenin was formed [37, p. 29–91]. It is important to recognize the significant contributions of M. Barsukov as a pioneer in researching the history of healthcare in the USSR. His efforts in historical and medical research established a foundation for this field to be recognized as an independent branch of science [38, p. 29-91]. During the Soviet period, as well as throughout the 1990s and 2000s, M. Mirsky made significant contributions to the study of healthcare in Belarus. His works highlight the biographies of the first leaders in healthcare within the BSSR, the problems of training and activities of doctors and mid-level medical personnel [39].

Modern research gradually supplements the idyllic picture of a pre-planned scenario for the formation of Soviet healthcare and demonstrates various political and economic factors, the struggle of groups within the medical community that accompanied the process of the formation of Soviet healthcare. Such research includes the articles of the Russian scientist A. Golubev, who showed the complex process of transition from collegial healthcare bodies to a single center in the form of the PCH of the RSFSR in 1917–1918 [40, p. 94–103].

Modern Russian historiography has come to the need to revise the positions of Soviet scientists, most of whose works are conceptually outdated. Thus, according to the observations of researcher S. Zatravkin, «The Soviet history of medicine is an impressive volume of texts with identical conclusions» [41, p. 648].

Among the works of Ukrainian authors directly related to the BSSR, it is necessary to highlight the articles of E. Valchuk concerning the development of the social insurance system in the BSSR, including in the field of medical care for the insured. The author examined in detail the reasons for the introduction of the insurance system, the factors of its low efficiency in the BSSR, as well as the process of curtailment in the early 1930s [42, p. 11–15]. In recent decades, a significant role in the analysis of healthcare has been played in Ukrainian historiography by the coverage of the impact of the famine of the early 1930s on the state of healthcare, which, with rare exceptions, is absent from domestic historiography and is extremely infrequently widespread in Russian one [43, p. 229-238].

Soviet medicine received significant coverage not only in the post-Soviet space but also in foreign historiography. Thus, in Polish pre-war publications, when characterizing Soviet medicine, generally negative assessments prevailed. often with errors in describing the organizational apparatus of healthcare, which mirrored Soviet cliches about the Polish model of healthcare organization [44, p. 211–212]. In the post-war period, the transformation of Polish studies of the history of medicine slightly distinguished them from the general complex of works of Soviet historians. A significant step away from the positions of the second half of the 20th century to a critical view on healthcare development, Polish historiography was made in the 1990s – 2000s. At the same time, issues of public health protection in the BSSR are presented mainly in the context of describing other, more general trends in the development of culture, politics, and society within the Soviet system. Thus, in the work of H. Glogowska, the political aspect of the creation of the PCH of the SSRB in 1921 is noted, when, by the Union Workers' and Peasants' Treaty with the RSFSR, the Belarusian government retained real powers only in the sociocultural and economic spheres, which included healthcare [45, p. 82].

American researcher M. Conroy studied the medical aspects of overcoming the consequences of the First World War and the Polish-Soviet War. The author emphasized the participation of international organizations in providing medical drugs and other materials to health authorities and individual medical institutions [46, p. 177–191]. In the work of the French researcher A. Blum, changes in the birth rate, mortality, and morbidity of the population of the BSSR are studied based on statistical materials; in particular, the author touches upon the reasons for the demographic decline of the early 1930s, which are poorly covered in domestic historiography [47].

Studies of national minorities role in the interwar Belarusian healthcare have become widespread in foreign historiography in 1990 – 2000s. Among such works, it is worth highlighting the monograph by E. Bemporad, dedicated to the Jewish diaspora in Belarus in the early 1920s, in which the author assessed the activities of Jewish societies in the field of medicine as a continuation of pre-revolutionary traditions of charity, an example of the adaptation of old

forms of philanthropic organizations to the new Soviet reality [48, p. 56].

Pre-war Belarusian historiography about the study of healthcare in Western Belarus was characterized by a significant degree of ideological bias in the works, conditioned by both the Marxist-Leninist methodology ingrained in science and the prevailing foreign policy situation of de facto confrontation with interwar Poland. One of the significant centers for studying the «eastern borderlands» was the Commission for the Study of Western Belarus at the Belarusian Academy of Sciences, which published critical reports about the crisis state of the Polish economy and social sphere, including in the area of public health [49, p. 5–13].

The growing interest in studying medicine in Western Belarus was stimulated by the process of reunification of the Belarusian lands in 1939, which resulted in an increase in publications on the topic in 1939–1941. Among the studies by Belarusian Soviet authors, one of the most indicative was the material by Z. Mogilevchik, where the author outlined the main shortcomings of Polish healthcare in relation to the Western Belarusian lands [50, p. 95–100].

It should be noted that in the territory of Western Belarus, the bulk of publications on the topic were review-type articles by local doctors, devoted to the state of local healthcare, and did not contain any clear analytical generalizations. In this context, the works of D. Kezevich stand out, highlighting the reasons for the lag of health care in Western Belarus from the all-Polish level both organizationally and in practice, which was supported by an analysis of statistical data on health care for the population [51, p. 9–17].

Following the end of World War II, there were no efforts to thoroughly understand the development of healthcare in Western Belarus. The scarce and fragmented references to this topic mainly aimed to showcase the achievements of Soviet medicine after the establishment of Soviet power in the region [52, p. 76–77]. These approaches were largely inherited by post-war Belarusian historiography. Even in the early 1990s, the line of total criticism of Western Belarus medicine was still maintained. Thus, in the work of I. Poluyan, it was noted «an almost complete absence of medical care» in Western Belarus [53, p. 85].

Few thematic studies on healthcare in Western Belarus were conducted by doctors E. Valchuk and E. Savko. However, since their research spanned several centuries, there was limited focus on the development of medicine in interwar Western Belarus. [54; 55, p. 75–77].

In post-Soviet Belarusian historiography, most historians only indirectly touched upon the medicine of Western Belarus, except authors of multi-volume publications that included detailed materials on Western Belarus. Thus, in the fifth volume of the «History of Belarus in 6 volumes», there is a subparagraph «Healthcare», in which a brief conclusion about the unsatisfactory state of healthcare is supported by statistical data on the availability of medical institutions in Western Belarus and its backwardness in these indicators compared to the Polish lands. The negative impact of paid medical care for the population and the spread of the practice of turning to healers are noted [56, p. 364–365].

At the turn of the 1990s and 2000s, Dr. E. Tishchenko was the first in Belarusian science to conduct a comprehensive review of the development of medicine in Western Belarus and how it differed from that of Poland. The author emphasized that many characteristics of prerevolutionary zemstvo medicine were preserved in the «kresy» voivodeships, in contrast to the rest of Poland [1].

At present, the development of medical care in Western Belarus is most comprehensively discussed in A. Darkovich's dissertation. However, the organization of healthcare is presented not as an independent entity but rather as a specific aspect of local government activities. This approach has influenced the nature of the analysis. Darkovich places significant emphasis on municipal medicine and concludes that responsibility for healthcare development has shifted from state structures to local governments. This shift has been accompanied by a continuous reduction in state funding [57, p. 221].

In Russian Soviet historiography, the peak of critical publications occurred in the second half of 1939. During this time, the Soviet press intensified its campaign to showcase the failures of the Polish state, particularly in providing medical care to its population. This narrative helped explain to Soviet citizens why the collapse of Poland was inevitable (D. Gorfin) [58, p. 7–13]. Russian Soviet historians utilized statistical and factual data regarding the history of healthcare in Western Belarus to emphasize the injustices of social relations and the colonial status of the «kresy» territories under Polish rule. For example, I. Goldstein concluded that there was a di-

rect correlation between the amount of milk donated by villages to state milk points and the incidence of tuberculosis in children within those villages [59, p. 238].

A notable aspect of contemporary Russian historiography is the examination of healthcare development during the Polish-Soviet War from 1919 to 1921. In his research, K. Novikov highlights the inadequate medical care provided in the camps for Soviet prisoners of war located in areas controlled by Polish forces [60, p. 27–28, 107–108]. Modern Russian historiography has also touched upon the problems of national minorities in the healthcare of Western Belarus, for example, in the work of Ya. Karpekina, the quantitative dominance of Jews among senior medical personnel was noted [61, p. 160].

In its evaluations of healthcare development in interwar Poland, Ukrainian Soviet historiography adhered closely to the principles of Marxist-Leninist historical science, which deemed the Polish model of medical care ineffective for Western Belarus and Western Ukraine (N. Felistovich) [62, p. 47–50]. However, in the works of modern Ukrainian historians L. Davybida and A. Korolko, a balanced approach to analysis is observed, supported by reference to a significant range of sources, including from Polish archives [63; 64, p. 62–67]. Of the latest works on the topic published in Ukraine, it is worth highlighting the joint work of the Belarusian and Ukrainian researchers A. Ilyin and P. Mazur were dedicated to the history of the emergence and activities of the concentration camp in Bereza-Kartuzskaya. The authors proved that the organization of medical care in the camp itself was a form of psychological and physical pressure on prisoners [65, p. 140–147].

Concerning the territory of Western Belarus, Polish historiography has hardly touched upon the issues of the origins of civilian health care, giving preference to military medicine and issues of anti-epidemic struggle (E. Godlevsky, S. Adamovich) [66, p. 324–326; 67, p. 669–822]. The first attempt to analyze the development of Polish medicine with an indication of regional characteristics was small generalizing work by G. Stolcman published in 1928, who explained the decline of medicine by the weakness of local municipalities, which were the basis for the development of healthcare within the framework of the Polish model of its construction [68, p. 36].

It should be noted that a significant part of the representatives of Polish historiography approached the assessment of the state of health care in the territory of Western Belarus in a fairly balanced and realistic manner. Such example was the study of Azhevichi village by L. Zheligovsky. The author emphasized the differences in the level of organization of health care in the cities and rural areas of the «eastern borderlands» to the detriment of the latter, noting that peasants sought medical care only in extreme cases [69, p. 14]

In the post-war period, the study of the history of interwar medicine continued in Poland, but the change in methodological guidelines conceptually brought Polish historiography (M. Kacprzak, B. Kozhusznik) closer to the positions of Soviet Marxist historians [70].

Modern Polish historiography has experienced a «biographical turn» in the study of medical history, which is carried out with more professionalism compared to the post-Soviet discourse. Thus, E. Ventskovskava and M. Dutkiewich studied medical personnel as a social stratum, which contrasts with the traditional «biographical» approach to the problem [71; 72, p. 55-56]. A significant place in the works of Polish historians is occupied by the study of the border territories of Belarus. In this direction in the mid-1990s, the Polish scientist A. Felchner, who published a detailed study of the state of medicine in Grodno, investigated the influence of the military on the development of healthcare, characterized the role of medical self-government in Western Belarus [73, p. 143– 1461.

In modern Lithuanian historiography, the dominant trend is to study the development of interwar Polish healthcare within the framework of the Vilnius Voivodeship exclusively, highlighting the role of Lithuanian national charitable structures, as well as the medical faculty of Stefan Batory University For example, A. Żalnora noted the significant lag of the Vilnius Voivodeship in terms of basic health indicators compared to most Polish voivodeships, except other northeastern ones, as well as two interconnected trends in interwar health care: an increase in the number of beds in private clinics and a parallel decrease in those in municipal hospitals [74, p. 18–20].

Conclusion. Most studies on the interwar healthcare development in Belarus, both domestic and foreign, share a common characteristic:

they focus on narrow aspects of the issue. These aspects often include specialized branches of treatment, the history of individual medical institutions, or the biographies of specific doctors, but they lack a broader context. This limitation can often be attributed to the fact that many researchers in this field are medical professionals without training in historical analysis. As a result, their work tends to overlook the historical context and is often characterized by scientific reductionism.

The scientific discourse on the problem under study went through the following stages of development: 1) Inception period (1920s), which was marked by studies primarily conducted by medical professionals. These studies lacked a strong analytical component but were notable for their transparency regarding contemporary healthcare issues; 2) Period of the formation of a complementary paradigm in relation to the coverage of Soviet healthcare and the corresponding total criticism of the organization of medical care in Western Belarus (1930s); 3) Post-war period (second half of the 1940s - first half of the 1960s), when professional historians joined the study of the development of healthcare in the interwar period, who conceptually only developed the thoughts of pre-war researchers of the history of medicine, forming a narrative about the exclusivity of the Soviet healthcare model; 4) Development period (second half of the 1960s - 1980s), characterized by the formation of the study of the history of healthcare as a scientific direction in historical science, the development of professional research tools; 5) Modern period (1990s - present), marked by a shift away from ideological biases, this era is characterized by pluralism in expert assessments, allowing for a broader range of perspectives on healthcare history.

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