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Assignment in autumn 1936 - August 1938

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animals (dogs)
50X1 for research projects were kept in a basement of this building. The medical school probably had clinics in different hospitals in the city.

Assignment in the Far East, October 1938 - July 1947

50X1 2. At the end of the war in 1945 the Soviet Far East Army
plentifully supplied with medical material. Considerable stores were
50X1 also received from Manchuria as war-booty. singled out ginseng
as a scarce item in the Soviet Far East at that time. Ginseng roots were
50X1 usually obtained from China and Manchuria and were collected yearly.
After the war they reappeared in the bazaars in the Maritime Province.
50X1 The root was kept usually in 40-50% ethyl alcohol or vodka.

3. In practice all medical supplies were requisitioned from Moscow, although minor drugs were produced locally. Supplies were ordered by catalog and were furnished only according to the "norm" set up, not according to what was really needed. On the other hand, in the event of an emergency (e.g. an epidemic) no norms were considered, and whatever was needed was supplied usually by air-transport.

4. The source of all medical supplies was Moscow except for dental laboratory supplies which were obtained from a Farmzavod in Leningrad. Cities from which drugs originated were Moscow, Leningrad, Kharkov, and Sverdlovsk. No medical supplies were produced in Vladivostok, Voroshilov or
50X1 Khabarovsk. In fact, nothing was produced in the field of medical supplies in the East. /Reference to the non-producing area was modified
50X1 to mean the area east of Lake Baikal/

5. Normally an order for medical supplies was submitted twice a year. Army hospitals and polyclinics did not order directly from Moscow but submitted the order to a medical army administrative department. The orders were then forwarded to Khabarovsk where they were filled in part from stocks in the medical warehouse there. The Khabarovsk warehouse then sent to Moscow for more supplies. The medical supplies warehouse in Khabarovsk was huge. This warehouse was located two to three kilometers away from the second railroad station in Khabarovsk City, (the station located in the city's outskirts). The first railroad station was located in the center of Khabarovsk.

6. Captured Japanese medical supplies, of which a large amount came from Harbin, were collected at Kamen-Rybolov in warehouses constructed there during the war. The Soviet First Army garrison received some of these
50X1 supplies; some were distributed throughout the Maritime Province to
50X1 other garrisons.
50X1 do not know whether these warehouses were still maintained at Kamen-Rybolov. They were not constructed for permanent use and were more properly described as storage places. Soviet soldiers used to break into the Kamen-Rybolov warehouse, tie up the sentry and steal medicinal alcohol. There were also x-ray instruments stored at Kamen-Rybolov.

7. Warehouses and hospitals in the Far East in mid-1947 had medical supply reserves allegedly sufficient to last for several years. An army garrison of division size had its own dispensary, hospital and warehouse. This

warehouse was divided into two sections. One section contained items for routine dispensing. The other section was the emergency store (NZ - "neprikosnovennyy zapas"). The latter was not to be used except in emergency, e.g. outbreak of epidemics or hostilities. This emergency store had been planned in order to have supplies immediately available for at least one year. Items in stock subject to deterioration were carefully checked and replaced.

8. There never was an outbreak of a serious disease in the Far East during [redacted] an earthquake at Ashkhabad in 1948 or 1949; [redacted] all necessary supplies were flown to the affected area from Moscow, as well as trained specialists and auxiliary medical personnel. Concerning specific diseases in the Maritime Province, there was considerable malaria, and many soldiers were affected by it. Akrikhin tablets were employed to care for these patients, but no injections were ever employed. No typhus was reported. In this connection, large black rats (not brown) were so numerous that constant anti-rat campaigns were necessary. [redacted] white rats, of a size larger than laboratory animals, were kept by some people in the Far East as pets. No typhoid outbreaks occurred. Suspicion of typhoid in one soldier in 1944 resulted in the prompt application of serious control measures, but the diagnosis was not confirmed by the hospital physicians.

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9. Tuberculosis was very common. [redacted] blamed the unhealthy climate, which was always subject to sudden change. Nights were always damp. Summer temperatures of 50°C were experienced. Humidity in the summer was so high that it was difficult to breathe. Officers who contracted the disease received operative care and were usually sent to Central Asia (the Kirghiz, Uzbek or Kazakh republics), where they could spend about two months and where they could receive "koumiss" to drink. Later they were sent to Yalta. Officers and their families were sent back together. Enlisted men with tuberculosis were demobilized. Local residents were never sent out of the area.

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10. In order to build up physical resistance in the soldiers, they were required to exercise every day in their underclothes, even in cold weather. The climate was of such severity that newcomers from middle Asiatic areas frequently died from its effects. New arrivals constantly contracted colds, although the incidence of colds decreased after a period of prolonged service in the Far East.

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11. [redacted] the weather is getting warmer in Siberia. In 1948 Omsk had a winter which was the mildest ever experienced there according to long-time residents.

12. Incidence of venereal disease was quite high, particularly after 1945, because of the arrival of soldiers from Berlin and other European areas, and from Manchuria. Venereal diseases also rose among the civil population after this time. It was not uncommon to have a 90% incidence of venereal disease in some military units. Gonorrhea was principally involved although syphilis was also found. No punishment was inflicted on soldiers contracting venereal diseases unless the soldier was a member of the Communist Party, in which case serious punishment resulted. Those who contracted VD were cared for in polyclinics. At a polyclinic only one doctor was available to care for hundreds of cases. Penicillin was very scarce in the Far East, and could only be purchased from covert sources. Sulfidin (sic) was employed by the doctors to treat VD. Sufferers from VD were probably not sent home. [redacted] in the immediate post-war years at least 50% of the Far East forces suffered from VD, but now the incidence has decreased.

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13. The only other disease which required special control efforts was dysentery, but cases were rare, and the Soviet authorities exercised considerable care to protect food from contamination. No cholera was ever reported.

14. The average Soviet soldier had an active disinclination in submitting to immunization. Wherever possible, injections were avoided and personal immunization records were falsified. Typhoid, typhus and tetanus vaccines were administered in the spring. These vaccines were on hand in the hospitals, and the army got them eventually from Moscow or Khabarovsk, although they were not made in the latter city.

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15. Educational facilities in the Far East were not of very high level.

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the veterinary school was in Vladivostok. However, it was on a feldsher level. A dental school was also located in Vladivostok, and this too was not on a university level, but of quite inferior standards. There was no such thing as an "institute" in the Far East.

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16. In the West, no one was interested in going to the Far East to study. The trip usually required ten 24-hour days from Moscow to Vladivostok. A special pass for travel to the Far East was needed; no pass was required for the journey west.

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the pass-requirement was a security measure to hide the existence of Soviet concentration camps in East Siberia. The residents were not prevented by administrative rules from going west because the trip west was too expensive to permit many such journies. Only the food was better in the Far East; there was nothing else to recommend it.

17. Students could go to the European Soviet Union to study; however, examinations to qualify were held at the place of study. Applications were mailed to the school of choice. Students then were notified to come to the school. Fare was paid by the student. Passing the examinations entitled the student to a stipend (about 100 R/month), a free room and student mess facilities. Financially the student would have to support himself for the first year.

18. Doctors for the Far East were not trained in that region but were ordered there from the West. Doctors so assigned were obliged to accept

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because their documents (e.g. diplomas) were sent before them.

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with financial means these documents could be bought back, but it would be difficult to do so.

19. don't know the exact system for furnishing medical care to the individual soldier. However,

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the steps the soldier would take to obtain medical attention. The patient usually reported to a "sanitarnaya chast", a dispensary available to his unit. Here about three feldshers

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were on duty, and perhaps a "vrach" would also be available. If the patient needed more than superficial care he would be given a slip referring him to a field hospital to which he would walk, or, if unable, be transported by ambulance. In this hospital there were specialists able to offer better care. However, a division hospital which was staffed by a medical sanitary battalion (MedSanBat) had a better qualified staff than in the lower hospitals. A military district hospital, which had been built during Czarist times, was located in Voroshilov. It was located on the southern edge of Voroshilov. There were several red brick buildings. The whole area covered by the district hospital was about two to three sq km. In this hospital each corps had its own section. Altogether, several thousand beds were

available for army patients. Special sections were available for ENT, womens' diseases, internal medicine, infectious diseases. It serviced only the Maritime Province.

20. Every division had a MedSanBat, headed by a major or lieutenant colonel, or, rarely, a captain. The soldiers in this battalion received some military training but were primarily specialists (medical corpsmen with specialized training). The MedSanBat was motorized and had no horse-drawn equipment. It was expected that it would withdraw along with a retreating division.

21. A field hospital was formerly stationed in Khorol but only until 1945-46. Conditions here were terrible; from 60 to 80 beds were available for the men although the table of organization called for more beds. 50X1

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22. Another medical organization was the "RMU" ("ROTA Meditsinskogo Usileniya"), an army company specifically designed for war-time conditions. The RMU was rushed to an emergency area where medical specialists were immediately needed. The RMU was not used by the Red Army after the end of the war except in the Far East where they were in existence as late as 1947.

23. The army received excellent food in the Far East before the war, but the quality of the food dropped during the war. The soldiers did not care for the food supplied. 50X1 the Soviet kolkhozes were suffering from a shortage of manpower, and although women laborers were used, the products of the farms suffered both in quality and quantity as a result of the lack of manpower. Food material in the Far East included locally purchased meat and fish, fresh vegetables in season, or imported tomatoes, pickles, cabbage and other vegetables, all of which were pickled when out of season. Potatoes were supplied locally except in dry seasons when they were imported from central Siberia. Soy beans and flour were obtained locally and were a constant part of the diet in the Far East and in Central Asia. Bread flour was imported from Europe and baked in the Far East.

24. The water supply was supposed to be checked for sanitary quality by a special medical command. 50X1

50X1 Apparently the water supply was no serious problem for the army in the Far East. Wells were utilized by the army and by the civilians. Pipe water was available in the hospitals and staff homes. No sewage facilities were available to the general population. The Army maintained an armed guard over its wells in Voroshilov for two reasons; first to prevent poisoning and second to reserve the wells for army use only.

25. 50X1

50X1 items for drug use were received by the pharmacy in subdivided form, (i.e. immediately ready for dispensing); luminal was available there in tablet form.

26. The medical examination received by Army prospects was performed in the central city of an oblast by the city Army Commission who drafted local doctors for the specific task of determining the physical fitness of the prospective draftees. The doctors were dismissed after this job was done. The examination was comprehensive and included examination of eyes, ears, blood, urine, x-ray, hemorrhoids, etc. Apparently very few men were rejected during wartime; even at the present time few rejectees are found. Before the war many men were disqualified; now those formerly rejected were being accepted.

27. the Meditsinskoye Uchilishche Zapadno-Sibirskogo Voyennogo Okruga (Medical School of the Western Siberian Military District) in Omsk was responsible only for teaching, and no research was carried out there. Students were prepared for work as feldshers or dental technicians and on graduation received the army rank of junior lieutenant or lieutenant. Class work required three years time for completion of requirements. Some graduates could continue their studies in higher institutions, usually in a military medical school. No veterinarians were trained at the Omsk Institute because veterinary officers received their training in schools apart from the medical training schools.

28. the Meditsinskoye Upravleniye Uralskogo Voyennogo Okruga (Medical Administration of the Ural Military District) in Sverdlovsk was only a service laboratory performing specific jobs for army needs. Supplies for this laboratory were obtained from local warehouses. Medical items were also secured from local drugstores or any local source in Sverdlovsk.

29. Sverdlovsk knew very little about a pharmaceutical factory located in that city. I had heard that the work there was very routine. The factory was only partially in operation and had apparently been developed during the post-war period. It was not yet in complete use. In 1949 the factory invited pharmacists to seek employment with it and began to accept employees who applied for work.

30. Penicillin and probably sulfa drugs were produced in the Sverdlovsk pharmaceutical factory. the plant itself was somewhere in the center of the city.

31. each Soviet Army had its own planes for the air-transport of unusual medical cases.

Soviet Pharmaceutical Factories

32. Pharmaceuticals were routinely requested from Moscow. Speaking of factories in general, Moscow was no longer the exclusive center it was before the war. However, it was still a cultural center. The further away from this center that a factory was located, the more difficult it became to induce competent people to accept positions at the factory. It is now easier to get people to work in areas away from cultural centers but still a problem for the Soviet administrators. Presumably this affected decentralization of the pharmaceutical industry. Workers in plants of the pharmaceutical type were not permitted to talk about their work or to move about freely. Such workers had their passports taken away, and were issued special identification papers only. These men were obliged to stay near the premises of their work-installation. For

50X1 this reason, it would be difficult for citizens not immediately employed in pharmaceutical plants to have any knowledge of their existence or activity.

Blood Banks

33.

50X1 blood donors were encouraged during the war period, and there were many volunteers. Payment was usually 300 rubles per 500 ml
50X1 of blood. heard a rumor concerning the addition of another substance, possibly synthetic, to collected blood. not sure that the added
50X1 material was oxalate or citrate or merely saline.

50X1 **Penicillin.**

34.

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Medical Supplies Warehouses

35.

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36. Those warehouses in the Far East were of stone con-
50X1 struction and were reasonably cool in summer. In winter these were inspected regularly and temperatures were maintained at a suitable level by stoves or ovens. Vaccines were kept separately,
50X1 with special attention being given to maintaining them at correct temperatures. plain rail-
50X1 road boxcars were employed to transport medical supplies. Some supplies
50X1 were transported by plane.
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37. the Soviet medical supply depot
50X1 at Fuerstenwalde was a large warehouse, consisting of many buildings, and appeared to have been a former German supply installation. Items in stock were mostly German drugs and equipment seized during the war. Apparently enough were seized to last up until the present time. During 1950 the warehouse began to order directly from Moscow as the medical supplies gradually became depleted. One reason given by the Soviets for this requisitioning of medical supplies from within the Soviet Union was todemonstrate to the Germans that the Soviet Union did possess such drugs. Another reason was that the Soviet physicians were used to the Soviet-made products and preferred to use those products familiar to them. Some Soviet medical supplies arrived during 1951.

Other Critical Medical Supplies

38. [redacted] pads of prepared wound-bandages were in some cases light pink in color; [redacted]

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