The Health Service in the Soviet Union has come to illustrate everything that can go wrong if the provision of a service is placed solely in the hands of the state. Whilst the ideal of free medical services for all, as and when the individual requires it, may sound fine on paper, in reality it is impractical. Within two years of forming the British NHS it was found that such a task was impossible. In the Soviet Union, the task is simply about, but how to rectify the matter within the strict terms of Marxist-Leninist orthodoxy is an almost insurmountable problem.

Whilst the Soviet Union claims to have the most doctors and dentists in the world and the highest ratio of hospital beds per person the ability of the medical profession to ensure the health of the population appears to be in decline. In a recent speech Yevgeni Chazov, the Soviet Minister for Health, said that “of district hospitals 35% have no hot water, 27% have no sewerage, 17% do not even have piped water” and with respect to doctors he said that “of 350,000 who had gone through the certification process, 10% were certified only provisionally” and that “1,000 had already been dismissed” (Soviet Television 31st August 1987). The task of this paper will be to outline the major problems currently facing the Soviet health service, examine the reasons put forward as to why such problems have arisen, and finally examine some solutions which Chazov has put forward.

Child Care and Mortality Rates

Whilst in the West the mortality rates for children have been continually declining, in the USSR this has not been the case. In 1970 perinatal mortality (death within a month of birth) stood at 24.7 per thousand: in 1985 it had risen to 26 per thousand. Today the situation is little improved as an article in Trud (20th June 1987) indicated when it said that the Soviet Union now ranked 27th in the world on child mortality.

At a meeting of the Presidium of the Estonian SSR Council of Ministers the Estonian Minister of Health, V Ratsep, informed the meeting that infant mortality was rising faster in Estonia than in any other union republic (Ruhva Haud 17th June 1987). Ratsep went on to say that the “material-technical base for rendering medical assistance mothers and children is weak ... the laboratory base for investigating mothers and children is also inadequate ... explanatory work for avoiding unwanted pregnancies is inadequate”. Abortion is the main method of birth control in the Soviet Union, with a working woman having an average of eight abortions in a life time. The main reason for this is that there is no other widely available form of contraception and a Soviet family has to have two incomes. The woman is therefore forced to work by necessity as the income of the male alone is simply not enough (Trud 20th June 1987).

Shortage of Doctors and Equipment

The shortage of equipment for doctors, even the most basic items, is extensive. For instance, there has long been a major shortage of disposable needles. In a recent television debate (31st August 1987) the following question was put to Mikhail Sergeyevich Shkabardnya, Doctor of Technical Sciences: “When will ambulances have disposable needles, because people are afraid of calling out an ambulance because of lack of hygiene and AIDS?” Shkabardnya replied: “... We have now received the plan target. It has been agreed not to wait for the ambulance because of lack of hygiene and AIDS”.

Just as the mortality rate amongst children has increased in the past twenty years, so has that amongst the adult population. Of the males who reach the age of 16 years, 32% do not survive to the retirement age of 60 years (Trud 20th June 1987).

The new system of certification of doctors has already resulted in a number of dismissals on the grounds that such doctors were unfit to practice. Unlike in many Western countries doctors tend to be very poorly paid. The starting salary is equivalent to £140 per month for a newly qualified doctor rising to approximately £200 per month after ten years with a possible additional 20% in bonuses and overtime on a 35-hour week. Being a doctor in the USSR is not as prestigious as elsewhere in the world and the poor salary offered frequently means that those with the appropriate aptitude and ability prefer instead to go into other, more highly paid, professions.

In the republic of Uzbekistan there is a shortage of 6,000 paediatricians alone. Of the town Nukus, within the republic, Chazov said “there is a shortage of 1,000 doctors of which paediatricians, obstetricians and gynaecologists total 800 ... The Nukus maternity ward is so crowded that mothers feed their children while sitting on the stairs and sleeping on the floor” (Pravda Vostoka 18th August 1987).

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The problems surrounding more sophisticated items of medical equipment are just as serious. One of the major problems, according to Babak, a staff member of the journal Ekonomicheskaya Gazeta, is the bad reputation of the producers of medical equipment amongst doctors (Moscow Home Service 9th August 1987). In explaining the reasons for such an attitude Babak cited the case of the phonocardiograph, manufactured by the Moscow Ritm works, to register the processes of the heart. Such a machine was urgently required by many hospitals and clinics and once its availability was made known the Moscow Ritm received many orders despite the
expense of the machine - 5000 rubles. However, it was soon discovered that the machine did not work. Complaints were sent to the manufacturers and a decision was taken to halt production and carry out further research. Within a few weeks, however, the USSR Ministry of health reversed this decision and ordered that production be resumed. Further, despite the fact that it is now known that the phonocardiograph does not work, it is still being purchased by hospitals.

There is also a shortage of hospitals, particularly those of a specialist nature. Kazakhstan is a good example (Moscow Home Service 2nd September 1987). In Chita it was discovered that a psychiatric hospital which commenced construction in 1975 has still not been completed and has even been boarded up for the past two years. The existing psychiatric hospital is so overcrowded that 150 of the patients sleep only on mattresses on the floor, as there is no room for proper beds (Soviet Television 16th August 1987).

Reasons for Poor State of Health

Three basic reasons are given to explain the poor state of health amongst the population and the inability of the Soviet health service to treat people. They are: pollution and environmental problems; the way of life of the average Soviet citizen; and lack of financial resources.

“In Central Asia and in some regions there are about 30,000,000 people who still do not have good quality water” (Soviet Television 16th August 1987). The approximate population of the USSR is 282 million people. Pollution and environmental issues are being given an increasingly higher profile within the health debate as causes for ill health. A recent survey of drinking water in Kazakhstan showed the following results: “Over 2,500 water installations had been inspected and only 267 had a hygiene protection zone. A bacteriological analysis had been taken of 1,178 water samples of which only 252 samples had been up to standard, in other words, in 79% of cases the water had turned out to be sub-standard...” (Moscow Home Service 4th June 1987). It was also found that the water in the republic was highly mineralised and V N Shiyano, deputy chief medical adviser at the Kazakh SSR Ministry of Health, conceded that there was a link between the poor standard of water and the frequent cases of stomach complaints in the republic. However, in Krasnodar Kray inadequate drainage of water resulted in more serious consequences - an outbreak of legionnaires’ disease. It has been established that the disease originated when the bacteria had appeared in stagnant subsoil water in one of the production shops of a plant manufacturing rubber goods in Armavir, and the water vapour had been inhaled (Tass 15th July 1987).

Air pollution is cited as another major cause of serious illness. Sotskaya Rossiy (23rd July 1987) has reported that the town of Permind in the RSFSR is now the worst town in the republic in serious illnesses with the major cause of air pollution being the Permnefteorgsintez association. As a result of harmful substances being released into the atmosphere over a period of many years “many hectares of land have been ruined ... the association’s factories have destroyed the waters of one small river and threaten another two which supply the water needs of fields of suburban vegetable-growing farms”.

The way of life of the average Soviet citizen has also been criticised and held responsible for the unhealthy state of the nation. “20% of our country’s citizens are obese” said Chazov on Soviet Television (31st August 1987), and as much as 50% of the population is overweight. In the same television programme Leonid Andreyevich Il'yn, Vice-President of the USSR Academy of Medical Sciences, said that an improvement in medical sciences - as a long-term solution it will no doubt fail. The main reason for this is the system within which the Soviet health service must operate. Just as Soviet industry is inefficient and wasteful of resources so is the Soviet health service. Individual initiative is rarely shown and responsibility only undertaken when absolutely necessary. Just as the incentive for the factory worker is to fulfill the plan target, almost regardless as to the quality of the product, the inventive for the doctor or hospital it to treat as many patients as possible, regardless as to whether the treatment proves successful. It is better to treat 1,000 patients than to cure just 100. This is not to say, however, that Soviet doctors and nurses do not care for their patients, it is rather that they have higher priorities and these invariably relate to the well-being of the doctor and nurse concerned rather than to that of the patients.

Suggesting solutions to the Soviet health problem from the outside is extremely difficult for its problems are bound up in all those currently facing the Soviet Union. Essentially, the Soviet Union is too poor to provide a comprehensive and free health service. Its ideology does not permit private medicine although some private practice is now allowed, albeit under extremely strict conditions, following the introduction of the Law on Individual Labour Activity. However, this by no means makes up the shortfall and due to ideological considerations is never likely to.

As long as the Soviet government insists on a system of centralised planning in all fields of economic and social life, not just in medicine, the health of Soviet citizens will continue to decline.