

FIGHTERS FOR NEW LIFE: Doctors, Medicine, and Modernity in Soviet  
Central Asia, 1925–1953

by

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## ABSTRACT

This thesis examines Soviet medicine in Central Asia from the mid-1920s until Stalin's death in 1953, using this subject to explore the tensions and contradictions of Soviet socialism in the region. Previous studies have demonstrated how Soviet rule in Central Asia could appear simultaneously as a form of empire, reifying differences between ruler and ruled, and as a universalizing project of modern statehood, aimed at transforming diverse peoples into a homogeneous citizenry. Yet scholars have rarely explored why and how these contradictory tendencies could coexist within the Soviet project. Through the lens of medical discourse, this thesis examines the nexus of colonizing and modernizing impulses within Soviet power, arguing that these tendencies proved interrelated and even mutually supporting within the Soviet imagination of Central Asia. Considering medicine as an important element of socialist construction, it explores the seemingly colonial structure of the universalizing, anticolonial project of Soviet modernity.

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## INTRODUCTION

### Medicine, Empire, and Modernity in Stalinist Central Asia

In 1960, an English-language pamphlet entitled *Kirghizia: Complete Transformation of Former Backward Colony* was published in London. Written by Kazy Dikambayev, then-Chairman of the Council of Ministers of the Kirgiz SSR, the work portrayed the development of Kyrgyzstan under Soviet power, in broadly idealized terms, as a dramatic and triumphant journey from pre-revolutionary backwardness to national liberation and enlightenment. Under tsarism, the Kyrgyz were described as having been a backward people, yet with the advent of Soviet power, and "[w]ith the active assistance of all the fraternal peoples of the Soviet Union," they had quickly embarked on "the course of economic and cultural progress."<sup>1</sup> As nomads, the Kyrgyz had formerly inhabited "smoke-filled tents" where "[a]ny rules of hygiene or sanitation were unknown."<sup>2</sup> They had been "doctored by ignorant quacks" and suffered from "[t]rachoma, tuberculosis, smallpox and venereal disease." Yet if the Kyrgyz had been "doomed by the tsarist government to gradual extinction" due to medical neglect, the Kirgiz SSR now boasted "130 doctors for every 10,000 inhabitants, almost fifty times more than before the Revolution."<sup>3</sup> As enlightenment spread, Dikambayev noted approvingly, "[m]ore and more people abandoned the smoke-filled dark tents for *real homes*" (emphasis added).<sup>4</sup>

In a period when violent struggles for independence were ongoing in European colonies such as Algeria, Dikambayev's narrative of colonial liberation, cooperation, and modernization must have left a powerful impression on readers in both East and West.

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<sup>1</sup> Kazy Dikambayev, *Kirghizia: Complete Transformation of Former Backward Colony* (London: Soviet Booklets, 1960), 6.

<sup>2</sup> *Ibid.*, 20.

<sup>3</sup> *Ibid.*, 5, 22. The phrase "doomed to extinction" occurred more than once in the work.

<sup>4</sup> *Ibid.*, 20.

Yet his visions of liberation were accompanied by sharply negative portrayals of traditional Kyrgyz culture. Medicalized images of dirt, disease, and indigenous culture blended together to produce an image of Central Asian stagnation and backwardness broken only by the October revolution. Against the darkness and filth of the oppressed Kyrgyz past, it was only Soviet power that had brought economic development, hygiene, and medicine on a mass scale. Progress was predicated on the rejection of important symbols of Kyrgyzness such as the yurt; no longer a "real home," it was now a source of disease and backwardness, to be replaced by modern Soviet apartment blocks.<sup>5</sup>

In both its hopeful vision of the modernization of the Kyrgyz, and its negative portrayal of their culture, Dikambayev's work reproduced a medicalized narrative of Soviet Central Asia that emerged and gained hegemonic position during the Stalinist period. It was a progressive narrative that spoke to the universalizing impulse of Bolshevik utopianism, the belief that under Soviet power all peoples, regardless of race or culture, could be united – indeed *were being* united – into a modern, classless, socialist society.<sup>6</sup> Yet it was also a narrative that rejected much of traditional life in the region, employing negative images of Central Asian culture as a counterpoint to images of Soviet modernity and progress. Medicine, disease, and health were key symbols in this construct; by "curing *their* ills," Soviet power was overcoming the backwardness of peoples like the Kyrgyz, and uniting them under the banner of socialism.<sup>7</sup>

During the Stalinist period (1927–1953), medical discourse fused questions of disease and health with broader visions of society, culture, and civilization in Central

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<sup>5</sup> The post-Soviet Kyrgyz flag includes a stylized representation of the crown of a Kyrgyz yurt, or *tyndyk*.

<sup>6</sup> Paula Michaels, *Curative Powers: Medicine and Empire in Stalin's Central Asia* (Pittsburgh: University of Pittsburgh Press, 2003), 57-58.

<sup>7</sup> The phrase is borrowed from Ishita Pande, *Race and Liberalism in British Bengal: Symptoms of Empire* (London; New York: Routledge, 2010), 2.

Asia. In a wide array of medical works, from histories, to articles in scientific journals, government documents, biographies, and memoirs, authors cast bright images of Soviet Central Asian modernity against a dark past, marked by tsarist oppression, backwardness, and Oriental otherness. It was against this negative past that the revolutionary significance and modernizing potential of Soviet power ultimately gained focus. In a single generation – so the narrative claimed – Central Asia had leapt (in Marxist-Leninist terms) from backwardness to socialist modernity; diseased and dying primitive societies had been transformed into healthy, productive Soviet nations.

Stalinist medical texts, and the conflicting images of Central Asia that they presented, form the subject of this thesis. Medical narratives asserted Central Asia's place as an integral part of a unified, modern pan-Soviet society, and demonstrated the role of doctors in the imaginative and concrete processes of socialist construction. Yet the same narratives persistently portrayed the region as inferior to European Russia, undercutting visions of modernity. In claiming that Central Asian was modern, Stalinist discourse could not stop describing the region's backwardness, a fact demonstrated by Dikambayev's ambiguous narrative of Kyrgyz modernity. Within a united socialist society, Central Asia remained somehow *Other*. This discursive tension forms the core problem that I seek to address in this work.

Stalinist medical visions of Central Asia can inform historiographical debates about the nature of Soviet power in the region, which have centred on the conceptual distinctions between empire and modern statehood. By turning from arguments based on ideal-type regimes to analysis of the discursive structures and implications of Soviet modernity in the region, I propose a more nuanced vision of Soviet power within the

multiethnic space of the former Russian empire. I argue that the particularizing and universalizing tendencies of Soviet power – the drive for integration and for reification of difference – cannot be separated within the discourse of Soviet modernity. Indeed, it was from the ambiguous and often contradictory interactions of these tendencies that Central Asia's place in Soviet modernity was imagined. As the case of Soviet medicine illustrates, such issues were more than abstract and ideological; in the context of Stalinism and the dramatic social transformations it provoked, they profoundly shaped the emerging Soviet society, and affected the lives of millions of citizens.

### **Empire and Modernity: Soviet Power in Context**

In recent years, a lively debate has emerged within the historiography of the Soviet Union, between scholars who view Soviet rule in Central Asia as a form of empire, similar to the western European empires of the nineteenth and twentieth centuries, and those who perceive "a different kind of modern polity, the activist, interventionist, mobilizational state that seeks to sculpt its citizenry in an ideal image."<sup>8</sup> Between the positions of empire and modernist state, a rich variety of characterizations have emerged from different scholars: the USSR as a "communal apartment," an "affirmative action empire," an "empire of nations," a "veiled empire," or an "empire with a caveat."<sup>9</sup> Such arguments have centred on the nature of the Soviet state itself—whether it demonstrated

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<sup>8</sup> Adeeb Khalid, "Backwardness and the Quest for Civilization: Early Soviet Central Asia in Comparative Perspective," *Slavic Review* 65, no. 2 (2006): 232.

<sup>9</sup> These terms are proposed by, in order of appearance: Yuri Slezkine, "The USSR as a Communal Apartment, or How a Socialist State Promoted Ethnic Particularism," *Slavic Review* 52, no. 2 (1994): 414-452; Terry Martin, *The Affirmative Action Empire: Nations and Nationalism in the Soviet Union, 1923-1939* (Ithaca: Cornell University Press, 2001); Francine Hirsch, *Empire of Nations: Ethnographic Knowledge and the Making of the Soviet Union* (Ithaca: Cornell University Press, 2005); Douglas Northrop, *Veiled Empire: Gender and Power in Stalinist Central Asia* (Ithaca: Cornell University Press, 2004); Botakoz Kassymbekova, "Helpless Imperialists: European State Workers in Soviet Central Asia in the 1920s and 1930s," *Central Asian Survey* 30, no. 1 (2011): 23-37.

the homogenizing impulse to create a unified modern state and citizenry, or maintained the essentialized boundaries and power hierarchies of an empire. Often the debate, as Adrienne Edgar notes perceptively, has reflected the contradictions of Soviet power itself: "[e]mpires ... tend to promote and consolidate differences, while nation-states seek to foster homogeneity and cohesiveness; the Soviet state, which created separate ethnoterritorial republics within a centralized socialist polity, did both."<sup>10</sup>

Histories of medicine have also been implicated in debates over empire and modernity. To date, Paula Michaels's study of Soviet Kazakhstan provides the most vehement assertion of the "imperial" nature of Soviet medicine in Central Asia. Despite its appearance as an "altruistic effort to improve the Kazakh's quality of life," she argues, Soviet medicine underpinned efforts to establish "power, legitimacy, and control" that ultimately "mirror[ed] similar processes for the establishment of European domination elsewhere in the colonial world."<sup>11</sup> Characteristically of empire, she suggests that Soviet rule in Central Asia centred on the economic exploitation of resources to feed metropolitan industry, a colonial relationship that remained in place despite the fact that "considerable resources flowed back from the center to the periphery for education, health, and the arts." Most controversially, Michaels asserts that Soviet power was separated from Western colonial projects only by "superficial ideological differences," and that "a similar worldview informed their approaches," one that "place[d] Europe at the top not only of a military and industrial hierarchy, but of a cultural evolutionary scale as well," and used this superiority as a justification for rule over non-European peoples.<sup>12</sup>

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<sup>10</sup> Adrienne Edgar, "Bolshevism, Patriarchy, and the Nation: The Soviet "Emancipation" of Muslim Women in Pan-Islamic Perspective," *Slavic Review* 65, no. 2 (2006): 255.

<sup>11</sup> Michaels, *Curative Powers*, 3-4.

<sup>12</sup> *Ibid.*, 7-8.

Remaining within the theoretical framework of empire, Cassandra Cavanaugh has taken a more nuanced view of Soviet medicine, focusing on the relations of the region's medical profession to both indigenous society and Soviet power. From this perspective, medicine could appear both as a facet of exclusionary colonial rule and as a site for more productive and inclusive engagements with Central Asian society; indeed doctors themselves debated such questions, and medicine remained not a monolithic European imposition, but "a contested field of knowledge and practice for a multiplicity of actors, whose interests and identities cannot be so stereotypically defined."<sup>13</sup> Some late imperial and early Soviet doctors pressured the state to uphold the promise of its various "civilizing missions;" at other times, physicians could assert the insurmountable (even racialized) inferiority of Central Asians in response to central attempts to "indigenize" the government and medical system of the region.<sup>14</sup> What remained constant during the evolution of both state and medical profession was the pursuit of "projects of hygiene, sanitation and the normative regulation of domestic and family life" that rested ultimately on visions of indigenous inferiority, variously-defined.<sup>15</sup>

Two facets of Soviet rule in Central Asia in particular have featured in debates over the nature of Soviet power: nationality policy and socialist construction (specifically the so-called "Stalin Revolution" of the late-1920s and early 1930s). Scholars have long noted the "chronic ethnophilia" of the Soviet regime, expressed through nationality policies that supported the languages and cultures of non-Russian peoples, and promoted

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<sup>13</sup> Cassandra M. Cavanaugh, "Backwardness and biology: Medicine and power in Russian and Soviet Central Asia, 1868–1934" (PhD diss., Columbia University, 2001), 3.

<sup>14</sup> *Ibid.*, 12-14.

<sup>15</sup> *Ibid.*, 3-4.

the creation of national republics and the "indigenization" (*korenizatsiia*) of their elites.<sup>16</sup> Through this process authorities hoped to "win the allegiance of the minorities of the Russian empire" by showing them that the new state "would be a union of equal nationalities, not a perpetuation of the tsarist colonial empire." At the same time, they sought to transmit socialism to the non-Russian masses in their native languages and cultural forms, thereby promoting progress and modernization in a way that would "make Soviet power seem indigenous rather than an external Russian imperial imposition."<sup>17</sup> In Central Asia, where the multilayered local, religious, and ethnic identities of the population squared poorly with European nationalist ideas, Soviet policy unfolded as a process of nation-building, with authorities carving out national territories and consolidating national identities where neither had necessarily existed previously.<sup>18</sup>

Socialist construction unfolded as a vast campaign to transform the Soviet Union in economic, social, and cultural terms, and to build a unified, modern, socialist society under centralized rule. In some senses, this modernization project stood in direct contradiction to nationality policy and its promotion of particularistic identities and national rights.<sup>19</sup> Socialist construction in Central Asia at times unfolded as an attack on indigenous cultural traditions and social structures, suggesting that "socialism ... meant above all an attempt to replace indigenous 'backwardness' with Soviet-style 'modernity'"

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<sup>16</sup> Martin, *Affirmative Action Empire*, 9-10; see also the introduction to Hirsch, *Empire of Nations*; on Soviet "ethnophilia," see Slezkine, "USSR as a Communal Apartment."

<sup>17</sup> Adrienne Edgar, *Tribal Nation: The Making of Soviet Turkmenistan* (Princeton, NJ: Princeton University Press, 2004), 43-44; Martin, *Affirmative Action Empire*, 12. Hence the famous Stalinist slogan: "national in form, socialist in content."

<sup>18</sup> Northrop, *Veiled Empire*, 17; Martin, *Affirmative Action Empire*, 18-24; Edgar, *Tribal Nation*, 18-19; Marianne Kamp, *The New Woman in Uzbekistan: Islam, Modernity, and Unveiling under Communism* (Seattle: University of Washington Press, 2004), 61-63.

<sup>19</sup> Edgar, *Tribal Nation*, 13.

based on recognizably European norms.<sup>20</sup> Ironically, authorities often targeted for elimination the very indigenous structures and practices they had used to define Central Asian nationalities, and which formed the basis of emergent national identities in the region. The Soviet campaign to de-veil Uzbek women, the *hujum*, was characteristic in this regard. Douglas Northrop argues that Soviet definitions of the Uzbek nation centred on customs of everyday life, with Islamic veiling practices (the wearing of the *paranji* and *chachvon*) coming "increasingly to mark a woman as Uzbek."<sup>21</sup> Yet if the veil symbolized the Uzbek nation for Soviet authorities, it also stood for all that was unacceptable therein: "the nation itself—the same Uzbek nation that had been built up and encouraged by the party—was implied through its women's veils to be both dirty and deviant. Hence it became, in an important way, *wrong* to be Uzbek."<sup>22</sup> In such instances, national development and socialist modernization appeared directly at odds.

However, Francine Hirsch has argued that these two facets of Soviet rule – nationality policy and socialist construction – were both components of a broader Soviet developmental project among non-Russian peoples. The Bolsheviks pursued nation-building not for its own sake, she argues, but as part of a broader effort to quickly advance the diverse peoples of the USSR along a path of social development derived from Marxist historical teleology.<sup>23</sup> In approaching the territory of the Soviet state, with its large inequalities in socioeconomic development, Soviet authorities "held the conviction that it was possible—and desirable—not just to interpret the inner dynamics

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<sup>20</sup> Edgar, *Tribal Nation*, 10.

<sup>21</sup> Northrop, *Veiled Empire*, 56-67.

<sup>22</sup> *Ibid.*, 65.

<sup>23</sup> Marxism (in the Soviet interpretation) predicted the dialectical progression of all societies through stages of primitivism or tribalism to feudalism, capitalism, socialism, and eventually toward unification under communism.

of the historical process, but to seize control of history and push it forward."<sup>24</sup> Through a process Hirsch terms "state-sponsored evolutionism," Soviet authorities sought "to speed up the evolution of the population through the stages on the Marxist timeline of historical development."<sup>25</sup> Nations were a stage on this timeline rather than the final destination. In Central Asia, where societies were seen to languish in the lowest stages of development, Soviet authorities saw the creation of nations as a progressive development; however, once nations were established, the Bolsheviks turned to the next step in the evolutionary timeline, the foreseen merging of nationalities as society moved toward communism. Such ideas of nationality were far from static. Whereas nations had been seen by Bolshevik theorists as a product of capitalism before the October revolution, expected to quickly wither away in the era of socialism, by the early 1920s, debates had erupted between those who saw the merging of nations as imminent, and those who expected its occurrence only in the distant future.<sup>26</sup> The latter view triumphed, and by the late 1930s, official ideology would hold nations to be very nearly essential features of human life.<sup>27</sup> Such shifts added another layer of complexity to Soviet rule in regions like Central Asia.

What conclusions may be drawn from the tangled, contradictory, and paradoxical strands of Soviet rule in Central Asia identified thus far? It is clear that, in attempting to illuminate the basic nature of Soviet power in the region, different scholars have drawn different conclusions from the same set of facts. Returning to the example of the *hujum*, it can be noted that, while Northrop considers the campaign a reflection of the state's colonial orientation, for Adeb Khalid it represents the exactly opposite—clear evidence

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<sup>24</sup> Hirsch, *Empire of Nations*, 6.

<sup>25</sup> *Ibid.*, 7-8.

<sup>26</sup> *Ibid.*, 82-84; Martin, *Affirmative Action Empire*, 5-6.

<sup>27</sup> Martin, *Affirmative Action Empire*, 442-451.

that Soviet power was something other than an empire.<sup>28</sup> At least part of this confusion stems from the insufficiency of the concepts employed. Empire has most often been defined—following Partha Chatterjee—as a "rule of colonial difference." Although this form of rule may have been justified "on the grounds that it would ultimately create modern subjects, the fulfillment of the promise would have eliminated the ideological justification for empire, and so, the insistence on difference [and inferiority] had to accompany the promise of universal ideas," and indeed, had to predominate.<sup>29</sup> By contrast, the modernist state has been understood as a truly universalizing, homogenizing project, one that seeks nothing less than "the *conquest* of difference" (emphasis in original).<sup>30</sup>

Though clearly defined and pleasingly complementary, these definitions fail to capture the intricate realities of power in the Soviet Union, and likely elsewhere as well. Although colonial rule may be predicated on difference, it also rests on the civilizing impulses of the colonizers—involving both "universalizing" and "orientalizing" tendencies, in Ishita Pande's formulation.<sup>31</sup> Modernist states, meanwhile, also promote difference, rigid internal hierarchies and boundaries of inclusion and exclusion. Zygmunt Bauman has argued that modern identities rely on such binary oppositions – inside and outside, Self and Other – that "order simultaneously the world in which we live and our life in the world." In his evocative phrasing: "there would be no enemies were there no friends, and there would be no friends unless for the yawning abyss of enmity outside."<sup>32</sup>

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<sup>28</sup> Northrop, *Veiled Empire*, 21-22, 65-66; Khalid, "Backwardness and the Quest for Civilization": 242-243.

<sup>29</sup> Pande, *Race and Liberalism in British Bengal*, 8; the archetypical example of this phenomenon, of course, is British India: see Partha Chatterjee, *The Nation and its Fragments* (Princeton: Princeton University Press, 1993).

<sup>30</sup> Khalid, "Backwardness and the Quest for Civilization": 238.

<sup>31</sup> Pande, *Race and Liberalism in British Bengal*, 4.

<sup>32</sup> Zygmunt Bauman, "Modernity and Ambivalence," *Theory, Culture & Society* 7 (1990): 143.

In other words, universalizing "modern" power and "colonial" difference should not be viewed in isolation; rather, as Chatterjee suggests, colonial difference must remain at the centre of analyses of modernity, in order to reveal the particularizing tendency that "is only hidden in the universal history of the modern regime of power."<sup>33</sup>

Histories of medicine have demonstrated the blurriness of boundaries between the modern and colonial state with particular clarity. David Arnold's influential work *Colonizing the Body* explores how "[c]olonialism used—or attempted to use—the body as a site for the construction of its own authority, legitimacy, and control." He is quick to note, however, that "[b]odies were being counted and categorized, they were being disciplined, discoursed upon, and dissected" in Europe as much as in the colonial world, and that, in this sense, "all modern medicine is engaged in a colonizing process."<sup>34</sup> Along the same lines, Paula Michaels suggests a continuum between ideal types, with empire and modernist statehood separated by "degree or emphasis rather than substance."<sup>35</sup> Yet these insights are limited insofar as they are non-specific. I argue that analysis must shift toward the multivalence of Soviet power—the interrelation of universalizing and particularizing impulses of the "colonial" and "modernizing" tendencies of rule.

### **Backwardness and Otherness: Visions of Difference in Socialist Modernity**

A fundamental paradox underpinned Soviet modernity in Central Asia, a contradiction between its claims to represent a universalizing, unifying, progressive force, and its persistent need to assert this modern identity against negative images of otherness and difference. Scholarly debates over empire and modern statehood have left unexamined

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<sup>33</sup> Chatterjee, *The Nation and its Fragments*, 33.

<sup>34</sup> David Arnold, *Colonizing the Body: State Medicine and Epidemic Disease in Nineteenth-Century India* (Berkeley; Los Angeles: University of California Press, 1993), 8, 9.

<sup>35</sup> Michaels, *Curative Powers*, 7.

the relationship between the universalizing and particularizing tendencies of Soviet rule. I approach this problem through discourse, exploring medical images of Central Asian difference—how Soviet medicine defined the inferiority of the region's peoples, and how they imagined that this condition might be overcome. Cavanaugh notes that medical authorities overwhelmingly saw Central Asia as different from and inferior to European Russia, and therefore viewed indigenous peoples as in need of European assistance.<sup>36</sup> Yet difference could be interpreted in numerous ways. Images of difference provide a site where the particularizing and universalizing impulses of Soviet power interacted and intermingled during the process of imagining socialist modernity in Central Asia.

I structure my analysis of difference through the interplay of two interwoven dimensions of civilizational discourse: space and time. A rich scholarly tradition, following Edward Said and his famous work *Orientalism*, has explored the spatiality of modern identity in Europe—the ways that "the Orient ... helped to define Europe (or the West) as its contrasting image, idea, personality, experience."<sup>37</sup> As Said himself argued, images of Oriental stagnation, irrationality, and barbarism served to emphasize the opposite qualities in Europe by contrast: progress, rationality, civilization—modernity. Yet scholars such as Susan Buck-Morss have noted that the Soviet project rejected these spatial constructions in favour of a temporal vision of modernity; while modern nation-states were imagined within space (nations bounded by other, distinct nations), revolutionary Soviet statehood was envisioned as "a historical event understood as an advance in time."<sup>38</sup> If nation-states were ahistorical (existing on their territory from time

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<sup>36</sup> Cavanaugh, "Backwardness and Biology": 388.

<sup>37</sup> Edward W. Said, *Orientalism* (New York: Pantheon, 1978), 1-2.

<sup>38</sup> Susan Buck-Morss, *Dreamworld and Catastrophe: The Passing of Mass Utopia in East and West* (Cambridge, MA: The MIT Press, 2000), 22-23.

immemorial), Soviet statehood was a nothing more than historical manifestation of the inexorable (and universal) march of humanity toward communism.

Spatial and temporal constructions of modernity, I argue, support contradictory understandings of difference. Spatial ideas correspond to images of *essentialized otherness*, which interpret non-European difference and inferiority as innate and immutable, and are frequently expressed in racialized terms. Temporal constructs support visions of *temporal backwardness*, in which inferiority and difference are seen as historical conditions, contingent and transient. Spatial and temporal constructions of difference imply divergent projects of modernization (or overcoming of inferiority). If temporal backwardness is assumed, "backward" peoples can become modern by progressing through the historical time, by "catching up" to those more advanced. Spatial visions of essentialized otherness suggest that inferiority is immutable and cannot be overcome. Modernization cannot come from inferior peoples and cultures, but only from the spatial expansion of advanced peoples—with the 'spread of European civilization' through a process of colonial rule or Europeanization.<sup>39</sup>

Temporality was certainly the claim of the Soviet project of modernity. Through this lens, Central Asians and other non-Russian peoples were described as temporally backward rather than essentially other. Indeed, Hirsch's concept of state-sponsored evolutionism rests on the assertion that "'backwardness' [was] the result of sociohistorical circumstances and not of innate racial or biological traits," and therefore "that all peoples could 'evolve' and thrive in new Soviet conditions" conducive to progress.<sup>40</sup> Yet the Soviet rejection of essentialized otherness has been challenged by scholars who have

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<sup>39</sup> Buck-Morss, *Dreamworld and Catastrophe*, 24.

<sup>40</sup> Hirsch, *Empire of Nations*, 9.

detected the presence of essentialized, even racialized difference in Soviet power. Eric Weitz has identified the emergence of a "racial politics without the concept of race" during the Stalinist period, in state practices such as the deportation and persecution of "enemy nationalities" from the late 1930s onward.<sup>41</sup> Ian Law has argued that the Bolshevik creation of a temporal "hierarchy of nations and peoples within the revolutionary process provided a mechanism for the reproduction of racial and ethnic hierarchies" in the Soviet Union, allowing the emergence of a racialized sociopolitical system even though, "officially, backwardness was not due to innate racial or biological characteristics."<sup>42</sup> He suggests that race found expression through ostensibly non-racial categories, a process he terms "racial proletarianisation" or "racial communisation."<sup>43</sup> Racialized groups remained disadvantaged, but their position was now understood through various discourses of backwardness, rather than race. Benjamin Loring identifies just such a logic of racial proletarianisation in Stalinist Central Asia, where he notes the development of a "cultural division of labour" that placed indigenous groups on the lowest rungs of the socialist economy.<sup>44</sup> Soviet discourse did not necessarily innovate in these displacements of race; as Jeff Sahadeo notes, imperial Russian authorities had used tropes of dirt and disease, harsh "[i]mages of unsanitary Muslims wallowing in filth and carrying illness [that] dehumanized the Central Asian population," as a discourse of essential otherness without using explicitly racial terms.<sup>45</sup>

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<sup>41</sup> Eric D. Weitz, "Racial Politics without the Concept of Race: Reevaluating Soviet Ethnic and National Purges," *Slavic Review* 61, no. 1 (2002): 1-29.

<sup>42</sup> Ian Law, *Red Racisms: Racism in Communist and Post-Communist Contexts* (Houndsmill, Basingstoke, Hampshire: Palgrave Macmillan, 2012), 17.

<sup>43</sup> *Ibid.*, 38-39, 143.

<sup>44</sup> Benjamin Loring, "Colonizers with Party Cards": Soviet Internal Colonialism in Central Asia, 1917-39," *Kritika: Explorations in Russian and Eurasian History* 15, no. 1 (2014): 77-102.

<sup>45</sup> Jeff Sahadeo, *Russian Colonial Society in Tashkent, 1865-1923* (Bloomington; Indianapolis: Indiana University Press, 2007), 85.

Amitav Ghosh suggests that even essentialized otherness can be cast in a language of time, an observation clearly applicable to the forms of racialization identified by Weitz, Law, and Sahadeo. Ghosh argues that colonial civilizing missions used a temporal discourse of "not yet" (not yet modern, not yet equal to Europeans) to express what was "in fact a 'not yet forever' (which is merely a locution for 'never') and packed into the forever/never is the silenced term which makes this line of reasoning possible—'race'."<sup>46</sup> Although such discourses disguised essentialized otherness as temporal backwardness, they ultimately denied the ability of colonized societies to become modern. Bruce Grant similarly notes the tendency of colonial projects to "[keep] their subjects at arm's length by denying their contemporaneity, or coevalness," maintaining the "inescapable alterity" (i.e., essentialized otherness) of the colonized by claiming that they inhabit a different (less advanced) historical epoch.<sup>47</sup>

I argue that spatial and temporal visions of difference ultimately comingled within Soviet discourses of modernity, despite assertions of strict temporality. I follow Nikolay Zakharov in positing for Russia a "chronotope" modernity that "can exist only with the existence of two 'Others', namely, the 'other' in time – pre-modern and traditional – and the 'other' in space – the non-Western."<sup>48</sup> The fundamental trait that underlay this configuration was Eurocentricity—the tendency to measure temporal progress according to European standards, norms, and values, taking Europe as the standard for what would be considered "modern." Time and space were inseparable, since to be European was –

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<sup>46</sup> Amitav Ghosh and Dipesh Chakrabarty, "A Correspondence on *Provincializing Europe*," *Radical History Review* 83 (Spring 2002): 148.

<sup>47</sup> Bruce Grant, *In the Soviet House of Culture: A Century of Perestroikas* (Princeton, NJ: Princeton University Press, 1995), 11. Such discourses remain prevalent today; consider the frequency with which conservative Muslim political movements are described as "medieval" or associated with the seventh century origins of Islam.

<sup>48</sup> Nikolay Zakharov, "Attaining Whiteness: A Sociological Study of Race and Racialization in Russia" (PhD diss., University of Uppsala, 2013): 87.

by definition – to be modern, and to be Asian was to be backward. As Zakharov succinctly notes, "[t]he main idea of the Enlightenment and modernity is universalism, but the source and agent of this universalism is the rational Westerner who, by enlightening the non-Western 'Other,' modernizes him."<sup>49</sup> As I will demonstrate in the coming chapters, such "spatial inflections" of Soviet temporal discourse figured prominently in the universalizing project of socialist modernity.

### **Medicine and Socialism: Theoretical and Historical Perspectives**

Bernstein, Burton, and Healey introduce their recent essay collection on Soviet medicine with a series of provocative questions: "[w]hat preoccupations, inclinations, and exclusions made medicine 'revolutionary' and 'Soviet'? How did successive generations of Soviet leaders conceive of a 'socialist' medical system—and how did their dreams fare in reality? What role did medicine play in the shifting definitions of Soviet socialism?"<sup>50</sup> Such questions inform the present work by hinting at the role of medicine within the larger imaginative and concrete project of socialist modernity, how Soviet medicine was at both unique and reflective of broader trends.

As David Hoffman argues, medicine was one of a "constellation of modern state practices that arose in conjunction with ambitions to refashion society and mobilize populations" according to a pan-European "rationalist ethos."<sup>51</sup> Through medicalized visions based on the "value judgements of [medical] experts regarding the lifestyle and morality of the people," Soviet political and scientific elites "conflated their society's

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<sup>49</sup> Zakharov, "Attaining Whiteness": 87.

<sup>50</sup> Frances L. Bernstein, Christopher Burton & Dan Healey, "Introduction: Experts, Expertise, and New Histories of Soviet Medicine," Frances L. Bernstein, Christopher Burton & Dan Healey, eds., *Soviet Medicine: Culture, Practice, and Science*, (Dekalb, IL: Northern Illinois University Press, 2010), 3.

<sup>51</sup> David Hoffman, *Cultivating the Masses: Modern State Practices and Soviet Socialism, 1914-1939* (Ithaca: Cornell University Press, 2011), 2.

ideological and physical health, and viewed both as essential to Soviet socialism."<sup>52</sup> This Soviet "medical gaze" policed boundaries of social inclusion and exclusion, and contributed to visions of social transformation. It helped to define both "normalcy" and "deviance" through a "set of moral values based on the maintenance and optimization of health," promising individual liberation within a flourishing collective by "mak[ing] humanity better, by making us healthier, fitter, saner, and more sober."<sup>53</sup>

While the Bolshevik embrace of medicine as a modern state practice and mode of power was not unique, Soviet medicine, in both theory and practice, was unique in its connections to revolutionary Marxist ideology. In *Das Kapital*, Marx had argued that "[c]apitalism is ruthless towards health and shortens the life of workers everywhere, where society does not coerce it toward other relations."<sup>54</sup> Developing this logic, Soviet theorists suggested that the antagonisms and contradictions of the capitalist system precluded progressive medical projects. Nikolai Semashko, the first People's Commissar of Public Health, presented this argument in a 1920 work, arguing that under capitalism

sanitary measures for the benefit of the poorer classes always met with obstacles. For instance, sanitary protection of labor in factories always interferes with the profit of the capitalists. Motherhood and childhood could not be fully protected, even though such protection may be, provided for, owing to the merciless necessity of increasing the production of the plant. Private property rights also interfered with the improvements of housing conditions, etc. In Soviet Russia, sanitary reforms do not know such obstacles.<sup>55</sup>

Soviet critics focused special attention on so-called "social diseases," such as tuberculosis and venereal disease, which were considered to be direct products of "social conditions in

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<sup>52</sup> Hoffman, *Cultivating the Masses*, 91, 124; on the medical gaze, see Michel Foucault, *The Birth of the Clinic: An Archaeology of Medical Perception* (New York: Pantheon, 1978).

<sup>53</sup> Bernstein, Burton & Healey, "Introduction: Experts, Expertise, and New Histories," 7-8.

<sup>54</sup> Karl Marx, *Capital: Volume 1* (London: Penguin Books, 1976), 381.

<sup>55</sup> Nikolai Semashko, *The Care of Health in Soviet Russia* (New York: Soviet Russia Medical Relief Committee, 1920), 11.

a capitalistic state."<sup>56</sup> Such diseases could only be addressed by transforming the socioeconomic system; medicine was ultimately "powerless in the conditions of the capitalist system, of exploitation of workers, and of large-scale unemployment, as the bourgeoisie is not interested in the health improvement of the popular masses."<sup>57</sup>

Soviet medicine was to transform this situation by replacing capitalist exploitation with "socialist humanism," a system driven by the goals of perfecting and liberating humanity, rather than profit and loss. Under socialism, medical goals would not be "at variance with the social and state system"—indeed, they would combine seamlessly with the broader project of social uplift.<sup>58</sup> As Nikolai Propper-Grashchenkov argued in 1939, the Soviet medical system reflected "the very nature of the social and state system existing in the U.S.S.R. in which unemployment, destitution and poverty have been permanently done away with on the basis of the abolition of the exploitation of man by man."<sup>59</sup> In such conditions, doctors would be "united with the working class ... [and] give all their energies and knowledge to the great and honorable work of defending the health of the people, and thus make a contribution to the construction of communism."<sup>60</sup>

What would the socialist medical system, bearer of such lofty goals, look like in reality? How could the abstract logic and principles of socialist ideology be translated into the structures and practices of an actually-existing system? At its base, Soviet medicine involved a state guarantee of the "provision of free, universal and qualified

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<sup>56</sup> Semashko, *The Care of Health in Soviet Russia*, 11.

<sup>57</sup> Petrov, ed., *Ocherki istorii profilakticheskogo napravleniia sovetskoi meditsiny* (Moscow: Medgiz, 1958), 5.

<sup>58</sup> *Ibid.*, 4.

<sup>59</sup> Nikolai Propper-Grashchenkov, *Public Health Protection in the USSR* (Moscow: Foreign Languages Publishing House, 1939) 12. Propper-Grashchenkov served as deputy Commissar of Public Health from 1937–1938, and then as acting Commissar in 1938–1939.

<sup>60</sup> E. I. Rodionova, *Ocherki istorii professional'nogo dvizheniia meditsinskikh rabotnikov* (Moscow: Medgiz, 1962), 8-9.

medical aid" to the Soviet population, a mantra repeated frequently by Soviet authors.<sup>61</sup> It was organized around the central idea of prophylaxis, that is, in the prevention of disease and improvement of overall health levels, rather than the mere treatment of existing illnesses. Zinovii Solov'ev, a Bolshevik revolutionary and the main ideologue of the Soviet medical system, argued that "the main difference between Soviet medicine and the medicine of capitalist countries [was] that the latter cannot embark on the path of prophylaxis without encroaching on the very foundations of the capitalist system."<sup>62</sup> These two principles – universality and prophylaxis – would free medicine from its former constraints under capitalism, extending its reach to all areas of life, and "combining medical aid to the sick with radical measures to improve the health of the general population." The socialist health system would serve as a centralized, all-encompassing network for these purposes: "[e]very unit of the Soviet health service is organized with a view not only to curing disease, but to abolishing its causes by studying the working and living conditions of *every patient*" (emphasis added).<sup>63</sup> This vision of medical surveillance, "information-gathering for the purpose of observing and then shaping the populations attitudes," reflected the modernist utopian aspirations of both Soviet power and the medical gaze.<sup>64</sup> If socialism aimed to unify and liberate humanity, medicine harboured the same hopes. In Soviet medicine, "[i]n principle, at least, the humanitarian aspirations of medicine and socialism converged, with socialized medicine

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<sup>61</sup> Ia. T. Tadzhiiev, "Osushchestvlenie kommunisticheskoi partiei leninskoii natsional'noi politiki v razvitiu sovetskogo zdravookhraneniia," in S. V. Shershankin, ed., *Sbornik rabot po istorii meditsiny i organizatsii zdravookhraneniia v Tadzhikistane* (Stalinabad, 1957), 71.

<sup>62</sup> Zinovii Solov'ev, quoted in B. D. Petrov, ed., *Ocherki istorii profilakticheskogo napravleniia sovetskoi meditsiny* (Moscow: Medgiz, 1958), 7. Solov'ev was hailed as the key theorist of Soviet medicine. He was also involved in the organization of Soviet public health, serving as deputy Commissar of Narkomzdrav under Nikolai Semashko.

<sup>63</sup> Nikolai Semashko, *Health Protection in the USSR* (London: Victor Gollancz, 1934), 23-24.

<sup>64</sup> Peter Holquist, "What's so Revolutionary about the Russian Revolution?," in David Hoffman and Yanni Kotsonis, *Russian Modernity: Politics, Knowledge, Practices* (New York: St. Martin's Press, 2000), 91.

as 'the purest form of socialism.'"<sup>65</sup>

### **Inventing Soviet Modernity: the Stalinist Social Imaginary**

My arguments rest on the notion of a Stalinist *social imaginary*, emerging from the interaction between Marxist-Leninist ideology and the practical project of Soviet state-building on the diverse territory of the former tsarist empire. This vision, I suggest, helped to define socialist society as it would exist in reality rather than theory, and to structure the parameters and possibilities of its development. Charles Taylor defines a social imaginary, simply, as the sum total of the ways that social groups collectively "imagine their social existence, how they fit together with others, how things go on between them and their fellows, the expectations that are normally met, and the deeper normative notions and images that underlie these expectations."<sup>66</sup> The imaginary is both factual and normative, containing "a sense of how things usually go, ... interwoven with an idea of how they ought to go." It is a mental map of society and the relations between its constituent parts, embedded within a deeper vision of "moral or metaphysical order, in the context of which the norms and ideals [of social interaction] make sense." The social imaginary ultimately emerges from the interplay of theory and reality, a negotiation through which abstract theory is "schematized" into structures and practices in the real world. As theory becomes embedded in the imaginary landscape of everyday life, "[i]t begins to define the contours of [the] world and can eventually come to count as the taken-for-granted shape of things, too obvious to mention."<sup>67</sup>

The relevance of this concept to the Soviet case is immediately apparent, given

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<sup>65</sup> Bernstein, Burton and Healey, "Introduction," 7-8.

<sup>66</sup> Charles Taylor, *Modern Social Imaginaries* (Durham, NC: Duke University Press, 2004), 23.

<sup>67</sup> Taylor, *Modern Social Imaginaries*, 25, 29.

the revolutionary ideology through which the Bolsheviks perceived society and their radical efforts to impart this vision to all members of society. Taylor notes that social imaginaries are shared more widely than the social theories from which they often derive; they represent "the way ordinary people 'imagine' their social surroundings, and this is often not expressed in theoretical terms but is carried in images, stories, and legends."<sup>68</sup> Sheila Fitzpatrick has similarly noted the importance of stories during Stalinism, and their role as narratives that "make sense out of the scattered data of ordinary life, providing a context, imposing a pattern that shows where one has come from and where one is going."<sup>69</sup> Stories, narratives, and symbols underpinned the Stalinist social imaginary, rendering the ideological precepts of Marxism-Leninism comprehensible within, and inseparable from, the fabric of ordinary social life, to the extent that it eventually became difficult to imagine life without socialism.<sup>70</sup>

Bearing these insights in mind, my interest in the current work rests with Soviet doctors, and the particular images and narratives of Soviet society that emerged from their interactions with the poles of state and society, ideology and reality. Although they were official agents of Soviet power, intermediaries between the regime and its subjects, doctors were often far removed from positions of power; indeed, they were sometimes even victims of the state. Yet willingly or unwillingly, they helped – through their work and their thought – to transform the abstraction that was Marxism-Leninism "into a stable and agreed set of practices" and understandings that formed the basis of an enduring

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<sup>68</sup> Taylor, *Modern Social Imaginaries*, 23.

<sup>69</sup> Sheila Fitzpatrick, *Everyday Stalinism: Ordinary Life in Extraordinary Times: Soviet Russia in the 1930s* (New York: Oxford University Press, 1999), 8.

<sup>70</sup> For a development of this argument in relation to late socialism, see Alexai Yurchak, *Everything was Forever until it was No More: The Last Soviet Generation* (Princeton, NJ: Princeton University Press, 2006); see also Jochen Hellbeck, *Revolution on my Mind: Writing a Diary under Stalin* (Cambridge, MA: Harvard University Press, 2006).

vision of modern Soviet society, above all in regions such as Central Asia.<sup>71</sup> In imagining a Soviet medical system that would transform the region, doctors played a role in the discursive creation of socialism, the imagining of "a new society unlike any that had actually existed anywhere."<sup>72</sup> In this sense, their work, and the stories of their lives, touched the heart of Soviet socialism as it emerged under Stalinist rule.

### **Thesis Outline**

Through the lens of doctors and medical discourse, I seek in the present thesis to explore the images and discursive structures through which Soviet Central Asia was imagined—the position of the region within discourses of Soviet modernity. By focusing on how narratives of medical development and images of indigenous inferiority interacted within Soviet medical visions of socialism construction, I examine the ways in which the universalizing and differentiating impulses of Soviet power converged in discourses of modernity in Central Asia. Ultimately, I argue that the medical discourse of Soviet modernity in the region rested on a contradictory premise: attempts to forge a unified socialist society were predicated on images of Central Asian difference and inferiority. In seeking to overcome the legacy of capitalism and tsarist imperialism through the construction of socialism, Soviet modernity reproduced the civilizational binaries of Europe and Asia.

In the first chapter, I examine how socialist construction was pursued through the development of the medical system in Central Asia. I argue that the tasks of decolonization and modernization were understood through the prism of Lenin's theory of

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<sup>71</sup> Taylor, *Modern Social Imaginaries*, 29.

<sup>72</sup> Robert Argenbright, "Soviet Agitational Vehicles: Bolsheviks in Strange Places," in Mark Bassin, Christopher Ely and Melissa K. Stockdale, eds. *Space, Place, and Power in Modern Russia: Essays in the New Spatial History* (DeKalb, IL: Northern Illinois University Press, 2010), 142.

imperialism. I posit a "Leninist ideological geography" as the structuring principle of medical development on the Soviet periphery, and examine how narratives of mobility through a symbolic landscape of advanced centre and backward periphery provided a site to imagine the emergence of a Central Asia as modern and Soviet, and an opportunity for doctors to assert their position within socialist construction. Finally, I reflect on the chaos and violence omitted in official discourses of the medical development.

In the second chapter, I turn to medical visions of the peoples of Central Asia, seeking to understand the role of images of backwardness and inferiority in discourses of modernity. I examine evolving medical views of indigenous difference over the Stalinist period, and argue that medical discourse reflected a stable vision of "temporalized space" that placed spatial visions of essentialized otherness within the temporal framework of Marxist-Leninist teleology. Suggesting that this structure reveals Soviet modernization in Central Asia as a project of Europeanization, I explore how public health campaigns marked elements of "backward: Central Asian culture as causes of disease, targeting them for replacement with "modern" European ways of life.

## CHAPTER 1

### ROUTES OF STALINISM: Mobility and Modernization in Central Asia

It turns out, my friend, that the doctor does not just come to the village and begin to heal people. The doctor in the village is high politics, the strengthening of Soviet power.<sup>1</sup>

Graduating from medical school in 1925, young Russian surgeon Arkadii Iantarev faced a moral dilemma. As a top student of a medical institute in Kazan, he had been offered a post in an urban surgical clinic upon graduation, an opportunity to live "the cultured life of a university city," and begin a prestigious and fulfilling career as a specialist.<sup>2</sup> Yet Iantarev was haunted by doubts about this path, wondering if his medical skills would be better used elsewhere. Like other Soviet citizens, he had "read in newspapers, heard in lectures, that we had inherited from tsarist Russia a difficult legacy in the form of different social diseases, which were especially common on the peripheries of the country among the illiterate populations." His conscience told him that to go to the countryside and "fight against these evils [would be] a noble goal," even though it would jeopardize his own career aspirations.<sup>3</sup> Impulsively, he applied to serve as a doctor in Kalmykov, a remote town on the Ural river, in what is today western Kazakhstan.<sup>4</sup> As he began his journey from the cultured city to the backward Kazakh steppe still wracked by uncertainty, Iantarev, as he recalled in his memoir, began a personal transformation. In devoting himself to the greater social good, the naïve medical student became a conscious

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<sup>1</sup> A. Iantarev, *Zapiski sel'skogo vracha* (Stavropol: Stavropol'skoe Knizhnoe Izd., 1958), 33.

<sup>2</sup> *Ibid.*, 6, 11. Though the work is presented as autobiographical, its authorship is somewhat unclear. Though Iantarev's name appears on the front cover, the name Arnol'd Iosifovich Bernshtein appears under it in brackets in the colophon of the book. Available information leaves open the question of whether Iantarev was a *nom de plume* employed by Bernshtein, or whether Iantarev's account was ghostwritten by a second party.

<sup>3</sup> *Ibid.*, 6.

<sup>4</sup> Today the city of Taipak, Kazakhstan.

agent of Soviet power.

Ten years later, finishing medical school in Alma-Ata as part of the first graduating class of the Kazakh Medical Institute (KazMI), another doctor, Esimbek Orazaliev, found himself similarly torn between personal desires and social duties.<sup>5</sup> During his studies, Orazaliev had fallen in love with Rabiga, another student at KazMI. He now faced the prospect of leaving her behind in the city to take up his post-graduation assignment in a distant village on the steppe. Unlike Iantarev, Orazaliev did not have a personal choice in this matter; the Institute had "told the party and the government that the first graduates of the Kazakh Medical Institute – sixty-six people – were going all as one to work in the *auls* [indigenous villages or encampments]."<sup>6</sup> If he failed to report for duty as mandated, he would be considered a deserter. Yet although a Communist Party member and faithful servant of Soviet power – he had even participated in grain procurement during the Kazakh famine in 1931 – Orazaliev hesitated, delaying his departure as long as possible, searching for a way to reconcile love and duty.<sup>7</sup>

Despite occurring in different times, places, and circumstances, the accounts of Arkadii Iantarev and Esimbek Orazaliev share fundamental narrative similarities. In both works, the central plot conflict, although a personal dilemma, is expressed through oppositions in *space*—personal desires located in the vibrant city versus social duties in the backward countryside. Movement between these poles, then, reveals more than the

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<sup>5</sup> Istore Urazakov, *Zapiski vracha* (Almaty: Izd. "Zhazushy," 1974). Though the work is presented as fiction, and Orazaliev is a fictional character, it is noted to be "in large part autobiographical" (2)—like Orazaliev, the author graduated in the first class of KazMI. The work was first published in Kazakh in 1970, and appeared in Russian translation in 1974. For the purposes of this work, the "truth" of the work – and of Iantarev's – as an accurate reflection of an individual life is less important than the ways in which it reflected Soviet discourses of society and the doctor's proper role within it.

<sup>6</sup> *Ibid.*, 6.

<sup>7</sup> The first part of Urazakov's work was titled *Liubov' i dolg* – love and duty – demonstrating the centrality of this conflict in the narrative of Esimbek's early career.

particulars of each doctor's career path; it represents embrace of a cause larger than the individual, a privileging of collective need over individual desire—in a word, socialism. This concern for the meaning of space, and of movement across it, went beyond these two accounts. Indeed, I argue that the journeys of Iantarev and Orazaliev captured and dramatized the ideological configurations of space and movement that lay at the heart of Soviet projects to transform Central Asia. The "spatialized" structure of the works was not accidental; both narratives unfolded within the broader imaginaries that accompanied Soviet attempts to build socialism on the territory of the former tsarist empire.

What understanding of space did medical narratives of Central Asia express? In privileging the relationship between centre and periphery, they reflected a vision that I term the "Leninist ideological geography," a symbolic organization of space according to binaries of privileged centre and oppressed periphery. Drawing on Lenin's theory of imperialism, this vision of "spatialized time" presented the building of socialism as the overcoming of these *spatial* contradictions, creations of tsarist capitalism. Its logic was particularly apparent in the medical field, where socialism was imagined as the process of transcending spatial divisions in order to eliminate backwardness, bring health (and modernity) to all Soviet citizens, and unleash their full potential within a unified, decolonized society. The Leninist ideological geography placed medicine – with its aspirations to universality – at the centre of socialist transformation in regions like Central Asia, imbuing its progress with deep political and ideological meaning. Soviet doctors themselves were the vital component of this vision; it was to be their mobility, their journeys across the Leninist geography, that carried the revolution to the farthest corners of the Soviet territory.

In suggesting mobility as the key to understanding the medical project of Soviet modernity, I draw on an established body of scholarship that has seen in Russian and Soviet history a consistent "desire to control human movements across Russian space and utilize such movement controls as a means to accomplish broader political imperatives."<sup>8</sup> Cynthia Buckley suggests that Soviet theorists imagined "socialist mobility" through the lens of control and planning, as an "an overall scientific approach ... that clearly differentiated [it] from the population movements seen in capitalist economies."<sup>9</sup> For Matthew Light, this implied "a form of migration that was fully state directed, or 'regularized,'" a mobility that, rather than being uncontrolled and therefore threatening, enhanced state power by inculcating "regime adherence": the full integration of the individual into the Soviet order."<sup>10</sup> In other words, mobility was seen as a tool for the forging of a socialist society in at least two ways. First, it was a means of rationally distributing population, labour power, and skills in pursuit of a socialist socioeconomic structure; and second – perhaps even more significantly – mobility was seen as a way to forge Soviet subjects, by aligning individual will and collective need, and thereby collapsing the oppositions between freedom and oppression, the individual, the society, and the state. In moving from centre to periphery, from city to countryside, from Europe to Asia – doctors helped to bind "backward" regions discursively and concretely to Soviet power—to make Central Asia modern and Soviet. In the process doctors transformed themselves into New Men and Women, fit to inhabit the new, collectivist world. Mobility

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<sup>8</sup> John Randolph and Eugene M. Avrutin, eds., introduction to *Russia in Motion: Cultures of Human Mobility since 1850* (Urbana; Chicago: University of Illinois Press, 2012), 8.

<sup>9</sup> Cynthia Buckley, "The Myth of Managed Migration: Migration Control and Market in the Soviet Period." *Slavic Review* 54, no. 4 (1995): 897.

<sup>10</sup> Matthew Light, "What Does It Mean to Control Migration? Soviet Mobility Policies in Comparative Perspective." *Law & Social Enquiry* 37, no. 2 (2012): 395, 399.

served as a narrative site where oppositions between centre and periphery, the individual and the collective, could be overcome in the triumphant emergence of socialism.

In the current chapter, then, I explore medicine as a discourse of Soviet modernization in Central Asia, examining its ideological forms and concrete structures, and its narrative role in imagining social transformation. First, I will expand upon the idea of the Leninist ideological geography, and explore its appearance in medical works. Next, I will interrogate the dynamics of medical mobility in Central Asia, suggesting that Leninist understandings of the "problem" of socialist construction led authorities to centre-periphery movement as a "solution." Moving then to questions of narrative and discourse, I will illustrate the ways in which mobility within the Leninist geography provided sites to imagine the creation of a unified socialist society. I will examine the biographies of prominent doctors in the region published during the Stalinist period, suggesting that the lives of these individuals served as "Soviet icons" representing the new society that was emerging. I will then return to personal narratives such as those of Iantarev and Orazaliev, exploring how these reflected a process of "writing" the individual into the Soviet system as agents of Soviet power. Lastly, I will explore the silences of Stalinist medical discourse, examining counter-narratives that reveal the chaos, violence, and coercion elided from official visions of Soviet medicine.

### **Spaces of Revolution: Leninist Imperialism and Socialist Medicine**

If Soviet medical theorists grounded their vision of socialist medicine in Marxist class analysis, they also drew vital inspiration from Lenin's theory of imperialism when applying Marxist logic to actual conditions in the USSR. The proletarian revolution had not occurred, as Marx had predicted, in an advanced industrial economy; rather, it had

unfolded in an imperial polity marked by significant spatial disparities between an industrial centre and "backward" peripheries. Facing these conditions, Soviet theorists combined Marxist and Leninist precepts to conceptualize the revolutionary process not (or not only) in temporal terms, as the victory of the proletariat in historical class struggle, but in spatial terms—as the overcoming of a parasitic relationship between imperial centre and colonized periphery. It was through the fusion of temporal and spatial visions that Soviet medical theory imagined the transcending of capitalism and (by implication) the building of socialism, in the field of medicine and beyond.

In its broad strokes, Lenin's theory of imperialism requires little introduction. It was outlined in *Imperialism: The Highest State of Capitalism* (1917), perhaps Lenin's single most famous theoretical work. Lenin viewed imperialism as a natural progression of capitalism, a stage of historical development at which the increasing internal contradictions and class antagonisms within capitalist countries drove them to exploit external colonies. Through this system of colonial exploitation, he argued, states could generate the profits necessary to buy social stability at home. At the same time, however, they exported their own contradictions and antagonisms, creating an international division of labour that mirrored internal class struggle; even if the support of workers in the capitalist state could be bought with colonial profits, the exploitation of external colonized populations planted the seeds of the system's destruction.<sup>11</sup>

Though it followed the basic logic of class struggle, Lenin's theory represented a significant revision of Marxism. It introduced the notion that dialectical materialism unfolded not only as struggles between classes within a given society, but also between

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<sup>11</sup> Vladimir Lenin, "Imperialism, the Highest Stage of Capitalism," in Vladimir Lenin, *Lenin: Selected Works*, vol. 1 (Moscow: Foreign Languages Publishing House, 1952), 643-740.

societies and across space. For Lawrence Birken, Lenin's theory replaced the "temporal dialectic of classical Marxism," theorized as an internal "class struggle rooted in the intensification of capitalism and its contradictions over time," with a "spatial dialectic" that unfolded as "a world struggle across space."<sup>12</sup> Although his own analysis centred on the international system, Lenin's oppositional relationship between centre and periphery could extend, in principle, to multiple and interrelated scales: colonial metropole and hinterland, industrial core and agrarian hinterland, city and countryside.<sup>13</sup>

I argue that Leninist theory provided the basis, in Soviet medical thought, for what I term an *ideological geography*, in which the contradictions and antagonisms of capitalist society were imagined as the spatial divisions between centre and periphery, and the task of socialist transformation was understood as the overcoming of this opposition and the disparities – notably the backwardness of the periphery – that resulted from it. In Soviet discourse, this Leninist ideological geography served as a powerful rhetorical device to demonstrate the malevolent and destructive nature of the tsarist system in relation to the populations it had ruled, exemplified by formerly colonized regions such as Central Asia. If capitalism in general was fraught with destructive tensions, nowhere would these be clearer than on the colonized periphery, where oppressed and exploited non-Russian peoples had served the parasitic centre.

The logic of Leninism was visible in Soviet medical discourses on Central Asia. In his history of Soviet medicine in Uzbekistan, Kh. Zakhidov argued that "if the tsarist

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<sup>12</sup> Lawrence Birken, "Lenin's Revolution in Time, Space and Economics and its Implications: An Analysis of Imperialism," *History of Political Economy* 23, no. 4 (1991): 616.

<sup>13</sup> The connection between Lenin's concern with the countryside and the colony has in this regard been long recognized, though its importance has perhaps not been fully recognized. For example, David Smith considered Lenin's main innovation to be the "attention that he lavished upon the relationship of developing capitalism to the village and agrarian and colonial areas," and the notion that capitalism created "intense oppression of colonial and underdeveloped areas." David G. Smith, "Lenin's 'Imperialism': a Study in the Unity of Theory and Practice," *The Journal of Politics* 17, no. 4 (1955): 555-556

government was forced in central Russia to pass some measures for the defense of the health of the population, especially in the post-reform period, then in Uzbekistan—a colony—no concern about the health of the workers was shown at all."<sup>14</sup> Nikolai Semashko went further, arguing that tsarism had actively harmed the health of Central Asians: "capitalist exploitation by the old regime ... reduced the masses of the oppressed nationalities to abject slavery and poverty," and resulted in "the absolute degeneration of many nationalities."<sup>15</sup> Soviet authors exposed the poor health and general social backwardness of Central Asia during the pre-revolutionary period with considerable enthusiasm, holding up the doubly oppressed (by class and nationality) peoples of the region as exemplars of the ill effects of tsarist capitalism. Zakhidov argued that

heavy, exhausting work, miserable conditions of existence, and the absence of any general sanitary precautionary measures, contributed to an extremely high level of disease in the population and mortality especially in the countryside. Thousands of lives were lost annually to epidemics of smallpox, cholera, and typhus.<sup>16</sup>

As this quote suggests, the non-Russian countryside was considered the most deprived and backward of all. Scholars noted that even the few medical institutions that existed in tsarist Central Asia were concentrated overwhelmingly in urban areas (in proximity to European populations). Rural regions, and especially nomadic populations, were entirely bereft of medicine.<sup>17</sup> In both works focused on Central Asia and in those addressing Soviet medicine in general, author after author emphasized the neglect and deprivation suffered by indigenous Central Asians under tsarism, and the disease and backwardness

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<sup>14</sup> Kh. Z. Zakhidov, *Zdravookhranenie v Uzbekistane za 25 let, 1925-1949* (Tashkent: Gos. Izd. UzSSR, 1949)6; the idea of using colonial profits to buy off the metropolitan working class is implied here.

<sup>15</sup> Semashko, *Health Protection in the U.S.S.R.*, 125.

<sup>16</sup> Zakhidov, *Zdravookhranenie v Uzbekistane*, 7.

<sup>17</sup> Semashko, *Health Protection in the USSR*, 125-125; Nikolai Vinogradov, *Public Health in the Soviet Union* (Moscow: Foreign Languages Publishing House, 1950), 89-90.

that resulted.<sup>18</sup> In doing so, they articulated a vision of capitalist oppression differentiated according to the oppositions in space created by tsarist rule, notably those between metropole and colony, but also those between city and countryside.

Leninist theory not only shaped Soviet understandings of the destructive medical effects of tsarism, but also provided a vision of how socialist medicine would be different from its capitalist predecessor. Since the creation of socialist medicine was to overcome the contradictions of capitalist medicine, then, to the extent that these contradictions were imagined *spatially*, as imperial hierarchies, Soviet medicine could assert a break with the past simply by reversing the imperial dynamic—by devoting special attention to the sites of tsarist neglect. On this basis, the rapid development of Soviet medicine in Central Asia could serve as a powerful symbol of progressive Soviet power, representing the transcending of disease, backwardness, and inferiority. This was precisely the logic that underlay the Leninist nationality policy as a whole—Semashko noted that the first Five-Year Plan had foreseen that "[t]he necessity of putting an end to their [non-Russian nationalities'] economic and cultural backwardness demands a correspondingly more rapid *tempo* of economic and cultural development."<sup>19</sup> Indeed, medical works rarely failed to mention the contrast between tsarism and Soviet power. Aleksandr Bakulev, for example recorded that "[i]n pre-revolutionary Uzbekistan there was one doctor to every 31,000 inhabitants. Today there is a doctor to every 895."<sup>20</sup> Semashko highlighted the

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<sup>18</sup> Semashko, *Health Protection in the U.S.S.R.*, 125-126; see also Zakhidov, *Zdravookhranenie v Uzbekistane*, 6-7; Popper-Grashchenkov, *Public Health Protection in the USSR*, 34; Petrov, *Ocherki istorii profilakticheskogo napravleniia*, 5; Aleksandr Bakulev, *The Soviet State on Guard of the People's Health* (Moscow: Foreign Languages Publishing House, 1955), 26;

<sup>19</sup> Semashko, *Health Protection in the USSR*, 127.

<sup>20</sup> Bakulev, *The Soviet State on Guard*, 26; such passages were extremely common throughout the Stalinist period. For example, Popper-Grashchenkov, *Public Health Protection in the USSR*, 34: "Today there are over 3,000 hospital beds in the Turkmen Soviet Socialist Republic, whereas formerly there were only 200; in the Uzbek Soviet Socialist Republic the number of hospital beds has increased from 600 to 9,200, and so

creation of medical schools in the Soviet East, and the growth of medical cadres "even in the most remote and most backward national regions and districts."<sup>21</sup>

Medical narratives portrayed the development of Soviet public health in Stalinist Central Asia as a smooth process, part of a broader modernization of the region that was erasing backwardness and replacing it with socialism. This process was described, above all, through statistics such as the overall number of doctors in the region and the growing number of hospital beds serving the population. Zakhidov recorded that, between the national delimitation of the Uzbek SSR in 1924 and the end of the first Five Year Plan in 1932, the number of hospital beds in urban areas of the republic grew threefold (from 2,029 to 6,180), while in rural areas they grew by over twenty times (from 106 to 2,594).<sup>22</sup> Similar figures from Kazakhstan, provided by Semashko, demonstrate the extent to which this growth was concentrated during the years of the Five Year Plan; hospital beds in the Kazakh ASSR were reported to have grown from 1,242 in 1927, to 5,444 in 1931.<sup>23</sup> Although the overall provision of health may have remained modest, such statistics expressed "progress in terms of numbers, which rose steadily from year to year," representing the steady march toward socialism. Kate Brown describes the impression left by this numerical image of socialist construction: "as you read these charts you have the sensation of flight, as if you lived not in increments of time ticked off in earthbound seconds but in an *epoch*, one that had finally broken free from the immobile bedrock of backwardness, conservatism, and tradition" (emphasis in original).<sup>24</sup>

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on;" also, Nikolai Semashko, *Public Health in the U.S.S.R.* (London: Soviet News, 1946), 11-13; Semashko, *Health Protection in the USSR*, 125-129.

<sup>21</sup> Semashko, *Health Protection in the USSR*, 155.

<sup>22</sup> Zakhidov, *Zdravookhranenie v Uzbekistane*, 24-25.

<sup>23</sup> Semashko, *Health Protection in the USSR*, 127.

<sup>24</sup> Kate Brown, *A Biography of No Place: From Ethnic Borderland to Soviet Heartland* (Cambridge, MA: Harvard University Press, 2004), 22-23.

This was Soviet modernization, in medical terms; the emergence of a unified, modern society was attested by the charts that recorded the steady erasure of tsarist neglect.

Ultimately, the Leninist ideological geography defined the territory of the former tsarist empire as a differentiated landscape of disease and health—*space*, rather than class, was the determining principle of this vision. The dichotomy of centre and periphery provided a theoretical lens to not only understand and critique the oppression of tsarism, but also to establish socialism as positive and progressive in contrast. Indeed, in diagnosing the ills of tsarism, Soviet theorists had already begun to elaborate a cure—Soviet modernity. Where capitalism had fostered disease, Soviet medicine would promote health; where tsarist imperialism had created hierarchies and inequalities, Soviet policies would promote equality and unity. What tsarism had broken, Soviet power would make whole. By extension, the bringing of medicine from centre to periphery also signified the transformation of Russian, capitalist medicine into Soviet, socialist medicine. Yet the dichotomy of centre and periphery (or rather, multiple centres and multiple peripheries) was more than a rhetorical device to draw contrasts between tsarist capitalism and Soviet socialism. In seeking to define socialist medicine in opposition to the capitalist past, Soviet authorities placed emphasis on exactly those spaces that the pre-revolutionary government had neglected. The Leninist ideological geography shaped the medical system in significant ways, with particular significance for Central Asia.

### **Mobility and Medical Development in Central Asia**

The Stalin Revolution, unleashed by the Soviet regime at the end of the 1920s, unfolded through unprecedented levels of human mobility, both physical and social. Examining the collectivization drive in Kazakhstan during the first Five Year Plan, Sarah Cameron

records the extreme fluidity of the population, as thousands of peasants and indigenous nomads "were violently forced into collective farms in the winter of 1929, only to rapidly exit them by the spring of 1930," refugees from the chaos and famine that engulfed the republic.<sup>25</sup> As starving groups of refugees gathered near cities or attempted to flee into China, thousands of exiles (*pereselentsy* or "special settlers") and other immigrants – doctors among them – poured into the republic, the result of anti-kulak repression across the USSR and Soviet development policies on the periphery.<sup>26</sup> Motion became a lived reality for millions during the Stalinist period as the regime attempted (and often failed disastrously) to plan, control, and direct mobility toward the goals of socialist construction. As John Randolph and Eugene Avrutin suggest, "governance of mobility created the tools to attempt governance *through* mobility."<sup>27</sup> Indeed, movement took on ideological and political significance in Soviet thought, becoming a means not only to physically transform the economy and demography of the former tsarist empire, but also to reimagine the spaces and peoples therein as a new unified, postcolonial, socialist society. Medical mobility played an important role in this process; the Leninist geography would shape the lives of thousands of doctors during the Stalinist period.

Stalinist mobility has been the subject of considerable debate among historians. Where Sheila Fitzpatrick saw in the 1930s a massive upward mobility of peasants and workers, Moshe Lewin saw only chaos, the creation of a "quicksand society" that the ferocious repressions of the late-Stalin period sought to tame.<sup>28</sup> In their recent study of

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<sup>25</sup> Sarah Isabel Cameron, "The Hungry Steppe: Soviet Kazakhstan and the Kazakh Famine, 1921-1934 (PhD diss., Yale University, 2010): 143-144.

<sup>26</sup> *Ibid.*, 135-136, 169.

<sup>27</sup> Randolph and Avrutin, introduction to *Russia in Motion*, 8.

<sup>28</sup> Stephen Kotkin, *Magnetic Mountain: Stalinism as a Civilization* (Berkeley: University of California Press, 1995), 3-5, 73; Moshe Lewin, *The Making of the Soviet System: Essays in the Social History of Interwar Russia* (New York: The New Press, 1994), 221-222.

migration across Russia's tsarist, Soviet, and post-Soviet twentieth century, Lewis Siegelbaum and Leslie Moch understand movement as an interaction between official "*migration regimes*, that is, policies, practices, and infrastructure designed to both foster and limit human movement," and the diverse social "*repertoires* and itineraries" that informed migration at the individual level.<sup>29</sup> One form of mobility they identify – career migration – offers particular insight into the Soviet medical system, and the experience of doctors themselves. Stalinist career migration took place in a number of contexts. It could occur alongside the expansion of economic and social institutions, through voluntary recruitment drives or mandatory postings, or could be associated with the carceral economy of the Gulag system (with the migrant appearing as prisoner or prison personnel, or even both).<sup>30</sup> As such, career migration provoked a wide array of responses to official authority. Sometimes migration of this type, even to undesirable locations, was a voluntary act of Soviet patriotism, or was enthusiastically embraced even when it was involuntary. In other cases migration was marked by coercion on the part of authorities, and resistance on the part of careerists. In Central Asia, the developing medical system played host to all of these tendencies.

During the 1920s and 1930s, thousands of young graduates issued forth from a rapidly expanding network of medical schools and institutes across the USSR. Like Arkadii Iantarev and Esimbek Orazaliev, they rarely remained in the urban centres of science and culture where they were educated; rather, medical cadres flowed outward into the peripheral republics, regions, and districts of the USSR, where they (or the authorities who sent them there) sought to actualize the promise of Soviet power. This

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<sup>29</sup> Lewis H. Siegelbaum and Leslie Page Moch, *Broad is my Native Land: Repertoires and Regimes of Migration in Russia's Twentieth Century* (Ithaca: Cornell University Press, 2014), 3, 5.

<sup>30</sup> *Ibid.*, 157-187.

specific process of medical construction was understood in relation to the broader context of central planning and socialist construction. In his presentation to the *Sixth All-Russian Congress of Medical Sections* in 1927, on the eve of the first Five Year Plan, Nikolai Semashko explicitly linked the development of public health to the Soviet industrialization drive. Noting how "grandiose" economic projects could founder on the ill health of their workers, he suggested that all economic plans should include "correct sanitary measures, providing not only for the defence of the health of workers engaged in this business, but also the fruitfulness of these economic endeavours."<sup>31</sup> Yet even more importantly, Soviet medicine – by virtue of the universal reach to which it aspired – was to be a vital conduit of social and cultural uplift. In the backward countryside, medicine would render the growing collective farms "not only agricultural-cultural, but also sanitary-cultural," revolutionary "nuclei" that would transform the peasant populations around them.<sup>32</sup>

The Leninist ideological geography provided a compelling organizing principle for the planners of Soviet medicine. If the health system was to play a vital role in creating the social and cultural conditions for socialism across the Soviet space, Leninist spatiality provided a framework to organize this project in practice, through the physical mobility of doctors. And indeed, the Soviet medical system was strongly marked by a centre-periphery dynamic. Upon graduation doctors, like other young Soviet specialists, received a mandatory posting at a location decided entirely by authorities.<sup>33</sup> While Siegelbaum and Moch note that this system was established by a law promulgated in

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<sup>31</sup> *Trudy shestogo vsrossiiskogo s"ezda zdravotdelov, 3-9 maia, 1927* (Moscow: Narkomzdrav RSFSR, 1927), 14.

<sup>32</sup> *Ibid.*, 21.

<sup>33</sup> Mark G. Field, *Soviet Socialized Medicine: An Introduction* (New York: The Free Press, 1967), 116; the length of mandatory postings varied over time: Siegelbaum and Moch, *Broad is My Native Land*, 178-181.

1933, historical sources suggest that the practice began in the health system earlier, in the 1920s.<sup>34</sup> In most cases, mandatory postings involved service on the periphery, either in the "backward" countryside of European regions, or in non-Russian regions and republics such as those of Central Asia. Health authorities held considerable power over doctors in the enforcement of this system, not the least because the state was virtually their only choice of employer (private practice was not banned outright, but seems to have become quite rare).<sup>35</sup> To "desert" one's post, in the militarized language of the day, carried significant consequences. One émigré doctor noted, the official decisions on postings were "binding for all [graduates] and for its violation there [were] strong punishments."<sup>36</sup> A different individual recalled that his cousin, trained as a nurse, had "received an order to go to Central Asia; she refused. So her diploma was revoked."<sup>37</sup> Indeed, medical institutions appear to have commonly withheld diplomas from recent graduates until they had completed their posting, effectively preventing them from acquiring any other position.<sup>38</sup>

Though evidence abounds of doctors' dissatisfaction with this state of affairs (a point to which I will return), in practical terms power over the movement of medical cadres allowed authorities to transform the medical system in previously neglected areas such as Central Asia. At least in broad terms, the strategy appears to have been quite effective. On the basis of archival and published sources, Paula Michaels has

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<sup>34</sup> *Shestogo vserossiiskogo s"ezda zdravotdelov*, 176. At this medical congress in 1927, compulsory service was discussed as an existing fact; émigré accounts provide anecdotal evidence of mandatory postings even in the early 1920s as well see *Harvard Project on the Soviet Social System* (Hereafter *HPSSS*), B Series, Vol. 2, Case 1758, 15-17.

<sup>35</sup> Bernstein, Burton, and Healey, "Introduction: Experts, Expertise, and New Histories of Soviet Medicine," in Bernstein, Burton, and Healey, *Soviet Medicine*, 13-14.

<sup>36</sup> *HPSSS*, B Series, Case 1725, 2.

<sup>37</sup> *HPSSS*, A Series, Case 395/1706, 16.

<sup>38</sup> For a good example of this, see: *HPSSS*, B Series, case 1379.

reconstructed the growth of the number of doctors present in Kazakhstan during this period; she records that in 1927, 452 doctors were present in Kazakhstan. Only twenty-five years later, in 1951, this number had exploded to almost six thousand.<sup>39</sup> Soviet histories from the Stalin period and latter portion of the 1950s show that this situation was, in broad terms, repeated across the republics of Central Asia. Comparing the situation in 1913 with that of 1941, Ia. Tadzhiiev reported that the number of doctors had increased "in the Turkmen SSR - by 16 times, in the Uzbek SSR - by 22 times, in the Kirgiz SSR - by 35 times, and in the Tajik SSR - by almost 46 times." Zakhidov noted a growth in Uzbekistan from 359 doctors in 1924, to 2136 in 1938.<sup>40</sup> Dramatic growth was recorded not only for the region overall, but also for rural and peripheral areas therein. Tadzhiiev argued that "The training of qualified medical cadres and the creation of a firm material basis were the main factors that enabled the large growth of medical-prophylactic institutions not only in cities, *but especially* in rural areas, of the republics of the Soviet East" (emphasis added).<sup>41</sup>

Though official Soviet statistics must always be approached with caution, there can be little doubt that by the beginning of the Second World War, Soviet medicine was an established reality in Central Asia. The number of graduates from within the region increased rapidly during the 1930s, yet overall it remained a system heavily dominated by Europeans, especially among highly-educated groups like doctors. Michaels records that indigenous Central Asians comprised three percent of Kazakhstan's doctors in 1913; by 1951 they still amounted to less than four percent of the total, although in absolute terms

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<sup>39</sup> Michaels, *Curative Powers*, 106.

<sup>40</sup> Tadzhiiev, "Osushchestvlenie kommunisticheskoi partiei," 75; Zakhidov, 57.

<sup>41</sup> *Ibid.*, 75-76.

their ranks had grown sixteen-fold.<sup>42</sup> In his data on the number of doctors graduating from the medical institutions of the Uzbek SSR between 1921 and 1941, Zakhidov also suggested the underrepresentation of local nationalities, recording that they never amounted to more than half of all graduates.<sup>43</sup> Meanwhile, Tadzhiiev recorded that between 1920 and 1939, the Tashkent Medical Institute (the only institution graduating doctors in all of Central Asia until 1930) graduated "2133 doctors, including around 500 doctors from indigenous nationalities."<sup>44</sup>

Despite the rapid growth of medical education in the region, the growth of the medical system relied extensively on the importation of doctors from outside Central Asia. Stalinist or post-Stalinist medical histories frequently noted the presence of these cadres, referring to personnel "allocated from the RSFSR by way of brotherly assistance to the new soviet national republic[s]," or to "the arrival of a significant number of doctors from fraternal republics, mainly from the RSFSR."<sup>45</sup> For example, in 1935 there were 225 doctors sent from European medical centres to Kazakhstan alone.<sup>46</sup> Even as the new medical institutes of the region established themselves, graduating classes remained relatively small. For instance, KazMI produced 66 doctors in 1936 and 155 in 1937, numbers low enough to hint at continued reliance on recruits from outside the region, and suggest that that interregional mobility of doctors – and stories such as that of Arkadii

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<sup>42</sup> Michaels, *Curative Powers*, 106.

<sup>43</sup> Zakhidov, *Zdravookhranenie v Uzbekistane*, 57. Though the information is buried in a graph of the overall number medical graduates, it appears that indigenous graduates reached nearly 50% of the total class in 1935, but then fell consistently thereafter, amounting to less than 20% by 1941. This is perhaps a reflection of the rise and fall of indigenization policies in the region.

<sup>44</sup> Tadzhiiev, "Osushchestvlenie kommunisticheskoi partiei," 75; regarding the unique pioneering status of TashMI, see Zakhidov, , *Zdravookhranenie v Uzbekistane*, 56.

<sup>45</sup> Zakhidov, , *Zdravookhranenie v Uzbekistane*, 9; Tadzhiiev, " Osushchestvlenie kommunisticheskoi partiei," 75.

<sup>46</sup> Paula Michaels, "Shamans and Surgeons: The Politics of Health Care in Soviet Kazakstan, 1928-41" (PhD diss., University of North Carolina at Chapel Hill, 1997): 108.

Iantarev – remained common at least until the Second World War.<sup>47</sup>

Yet whether they arrived from afar or originated within the region itself, Soviet doctors led "peripatetic lives," travelling frequently from place to place amid the turmoil of socialist construction. Their lives were marked by mobility, and shaped by the spatial vision of the Leninist geography. As Siegelbaum and Moch note, the distance they "traveled to arrive at their positions could be measured in kilometers but also in cultural terms."<sup>48</sup> For many doctors in Central Asia, likely the absolute majority across the Stalinist period, work involved not only traveling to new places, but also encountering new and alien cultures. For those sent to the region, this implied a symbolically-charged journey from Europe to Asia; for those raised in cities, it implied contact with the unknown world of rural life. Even for those doctors such as Esimbek Orazaliev, a Kazakh hailing from a small rural village, Soviet medicine implied movement and encounters between city and countryside, between the modern knowledge of the cultured city and rural traditions. This outward movement of medicine shaped more than personal life stories; indeed, the journeys of Soviet doctors provided potent symbols of the socialist construction. It is to these narratives and their meanings that I now turn.

### **Imagining Socialism in One Country: Doctors as Soviet Icons**

For a certain category of progressive, European, "bourgeois" doctor of the tsarist period, the expansion of Soviet power into Central Asia presented considerable opportunities in terms of career advancement, research, and prestige. As the Soviet government sought the transformation and rapid expansion of the medical system in the region during the

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<sup>47</sup> Paula Michaels, "Shamans and Surgeons": 96-97.

<sup>48</sup> Siegelbaum and Moch, *Broad is my Native Land*, 170-171.

1920s and 1930s, authorities relied on such experts for their knowledge and experience.<sup>49</sup> Though many of this group would become victims of terror during the Stalin Revolution, others endured to become known as "founding fathers" of Soviet medicine in Central Asia, hero-doctors whose lives became symbols of the triumph of Soviet modernity in the region. Biographies appearing in both medical journals and the popular press demonstrated how the lives of these individuals (nearly always men) intersected with Soviet power. Indeed, I argue that they served as "Soviet icons," figures whose mobile lives symbolized the broader transformations of Soviet rule. Seen through the Leninist ideological geography, they represented the transcending of spatial hierarchies, symbolizing the emergence of a unified and modern society.

Consider the life of Aleksandr Kriukov, whose biography appeared in an edition of the *Proceedings of the Central Asian State University* in 1928, in celebration of twenty-five years of medical activity. Kriukov was born in Moscow in 1878, where he remained as a medical student, a docent, and finally a full professor at Moscow University. This relatively stable life path changed drastically in the early years following the October revolution; in 1919, he was "elected director of the faculty of the therapeutic clinic of the then-Turkestan, now Central Asian State University (SAGU), and from 1920 he worked in Tashkent."<sup>50</sup> While his biography did not explain how this rather remarkable geographical leap came about, from this point on it described Kriukov as a key figure in the founding of SAGU, and a talented researcher responsible for significant contributions to scientific knowledge in Central Asia.<sup>51</sup> Though Kriukov had clearly been

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<sup>49</sup> Lewin, *The Making of the Soviet System*, 196.

<sup>50</sup> "Professor Aleksandr Nikolaevich Kriukov (k 25-letiiu deiatel'nosti)," *Trudy Sredne-Aziatskogo Gosudarstvennogo Universiteta: Serii IX, Meditsina* 1-12 (1928): IV.

<sup>51</sup> *Ibid.*, V.

successful in Moscow, the work presented his move to Tashkent, and his participation in socialist construction there, as defining moments in an illustrious career.

A very similar narrative trajectory is visible in a biography of doctor Moses Il'ich Slonim, published in the Uzbek medical journal *Za sotsialisticheskoe zdavookhranenie uzbekistana (ZSZU)* in 1934. Unlike Kriukov, Slonim was born in Tashkent in 1875. He studied in Russia at the Kazan Medical University until 1898, when the "reactionary tsarist government denied him an internship in the therapeutic clinic;" he later pursued advanced education in St. Petersburg, returning to practice in Tashkent sometime after 1907. Like Kriukov, his career turned sharply upward after the revolution. Indeed, Slonim's biography suggested a professional and even personal identity closely entwined with Soviet power:

The scientific and public face of Moses Il'ich emerged at full volume at the beginning of the Great October Revolution; he wholly and entirely gave himself to the service of the socialist revolution. He was one of the first among the ranks of Soviet doctors and took active part in the creation of Soviet medicine. He was one of the most active founders of the medical faculty, stepping zealously into a number of administrative posts...<sup>52</sup>

Moses Slonim and Aleksandr Kriukov joined a number of imperial doctors who profited in terms of career development and personal prestige from the flourishing of medical development that followed the October revolution. As new medical institutions appeared and expanded rapidly across the Soviet Union – but especially in regions such as Central Asia – new opportunities abounded for such men. Yet their affinity for Soviet medicine was not merely a matter of self interest; they were often in fundamental agreement with Soviet medicine in terms of its main goals, if not necessarily the ideologies that underlay them. Though Soviet theorists applied new ideologies to medicine, the basic ideas of the

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<sup>52</sup> "Moisei Il'ich Slonim," *Za sotsialisticheskoe zdavookhranenie uzbekistana* 3-4 (1934): 9.

Soviet system – its free, universal, and prophylactic character – had long been advocated by progressive physicians in Russia.<sup>53</sup>

Numerous similarities united the biographies of the "founding fathers" of Soviet medicine in Central Asia. First, even if some of them (Slonim, notably) were born in the region, very few were members of indigenous nationalities.<sup>54</sup> As Cavanaugh notes, non-European physicians rarely came to occupy positions of public and scientific prestige in the narratives of Soviet medicine, at least during the Stalinist period.<sup>55</sup> But more than their origins, the biographies of these figures emphasized a specific vision of what an ideal Soviet doctor should be: "the doctor as a practitioner, the doctor as a social-activist [*obshchestvennik*], the doctor as outstanding scientist."<sup>56</sup> Thus, the biographies emphasized not only their subjects' individual practice, but also their broad public and social engagement. The biography of Moscow-born urologist Nikolai Pereshivkin (eulogized in *ZSZU* in December 1934) further illustrates these qualities. Like Kriukov, Pereshivkin was a newcomer, having apparently arrived in Central Asia in the decade before the revolution. Like the others, Soviet medical development afforded him the opportunity for a distinguished medical career; in Tashkent, he was the founder of the urology clinic of SAGU. Yet his biography was most laudatory in describing Pereshivkin's "large and crucial social works in the medical faculty of SAGU, SAMI [Central Asian Medical Institute], in the city of Tashkent, in Uzbekistan and in Central

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<sup>53</sup> Cavanaugh, "Backwardness and Biology": 104.

<sup>54</sup> Slonim was Jewish, but it is unclear whether he was part of the long-established Jewish communities of Uzbekistan (i.e. the Bukharan Jews), or whether his family were more recent immigrants. In any case, he was presented as a fully modern, European figure; the biography noted that his brother Solomon was also a doctor.

<sup>55</sup> Cavanaugh, "Backwardness and Biology": 115-117. This did not mean that indigenous Central Asians were absent from the leadership of the medical system. By the mid-1920s, Uzbeks appeared in leadership positions within Narkomzdrav, for example, see: *Ibid.*, 187-188.

<sup>56</sup> "Moisei Il'ich Slonim": 7.

Asia."<sup>57</sup> Such statements were common across all the biographies. Indeed, Slonim's social activism was cast in even stronger terms; he was not a "narrow-minded academic who sits only in his own office and in the laboratory," but a man of action, whose scientific stature was matched only by his passion for social activism.<sup>58</sup> The roles of practitioner, social activist, and scientist were said to be "perfectly united in the person of M. I. [Slonim]," whose life, moreover, revealed a third, rare quality: "the doctor as a human being ... carrying the banner of science high," but also possessing "a great human soul."<sup>59</sup>

On the level of narrative structure, a third – and perhaps most vital – characteristic of these biographies is the way in which they employed the mobility of their subjects as a discursive resource, tying together disparate geographical, social, and scientific contexts: Central Asia, Russia, and Europe. The lives of figures such as Slonim, Kriukov, and Pereshivkin unfolded across and between these disparate sites; both their physical travel and scientific works transcended divisions and hierarchies between East and West, Europe and Asia. As such, they served as symbols *par excellence* of the realization of Soviet modernity, and the promise of socialism. Placed within a Leninist ideological geography, the lives of these doctors symbolically transcended the spatial oppositions of capitalism. Through their biographies, it became possible to reimagine the territory of the former tsarist empire as a new sort of society: unified, modern, and socialist.

Although largely alien to Central Asia (by birthplace, ethnicity, or both), the biographies of Kriukov, Slonim, and Pereshivkin emphasized the physical and intellectual rootedness of their scientific work and public lives within a Central Asian milieu. We have already seen how these men embodied an idealized image of the doctor

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<sup>57</sup> "Pamiati prof. N. S. Pereshivkina," *Za sotsialisticheskoe zdavookhranenie uzbekistana* 10-12 (1934): 7.

<sup>58</sup> "Moisei Il'ich Slonim": 10.

<sup>59</sup> *Ibid.*: 7.

as a public, socially engaged figure; their biographies suggested that this quality was exercised primarily through devotion to indigenous Central Asian peoples. Kriukov's biography, for example, emphasized not only his stature as a scientist, but also his use of these skills for the improvement of the region. With his team, he was said to have focused intensively on the medical problems of everyday life in Central Asia, in only seven years producing "one hundred and twenty scientific works, in large part works of a regional character [*kraevedcheskogo kharaktera*]." <sup>60</sup> Slonim was similarly devoted to the region. In addition to his large role in the building of medical institutions and networks, he was also a founder and long-time editor of *ZSZU*, a journal devoted to regional medical problems. <sup>61</sup> These efforts were in addition to his clinical work, where it was said that "more than 100 thousand patients [had] passed under his stethoscope." <sup>62</sup> It was this deep engagement with the region in practical, social, and scientific terms that was identified as the source of his renown: "[a] more popular doctor—professor—human being Central Asia has not known, and does not know." <sup>63</sup> Similarly, Pereshivkin's defining characteristic, his biography concluded, was his deep connection to the peoples of the region. He was said to possess an "innate and acquired tact in dealing with people in all sorts of positions, ranks, and nationalities." Pereshivkin was respected by all he encountered, his biography suggested, but "especially enjoyed the love of the indigenous population, due to the same characteristics of his personality." <sup>64</sup>

Thus, the founders of Soviet medicine in Central Asia were not merely prominent scientists and institution builders who happened to be in the region. Rather, their

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<sup>60</sup> "Professor Aleksandr Nikolaevich Kriukov": IV-V.

<sup>61</sup> "Moisei Il'ich Slonim": 7.

<sup>62</sup> "Moisei Il'ich Slonim": 9.

<sup>63</sup> *Ibid.*, 9-10.

<sup>64</sup> "Pamiati prof. N. S. Pereshivkina,": 7.

scientific and public works were inseparably bound up in Central Asia and its development—they were not merely *in* the region, but in some sense *of* the region as well, even if they were foreign to it. The biographies of Kriukov, Slonim, and Pereshivkin emphasized this point repeatedly. Indeed, their scientific works and institution-building efforts hinted at the vitality and autonomy of science in the region. Western European narratives of tropical medicine at the time imagined the non-Western regions as the objects of modern scientific enterprise, rather than its subjects; the founding fathers of medicine in Central Asia seemed to refute such views, suggesting that the region (with the help of Soviet power) was becoming modern in its own right.<sup>65</sup> This contrast seems to have been recognized by the doctors themselves. In one of his own works, Slonim contrasted Soviet medicine in Central Asia with British Colonial medicine in India. Despite the immense resources available to British doctors through prestigious institutions such as the School of Hygiene and Tropical Medicine at University of London and the Wellcome Trust, he noted that little assistance was extended to colonized Indian populations. Indeed, Slonim rendered the contrast with universalizing Soviet efforts starkly: "Englishmen, having eliminated typhus, rabies, and smallpox on their own island consider it natural that stubborn centers of cholera should exist in the densely populated cities of India. They struggle to contain cholera there only insofar as it is necessary to protect Englishmen from contracting it."<sup>66</sup>

This image of modernity was underpinned in all three biographies through emphasis on the prominent doctors' connections to medical-scientific currents in European Russia and the West, links that implied Central Asian participation in a broader

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<sup>65</sup> For an illustration and critique of this Western colonial view, See David Arnold, *Science, Technology, and Medicine in Colonial India, 1760-1947* (Cambridge: Cambridge University Press, 2000): 1-18.

<sup>66</sup> Quoted in Cavanaugh, "Backwardness and Biology": 391-392.

scientific world. In the first place the works noted the travel of their subjects to these regions. Both Kriukov and Pereshivkin had been born and educated in Moscow; Slonim, though born in Tashkent, had received his education in European Russia (his biography outlined numerous institutional and professional connections there). Furthermore, Kriukov, Slonim, and Pereshivkin had all spent time in Western Europe. The latter two in particular were noted to have spent considerable time in clinical work abroad; Slonim had "worked in the clinics of Berlin, Vienna and Paris" before returning to practice in Tashkent, while Pereshivkin had been the recipient of an "overseas assignment for refinement [of his speciality] at government expense."<sup>67</sup> Kriukov, meanwhile, was said to have endured considerable personal risk in travelling to Western Europe during the Civil War in search of medical and pedagogical equipment for the SAGU medical faculty. Though he had been met with "sometimes with hypocritical courtesy, sometimes explicit hostility, and even prison and solitary confinement" during his journey, his actions had gathered the materials needed for a modern medical school in Tashkent.<sup>68</sup>

The visibility of the doctors' scientific work outside of Central Asia was an even more significant feature of their biographies than the recording of their physical journeys between the spaces of Asia, Russia, and Western Europe. While Kriukov's work was focused on the problems of the region, he was noted to be a nationally and even an internationally-reputed expert on hematology and other subjects, whose latest work on "the dynamics of the stomach [had been] met with lively interest in the western European medical press."<sup>69</sup> Similarly, Slonim and his students were said to have produced "a whole

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<sup>67</sup> "Moisei Il'ich Slonim": 9; "Pamiati prof. N. S. Pereshivkina": 6. Cavanaugh reports that in 1935, Slonim also received a trip to Paris and London as a reward for his work. "Backwardness and Biology": 115.

<sup>68</sup> "Professor Aleksandr Nikolaevich Kriukov": IV.

<sup>69</sup> *Ibid.*: V.

series of scientific works of great importance—sometimes even outside of Central Asia."<sup>70</sup> Pereshivkin's biography noted that he was as much a pioneer of urology in Russia as in Central Asia, an observation that suggested the urology clinic at SAGU stood at the forefront of the field on at least the national level. Furthermore, he had written a "classic" work on pelvic diseases that was "still cited by all Russian students of urology, and known also abroad as a major work."<sup>71</sup> Such assertions implied that Central Asian medicine took full part in the modern (i.e. European) scientific enterprise; they suggested, indeed, that Central Asia itself was emerging as a space of modernity.

The biographies of Kriukov, Slonim, and Pereshivkin were not isolated cases; their lives reflected the experiences of a broader group of prominent (almost all European) doctors in early Soviet Central Asia. Cavanaugh notes that this group was both connected to the region, "either by birth or long decades of work, " but also marked by a "collective engagement with international medical science ... through their own experiences abroad, subscriptions and correspondence with foreign medical journals, or by their research and study in Russia's own leading medical institutions."<sup>72</sup> I argue that this dual emphasis on regional rootedness and international mobility reflected a new vision of social space—a symbolic reconfiguration of the ideological geography of centre and periphery. In bringing European medical knowledge to Central Asia and devoting themselves to the scientific and social development of the region, these European doctors travelled the path between advanced centre and backward periphery, their biographies conforming to the structure of the Leninist ideological geography. The *multidirectionality* of this mobility – both in terms of the physical movement of doctors and the traffic of

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<sup>70</sup> "Moisei Il'ich Slonim": 9.

<sup>71</sup> "Pamiati prof. N. S. Pereshivkina": 6.

<sup>72</sup> Cavanaugh, "Backwardness and Biology": 105.

ideas – implied a new spatial relationship. Indeed, the doctors' biographies suggested the emergence of Central Asia as a modern, scientific society in its own right. Formerly a backward, colonized periphery of tsarist Russia, the scientific achievements and institution-building of the doctor-builders dramatized the region's transcendence of peripheral status and the beginnings of its entry into Soviet modernity.

The public celebration of these "socialist icons" underscores their role in the broader vision of socialist construction and Soviet modernity in Central Asia. Biographies of the "founders" of the Central Asian medical system appeared in both prominent regional medical journals as well as the popular press during the Stalinist period. Slonim's biography, for example, appeared in abbreviated form in the official organ of the Uzbek communist Party, the newspaper *Pravda Vostoka*.<sup>73</sup> The mobile biographical narratives of these heroic individuals served to inscribe Central Asian spaces within a unified, pan-Soviet social imaginary. By transcending boundaries between centre and periphery, they crossed and connected disparate spatial and cultural contexts, in the process reimagining tsarist colonies as integral parts of a modern, socialist society. Although centred on Central Asia, such visions had significance for the larger project of Soviet modernity. As Francine Hirsch has argued, the uplift of the periphery was a vital element of the Soviet social imaginary. While other "colonial powers defined themselves in opposition to their colonized peripheries, the Soviet regime defined itself *as the sum of its parts* and saw its own interests as linked to its population's rapid national-cultural development" (emphasis added).<sup>74</sup> Individual lives that linked Soviet power to the

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<sup>73</sup> "Moisei Il'ich SLONIM (K 35-letiiu nauchno-vrachebnoi deiatel'nosti)," *Pravda Vostoka* (Tashkent, Uzbek SSR), March, 1934, 4.

<sup>74</sup> Francine Hirsch, "Toward an Empire of Nations: Border-Making and the Formation of Soviet National Identities," *Russian Review* 59, no. 2 (2000): 204.

periphery could be powerful symbols of this integrative project.

### **V Puti: Personal Journeys through Stalinism**

Medical biographies such as those of Kriukov, Slonim, and Pereshivkin demonstrated how the mobility of doctors across ideologically-defined space could serve as an assertion of Soviet modernity, a site for the reimagining of a new socialist society. First person accounts – such as those of Arkadii Iantarev and Esimbek Orazaliev, introduced at the beginning of this chapter – suggest how the individual and subjective meanings could also be generated through the Leninist ideological geography, and participation in the Soviet project. David Hoffman notes that Soviet ideology saw labour as an important site to "ennoble the workers, to instill political consciousness, and to replace selfish individualism with collectivist, socialist ideas."<sup>75</sup> I argue that mobility served similar functions in the narratives of Soviet doctors in Central Asia; ideologically prescribed movement from centre to periphery, and therefore participation in the broader goals of Soviet modernization, could provide a site for doctors to assert their own role as agents of Soviet power, and their status as New Soviet Men and Women—politically conscious individuals whose actions would align with the needs of the collective. Indeed, just as medical mobility supported the integration of Central Asia into the Soviet collective imagination, it provided a site for individual integration into the Soviet order through spatialized narratives which fused individual struggles for political consciousness and self-realization with the Leninist geography of centre and periphery. Memoirs and other personal accounts of Soviet doctors demonstrate this process, clearly illustrating how mobility across ideological space allowed doctors to "write themselves into [the Soviet]

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<sup>75</sup> David Hoffman, *Stalinist Values: The Cultural Norms of Soviet Modernity, 1917-1941* (Ithaca, NY: Cornell University Press, 2003), 25.

social and political order."<sup>76</sup>

As works published during the Soviet period, individual doctors' accounts such as those of Arkadii Iantarev and Esimbek Orazaliev exhibit many features of Socialist Realist literature, an official literary genre which emerged alongside the turn to rapid industrialization and social transformation at the end of the 1920s, but endured until the collapse of the USSR. Works of Socialist Realism, Katerina Clark suggests, served as "a sort of parable for the working-out of Marxism-Leninism in history," with the lives of their heroes "symbolically recapitulat[ing] the stages of historical progress as described in Marxist-Leninist theory."<sup>77</sup> In particular, socialist realism reflected the Leninist understanding of history as an evolution "from a state of relative 'spontaneity' to a higher degree of 'consciousness,'" both in terms of society and in terms of individual psychology.<sup>78</sup> This move toward greater personal and collective consciousness reflected the simultaneous, progressive abandonment of baser human instincts – private identity, self-interest, and so on – in favour of a wider consciousness of, identification with, and embrace of, the interests of the collective. As Jochen Hellbeck argues, Soviet rule sought not merely to instill obedience, but ultimately to "transform the population into politically conscious citizens who would embrace historical necessity and become engaged in building socialism out of understanding and personal conviction." Soviet citizens, doctors among them, were thus expected to "internalize the revolution and grant it an interpretation defined not only by the objective course of history but also by the spiritual

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<sup>76</sup> Hellbeck, *Revolution on my Mind*, 4.

<sup>77</sup> Katerina Clark, *The Soviet Novel: History as Ritual*, Third ed. (Bloomington; Indianapolis: Indiana University Press, 2000), 9-10.

<sup>78</sup> *Ibid.*, 15

unfolding of their subjective selves."<sup>79</sup>

Analysis of works rendered in the Socialist Realist style present both challenges and opportunities to the historian of the Stalinist period. While the genre and its conventions were imposed from above by the regime, scholars such as Hellbeck have argued that its ideological structures – the narrative of individual development toward political consciousness – could be internalized by individual Soviet citizens, providing a powerful framework for self-actualization and reflection. This suggests that, though rigid and externally-prescribed, Soviet ideological categories and narratives could be sincerely embraced at the individual level.<sup>80</sup> Alternately, as Brigid O'Keeffe has recently argued in her study of Soviet Roma populations, the question of the "sincerity" with which Soviet citizens embraced Soviet discourse may be beside the point. O'Keeffe notes that "Soviet citizenship demanded nothing less and ultimately nothing more than individuals' participation in the construction of both socialist society and their own Soviet selves;" through their public performance of these obligations, individuals "fashioned themselves as Soviet citizens through their participation in Sovietism *regardless* of what variously motivated their actions."<sup>81</sup> This is a vital insight to bear in mind when considering published memoirs or accounts. Regardless of their sincerity or reasons for doing so, Soviet doctors publically embraced the framework of the Leninist ideological geography and Soviet modernization, and claimed a place within the Soviet system; in doing so, they also "affirm[ed] the system that unavoidably shaped their daily lives."<sup>82</sup>

The accounts of Arkadii Iantarev and Esimbek Orazaliev differ, at first glance, in

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<sup>79</sup> Hellbeck, *Revolution on my Mind*, 6.

<sup>80</sup> *Ibid.*, 133-134.

<sup>81</sup> Brigid O'keeffe, *New Soviet Gypsies: Nationality, Performance, and Selfhood in the Early Soviet Union* (Toronto: University of Toronto Press, 2013), 10.

<sup>82</sup> *Ibid.*, 10.

nearly every respect. Iantarev was a European from Central Russia, and arrived in Kazakhstan in 1925; Orazaliev was an indigenous Kazakh, whose career began only in 1936. Iantarev's journey was driven forward by his own social conscience; Orazaliev went to the periphery only reluctantly, under the stricture of Soviet power. Iantarev's work was published in Russian in the late 1950s in Stavropol; the story of Orazaliev appeared in Kazakh, in the 1970s.<sup>83</sup> Yet despite their temporal, geographical, and narrative differences, the accounts are remarkably similar when their structure is examined through a spatial lens. In both, the central opening plot conflict was expressed in essentially spatial terms, through the dichotomy of centre and periphery—an opposition between city and countryside, and in Iantarev's case between Russia and Asia as well. For Iantarev, the city represented self-realization through career development, and personal improvement through advanced surgical training. The countryside, meanwhile, could offer only general practice. Indeed, an acquaintance on the road to Kalmykov advised him that "surgery isn't practiced anywhere there [...] there are not the conditions for that," and suggested that he switch his medical focus to "skin diseases, venereology and, not surprisingly, tuberculosis."<sup>84</sup> Yet despite the fact that the Central Asian countryside held little promise of personal development, Iantarev was drawn there by a broader goal to serve society, "to go to the place where [he was] most needed" by the population.<sup>85</sup> While the city represented the pursuit of self-interest and personal goals, the countryside represented service to the collective, and to the broader goals of socialist

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<sup>83</sup> The publication dates of the works present interpretive challenges as well. Both appeared well after the end of the Stalinist period, and after de-Stalinization. At certain points, both discuss topics that would likely not have appeared in a work published at an earlier date. For example, Orazaliev's narrative discussed the famine in Kazakhstan in a manner that might be taken as an implicit critique of Stalinist policies. As much as possible, I have attempted to avoid use of passages I feel do not reflect Stalin-era discourse.

<sup>84</sup> Iantarev, *Zapiski sel'skogo vracha*, 26

<sup>85</sup> *Ibid.*, 10.

construction.

Orazaliev's dilemma was expressed in nearly identical spatial terms, although here it was his love for a fellow student at KazMI, rather than questions of career and self-improvement that formed the basis of the selfish allure of the city. The broader collective goals represented by the periphery, and the obligation of Soviet doctors to embrace their pursuit, was expressed with extraordinary vehemence to Orazaliev by an official of the Kazakh Ministry of Health (*Narkomzdrav*), brandishing a handful of messages from medical authorities around the republic:

These telegrams eloquently testify how you are needed in the *auls* and cities to which you were directed. Shame! The provincial departments of health are right to demand your immediate arrival. The state taught you for five years, fed you, watered you, housed you. ... *Comrades who feel their duty to the people are already working at their post* (emphasis added).<sup>86</sup>

Even more strongly than in Iantarev's account, then, the contrast between trivial, personal ("spontaneous") interests and properly collective and socialist ("conscious") motivations was expressed through the opposition of city and countryside. Beyond the state priority to build Soviet medicine (and modernity) on the periphery, rural service was presented as an ideological, even moral imperative at the individual level. The countryside represented something larger and nobler than the individual concerns—the desire to serve the collective, the social responsibility of the doctor, the fulfillment of the doctor's role in the Soviet project.

In these personal accounts, the struggle between spontaneity and consciousness unfolded primarily in spatial terms, either as debates over the relative merits of urban and rural work, or through the process of travel itself. In Iantarev's case, it was the former; indeed, his struggle was externalized as a debate within his group of friends, since the

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<sup>86</sup> Urazaliev, *Zapiski vracha*, 6.

young doctor himself had made his own decision by the second page of the first chapter. Upon learning that he had sought a position in Kalmykov, Iantarev's friends react at first with astonishment and scorn, disbelieving that he would "withdraw from the clinic, from the prospects to be qualified as a surgeon, a scientific worker and trade all these real things for some pie-in-the-sky dream" of service on the periphery.<sup>87</sup> Yet the more idealistic of Iantarev's friends quickly raise the importance of a "sense of duty, the obligations of a citizen" for young Soviet doctors. This suggests a subjective embrace of Soviet power and its emphasis on the collective; a young woman named Zhenia Khrabrova, emphasizes this fact, pointing out the reciprocity implied in the concept:

Who would we be if not for Soviet power? One could say: we would not be doctors. You, for example. Abram, as a Jew, would not even have been able to enroll in university; and Ginger, as son of a shoemaker. And I, as an illegitimate child from an orphanage? But now I'm a doctor! And you are doctors! And if we are honest people, then we should, as best we can, fulfill our duties.<sup>88</sup>

The duty of which Khrabrova spoke was not simply legal or contractual (Iantarev himself had been exempted from rural service). Rather, it was the moral duty of doctors, especially those who had been the direct beneficiaries of Soviet power, to answer the call of Soviet power and embrace socialist construction. Critically, for Iantarev himself, the commitment was deeper still, not merely a question of honoring an external duty, but a path toward personal fulfillment: "I will depart, work, taste life, test myself—what I am capable of. And only then can I enter into the temple of science. ... *It is important to make the first step correctly*, to not drag one's heels, to not hold back" (emphasis added).<sup>89</sup> For Iantarev, personal progress and participation in the socialist project were, in a fundamental sense, one and the same.

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<sup>87</sup> Iantarev, *Zapiski sel'skogo vracha*, 10-11.

<sup>88</sup> *Ibid.*, 11-12.

<sup>89</sup> *Ibid.*, 12.

In the case of Esimbek Orazaliev, in contrast, rural service was a legal obligation, one which he undertook with reticence, though not exactly resistance. Having fallen in love with Rabiga during the final stages of his education, Orazaliev lingered in Alma-Ata to spend time with her, remaining until he received a sharp rebuke from the Komsomol organization of KazMI, and was ordered to depart.<sup>90</sup> As he sadly awaited departure at the train station, having failed to say goodbye to Rabiga in person, he was visited by professor Il'ia Bakkal, a mentor from the medical institute, who now reminded Orazaliev of the broader significance of his life. "Like a strengthening bird," the professor stated, "you are now flying from the nest—the institute. Your path is only just beginning, and life, as they say, has forty faces. Your work is not only work, but also the joy and sorrows of humanity."<sup>91</sup> In reminding the young doctor of his broader mission, "to conquer death for the sake of life," the professor revealed the narrow and selfish nature of Orazaliev's concern with love and marriage. Extraordinary times called for individuals of higher consciousness. Indeed, Bakkal himself embodied this ideal, having delayed marriage to middle age. Medical service in the times of war and revolution, and epidemic had intervened in his journey, as he had prioritized service to the state and the revolution over personal concerns. Now, the conversation implied, it was Orazaliev's turn to sacrifice for the revolution, and the building of a new society.

In the narratives of both Iantarev and Orazaliev, physical travel served as a powerful metaphor representing the struggle for higher consciousness. Though he had left Kazan full of vigour, Iantarev's commitment to rural service wavered during the difficult journey to Kalmykov. On a long, uncomfortable journey across the steppe to the city of

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<sup>90</sup> Urazakov, *Zapiski vracha*, 6-7.

<sup>91</sup> *Ibid.*, 18.

Uralsk, he began to understand the harsh conditions he would face, with help from a colourful cast of Central Asian characters who derided the idealism and romanticism that had drawn him to the region. Kurbangaliev, an Kazakh veterinary doctor encountered on the train, mockingly described the "[n]aked, scorched steppe, hot as a frying pan, hot dust—here are our delights, our exotica, which apparently have seduced you."<sup>92</sup> Another travel companion, Nikolai Ippolitovich, disabused Iantarev of his hopeful vision of conditions in Kalmykov—"something fantastic [created] in your own imagination." In truth, he suggested, "not one decent house" existed in the city; in the aftermath of the Civil War only a village of mud brick huts remained, on the banks of the Ural river, in a landscape where "there [was] not one little tree, there aren't even bushes. Not even any grass, actually. All is burnt by the sun. Completely naked steppe." The hospital Iantarev had hoped to find there simply did not exist, he suggested.<sup>93</sup>

Arriving in Uralsk, the last urban outpost on his journey to Kalmykov, Iantarev proceeded to the office of Boris Lapukhov, the head of the local public health organ (*Gubzdrav*), and demanded a new assignment in the city. However, with the help of cunning interventions from Lapukhov, Iantarev's socialist consciousness reemerged and eventually triumphed. The scene in which Iantarev reaffirmed his commitment to Kalmykov, a memorable internal dialogue that took place as he sat in Lapukhov's office, bears quoting at some length:

"Is the population there [in Kalmykov] ailing? It is ailing, – answered the voice of my conscience to me. – Is a doctor needed there? One is needed. Have they waited a long time for one? A long time. Must someone go there? Certainly someone must, – I answered to myself. – So why must someone else go there, and not me? ... I should go there, – I decided firmly. – My place is there, where there is a hospital, where medical assistance is needed, where I can be useful even with

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<sup>92</sup> Iantarev, *Zapiski sel'skogo vracha*, 24.

<sup>93</sup> *Ibid.*, 25.

the small stock of knowledge that I so far have."<sup>94</sup>

Ultimately, Iantarev's own fears of the harsh conditions he would face, and even his physical unsuitability for the environment he would inhabit, mattered little; his decision was based on a collective rather than personal logic—the need for modern medicine on the periphery.

Lapukhov, the wise *Gubzdrav* leader, also led Iantarev toward an understanding of the deeper political implications of his humanitarian aspirations, and a more conscious embrace of the Soviet project. Recognizing the spirit of a builder in the young man, he placed the work to be done in Kalmykov within the perspective of socialist construction. "We need to construct public health in the remote periphery, and we will fully support your initiatives, all your endeavours," he assured Iantarev. Noting the conservative Cossack population of the region, and the damage wrought during the Civil War there, he continued: "in these places we are strengthening Soviet power, strengthening its authority in the broad masses. It turns out, my friend, that the doctor does not just come to the village and begin to heal people. The doctor in the village is high politics, the strengthening of Soviet power." In imagining the doctor as a politically significant figure against the background of indigenous conservatism, Lapukhov placed the doctor at the centre of the project of Soviet modernization, a figure whose work would bring socialism to the periphery. This came as a revelation to Iantarev, who for the first time, it seemed, understood and embraced his role as an agent of Soviet power. "Before that," Iantarev noted, "I am ashamed to say, I saw everything exclusively from a medical position, not going into politics."<sup>95</sup>

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<sup>94</sup> Iantarev, *Zapiski sel'skogo vracha*, 31.

<sup>95</sup> *Ibid.*, 33.

Just as Boris Lapukhov's interventions cemented Iantarev's embrace of the significance of his mission to Kalmykov, Il'ia Bakkal's advice to Orazaliev led him to a deeper, more conscious reflection on the impact of Soviet power on his life, and his social role as a doctor. It is here that the significance of physical mobility in the representation of this process seems most clearly expressed. As Orazaliev sat in the train carrying him away from Alma-Ata, he was overcome by memory, recalling his arrival in Alma-Ata as a boy, and the sense of purpose that had enveloped him as a medical student fighting outbreaks of malaria:

A difficult task had stood before the organs of public health in those days, the struggle against this disease. ... Students had also been engaged in the work. In hunting for larvae, [and] helping to conduct analysis in the laboratory, Esimbek had felt himself to be involved in a great and necessary cause of the people. And the consciousness of this brought [him] satisfaction, and conviction in the correctness of [his] chosen path. ... The memories soothed [him]. The train gathered speed.<sup>96</sup>

Mobility across symbolic geographies, ideologically-proscribed movements from centre to periphery along the path of socialist construction, was presented as a fundamental component of the personal evolution toward consciousness in the accounts of both Iantarev and Orazaliev. Such accounts suggested that the medical transformation of the Soviet periphery and the transformation of the medical profession were inseparable and interrelated goals, bound together by the same spatial logic. The medical discourse of Soviet modernity imagined a process of outward expansion, whereby the "modern" centre would expand outwards, and lift the periphery to its own status. By physically embodying this expansion through travel to the periphery, doctors helped to enlighten Central Asia and integrate it into a modern Soviet collectivity, but also claimed status as participants in socialist modernization. In merging desires and interests with the needs of the collective

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<sup>96</sup> Urazakov, *Zapiski vracha*, 20-21.

(i.e., Soviet power) they emerged as archetypes of New Soviet Men and Women.

Ultimately, I argue, the conflict between spontaneity and consciousness (expressed through the geography of Europe and Asia, city and countryside) proved to be false in these personal narratives. Although he and his friends had struggled with the notion of leaving opportunities for self-improvement and education behind in Kazan, Iantarev would come to describe Kalmykov as "a second university, a university providing knowledge about life and people."<sup>97</sup> In other words, service in the countryside proved vital to Iantarev's development as both a doctor and Soviet citizen, furnishing an education that "the cultured life of the university city" could never have provided. Esimbek Orazaliev's dilemma – between his duty to serve in the Kazakh countryside and love for Rabiga in Alma-Ata – also proved transient and false. Struggling for the construction of a hospital to serve in his rural district, the young doctor returned to the Kazakh capital in search of support. He not only succeeded in this mission, but was reunited with Rabiga, who was fleeing the arranged marriage and life of patriarchal oppression her parents planned for her. The young Soviet couple, freed from the fetters of traditionalism, returned to the countryside together to pursue the construction of the hospital that Orazaliev's efforts had won.<sup>98</sup>

Such narratives inverted the expectations regarding the city and countryside that were suggested by the dilemmas that their subjects faced. While Iantarev *appeared* to face a choice between his own advancement and his social duty, this was not the case, as his experience in Kalmykov proved critical to his overall development as a doctor. His

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<sup>97</sup> Iantarev, *Zapiski sel'skogo vracha*, 4.

<sup>98</sup> Urazakov, *Zapiski vracha*, 32-25. Rabiga's story might be seen as an inversion of normal expectations that the city is a site of modernity, and the countryside a site of backwardness and traditionalism. Here, it is by fleeing *to* the countryside that Rabiga can live a Soviet life—a narrative arc not unlike that of Orazaliev.

comrades arrived at a similar conclusion in their debate over his decision. They recalled that many famous Russian doctors had served in the countryside; indeed, by the end of the discussion, "Kalmykov arose somehow as an extraordinary, welcoming city where one could find everything required for the intellect, soul, and body."<sup>99</sup> Similarly, Orazaliev believed himself to be torn between centre and periphery; his love was in Alma-Ata, duty required his services in the *aul*. Yet this spatial conflict also proved to be false; if the countryside represented duty, the city was not the true site of love. It only appeared to be this way because Rabiga was trapped there by parental oppression. Ultimately, both she and Esimbek belonged in the countryside, where love and duty were revealed as an inseparable unity. In moving across the Leninist geography and participating in socialist construction, the subjects of both works "discovered" that their own desires aligned seamlessly with the needs of the collective, and asserted their subjective unity with Soviet power.

As mentioned previously, the sincerity of doctors' performance of "Sovietism" was less important than its public reality. In asserting their attainment of higher consciousness through ideologically-prescribed mobility, they not only claimed a place in the Soviet order as agents of Soviet modernity, but also discursively and concretely supported the project of Soviet medicine in Central Asia. In going *there*, that is, to the periphery, the Soviet doctor brought the medical knowledge of the advanced centre with him, appearing in this sense as an agent of Soviet power; yet as he inscribed the periphery in the Soviet imaginary of modernity – indeed, by the act of doing so – the doctor himself became Soviet and modern as well, emerging in the image of the New Soviet Man.

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<sup>99</sup> Iantarev, *Zapiski sel'skogo vracha*, 14.

### **Silences of Stalinism: Counter-Narratives of Medical Mobility**

Triumphant accounts of Soviet medical development in Central Asia, and personal narratives that symbolically harmonized individuals with the ideologies of Soviet power, represented an important but incomplete picture of mobility and space within the early Soviet medical system. Indeed, even if Stalinism was a project that "could not stop speaking about itself," issuing forth an "almost endless flow of words about what it was trying to do, why, how, and with what results," the silences of official discourse could be as significant as its expressions.<sup>100</sup> Counter-narratives to the medical discourse of modernization appeared in a variety of sites, although they were never expressed publically in the Soviet Union. These narratives show that, despite images of socialist construction as an orderly and scientific alternative to the chaos of capitalism, Soviet development in Central Asia was anything but smooth. During its first twenty years, and above all during the first Five Year Plan, Soviet power unleashed mobility on a massive scale. Doctors, among other specialists, were caught in this maelstrom. If some traveled willingly, to serve as "the vanguard of a revolution in the countryside," to repay their debt to the state that had trained them, or simply to go "where [they were] needed because [they were] needed," others resisted.<sup>101</sup> Indeed, heroic narratives, filled with socially-conscious doctors moving purposefully across the spaces of Stalinist discourse, could disguise the coercion and violence that operated at all levels of the Stalinist system.

While Stalinist medical narratives portrayed the emergence of Soviet medicine in Central Asia as a smooth process of statistical growth, alongside an almost inexorable

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<sup>100</sup> Kotkin, *Magnetic Mountain*, 367.

<sup>101</sup> Seigelbaum and Moch, *Broad is my Native Land*, 182. This quote from a young Soviet doctor, which clearly echoes Iantarev's sentiments, appeared in *Pravda* on April 6, 1950, in a story entitled "Letters of Young Specialists."

process of the expansion of Soviet modernity, historians such as Paula Michaels have pointed to the chaos and uncertainty of medical development at both the organizational and individual levels. Medical institutions were frequently disorganized; though public health budgets rose rapidly during the 1920s and 1930s, the growth of the health network was "archaic," and frequently failed to achieve the goals authorities set for it.<sup>102</sup> General administrative disorder, along with material shortages in both everyday consumables and essential medical supplies, plagued medical cadres and hampered their work, above all in rural areas.<sup>103</sup> Like other Soviet agents, medical workers often faced conditions of dire poverty, disease, and instability in Central Asia. As Botakoz Kassymbekova suggests, though doctors were seen as agents of Soviet power, able to bring the "ideas of progress and knowledge of Soviet Russia, or the 'centre', to the 'backward' Eastern parts of the new Soviet Empire," their position as socialist "colonizers" was often extraordinarily precarious, little better than the populations they had arrived to transform.<sup>104</sup>

Stalin-era Communist party records from the region demonstrate these realities vividly, illustrating the uncertainty and disorder that underlay official narratives of rapid growth and social transformation. A representative resolution of the Regional Committee of the Communist Party (VKP(b)) of Kirgizia (Kirobkom), dated February 1935, lashed out at the "disgraceful state" of a hospital under construction at Kok-Yangak, a major mining development in western Kyrgyzstan. Blaming the "negligent and irresponsible attitude" of the mine administration (*Rudoupravleniia*) and the Kirgiz Coal Trust (*Tresta Kiruglia*), as well as an "absence of control" and "unsatisfactory recruitment of medical cadres" on the part of public health authorities, the party leadership called for sweeping

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<sup>102</sup> Cavanaugh, "Backwardness and Biology": 210-211.

<sup>103</sup> Michaels, "Shamans and Surgeons": 125-126.

<sup>104</sup> Kassymbekova, "Helpless Imperialists": 24.

changes in the pace and organization of the construction, and the management of medical operations at the site.<sup>105</sup> In both its description of the hospital's problems, and its decreed solutions, the Kirobkom hinted at the organizational incoherence and deficiencies hindering the medical system as a whole. Responsibility for the hospital fell on a number of institutions with overlapping and unclear responsibilities, including the Mine Administration and the Coal Trust, jointly responsible for construction, and Narkomzdrav, responsible for the overall direction of the project and the recruitment of personnel. The Kirobkom's solution to this quagmire was, perhaps characteristically, to involve a fourth organization, the People's Commissariat of Municipal Economy (*Narkomkhoz*), in the oversight of construction, adding yet another layer of bureaucracy.<sup>106</sup> At the same time, the committee admonished Narkomzdrav regarding unsatisfactory recruitment efforts for the hospital, yet decreed sweeping changes in the local health administration (specifically "a new hospital head and three specialist doctors") that created the need for yet more recruitment, in order to fill the empty positions created by firings.<sup>107</sup> It is unclear how this disruption could have improved the situation, given the serious personnel shortages of the era and the difficulty keeping doctors in the countryside.<sup>108</sup>

As research in the Kyrgyz Communist party archive demonstrates, Soviet leaders resorted frequently to threats and demands during the 1930s in their attempts to impose coherence on the health system. In responding to continuing outbreaks of infectious disease in the republic, Kyrgyz party authorities commonly obliged local organizations to

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<sup>105</sup> *Tsentrálny gosudarstvennyi arkhiv politicheskoi dokumentatsii Kyrgyzskoi Respubliki* (hereafter, *TsGAPDKR*), f. 10, op. 1, d. 631, l. 145.

<sup>106</sup> *Ibid.*, 144-145.

<sup>107</sup> Kassymbekova, "Helpless Imperialists": 23.

<sup>108</sup> Michaels, "Shamans and Surgeons": 109-110, 114-115, 127-128.

create and recreate plans for sanitary measures. In an outbreak of influenza in 1937, "observed lately in a number of districts of Kirgizia," the Central Committee of the Communist Party (KP(b)) of Kirgizia ordered district officials "to develop concrete measures for the struggle against influenza in the section of their district, mobilizing for this goal all available medical energies and funds."<sup>109</sup> They also set timelines for the implementation of anti-epidemic measures and even deadlines for the "liquidation" of certain diseases. Yet in such cases, as in Kok-Yangak, archival records provide little reason to suggest that decrees were, or indeed *could be* carried out in reality. Efforts to combat persistent outbreaks of typhus during the 1930s provide a striking example. Measures ordered by officials to combat the disease were relatively simple; one resolution in 1934 called for the repair, construction and more efficient operation of basic public facilities for bathing, and the provision of soap.<sup>110</sup> Yet sanitary measures lagged, and outbreaks continued apace. A document concerning new outbreaks of typhus in February 1937 noted "the complete absence of soap, manufactory, and other items of first necessity in the districts affected by the epidemic," and ordered the immediate repair of "all previously closed baths in the districts, as well as [...] measures to ensure that available baths work without interruption."<sup>111</sup>

Accounts from Soviet émigrés, collected through initiatives such as the *Harvard Project on the Soviet Social System (HPSSS)*, provide an important counter-narrative to official Soviet sources, tending to emphasize the coercion and even violence that

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<sup>109</sup> *TsGAPDKR*, f. 10, op. 1, d. 703, l. 70.

<sup>110</sup> *TsGAPDKR*, f. 10, op. 1, d. 563, ll. 175-176.

<sup>111</sup> *TsGAPDKR*, f. 10, op. 1, d. 776, l. 93. Such contradictions between plan and decree on the one hand, and reality on the other, were hardly unique to medicine, of course. They were characteristic of Soviet rule during the period of Stalinist modernization.

underpinned medical mobility to the periphery.<sup>112</sup> In sharp contrast to official narratives, these sources highlight dissent among doctors in relation to service on the periphery; indeed, the movement from centre to periphery so crucial to Soviet medical ideology seems to have been experienced by many doctors as coercive and even traumatic. One Azeri doctor interviewed by *HPSSS*, who headed an department tasked with assigning medical graduates to positions (mainly in the countryside of Azerbaijan) described the reservations of young doctors about assignments to peripheral areas:

after finishing, they send them into the country, to a kolkhoz for instance. But a young doctor does not want this. There is no chance to practice in a clinics, very little to do. You lose both your theory and your practice. Therefore, a law had to be passed, forcing them to do it. And whoever broke the law was punished.<sup>113</sup>

Graduates apparently exerted considerable effort in attempting to avoid these postings and remain in urban centres, employing means both legal and illegal. A common strategy was to secure a job in the desired location, and then to either argue with authorities in favour of this position, or to escape the assignment through various forms of forgery and fraud. Perhaps the most risk-laden – yet surprisingly common – strategy was to simply not report for the assignment, and hope that the crime would not be discovered. Paula Michaels notes that such "desertions" were widespread in Kazakhstan in the 1930s, representing "a particularly pronounced trend among those sent from other republics."<sup>114</sup> In a revelation rich with irony, the aforementioned Azeri doctor, responsible for sending doctors to the countryside, had himself failed to report to a rural posting; he was eventually caught and served a jail sentence as punishment.<sup>115</sup> Such accounts present a

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<sup>112</sup> The *HPSSS* interviewed some 330 Soviet émigrés living in Germany, Austria, and the United States during the early 1950s. Roughly thirty of these respondents were medical workers of various types.

<sup>113</sup> *HPSSS*, A Series, Case 24, 4.

<sup>114</sup> Michaels, *Curative Powers*, 117.

<sup>115</sup> *HPSSS*, A Series, Case 24, 4-5.

narrative very different from the heroic stories seen earlier; they hint that the willing embrace of duty to the collective was hardly universal among doctors—an idealized model that attempted to inspire socialist sentiments, rather than a common reality.

Despite their diverse strategies of resistance, doctors who sought to avoid service on the periphery did not always succeed in doing so. One military doctor, a gynecologist by speciality, was ordered to Turkestan in 1923. He succeeded in disputing the question of this assignment all the way up the medical hierarchy to Zinovii Solov'ev, the deputy chief of Narkomzdrav in Moscow, though ultimately to no avail:

I told him [Solov'ev] that the advantages were not personal gains but only knowledge that would be beneficial to my people. [...] I said that he should look deeper – beyond the letter of the law to the spirit – that I was not the only one who had requested this delay, but also the institute, the faculty, the professors – they were all behind me.<sup>116</sup>

This particular doctor pled his case to Solov'ev in a recognizably socialist idiom, arguing that by remaining in the city he would be of greatest service to society ("my people"), and therefore fulfill the "spirit" of the law mandating his Central Asian posting, if not the letter. Indeed, though he opposed the posting assigned to him, he still attempted to present himself as a faithful and politically conscious agent of Soviet power. This claim fell on deaf ears, however; he was sent to Central Asia.

Once within the region, the accounts of émigrés took on a distinct tone of desperation, describing conditions where effective medical work – and even life itself – appeared at times to be impossible. One doctor, a Ukrainian posted to Kazakhstan, conveyed the desperate supply deficiencies and unbearable demands of work, even at what she described as "the best railroad clinic in Middle Asia." Bandages were rare, for example, and "doctors had to tear sheets, wash and sterilize them to use as dressings.

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<sup>116</sup> HPSSS, B Series, Case 1758, 19.

There was no iodine." Supplies were distributed according to planned norms, with no flexibility for irregular cases: "an operation might last longer than predicted and here it was that we did not have anymore [*sic*] ether and the patient was starting to wake up."<sup>117</sup> Pharmacies also sat empty, raising anger among local populations who questioned why European doctors were present, if they were unable to provide aid.<sup>118</sup> Despite conditions that made effective work impossible, the same doctor reported responsibilities in Kazakhstan that amounted to roughly eighteen hours of work daily, six days a week.<sup>119</sup>

It is notable that amid the chaos they found in Central Asia, both *HPSSS* interviewees mentioned that they had considered suicide as an escape from their predicament. For the railway clinic doctor, "the work was so hard I decided to either commit suicide or to go away"—she eventually escaped the region, finding work through personal connections and the sympathy of individual officials, despite her "officially [being] a deserter."<sup>120</sup> In the case of the aforementioned gynecologist, who was sent to Turkestan and eventually found himself stationed near the Persian border, the moment of greatest despair began when he learned the fate of his predecessor:

They showed me to a hut which was to be my house. I saw a big spot on the wall, and I asked what it was. "Oh", they replied, "it was the doctor before you. He shot himself, and this was his brain." [...] it was the most critical moment of my life. I wondered, should I live or not?<sup>121</sup>

Such accounts suggest an experience of Soviet power as cruel and uncaring, a force that crushed the individual, rather than allowing his fulfillment and progress. Far from active agents of Soviet power embracing and pursuing historical necessity, Soviet doctors in

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<sup>117</sup> *HPSSS*, B Series, Case 1379, 11.

<sup>118</sup> *HPSSS*, B Series, Case 1379, 20.

<sup>119</sup> *Ibid.*, 10, 12.

<sup>120</sup> *Ibid.*, 10, 13.

<sup>121</sup> *HPSSS*, B Series, Case 1758, 18-19.

émigré accounts appeared as victims, prisoners trapped within the coercive processes of medical development. Soviet rule appeared distant, irrational and brutal.

Yet even for émigrés who decried the coercion that underlay their work in Central Asia, medical mobility to the region could simultaneously prove fulfilling and personally beneficial. Though he had fought his posting to Turkestan and considered suicide, the Army gynecological doctor recalled his achievements in the region with considerable pride. While serving in the Khorezm People's Soviet Republic from 1924–26, he noted that he "became quite popular, and even was made chairman of the People's [C]ommissariat of Public Health of the Republic." During his service, he had "built four clinics" and increased the number of doctors in the region by nearly ten times.<sup>122</sup> In difficult times, such narratives suggested, Soviet doctors made careers and lives despite the obstacles, and made the medical system work, not because of Soviet power but in spite of it. Doctors "did the best that [they] could under the circumstances," one source argued, suggesting that "only the doctor saved medicine in the Soviet Union because he is the only one who is honest and has a conscience."<sup>123</sup> Yet even among doctors who had fled Soviet power this view was not universal; some émigrés, while noting the extreme hardship experienced by doctors, considered the Soviet system to be a vast improvement on the past, "available to all and free [...] on a high level regardless of the fact that there are certain insufficiencies." "A lot has been done for the people," one such doctor argued, suggesting that "there is now 15 to 20 times as much medical care as there was in the

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<sup>122</sup> *HPSSS*, B Series, Case 1758, 22. This chronology does not match entirely with the history of national delimitation in Central Asia. In fact, Khorezm was an SSR by 1923, and had been divided between the Turkmen and Uzbek SSRs by 1925. The text is unclear with regard to how the interviewee's work coincided with these events.

<sup>123</sup> *HPSSS*, B Series, Case 1758, 86; *HPSSS*, B Series, Case 1379, 53.

[t]sarist times."<sup>124</sup>

If some doctors proved ambivalent or hostile to the processes of medical development, Soviet authorities themselves sometimes had little faith that real doctors reflected the ideal of official discourse. At the All-Russian Congress of Medical Workers in 1927, discussions over the training and distribution of medical personnel revolved around the question of mandatory postings, viewed as a necessity given the tendencies that most doctors actually displayed. Speakers noted a "certain longing for the city" among many graduates, based partly on a desire to increase their qualifications, but also – more troublingly – "a certain degree of careerism and materialism in the rough and vulgar sense of the term."<sup>125</sup> Indeed, contrary to the broad consciousness that appeared in medical biographies, the motivations of doctors were described as strikingly unenlightened, having more to do with remuneration, career advancement, and personal quality of life than the needs of the Soviet state or society. A. A. Vladimirov saw little hope for raising the "social qualifications" required for doctors to volunteer for duty in rural areas and the periphery, although he called for "educational work from the beginning of admission to the universities" in such matters. Rather, he argued that until the creation "in the periphery of such conditions of work, that cultured workers who go there do not leave cultured life [...] we cannot abandon compulsory measures." To do otherwise, he suggested, would be to "completely strip our periphery [of medical aid]."<sup>126</sup>

Despite the existence of considerable resistance among doctors, Soviet power spared little room for those who dissented from official plans for medical development, or did not sufficiently embrace collective needs. As Amir Weiner argues, "[s]ince official

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<sup>124</sup> HPSSS, B Series, Case 1158, 48.

<sup>125</sup> *Shestogo vserossiiskogo s"ezda zdravotdelov*, 175.

<sup>126</sup> *Ibid.*, 176.

ideology and its institutional implementation were infallible, errors and failures could be attributed only to the ill-will of individuals."<sup>127</sup> Indeed, as the railway doctor noted, "[i]f I refused to see a patient, I would be called an enemy of the people."<sup>128</sup> Since service to the periphery signified embrace of Soviet power, anything less than a whole-hearted embrace of the work could signify anti-revolutionary tendencies. If some experienced service in Central Asia in terms of coercion and incarceration, this was not always far from the truth. While Soviet medical discourse presented the periphery as a site for the heroic building of socialism, it was also a place of imprisonment and exile, and ever more so as waves of terror swept the Soviet Union during the 1930s. The intersections of terror, mobility, and medical development could reduce the notion of the conscious doctor, heroically embracing his world-historical role through peripheral service, to an absurdity.

A Ukrainian sanitary doctor recalled the one such case:

I had a doctor friend who sat down and waited to be arrested. ... I told him, what are you afraid of? Are you afraid to be sent into a camp? Why don't you apply to the health department and ask to be sent into middle Asia where they send the prisoners[?] Thus you cannot be arrested there and you will not be afraid of being arrested because this is where they send the prisoners anyway. Thus he went to the health department, he was sent to middle Asia and he wrote me and he was very happy about it.<sup>129</sup>

Such experiences speak to the ambiguities and tensions between official discourses and unofficial experiences, and within each. While official visions of medical mobility and its meanings should not be dismissed as mere propaganda, they were clearly only a part of the experience of medical construction in Stalinist Central Asia. Other experiences – of coercion, violence, and despair – underscore the importance of what was *not* said in

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<sup>127</sup> Amir Weiner, "Nature, Nurture, and Memory in a Socialist Utopia: Delineating the Soviet Socio-Ethnic Body in the Age of Socialism," *The American Historical Review* 104, no. 4 (1999): 1121.

<sup>128</sup> HPSSS, B Series, Case 1379, 19.

<sup>129</sup> HPSSS, B Series, Case 353, 13.

narratives focused on mobility as a reflection of socialist construction. As Kassymbekova argues, Soviet agents "had to constantly move, leaving their homes and security, stability and often hope. The history of the Soviet Union is a history of suffering on a large scale for both its subjects and the majority of its officials."<sup>130</sup>

What are the implications of such stories of systemic chaos and individual suffering in relation to official Soviet narratives of medical development and individual liberation? If, as Jochen Hellbeck argues, diaries and memoirs can be understood as tools used by individuals to situate their own subjectivities within the political order, then it is significant that the position from which the Soviet émigrés reflected on their experiences was very different from that of authors within the Soviet Union, who still needed to represent themselves as participants in socialist construction. At the same time, narratives of chaos and violence did not necessarily negate Soviet claims of progress on the periphery. Official accounts, and narratives of mobility through the Leninist ideological geography rendered in socialist realist style, presented modernization as a smooth process coinciding with the emergence of a new society as a new type of human subjectivity. Counter-narratives nuanced these official images and claims, often without entirely denying or opposing them. Diverse sources, from émigré accounts to Communist Party documents, then, revealed the duality of modernizing Soviet power as expressed through medicine: progressive and often inspiring, perhaps, but also violent, chaotic, and uncertain—a far cry from Stalinist visions of a the future emerging in the present.

### **Conclusion**

Francine Hirsch argues persuasively that "[t]he creation of an official narrative about the

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<sup>130</sup> Kassymbekova, "Helpless Imperialists": 33.

transformation of the Russian Empire into the USSR was critical to the process of Soviet state building."<sup>131</sup> Stalinist accounts of Soviet medicine in Central Asia reveal one such narrative creation. In medical discourse, a Leninist ideological geography, which imagined the territory of the former tsarist empire through the dichotomy of advanced centre and backward, oppressed periphery, underpinned efforts to eliminate backwardness and usher the region into modernity. The stories of mobile doctors, bringing medicine, medical knowledge, and modernity from the advanced centre to the backward periphery, provided a narrative space where the territory of the tsarist empire could be reimagined as a united, modern socialist society; the same stories allowed doctors to "write themselves" into Soviet power as archetypes of the New Soviet Man and Woman, carving a place for themselves in the project of Soviet modernity.

Kotkin notes that, during the frantic exertions of Stalinist industrialization, the building of socialism was reduced to a simple formula: to "build as many factories as possible, as quickly as possible, all exclusively under state control. That was planning; that was socialism."<sup>132</sup> A similar logic could be found in medical development, a drive to train doctors as quickly as possible, and dispatch them to the periphery in the largest possible numbers. This dramatic movement of doctors was a vital means – perhaps the primary means – by which Soviet authorities sought to transform the medical system they had inherited from tsarism. Yet the simple and reductive maxim of medical development – "more doctors on the periphery" – obscures the profound meaning that medical mobility held in the Stalinist context. In Soviet medical accounts, the expansion of hospitals and rural medical outposts across the Central Asian countryside was imbued

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<sup>131</sup> Hirsch, *Empire of Nations*, 310.

<sup>132</sup> Kotkin, *Magnetic Mountain*, 32.

with deep meaning in relation to socialist construction and the perceived historical progress of the Soviet state. While the statistical growth of the medical system in the region was impressive and endlessly cited by Soviet sources, it was only the material reflection of a broader transformation, the emergence of a new society—socialism.

Central Asian medical discourses of modernity reflected a view of socialist construction and Marxist-Leninist teleology as a universalizing process, the forging of an integrated Soviet collective that would usher in the utopia of Communism. In Central Asia and beyond, medicine stood at the centre of this project, holding out the promise of a uniform Soviet citizenry, united not only in (healthy) body, but also in soul. Socialism would represent the elimination of the contradictions of capitalism, including, critically, the spatial hierarchies and disparities identified by Leninist theories of imperialism. As I have argued, discourses of mobility, shaped and circumscribed by a specific, ideological understanding of space, were fundamental to the narrative of socialist transformation, occurring at the level of society, but also within each individual. These two narratives of socialist construction – the building of Soviet society and of the New Soviet Man – were intertwined inseparably in the accounts of Soviet doctors themselves. Their mobility across the Leninist ideological geography helped to make Central Asia Soviet and modern; it also allowed doctors to claim the same status for themselves.

The medical discourse of Soviet modernity in Central Asia – the Leninist narrative of mobile doctors bringing medicine from the advanced centre to the backward periphery – was a progressive narrative of liberation and modernization, yet it rested also on negative portrayals of Central Asian difference and inferiority. Indeed, the mobility and modernity of the (often European) Soviet doctors who peopled the Leninist

ideological geography gained definition against contrasting images of indigenous stagnation and backwardness. Although the medical project of socialist construction sought to transcend spatial oppositions between backward Asia and modern Europe, it also relied on such oppositions in the construction of Central Asian modernity. In turning from narratives of the Soviet medical system toward the images of indigenous difference that medical discourse produced, I now shift to the "Other" that accompanied and enabled assertions of Soviet modernity.

## CHAPTER 2

### SPACES OF DIFFERENCE: Soviet Modernity and Asian Backwardness

Flickering across the window from left to right, swirls the obelisk: "Europe—Asia." [...] It is a senseless post. Now it is behind us. Does that mean we are in Asia? ... Curious! ... We are moving toward the East at a terrific speed and we are carrying the revolution with us. Never again will we be Asia.<sup>1</sup>

In an article in *Klinicheskaia meditsina* in 1927, Russian physician Aleksandr Kriukov (encountered in the previous chapter) presented a broad survey of the illnesses prevailing among the benighted peoples of Central Asia. While admitting that much of the region remained *terra incognita* to medical authorities, Kriukov proceeded to describe a rugged, romantic landscape inhabited by "the populations of lowlands and oases, scattered among sands and mountain ranges." Identifying aridity as the main factor structuring indigenous life in the region, he imagined a human environment centred on water and its (mis)use: "oases. ... [have] poor water, since water is not used fully and appropriately due to the lack of reservoirs and ponds. The population does not have a sufficient amount of water and very often has only bad water, standing and contaminated." In the crowded oases of Central Asia, Kriukov suggested that indigenous failings exacerbated natural scarcity; inhospitable conditions and native ignorance combined to produce a stagnant and deficient society, deeply afflicted by disease:

The subtropical climate, with uncommonly hot summers and rotten winters, along with the low culture [*neku'lturnosti*] of the aboriginal population and its poverty, [and] the density of its cramped and dirty dwellings, are, of course, factors of the highest significance in relation to the great number of illnesses intrinsic to Central Asia.<sup>2</sup>

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<sup>1</sup> Valentin Kataev, *Time, Forward!*, trans. Charles Malamuth (Evanston: Northwestern University Press, 1995), 11.

<sup>2</sup> Aleksandr Kriukov, "O zabolevaniiax v Srendei Azii," *Klinicheskaia meditsina* 5, no. 21 (1927): 1129.

Kriukov's descriptions represented a naturalized view of indigenous Central Asian society, a vision which implied neither progress nor development. Rather, the author imagined a population living in an unchanging (and deeply harmful) equilibrium with nature, seeming to exist outside the currents of history. This was a timeless, Orientalized image of Central Asia, memorable not so much for its actual content (which bore considerable resemblance to Western colonial medical discourses of the same era) as for the exact historical moment at which it appeared, on the threshold of the Stalinist revolution. Kriukov's Central Asia seemed a prelude to the era of reckless transformation and obsessive tempo about to begin, when "timeless" Central Asia would be engulfed in the drive for modernization, a vertiable "race against time" in which it seemed "as if those responsible for the country's destinies felt they were running out of history."<sup>3</sup>

Indeed, only a few years after its publication, Kriukov's vision must have seemed out of place. His images of timeless Central Asia stood in opposition to the assertions of movement and progress that underpinned Stalinist modernization, and animated narratives of medical development within the Leninist ideological geography. A 1957 work by Ia. T. Tadzhev (a scholar associated with the Stalinabad Medical Institute in Tajikistan) illustrates this contrast with a vision of Central Asia from the other side of the Stalinist era. Where Kriukov had perceived essentialized otherness, Tadzhev saw the diseased state of the region as a reflection of temporal backwardness, connected with the prerevolutionary era. He blamed illness on the failures of tsarist rule to modernize the periphery, arguing that high rates of various "social-customary [*sotsial'no-bytovykh*] diseases ... on the national peripheries were caused by particular conditions – the

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<sup>3</sup> Moshe Lewin, *The Making of the Soviet System*, 209. On the obsession with tempo, see also Stephen Kotkin, *Magnetic Mountain*, 69-71.

backwardness of economy, culture, and customs, [a condition] where centuries-old religious prejudices prevailed." In these conditions, created by tsarism, "charlatanistic, tabibistic, shamanistic 'medicine' [had] dominated" unchecked by modern medicine, leading to the degeneration of entire nationalities.<sup>4</sup> Yet the indigenous difference Tadzhiiev described was a historically contingent and ultimately transient. The "struggle against social-customary diseases [had begun] only in the years of Soviet power," but socialist construction had quickly triumphed. Where Kriukov had imagined timelessness, Tadzhiiev embraced the discourse of Soviet modernity, proclaiming the region's transformation from a primitive and diseased land into a healthy and modern one.

From the Great Break forward, Soviet medical discourse described Central Asia and its societies through a language of temporality, rejecting visions of essentialized otherness in favour of narratives of progress and modernization. Through the Leninist ideological geography, the uncivilized state of the former tsarist colonies in the East was understood as temporal backwardness, lagging progress along the timeline of Marxist historical teleology. The expansion of medicine and modernity outward from the advanced centre would overcome this historical backwardness and inferiority, allowing the emergence of a unified, modern Soviet society. Although the terms in which this temporality was expressed changed considerably over time, reflecting the ideological evolution of the Stalinist regime and its own perceptions of movement through Marxist teleology, the emphasis on progress remained throughout the Stalinist period and beyond. If Central Asia had emerged from tsarism in a state of development inferior to that of the European regions of the USSR, Soviet discourse argued that the region *could* become modern—increasingly, that is *was* becoming modern.

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<sup>4</sup> Tadzhiiev, "Osushchestvlenie kommunisticheskoi partiei," 83-84.

Yet while the Leninist geography allowed the emergence of a modern socialist society in Central Asia to be imagined, the claim rested ultimately on perceptions of the region's inferiority—its need to be modernized. Just as medical visions of modernity were bound to narratives of movement within ideologically-meaningful space, so too were they inseparable from images of indigenous difference and inferiority. Indeed, indigenous difference appeared consistently across the Stalinist period as a foil for Soviet modernity in Central Asia, a negative contrast against which Soviet doctors and the societies they helped to create appeared modern and progressive. Authors such as Tadzhiev relied on images of backwardness, stagnation, and disease in describing the region prior to the arrival of Soviet power, employing language that differed from that of Kriukov only in its claim to describe past rather than present. In arguing that Central Asia was an integral part of a modern socialist society, it seems, Stalinist medical discourse could not stop reproducing images of Central Asian difference.

Despite claims to temporality, I argue, medical discourses of Soviet modernity in Central Asia reproduced colonial spatial oppositions between East and West. A vision of "temporalized space" accompanied the "spatialized time" of the Leninist geography; through these interwoven frameworks, the civilizational vision of Europe and Asia was mapped onto the temporal discourse of Marxist progress. Drawing on a fundamental Enlightenment assumption that Europe stood as the standard for modernity, the template against which other societies could be measured and judged (nearly always as deficient and backward), narratives of medical development merged time and space: modern became synonymous with "Europe," backward, with "Asia." Soviet authorities marked as temporally backward those attributes of indigenous society that they found most alien –

Oriental – from the perspective of European norms. Yet therein lay the contradiction; the traits that made Central Asia backward were also those which made it "Asian." Soviet discourse asserted that those who were backward could become modern. But if backwardness meant Asianness, could those who were Asian become European?

This paradox was central to medical discourses of modernity in Stalinist Central Asia; indeed, it was upon the contradictory interplay of spatialized time and temporalized space that claims of modernity in the region rested. If the Leninist geography was intended to overcome the spatial contradictions of capitalism-imperialism and forge socialist unity, it ultimately reproduced these very Eurocentric civilizational oppositions. Far from erasing the differences between Europeans and Asians, medical discourses perpetuated this division, and indeed relied on it as the foundation of a (deeply contradictory) claim that Central Asia was becoming modern. Since modernity was defined in European terms, Michaels notes, the program of Soviet medicine in Central Asia was forever "entangled with an attack on a way of life that Soviet authorities saw as the foundation for disease."<sup>5</sup> The medical system operated according to an imperative that historian Eric Carter terms "modernization-through-hygiene," in which authorities pursued "modernization in the image of Europe" on the basis of their deep belief in the ability of the natural and social sciences (and state intervention) to "transform society and control unruly nature."<sup>6</sup> Indeed, medicine proved to be an important conduit through which European cultural norms and values could be imposed on the region, through a universal language of science.

In this chapter, I will explore images of Central Asian difference and their

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<sup>5</sup> Michaels, *Curative Powers*, 49.

<sup>6</sup> Eric D. Carter, "State visions, landscape, and disease: Discovering malaria in Argentina, 1890–1920," *Geoforum* 39 (2008): 282.

implication in medical narratives of modernization. First, I will examine the evolution of these images from the 1920s until the end of the Stalinist period, exploring how initially ambiguous explorations of otherness and backwardness became firmly connected to broader narratives of socialist construction and Soviet modernity. Next, I will argue that Stalinist discourses, though evolving over time, presented a stable vision of indigenous difference, one that drew on images of essentialized otherness, but placed them within a new temporal framework. In the final section, I will explore the implications of Soviet constructs of indigenous difference for Stalinist public health campaigns against malaria and syphilis during the 1930s, examining how medicine was implicated in modernization campaigns that attacked Central Asian lifestyles and customs that were deemed culturally alien (to Europeans), and were therefore marked as "backward."

### **Locating Backwardness: Evolving Perceptions of Central Asian Society**

The elaboration of a Soviet medical discourse of modernity in Central Asia required parallel images of the backwardness that modernization would overcome. The Leninist ideological geography and its vision of spatialized time provided one such vision, interpreting the inferiority of the former colonies of Central Asia through Marxist teleology. Yet this notion did not immediately gain dominance in medical discourse after the revolution. While medical agents (overwhelmingly European) agreed that Central Asia's indigenous populations were inferior to Russians and other Europeans, living in filth and wracked by disease and poverty, they did not agree on the exact origins of this condition. Interpretations of indigenous difference would evolve significantly over the first decades of Soviet power. During the 1920s, doctors debated the nature of Central Asian difference through interrogations of society, culture, and even race; they

questioned whether the population was temporally backward, and therefore amenable to modernization, or whether it was essentially other, and therefore incapable of attaining European advancement. The Stalinist "revolution from above" in the late 1920s ostensibly put an end to these debates; essentialized otherness was rejected as the region entered violently into revolutionary history. Indigenous backwardness became firmly linked to the narrative of socialist construction, imagined through the Leninist ideological geography as an expansion modernity from centre to periphery. By the post-war period, the battle for Central Asian modernity was declared a victory. Central Asian backwardness, it was proclaimed, was being relegated to the past. Yet even at the moment when the socialist vision of a unified modern society seemed at hand, dichotomies between "backward" and "advanced" could reappear in new ways.

Scholars such as Ali İğmen have noted that Soviet perceptions of indigenous Central Asian cultures were grounded in knowledge inherited from the imperial period, a reality that was unavoidable even though revolutionary authorities sought to cast themselves and their relationship with non-Russian peoples in an entirely new light.<sup>7</sup> As Paula Michaels notes, "Soviet activists directly or indirectly based their evaluations of Kazakh medical treatment and practitioners on over seventy years of negative assessments produced by European travelers," a body of works that shaped "what constituted common knowledge about Central Asia" for Europeans.<sup>8</sup> This continuity in understandings and images is unsurprising, since, as we have seen, many of the doctors and medical authorities who founded Soviet medical system were themselves products of the tsarist system (see Chapter 1). Yet the establishment of Soviet power in Central Asia,

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<sup>7</sup> Ali İğmen, *Speaking Soviet with an Accent: Culture and Power in Kyrgyzstan* (Pittsburgh: University of Pittsburgh Press, 2012), 9.

<sup>8</sup> Michaels, *Curative Powers*, 35.

with its radical claims of indigenous liberation and national equality, did raise new and pressing questions. Doctors and medical researchers in the 1920s debated the nature of indigenous difference (and inferiority) in the region, and its implications for the project of Soviet modernity. Ultimately, these debates reflected both tsarist ideas about Central Asia, and evolving Soviet conceptions of society and nationality.

Tsarist visions of Central Asia were often starkly negative. According to Michaels, imperial-era authors saw Kazakhstan as "a cesspool of dirt and disease, where the natives wallow[ed] in their own filth and live[ed] life almost indistinguishable from their own animals." These images of disease, filth, and stagnation "did more than delegitimize indigenous medical practices: they contributed to the construction of the Other."<sup>9</sup> Such ideas could form the basis of discourses of essentialized or even racialized difference, as Jeff Sahadeo has shown.<sup>10</sup> Indeed, the 1920s saw a burgeoning of such ideas in medical research on Soviet Central Asia. Doctors and researchers studied indigenous populations in terms of the human "types," namely the "Indo-European" and "Mongol" races, and sought to elaborate theories of indigenous inferiority and predisposition to disease in fields such as "racial pathology."<sup>11</sup> A paper presented by V. P. Matveev at a Central Asian medical conference in 1928 provides a good example. In the work, Matveev sought to "survey in detail the anatomical structure of the eye sockets of Uzbeks, comparing them with those of Europeans and other peoples" in order to reveal the differences between racial groups, and their impact on diseases of the eye. Though he rarely uttered the word "race" (*rasa*), the implications of Matveev's research were clear. Expanding at length on the distinctions between "Mongol" and "European" eye sockets,

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<sup>9</sup> Michaels, "Shamans and Surgeons," 65.

<sup>10</sup> Sahadeo, *Russian Colonial Society in Tashkent*, 68-70, 85-87.

<sup>11</sup> Cavanaugh, "Backwardness and Biology": 273.

he suggested that eye diseases such as trachoma – endemic in Central Asia – were inherent to "Mongol" races due to biology and heredity, as well as way of life.<sup>12</sup>

At the same time, "softer" interpretations of Central Asian difference, based not on essential otherness but on social and cultural backwardness, also found roots in the pre-revolutionary period. As Nikolai Krementsov notes in his study of eugenics in Russia and the USSR, the Russian intelligentsia since the late nineteenth century had been skeptical of race- and class-based visions of biological fitness. Soviet eugenics and the related field of social hygiene, which flourished in the 1920s and found significant purchase among doctors and public health workers, continued this tendency. Although such areas were dominated by racial ideas in the West at the time, Soviet thought focused as much on social conditions and cultural practices as on essentialized distinctions.<sup>13</sup> The rejection of essentialized inferiority underpinned Soviet visions of modernization, which Daniel Beer argues also demonstrated continuity with the late-imperial past in terms of views on the relationship between social context and individual behaviour, and assertions that "human material could be remoulded."<sup>14</sup> If Central Asian inferiority was a result of social and cultural disorder and deviance, rather than racial difference, this suggested the possibility, perhaps even the necessity, of transformation.

The distinction between visions of essentialized difference and cultural or social backwardness was not always clear; indeed, Cavanaugh suggests that ideas of heredity, disease, and culture were connected in visions of the degeneration of indigenous Central

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<sup>12</sup> V. P. Matveev, "Anatomicheskoe stroenie glaznitsy u uzbekov," *Trudy Sredne-Aziatskogo Gosudarstvennogo Universiteta* 13-14 (1929): 1, 2.

<sup>13</sup> Nikolai Krementsov, "From 'Beastly Philosophy' to Medical Genetics: Eugenics in Russia and the Soviet Union," *Annals of Science* 68, no. 1 (2011): 61-92.

<sup>14</sup> Daniel Beer, "Blueprints for Change: The Human Sciences and the Coercive Transformation of Deviants in Russia, 1890-1930," *Osiris*, Second Series 22 (2007): 29.

Asian peoples. Here, ailments such as "syphilis and tuberculosis were seen as symptoms of an underlying process of physical decay brought about by generations of poor and backward living conditions, but then passed down to successive generations."<sup>15</sup> Such interpretations left little distinction between temporal backwardness and essentialized otherness. Ultimately, however, the broader evolution of the Stalinist regime forced an untangling of these ambiguities. The project of socialist construction, from the late 1920s, made firm claims of human malleability. Eugenics was officially rejected as a "bourgeois science," accused – not unreasonably – of promoting racial ideas.<sup>16</sup>

The rejection of biological heredity and race in medicine did not occur immediately, of course; as late as 1929, the year of Stalin's "Great Break," and well after the launch of the modernization drive in Central Asia (the *hujum* began in 1927), racial analyses continued to appear in prominent medical publications. In this year, a certain I. B. Blium published a report in *Proceedings of the Central Asian State University* on the incidence of ear and throat disease among schoolchildren of Uzbek, Cossack, and Tajik nationalities. In interpreting the different rates of various diseases among these groups, Blium drew two conclusions. First, he noted the importance of relating disease to "local factors associated with the climatic, soil and other conditions of Central Asia," and to the "customary modes of life of the indigenous population." Second, at a moment when coordinated attacks were being launched against eugenics and biological heredity as principles of medicine, he still underscored the need for further study of disease "from the

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<sup>15</sup> Cavanaugh, "Backwardness and Biology": 293.

<sup>16</sup> Kremontsov, "From 'Beastly Philosophy' to Medical Genetics": 80-81, 83-84. One victim of this change was Nikolai Semashko himself, who had been a promoter of social hygiene and a supporter of eugenics; he was replaced as Commissar of Public Health in 1930.

perspective of racial pathology."<sup>17</sup> By the time the article appeared in print, the first conclusion had been officially embraced in the discourse of Stalinist modernization, while the latter had become inadmissible. Nikolai Kremmentsov notes that a "Society for the Study of Racial Pathology and the Geographical Distribution of Disease" was established in 1928 by Nikolai Kol'tsov, a founder of the Soviet eugenics movement, who visited Central Asia in 1928 and was warmly received in Tashkent.<sup>18</sup> By 1930, Kol'tsov's society, if not the entire field it represented, had disappeared.<sup>19</sup>

If medicine in Central Asia had explored indigenous inferiority and its implications from a variety of perspectives – not all of them strictly Soviet – Stalin's "Great Break" placed the question of difference within a clear ideological framework. The perceived inferiority of Central Asia was now understood through ideas of progress and the Marxist-Leninist historical teleology as a strictly temporal backwardness; this condition would be overcome by socialist construction, imagined via the Leninist ideological geography as the expansion of modernity from centre to periphery and the transcending of the opposition between these spatial poles. In the early-to-mid 1930s, this narrative identified tsarist colonial exploitation as the main historical cause of Central Asian backwardness; modernization and socialism was envisaged as a break with this tsarist past. Soviet medicine thus appeared as a force for liberation from darkness and oppression, the bearer of Soviet modernity from the advanced centre to the periphery. As socialist construction progressed, backwardness was invoked increasingly as a

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<sup>17</sup> I. B. Blium, "Ushnye, nosovye i gorlovye bolezni u ushshchikhsia iz korennoho naseleniia Srednei Azii," *Trudy Sredne-Aziatskogo Gosudarstvennogo Universiteta: Seria IX: Meditsina* 13-14 (1929): 4.

<sup>18</sup> Cavanaugh, "Backwardness and Biology": 268.

<sup>19</sup> Kremmentsov, "From 'Beastly Philosophy' to Medical Genetics": 80-83. Other sources suggest that the society was founded in 1927, and note significantly that it represented a collaboration with German scientists: see Cavanaugh, "Backwardness and Biology": 267. Kol'tsov's activities in this period, including travel to Central Asia, suggest the possibility that scholars such as Blium were directly connected to Central scientific institutions in this area.

disappearing phenomenon, remaining only in "remnants" (*perezhitki*) of the tsarist past.

The Soviet medical project in Central Asia during the 1930s defined itself primarily as a battle against the past, with disease appearing as a symptom of the broader condition of backwardness. In describing tsarist Central Asia, Soviet authors imagined a landscape of stagnation, held by tsarism in the immobilizing grip of oppression and barbarism. In this context, social evolution – insofar as it occurred at all – was seen to come almost exclusively in the form of degeneration. In a 1937 article on syphilis among the non-Russian people's of the Soviet Union, N. M. Turanov imagined a colonized East crushed under "the double yoke of tsarism and its faithful hounds: the *kulaks*, *bais*, and *noyans* [Mongol aristocrats]." He described indigenous populations so oppressed and degraded by disease that they were "doomed to extinction."<sup>20</sup> This notion, that many backward nationalities faced extinction (*vymiranie*) under tsarism, was echoed across other Soviet works throughout the Stalinist period and beyond. Tadzhiiev in 1957 also described Central Asia "the most backward colony of tsarism, where ... the population eked out a miserable existence and was doomed to extinction."<sup>21</sup> Associated with the havoc wrought by social diseases such as tuberculosis and syphilis, the image of extinction was perhaps the purest expression of the effects of backwardness of the region and its peoples prior to Soviet power.

In describing the stagnation, filth, and degeneracy of pre-revolutionary Central Asia, medical discourses of this period used images that differed little from those of the

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<sup>20</sup> N. M. Turanov, "K itogam bor'by s sifilisom v natsional'nykh respublikakh i oblastiakh," *Vestnik Venerologii i Dermatologii* 1 (1937): 92. *Bai* was the Russian term used to describe Central Asian notables, equating the Russian *kulak*. The term *Noyan* served the same purpose for Mongol cultures such as the Buriats.

<sup>21</sup> Tadzhiiev, "Osushchestvlenie kommunisticheskoi partiei," 71; see also P. Parkov, "An Arctic People Discovers Medicine," in Semashko, *Public Health in the U.S.S.R.*; also, Dikambayev, *Kirghizia*, as cited in the introduction.

1920s, and even the tsarist period; yet the association of these images with the tsarist period, and the assertion of a temporal break with this past, was extremely significant. Even if medical authorities in the 1920s had defined their programs "against what they viewed as the Imperial legacy of neglect, and envisioned public health as part of the [Soviet] regime's counter-imperial strategy," they viewed indigenous inferiority as a persistent present condition, one with ambiguous implications for the future of the Soviet project.<sup>22</sup> In the official medical discourse of the 1930s, backwardness was connected to a rapidly disappearing tsarist past. Indeed, the medical discourses of the 1930s were filled with descriptions of Central Asian transformation. Turanov suggested that

the national policy of the party, the policy of industrialization, of land reform, collectivisation, the emancipation of women, school construction, [and] the irreconcilable struggle against the kulaks brought the toiling population onto the wide road of healthy life. Thus were created the conditions for a radical victory over social diseases—an inseparable and organic part of capitalist society. The development of measures for the struggle against venereal diseases serves as proof of the care of soviet power for the health of the workers.<sup>23</sup>

Medical discourse therefore asserted simultaneously the struggle against the past, and the emergence of Soviet modernity – meaning socioeconomic transformation and rapidly increasing health – in the present. Rendered in a style clearly reminiscent of socialist realism, such works announced the arrival of the Soviet future in the present, the transcending of the spatial hierarchies of tsarist society that had held the colonized East in subjugation. Images of disease and cultural difference remained prominent; yet they now described not an entrenched reality, but a receding (though still present) past.

The notion of a battle against the tsarist past, and the "temporalization" of indigenous difference as part of this discourse, clearly reflected the Leninist ideological

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<sup>22</sup> Cavanaugh, "Backwardness and Biology": 97.

<sup>23</sup> Turanov, "K itogam bor'by s sifilisom": 92.

geography and its vision of spatialized time. Viewing Central Asia through the lens of Marxist teleology and Leninist theories of imperialism, it was natural to pin backwardness on tsarist colonial oppression, and view modernization as a struggle against this temporal legacy. Indeed, the logic was demonstrated even more clearly by the tendency of Soviet discourse during the 1930s to speak of backwardness in the present as "remnants" of the past, a concept that immediately suggests obsolescence—the persistence of conditions existing out of proper temporal sequence. A resolution produced by an All-Kirgiz Congress of Young Working Women, held in October 1935 in Frunze, provides a characteristic example of this phenomenon. The document lauded the progress of Soviet modernization in the region, noting that "[u]nder the leadership of the Communist party of our supreme leader comrade STALIN, Soviet Kirgizstan ... has made vast achievements in the work of cultural construction," and arguing that Soviet power was "successfully establishing a culture that is national in form, socialist in content."<sup>24</sup> At the same time, the resolution also appealed for continued "struggle against *kulak-bai* feudal remnants (underage marriage, bridewealth, polygamy)," and for strict laws to stamp out "the remnants of the feudal-capitalist relationship toward women [that] inhibit their full emancipation."<sup>25</sup> Notable among the "remnants" was the ill-health of women, considered the result of insufficient education; the resolution called for "lectures on female hygiene, education of children, and steps for the prevention of diseases," and for the broad dissemination "of popular sanitary literature in the Kirgiz language [...] to the *kishlaks* and *auls*."<sup>26</sup> Such enlightenment policies would allow Kyrgyz women themselves to participate more fully in the struggle against the past.

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<sup>24</sup> *TsGAPDKR*, f. 10, op. 1, d. 638, ll. 126.

<sup>25</sup> *Ibid.*, 127.

<sup>26</sup> *Ibid.*, 132. The terms *kishlak* was used somewhat interchangeably with *aul*.

As Michaels rightly notes, such continued appeals to stamp out "remnants" of the past pointed to the struggles, frustrations, and failures of Soviet medicine during this period, while also providing a ready excuse for the troubling persistence of backwardness among indigenous populations despite the supposedly rapid emergence of Soviet modernity.<sup>27</sup> Yet at the same time, the idea of remnants illustrated the strength of the Soviet commitment to temporal visions of Central Asian difference, its continuing rejection of explicit discourses of essentialized otherness, despite the difficulties encountered by the modernization project.

By the late Stalinist period, narratives of triumphant medical progress asserted that Soviet modernity in Central Asia was a reality, and discussion of "remnants" disappeared, along with any expression of the chaos, contestation, and frustration that had marked the Stalin Revolution. As Michaels notes, in narratives of Soviet medical development from the late-1930s onward, a "straight path led from 1917 to the eve of World War II, with no setbacks, diversions, or mishaps along the way."<sup>28</sup> From a tsarist past marked by backwardness and barbarism, the narrative of Soviet medicine began in 1917 and proceeded as a triumphant march into a bright future. Central Asian nationalities were no longer backward but becoming participants in socialism. Yet as the Stalinist discourse of modernization reached its natural conclusion, spatial distinctions between "advanced" Russia and "backward" Central Asia re-emerged in new ways. At the moment when backwardness seemed to have been overcome, it became unhinged from Marxist temporality, and seemed again to ambiguously represent essentialized otherness.

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<sup>27</sup> Michaels, *Curative Powers*, 49.

<sup>28</sup> *Ibid.*, 58.

By the late 1930s, and certainly during the postwar Stalinist period, the transformation of Central Asia – the temporal journey from backward colony to modern Soviet nation – was imagined to be nearing completion. In a work published in 1947, Nikolai Semashko noted the Soviet policy of "extending the utmost assistance to the *formerly* oppressed nationalities, help[ing] to stamp out the social disease to which they *were* a prey in [t]sarist times" (emphasis added).<sup>29</sup> The very formulation of such statements – the use of past tense – served as an implicit assertion that modernity was becoming a reality in regions such as Central Asia. This accomplishment could only be interpreted as a triumphant affirmation of Soviet power as a modernizing, progressive force.<sup>30</sup> Zakhidov suggested that the "historical meaning" of Soviet power was clearly demonstrated in the fact that "the modern condition of public health in Uzbekistan, in its level of development generally little different from the condition of public health in the USSR, was achieved entirely over 25 years, i.e. in an very short time."<sup>31</sup> The temporal shift in medical discourse from modernizing to *modernized* (or rather, largely modernized) is not illogical, given the intense focus of the Soviet regime on its place in the timeline of Marxism-Leninism, and its overarching concern with driving history forward. In this discourse of backwardness transcended, it seemed that the unified socialist society imagined through the Leninist ideological geography was emerging in reality. No longer backward (and therefore "Asian"), the region was increasingly described as modern, and Soviet. As Terry Martin notes, the USSR was reimagined from the late-1930s as a federation of progressive nations united in a single socialist society—a

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<sup>29</sup> Semashko, *Public Health in the U.S.S.R.*, 11.

<sup>30</sup> Tsarist administrators made similar claims regarding the meaning of their "civilizing" rule in Central Asia. See Paul Stronski, *Tashkent: Forging a Soviet City, 1930–1966* (Pittsburgh: University of Pittsburgh Press, 2010), 6.

<sup>31</sup> Zakhidov, *Zdravookhranenie v Uzbekistane*, 5.

"friendship of the peoples" (*druzhba narodov*).<sup>32</sup>

Yet in the late-Stalinist period, and especially after the Second World War, discourses of the Central Asian past changed in ways that cast doubt on the temporality of indigenous difference in the region. Notably, the impact of tsarist imperialism on non-Russian peoples was reimagined, part of a broader re-assertion of Russian primacy as "first among equals" within the friendship of the peoples.<sup>33</sup> In his classic study of Soviet historians' treatment of the national question, Lowell Tillett traces the emergence, from the late 1930s, of a vision of tsarist colonialism as a historically progressive force in Central Asia. Rather than retarding the progress of the region, tsarism came to be seen as a bearer of modernization, however flawed. Lowell notes that

[t]his is not to say that the evils of tsarism [were] forgotten, but rather that the friendly relations of the peoples of the future Soviet family [were] emphasized. From the new point of view, tsarism [was] the challenge that evok[ed] a heroic response from the multi-national masses of the Empire, culminating in the events of 1917. [...] Furthermore, all peoples of the future Soviet state [were] said to have recognized the leadership ability of the Russian people, and to have benefited in many ways from them.<sup>34</sup>

This trend was reflected in narratives of medical development in the region. While images of Central Asian difference remained relatively stable, the treatment of tsarism changed perceptibly. Rather than drawing a direct line of causation between tsarist oppression and indigenous disease and backwardness, post-war works tended to focus on more benign images of tsarist neglect. For example, recall Nikolai Vinogradov's observation in his 1950 work that "[i]n tsarist Russia medical care of the so-called

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<sup>32</sup> Martin, *Affirmative Action Empire*, 461.

<sup>33</sup> *Ibid.*, 451-454

<sup>34</sup> Tillett, *The Great Friendship: Soviet Historians on the Non-Russian Nationalities* (Chapel Hill: University of North Carolina Press, 1969), 4.

backward nationalities was altogether negligible."<sup>35</sup> Though the change could be subtle, and cloaked in a highly negative portrayal of tsarism, the implications were clear; tsarism had not created backwardness through reactionary oppression, therefore backwardness had to originate somewhere else. Some elements of "progressive" Russian colonialism were also visible in medical narratives. Zakhidov's history of Soviet medicine in Uzbekistan (published in 1949) condemned the neglect demonstrated by the "so-called 'public health organization' or former colonial Uzbekistan," but celebrated the fact that even "in such conditions solitary [European] enthusiasts could already be found, primarily among military doctors. Sparing no effort, they, in addition to large practical work on the improvement of the region, studied its sanitary state, the features of local diseases, and made a significant contribution to Russian medical science."<sup>36</sup>

The rehabilitation of tsarist rule in Central Asia had considerable implications for discourses of indigenous difference in the region. Indeed, the Leninist ideological geography – and the entire temporal vision of backwardness – rested on the notion of tsarism as an oppressive and reactionary force that held Central Asia's development at a level lower than Russia. Central Asian inferiority and disease maintained a nearly universal presence in medical narratives, serving as a contrast to the new Soviet modernity, but the persistence of these images now appeared problematic. Shorn of the association with tsarism, the temporal status of indigenous "backwardness" was no longer apparent. The meaning of backwardness – of what exactly had been overcome (the past? Asianness?) in the emergence of Soviet modernity – seemed suddenly unclear.

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<sup>35</sup> Vinogradov, *Public Health in the Soviet Union*, 89.

<sup>36</sup> Zakhidov, *Zdravookhranenie v Uzbekistane*, 8. The text ignores the ethnicity of the doctors, but the examples listed all appear European. In fact, two of Zakhidov's examples are profiled by Cavanaugh as important early Soviet figures, in the vein of Kriukov, Slonim, and Pereshivkin. See "Backwardness and Biology": 105-106, 107-108.

Along with a reinterpretation of the historical role of tsarism, the latter years of the Stalinist period (from the late 1930s onward) saw the development of new histories for the now-established nations of Central Asia, narratives that bypassed the backwardness of the region's recent past and presented Soviet unity as historically-rooted and organic. This process of nation-building had begun with national delimitation in the 1920s, but reached its peak in the late-Stalinist period in what Martin describes as "Stalinist primordialism."<sup>37</sup> Official Soviet discourse now imagined nations as deeply rooted and even ahistorical entities, rather than "historically constituted communities" whose emergence coincided with the rise of the capitalist system.<sup>38</sup> Primordialism celebrated "exotic" national expressions such as costume, dance, folk music, and promoted "classics" of national high culture, such as literature and scientific thought.<sup>39</sup> I argue that these trends amounted to the construction of a progressive Central Asian "usable past," which could be set against the negative history of backwardness.<sup>40</sup>

One fascinating example was the celebration of the medieval doctor and philosopher Avicenna, known in Soviet works as Abuali Ibn-Sino, the "great Tajik doctor."<sup>41</sup> A flurry of laudatory articles appeared in Soviet medical journals in 1951 to mark the thousandth anniversary of Ibn-Sino's birth. One example, written by B. D. Petrov and published in *Sovetskoe Zravookhranenie*, expanded at length on the "sensible" (*tselesoobraznyi*) prophylactic measures outlined in the Ibn-Sino's famed *Canon of*

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<sup>37</sup> Martin, *Affirmative Action Empire*, 442-451.

<sup>38</sup> It was Stalin himself, of course, who had presented this earlier definition, which he then abandoned.

<sup>39</sup> Martin, *Affirmative Action Empire*, 442-444.

<sup>40</sup> Alan Kimball defines a usable past as a "coherent record of events which compile themselves in such a way as to help us understand where we have been, who we are, where we are now, and where we might hope to go, and whom we might hope to become." "The Meaning of Victory in World War Two: The Soviet Search for a Usable Past," *Kimball Files*, 2015, <http://pages.uoregon.edu/kimball/WW2.htm>.

<sup>41</sup> V. A. Nevskii, "Velikii Tadzhikskii Vrach Abuali Ibn-Sino (Avitsenna): Bibliografiia," in Shershavkin, *Sbornik rabot po istorii meditsiny*, 61.

*Medicine*. Noting that classical Greek and Roman knowledge, as well as the "popular wisdom" of Middle Eastern peoples, was concentrated in the work, Petrov celebrated the *Canon* as a pioneering work of science. He even approved the Islamic influences apparent in Ibn-Sino's thought, noting that "care for the body is prescribed by the Muslim religion" and judging the requirement for "regular ablutions ... very valuable, especially considering the hot climate of the countries of Central Asia."<sup>42</sup> A far cry from the attacks on indigenous backwardness that remained present in Soviet discourse, the celebration of Ibn-Sino suggested a certain validation of the region's past.

Yet it is important to note that the "usable past" this campaign promoted was different from the history of backwardness that Soviet modernity had struggled to overcome. A second article on Ibn-Sino by L. O. Kanevskii, published in *Sovetskaia meditsina* (in 1952), makes this point clearly. Kanevskii suggested that while "the philosophy of Ibn-Sino [could] not, of course, be characterized as materialist, ... it assuredly contains elements of materialism," particularly in rejecting supernatural causes of disease. Indeed, he argued that Ibn-Sino had been viciously persecuted for his progressive views: the "Muslim clergy" had seen his work as dangerous, and "Muslim obscurantists and scholastics ... considered him a heretic and an atheist, against whom resolute struggle was necessary." Kanevskii drew a dividing line between Ibn-Sino the progressive, and the reactionary society in which he had lived. The "great Tajik doctor" was interpreted as a proto-materialist who had struggled for the progress of a backward and oppressed society – just as Soviet power had done more recently – and whose ideas

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<sup>42</sup> B. D. Petrov, "Okhrana zdorov'ia b 'Kanone' Ibn-Siny (Avitsenny): k tysiacheletiiu so dnia rozhdeniia Ibn-Siny," *Sovetskoe zdravookhranenie* 11, no. 5 (1952): 51.

were now truly appreciated in the context of Soviet liberation.<sup>43</sup> If the assertion of usable pasts for the new nations of Central Asia implied a rehabilitation of certain elements of regional culture, then, it did not represent a retreat from the assertion of difference. Indeed, the status of figures such as Avicenna, and the progressive history that they represented, was actually asserted *against* negative images of Central Asian culture, mirroring assertions of Soviet modernity in the region.

### **Temporalizing Space: Asian Otherness in the Marxist Teleology**

As evolving images of Central Asian difference suggest, medical views of Central Asia shifted considerably during the first three decades of Soviet power, a result of the evolving ideology of the Stalinist regime, and authorities' changing perceptions of their own advance forward in Marxist-Leninist time. Yet these changes masked deeper commonalities in Soviet understandings of the region. Stalinist medical discourse remained strikingly consistent in associating Central Asian backwardness with the features of indigenous life that Soviet (European) authorities considered most alien and abhorrent—in a word, the most *Asian*. Interpretations of indigenous difference were united by an assumption that European norms and values formed the standard against which Central Asia could be measured. Although Stalinist medical narratives employed a language of historical progress, visions of Soviet modernity rested on a "temporalization of space" – the natural obverse of the "spatialized time" asserted in the Leninist ideological geography – in which spatialized understandings of the divisions between Europe and Asia were imagined as temporal conditions of modernity and backwardness. This vision represented a contradiction at the heart of Soviet modernity in Central Asia:

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<sup>43</sup> L. O. Kanevskii, "Ibn-Sina (Avitsenna)--velikii uchenyi i vrach," *Sovetskaia meditsina* 16, no. 7 (1952):42-43.

the assertion of modernity in the region rested on simultaneous and contradictory images of difference that implied the region's essential difference.

When Soviet doctors judged Central Asians as physically or mentally deficient, or considered indigenous societies backward or inferior, they did so based on European or Russian norms. Cavanaugh records that early Soviet studies of Central Asian schoolchildren used benchmarks designed for European populations in order to judge the fitness of Central Asians. Unsurprisingly the majority were deemed deficient and predisposed to disease by these standards, though such claims were rarely supported by clinical data.<sup>44</sup> While the racialized logic of such studies disappeared with the Great Break, the tendency to perceive backwardness and modernity through a European cultural lens did not. Soviet visions of progress (or lack thereof) were never based on neutral universal values, but on the particular historical experience of European (and Russian) modernity.<sup>45</sup> The Leninist ideological geography defined European Russia as "modern" and Central Asia as "backward," meaning that Soviet "modernization" in practice meant "Europeanization." As Paul Stronski argues in his study of Soviet Tashkent, modernization implied an effort to "sculpt new Soviet Central Asian citizens, who would reflect the highest ideals of Soviet ideology as productive, cultured laborers *who were almost European in outlook but still possessed a local aura*" (emphasis added).<sup>46</sup>

When medical discourses of the Stalin revolution called for the overthrow of the tsarist past, or struggled against its "remnants" in the present, these images referred not to any recognizably tsarist structures or conditions, but rather to elements of indigenous

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<sup>44</sup> Cavanaugh, "Backwardness and Biology": 281-290.

<sup>45</sup> In this observation I invoke the postcolonial critique of universalist European modernity. See Dipesh Chakrabarty, *Provincializing Europe: Postcolonial Thought and Historical Difference* (Princeton, NJ: Princeton University Press, 2007); see also Stronski, *Tashkent: Forging a Soviet City*, 62-65.

<sup>46</sup> Paul Stronski, *Tashkent: Forging a Soviet City*, 48.

culture deemed barbaric and targeted for destruction. Indeed, recalling the resolution the Kirgiz Congress of Young Working Women cited earlier in this chapter, it can be noted that the "remnants" identified related mainly to indigenous marital practices (bridewealth, underage marriage, and polygamy) that deviated from the European norm. Indeed, I argue that the temporal language of Soviet progress differed little from spatialized colonial civilizing discourse in its structure, in that both ultimately equated "progress" to convergence with European social and cultural norms.

Throughout the Stalinist period, official narratives of Soviet medical development in Central Asia equated backwardness with Asianness, a fact illustrated clearly by comparisons of texts from different periods. A 1935 report from the Commissariat of Public Health of the Kirgiz ASSR provides a characteristic example of the framing that prefaced most medical works on the region during Stalinist modernization:

Amid the economically unequal, politically powerless and culturally backward Kirgiz poor the policy of Russian imperialism propagated all manner of diseases, and created the conditions for their spread.

Left to their own devices, the Kirgiz workers found themselves prisoners of tabibs, mullahs, and witch doctors [*znakhari*]. [...]

The Great October revolution and its national policy, led by the Leninist party of Bolsheviks, broke the chains of colonial oppression, enabled the rapid economic and cultural growth of Kirgizia, and created the broad conditions for the development of public health work.<sup>47</sup>

The argumentative structure of this narrative hardly requires explanation. Tsarist oppression – that is, capitalist-colonial oppression in Leninist theory – was taken as the cause of the diseased state of non-Russian peoples. Central Asian backwardness was presented largely as a temporal condition, connected to the "capitalist" stage of history. By overthrowing tsarism, Soviet power had permitted peoples oppressed by tsarism

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<sup>47</sup> Quoted from S. S. Daniyarov and V. D. Samsonov, eds. *Kul'turnoe stroitel'stvo v Kirgizii, 1930–1941: sbornik dokumentov i materialov*, vol. 2 (Frunze: Akademiia Nauk Kirgizskoi SSR, 1972), 219.

colonialism to progress in Marxist-Leninist time.

Yet at the same time that such texts identified tsarism as the cause of backwardness, they associated it with symbols of indigenous culture, rather than tsarist rule. It was the indigenous tabibs, mullahs, and witch doctors who most represented the benighted state of Central Asia in these accounts. Although disease and ill-health were linked explicitly to capitalist imperialism, they nearly always appeared alongside – and through – symbols of Central Asian culture. Indeed, the passage above ultimately implied that the primary failure of tsarist rule was a failure to provide modern (European) medicine to the region. Deprived of medicine (and civilization), the document implied, Central Asian societies had been unable to progress, indeed they had fallen into Oriental irrationality, stagnation, and barbarism. Regardless of the complicity of tsarist rule in this degeneration, backwardness referred specifically to the failings of *Central Asian* culture.

Narratives from the late 1930s or postwar period were entirely similar to the discourses of the Great Break in terms of their argumentative structure; indeed, by removing or tempering condemnations of tsarism as an oppressive and reactionary force (see the previous section), these works associated backwardness *primarily* with Central Asian culture. The vision presented in Nikolai Vinogradov's 1950 work on Soviet medicine is characteristic:

In tsarist Russia medical care of the so-called backward nationalities was altogether negligible. The territory which now comprises the Turkmen S.S.R., for instance, had in 1912 no more than 11 rural medical circuits and a few small hospitals with 90 beds in all. The nomad population knew neither medicines nor doctors. [...]

The doctor's work in the national districts was at first beset with difficulties because of the general backwardness of the population, its low standard of living and the powerful influence exercised by all kinds of quacks such as shamans and lamas [...] As time went on, Soviet medicine overcame prejudice and supplanted quackery, and in this way made its contribution to the

fundamental reconstruction of the life and customs of the formerly backward peoples."<sup>48</sup>

Vinogradov's parable of Soviet medicine rendered clear what had existed in Stalinist narratives of medical modernization since the late 1920s: "backwardness" was not only (or even necessarily) a condition of temporal backwardness connected to the capitalist-imperialist epoch or tsarism. Though expressed in the language of temporality, the term referred also to essentialized otherness. Vinogradov specifically invoked the arrival of the doctor from outside, the "medical worker who came to Central Asia" from somewhere else (Russia, one presumes), suggesting the obvious corollary to the association between backwardness and Asia—the link between modernity and Europe, and the role of Europeans in bringing medicine to the backward periphery. That this spatialization of Central Asian difference was also shifted temporally into the past – presented as a state of essential otherness that had been overcome – only underscores the contradictions inherent in medical visions of Central Asian modernity.

This was Stalinist "temporalized space," a vision of Oriental otherness translated ambiguously into the framework of Marxist-Leninist teleology, and described through a vocabulary of temporal progress. While emphasizing images of Central Asian difference that hinted at essentialized otherness, this construct simultaneously asserted that difference was not essential and *could* be overcome, indeed in the late-Stalinist period that it *was being* overcome. Celebrations of Central Asian modernity appeared alongside images of essentialized otherness in Soviet medical narratives, separated only by the temporality of socialist construction. By the late Stalinist period, the rehabilitation of tsarism and the constructions of essentialized, primordial nations cast doubt on even

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<sup>48</sup> Vinogradov, *Public Health in the Soviet Union*, 89-91. A Lama is a spiritual guide in Tibetan Buddhism.

this thin assertion of temporality. Although Stalinist discourses of modernity differed profoundly from colonial civilizing discourses with their temporality of "not yet forever" (see Introduction), temporalized space left unanswered questions. Those who were backward could become modern; but could those who were Asian become European?

Images of indigenous medical customs, and their relationship to Soviet medicine, provide a compelling example of the oppositions and contrasts involved in the temporalization of space. The Leninist ideological geography understood socialist construction as the outward expansion of modern medicine to peripheral regions that had lacked medical care under tsarism. Yet this entire vision was premised on an assumption that no medicine existed in Central Asia except that which was brought there by Europeans. In other words, descriptions of pre-Soviet medical "absence" presented not only a critique of tsarist policies, and a contrast between tsarism and Soviet power; they also contained a denial that Central Asian medical traditions constituted medicine at all.

Images of pre-Soviet medical absence did not refer to a *literal* lack of medicine, but rather to a lack of modern, European medicine. Indeed, despite claims that medicine was lacking, the pre-revolutionary Central Asian landscape described in Soviet accounts positively teemed with indigenous purveyors of medicine such as witch doctors, Islamic healers, and shamans. For Propper-Grashchov, non-Russian regions had been especially fertile ground for such figures: "here, under tsarism, due to the absence of adequate medical assistance among the population, all sorts of charlatans and witch doctors flourished."<sup>49</sup> Zakhidov noted that, for most Central Asians, the only "'healers' were tabibs, *ishany* [spiritual guides], and witch doctors, the practices of whom tsarist functionaries in every way encouraged;" Turanov suggested that the "total domination of

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<sup>49</sup> Propper-Grashchov, *Public Health Protection in the USSR*, 34,

znakharistic, shamanistic, tabibistic, Islamic 'medicine,' [was] supported by tsarism exclusively in the national regions."<sup>50</sup> As their frequent use of sarcastic quotation marks suggests, Soviet authors did not consider traditional healers and their services to be medicine in any real sense. Rather, indigenous medicine appeared as symptom of backwardness, a negative image against which Soviet medicine appeared modern.

It was on the basis of this negation of indigenous medicine that Zakhidov was able to state, without irony, that in tsarist times, a "majority of women gave birth *without any kind of medical assistance*, using the services of a 'doi' (midwife)" (emphasis added).<sup>51</sup> Such contradictory statements are a testament to the depth of the Soviet rejection of traditional medicine—they were coherent only to the extent that indigenous medicine were not considered *medicine* at all. Zakhidov's use of the Uzbek word for midwife (*doi*), as opposed to the Russian "*poviyukha*," only reinforced this point. Indeed, many authors identified Central Asian medical traditions as a cause of health problems, equating indigenous healers to disease and calling for their eradication. A paper written by M. A. Finkel' on rupture of the uterus in childbirth among Uzbek women, published in *Za sotsialistkoe zdavookhranenie uzbekistana* in 1934, provides a clear example of this logic. Finkel' noted that such uterine rupture was more common among Uzbek women than among Russians; in attempting to explain this fact, he focused on manifestations of Uzbek backwardness such as child marriage, female isolation, and the practices of indigenous midwives.<sup>52</sup> An Uzbek women, he explained, often gave birth "in the

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<sup>50</sup> Zakhidov, *Zdavookhranenie v Uzbekistane*, 7; Turanov, "K itogam bor'by s sifilism": 92. Turanov's terms referred to various strands of indigenous medical practice. In the original Russian: "*Polnoe gospodstvo znakharskoi, shamanskoi, tabibskoi, lamskoi 'meditsiny'... [etc].*"

<sup>51</sup> Zakhidov, *Zdavookhranenie v Uzbekistane*, 36.

<sup>52</sup> Finkel' based his claim of on remarkably thin evidence— from only seven cases of uterine rupture (four Uzbeks, one Russian, one Tatar, and one Kazakh) he extrapolated the incidence of the condition among each group represented, and argued that it was 50 times for prevalent among Uzbeks than among Russians.

conditions of her *ichkari*, in an unsanitary atmosphere with the help of a filthy midwife" whose methods of delivery were barbaric and dangerous.<sup>53</sup> Finkel', like for other Soviet doctors, associated the indigenous midwife with filth, disease, and backwardness, rather than medicine. He reflected the views of many in suggesting that such medical traditions contributed to the disease of the region, and were an active impediment to *true* Soviet medicine.

The assumptions that underpinned the enterprise of Soviet medical modernity – that Central Asia was backward and European Russia was advanced, and that peripheral backwardness would be overcome through the intervention of the advanced centre – served in practice to reproduce the very spatial oppositions that socialist construction sought to transcend. Soviet modernity in Central Asia was predicated on overcoming the backwardness of the region, and the integration of Europe and Asia into a single socialist whole. Through the Leninist ideological geography, Soviet medical discourse asserted the existence of a Central Asia that was modern; yet this modernity was asserted against images of essentialized Central Asian otherness, suggesting that Central Asia could only be modern insofar as it was no longer Asian. Soviet modernization meant overcoming backwardness to make Asia modern; yet to be Asian meant, by definition to be backward—the opposite of modern. Soviet modernization ultimately unfolded through a logic of Europeanization; it could be little else, given the Eurocentricity of Soviet discourse, and the lack of any meaningful universal vision of progress that transcended the socioeconomic and cultural norms of European modernity. Through the prism of temporalized space, modernity in Central Asia would always remain ambiguous and

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<sup>53</sup> M. A. Finkel', "Razryv matki, kak pokazatel' nedostatochnogo vnedreniia profilaktiki v shirokie massy korenogo naseleniia." *Za sotsialisticheskoe zdavookhranenie uzbekistana* 5 (1934): 81, 79.

contradictory in Soviet medical discourse.

### **Wild Spaces and Untamed Peoples: Soviet Public Health Campaigns**

In a 1934 submission to *Za sotsialistiskoe zdavookhranenie uzbekistana*, doctor F. A. Klebanova described a dramatic case of tertiary (gummatous) syphilis, received at a station of the No. 2 Dermatological-Venereological Dispensary in Tashkent. The patient, a middle-aged Cossack peasant [*dekhkan*], had suffered an extremely rare progression of the disease, resulting in his castration and permanent incapacitation. Yet for Klebanova, the rare presentation of late-stage syphilis was not the most notable feature of the case; rather, it was "the fact that the patient, living close to such a large centre as Tashkent, appealed for medical assistance [*vrachebnoi pomoshch'iu*] only when the destructive gummateous process had done irreparable damage."<sup>54</sup> Rather than visiting nearby Soviet medical facilities, the peasant farmer had at first opted to be "treated by a tabib ... with topical medicine."<sup>55</sup> The inclusion of these details implied that the case represented concerns far broader than the rare progression of a disease in one man. The disease itself pointed to sexual deviancy, while the figure of the traditional tabib suggested persistence of indigenous practices deemed backward. The presence of both in immediate proximity to the Soviet Central Asian metropole of Tashkent – to speak nothing of the troubling involvement of a Cossack rather than an indigenous Central Asian in such sordid affairs – indicated the challenges that confronted Soviet medicine—not merely disease, but the disorder and backwardness of life in the region.<sup>56</sup>

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<sup>54</sup> F. A. Klebanova, "Sluchai uvechashchego gummuznogo sifilisa," *Za sotsialisticheskoe zdavookhranenie uzbekistana* 6 (May-Jun. 1934): 148.

<sup>55</sup> *Ibid.* 147.

<sup>56</sup> Although Cossack settlers had been deployed by the tsarist regime in Central Asia, by the late imperial period fears emerged that they, along with other Europeans, became "nativized" after contact with indigenous peoples. See Seigelbaum and Moch, *Broad is my Native Land*, 30-31.

As this anecdote indicates, the gaze of the Soviet medical project in Central Asia ranged far beyond the scientific study and clinical treatment of the diseases that plagued the region. I have already argued that medicine was deeply implicated in the construction of discourses of Central Asian backwardness during the Stalinist period, and noted the role of images of "temporalized space" in the assertion of Soviet modernity in the region. During the early-to-mid 1930s, at the height of the Soviet modernization drive, these visions of backwardness and modernity guided medical authorities in their struggle against disease. Public health campaigns in this period served as a vector for the transformation of indigenous traditions and practices rejected by Soviet authorities—projects to simultaneously cure both disease and backwardness. In their study of state anti-malaria campaigns in early republican Turkey, Kyle Evered and Emine Evered note that such visions of transformation are embedded in the structure of public health efforts, since "[a]s the state framed and prescribed a course of action to take for malaria, it ... framed and confronted perceived social ills, as well."<sup>57</sup> The process of "framing" diseases reflected not only medical knowledge, but official interests and visions of society. Indeed, the treatment of disease itself could sometimes seem of secondary importance in campaigns that employed the universal language of science and medicine in order to seek the reconstruction of Central Asian life according to European norms and values.

Stalinist public health campaigns in Central Asia during the 1930s centred on a set of social diseases – malaria, syphilis, trachoma (an infection of the eye), and tuberculosis – that were thought to represent serious dangers to the region's populations, and therefore to the designs of the state. In interpreting the high incidence of these diseases on the non-

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<sup>57</sup> Kyle T. Evered and Emine Ö. Evered, "State, peasant, mosquito: The biopolitics of public health education and malaria in early republican Turkey." *Political Geography* 31 (2012): 313.

Russian periphery, Soviet doctors demonstrated a tendency to focus on the social aspects of infectious disease. Soviet medical theorists acknowledged the biological reality of disease, but "stressed that environmental factors, such as nutrition and sanitation, played an equally important role in a disease's course and spread."<sup>58</sup> As S. V. Guslits argued in 1951, drawing on medical theory from the 1930s, there were virtually no situations in which the "natural factors [of disease] would not, in one way or another, yield to the influence of man, i.e. the influence of the social factor."<sup>59</sup> If the spread of infectious disease depended primarily on social structure, human environment, and individual behavior, manipulation of these "social factors" could eliminate illness. This view created a strong association between health and civilization, with European modernity as the standard of rational organization. Guslits emphasized this point using historical examples. He noted that in the past, "some districts of southern Ukraine and the Balkan peninsula were epizootic centres of plague. Civilized tilling of the earth [*kul'turnaia obrabotka zemli*] in these districts led to the full liquidation of this infection, i.e. again the social activity of man overcame the effects of natural factors."<sup>60</sup> Disease was a symptom of backwardness; the struggle against disease therefore required a broader struggle to transform society.

Though public health campaigns were organized to fight a wide range of diseases in Central Asia during the Stalinist period, I will examine two diseases in particular: malaria and syphilis. Both were widespread, but differed in their specific geographical

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<sup>58</sup> Michaels, *Curative Powers*, 50.

<sup>59</sup> S. V. Guslits, "Ob opredel'iaushchei roli sotsial'nogo faktora v epidemicheskom protsesse," *Sovetskoe zdavookhranenie* 1 (1951): 41. Guslits framed his article as a critique of what he saw as an increasing "bourgeois" emphasis on biology in Soviet epidemiology; his argument can be taken as an enforcement of Stalinist medical orthodoxy, in the context of the postwar repression (including the anti-cosmopolitanism campaign).

<sup>60</sup> *Ibid.*, 41.

concentrations. Malaria was most prevalent in the south, in areas of sedentary population and agriculture (for example, Uzbekistan, Southern Kyrgyzstan, and parts of Tajikistan). Syphilis, meanwhile, was endemic in northern, mountainous areas and among nomadic populations, chiefly the Kyrgyz and Kazakhs. Although the prevalence of both diseases was interpreted as a symptom of backwardness, the campaigns against malaria and syphilis involved very different interests of the Soviet state, and targeted different elements of indigenous society and culture. Efforts against malaria, I argue, fit within Soviet efforts to replace "irrational" and "inefficient" Asian agricultural spaces and practices with a modern, mechanized, European-style agricultural sector. The focus of the anti-syphilis campaign, on the other hand, was less certain. At different times, syphilis could be seen to indicate vastly different forms of indigenous backwardness and dysfunction; it appeared as a case where limited medical knowledge and profound concerns over backwardness and deviance combined to create framings of the disease that were almost entirely detached from concrete medical knowledge.

*Malaria: Economic Efficiency and Indigenous Agriculture*

Eric Carter emphasizes "the importance of considering states 'in becoming' ... rather than as static entities whose space of operation and control is preordained and fixed." State rule over territory, he argues, exists not as an *a priori* fact, but rather as a constantly reiterated process in which understandings of space (and the people inhabiting it) are "instituted by such tools as mapping, surveying, delineation of territory, transformation of land tenure, and so on."<sup>61</sup> Just as Soviet ethnographers participated in such a process, facilitating the Bolshevik "conceptual conquest of territory," doctors and medicine

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<sup>61</sup> Carter, "State visions, landscape, and disease": 279-280.

provided an important site for Soviet state's attempts to understand, organize, and reform both territory and populations.<sup>62</sup> Soviet public health campaigns against malaria in Central Asia, launched in earnest during the Great Break and continuing well into the postwar period, offer a window into Soviet efforts to remake the "Oriental" economic landscape of Central Asia as a space of modern, industrialized agricultural production. In seeking to combat malaria, Soviet medicine focused not only on a crippling, endemic disease that disproportionately affected agricultural areas; it also targeted indigenous agricultural practices considered to be a hindrance to both economic efficiency and human health. In this way, the campaign against malaria unfolded as an effort to forge modern (Europeanized) spaces and citizens from Oriental backwardness and disorder.

Records of the anti-malaria campaigns convey visions of a diseased Central Asian landscape, rife with hidden epidemiological perils. A resolution of the Bureau of the Kirgiz Obkom on the campaign against malaria in Kyrgyzstan, dated August 1934, described "both the Chui valley and South of Kirgizia (cotton districts)" in these terms, as "extremely swampy localities, with large quantities of natural swamp, river floodplains, peat marshes, *karasuki* [springs], ... ponds, reservoirs, [and] minor temporary waterlogging in irrigated areas due to defects of the irrigation network." All these hydrological features were threatening portents of disease—"source[s] for the growth of malarial mosquitoes."<sup>63</sup> The long list of malarial sources seemed to imply both a natural environment as yet uncontrolled by the rational scientific order of Soviet power, and a human environment that aggravated natural dangers rather than reducing them. Moreover, the malarial danger lurking in the stagnant waters of the Kyrgyz countryside

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<sup>62</sup> The phrase is borrowed from Hirsch, *Empire of Nations*.

<sup>63</sup> *TsGAPDKR* f. 10, op. 1, d. 565, l. 49.

represented a clear economic threat, placing the year's harvest at risk, above all (the document hinted) the cotton crop. Many of the measures ordered by the Obkom aimed for the rational transformation of disordered agricultural environments: stagnant ponds and swamps were to be drained; irrigation work was to be carried out strictly according to state plans; and new malarial teams, armed with the antimalarial compound quinine, were to be organized to shield workers.<sup>64</sup>

The Kirgiz Obkom was not unique in its focus on the dangers of the natural and human environments of Central Asia, or its concern with the implications of these features for the development of agricultural production. A major malaria research expedition of the Soviet Academy of Science to Tajikistan, led during 1933–1934 by noted parasitologist E. N. Pavlovskii, emphasized precisely these issues. The report of the expedition included detailed surveys on several malarial districts in the southwestern reaches of the republic and recorded detailed information on both natural water resources and human usage of water, especially irrigation networks. The surveys decried Tajik irrigation systems as inefficient and disordered, "in general of a native character [*mestnogo kharaktera*], with the absence of headworks and water outlet valves."<sup>65</sup> This reference to the lack of major features of scientifically-engineered European perennial canal irrigation systems suggested the inadequacy and inefficiency of traditional practices.<sup>66</sup> The "disorder" of these indigenous systems was said to cause numerous bottlenecks, breakdowns and overflows, all creating pockets of still water that were said

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<sup>64</sup> *TsGAPDKR* f. 10, op. 1, d. 565, l. 48-50. Quinine is an antimalarial drug used widely until the 1940s.

<sup>65</sup> P. A. Petrishcheva and S. G. Grebel'skii, "K epidemiologii maliarii baumanabadskogo raiona tadjikskoi SSR," in E. N. Pavlovskii, ed., *Maliariia i drugie zadachi parazitologii uzhnogo Tadjikistana*, (Moscow, Leningrad: Izd. Akademii Nauk SSSR, 1936), 56.

<sup>66</sup> A perennial canal system uses headworks – major hydrological installations such as dams and barrages – and other modern, scientifically engineered infrastructure to control river flow and maintain continuous water supply; it is contrasted to indigenous inundation canals, which divert water directly from the source river.

to have significant "epidemic implications" in relation to malaria.<sup>67</sup> Beyond the "irrational" development of irrigation networks, the members of the Tajik parasitological expedition identified the general organization of territory as an epidemiological factor. Cultivation of rice in particular was identified in this regard, with flooded fields placed near zones of human habitation seen as problematic breeding sites for mosquitoes.<sup>68</sup>

According to Soviet antimalaria authorities, the problem of irrigation networks of "an old aboriginal character" was worsened by the frequently "negligent and irresponsible attitude [of the population] toward irrigation." Malariologist K. G. Naumov recorded that in Hissar district of Tajikistan, "only 51% of the amount of water fed [into the network] is used," hinting that carelessness contributed to malaria by allowing water to escape from irrigation works and collect in stagnant pools.<sup>69</sup> The problem of negligence seemed to affect campaigns against malaria at every level. In a report to a December 1933 meeting of Central Asian malariologists, A. P. Kulianin noted that "in a number of districts of the republic," even party and komsomol members and official economic organs "did not pay the necessary attention to the struggle against malaria"; numerous local executive committees simply "published mandatory resolutions [...] but completely failed to exercise control over their implementation, and sometimes even themselves violated them." As a result, Kulianin noted, planned improvements of "sanitary-hydrotechnical works" went largely unfulfilled, while in everyday practice rules and norms were widely violated with regard to agricultural zoning (particularly the location of rice fields) and

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<sup>67</sup> Petrishcheva and Grebel'skii, "K epidemiologii maliarii baumanabadskogo raiona," 56.

<sup>68</sup> P. D. Bazhutin and V. P. Luppova, "Ob epidemiologii maliarii Parkharskogo raiona Tadzhikistana," in E. N. Pavlovskii, ed., *Maliariia i drugie zadachi*, 105.

<sup>69</sup> K. G. Naumov, "Epidemiologiia maliarii Gissarskogo raiona," in E. N. Pavlovskii, ed., *Maliariia i drugie zadachi*, 110; P. A. Petrishcheva and S. G. Grebel'skii, "K epidemiologii maliarii baumanabadskogo raiona", 70.

water use.<sup>70</sup> Such statements suggested that, even where Soviet authorities expended considerable energy to combat malaria through the rationalization of agriculture, their efforts were frustrated by the behaviour of indigenous Central Asians themselves.

While couched in the terms of disordered and irrational traditional systems, and further problems of neglect and misuse, the "incorrect" activities of the local population identified by Soviet malaria campaigns most likely reflected a continuation of traditional forms of land and water use in spite of Soviet strictures. Adrienne Edgar notes that this was the case in Soviet Turkmenistan, where attempts to reform traditional patterns of land and water use met considerable resistance.<sup>71</sup> In other words, the problem of malaria in Central Asia was framed primarily as a reflection of the perceived disorder and irrationality of the "social factor" in the region—that is, indigenous societies and their agricultural practices. It is impossible to disregard the way in which this rejection of indigenous traditions and customary practices – local knowledge – of irrigation mirrored the views of western colonial experts in their work to "modernize" and "rationalize" water systems in overseas colonies. Examining the development of irrigation in the Indus river basin in British India (today Pakistan), David Gilmartin argues that colonial experts, very much like Soviet authorities, sought to subordinate "'local knowledge' ... to a universal, technical discourse of 'science.' Indeed, only subordination of 'local knowledge' to the universal principles of science would allow a productive transformation of the environment such as they sought."<sup>72</sup> Soviet doctors and researchers engaged in campaigns against malaria were involved in a similar project. Although their work was in

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<sup>70</sup> A. P. Kulianin, "Itogi bor'by s malariiei po UzSSR v 1933 g. i plan meropriatii na 1934 g.," *Za sotsialisticheskoe zdravookhranenie uzbekistana* 1-2 (Jan.-Feb. 1934): 91-92.

<sup>71</sup> Edgar, *Tribal Nation*, 176-81.

<sup>72</sup> David Gilmartin, "Scientific Empire and Imperial Science: Colonialism and Irrigation Technology in the Indus Basin," *The Journal of Asian Studies* 53, no. 4 (1994): 1144.

service of a universalizing project that sought to lift its subjects into modernity, their Eurocentric vision of Oriental "backwardness" was entirely similar to colonial discourse.

Moreover, as in the irrigation works of colonial India, in Central Asia the struggle against malaria – and against the irrational practices seen as its source – was understood above all in relation to imperatives of rational economic organization and agricultural development. Control of malaria was vital from this perspective; as Tadzhiiev argued, the "social scourge" of malaria not only "undermined the health of the population," but also "inflicted vast damage on the whole people's economy."<sup>73</sup> Of particular concern was the impact of malaria on cotton cultivation. Controlling the disease was considered an important part of the Soviet Union's all-important "struggle for self-sufficiency in cotton production" during the 1930s.<sup>74</sup> Kulianin quoted then-chief of the Central Asian Bureau, Karl Bauman, declaring that "the struggle against malaria is simultaneously the struggle for cotton, for the growth of the welfare of the popular masses."<sup>75</sup> As the agricultural territory of Central Asia took on great economic significance for the Soviet Union as a whole, the transformation of the diseased agricultural landscape of Central Asia, through the reform of irrational "aboriginal" irrigation systems, became a central preoccupation of Soviet health authorities.

Insofar as malaria was understood as a symptom of indigenous backwardness, medical authorities involved in combating the disease saw their work in terms of surveillance and enlightenment of the population, as well as physical improvement and rational reorganization of territory. Medical surveillance operated most obviously in

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<sup>73</sup> Tadzhiiev, "Osushchestvlenie kommunisticheskoi partiei," 92.

<sup>74</sup> K. P. Demidova, "K kharakteristike zhenskogo truda v khlopkovikh sovkhozakh," *Za sotsialisticheskoe zdravookhranenie uzbekistana* 1-2 (1934): 49. As this article suggests, medical discourse related the drive for cotton to a broad array of concerns, not only malaria but also female participation in agricultural work.

<sup>75</sup> A. P. Kulianin, "Itogi bor'by s maliariei po UzSSR": 91.

relation to malaria patients, since those infected with the disease became carriers able to infect mosquitoes and thereby perpetuate the epidemiological cycle. For this reason, the previously-cited resolution of the Kirgiz Obkom called for restrictions on individuals: the introduction of a "universal card registration of patients and their mandatory passportization."<sup>76</sup> This emphasis on surveillance as a method to understand and control malaria endured across the Stalinist period, although the tools available against the disease improved considerably with the development of new synthetic pharmaceuticals such as quinacrine and of powerful new insecticides such as DDT. In a 1953 paper in *Sovetskaia meditsina*, authors K. R. Sedov and E. A. Mezhuï (doctors of the Stavropol antimalarial station) still considered the "comprehensive medical examination of the population, with a careful study of medical histories" to be a critical step in "clarify[ing] the true picture of malaria."<sup>77</sup>

Yet ultimately, the gaze of medical authorities was aimed not so much at those infected with malaria as at the economic activities of ordinary Central Asians. In a speech to the December 1933 meeting of malariologists (mentioned previously), V. P. Nikolaev underscored "the necessity to give a minimum of anti-malaria knowledge to all irrigation workers," in order that their work "would not be mechanical, but that workers would realize and understand the full importance of this task ... and thence the effectiveness of our anti-malaria works will be significantly higher."<sup>78</sup> Anti-malaria efforts were embedded within a broader endeavour to exert state control over indigenous populations and their

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<sup>76</sup> *TsGAPDKR*, f. 10, op. 1, d. 565, l. 49.

<sup>77</sup> K. R. Sedov and E. A. Mezhuï, "O nekotorykh voprosakh profilaktiki i lecheniia bol'nykh maliariei v usloviakh raiona," *Sovetskaia meditsina* 17:4 (1953): 24.

<sup>78</sup> V. P. Nikolaev, "Iz stenogrammy rechi tov. Nikolaeva V. P., proiznesennoi na 1 Sredneaziatskom soveshchanii po maliarii 25-29 dekabria 1933 g.," *Za sotsialisticheskoe zdravookhranenie uzbekistana* 1-2 (Jan.-Feb. 1934): 4.

economic activities, particularly in relation to the all-important cotton crop. Through parasitological expeditions and other medical endeavours, the official gaze fell more heavily on the built environments of indigenous populations. For Soviet medical authorities, campaigning against malaria ultimately meant attacking the backward practices of Central Asian agriculture, and replacing them with modern, healthy (and European) techniques.

From another perspective, the struggle against malaria was less about the transformation of indigenous practices and built environments than it was about the health consequences of the Soviet drive for cotton, and attempts to mitigate these effects. Indeed, the expansion of irrigated land that cotton cultivation required was itself a key epidemic factor, a fact occasionally noted by Soviet authors themselves. "Monocultures," P. A. Petrishcheva and S. G. Grebel'skii suggested, "especially of industrial plants [i.e. cotton], have a great significance for malaria due to the general tendency for them to increase swampiness" through the expansion of irrigation work.<sup>79</sup> This work was not the only one to note the connection between the Soviet cash crop economy and the prevalence of malaria in Central Asia. Citing the records of an "anti-epidemic meeting of the doctors of Central Asia" held in 1935, Cavanaugh suggests that this relationship was common knowledge in the region: "epidemics [of malaria and cholera], as physicians in Central Asia well understood, were a direct result of Soviet economic policies."<sup>80</sup> Yet even if the deleterious effects of Stalinist modernization were widely understood in the region, there is little evidence to suggest that this knowledge brought about changes in the official discourses or concrete efforts of the anti-malaria campaigns. Indeed, to openly

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<sup>79</sup> P. A. Petrishcheva and S. G. Grebel'skii, "K epidemiologii maliarii baumanabad'skogo raiona", 68.

<sup>80</sup> Cavanaugh, "Backwardness and Biology": 392.

question Stalinist development in such a manner would have carried tremendous risks. Doctors continued to blame the Orientalized backwardness and disorder of agricultural landscapes and indigenous populations for malaria, rather than seeing it as a symptom of an environment overwhelmed by the rapid, centralized imposition of a colonial cash crop economy.

As Evered and Evered keenly observe, "the diffusion of [public health] propaganda is constitutive of, and reinforces, political and socioeconomic hierarchies. Transmissions of public health lessons ... from center to periphery (re)impose profound top-down messages (or lessons) regarding idealized (and excoriated) norms for social, state-society, and society-nature relations."<sup>81</sup> In framing "malaria" as a problem of indigenous backwardness rather than runaway economic development, Soviet public health efforts reflected and reified a vision of Soviet modernity in which the European was modern, and the Asian, backward. By attacking the scourge of malaria in this way, Soviet medical authorities sought to eliminate a disease that was itself a hindrance to agricultural development, but was also a symptom of a deeper problem—irrational and inefficient indigenous economic systems and practices. Like other tools of the state – the map, the census, and so on – Soviet public health campaigns helped to generate and regenerate understandings of space, and by implication, to formulate programs of rule. Through such campaigns, Central Asia emerged as a backward region wracked by disease, its peoples and landscapes in need of transformation and modernization.

*Syphilis: Perceptions of Backwardness and Constructions of Disease*

In a 1937 article on the "struggle against syphilis in national republics and regions," N.

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<sup>81</sup> Evered and Evered, "State, peasant, mosquito": 312.

M. Turanov described the development of the Soviet state's anti-venereal disease network, and especially its campaign against syphilis. This effort had been greatly hampered, he noted, by the near-complete absence of reliable information on the disease during the first decade of Soviet power. The first comprehensive data on syphilis in the national republics had become available only in 1927, and it showed extremely troubling results—a prevalence among national populations of greater than 10%. However, Turanov presented the Stalinist revolution as a fundamental break, a take-off for efforts against syphilis; in a flurry of statistics, he described the quantitative growth of the venereological network: from "1929 to 1936, the number of venereal dispensaries grew by 2.2 times, venereal points by 4.5 times," and so on. Deftly capturing the pioneering spirit of these early anti-syphilis efforts across Central Asia and other non-Russian regions, Turanov noted that the "colossal work of a therapeutic, sanitary-enlightenment, and fact-finding nature ... [had been] carried out by expeditions and teams. In many republics and regions they were the first fighters for soviet public health against quack-clerical 'medicine,' for a new life, for a healthy man."<sup>82</sup>

As Turanov's images of adventurous Soviet health "fighters" hinted, the Soviet medical system remained relatively ill-informed about large parts of Central Asia well into the 1930s, relying on *ad hoc* medical expeditions and surveys rather than established bureaucratic networks for information regarding health conditions among the population. This was especially the case with regard to syphilis, a disease whose incidence was concentrated among nomadic peoples like the Kyrgyz and Kazakhs who lived in

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<sup>82</sup> Turanov, "K itogam bor'by s sifilisom": 93.

mountainous, difficult-to-reach areas.<sup>83</sup> Despite its claims of superior, rational, scientific knowledge, in such cases Soviet medical efforts were shaped as much by evolving images and perceptions of Central Asian backwardness as by scientific medical knowledge. Syphilis among Central Asians took on multiple meanings for Soviet medical authorities; while at times it symbolized backwardness, it could also be related to visions of deviant and disordered indigenous sexual practices.

Syphilis represented a very serious concern to Soviet medical authorities during the early Stalinist period, nowhere more so than in Central Asia. Incidence of the disease was thought to have reached truly dramatic levels during the late tsarist period and during the chaos of the Civil War, particularly due to "the adventures of the white bandits."<sup>84</sup> Tadzhiyev recorded that, in the late 1920s and early 1930s, researchers found that syphilis affected 2-8% of the population in various regions of Kyrgyzstan, 9% of the population in Kazakhstan, and a shocking 24.8% of the population in the Turkmen SSR.<sup>85</sup> Moreover, some medical authorities reported much higher rates in certain areas, including some where syphilis was thought to be essentially universal.<sup>86</sup> The fear of syphilis – a disease known to cause both reproductive problems and infant mortality – formed an important element of Soviet discourses of indigenous degeneration and extinction in the prerevolutionary period. Officials in Kyrgyzstan blamed syphilis (and other venereal diseases such as gonorrhea) for infertility rates of 20 to 30 percent among married couples in nomadic and semi-nomadic regions," as well as infant mortality in excess of

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<sup>83</sup> Benjamin Loring, "Building Socialism in Kyrgyzstan: Nation-Making, Rural Development, and Social Change, 1921-1932" (PhD diss., Brandeis University, 2008): 269.

<sup>84</sup> Turanov, "K itogam bor'by s sifilisom": 92. This was hardly the only source to suggest that White armies carried venereal disease with them wherever they went, in contrast to the Red Army, bursting with health and vitality.

<sup>85</sup> Tadzhiyev, "Osushchestvlenie kommunisticheskoi partiei," 86.

<sup>86</sup> Loring, "Building Socialism in Kyrgyzstan": 271-272.

50%.<sup>87</sup> Amelioration of this situation seemed to not only vital to the survival of affected populations, but also an important prerequisite for socialist construction in Central Asia.

Although syphilis was always described as a venereal disease, Soviet doctors did not always insist that its transmission occurred via sexual contact. Indeed, a significant vein of medical thought considered the disease not as a marker of sexual deviance, but of general backwardness and poverty, especially in rural and non-Russian regions. Nikolai Semashko argued in 1934 that one "peculiarity of syphilis in the rural districts was its 'extra-sexual' character. There were many factors in the village life of [t]sarist Russia which contributed to the extra-sexual spread of syphilis," and among these he noted a general lack of hygiene, and the use of common dishes when eating.<sup>88</sup> Such arguments were reproduced nearly verbatim in Central Asia to describe the occurrence of syphilis among nomadic populations such as the Kyrgyz; Loring notes that "Soviet observers believed that 'unhygienic living conditions' spread the disease: semi-nomadic Kyrgyz, as a rule, did not use soap and bathed rarely; social customs prescribed eating and drinking out of common vessels without utensils."<sup>89</sup> The fact that these descriptions of syphilis among Russian peasants and Kyrgyz nomads were nearly identical is extremely significant, implying that the disease was not seen as a reflection of a specifically Asian otherness. Rather, it seemed to be a symptom of backwardness in a neutral and purely temporal sense of the word, referring to the poverty and underdevelopment that marked rural environments in Russia and Central Asia alike.

Yet concerns of sexual deviance always remained in the background of Soviet images of syphilis, and these produced a second, contrasting interpretation of the disease

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<sup>87</sup> Loring, "Building Socialism in Kyrgyzstan": 273-274.

<sup>88</sup> Semashko, *Health Protection in the USSR*, 102.

<sup>89</sup> Loring, "Building Socialism in Kyrgyzstan": 272.

in which transmission was understood as sexual. Parallels between rural Russia and Central Asia (in contrast to Russian cities) were also reflected in this vision. Propper-Grashchenkov reported that the "principle source for the spread of syphilitic infection in tsarist Russian cities was prostitution (54.7% of all cases)," and that the huge reduction in the disease under Soviet power could be explained by the fact that "[s]ocialism, having wiped out unemployment, poverty and destitution, thereby eliminated the economic causes giving rise to prostitution."<sup>90</sup> In Central Asia and the Russian countryside, by contrast, the disease was understood as a reflection of sexualized customs and rituals in indigenous and peasant life. Such societies were "so saturated with syphilis that it was necessary to study not only the progress of the disease but also [the] life-style which was contributing to its spread."<sup>91</sup> Soviet doctors frequently noted relatively relaxed rules of gender separation among the Kyrgyz and Kazakhs. They "suggest[ed] that casual social interaction among Kyrgyz – in contrast to other Muslims – easily led to sexual relations," and therefore, presumably, to syphilis. Along similar lines, officials observed Kyrgyz customs of "group marriage," in which "married men and women of a single age group [...] engaged in casual sexual relations," and argued that this practice was widespread in large regions of Kyrgyzstan, intensifying syphilis transmission.<sup>92</sup> In areas where less-promiscuous (in the Soviet view) peoples such as Uzbeks mingled with the Kyrgyz, their rates of syphilis were sometimes said to rise through contact.<sup>93</sup> In a similar way, "rural

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<sup>90</sup> Propper-Grashchenkov, *Public Health Protection in the USSR*, 32; numerous other authors repeated this argument, see: Semashko, *Health Protection in the USSR* and Vinogradov, *Public Health in the Soviet Union*.

<sup>91</sup> Susan Gross Solomon, "The Soviet-German Syphilis Expedition to Buriat Mongolia, 1928: Scientific Research on National Minorities," *Slavic Review* 52, no. 2 (Summer 1993): 228.

<sup>92</sup> Loring, "Building Socialism in Kyrgyzstan": 272. In an unacknowledged irony, in this instance the "casual mixing of the sexes" was blamed for illness, while simultaneous women's liberation campaigns identified gender *separation* as the cause of disease.

<sup>93</sup> *Ibid.*, 104-105.

customs that had clear sexual overtones" were observed among Russian villagers as well; for example, "in the harvest season, a gathering (*posidelka*) of young girls and their male guests would take place, after which the male guests often stayed the night."<sup>94</sup>

These parallel understandings of syphilis in rural Russia and Central Asia were consistent with the Leninist ideological geography, which drew an equivalence between peripheries at different geographical scales (i.e. metropole and colony, but also city and countryside). And indeed, as Solomon argues, understandings of syphilis in these two locations were interconnected: new ideas regarding the sexual transmission of syphilis among non-Russian rural populations were "refracted back" into interpretations of the disease among Russian peasants.<sup>95</sup> Yet the two images of syphilis – as sexually transmitted or non-venereal – implied considerably different understandings of afflicted Central Asian populations. If the disease was non-venereal, and its spread was the result of poverty and oppression under tsarism, its disappearance could be anticipated as a result of the overall process of socialist construction. The struggle against syphilis in this case would proceed alongside "the broad crusade for the introduction of the elementary foundations of culture into every yurt, hut [*kibitku*] and house (soap, separate towels, tooth powder and brush, chairs, beds, tables, spoons, and so on)."<sup>96</sup>

But if syphilis among the Kyrgyz (and among Russian peasants) resulted from specific cultural practices, then the disease could be taken as a symptom of Oriental otherness, requiring wholesale cultural transformation (i.e., adoption of urban European sexual and marital norms). And indeed, Solomon notes that changing interpretations of syphilis reflected the evolution of Stalinism. She identifies the Soviet-German expedition

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<sup>94</sup> Solomon, "The German-Soviet Syphilis Expedition": 224.

<sup>95</sup> *Ibid.*, 229.

<sup>96</sup> *TsGAPDKR* f. 10, op. 1, d.638, l. 131.

to Buriatia in 1928 as a key turning point, where the "innocent" understandings of non-venereal transmission of syphilis were replaced by sexual interpretations which "locat[ed] the source of transmission of syphilis in local socio-cultural habits." This new vision of syphilis, perhaps not coincidentally, represented "a persuasive case for cultural change" of the type that was called for during the Stalinist Great Break.<sup>97</sup>

Although Soviet doctors' comprehension of syphilis in the Central Asian countryside was clearly limited during the 1930s, scholars have generally accepted their claims regarding the presence of syphilis and the danger it posed to the indigenous population of the region. Yet historians exploring similar contexts have demonstrated the utility in critically examining and deconstructing such claims. In his study of Algeria under French colonization, Adrian Minard notes that European doctors discovered mass incidence of syphilis among the remote, nomadic Arab populations of the interior. Like Soviet doctors, they came to distinguish between venereal and non-venereal forms of syphilis, associating the latter with backwardness and poverty: "people were confined to small and unhealthy spaces, forced to sleep skin against skin," while their "collective use of certain objects, such as a pipe or utensils, was considered a privileged vector of the disease, explaining its familial character."<sup>98</sup> Yet as Minard notes, what neither French nor Soviet doctors considered was whether this strange, non-sexually-transmitted syphilis may have in fact been an entirely different condition.<sup>99</sup> Contemporary medicine differentiates between several different closely related diseases previously identified as syphilis, including venereal syphilis, endemic syphilis, yaws, pinta, and bejel. All are

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<sup>97</sup> Solomon, "The German-Soviet Syphilis Expedition": 230.

<sup>98</sup> Adrien Minard, "Syphilis, Backwardness and Indigenous Skin Lesions Through French Physicians' Eyes in the Colonial Maghreb, 1830-1930," in Jonathan Reinarz and Kevin Siena, eds. *A Medical History of Skin: Scratching the Surface* (London: Pickering & Chatto, 2013), 92.

<sup>99</sup> *Ibid.*, 98.

caused by subspecies of the bacteria *Treponema palladium*, but provoke different clinical manifestations. Critically, while venereal syphilis causes difficulties in pregnancy (spontaneous abortion, still birth, congenital disorders), other treponemal diseases generally do not.<sup>100</sup>

In other words, Central Asian "syphilis" may not have actually been the disease Soviet doctors thought it to be, nor presented the threat of degeneration and extinction that Soviet doctors perceived. In studying an epidemic of syphilis among the Ila people of South-Central Africa in the 1940s and 1950s, and the responses of British colonial authorities to it, Bryan Callahan has made precisely this argument. He concludes that British visions of syphilis and the dangers it posed the Ila had more to do with stereotyped notions of indigenous life – especially sexual practices – than it did with actual incidence of the disease. Preoccupation with sexual behaviour led officials to misdiagnose yaws (endemic to the region) as syphilis.<sup>101</sup> Officials saw the stagnant or decreasing Ila population as a result of syphilis, but in reality the trends observed could be explained by other diseases, indigenous birth control methods, or may simply have been an illusion generated by the inability of the colonial census to account for population movement in the evolving colonial economy.<sup>102</sup> This case is fascinating for its similarities with syphilis in Central Asia. As in the Soviet case, British authorities saw syphilis as an existential threat to the Ila people; as with the Kyrgyz in Central Asia,

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<sup>100</sup> The notion of a family of syphilitic diseases, both venereal and non-venereal, dated from the 1920s, although it is difficult to gauge how aware Soviet doctors were aware of this information. Moreover, it appears that knowledge about the divergent *reproductive* effects of the various treponemal disease did not appear until the postwar period. See Adrien Minard, "Syphilis, Backwardness and Indigenous Skin," 97-98; Mark A. Belsey, "The Epidemiology of Infertility: A Review with Particular Reference to Sub-Saharan Africa," *Bulletin of the World Health Organization* 54 (1976): 329-330.

<sup>101</sup> The existence of Yaws had been known since 1905. However, distinguishing between different treponemal diseases in practice was difficult and rather subjective, given the close relation of the diseases.

<sup>102</sup> Bryan Callahan, "'Veni, VD, Vici?': Reassessing the Ila Syphilis Epidemic," *Journal of Southern African Studies* 23, no. 3 (Sept. 1997): 421-440.

indigenous Ila sexual practices were a point concern; lastly, in Central Asia, economic upheaval may have combined with limited information to produce uncertainty regarding the status of the population.

Ultimately, my purpose is not to determine whether the syphilis problem in Central Asia existed as authorities asserted it did, or whether it represented the dire threat to indigenous populations that was assumed. Rather, I wish to emphasize a different point, the fact that there was *no stable understanding* of the meaning of syphilis in Soviet medical discourse during the 1920s and 1930s. In conditions where Soviet comprehension of the disease was limited by geography, resources, and the limits of scientific knowledge, syphilis took on radically divergent cultural and social framings. To a lesser or greater extent (presumably, only one interpretation of the disease could be true), these framings were unmoored from scientific knowledge of the disease itself. Even so, they exerted considerable influence on concrete public health efforts. Turanov noted that by the mid-1930s, the Soviet state spent large sums every year to fight venereal diseases among non-Russian populations; for instance in the Karakalpak ASSR (a territory merged with the Uzbekistan in 1936), funding rose "from 56,4 thousand rubles in 1934 to 445 thousand rubles in 1936."<sup>103</sup> This spending was driven by the belief that syphilis and other venereal diseases posed an existential threat to peoples such as the Kyrgyz, and a major obstacle to Soviet modernization. Although framings of the disease may have been changing and contingent, they affected the medical project of modernization in significant ways.

Without ignoring the existence of deplorable health conditions in Central Asia during the early Soviet period, or denying the fact that the Soviet health system

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<sup>103</sup> Turanov, "K itogam bor'by s sifilisom": 94.

eventually (though chaotically and unevenly) brought significant health benefits to the region's populations, it is possible to critically examine Soviet public health campaigns in terms of their role within the broader projects of Soviet power. As we have seen in the cases of malaria and syphilis, public health campaigns were deeply implicated in Soviet attacks on Central Asian backwardness, whether relation to questions of economic efficiency or to the propriety of intimate relations among indigenous peoples. In struggling against malaria and syphilis, Soviet health officials also struggled against the indigenous traditions, structures, and practices that were targeted for elimination via "modernization." Thus, malaria could be seen through the prism of indigenous farming systems, and their perceived insufficiency and irrationality in the context of the Soviet drive to establish modern industrial agricultural practices. Syphilis could be seen alternately as a disease relating to the backwardness of nomadic life in general, or the existence of troubling indigenous sexual practices specifically, and attacked on both fronts despite the fact that doctors lacked knowledge of its nature and effects. In both cases, however, the goal of authorities was not simply to free the population from disease, but to transform indigenous life pursue a project of modernity that left little room for traditions or practices deemed "backward."

### **Conclusion**

The examples of the malaria and syphilis campaigns only serve to underscore the point made earlier in this chapter, that while Soviet medical discourses of backwardness employed a temporal language of Marxist teleology and progress, they were grounded in images of essentialized otherness. Indeed narratives of medical development often seemed to refer less to the temporal distance between backwardness and modernity than

to the spatial-cultural distance between Europe and Asia. Through the lens of the Leninist ideological geography, socialist construction was imagined as the triumph of modernity over backwardness, unfolding across the spatial divisions of the former tsarist empire. Yet this discourse of "spatialized time" also implied a "temporalization of space," which fused images of Oriental otherness to a Marxist historical framework, and thereby implied – in essence – that "Asia" (the civilizational construct) was a historical condition that could be overcome through socialist modernization. The Eurocentricity inherent in this vision, which took European culture and society as the norm against which backward "Oriental" societies were measured, undermined the notion of temporality. Although Soviet discourse firmly asserted that Central Asian societies could become modern, their status as "Asian" marked them as backward, as the opposite against which the modern was defined. If Europe represented the modernity to which "backward" peoples could aspire, then Soviet modernization could be understood as a project of Europeanization, and Central Asians could only become modern insofar as they became European.

Soviet medicine in Central Asia unfolded at the intersection of these complex civilizational discourses of time and space, contributing to both discourses of Soviet modernity in the region, and to projects of social and cultural transformation. Deploying a medicalized language of dirt, disease, and backwardness, Soviet medical authorities pursued goals reaching far beyond the treatment of disease and general improvement of health. Rather, doctors and other medical authorities sought to place questions of illness and health in the broader social and cultural context of socialist construction, searching for the indigenous traditions and practices thought to lie at the origin of disease. In doing so, Soviet doctors often equated backwardness with Oriental otherness, marking as

"backward" the features of indigenous life – be they agricultural techniques, sexual habits, or marital practices – that appeared most alien by European standards. In doing so, medicine supported the overall project of Soviet modernization, and promoted the goals of the Stalinist state. Indeed, at times these broader goals appeared to overwhelm the actual science, appearing more as a conduit for the transmission of European norms and values to the periphery than a medical project.

## CONCLUSION

### Central Asian Modernity in the Soviet Imaginary

In launching the Great Break, the Stalinist regime sought to build a modern, socialist state out of the wreckage of the tsarist empire. In doing so, authorities unleashed forces that they struggled to control, provoking social transformations that would endure throughout the Soviet period, and beyond it. Yet socialist construction was not only a drive to build hospitals and factories, and move thousands of individuals to staff them; it was also an imaginative process, an attempt to conceive of "a new society unlike any that had actually existed anywhere"—socialism.<sup>1</sup> Soviet discourse imagined this new society as united and harmonious, free of the chaos, contradictions, and divisions of the old society it would replace. As I have sought to demonstrate, this process of imagining society and conceptualizing its transformation was not only abstract and ideological. It shaped thousands, if not millions, of lives under Stalinism, although not always in the ways intended. If the emergence of socialism was marked by violence, turmoil, and hardship, this indicated the utopian scope of the transformation Bolshevik leaders envisioned.

Examining the narratives of Soviet medicine in Central Asia, I have argued that Soviet modernity within this particular site was understood through an conceptual framework I term the Leninist ideological geography. Based on Lenin's theory of imperialism, this imaginary mapped Marxist concepts of class struggle onto the territory of the former tsarist empire, conceptualizing the antagonisms of capitalist society as spatial hierarchies: oppositions between metropole and colony, city and countryside, Europe and Asia. By this logic, transcending capitalism – building socialism – required the overcoming of spatial oppositions; Soviet modernization would raise the deprived

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<sup>1</sup> Argenbright, "Soviet Agitational Vehicles," 142.

peripheries of the tsarist empire to the level of the advanced core, erase the economic, social, and cultural inequalities created by capitalism, and unite the entire territory of the Soviet Union in a seamless, modern, socialist society. In the field of medicine as perhaps in other areas, this process moved forward during the Stalinist period through narratives (and lived experiences) of mobility. Through the journeys of doctors and medical knowledge from advanced centre to backward periphery, it became possible to imagine Central Asia as an integral part of the new society, even if the emergence of Soviet modernity in the region was considerably more chaotic than official discourses conveyed.

Yet, in a contradiction that went to the very heart of the Stalinist social imaginary, these assertions of Central Asian modernity were predicated on – inseparable from – images of the region's difference and inferiority. While visions of indigenous difference evolved considerably during the first three decades of Soviet power, I have argued that Stalinist discourses of Central Asian backwardness consistently reflected a vision of "temporalized space" which fused images of spatial otherness to the temporal discourse of Marxist historical teleology. In reproducing associations between Asia and backwardness on the one hand, and Europe and modernity on the other, this discursive configuration revealed the Eurocentric logic at the heart of Soviet modernity. While discourses of socialist construction claimed the terrain of temporal progress, the modernization that Soviet medicine sought in Central Asia was inescapably a project of Europeanization. It could hardly be otherwise, given that European societies formed the standard of modernity upon which all peoples of the Soviet Union would be judged. As long as modernity was defined in these terms—by reference to a particular cultural space—modernization could have little meaning except as a project to replace backward

(read: Oriental) cultures with a modern (European) one.

The discursive structure of Soviet modernity left Central Asia itself in a paradoxical position. Insofar as the region remained Asian it could never be modern, for it stood as the Oriental Other against which Soviet modernity was asserted. Medical discourses of the Stalinist period that Central Asia *was* modern, yet they based this argument on a negation of the region's very *Asianness*—for instance, as when Kazy Dikambayev applauded the Kyrgyz for abandoning their "smoke-filled dark tents for real homes."<sup>2</sup> Soviet modernity, and its image of a unified socialist society, emerged from the encounter with indigenous difference, and could not be sustained without the contrast this encounter provided. Thus, even when Soviet medical discourse asserted Central Asian modernity, it could not stop (re)producing difference. Soviet modernity in Central Asia would always display this ambiguity.

Yet even if Soviet modernization amounted to Europeanization, the project *was* unique in its faith that Central Asia could become European, unlike many colonial empires grounded in similar visions of civilizational space. As scholars such as Adeeb Khalid have noted, this feature of the Soviet project meant that it resembled modernizing states rather than colonial regimes; indeed, the construction of Soviet modernity in opposition to "backwardness" was not unique to Central Asia—it was quite similar to the discourses of Soviet power in relation to the rural areas of Russia itself. Paul Stronski notes that the Soviet vision of modernity was not only Eurocentric, but also contained a deeply urban bias which was reflected in Stalinist rule: "urbanization was a natural outcome of Stalin's policies of modernization and eradicating Islam."<sup>3</sup> As the first chapter

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<sup>2</sup> Dikambayev, *Kirghizia*, 20.

<sup>3</sup> Stronski, *Tashkent: Forging a Soviet City*, 12.

of this thesis demonstrated, the Leninist ideological geography applied to oppositions between city and countryside as well as the dichotomy of Europe and Asia.

What then was different about the unfolding of Soviet modernity in Central Asia? Certainly, much of the answer to this question lies in the cultural distance that separated the poles of urban Russia, rural Russia, and Oriental Central Asia. Even if rural Russia formed a negative other to the definition of an urban Soviet modernity, the "dark masses" of peasant Russia were still recognized as *Russian* (or European), a trait that Central Asians did not share. The nature of ascribed "rural" or "Asian" identities was different; a Russian peasant could aspire to become a modern Soviet citizen by moving to the city or the factory, or by joining "modernized" rural life on the collective farms. A Central Asian could become an urbanite and factory worker, yet would remain Central Asian nonetheless. Beyond these points, to the extent that discursive dynamics between different spatial scales were similar, this observation strengthens the argument I have made in this thesis. Soviet modernity was based on the contrast with images of essentialized otherness at numerous scales. Divisions between Europe and Asia, city and countryside, structured the Soviet project of modernity; even in attempting to overcome these oppositions, Soviet power reproduced and reified them.

An obvious question arising from this argument, sadly beyond the scope of this thesis, is whether another path to Soviet modernity was possible. Scholars such as Schmucl Eisenstadt have theorized the emergence of numerous "alternate modernities," projects which arose through the negotiation and mediation between European modernity and the historical experiences of different cultures and peoples.<sup>4</sup> Certainly, in the field of medicine, the opposition between the Soviet health system and indigenous medical

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<sup>4</sup> Schmucl Eisenstadt, ed. *Multiple Modernities* (New Brunswick, NJ: Transaction Publishers, 2002).

traditions was never as complete as suggested, although it was strongly in the interests of political and medical authorities to assert the dichotomy as strongly as possible.<sup>5</sup> Cavanaugh records significant interaction between Soviet medicine and indigenous healers during the first several years of Soviet power; indeed, traditional practitioners may even have played a role in medical construction during this period. It was not until 1921 that authorities clearly articulated the need for "decisive steps to counter the *tabibs*," and excluded such individuals definitely from official medical practice. Even after this point, traditional practitioners continued to interact with the system, applying for certification as doctors well into the 1920s. Workers, meanwhile, occasionally presented certificates of illness granted by indigenous *tabibs* at their places of employment.<sup>6</sup>

From a certain perspective, indigenous and Soviet medicine were not as alien to each other as was often suggested. The figure of Avicenna – celebrated during the Stalinist period – is a particularly telling in this regard. It was in part through the work of this "great Tajik doctor" that Europe had (re)gained the classical Greek and Roman knowledge that would form the foundation of western medicine for centuries; through his work, the healers of Asia also drew on the same tradition. Avicenna was a reminder that "Asian" and "European" medicine shared a common heritage, and that, despite the its rapid development from the nineteenth century on, "modern" medicine was never as separate from the past as it claimed.<sup>7</sup>

In seeking to imagine alternate Soviet modernities in Central Asia, one relevant

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<sup>5</sup> Michaels, *Curative Powers*, 55.

<sup>6</sup> Cavanaugh, "Backwardness and Biology": 130-132.

<sup>7</sup> Mark Harrison, "Tropical Medicine in Nineteenth-Century India," *The British Journal for the History of Science* 25, no. 3 (1992): 299-318. Examining British India, Harrison argues that Western doctors found much to agree with in Indian Unani and Ayurvedic traditions; it was only from the mid-19th century that Western doctors began more stringently to differentiate themselves from these "traditions."

comparison (although one not available to Stalinist authorities) is the history of Chinese medicine and its encounter with modernity, especially under Communist rule. In China, rather than an outright rejection of "traditional" medicine in favour of its "modern" counterpart, Communist authorities allowed the emergence of a bifurcated hybrid system, in which a modernized system of Chinese medicine existed alongside Western and hybrid "integrated" systems.<sup>8</sup> As Sean Hsiang-Lin Lei has argued, this negotiated solution emerged out of contingent historical processes during the first half of the twentieth century, notably the implication of Western medical knowledge in the practices of Chinese state building, and the success of traditional Chinese practitioners in engaging with modernity to defend their position.<sup>9</sup> This process, he argues, transformed traditional Chinese medicine from "the antithesis of modernity" into the symbol of "a very different kind of modernity."<sup>10</sup>

Needless to say, these alternate paths were not taken by Soviet power. While Soviet modernity might be seen as a reaction to, and negotiation with, the modernity of Western Europe, it is clear that no alternate path to modernity was allowed for the Asian peoples subject to Bolshevik rule. The project of Soviet modernity remained highly centralized and Eurocentric throughout the Stalinist period, and indeed beyond. Did this structure make Soviet modernity a colonial force in Central Asia, or did it reveal the workings of a particularly ruthless modernizing statehood? Neither, perhaps, but also both. The universalizing and differentiating tendencies of Soviet discourse did not

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<sup>8</sup> See Sydney D. White, "Medicines and Modernities in Socialist China: Medical Pluralism, the State, and Nazi Identities in the Lijiang Basin," in Linda H. Connor and Geoffrey Samuel eds., *Healing Powers and Modernity: Traditional Medicine, Shamanism, and Science in Asian Societies* (Westport, CT: Greenwood Publishing Group, 2001).

<sup>9</sup> Sean Hsiang-Lin Lei, "When Chinese Medicine Encountered the State, 1910-1949" (PhD diss., University of Chicago, 1999).

<sup>10</sup> Sean Hsiang-Lin Lei, *Neither a Donkey nor a Horse: Medicine in the Struggle over China's Modernity* (Chicago: University of Chicago Press, 2014), 2.

represent separate faces of Soviet power, one "colonial" and one "modern." Rather, these two tendencies were inseparable and mutually-supportive in the production Soviet modernity in Central Asia. In fighting to transcend the colonial status of Central Asia and integrate the region into a unified socialist state – in acting as a modernizing state – Soviet power simultaneously reproduced the discursive vision of an empire.

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