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THE LIMITS OF THE STATE: PROVISIONING, HEALTH CARE AND SOCIETAL AID IN CHILDREN'S INSTITUTIONS OF TURKESTAN AND EARLY SOVIET UZBEKISTAN

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ABSTRACT

However elaborate the legal and pedagogical design of Soviet children's institutions, their real effectiveness depended on elementary material conditions: food, clothing, buildings, medical care and money. This article examines these conditions in the orphanages and labour communes of the Turkestan ASSR and, later, the Uzbek SSR, and the ways in which the state's shortfalls were partly compensated by charitable organisations, international relief, local communities and, above all, the placement of children in families. Drawing on archival documents, press reports, and Uzbek, Russian, Kazakh and Anglophone scholarship, the article argues that material provision, nutrition and health care formed the "weakest link" of the system: official budgets and food norms looked impressive on paper but were repeatedly unfulfilled, funds were sometimes misdirected, qualified medical staff were scarce and unevenly distributed, and the quality of care depended heavily on geography and on the energy of local leaders. Charity and community support complemented the state but could not close the gap; the most extensive form of assistance was family placement, which reached more children than institutions and may be seen as the Soviet-era continuation of older traditions of mutual help. The article distinguishes between direct material results and the broader social effects of aid, and flags evidence dating from after 1924.

1. Introduction

A hungry, sick or inadequately clothed child cannot reasonably be expected to learn effectively or to acquire stable work habits. This simple point lies behind the argument of this article: the pedagogical intentions of Soviet children's institutions—labour education, collectivism, individual attention—were realised in practice only to the extent that material foundations allowed. The article therefore examines three interlocking dimensions of institutional life in Turkestan and early Soviet Uzbekistan: material and technical provision (money, buildings, food, clothing); health care; and the supplementary contributions of charitable bodies, international organisations and the public.

The period at the centre of the study is 1918–1924, but, as in related work, the best quantitative evidence on provision and health comes from the later 1920s and the 1930s. Such material is used here to illustrate patterns, and every instance dating from after 1924 is labelled. The sources include documents of the National Archive of Uzbekistan (NAU) and the Tashkent Regional State Archive, press reports (Izvestiya and the Turkestan newspapers), Uzbek studies by Usmanov and Khuzhanova, Kazakh and Russian research, and Western works on the Central Asian famines [1–11].

2. Material and technical provision

2.1. Money

Across the Soviet Union, the financing of children's institutions persistently lagged behind planned figures. Slavko shows that this was especially severe in the late 1920s and early 1930s, when priority resources were channelled into industrialisation and collectivisation; the shortages of Turkestan's institutions were therefore not a purely regional anomaly but a local expression of a Union-wide pattern [4].

Archival data show the discrepancy. According to the figures cited by Usmanov, budget estimates for children's institutions in the Uzbek SSR were set at 1,022,000 soms in 1925–1926, 2,112,470 in 1926–1927 and 2,170,984 in 1927–1928—a rise of more than twofold in two years—but the funds were not fully released, and about 3,500 neglected children remained on the streets as a consequence [1]. The formal growth in appropriations did not resolve the problem; what mattered was how and to what extent money was actually spent.

The weakness of financial control is illustrated by a letter of the Central Children's Commission of 6 April 1927. It reported that the head of the Ferghana uezd executive committee had spent funds intended for combating child neglect on other purposes: 3,700 soms to various organisations and individuals, 2,500 for purchasing equipment, 1,000 for demobilising Red Army soldiers of Zarafshan uezd to Moscow, 3,500 for a monument to Lenin in Shahrisabz uezd, 500 for police caps, 1,500 for cooperatives, 500 for labour protection, 4,000 for school construction in Kattakurgan and 100 for a newspaper [12]. The case may well be exceptional, but it shows how the weakness of the system lay not only in lack of resources but also in their diversion. Maslova's study of Soviet Russia identifies a mechanism that fits this picture: the centre sought to load

financing on local budgets, and local authorities pleaded limited means in order to return responsibility to the centre [5].

2.2. Food

Feeding was regulated by norms. A resolution of the Turkestan People's Commissariat of Food (No. 174, 28 May 1921) set daily food norms for children in orphanages in two age groups, three to eight and eight to sixteen years, specifying quantities of bread, cereals, meat, fats, vegetables, sugar, tea, milk and other products [13]. The norms look comprehensive on paper, but in conditions of financial shortage they were not always met, and the gap between regulation and practice is a recurrent theme of the documents. (The figures as recorded in the source require verification of units before they can be used for quantitative analysis, and they are therefore not reproduced here.)

The norms also followed an all-Union template and did not fully take local eating customs into account. In orphanages where most of the children were Uzbek- or Tajik-speaking, meals were in practice often prepared by local cooks within the official limits but adapted to local food traditions; such adaptation is rarely recorded in documents but formed part of the actual life of the institution.

The effects of famine on provision were dramatic. A press report cited an infant-care home in which 86 of 114 infants died [14]. In 1921 the ten infant homes of Tashkent held up to 600 children, three-quarters of them from famine-stricken regions; morbidity was extremely high and the entire contingent was served by one nurse and two orderlies; the press described such institutions as falling into ruin [14]. Later famines left similar traces: in the study by Kamp of the 1933 famine in Uzbekistan, the breakdown of food supply forced the population, including orphanages, to turn to unconventional food sources, with additional negative effects on children's health [8].

2.3. Buildings, clothing and equipment

Finding premises and land was a long and difficult process. A decision of 27 January 1923 on land allocation to orphanages and boarding schools had to be revised on 11 June 1924 because it had not taken into account land already inhabited by local people [2]. Housing shortages, particularly in large cities, forced the authorities to adapt buildings built for other purposes. In 1925 the "Tsellyuloza" orphanage in Tashkent consisted of sixteen buildings, mostly not intended for living, with dormitories in corridors, yet a commission proposed placing up to 1,400 children there [15]. In the late 1930s inspections of the first orphanage in Andijan found bedding stored in unsanitary conditions, and only about a third of the clothing and crockery usable [16].

Clothing and footwear were a constant shortfall, particularly in winter, when the shortage of warm clothes and shoes limited children's ability to spend time outdoors and, in turn, their physical education and work. Part of the shortage was addressed by local help: in 1922–1923 the population of the Ferghana Valley contributed 4,225 sets of clothing and 1,631 pairs of footwear for children from famine-stricken regions [17]. Archival documents also record that inventory—kitchen utensils, beds, bedding, household items—was often worn out and disproportionate to the

number of inmates. In rural areas, water supply and winter heating were distinct problems: where there was no centralised water supply, orphanages used wells or other local sources, which made compliance with sanitary requirements difficult, and fuel shortages left some buildings inadequately heated, endangering the youngest and weakest children.

2.4. The geography of provision

The examples of Yakkabag, Baghdad, Andijan and Tashkent point to sharply uneven provision. The orphanage in Yakkabag district of Kashkadarya, inspected on 14 March 1938, had normal sanitary conditions for 171 pupils and a functioning club, although equipment was short [18]. The first orphanage in Baghdad district in Ferghana province was recognised as the best in the valley for cleanliness and discipline, with funding of 291 soms 34 tiyin per pupil a year, although teachers of music and labour were lacking [19]. The contrast with Andijan and "Tsellyuloza" suggests that the material condition of an institution depended at least as much on the activity and responsibility of local leadership as on general state policy. Large orphanages in central cities (Tashkent, Samarkand) normally had better finance and staff than small, remote and especially rural ones; as a result, the quality of social assistance a neglected child received depended heavily on where he or she was placed, a pattern relevant also to modern discussions of territorial inequality.

3. Health care

3.1. Disease and the capacity to respond

Health conditions in the institutions were poor. Inspections in the mid-1930s (after the core period) found, for example, 60 cases of trachoma and 15 of scabies in orphanage No. 5 in Kokand, and 15 cases of dysentery and scabies in orphanage No. 4; 753 sick children from the republic's orphanages were referred to medical institutions, while 225 disabled children of orphanage No. 2 of the People's Commissariat of Social Welfare were left where they were [20; 21]. In November 1935 an orphanage for 100 mentally ill children was transferred to the education commissariat and the total number of places in five hospital-orphanages was raised to 945; as morbidity rose, a nurse's post was introduced in all children's institutions from 1936 [20; 21].

Several structural weaknesses are visible. First, there was a shortage of qualified medical staff; specialists in paediatrics and epidemiology were concentrated in large cities, and orphanages in remote districts and villages were almost entirely without them, so that infectious diseases were detected late and spread quickly. Second, quarantine and isolation required a separate isolation room, which the all-Union standard demanded [8], but with the building shortage many orphanages could not provide one, so sick children could not be fully separated from healthy ones. Third, supply of medicines, thermometers, dressings and disinfectants was often insufficient, particularly in remote institutions, where delivery from central hospitals posed further logistical problems. Fourth, the sanitary-epidemiological service, which was gradually forming as an independent system, was oriented more to responding to illness already present than to prevention.

3.2. Divided responsibility

Responsibility for medical care was formally divided: the People's Commissariat of Health was responsible for children up to three, the education commissariat for those aged three to eighteen. In practice the boundary was unclear, especially for children with defects and older children needing medical care. The 1935 transfer of the orphanage for mentally ill children from social welfare to education was a practical step to clarify the demarcation [20]. The mechanism of overlapping jurisdictions mirrors problems found elsewhere. Cameron's study of Kazakhstan argues that the medical crisis accompanying the 1919–1922 famine was closely connected to political decisions on the reconstruction of health care, and that the weakness of existing medical infrastructure aggravated the consequences of famine [3].

3.3. What the records do not show

Systematic monitoring of children's physical development (height, weight, general condition) was introduced, in theory allowing the effect of nutrition and care to be evaluated; yet it is unclear how consistently it was kept, and the surviving archival data mainly record illness and death rather than development. Regional comparison confirms the severity of the problem: in Akmola province in 1922, 14 orphanages held 9,426 children with a mortality rate of 40 per cent, and in the province 36,524 people were ill with typhus, 4,731 with cholera and 4,234 with malaria [6].

4. Charity, international aid and public initiative

4.1. Mixed state–public bodies

The earliest organisation to help the hungry and neglected children, the Turkestan famine-relief commission (TsK PGK) founded on 20 November 1918, was not a purely state agency. It combined state and public forces, including public figures, physicians and citizens interested in charity; the literature describes it as a body of the Pomgol type [9; 22]. Its practical work included the distribution of food, the collection and distribution of clothing, and the identification of neglected children and their referral to institutions. In 1922–1923, through these structures, residents of the Ferghana Valley collected 5,360 soms, 20,608 arshins of manufactured cloth, 4,225 sets of clothing and 1,631 pairs of footwear for children from famine-stricken regions [17]. The commission also had to gather information on the extent of famine so that aid could be directed to the neediest districts—a principle of needs-based allocation that remains central to humanitarian work.

4.2. International relief

The American Relief Administration (ARA), the largest foreign organisation, opened 120 canteens in post-revolutionary Petrograd from 1921, through which it fed 42,000 children under fourteen who had been medically examined and recognised as famine victims, and by the end of 1921 its assistance reached 565,000 children in Samara, Kazan, Saratov and other provinces [23]. The Russian Red Cross (ROKK) fed and gave medical aid to 30,000 children daily from 1922, and from 1923 began fighting epidemics of typhus, malaria, cholera and smallpox in the Volga region, Turkmenistan and Kyrgyzstan [23]. According to Ball, the Soviet authorities initially

accepted ARA with caution and sometimes suspicion because of its American origin; the scale of the famine forced acceptance, and the end of its activities in 1923 confirmed its character as an emergency, temporary measure [24]. The direct reach of these organisations into Turkestan was limited; convoys of children from the Volga may have received some help at points of ARA's network, but this needs statistical confirmation. The ROKK, as an "internal" body closely tied to the state, found it easier to cooperate with local state structures [23].

4.3. Local initiative and the press

Local public initiatives also played a role. In 1932 the voluntary "Friends of Children" society in Tashkent built a separate hostel for working adolescents with no homes of their own [25] (a later date than the core period). In Orenburg province the society had up to 4,500 members and planned to open housing for homeless children from its funds [6], and campaigns involving charity stamps and publications were also organised by the All-Russian Central Executive Committee's commission, though in Kazakhstan the lack of cultural centres meant that aid could be provided only if the full proceeds were collected [6]. Mamadaliev shows that newspapers such as Ulug' Turkiston, Ishtirokiyun, Ozod Sibir and Farg'ona regularly reported on the plight of famine-stricken children and thereby called the public to help [10]. The press thus functioned as an instrument of mobilisation and also, as in the case of the infant homes described in Izvestiya, as a form of public control over state bodies. Maslova warns, however, that many charity campaigns in the Soviet Union served propaganda aims, presenting "national care" for children, while their real financial results were often far below expectations [5].

4.4. Family placement

The most widespread form of public assistance was probably the placement of neglected children in families as foster children or adoptees. As of 5 November 1921, 8,923 children were reported to have been given into families through the Children's Commission [26]. This figure needs caution: the city totals in the same source (Tashkent 445, Aulie-Ata 350, Samarkand 500, Osh 100, Bayramali 100, Jizzakh 87) add up to only 1,582, so the total presumably includes other places or categories. It nonetheless indicates that family placement reached far more children than the institutions of the time. In this form of cooperation the state provided the legal and organisational framework, and families bore the daily burden of care and upbringing. Younger children were placed more readily than older ones; adolescents with a record of delinquency were much harder to place, which left them more often in labour communes or the reformatory. Estimates in the sources suggest that paid foster care, introduced in some periods, cost 50–75 per cent less than keeping a child in an institution.

The tradition took remarkable forms later. During the Second World War (outside the period of this study), Uzbek families adopted evacuated children in large numbers, often accepting children of other nationalities and faiths—as in the Shamakhmudov family—in a way that went well beyond official Soviet patronage policy [27]. Examples from the Kattakurgan and

Samarkand districts, where individual families took in thirteen or ten additional children, are cited as expressions of tolerance and of traditional ethics of mutual help [27].

4.5. Continuity with older traditions

Before the revolution, charitable institutions funded from waqf property—attached to madrasas and mosques—were the main institutional form of aid to orphans and the needy in the region. Soviet power formally abolished the waqf system, but its underlying moral principle—the obligation of community members to care for the needy—survived informally and re-emerged, in the practice of family placement, in a new Soviet form. Buttino and Khalid both suggest that traditional structures (waqf, mahalla) remained informally active after the revolution and may have saved many families and children, even if official statistics do not record it [7; 11]. Soviet charity and public aid may therefore be seen less as a historical break than as the continuation of older social ethics under a new institutional shell, a thesis that deserves further testing.

5. Evaluating societal aid

Two criteria should be distinguished. By the first—direct financial and material results (how much was collected, how many children received real help)—the results were generally limited. By the second—impact on public consciousness, that is, strengthening a sense of social responsibility for children's fates—the mass character of family placement shows a lasting social and cultural impact, which cannot be measured by material indicators but left a deep mark on social memory. The state's relationship to public initiative was ambivalent: it encouraged and tried to integrate it into official structures (the famine-relief commission, the "Friends of Children" society), but was cautious towards independent, uncontrolled charity, as the example of ARA shows. Public aid was also unevenly distributed: large cities and densely populated valleys (Ferghana, Tashkent) were centres of public initiative, while remote districts and mountain areas saw far less of it, a pattern parallel to the regional unevenness of state aid.

6. Conclusion

Material provision, food and health care were the institutional weak point of the children's system in Turkestan and early Soviet Uzbekistan. Official budgets and food norms were set at levels that were not matched in practice; funds were at times diverted; premises, clothing, water and heating were deficient; qualified medical staff were few and unevenly distributed; and jurisdiction over health was unclear. The result was that the real effectiveness of the system was limited less by its legal and organisational design than by the shortage and misuse of resources.

Some relief came from mixed state–public bodies, international organisations, voluntary societies, the press and the population itself, and above all from the placement of children in families, which reached more children than institutions did and may be seen as a new Soviet form of older traditions of mutual help. Yet none of these could close the gap. The time-series of provision shows some progress from the catastrophic indicators of the famine years to the relatively stabilised situation of the late 1930s, when nursing posts were introduced and a network of specialised institutions grew, but this progress was not linear and was reversed during crises.

The historical experience carries wider lessons: institutional reform, however well designed, depends in the end on the adequacy and rational use of allocated resources; transparency of financial control, local accountability, equalisation of provision across regions and stable training of medical and pedagogical staff are issues that remain relevant to contemporary social policy. Several research tasks follow: a full statistical reconstruction of annual financial reports, a comparative map of provision across regions, and a quantitative assessment of the effect of medical services on morbidity and mortality among inmates.

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