Chapter IV. Medical Service and Introduction of Health Care in the GULAG in the 1930s

Implementation of Health Care in the GULAG: Plans and Reality

Although Sanitary Sections existed in the camps of the 1920s, the organizational development of the centralized medical network took place at the beginning of the 1930s, after the creation of the Chief Directorate of the Forced Labor Camps in 1930. The Sanitary Department of the Chief Directorate of the Camps was responsible for administering the medical treatment of the prisoners and evaluating their «labor usefulness» (trudispolzovanie) based on the state of their health [17. P. 302]. Its other function consisted of organizing sanitary propaganda (Sanprosvetrabota) together with the Cultural-educational section. By the end of the 1930s, this function had fallen into disuse and had been completely abandoned.

The propaganda campaign of hygiene and sanitation included lectures on sanitary and medical issues, discussions, amateur activity circles, theatrical plays, leaflets, posters, wall-papers, and the organization of courses to improve the qualifications of the low and mid-level medical personnel, [1. Op. 1. D. 2736. P. 2.] as well as courses designed to provide basic medical training. Although many prominent Russian intellectuals saved their lives through enrollment into such courses (such as Varlam Shalamov), at the same time these courses allowed a mass inflow into profession not only of people who had never practiced medicine prior to their imprisonment but also of the professional criminals, who steadily corrupted the medical service itself.


The staff of the Sanitary Department of the GULAG not only composed a program of the sanitary propaganda for the camp guards which consisted of lectures combining elementary medical knowledge and Soviet propaganda [1. Op. 1. D. 2756. P. 498], but had to participate in multiple «Socialist competitions» arranged among the camps. In June 1938, prizes were awarded for reducing the number of debilitated prisoners who could not work through «exercising proper control over the organization of the labor force and effective restorative health measures», adequate provision for first aid, prevention measures for the winter season, and timely implementation of prophylactic measures [1. Op. 1. D. 2753. P. 264]. As a rule, most of the propagandistic actions were dismissed or ignored not only by the prisoners but also by the medical staff [1. Op.1. D. 2741. P. 7].

Health care in the GULAG was influenced by a number of factors, all connected with the semi-military penitentary regime of this institution, charged with the neces-
sity to fulfill unrealistic economic plans in the conditions of extremely poor financing. Due to the absence of standardized, uniform diagnostics, proper registration of the infectious diseases, and the diversity of curative methods the Sanitary Departments were not provided with reliable data on the disease rates from the periphery of the camps. The communication between the centre and the localities was always poorly organized and frequently interrupted. Lack of communication between the camps and their centralized management was complicated by stubborn resistance of the camp officials to official orders many of which either set limits on their implementation or were illusionary. For example, the instruction on the «measures against frostbites» contained a phrase «conforming to the interests of production».

Officials of the Sanitary Departments were obliged to send monthly reports with data on the prisoners' visits to the hospitals, their mortality and diseases rates, the number of the hospitalized prisoners and the types of diagnoses. Additionally, quarterly statistical reports on the network of medical institutions and personnel, on the presence of a debilitated labor force and on its «utilization» had to be provided [1. Op. 1. D. 6. P. 29]. However, as a result of bureaucratic confusion, poor transportation and control, and devil-may-care attitude the GULAG administrators never got reports from the camps regularly. Already in 1933 the orders of the Sanitary Department chief Isaak Ginzburg to the camps reveal a state of helplessness and an information vacuum [1. Op. 1. D. 2741. P. 7].

Multiple GULAG orders and instructions related to the implementation of «proper» health care in the camps* remained on paper, but were never put into practice. The implementation of not only innovative but basic curative and hygienic methods was rarely successful as seen in the case of anti-scurvy medicine [6. Op. 1. D. 41. P. 25]. A medical commission was created at the People's Commissariat of Supply which was responsible for the supply of the camps located in the Far North with anti-scurvy medication. The most widespread cure against scurvy, mentioned in so many ex-z/k memoirs, was a foul-tasting brew made from pine needles. This curative method was a result of the experiments conducted in 1933 in the Moscow Institute of Nutrition on the basis of the reports from the camps (Dallag, Sevvostlag), where medical staff on their own initiative had first used this method and found it effective. Later, it was legalized, and the brochures and instructions were sent to the rest of the camps. It is necessary to note that camp memoirs, including those composed by the medical staff recognized the immense significance of the pine needles brew in helping to prevent and to cure scurvy [6. Op. 1. D. 41. P. 25].

* Not only a decree existed that prescribed «release on the premise of disability», (later the practice of early release of invalids and incurably sick prisoners was cancelled since every part of the GULAG system was supposed to bring utility, to be restored during the Second World War, under the article 458 of the Penal Code) but the z/k previously fulfilling no less than 100% of the norm with mutilations were supposed to receive under certain conditions (mutilations acquired as a result of work injuries, frostbites on the way to work, inability allowances: the first group 50 rubles a month, two next ones forty and thirty rubles, for half a year after the release day. The applications were reviewed by permanent GULAG commission.
Sanitary sections of some camps strictly demanded regular preparation and consumption of the brew. On occasion a prisoner was allowed to get his daily meal only after taking a dose of the brew. As a result of such prophylactics, the disease rate in a number of the camps dropped significantly and many people’s lives were saved [6. Op. 1. D. 41. P. 25]. Notwithstanding the repetitive GULAG decrees starting from 1932 on the preparation and organization of regular mass consumption of the anti-scurvy mixture, scurvy flourished in the camps throughout the 1930s. Despite the attempts of the central administration to seek its causes in the ignorance and the negligence of the local staff, often followed by threats and penalties, the disease was ineradicable because its true cause lay in inadequate nutrition [8. Op. 35. D. 1/3; D. 3/14. P. 8. 11, 13].

Accordingly, in 1936 the plan of counteracting the malaria epidemics in the GULAG was elaborated. It proposed land drainage, liquidation of all the transfer camps in the regions attacked by malaria, creation of proper quarantine and organization of centralized records of the prisoners sick with the disease» [1. Op. 1. D. 2747. P. 2]. Few camp medical sections implemented these measures. In 1939, after a brief period of decline in the number of malaria epidemics during the second half of the 1930s, the malaria rates again significantly increased in a number of camps specializing in timber felling and processing, located in Northern areas (Ust-Vimlag, Oneglag, Kuloilag, the BBK) [1. Op. 1. D. 2756. P. 330].

In the labor camps normal medical procedures to combat epidemics such as quarantine (the isolation of the possible carriers of infection in a certain prescribed
order, ) and disinfection conforming to medical standards proved impossible due to specific regimes, the failure to quarantine the sick prisoners, and the lack of separate living quarters or small subsections. If only one prisoner out of 300 or 400 residing in the same barracks fell sick with a contagious disease, the rest of the prisoners had to stay in the same compound [1. Op. 1. D. 2756. P. 458].


Another factor that influenced medical service in the camps was the total isolation of the Sanitary Sections of the camps from local medical establishments. According to the GULAG instruction from 1935, the few legal contacts with the regional medical institutions were limited to providing information on the spread of the epidemic diseases in the region [1. Op. 1. D. 2744. P. 11—28]. However, the GULAG Sanitary Sections were supposed to inform the local medical institutions on the epidemics inside the camps if the situation threatened to spread the epidemic in the region. Only then could the staff of the Third Departments contact local medical establishments without, however, revealing any quantitative data on the epidemic [1. Op. 1. D. 2744. P. 11—28].

The medical staff of the camps were allowed to consult with the local medical establishments on the specifics of the communicable diseases in the region. They could also contact local establishments in order to supply medical personnel for the GULAG [1. Op. 1. D. 2744. P. 11—28]. Finally, in the emergency cases when adequate medical assistance could not be provided in the camp medical institutions, sick prisoners could be accommodated in the local hospitals but only if such a transfer did not pose a danger for state security [1. Op. 1. D. 2744. P. 28]. Not a single case of such a transfer was ever registered in the GULAG reports or mentioned in the ex-prisoners' memoirs, for most of the camp administrators looked upon the prisoners as an abstract labor force and were unwilling to take the trouble and responsibility to arrange such transfers [1. Op. 1. D. 2744. P. 11—28].

At the end of the 1930s, when the achievement of higher production targets became the chief concern of the camp authorities, concern over emergency cases evaporated. If a prisoner died from emaciation or malnutrition, the true cause was concealed by a substitute diagnosis such as «acute heart attack». Outside of the camps, and, accordingly, in the GULAG as well, the actual cause of the death, nutritional dropsy, was first stated in the official records only after the blockade of Leningrad, when such a diagnosis became widespread among the civil population.
Being unable to solve the sanitary and medical problems through civic medical establishments, the administration increasingly referred to increasing surveillance, control, and repressions. This tendency was present already from the onset of the camps’ system at the beginning of 1930s. The «intensification of the control» was the first measure to fight with the deterioration of the sanitary conditions in the camps, the spread of the gastric-intestinal diseases, problems of adequate funds, and transfers of the large groups of the z/k [1. Op. 1. D. 2739. P. 10].

As the time passed, the central administration increasingly relied on meticulous regimentation and enforcement of surveillance by the Third Departments through the agent-informers network in the hospitals and research centres. Already in 1933 multiple orders and instructions called for intervention of the agent-informers network in the system of nutrition in order to improve the condition of the medical service and increase the control over food preparation [1. Op. 1. D. 4. P. 42].

The tendency to rely on surveillance and violence increased when the initial plans to organize adequate medical networks and maintain proper sanitary and medical conditions in the camps failed. The GULAG bosses of the end of the 1930s had a better understanding of the reality of the camps than their predecessors at the beginning of the decade. By that time, in the conditions of an intensified struggle with the «enemies of the people» the prisoners were looked upon by the NKVD officials as true pariahs of Soviet society and as an abstract «labor force» that could be ruthlessly exploited in the interests of the Soviet state. In 1938, for example, a decree was issued that prohibited prisoner burials in the civic cemeteries. The beginning of the «Great Patriotic War» further strengthened this tendency*.

A detailed study of the prisoner diseases and mortality rates demonstrates that, being rampant everywhere, they varied in different camps, depending on the camps’ profile, climate of the region, the number of inmates there and living conditions. But in all the camps in the course of 1930s steady deterioration of the prisoners’ living and working conditions with sharp increases in diseases and mortality rates occurred during the years 1933, 1938, and 1941 [53. P. 63—64]. The frequency of epidemic diseases in the camps resulted from the perilous living and working conditions, and frequent transfers of the prisoners. The most widespread infections were tuberculosis, pellagra, dysentery, acute gastric-intestinal diseases, malaria, typhus, lung inflammation, and scurvy [1. Op. 1. D. 62. P. 15].

1933 was the year when the mortality rates increased in the majority of the camps [1. Op. 1. D. 2740. P. 453]. It was connected to the fact that the GULAG experienced a mass influx of prisoners and was transformed from a mere penitentiary into an economic agency, while the camps were not prepared for it. The majority of the newly arrived prisoners were already debilitated from their previous experience in the prisons. In 1933 one of the deadliest projects was accomplished, the construction of the White-Sea Baltic Canal, that took lives of many camp prisoners [1. Op. 1. D. 2740. P. 5].

* According to the order from November 17, 1941 denture prostheses were to be removed by the special commission from the deceased prisoners.
The mortality within the camps increased significantly in 1938, when the «Great Terror» was in full swing. The highest rates were registered in the newly organized camps specializing in timber production [1. Op. 1. D. 2740. P. 49]. This was due to the fact that the majority of these camps were hastily established in the course of a few months without proper planning and adequate material resources to accompany the increasing number of the convicts arriving from the overcrowded prisons.

The situation became critical beginning in 1941, when the third and most dramatic peak of prisoner mortality occurred (the highest rates registered were in 1942) [1. Op. 1. D. 39. P. 93; D. 1432. P. 28]. The data on the prisoner death rates in the camps, which became rampant during the years 1941—1943, demonstrate that the highest prisoner death rates from tuberculosis, avitaminosis and emaciation in 1943 occurred in the group from twenty to forty years of age [1. Op. 1. D. 2779. P. 12—13]. They constituted a drastic contrast with the analogous data in relation to other age groups. In January 1942 in Vyatlag the death rates from pellagra, tuberculosis, lung inflammation, avitaminosis, and emaciation in the group of the prisoners from 20 to 40 years of age were 4 times higher than the ones observed in other age groups [1. Op. 1. D. 2779. P. 12—13]. In other camps similar balance was observed. This age group was most vulnerable to these diseases due to the fact that responsibility for the production plan targets rested almost exclusively on their shoulders. They were the first to perish. The analogous situation was observed in 1943 [1. Op. 1. D. 2785. P. 67].

High prisoner diseases and mortality rates, as well as shortcomings and overall inadequacy of medical service in the camps were part of a larger problem of the exploitation of the prisoners due to need to fill unrealistic economic plans of the Soviet state. This problem is crucial to understanding why camps were so poorly run and ineffective. There was no way to raise the medical service in the camps to the level necessary to provide more or less decent health care for the prisoners, so there was no administrative solution to the endemic problems of corruption, embezzlement, and negligence. To conclude, the millions of dying prisoners staffed in overcrowded barracks were the result of a terrific discrepancy between Bolshevik goals and the means they used to achieve them.

**Staffing the GULAG Hospitals: Medical Personnel in the Camps**

The GULAG bosses paid a lot of attention to alluring specialists for work in the GULAG. In the second half of the 1930s the salaries of the high level medical staff of the forced labor camps were high, especially in comparison with the employees of the medical institutions outside of the GULAG. Besides, a flexible system of various bonuses, subsidies, and compensations existed for service in the remote camps in the climatically problematic areas in Northern parts of USSR. The length of service also mattered a lot. The so called «medical personnel of the third category», the employees who had worked more than three years on the periphery of subdivisions of all the camps received higher payments than the medical staff in other camps [1. Op. 1. D. 2753. P. 4]. Apart from regular newspaper advertising, the GULAG requested the administrators of the camps to order daily advertisements in the local press along the following lines:

The assignment (raspredelenie) of graduates from Moscow and Leningrad medical institutions was an important source of labor in this regard. The candidates were selected by the commissions consisting of the potential employers and the representatives of the Cadres Department of the GULAG. As a rule, a typical contract lasted for two years. The camps were also supplied with the newly graduated mid-level medical personnel by the appointments of the People's Commissariat of Health [1. Op. 1. D. 2753. P. 254]. In 1938 the GULAG appointed about 1500 newly graduated members of high and mid-level medical personnel to work in the camps. Most of them were members of the League of the Communist Youth (VLKSM, ) young people of 19—25 years of age without any life experience. Work in the camp was a shock for many of them. An extract from the memoir of a Head of the Sanitary Department (hired by assignment) in the camp near Kuibishev engaged in hydroelectric power unit construction on the Volga river states:

In December 1940 an order of Kruglov [the current NKVD chief] arrived in the camp. It obliged the camp administration to take only those prisoners for work outside who received warm clothes and proper nutrition. On the next day I went to see the prisoners leaving for work. It was still dark, only at the gate the lights were on, swinging on the wind, and watchtowers were visible at the distance. It was frosty. Starting from the gate, deep into the zone territory I could see a gray stirring mass of the prisoners. I loudly announced that those inadequately clothed will not go to work. Then something unforeseen happened. Simultaneously all 7000 prisoners fell down and tore up their camp coats. By eight o'clock the administration of the zone arrived and explained to me that I should have coordinated my actions with them. «7000 z/k truant! If this happens again, you'll never pay off the losses» [6. Op. 2. D. 21. P. 12].

At the end of the 1930s, upon their arrival on the working place, especially in the camps of the Far North, the newly recruited staff specialists received the «prophylactic political training « in the course of which they were warned against «possible seduction» by «the enemies of the people» and taught how to resist their attempts to recruit them for work for the foreign intelligence service [96. P. 12].

Although the physicians employed in the central hospitals of the camps were provided with adequate living conditions, in most of the camps, located near the remote construction sites living quarters of the medical personnel, hardly differed from those of the prisoners [1. Op. 1. D. 2753. P. 366]. Consequently, desperate

* In 1938 in Temlag hired doctors received the 3rd (intensified) ration for the prisoners. In Ushostroilag several hired members of the medical staff were accommodated in the zone, in the barracks together with the z/k. Endless delays and refusals on the part of the camp administrators to pay the monthly salaries were a widespread phenomenon. At the end of the 1930s, illegal abortion practice, which at that time was punished with 8 years of imprison-
scarcity of personnel and high rotation rates of qualified medical staff were widespread problems in the camps. Frequently newly recruited specialists left the GULAG immediately upon their arrival at the working place after finding living conditions unbearable [1. Op. 1. D. 23. P. 165]. Cases of the suicide attempts were not infrequent [1. Op. 1. D. 2756. P. 222].

Another reason why qualified specialists were reluctant to work in the GULAG camps was that it was a dangerous job. The practice of the camp administrators to allocate daily quotas for work releases for every camp subsection and for every ambulatory clinic meant that few prisoners could get a permission to be relieved of work no matter what their complaint. For the medical staff to increase this quota was fraught with danger; they could be punished by being sent to the «common works», while hired doctors could receive a severe reprimand and a cut in salary. Criminal networks of the camps attempted to manipulate this practice in their benefit, endowed camp doctors with better economic conditions and useful connections among the camp administration.
own interest. Cases of mutilations or murder of the medical staff for a refusal to grant a work release to a criminal were widespread in many camps, including the BBK [37. P. 62; 8. Op. 2. D. 1/2. P. 182].

Due to these reasons hardly any medical specialist voluntarily entered the GULAG system without a compelling reason. For example, the head of the Sanitary Department of a subsection of Norillag at the beginning of the 1940s, a hired employee, was a wife of a representative of the Moscow medical elite. After her husband's arrest and execution in 1937, she, volunteered to work in the GULAG in order to avoid the fate of a «wife of an enemy of the people», left Moscow, and from 1937 on worked on the most forlorn camp sites. She acquired a reputation of a savior of the z/k lives by obtaining extra food resources from the camp administration. At the same time she was saving her own life but at a high risk; if the mortality and disease rates would for some reasons have become too conspicuous, she would have paid a heavy penalty [37. P. 62].

Since medical personnel in the camps was in short supply many positions were staffed by the prisoners*. This state of affairs hardly changed in the course of 1930s. In 1938 according to official regulations the medical section of the BBK was supposed to be staffed with 93 doctors, 231 medical assistants and 276 nurses. In reality there were only 51 doctors, 24 of them being contracted workers, and 27 prisoners. 42 positions were vacant. Of the 70 employees registered as «the mid-rank medical personnel» 47 were contracted workers. 23 positions were filled by the prisoners. The shortfall of staff amounted to 141 positions [8. Op. 36. D. 1/11. P. 27]. The lack of the qualified medical staff at the BBK remained a serious problem until the end of the enterprise. In 1939 the overall number of the medical personnel at the Combine increased significantly. However, at the level of mid- rank medical personnel this was accomplished by recruiting a large number of unqualified workers into Sanitary sections; meanwhile the number of the qualified mid- level medical specialists was steadily falling. On October 1, 1939, for example, there were only 415 representatives of the mid- rank medical personnel to fill 598 positions. 53 of them were listed as «qualified specialists», 31 «as low- qualified workers» and 331 as «nurses». Finally, 24 pharmacists and 76 disinfection specialists worked for the Combine [1. Op. 1. D. 2740. P. 67].

The lack of medical staff in the camps became more serious after the repressive operations of 1937—1939. Isaak Ginzburg, the chief of the GULAG Sanitary Department from 1933 to 1938, was repressed in 1938 with all his associates for negligence and «wrecking», which allegedly caused the high rates of disease and mortality among the prisoners and corruption of the camp regime through patronage of «hostile elements». Along with several his associates, he was sentenced to death

* For example, in 1933 the BBLag contained 47000 prisoners. The medical staff of the camp included 28 representatives of high level medical staff («doctors»). 20 of them were the prisoners, and only 8 were contracted workers. Out of 28 medical assistants 25 had been imprisoned, and only 3 were officially hired. Finally, among 90 nurses only 10 were contracted workers.
penalty by the Military Tribunal. However, he managed to get a replacement of this sentence through the Presidium of the Supreme Council of the USSR by 25 year camp imprisonment. He lived up to his release and rehabilitation in 1955.

The displacement and persecution of the GULAG personnel in 1938 resulted in the almost total replacement of the high rank medical personnel in the camps. In many camps, the head of the Sanitary Section was arrested and repressed together with his medical associates [43. P. 95]. «Criminal negligence», «wrecking», and «sabotage of medical work» were typical accusations leveled at the arrested members of the medical staff. Imprisoned medical specialists, confined in the camp for «counter-revolutionary» crimes [1. Op. 1. D. 39. P. 2; 8. Op. 2. D. 10/42. P. 9] were especially vulnerable. As a rule, the charges of the imprisoned medical staff were meaningless. The chief of the section of the camp hospital doctor K. was sentenced at the end of 1930s for ten years of camps as a «terrorist». During the interrogation he was forced to admit that, being a gynecologist in a small city, he was going to dig a tunnel to the Kremlin, under the Stalin's cabinet to assassinate him. Arrests were triggered by epidemics which were usually followed by the inspection of the camp hospitals, ambulatories, kitchens, and canteens; it was no surprise that everywhere they were in appalling condition [3. Op. 37, D. 1251, P. 2].

The «Great Terror» also left its imprint on the living conditions of the prisoners. A number of the NKVD orders dated 1937—1938 related to the regime in the Northern camps implied the extermination of the «counter-revolutionary prisoners». For example, an order was issued which prescribed their accommodation in the tents. In the climatic conditions of the regions where the camps like Vorkutlag were located it meant almost certain exposure and death. Perilous living and working conditions, that reigned in such camps in 1937, were later described in the memoirs of the medical personnel and ex-prisoners [43. P. 95].

Due to the lack of the qualified medical staff in the camps the personnel employed there were over-worked. In some camps medical service norms were severely undermined; every doctor was assigned to 200 hospitalized patients at a time; the norm was 35 patients. Additionally, he/she had to cope with 50—70 daily visits by prisoners to the hospital [1. Op. 1. D. 2753. P. 145]. In 1938 a 20% addition to the salary for overwork of the medical staff was introduced. It was argued that since the lack of the medical personnel in the camps sometimes amounted to 50%, and there was no hope of improving the situation, the only option left was to provide supplements to the already existing salaries. An analogous measure had already been introduced in compensating the camp guards [1. Op. 1. D. 2753. P. 145].

The social background of the camp medical staff was extremely varied. Renowned scientists with eminent origins worked together with the doctors of peasant and working class background. As a rule, hired doctors came from lower social strata. Some of them conceived of themselves as of a camp elite and enjoyed social life at the camp site [6. Op. 2. D. 21. P. 8]. In major penitentiaries of the country, such as infamous Lubyanka prison in Moscow during the interrogations doctors usually inspected the tortured convicts to determine how many beatings they were still
able to endure. In 1939 many of such doctors were charged with the «counter-revolutionary» crimes, repressed or sent to work in the camps [6. Op. 1. D. 11. P. 48].

The lack of the qualified medical personnel in the camps resulted in the fact that the medical establishments were staffed almost exclusively with mid-level medical personnel among whom self-educated adventurists, hardened criminals, morphine and cocaine addicts were not infrequent [92. P. 38]. As a result of poor medical service at the end of the 1930s, in the hospital of the all-Kolyma camp subsection for the invalids around 90% of the patients died from general sepsis after surgery [6. Op. 1. D. 84. P. 10].

The disproportion between the needs of the camps in medical specialists and the reality aggravated the inadequacy of medical service and high prisoner disease and death rates there and allowed criminals and adventurers into the profession. Corruption in the administration of the camps was another reason for recruitment of unqualified staff along with the practice of the camp administrators to rely on the «socially allied» prisoners («ordinary» versus «counter-revolutionary» delinquents of peasant and working class background) who most frequently filled vacant positions. For a long time only such prisoners were recruited for attending medical courses within the camps.

**Research Behind the Barbed Wire**

In the second half of the 1930s the central medical institutions of the large camp complexes became not only well-equipped and well-staffed medical institutions with surgical, tubercular, and therapeutic sections but also important research centres. Investments of comparatively large financial resources into the large medical centres of the GULAG, connected with the necessity to fulfill the economic plans coincided with the mass arrests of representatives of medical elite of the country in the course of the «Great Terror» of 1937—1938. Many of these arrests were «ordered» by the GULAG bosses through their repetitive appeals to the NKVD to provide the camps with the medical professionals.

For the most part medical research in the GULAG was either commissioned by the Sanitary Department of the GULAG or initiated and carried out by imprisoned medical personnel. Both kinds of research were targeted at solving the most poignant camps' medical problems (developing curative methods for the diseases such as pellagra, scurvy, or investigating the psychiatric diseases and methods of its simulation). As it will be demonstrated later, many of the imprisoned researchers remained in the camp research centres after their liberation and continued their work as hired specialists. Some of the experimental achievements in the GULAG were not state-sponsored and coordinated projects and were conducted in conditions of professional isolation and lack of financial resources and medical equipment in the remote camps.

Many of these institutions became major medical establishments in the regions. For example, a «Sanitary Town», *Sangorodok*, in Medvezhegorsk, (the centre of the BBK,
White-Sea Baltic Combine and the Camp of the NKVD), where new branches of medicine, based on the contemporary achievements of the medical research and medical technology were implemented, included the Central hospital and the clinic, built and opened in 1935. The clinic, serving the BBK hired staff and the local population, was equipped with X-ray and physiotherapeutic section with curative baths. Construction of this «Sanitary Town» was a revolutionary event in the region of Karelia.

The GULAG Sanitary Department regularly distributed medical brochures for the medical staff of the camps devoted to the diagnostics and cure of the diseases prevalent in the camps as well as to exposing the symptoms of simulation and self-mutilation of the prisoners in order to escape work [6. Op. 2. D. 21. P. 10]. Additionally, an extensive network of medical course was established in the course of the 1930s. The training of mid-level medical staff took pace not only in the central GULAG School in Kuibishev, but in many industrial complexes based on forced labor. Still, the medical staff of the GULAG camps to a certain extent worked in isolation, for the flow of medical knowledge that went to the camps, primarily in the form of orders, instructions, and brochures, was limited by the needs of prisoners» cure.

Many achievements of world medicine were unaccessible for the camps» medical elite. The communication between the medical research centres of Moscow and St. Petersburg and the GULAG camps was allowed in the form of journal subscriptions to the camps. The staff of many GULAG hospitals regularly received professional literature including the latest issues of the journals «Soviet Medicine», «Clinical Medicine», and «Surgery». Until 1940 the Sanitary Department of the GULAG was sending medical periodicals to the camps in centralized order. From 1940 it started to allocate to the camp Sanitary Sections a fixed sum of money for this purpose. But this was a one-way connection, for the GULAG scholars were not allowed to communicate with their colleagues at liberty.

Still, members of medical elite of the country even in the conditions of imprisonment and exile conducted important research work. For example, during the years of his work in the medical establishments of the BBK (1933—1939) the surgeon Pribitkov carried out 2200 various operations of all types excluding brain cancer. Working simultaneously in two hospitals and in the clinic, he carried out around five surgeries a week, not counting the emergency operations. In 1939 he completed his research project related to surgery. Abram Shapiro, a prominent venereologist employed at the BBK hospital in the second half of the 1930s, received his training in Germany. He was the author of twenty five works on venereology, most of which were written prior to and after his imprisonment. In general, the GULAG boasted quite a large number of medical professionals who had received their qualifications in Europe. Contrary to the attitude towards other professionals, educated abroad, most of whom were executed or sent to the deadly GULAG mines at the end of the 1930s, the NKVD bosses valued medical training and enabled physicians practice their profession in the camps. This fact can be explained not by philanthropic motivations of the NKVD leadership, but by the desperate lack of medical personnel in the camps.
Starting from the year 1934 medical conferences took place every May at the Central Hospital and at the clinic of the BBK. Launched upon the initiative of the local medical staff, the conferences informed the medical staff from the Sanitary Section of the BBLag, nurses and obstetricians from remote corners of the BBK about recent discoveries in Soviet medicine [16. 1940. P. 4]. The imprisoned medical staff from other camps frequently participated in these conferences. The speakers included prominent GULAG physicians, and the topics ranged from innovative curative methods to current medical research in the country.

The BBK was not a unique case. During the World War II, in the hospital in the small Belichja settlement of Sevlag, due to the efforts of imprisoned physicians the first in the Kolyma region station of blood transfusion was established along with the clinical laboratory. An analogous laboratory of such kind was established much later in the hospital of Magadan, the capital of the region and of the Dalstroy trust. In 1943, in Belichja hospital, following the range of discussions, its staff launched an experimental transfusion of the ascitic fluid as the cheapest blood surrogate. The method was elaborated in 1934 by S. Meerzon, a member of the Central Clinical Institute of the Blood Transfusion. During the years 1943—1945 more than 500 liters of this substance were transfused with a therapeutic effect [96. P. 31]. At the beginning of the 1940s a lively discussion whether human physiology in the «extreme» conditions of the forced labor camps could alter took place during medical conferences held in the hospital of Vetlosyan, the centre of Ukhtizemlag [6. Op. 3. D. 23. P. 131].

These conferences were primarily devoted to sharing experience on the course of the diseases in the camp conditions. In Ekibastuzlag in Kazakhstan due to the effort Sergey Kolesnikov, a prominent Soviet surgeon, an assistant to the People's Commissar of Health of the USSR during the «Great Patriotic War», an operating room was opened where surgical operations were practiced daily. Although the facilities and the educational level of the hospital staff did not allow him to practice complicated abdominal operations, he saved many prisoners' lives through conducting simple stomach operations. Moreover, using his experience and research at the main surgical Clinicque of the Central Institute of Blood Transfusion prior to imprisonment, he created a unique prisoner donors' blood database that soon was used in the entire GULAG [102. Vol. 2. P. 101].

The GULAG bosses supported professional development of camp specialists. From 1933 the GULAG arranged three-month trips for research and training for the camp doctors for every three years of their service in the camps [1. Op. 1, D. 2741, P. 60]. A number of physicians defended their doctoral dissertations while being imprisoned in the camps. Others collected the material there that was used later in their publications. Doctor Rosenbloom, a former assistant from the Military Academy of Medicine, arrested in 1937, during his imprisonment in Norillag defended a doctoral dissertation on the specifics of the clinical picture of dysentery in the climatic conditions of the territories beyond the Polar Circle (Zapoljarje.) Analogous cases occurred in other camps [6. Op. 1. D. 125. P. 15; 6. Op. 1. D. 118. P. 78]. At these commissions the NKVD officers were always present, and the course of
the defense was controlled by the secret police. Thus, even after being arrested and imprisoned in the GULAG, many physicians remained part of professional network. Regularly receiving medical journals, they got updated information about recent achievements and even, with the help of the NKVD, conducted their own experiments in secret camp laboratories.

However, their achievements were rarely associated with their names outside of the camps. An important question is why many of the medical professionals (as well as prominent scientists, engineers, and cultural figures) remained in the camps after their liberation. One reason is the stigma they bore from the times of their imprisonment that hindered access to the best medical institutions in the country. They could get rid of it only in the second half of 1950s. Another reason is they were accepted and valued in the camp hospitals where they worked.

In conclusion, it is possible to argue that the Soviet GULAG created an system of medical care, headed by the Sanitary Department of the GULAG. It also harboured centres for medical research and boasted a rich research culture, most of which had a medical focus and was targeted at solving the most poignant problems of the prisoners’ health: infectious diseases, widespread in the camps, malaises, caused by malnutrition and emaciation, and the problem of self-mutilation of the prisoners to escape work, widespread in the camps. Surrounded by the veil of secrecy and distorted by the presence of informants and the threat of state violence, the ideas

*July 1932. The sick. Physiotherapy.*

*Solarium at the central hospital of the camp section (lagpunkt)*
and research subjects migrated from the camps to the mainland, outside the barbed wire. The GULAG hosted multiple conferences, enjoyed journal subscriptions, and offered professional development courses [16. 1940. P. 4; 116. P. 149].

As it has already been mentioned, much of the GULAG initiated medical research was targeted towards the investigation of the diseases prevalent in the camps and aimed at developing inexpensive and easily accessible curative and prophylactic methods in the conditions of the preordained lack of financial resources and medicaments. The camps were gigantic labs where results of recent medical achievements along with folk medicine were tested on the prisoners on a mass scale. Many instructions and brochures, calling for medical research recommended using the «available measures» for cure and prophylactics [1. Op. 1. D. 2741. P. 43]. In the BBLag an experimental disinfecting living quarters with liquid chlorine was carried out. It was followed by further elaboration of the method, changes in the instructions, and its implementation in the rest of the camps [1. Op. 1. D. 2747. P. 33].

One of the main characteristic features of the Soviet GULAG medical care system was a drastic contrast between the level of the medical service in well-equipped central camp hospitals and clinics and medical facilities at remote camp subdivisions. While the former became large regional centres of medical research and health care which provided local population, special settlers and some of the prisoners with proper facilities and adequate medical treatment, in the majority of the camps the role of poorly staffed, underfinanced medical sections was limited to
just registering the sick and the diseased and disposing of them to the special barracks and then to the cemeteries. Forced to falsify the results of autopsy (if it took place at all), the staff of such establishments became involuntary accomplices of the Bolshevik atrocities.

Thus, an overall evaluation of the health care and medical research in the GULAG is a difficult task. It was part of an inhuman state machine which imposed an enormous suffering on innocent people, but at the same time it contributed to the modernization process and development of medical science. Depending on place, time, and «human factor», it either saved prisoners or killed them. Or, more frequently, saved them just to be killed later.

Future studies in the history of medical culture and research within the GULAG should proceed in two directions. First, filling in the gaps in the existing knowledge is necessary to understand the specifics of the medical service of the GULAG in any particular period. Its comparison with the civilian branch of the Soviet medicine is especially important in this respect. Secondly, delineating future areas of the research offers rich material for a historian. Covered by the NKVD secrets, scientific life in the Soviet prisons and the GULAG is still to be researched. What happened in the toxicological laboratories of the NKVD-MGB? What kind of experiments were conducted on the prisoners that allow macabre comparisons with the Nazi concentration camps? Social and biographical studies of the GULAG high-rank medical personnel are also needed, to get a better understanding of conditions in which they conducted their experiments, and how the results of these experiments were put to practice, disseminated in medical literature and through the conferences. The culture of medical conferences in the GULAG is unique in the sense that many of them were closed, semi-military events, carefully guarded by the NKVD through a vast network of informers.

Medical care of the hired camp staff, special settlers and the camp bosses are yet to be researched and analyzed, as well as the medical care of the children within the GULAG system. Recent literature on the special settlers offers a solid basis for exploring how the Soviet state attempted to solve multiple sanitary and medical problems generated by displacing large numbers of people and placing them in territories in harsh climatic conditions without elementary means for survival. The same refers to the problem of children within the GULAG. Existing works present sources for starting a research on living, medical and sanitary conditions in children's homes located in the GULAG as well as an analysis of their disease and mortality rates [137; 81]. These sources pose a vast number of questions in regards to the medical care of children in the Soviet Union, and offer a drastic contrast between the death and disease rates of the children whose mothers were imprisoned and the children of the hired staff in the same camps [81. P. 79].

* The most notorious one, located behind the Lubyanka prison, was headed by G Mairanovsky.