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**КОЛИ ЛОКАЛЬНА ІСТОРІЯ НАБУВАЄ БІЛЬШ ШИРОКОГО  
ЗМІСТУ: РЕЦЕНЗІЯ НА КНИГУ ДОНАЛЬДА ФІЛТЦЕРА  
«НЕБЕЗПЕКИ МІСЬКОГО ЖИТТЯ В ПІЗНІЙ СТАЛІНСЬКІЙ РОСІЇ:  
ЗДОРОВ'Я, ГІГІЄНА І РІВЕНЬ ЖИТТЯ, 1943-1953»**

**Анотація.** Книга британського дослідника Дональда Філтцера є цікавим зразком того, як слід розглядати конкретну проблему, щоб дійти висновків, які не тільки розв'язують її, а й виходять за її межі, піднімаючи більш широкі питання і створюючи таким чином наступність в історичних дослідженнях різних рівнів – від локального до міжпредметного. Автор даної роботи, розглядаючи ключові фактори, які впливали на умови життя мешканців радянських міст, доходить парадоксального висновку, що за відставання життєвих умов в СРСР від Західної Європи, хронічного недофінансування зруйнованої міської інфраструктури радянський режим досяг значних успіхів в приборканні інфекційних хвороб і зниженні смертності. Але головний висновок автора полягає у з'ясуванні того, як характер сталінської моделі економіки вплинув на характер перерозподілу державних інвестицій саме на користь важкої промисловості, що призвело до хронічного недофінансування охорони здоров'я і міської інфраструктури. Автор доходить оригінальних висновків, які будуть цінні для всіх, хто цікавиться історію СРСР.

**Ключові слова:** пізня сталінська Росія, робітнича історія, водопостачання, міська санітарія, дитяча смертність, збиткове зростання.

**КОГДА ЛОКАЛЬНАЯ ИСТОРИЯ ПРИОБРЕТАЕТ БОЛЕЕ  
ШИРОКОЕ СОДЕРЖАНИЕ: РЕЦЕНЗИЯ НА КНИГУ ДОНАЛЬДА  
ФИТЦЕРА «ОПАСНОСТИ ГОРОДСКОЙ ЖИЗНИ В ПОЗДНЕЙ  
СТАЛИНСКОЙ РОССИИ: ЗДОРОВЬЕ, ГИГИЕНА И УРОВЕНЬ ЖИЗНИ,  
1943-1953»**

**Аннотация.** Книга британского исследователя Дональда Фитцера является интересным примером того, как следует рассматривать конкретную проблему, чтобы прийти к выводам, которые не только развязывают её, но и выходят за её рамки, поднимая более широкие вопросы и создавая таким образом преемственность в исторических исследованиях разных уровней – от локального до межпредметного. Автор данной работы, рассматривая ключевые факторы, которые влияли на условия жизни жителей советских городов, приходит к парадоксальному выводу о том, что при отставании жизненных условий в СССР от Западной Европы, хроническом недофинансировании разрушенной городской инфраструктуры советский режим достиг значительных успехов в обуздании инфекционных болезней и снижении смертности. Но главный вывод автора заключается в выяснении того, как характер сталинской модели экономики повлиял на характер перераспределения государственных инвестиций именно в пользу тяжёлой промышленности, что привело к хроническому недофинансированию здравоохранения и городской инфраструктуры. Автор приходит к оригинальным выводам, которые будут ценны для всех, кто интересуется историей СССР.

**Ключевые слова:** поздняя сталинская Россия, рабочая история, водоснабжение, городская санитария, детская смертность, затратный рост.

**WHEN THE LOCAL HISTORY ACQUIRES THE WIDER MEANING:  
REVIEW OF THE BOOK “THE HAZARDS OF URBAN LIFE IN LATE  
STALINIST RUSSIA: HEALTH, HYGIENE, AND LIVING STANDARDS,  
1943-1953” BY DONALD FITZGER**

**Abstract.** The book of British researcher Donald Filtzer is an interesting example of how to examine a specific problem to make conclusions which not only solve it, but go beyond raising broader questions and creating a continuity in historical studies of different levels – from local to intersubject. The author of this paper considering the key factors that affected the living conditions of the inhabitants of Soviet cities, comes the paradoxical conclusion that a lagging in living conditions in the USSR behind Western Europe, chronic underfunding of the destroyed urban infrastructure the Soviet regime achieved significant progress in curbing infectious diseases and reducing mortality. But the main conclusion of the author is to clarify how the nature of the Stalinist economic model influenced the character of redistribution of public investment in favor of a heavy industry which led to a chronic underfunding of a public health and urban infrastructure. The author makes the original conclusions which will be valuable to anyone who interested in the history of the Soviet Union.

**Key words:** The late Stalinist Russia, working history, water supply, urban sanitation, infant mortality, waste growth.

Feeling a scarcity of studies of the Ukrainian authors on the history of health care and, especially the Soviet health care (here I could mention works of the Ukrainian researchers I. Robak [2], A. Demochko [3], Y. Barabash [4], I. Tkachenko [5]) was a pleasant surprise to come across the book of the British historian Donald Filtzer “The Hazards of Urban Life in Late Stalinist Russia: Health, Hygiene, and Living Standards, 1943-1953”. Written in a simple understandable language, full of rich factual material and considering industrial regions of the USSR the book introduces broad conclusions that are rare to find in the works of local historians of post-Soviet countries. So what is this book about? As the author says: “Present book investigates how people lived in Russia’s towns and cities during the late Stalin period, in particular how the working class lived”. Focus of the research is understandable if we take into account that Filtzer is a specialist in the social and working history of the USSR and his five previous

books dedicated to the investigation of the life of workers throughout almost the all Soviet history. But what make this book interesting and useful are the author's large-scale conclusions about why the social sphere was on the sidelines during the existence of the USSR while the state focused on the development and funding of a heavy industry.

The book consists of five Chapters dedicated to the five different factors which influenced the health, duration and quality of life and labor of ordinary Soviet urban residents: the problem of keeping cities and towns clean; the problem of water supply; personal hygiene and anti-epidemic controls; diet and nutrition including the impact of the 1947 famine on hinterland regions; and infant mortality as a good indicator of a society's general state of health and well-being.

The book is based on a wide field of sources on the history of the Soviet healthcare main of which are: medical reports on public sanitation and public health; demographic data; and data on diet and nutrition. The author relied on several main types of documentation: annual reports of the local offices of the State Sanitary Inspectorate; the files of the RSFSR Ministry of Health and the Ministry of Health of the USSR; medical dissertations, articles, and monographs held at the Central Scientific Medical Library in Moscow; demographic and nutritional data from the Central Statistical Administration and the Statistical Administration of the RSFSR.

Thereby the base of work is composed of statistical sources which, according to the author, don't give to see real human actors. As the author says this "...book about the way that people lived, but there are no people in it. Individuals, their accounts of their daily experiences, or the actions they took in response to them are totally absent. This is in the nature of the documentation" [1, 17]. So the book of Donald Filtzer does not belong to the so popular now in post-Soviet countries "everyday history". Instead advantage of the book is that the documentation which the author used "...allows us to study investigated regions of the USSR longitudinally, from the final years of the war until the first years after Stalin died" and come to broader and general conclusions [1, 11].

The fact that the author has a personal experience of living in the USSR during Brezhnev and Gorbachev and studying of Soviet archives for a long time adds to this book value and certainty. This fact gives him a reason and right to accurately characterize informative content and specificity of the Soviet archival sources, their unreliability which was determined by the system of the Soviet clerical work which not always coincided with a reality. For example according to the author “the GSI [State Sanitary Inspectorate] reports cannot pretend to... frankness of discussion and analysis, or reliability of statistical data” [1, 15]. He continues: “Prior to access to archives, published data were always suspect because of strict censorship over which figures could be put in the public domain and which should remain secret... In fact, secrecy went far beyond what could and could not be published. It plagued all branches of the medical establishment and directly impeded their work... As one sanitary physician complained in 1946, “We garner more information from the journals of England or the United States than we have concerning Ivanovo oblast” [1, 17-18]. The quality of this book shows that cited situation is relevant for researchers of the Soviet healthcare even in modern Ukraine.

As an eloquent example of inaccurate data which Soviet archival sources contain the author gives the following one: “...deaths and births were not always accurately registered, and there were discrepancies between the figures recorded by different data-gathering bodies” [1, 17-18].

The most important thing that the author starting from such unreliability of the official Soviet archives formulates a methodological way for researchers of Soviet history: “... we most definitely can try to unravel some of the mysteries the data contain and, more importantly, attempt to discern general trends and movements” [1, 19].

Except an analysis of archival sources the author gives useful overview of the Western historiography of the Soviet healthcare history. He cited very thorough studies in English [6] including works about the post-war reconstruction of Soviet cities two of which related to Ukraine – Sevastopol’ [7] and Kyiv [8].

According to the author his work does not reveal the broader political, economic and social contexts which in my opinion is not quite true. In general the author modestly assesses his achievements within the research [1, 3]. However, this does not prevent the author make the ambitious conclusions that go beyond the designated research problem of the living conditions of Soviet citizens in the late Stalinist period.

Focusing on the hinterland which weren't touched by the war destruction or were in part, as Moscow or Kharkiv oblasts, the author brings us close to analyzing specific attributes of the urban life that were endemic to the Stalinist system as a system, features that were masked by the vast physical destruction during the war in the case of occupied territories.

The author reaches a comprehensive understanding of the key problem how the Soviet authorities managed to restrain the outbreak of infectious diseases and reduce overall mortality in the short term in the devastated country without investing money in the modernization of social sphere, comparing the experiences of the different regions, and the situation within each region between its major industrial center and the small industrial towns in its surrounding oblast.

The author concludes that most Russian hinterland industrial cities and towns lacked basic sanitation and even large cities had limited sewerage systems which however did not extend to the majority of the population [1, 337]. "Cities and towns alike relied on semiannual cleanup campaigns to empty cesspits and remove the mountains of waste" [1, 338].

The author continues that Soviet cities suffered the problem of water supply. Despite on the large cities and many smaller industrial towns had centralized water supply, very few people lived in buildings with indoor plumbing. "People had to fetch water from street pumps and then haul it in buckets back to their flats... Buildings with running water suffered from periodic cutoffs and lack of pressure. Even where cities possessed sewage treatment plants... these lacked equipment, spare parts, and chemicals to treat the full volume of liquid wastes passing through them. Vast amounts of raw sewage therefore went untreated (or at best,

undertreated) into rivers, lakes, and ponds. An even greater hazard were industrial wastes, most of which factories discharged untreated into open bodies of water” [Ibid].

These conclusions fully coincide with the data on Kharkiv with these problems remained unresolved in the next decades during Khrushchev and Brezhnev periods.

Speaking about the problem of personal hygiene and access of people to clean water to keep themselves clean the author makes the conclusion that providing sanitation measures in conditions of “the limited facilities and supplies that were available, what concerned officials was not the comfort of the population, but the risk of spreading disease...”. In this case the author makes interesting add to the facts that I found in the archival documents namely that “official policy was to prioritize access to bathhouses and “sanitary processing stations” among those who posed the greatest public health risk of harboring and spreading lice, most notably young workers or students living in crowded dormitories, who received regular “sanitary processing” of both themselves and their clothing”.

But what derives from these interim factual findings and is theoretically important are two big general conclusions of the author which at the first sight seem to contradict each other. One is that successful sanitary measures of Soviet authorities in preventing outbreaks of serious epidemics and reducing mortality showed positive features of the Stalinist totalitarian regime in mobilizing resources and people to conduct public campaigns on identification, isolation and treatment of infectious patients [1, 339; 342]. Not surprisingly that in this context the success of finding patients and their isolation overlaps with general police character of the Stalinist regime.

The other important conclusion is a contradiction itself which lays in the fact that with the successful sanitary measures of the Soviet leadership in the early postwar years later approach to combat diseases remained unchangeable while appeared the new challenges required new approaches: “This early postwar

success, however, also contained within it the core of at least some of these long-term problems. The country's approach to disease prevention did not fundamentally change. It still relied on disease control, rather than creating conditions that would have allowed improvements in health and longevity comparable to those enjoyed in industrialized... capitalist countries" [1, 342]. Reason of this unchangeable approach was an extreme difficulty in frames of the Stalinist system of economic management, planning and production to direct funds to essential development and modernization of social sphere and public health which were doomed to stay in minor positions among the priorities of the Soviet leadership not only during the post-war reconstruction but also during the all period of the further post-war Soviet history: "When... I detailed how the industrial ministries consistently refused to allocate funds to clean up the discharges coming from their factories, this was not necessarily the result of indifference or ill will, but a logical response to the demands of the Stalinist planning system... The point is, however, that the way the system functioned, with its tendency toward self-negating growth, resources, in particular means of production, were always in short supply and would always be in short supply. The calculus that influenced investment decisions regarding urban hygiene in the late 1940s was no different from the calculus that discouraged industrial managers from installing ventilation systems and safety guards on machinery or from mechanizing backbreaking labor-intensive operations, whether it was in 1948 or 1991" [1, 352].

Explaining why the heavy industry constantly enjoyed a priority of the Soviet leadership, the author reveals the root cause of significant shortcomings in functioning of the Soviet economy created by Stalin. The author named it "waste or self-negating growth" when supreme leadership didn't care about waste of materials, work force, work time and thus labor productivity to achieve certain targets for the country's industrialization. As a result the Soviet industry gave what the author terms as "the deformed product" [1, 350]. Answering the question how does this analysis help us better to understand the problems of Soviet public health

the author notes that the Soviet Union under Stalin neglected its urban infrastructure in the larger context of a problem the Soviet Union never solved: the balance between production and consumption [1, 352]. In other words extensive “waste economy” required more raw materials, fork force, industrial enterprises and finally more investment which distracted funds from other sectors of economy and, of course, from the public health: “The waste of inputs was of such a scale that it required an overblown heavy industry sector just to keep the economy standing in place” [1, 349]. The Soviet industry required a constant funding priority not only because it was important in itself, but because it was costly in its functioning.

Having come to this conclusion on the causes of underfunding of the Soviet public health, the author shows how the Soviet leadership nevertheless was able to achieve stunning results in reducing the mortality of its population even comparing with industrialized Western countries. The Soviet leadership solved the problem of declining the mortality in the early postwar years not through large-scale investment in the health infrastructure but through components of a preventive medicine – epidemiological control and medical interventions (use of antibiotics, rapid diagnosis and hospitalization, immunization etc.) [1, 341].

Also the author gives the answers why did the Stalinist regime pursued namely that approach of financing of the health care on leftovers attributing the lack of investment to Stalin’s indifference to the welfare and well-being of ordinary people.

So what is the book’s value for the historian of the Soviet healthcare? Firstly this is its historiographical importance. Thanks to this book I was able to broaden my understanding of the Western historiography of the Soviet healthcare, the book of Filtzer contains references to the relatively new Western books dedicated to the above-mentioned subject. In addition it also based on a wide scale of documents from the central archives of Moscow which makes it possible for the Ukrainian researcher to read the documents access to which is not easy for several reasons.

Secondly, according to the author “the book contains a methodological warning for the future researchers shows the risks of engaging in demographic analyses without understanding the details and specifics of the conditions that produced these demographic results, especially at local level”.

Besides the book of Filtzer gives the ability by comparing data on the Kharkiv with other Soviet cities to supplement the overall picture of the sanitary and living conditions of the post-war Kharkiv in those moments that are not reflected in available local sources.

With the help of this book personally I came to understanding at what angle I should consider empirical data and interim conclusions of my studies, how to work with Soviet archival documents. I recommend reading of this really interesting and rare book to all researchers of the Soviet social history.

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