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FROM THE HISTORY OF THE ORGANIZATION OF THE SANITARY-EPIDEMIOLOGICAL SERVICE IN SURKHANDARYA REGION

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Annotation

This thesis explores the historical process of establishing and developing the Sanitary-Epidemiological Service (SES) in Surkhandarya region during the Soviet period, with a focus on the 1950s–1960s. Based on archival documents and historical research, the study analyzes the institutional formation of the SES, its material and human resource challenges, and the impact of these factors on the region's epidemiological situation. The findings demonstrate that despite central government decisions, the SES in Surkhandarya faced chronic underfunding, staff shortages, and infrastructural delays, which significantly limited its effectiveness in preventing and controlling infectious diseases. The historical experience highlights the critical importance of timely resource allocation and local adaptation in public health policy.

Keywords: sanitary-epidemiological service, Surkhandarya region, Soviet healthcare, infectious diseases, public health history, SES organization.

The organization of sanitary-epidemiological services is a cornerstone of any public health system, particularly in regions with high risks of infectious diseases. In the Soviet Union, the SES network was designed as a centralized mechanism for disease prevention, monitoring, and control. Surkhandarya – a southern region of Uzbekistan with a hot climate, agricultural intensity, and water supply issues



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– required a robust epidemiological infrastructure. However, the actual process of SES establishment in this region was complicated by numerous objective and subjective factors. This research aims to reconstruct the historical trajectory of the SES organization in Surkhandarya and evaluate the effectiveness of its early operations.

The fight against infectious diseases is one of the most important areas of any state medical system, and is of great importance in maintaining the health of the population and ensuring social well-being. During the former Soviet Union, in particular, in Uzbekistan, the fight against infectious diseases was systematically organized, and this process was associated with the formation of the sanitary and epidemiological service, the introduction of preventive measures, and the widespread dissemination of medical and hygienic knowledge among the population.

The organization of the sanitary-epidemiological service plays an important role in the prevention and eradication of infectious diseases. In the years after World War II, the sanitary-epidemiological network in Uzbekistan did not function as a separate branch, but as a component of it in medical departments. Finally, in 1948, the II Congress of Sanitary-Epidemiological Specialists of Uzbekistan was held, the participants of which asked the government of the republic to organize SES as a separate branch. The Ministry of Health of Uzbekistan submitted the relevant supporting documents to the government. These documents were comprehensively studied by the USSR Council of Ministers, and by the resolution of the Government of Uzbekistan on May 13, 1952, the Republican Sanitary-Epidemiological Station (SES) was established. In 1955, the entire sanitary-epidemiological service was reorganized; The sanitary and epidemiological station became a single institution, to which the previously independent tropical, Pasteur stations and anti-brucellosis stations were added.



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In 1956, the SES was launched in Surkhandarya region. In 1960, its 4 main centers were opened in the districts. The SES in the region began its work in the years of an extreme shortage of transport and laboratory equipment. In particular, it was necessary to overcome a number of difficulties in providing the SES with personnel.

During the Soviet era, problems with the organization of the work of SES and the strengthening of their material and technical base seriously hindered the improvement and perfection of the network. Therefore, despite the efforts of SES to prevent and eliminate infectious diseases, the intended results were not achieved. In 1958, work was carried out to reorganize rural health care, in connection with which sanitary and epidemiological stations were integrated into district hospitals.

The lack of adequate sanitation in the southern regions of Uzbekistan has led to the region becoming one of the largest epidemic hotspots in the country.

In addition to the factors mentioned above, one of the most important measures in preventing infectious diseases is the timely hospitalization of those suffering from these diseases, the establishment of special treatment facilities and departments for this purpose, and the separation of patients from healthy people. As is known, the treatment of infectious diseases in the former USSR was carried out in three directions: opening special hospitals for infectious diseases, organizing departments in general hospitals, and setting up temporary epidemic beds in areas where many people were affected by this disease.

In Surkhandarya region, insufficient attention was paid to the treatment of patients with infectious diseases and their placement in specialized hospitals. In the region, in 1948-1949, assistance was provided to the department of regional hospital No. 1, mainly for infectious diseases. Although the construction of a hospital building for infectious diseases in Surkhandarya region was included in



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the capital construction plan of the region for the first time in 1955, and for the second time in 1958, no practical work was carried out. In that same 1958, the infectious diseases department with 50 beds in hospital No. 1 operated in an adapted building, which could not meet the needs of the population and did not meet sanitary and hygienic rules at all. Since the department was located in the center of the hospital, it was not possible to isolate it from other patients.

Only in 1965, a separate hospital for infectious diseases was built in the Surkhandarya region at 92 Binafsha Street, Gulira'no Mahalla, Termez city (now). The regional infectious diseases hospital at that time was initially designed for 120 beds, and doctors such as L. Kirsanova, Z. Usmonov, and N. Khamroyev worked there. This hospital, which was launched in the city of Termez, could not fully meet the needs of the population of the region.

At the same time, along with the effective work carried out in the Surkhandarya region of Uzbekistan to prevent and eliminate infectious diseases, serious shortcomings were also made, which caused social and moral harm to the population of the region. The level of medical institutions in this area was significantly lower in the region than in the central regions of the republic and other regions of Uzbekistan.

During this period, Surkhandarya region became one of the regions with the highest incidence of infectious diseases. During the Soviet era, changes in environmental conditions, a lack of quality drinking water, and the widespread use of toxic fertilizers in agriculture created conditions for the spread of various infectious diseases - typhus, diphtheria (whooping cough), measles, typhoid fever (internal sweating), trachoma (slippery elk), brucellosis, malaria, and viral hepatitis (jaundice).

The case of Surkhandarya reveals a significant gap between the declarative decisions made at the republican and union levels and the actual implementation



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on the ground. Despite the official establishment of the SES, its operational capacity remained minimal for many years. The region's transformation into one of the largest epidemic foci in Uzbekistan during this period – with outbreaks of typhus, diphtheria, typhoid fever, brucellosis, malaria, hepatitis, and trachoma – was not accidental. It resulted from a combination of:

- Weak institutional capacity of the SES,
- Lack of timely investment in hospital infrastructure,
- Environmental factors (poor water quality, pesticide use in agriculture),
- Insufficient health education among the population.

Compared to other regions of Uzbekistan, Surkhandarya lagged significantly, which worsened the social and sanitary consequences for its population.

The history of the Sanitary-Epidemiological Service in Surkhandarya is a telling example of how institutional delays and resource deficits can undermine public health goals. Although the SES was officially created in the mid-1950s, its practical impact remained limited until the late 1960s due to persistent material, staffing, and structural problems. This historical experience underscores the necessity of aligning administrative decisions with timely logistical and financial support, as well as the importance of local adaptation in epidemiological strategy. The lessons from this period remain relevant for strengthening health systems in regions with similar challenges.

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