



# Development Of Medical Infrastructure And Activities Of Hospitals In Uzbekistan During World War II

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## ABSTRACT

During the Second World War, the medical infrastructure in the Uzbek SSR developed significantly. The evacuation of millions of people and hundreds of enterprises required a reorganization of the healthcare system. More than one hundred military hospitals were established, serving wounded soldiers and the evacuated population. Both local doctors and evacuated medical workers participated in hospital operations. The number of hospitals and hospital beds increased, while sanitary measures helped to prevent epidemics. The example of Kashkadarya region highlights the role of mobile medical units and front assistance committees

## Keywords:

Second World War, Uzbek SSR, medical infrastructure, hospitals, evacuation, healthcare, sanitation, epidemic, Kashkadarya, front.

**Introduction:** World War II is a historical event that left a deep mark on the lives of the peoples of the world. During the war years, along with the battles at the front, great changes took place in various areas in the internal regions of the country. In this regard, the Uzbek SSR, as a strategic territory, also felt the heavy burden of the war. The evacuation of millions of residents and hundreds of industrial enterprises to the republic required major changes not only in the economic, but also in the social and medical spheres. Providing medical care to the evacuated population, treating wounded soldiers returning from the front, and preventing epidemics became urgent issues. In these conditions, the reorganization and development of medical infrastructure in Uzbekistan rose to the level of state policy.

**Main part:** With the outbreak of World War II, millions of people and hundreds of industrial enterprises were evacuated to Uzbekistan. This situation required a sharp expansion and reorganization of the medical infrastructure in the republic. The provision of medical services to the evacuated population was mainly the responsibility of district hospitals, district doctors and orderlies. They went from house to house and carried out sanitary and hygienic measures. Evacuated residents placed in collective farms were involved in disinfection work, such measures served to prevent epidemics. In this process, protecting the health of the evacuated population was identified as one of the priorities of state policy. In such conditions, the issue of effective organization of medical services not only for

citizens, but also for soldiers injured at the front became urgent.

During the war years, the activity of military hospitals was widely established in the republic. In 1941–1945, more than 110 military hospitals with a total capacity of 40 thousand beds operated in Uzbekistan, including 47 hospitals under the People's Commissariat of Health, 48 evacuation hospitals and 9 trade union hospitals. Later, the figures were clarified and it was reported that the number of general hospitals in the republic was 129 [1;21]. In the process of organizing hospitals, schools, clubs, theater buildings and buildings of higher educational institutions were vacated. In the effective operation of hospitals, along with qualified doctors from the republic, evacuated medical workers also played a major role. At the same time, prominent scientists such as academicians V. Filatov and N. Bogoraz were engaged in scientific and practical work, contributing to improving the quality of medical services [2;528].

In wartime conditions, the republic's medical infrastructure developed significantly. If in 1941 there were 368 hospitals and 19,498 beds in Uzbekistan, by 1945 their number had reached 481, and hospital beds had reached 24,848. These indicators indicate that a certain recovery and development was ensured in the republic's healthcare system through evacuation and labor mobilization. Hospitals and medical institutions were managed by local enterprises and farms, providing them with material and moral support. This went down in history as a practical manifestation of social cohesion and state-society cooperation [3;].

One of the most difficult tasks for the health care authorities of Uzbekistan was the organization of the activities of evacuated hospitals, the establishment of work processes and the treatment of the wounded and sick. Typically, military hospitals were located in urban areas, near railway stations. Schools and higher educational institutions, clubs and theater buildings were vacated for such hospitals. By December 1941, 96 evacuated hospitals and about 31.7 thousand medical

institutions were operating in the republic [3; 20].

The redistribution of medical infrastructure served as a practical example of the effective mobilization of available resources in the republic.

During the war years, more than 113 military hospitals were located in Uzbekistan, which were headed by 750 enterprises, institutions, collective farms and state farms. In 1942, disabled people were specially registered, provided with material assistance, and most of them were placed in labor. Special care was also taken of evacuated orphans and wounded soldiers. The information that military hospitals were mainly located in Tashkent, Samarkand, and Fergana regions [4; 528] was also updated in 2020, and it was determined that there were 129 military hospitals, which is 16 more than the previous figures [5; 35].

Conclusion: By 1943, the number of existing medical institutions in the Kashkadarya region, along with other regions of the republic, was limited, and the material and technical base of the existing ones was insufficient. As thousands of doctors and nurses were mobilized to the war fronts, local medical institutions were often left in the hands of paramedics and orderlies. For example, a 1944 report by the People's Commissariat of Health of the Uzbek SSR stated that the medical staffing in district hospitals in the region was around 45–50% [6;]. Among the most important diseases in the region, infectious diseases, especially malaria, dysentery, and tuberculosis, occupied a special place. In rural areas, the low level of sanitary and hygienic culture among the population and the poor supply of clean drinking water posed a serious health risk. Several military hospitals and mobile paramedic stations were established with the support of front-line aid committees in Kashkadarya. Although rehabilitation opportunities were limited, attention was paid to this issue, especially for disabled soldiers returning from the war.

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