



e-ISSN: 2319-8753 | p-ISSN: 2320-6710

# IJIRSET

International Journal of Innovative Research in  
**SCIENCE | ENGINEERING | TECHNOLOGY**

# INTERNATIONAL JOURNAL OF INNOVATIVE RESEARCH

IN SCIENCE | ENGINEERING | TECHNOLOGY

Volume 9, Issue 11, November 2020

**ISSN** INTERNATIONAL  
STANDARD  
SERIAL  
NUMBER  
INDIA

**Impact Factor: 7.512**

9940 572 462

6381 907 438

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# Representation of the Problems of the Health System of Uzbekistan in Citizens' Appeals (1980-1991)

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**ABSTRACT:** In this article, the author explores the sources of personal origin in the coverage of human life, society and state history, i.e. letters as an object of scientific research. In 1980-1991, the problems of the Uzbek health care system, the treatment methods of Soviet hospitals, the activities of doctors and nurses, the protests of the population and, conversely, appeals reflecting gratitude from the medical field were covered.

**KEYWORDS:** letters, appeals, health care, complaints, geography of letters, doctors and junior medical staff, child mortality, medical facilities, activities of psychics.

## I. INTRODUCTION

Relying on civic appeals (letters) or personal sources of origin, it is possible to obtain accurate information about events, descriptions of events that took place at different periods in the history of human, society and the state. The purpose of studying them is to get an idea of the people who are the creators of these sources and the society that showed them in this very situation. A document created consciously and purposefully by people provides information about its creator and in turn creates real opportunities for cultural communication with the author. Based on the above, as a historical research, a new set of sources, that is, references to letters sent by citizens to state and public organizations, is very relevant.

Referring to letters as a source allows the individual to be tracked as the most important aspect of purposeful creative activity[2, -P. 16]. Therefore, in this research work, the letters of citizens were selected as the object of special scientific research. The selection of such a set of resources as a source of research provides a great opportunity to study the mood of the general public, to determine the true state of society, its individual social groups, the individual's mentality, mood, assessment of his life and lifestyle, precisely, not only the history of the ruling regime but also to deeply realize the history of people.

The periodic limit of this study covers the years 1980-1991. These very years are marked by changes in the socio-economic, political and spiritual life of the country, of reconstruction that is the beginning of the policy of "democratization of society and radical economic reforms". The difficult situation in Uzbekistan, as in the United republics during this period, as well as the emergence of various adverse events, also affected the activities of the health care system. This led the public to send letters to higher organizations as an expression of their protest and in search of the truth. Under the Soviet regime, such letters were considered the most common means of communication not only between individuals but also between the individual and the government. Citizens of Uzbekistan applied to district, regional and Republican party and Soviet bodies with a request to protect their rights. In 1986-1987 alone, the Central Committee of the CP of Uzbekistan received more than 50 thousand applications and complaints from citizens. More than 20 thousand people visited the reception of secretaries and heads of departments of the Central Committee. More than 100 thousand citizens could not get the capital and had to appeal to local party and Soviet bodies with a complaint about the violation of their legal rights. Discontent about the regime and the tough condition of the social life was especially strong among women. Only in 1986-1987 in the Republic 270 women burned themselves as a sign of the pro test. This was their last attempt to protest against human rights violations[8, -P. 204].

In modern historiography, there are three stylistic approaches that are interrelated in the study of letters, these are biographical, informational, communicative [11, -P. 242].

**In the biographical** approach, it is also important to take into account the name, surname, social origin and gender of the author of the letter.

**In the information approach**, the author of the letter expresses his or her free opinion and attitude towards the event or process. Here it is important to determine the identity of the information that the author gives, its description as a direct participant, witness or third party to the event that reflected it.

In the communicative approach, it is expressed in determining whether the author views events in society as a problem of the whole society or of the state, and not as a personal problem.

## II. RELATED WORK

A number of scientific works, researches on the history of the health care system of Uzbekistan in the years 1980-1991 were carried out and many scientific articles, dissertations and monographs were published. Specifically, researches published in Soviet times by I.M.Khaydarov[3, -P. 9], V.K.Khripunov, M.Makhmudov, B.K.Umirzokiv, Y.Shodimetov[7, -P. 15] argued the reform of the health sector in accordance with the policy of "restructuring", the problems accumulated in the field over the next decades, the problems of planning and financing of the health system, some proposals for their elimination, the disappearance of medical schools, the unsatisfactory performance of research institutions, which are limited to the development of "methodical guidelines"[5, -P. 39-42].

Doctoral dissertations and monographs by A. Khazratkulov and G. Muminova can be cited from the works directly related to our research during the years of independence.

In his doctoral dissertation, A. Hazratkulov tried to describe the achievements of the Soviet era in the social sphere, as well as its negative aspects and the factors that led to them, on the basis of the requirements of the ideology of independence.

Doctoral dissertations and monographs by A. Khazratkulov[4, -P. 20-25] and G.Muminova[6, -P. 181] can be cited among the works directly related to our research during the years of independence. In his doctoral dissertation, A.Hazratkulov tried to describe the achievements of the Soviet era in the social sphere, as well as its negative aspects and the factors that led to them, on the basis of the requirements of the ideology of independence.

G. Muminova's doctoral dissertation examines the state of the healthcare system of Uzbekistan in 1917-1991, and special attention was paid to the transformational processes in the healthcare system in Uzbekistan, issues of strengthening health facilities and their material and technical base, the role of social and living conditions in protecting public health and the protection of maternal and child health care. It should be noted that this research is of particular importance in recent years for its comprehensive coverage of the history of the health care system and its objective coverage of the development and problems of the system over time.

In covering the history of the healthcare system of Uzbekistan, researchers mainly used official documents and sources, statistical collections, periodicals and archival documents. However, letters or appeals from citizens by researchers have not been put into scientific circulation and have not been used as a historical source.

## III. METHODOLOGY

The article is based on the principles of generally accepted historical methods - historicity, authenticity, social approach, accuracy, reliance on historical sources, systematicity, adherence to historical traditions and comparative analysis [15]. It covers the policy of the healthcare system of Uzbekistan in 1980-1991, the problems, the situation of motherhood and childhood protection, child and maternal mortality, the attitude of the population to the problems of social life through appeals.

## IV. RESULTS

The object of the article is the fund "The collection of letters from citizens to the editorial office of newspapers" of the National Archive of Uzbekistan. The documents of this fund contain letters sent to the editors from all regions of the country, reflecting the lifestyle, will of the people, their attitude to the changes in society, protests or, conversely, gratitude.

### Chronological and quantitative analysis of letters

Periodic the limit of the letters is about the years 1980-1991, nearly a thousand letters related to the activities of the health system in the general account came to the editorial office. About 800 of these letters express dissatisfaction with the activities of the healthcare system, poor-quality medical services, severe conditions in hospitals, problems with the provision of medicines to the population. Of these, 125 authors sent a letter of gratitude for the activities of the health system, more than 20 people who did not receive treatment from medicine, sent letters in an expression of gratitude letters for those who resorted to new methods of treatment (extrasensory activity).

In the process of investigating the letters, emphasis was placed the issues such as their distribution in the territory of the Uzbekistan SSR, the reasons for the dissatisfaction of the population from the medical service, dissatisfaction with the network of the healthcare system, protection of mother and child health, the activity of medical institutions and their level of provision with medical equipment, provision with medicine and their territorial distribution, the ethics and deontology of medical staff and the appeals of those who have not recovered from medicine to extrasensory perception.



**Types of complaints:** There were approximately 140 complaint letters on the subject of careless and greed of doctors, about 120 on nurses, about 90 on surgeons, about 70 on ambulance services, about 72 on doctors ethics and deontology, about 60 on hospitals conditions, Obstetricians and Gynecologists' activities and insufficient level of knowledge of doctors, about 50 on ophthalmologists, about 33 on traumatologists, about 20 on anesthesiologists, about 12 on neonatologists, about 70 neonatologists, about 70 neonatologists, about 10 on the activity of the department of revitalization, 1 on dentist and about 15 on lack of medicines[12].

**Geography of letters sent to the editorial office**

In the 1980s, we witnessed the emergence of complex processes in the social, economic, political and spiritual life of the Uzbekistan SSR. First of all, the infiltration of Soviet troops into Afghanistan at that time, the “Uzbek affair” or the “cotton affair”, the “reconstruction policy”, the tragedies of the Fergana region were among them. All these processes, disagreements in the Center, monopoly, the party's bureaucracy policy, the transformation of republic into raw material base, the deterioration of the ecological situation, the occurrence of the Aral Sea tragedy which led to a decline in welfare and living standards had in turn negative effects on the development of public healthcare. The population's dissatisfaction with the situation in the country and the difficult living conditions increased, as a result of complaints to government agencies and the media began to come from different parts of the country.

In particular, in the process of reviewing the letters, we can see that the most frequent complaints came from Kashkadarya (230), Andijan(130) and Fergana (103). From the remaining regions of the Republic, particularly, 89 letters from the Tashkent region, 71 letters from the Tashkent City, 60 letters from Namangan, 65 letters from Khorezm, 55 letters from Samarkand, 53 letters from Sirdarya, 32 letters from Surkhandarya, 30 letters from Bukhara, nearly 10 from letters Jizzakh, Navoi and Karakalpakstan Autonomous Republic, reflect the negative and positive aspects of the activity carried out by the medical staff and unresolved issues.

Most of the letters came to the periodicals “Literature and Art of Uzbekistan”, “Soviet Uzbekistan”, “Young Leninist” and “Avangard”.

Despite this, in order to solve the problems covered in the letters, to provide comprehensive assistance to the population, “journalist” inspections were conducted by the editorial staff, in cooperation with the Ministry of Healthcare, prosecutor bodies, Public control committees and regional healthcare departments, and response letters were sent to the owners of the letter on the results of the inspection, as for the respondent, the penalties were used by the relevant authorities. We can see that the letters were sent mainly in Uzbek, about 10 letters in Russian and 1 letter in Tajik.

The main part of the authors of the letter consists of citizens aged 21 to 59 years, among them the youngest author of the letter is 16 - year-old, 10<sup>th</sup> grade pupil, the oldest author of the letter is 84-year-old Kusnora from Ferghana. Directly referring to the social origin, age and nationality of the authors, among them 13% of Higher Education, 20% of secondary education, as well as 77% of workers, the main part of the letters, namely 55% of women, 38% of men and 21% of letters were sent by young people, that is, from the age of 16 to the age of 30.

The healthcare system of the Soviet Union was in deep crisis in the 1980s. This is also reflected in the figures provided in official statistics. In particular, the number of doctors and their provision in the Union has raised by two and half times (the number of medical staff - 2.5 million), hospitals (24,250) and the number of hospital beds (3 million) has doubled. There were 1159 hospitals, 182.8 thousand treatment centers, 2743 outpatient clinics in Uzbekistan[6, -P. 181]. Through the following tables we can see the level of provision of the population with a network of hospitals, doctors and nurses of the Soviet state and the republics of the Union.

Table 1  
**NUMBER OF HOSPITALS AND TREATMENT AREAS**

	Number of hospitals		Number of treatment areas, in thousand		Number of treatment areas, to 10 thousand inhabitants	
	1940	1980	1940	1980	1940	1980
	USSR	13793	24250	790,9	3009,2	40,2
Uzbekistan SSR	380	1159	20,3	145,6	30,1	182,8

According to the annual statistical bulletin “Советское здравоохранение” published at the time, by the early 1980s, the union's medical and hospital staffing levels were significantly higher than those of developed Western countries[1, -P.

3-6]. In our opinion, this growth rate was due not only to the development of the healthcare system in the country, but also to the increase in the type of disease and the number of cases, especially infectious diseases.

#### Healthcare system problems

No matter how jarred the leaders of the Soviet state were about the “most advanced medicine in the country” to the world, in practice completely different cases were manifested. Many healthcare institutions suffered from lack of basic communication facilities as well as lack of medical equipment. About a quarter of hospitals and dispensaries in the Soviet Union needed capital repairs, 29.3% did not have a central heating system and 27% did not have a water flow, 40.8% of health institutions did not have hot water supply, 32.4% of them did not have sewerage[10].

In particular, a letter from KadyrovaZakhro, a resident of Tashkent district of Tashkent region, stated that the Tashkent regional central hospital did not have facilities for patients, the heating system did not work, there was no drinking water, and as the sewerage system did not work properly all the WCs were closed inside the hospital building and only one WC was working in an open are of the hospital. Treatment in such severe conditions caused discomfort to patients, especially the elderly and critically ill patients. Because they were not able to control themselves in the first place, that is, they were not able to take care of themselves, the junior medical staff of the hospital that is the nurses and paramedics were criticized for not notifying them in time[12].

In some cases, severe conditions in the hospital also caused the death of patients. For example, in the letter of RasulovKadirjon, who lives in Kunchi village of Andijan region, his 8 months old child is diagnosed with hepatitis and was admitted to Andijan city infectious diseases hospital. But despite the last month of autumn, the hospital did not turn on the heating system, the rooms were cold, the cold wind from the windows were penetrating. As a result, it is reported that the child was diagnosed with pneumonia and died a week later[12].

There were significant regional differences in the provision of hospitals with medicines and medical equipment. At a time when hospitals were being built in more than 90% of urban areas, rural areas were in dire straits[9, -P. 66-150]. When the treatment beds in the country are distributed among different specialties of medicine, it becomes clear that there was a lack of treatment beds, mainly for women and children. For example, as a rule, there should be 17.5 treatment beds for women and infants per 10,000 people, in practice there existed 11.9 in 1980 in Uzbekistan.

There was inadequate distribution of treatment facilities throughout the country and Samarkand region was one of the top places in the country in terms of the poor distribution of treatment facilities and the lack of treatment beds. In Ishtikham, Narpay, Pakhtachi, Sovetabad districts no changes have been observed over the past two years, but in Bulungur district - 15, in Payarik district - 25, in Urgut district - up to 65 places of treatment were reduced.

Also, the distribution of obstetric and gynecological treatment beds was not as accurate as mentioned above[13]. Such a distribution was 21.7 per 1,000 population in cities, compared to 5.45 in rural areas. The construction of children's and maternity facilities was also slow[13]. For example, of the 500,000 rubles allocated in 1980, only 129.2 thousand rubles were used for construction, and since July, construction work had been suspended altogether. Many such children and maternity facilities were housed in buildings that did not meet sanitary and hygienic requirements. Only 12 of the 124 treatment facilities had regional treatment facilities[13].

There were also serious deficiencies in treatment and prevention. In Samarkand region, only 46% of children under one year of age were under systematic medical supervision. In Namangan, there were 2.3 pediatricians per 1,000 population, and in the district there were 1.4, or 58% of the total. In some districts, patronage of newborns was carried out under the guise of patronage, and their medical records did not show how a pregnancy went in a woman, the birth process, or the development of the baby's nervous system, which reduced the chances of making rational plans for children's health. The situation with antenatal care for pregnant women in some districts was also unsatisfactory. In Samarkand region, this figure was 71%, and in Namangan region the level of provision was 65%. In general, the number of obstetricians and gynecologists is not only 0.6 per 1,000 population in the districts, and 1.2 in the regions, but also we can see some of them provided the low quality of medical services, had unsatisfactory level of education, and, unfortunately, greed was on rise among them[14]. In particular, such cases were observed in Charhil maternity hospital of Past-Dargom district of Samarkand region, central maternity hospital of Kitab city of Kashkadarya region, Turakurgan district of Namangan region and maternity ward of the central hospital of Urgench city of Khorezm region. The authors of the letters from these areas pointed out that in these areas, some doctors' shortcomings, such as indifference, greed, and improper treatment, were so common that patients were treated as if they were a kind of item[12].

In the regions, there were many cases of young children not being taken to the hospital on time, but children left at home for treatment were not provided with quality medical care. In particular, the letter of Khusan Khudoynazarov, a school teacher named Yusupov in Navoi region, Navbahor district, it was noted that "people preoccupied with obsolescence went to the hospital as a last resort"[12] There are several reasons why the population was on the way to the hospital as a last resort. First of all, the economic crisis situation, and secondly, the fact that many rural doctor punks are located far from the populated areas, thirdly the absence of a vehicle or the service of only one ambulance to 25 thousand inhabitants (in some cases only if there is fuel, there have also been cases where people do not go to the call because there is no fuel) and lastly the majority of the population was a large family with an average of 5 to 12



children, most of whose age difference was 1 year, and therefore, most women did not go to the hospital leaving their children at home. As a result, in the region, 48% of children lost their lives due to this situation. During this period, it is observed that young children die mainly from pneumonia and acute infectious diseases[13]. Of course, all this was due to the low level of social life of the population, the lack of some medical personnel as well as qualified personnel. On average, 3.3 pediatricians accounted for 10 thousand inhabitants of the region, which accounted for 4.1% of the Republic.

It is also permissible to emphasize the lack of obstetricians and gynecologists for women, for 10 thousand of the population there were 1,6 specialist doctors[13]. Due to these shortcomings, only in Samarkand and Surkhandarya regions the infant mortality rate was very high. During the first 9 months of 1980, 89.9 per 1,000 live births died. In Namangan region also, child mortality was high, with 50 out of about 1,000 babies dying[13].

This situation is evidenced by the fact that the employees of treatment punk in the regions were not engaged in a satisfactory level of activity. In the region there were only 2 village doctor punks, by which children under the age of one year were not fully controlled, quality and timely control were not established. However, in this region, children under the age of 14 were 37-38%. Given that the birth rate in the region was at a high level (39 per 1000 population), the number of maternity hospitals should have been increased. 80% of children under the age of 15 in the Namangan region died of pneumonia[13].

In some archival documents it has come to say that most of the doctors operating in the region misdiagnosed that is, children had been diagnosed with pneumonia but they died from another disease[13]. At that time, the Namangan region was considered one of the first in terms of natural population growth, and 45% of the population consisted of adolescents under 15 years of age.

In addition to the above-mentioned regions, there was a high mortality rate in 1982-1985 in Andijan, Fergana, Khorezm, Kashkadarya, Jizzakh regions, Karakalpakstan ASSR and Tashkent City. Most of the medical institutions were not provided with adequate medical personnel.

**Table 2**  
**The number of doctors and secondary medical personnel, as well as the level of their provision to population**

	The number of doctors in specialists, in thousand.		The number of doctors, to the population of 10 thousand		The number of secondary medical personnel, in thousand.		The number of secondary medical personnel, to a population of 10 thousand.	
	1940	1980	1940	1980	1940	1980	1940	1980
USSR	155,3	853,2	7,9	32,7	472,0	2515,4	24,0	98,4
Uzbekistan SSR	3,2	36,5	4,7	31,7	12,2	108,9	18,2	88,5

In Namangan region, there were 3.4 physicians per 10,000 dwellers, while in Namangan and Pop districts it was 1.8[14]. Rural medical centers in the regions were not adequately staffed with specialists such as surgeons, obstetricians, gynecologists, and ophthalmologists. The supply of medical equipment was also unsatisfactory. The ultrasound device came in the late 80's, and there was only in Tashkent and Samarkand region. In his letter, Eshmuradov Ural, a resident of the Angor district of Surkhandarya region, suggested to organize Saturday hashaarsand equip rural medical centers and hospitals with medical check-ups at the expense of the proceeds[12]. Madumarova N., a resident of Margilan, Fergana region, said in a letter that her 28-year-old daughter, a mother of two, could not be diagnosed with gallbladder or liver stones for eight months and was not being sent to Tashkent[12].

Serious shortcomings have also been identified in outpatient clinics providing medical care to the population, especially in rural areas.

In 1982, the Department of Science, Culture and Health of the People's Control Committee of the Uzbekistan SSR and the Ministry of Health conducted a study in all regions of the country to study the implementation of government and party decrees on measures to further improve the health of the population. As a result, a number of serious shortcomings were identified. Specifically, it was found that the material and technical base of rural medical units and rural outpatient clinics was weak and of poor quality, most of them were housed in specialized, unusable buildings, not in special buildings, not equipped with medical equipment.



**Table 3**  
**The number of outpatient clinics providing medical assistance**

	1980	1985	1986
USSR	36122	39089	40078
Uzbekistan SSR	2209	2792	2827

No conditions were created for the patients, the rooms were cold, the seats were few, and the chairs were broken, resulting in patients waiting in line by standing to enter the doctor's office. There were also shortcomings in document management, with patients' ambulatory cards being misplaced. This limited the patient's access to timely medical care. There were also serious shortcomings in the provision of medical care by outpatient clinics to children from a small segment of the population. The weak malnutrition, rickets, and medical examination of children under one year of age, especially, have not been adequately addressed. Or it was examined by a therapist who was not familiar with the pathology of the pediatric disease, which negatively affected the quality of medical care provided. The region central hospitals, especially rural ones, treated patients at a very low level, often using unreasonable treatment methods, most doctors were insufficiently qualified and did not know modern treatment methods at all (Uychi district of Namangan region, Boka district central hospital of Tashkent region). Medicines and small number of antibiotics were also misused by doctors, especially in the regions, not only in the regions but also in the whole union.

A. Nishonov (Uychi District Central Hospital, Department of Therapy, medical history sheet no. 1364) with pneumonia (left lung) was injected with 3 mg penicillin 3 times a day for 34 days, despite the fact that it did not work, and methicillin was used for 15 days although the desired therapeutic effect was not achieved[14]. It should be noted that at that time there was a shortage of antibiotics in the children's ward, as a result of which the parents themselves bought these drugs. There also was negligence on the part of doctors in the treatment of children in central hospitals, rural medical centers and rural outpatient clinics.

The disease has not been fully studied, and as a result of treatment, very large amounts of antibiotics and other medications have been used to treat young children, especially children under one year of age. A. Abdullaeva's two-month-old child (Uchkurgan rural district hospital) was diagnosed with acute respiratory infections and was given 5-6 types of drugs and injections (intravenous glucose-ascorbic acid, penicillin 150 mg 3 times a day, vitamin B -6 and B-12) were used[14]. However, no effect was achieved, and no change was observed in the patient.

One such case was observed in M. Ibragimova's child of one-year-old who was being treated at the Mashad rural hospital of Uychi district. He was also diagnosed with pneumonia and prescribed 6 drops of suspension per day, 4 of which were sodium chloride drugs with different components. As a result of successive medications, patients experience a state of analytical shock, the drugs react. In this case, many patients, especially young children die.

Another example is that, in a letter from Gulomkadirova from the Moscow district of Andijan region, a 15-year-old child was injected with a hanging needle and left unattended by a nurse. As a consequence, the patient experienced analytical shock and died[12]. One such case was reported at the Central Hospital in Almalyk, Tashkent Region. Precisely, according to the letter of TojjevaMuhtabar, her nephew Umidjon, 7 months old, was taken to the Central Hospital of the city of Almalyk with a high fever. But he was not controlled on time by doctors, and nurses tried to inject from 22 place without finding the vein of the child. At 00.00 a.m., when the fever in the child rised to 40 degrees, an injection was sent again by the nurse and the condition of analytic shock was observed in the child. It was noted by the author that 14 young children died in Almalik City Central Hospital in a month. Unfortunately, similar cases were observed in the Infectious Diseases Hospital of Uzbekistan district, Fergana region. Siddikova K., a resident of the area, in her letter wrote that his 8-month-old child was hospitalized with a diagnosis of hepatitis and was hanged intravenous injection uncontrollably by a nurse, resulting in bruising and swelling of both arms of the patient and the child having a state of analytical shock. The patient died[12].

At that time, according to the report of the chief physician of the central hospital, the number of patients with hepatitis in the infectious diseases hospital was increasing, 45 patients were attached to one doctor instead of 25 and 35 patients to a nurse instead of 25[12]. There have also been cases of patients not fully receiving the instructions given by the doctor by the secondary medical staff. In particular, a 10-month-old child was brought to the surgical department of the Central Hospital of Turakurgan district as a result of burns, but he was not treated for 8 days except for penicillin. As a result, a secondary infection ensues. Similar cases were observed in Zarkent district as well as in the city children's hospital of Shakhrisabz district of Kashkadarya region. Particularly, according to a letter from Kobilova Nodira, her 8-month-old child was hospitalized with diarrhea. Doctors say that a child may become ill, he cries. No analysis is performed, only a bowel lavage is ordered by the nurse after the fever has risen. As a result of the nurse forcing the bowel to wash, the stool comes out of the baby's mouth. The child's condition worsened and he was admitted to the intensive care unit. In a cold room, the child is left unattended. The suspension is injected and left unattended. The patient's diapers are not cleared. Lies in this position for 3-4 days. Then his condition worsens and he dies[12].

A number of central hospitals do not keep track of drugs that are considered very rare. It was also observed that the number of the patient who used this drug and his medical record number were not indicated. In some hospitals, such drugs have not been used for a long time, as a result of which the drug has expired, and in some cases several rare drugs with the same effect were administered to the same patient (Kashkadarya, Tashkent, Namangan regions). Due to indifference and irresponsibility in the storage of medicines, the expiration date of medicines has also been observed in a number of hospitals. Especially difficult to find tseparin, decamevit, nitroxalin and others.

In general, in the regions there were disruptions in the supply of antibiotics, hormonal drugs. These serious shortcomings were also observed in a number of regions of the Republic such as in Andijan, Jizzakh, Kashkadarya, Bukhara, Karakalpakstan ASSR[13].

Along with the serious shortcomings listed above, construction work and provision of means of communication in all regions of the Republic, especially in the treatment facilities in rural areas have been carried out at a slow level. For example, in the Jizzakh region, only 113 out of 512 units of treatment and prophylactic institutions, that is in 22%, had telephone contacts, 31 out of 347 rural hospitals, outpatient clinics, as well as institutions of paramedic and obstetric punks, that is 9%, had telephone contacts. Such a situation was also observed in the Namangan region and Karakalpakstan ASSR (there was a means of communication only in 94 out of 500 paramedic and obstetric punches).

In the midst of the existing problems, the mental state of patients who could not find a cure from medicine, a new direction of treatment - the service of extrasensory, using the spiritual space in society. The names of Anatoly Kashpirovsky, Alan Chumak, Dzhuna, Yuri Longo were widely known within the Union. Based on the letters investigated, we can see that E.Kholmukhamedov, Khalimkhodjaev from Tashkent, Yunus Kenjaev from Surkhandarya region, were extrasensory who were recognized as the best in alternative medicine, master of telepathy, contactless cell massage specialist in Uzbekistan. The archive contains about 20 letters addressed to only Y. Kenjaev, in one of which even a letter of gratitude signed by 70 people living in Dushanbe, Tajikistan. In his letter, Kabil Dilash, a resident of the Denov district of Surkhandarya region, wrote that he fell from the roof and became a dumb during his military service. He came to Y. Kenjaev after three years and started talking again 20 minutes later.

## V. CONCLUSION

To sum up, during the period under study, a number of problems arose in the health care system due to the ongoing economic and political crisis in the country, called "Reconstruction".

First of all, the healthcare system was lagging behind the world medicine in all respects and operated in a poor quality. Also, as a result of the fact that 90% of medical education literature and education was conducted in Russian, the potential of some staff was much lower. Because most of the students had a problem with the language.

Second, the increase in the number of hospitals, treatment centers, doctors and nurses was not due to the development of the system, but to the increase in the number of various diseases in the country, especially acute infectious diseases.

Third, the large-scale construction of hospitals and the increase in the number of doctors have led to wasted funds. This situation has definitely had a negative impact on the quality of medicine. Because a number of hospitals, especially in the regions and villages, were not provided with the necessary medical equipment and medicines, even a quarter did not have a centralized water supply;

Fourth, medicine was no longer a prestigious profession, with 70% of the industry being women. The salaries of doctors were 70% of the average monthly salary. Low salaries did not provide sufficient motivation of some medical workers to their profession, their work. This led to their indifference, and the departure of some doctors from the field, and some to continue their work abroad in general.

Fifth, the increase in the number of treatment beds and the long-term detention of patients there (despite the ineffectiveness of treatment) was related to the allocation of daily allowances by the state to hospitals.

Lastly, service based on a regional principle deprived the patient of the opportunity to freely choose a physician. That is, the patient could not come from one region to another and be treated until a referral was issued.

All in all, the economic, environmental and spiritual crisis in the country, the severity of living conditions, the involvement of the majority of women in field work, lack and misallocation of specialists showed an effect on greed and corruption, various diseases and the growth of maternal and child mortality from year to year. The problems of the medical system of the 1980-1991s, the problems of social life in general, the shortcomings of the Soviet system, such as bureaucracy and monopoly continue to impact the next quarter of a century as well.

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**ISSN** INTERNATIONAL  
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