In the spring of 1928 a doctor entered a remote village in southern Kazakhstan. Like hundreds of other physicians sent to the region, he came bearing information about germ theory, disease transmission, and ways to improve the Kazakhs’ health and well-being. He found a world very different from his own. Lying south of Siberia and east of the Caspian Sea, these arid steppes bore no resemblance to the dense birch forests his eyes knew well. The Turkic-speaking, Muslim, nomadic Kazakhs neither physically nor culturally reminded him of the Russian villagers that we can imagine he grew up with or visited during the summers of his youth. Shortly after setting up shop in a felt tent, the doctor summoned the villagers to hear a series of lectures on topics ranging from syphilis to prenatal care to sanitation. Somewhat skeptical and at times quite reluctant, Kazakh men and women gathered and listened to these talks that the doctor’s assistant haltingly interpreted into their native tongue. In reports back to his superiors, the physician noted the filth and squalor in which his would-be patients lived, their resistance to the notions he brought with him, and the distrust that forged a gulf between him and those he served.¹

While his medical methods and theories were unfamiliar, his appearance and way of life probably were not entirely unknown to the local population. Beginning in the late nineteenth century, large numbers of Russians and Ukrainians settled in northern Kazakhstan, where they established large farms. Their traditional migratory routes disrupted, Kazakhs

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¹Gosudarstvennyi arkhiv Iuzhno-Kazakhstanskoi oblasti (GAuKO), f. 812, op. 1, sv. 4, d. 23, ll. 1–7ob.
began to abandon nomadism and take up sedentary agriculture. Kazakhs and Europeans lived in separate settlements, but they did not exist in total isolation from one another. Only in the late 1920s and early 1930s did Russian efforts to reshape Kazakhs in their own image become systematic. It was into this atmosphere that medical activists brought European biomedical practices, propaganda denouncing traditional healers, and praise of the socialist system that made the miracles of modern medicine accessible to the indigenous population.

Doctor-patient encounters like the one described above occurred countless times across the Central Asian steppe during the late 1920s and 1930s. Beginning in 1928, the Soviet Union embarked on what came to be known as the Stalin Revolution, which encompassed rapid industrialization and collectivization of agriculture for the sake of building a strong, self-sufficient, socialist nation. The expansion of biomedical services served two functions: to keep industrial and agricultural workers healthy and on the job, and to bring modernity to the Soviet hinterland. Pilots took peasants on airplane rides to prove that there was no God in heaven, while doctors used modern pharmaceuticals to demonstrate that germs, not evil spirits, caused disease. Biomedicine served as a pillar in the Cultural Revolution which, in Russian and non-Russian regions alike, strove to forge a pan-Soviet identity based on European, positivist notions of progress. Devoid of superstition and a believer in the power of science, the New Soviet Man (and Woman) would have faith in the Soviet state’s and Communist party’s ability to lead the citizenry toward ever-higher stages of economic and cultural development.

Like his fellow medical workers, the doctor in the Kazakh village arrived ready to dispense more than mere medical services. Newly trained physicians, nurses, midwives, and other medical personnel were foot soldiers in this Cultural Revolution, armed with a world view that saw social and economic organization in hierarchical terms. With its mastery of biomedical knowledge, Russian civilization represented the pinnacle of cultural development, while the non-Russian territories sorted themselves out on various lower rungs of this ladder. In the eyes of the Soviet leadership and the medical workers sent to the region, Central Asia’s nomads clearly occupied the lowest developmental level. While the ideas that medical workers brought to Central Asia could and did lower rates of disease and improve the population’s quality of life, they came bundled with a world view that denigrated traditional Kazakh social, cultural, and economic structures. In medical encounters and in the dissemination of health and hygiene information, medical professionals linked death and disease directly to virtually every aspect of Kazakh life. By understanding Kazakh society in these terms, European and Europeanized medical cadres not only supported the Soviet state’s effort to spread biomedical knowledge but also furthered the regime’s

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political and economic agenda as well. The construction of Kazakh life as dirty, diseased, and backward stood in contrast to the bright, clean, healthy socialist future that these medical cadres represented. Government and party officials believed that if medical workers succeeded in imparting this view to the Kazakhs, they would open the door to modernization and Europeanization of the region.

How health and hygiene propaganda spread in the Central Asian republic of Kazakhstan is central to understanding how the state attempted to forge a pan-Soviet identity and transform the non-Russian periphery into an integral part of a modern Soviet state. Characterized by dramatic economic and political change, the period from the start of the First Five-Year Plan in 1928 to the Soviet Union’s entry into World War II in 1941 well illustrates the state’s efforts to forge a New Soviet Man through interventionist cultural policies. As the scene of a violent collectivization campaign, Kazakhstan provides a vivid portrait of the clashes between old and new ways. In 1932–33, Kazakhstan endured a devastating famine that reduced the Kazakh population by nearly 50 percent through outmigration and starvation.4 Against the background of this demographic disaster, the state attempted to undermine traditional healers and supplant them with biomedical workers. This article focuses on the way in which the Soviet government constructed an image of Kazakhs and Kazakhstan in biomedical propaganda to further the regime’s political goals in the region and to buttress its Eurocentric world view. Because of source limitations, the emphasis here is necessarily on the state’s representations of disease, medicine, and culture, rather than on the equally important question of audience reception.

Decrees and resolutions from the Commissariat for Public Health at both the republic and national level and Kazakh Communist party documents give voice to the state’s understanding of its objectives in and perceptions of the region. Local and regional newspapers echo many of these same notions in the public sphere. Though few in number, manuals for health education workers, as well as antireligious and health propaganda pamphlets, posters, and lectures aimed at the general public give important insight into the views circulating in the medical community and complement other official sources. It is difficult to estimate how widely these writings were disseminated in Kazakhstan, but they were published in runs that ranged anywhere from several hundred to one hundred thousand copies.5 Though it is impossible to determine how many fell into the hands of Kazakh readers

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5One Kazakhstani manual for training health educators was published in a run of fifteen hundred copies. See A. Polianskii, Metodicheskie ukazaniia k sostavleniu plana sanitarno-prosvetitel’noi raboty (Alma-Ata, 1941). Central published pamphlets for mass distribution enjoyed runs ranging from twenty thousand to one hundred thousand copies. At the low end of this range is S. Rostovskii, Pop, znakhar’ i vrach: Religiia i meditsina (Moscow, 1925); that same year one hundred thousand copies were published of V. Dmitrieva, Temnota i sueverie (Moscow, 1925). It is impossible to know how many of these made their way to Kazakhstan. Ten thousand copies of one Kazakh-language brochure on prenatal care appeared in 1934. See S. M. Dukhenbai uli, Jukti ajel nauzalyhy [Hygiene for the pregnant woman] (Kzyl Orda, 1934). Almost all the pamphlets I located were published in Russian at a time when few Kazakhs were literate and even fewer could read Russian. After thorough searches in local libraries and archives in both Almaty and Shymkent, I identified only two Kazakh-language brochures. It is not surprising that this kind of popular pamphlet would not be preserved and I do not think this reflects an absence of publications of this type. As for the authors, from their names we can surmise that almost all were ethnically Slavs, but unfortunately little else is known about who they were and what motivated them.
during the 1930s, these writings mirror the milieu that produced the biomedical practitioners serving the Kazakh villages. If not directly then indirectly, the ideas contained in these brochures made their way to the remotest parts of the USSR.

In Soviet Central Asia the politics of biomedicine during the Stalin Revolution provides a striking example of the cultural meanings and implications of health care, a question explored by historians of other parts of the colonial world. Around the globe, the export of biomedicine by European physicians, nurses, missionaries, and others supported the state’s subjugation of the population and reinforced European notions of cultural and scientific superiority. Daniel Headrick demonstrates an intricate link between Western technology, including modern medicine, and Europe’s ability to spread its control over the colonial world. Headrick sees steamships and rifles, quinine and railroads as some of the “tools of empire” that made colonization both possible and profitable. In the case of quinine, without the discovery of this drug that effectively kept malaria at bay, the European penetration of Africa would not have been possible regardless of how economically lucrative or politically desirable Europeans found that prospect.6 David Arnold builds on Headrick’s work by showing how medical knowledge not only enabled colonial expansion but also served as a site of negotiation between the colonizers and the colonized. Arnold explores how medical authorities acted as agents of colonialism through their efforts to extend British control to colonial Indian bodies. Medicine became a tool of Indian national resistance as well. While efforts to introduce and expand sanitation and biomedicine to the indigenous population helped to legitimate British rule as benevolent and progressive, the limits of these efforts gave Indian nationalists humanitarian grounds on which to attack their colonial rulers for not having done more to improve the lot of exploited, impoverished Indians.7

In the case of the Soviet empire, officials had hopes for deploying biomedical knowledge in similar ways in an effort to transform the societies they viewed as backward into partners in socialist construction. Certainly Soviet officials hoped that the expansion of biomedical facilities and cadres, and the spread of European ideas about hygiene and methods of disease control, would translate into lower rates of disease and increased health among the Central Asians. Indeed, the dissemination of biomedicine significantly reduced epidemics in the region, but this program took shape entangled with an attack on a way of life that Soviet authorities saw as the foundation for disease. In the view of Soviet officials, religious practices, poverty, and illiteracy played as great a role in illness as microbes. The state charged medical professionals with fighting disease not only through the application of scientific knowledge about microbes and vectors but also through a struggle against the social conditions viewed as fundamental to creating an environment in which disease thrived. Like nineteenth-century British and French sanitarians who, before the rise of germ theory, attributed disease to “bad air” and other environmental factors associated with Europe’s


7Arnold, Colonizing the Body. Another important study of the relationship between colonialism and medicine is Megan Vaughan, Curing their Ills: Colonial Power and African Illness (Stanford, 1994).
urban slums, Soviet officials blamed illness in large part on patients’ way of life. Disease became a product of destitution, not just germs.

The Marxist framework that informed the policies of Soviet political and medical authorities fit well with notions that linked disease to economic conditions. Marxism asserts that an economic substructure serves as the foundation for the social, political, and cultural superstructures that spring from it. Alteration of that economic substructure reverberates in every aspect of society and fundamentally changes everyday life. Although Soviet officials knew that germs caused disease, they stressed that environmental factors, such as nutrition and sanitation, played an equally important role in a disease’s course and spread. Soviet medical theorists saw these environmental forces as products of the economic structure. There was by no means consensus across time and place as to the relationship between economic and environmental factors, but Soviet theorists were not alone in their beliefs. Among turn-of-the-century French radicals, for example, “tuberculosis came to be seen as a side effect of industrial capitalism” through overwork and low wages. Like their French predecessors, Soviet theorists believed that changes in the economic substructure would naturally lead to transformation of the social and cultural conditions that affect the trajectory of infectious diseases. Rational economic organization along socialist lines would theoretically give rise to more advanced cultural practices, eroding the environmental conditions that supported the spread of disease. Physicians and researchers in Western Europe and the United States during this period also recognized the role of environmental factors, but Soviet medical etiology placed as much importance on the economic substructure as on microbial causes. While it is scientifically valid to assert that environmental factors play a role in disease, this strong emphasis on environmental causes reflects a unique characteristic of Soviet medicine.

**ORIGINS AND METHODS OF BIOMEDICAL PROPAGANDA**

Beginning in 1928, the Soviet Union’s Cultural Revolution was intended to facilitate the transformation of the cultural superstructure at a time when industrialization and collectivization provided for fundamental changes in the economic substructure. There was no place in this new order for vestiges of a superstitious, irrational, unscientific past. Traditional healers, who included shamans, mullahs, and folk doctors, found themselves the targets of a vigorous propaganda campaign meant to drive the indigenous population into the hands of newly trained biomedical doctors, nurses, and midwives. For the most part, agitation consisted of various efforts to persuade the population to distrust traditional healers, but occasionally the state resorted to coercive methods, such as arrest and imprisonment. Officials worried about the authority shamans, mullahs, and folk doctors exerted at the local level. In this way, the drive to develop biomedical institutions in Central Asia was

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a clear expression of power and control, and not solely the health and well-being of potential contributors to the socialist economy.

Tending not merely to the medical, but also to the spiritual needs of the community, traditional healers served as cornerstones of Kazakh culture. Undermining these healers was essential to both the expansion of biomedicine and the securing of the state’s exclusive authority at the local level. Three types of traditional healers served the medical needs of the Kazakh population, although divisions are often unclear and the practitioners’ methods overlapped. Mullahs used prayer, chants, and holy water, among other approaches, to treat the ill. Shamans, whose incantations often contained both pre-Islamic and Islamic elements, relied on a variety of practices, including exorcisms and herbal remedies. Folk doctors (darigerler) depended primarily on medicines derived from plant and animal products; for example, fermented mare’s milk (kumyz) was widely used to treat illnesses, including tuberculosis. These approaches should not be dismissed as completely ineffectual, especially in light of the limitations of contemporary pharmaceuticals. Smallpox variolation was widely applied by darigerler and kumyz proved so effective in treating tuberculosis that, prior to the advent of antibiotics, the Soviet government sponsored its mass production for that express purpose. Though they may not have understood the means by which contagious diseases spread, ethnomedical practitioners used empirical observations to learn how to treat a variety of diseases with some success.

The experiences of Kazakhstan and Central Asia mirror that of other regions, including rural Russia. “Sanitation education” (sanitarnoe prosveshchenie)—basic health and hygiene education—had its origins in the prerevolutionary period, when doctors employed by zemstvos attempted to persuade Russian peasants to abandon their folk medical practices and to embrace biomedicine. Urban, educated doctors fought to rid the Russian peasantry of superstitious beliefs that they thought kept Russia poor and backward. These medical workers had a modest impact on the health of Russian peasants through the dissemination of information about sanitation, personal hygiene, and neonatal care. This propaganda attempted to coax peasants into abandoning their customs by teaching them to view their way of life as dirty and a relic of the premodern past. When the October Revolution arrived, the zemstvos’ work was still unfinished, much of rural Russia remained wedded to old practices and superstitions, and it was left to the Bolsheviks to finish this campaign while they pursued similar policies in the non-Russian territories of the USSR.

In rural Russia and across Europe, medical workers during the nineteenth century worked to expand their exclusive control over medical knowledge and authority, but this effort took on unique characteristics in the colonial context of places like Soviet Central Asia or British India. David Arnold notes that the British fight against traditional Indian medicine was “in part ... the extension to India of the attack on folk medicine already underway in Europe and


the jealous defense of medicine as the monopoly of qualified professionals.”12 Similarly, in Kazakhstan efforts to expand biomedical authority were not unlike Imperial Russian and, later, Soviet efforts to bring biomedicine to rural Russia, but in the interethnic, colonial context this modernization project became linked to the state’s political and economic exploitation of the region. Subjugation of Kazakh bodies to state medical authority brought Soviet power into the farthest corners of the USSR and played a part in establishing Moscow’s domination.

Against the background of the industrialization and collectivization campaigns, the central government poured considerable resources into the development of biomedical cadres to meet the population’s needs. Special attention was paid to so-called backward regions, such as Central Asia, which officials identified as in particularly acute need of medical workers. In Kazakhstan, for example, the number of doctors grew from 452 in 1927 to 1,571 in 1937. Until the founding in 1931 of the V. M. Molotov Kazakh Medical Institute (KazMI), all Kazakhstani doctors had to receive training outside the republic. Even after the institute opened, the majority of doctors continued to come from outside the republic, transferred there by the USSR Commissariat for Public Health (Narkomzdrav). One of KazMI’s primary missions was the creation of a cadre of indigenous medical workers. As of 1931, only 30 to 35 Kazakh physicians served the indigenous population.13 Even after KazMI began graduating students in 1935, the number of Central Asian graduates remained quite small in the prewar years. Kazakhs were more numerous at lower rungs of the medical profession, working as nurses, midwives, and physician’s assistants, but at no level did they reflect the number of Kazakhs as a percentage of the general population. During the 1930s women came to predominate among practicing physicians, almost to the exclusion of men, while males retained most administrative positions in clinical facilities and medical educational institutions. Growth in the number of medical workers could barely keep up with efforts to expand facilities. Continual outmigration of cadres from rural to urban areas within Kazakhstan, and flight from the republic to Russia and other European regions of the USSR made for a transient and often inexperienced medical workforce. The number of hospital beds expanded from 3,767 in 1928 to 16,290 in 1941, but since most were concentrated in Slavic urban and industrial areas, they lay beyond the reach of the region’s indigenous population, which was often served by itinerant medical teams that passed through nomadic and seminomadic encampments for a few days or weeks at a time.14 In agricultural areas, the state established temporary clinical facilities to serve collective farmers during critical harvesting and sowing seasons. Among other duties, these young, temporary

12Arnold, Colonizing the Body, 51.
medical cadres bore responsibility for transmitting health propaganda to Kazakhstan’s villages, if only on an infrequent and irregular basis.

As the ranks of Kazakhstan’s medical cadres slowly grew, so too did efforts to disseminate health and hygiene propaganda to the population. In Central Asia, where the cultural gap between mostly European medical workers and Kazakh patients was wide, such propaganda efforts may have played a particularly important role in eroding local reluctance to accept biomedical approaches. Sanitation education found expression in written, visual, and oral media. Activists appear to have relied most heavily on written means to convey their vision of cleanliness and culture in the late 1920s and early 1930s, when cadres and resources were particularly scarce, and newspapers and pamphlets provided an inexpensive way to reach the broadest audience. By the mid-1930s, when more medical workers were available to conduct lectures, discussions, and one-on-one agitation, oral propaganda methods were employed to a greater extent. As radios became more widely available in the 1930s, even the most distant corners of Kazakhstan were within earshot of sanitation education lectures.15 In the largely illiterate society of the Kazakh nomads and seminomads, posters, slides, and educational films may have been especially effective.16 Needless to say, activists in the Kazakh Commissariat for Public Health (Kaznarkomzdrav) incorporated all health education methods in their work throughout 1928–41, usually in conjunction with one another.

To mobilize the public around the issue of health and hygiene education, officials staged public spectacles that integrated various forms of written, oral, and visual propaganda. As early as the mid-1920s, Narkomzdrav sponsored week-long public health drives in schools and workplaces, where teachers and health care workers rallied to raise public consciousness about health questions.17 The state focused its health and hygiene efforts on Kazakh women during the weeks between International Women’s Day (8 March) and Ban on Bride Price and Polygamy Day (22 March). In urban areas, so-called Houses of Health Education (Doma sanitarnogo prosveshcheniia) advanced the cause of hygiene propaganda through exhibits, lectures, and outreach programs to local schools and factories.18

**THE CONSTRUCTION OF KAZAKH CULTURE IN BIOMEDICAL PROPAGANDA**

Propaganda depicted poor sanitation practices and customs of everyday life as fundamental to the spread of disease in Kazakhstan. Questions of hygiene became intertwined with issues of culture, in keeping with the view that widespread diseases were merely a manifestation of Kazakhstan’s backward economic substructure. In particular, Soviet physicians emphasized social and cultural factors that supposedly created an environment favorable to the spread of infectious disease. In a 1928 report to his regional Narkomzdrav superiors,  

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15 Akodus, *Kratkii ocherk*, 45–46; Tsentral’nyi gosudarstvennyi arkhirh Rossiiskoi Sovetskoi Federativnoi Sotsialisticheskoi Respubliki (TsGA RSFSR), f. 482, op. 24, d. 64, l. 22ob.
16 Akodus, *Kratkii ocherk*, 28; TsGA RK, f. 82, op. 2, d. 164, l. 97.
17 *Materialy k provedeniu vserossiiskoi nedeli za zdorovuiu smenu* (Moscow, 1928), 3, 5.
18 L. S. Bogolepova, *Sanitarnoe prosveshchenie v SSSR* (Moscow, 1952), 49.
one unnamed European doctor in a Southern Kazakhstan village held that Kazakhs “do not observe general rules for maintaining a hygienic home. They keep both themselves and their quarters filthy, which is the primary source for spreading disease, as are their bad habits.” In the eyes of this physician, it is the filth and the Kazakhs’ way of life that cause disease. Microbes at the root of illness are overshadowed by the social and cultural conditions he observes. Both prerevolutionary and Soviet observers of life in Kazakhstan so generalized their disgust with every aspect of Kazakh customs that it seemed as if threats to Kazakh health and well being being penetrated every aspect of daily life. Medical professionals emphasized, for example, that “the ordinary way of life” was a primary cause of miscarriages among Kazakh women, while early marriage led to a variety of gynecological problems later in life.

Dr. Bykov, a prominent Russian physician working in Chimkent (now Shymkent, Southern Kazakhstan oblast), asserted that the “low cultural level of the population” fostered the spread of so-called social diseases such as syphilis, and the absence of regular access to biomedical care compounded the problem. Deputy Kazakh Commissar for Public Health M. K. Tleugabylov reiterated this notion when painting a picture of Kazakhstan as teeming with “poverty, need, and social diseases.” Though not physicians, other authors wrote of the Kazakhs’ “nightmarish past,” while describing Kazakhs themselves as “lazy” and “uncultured.” Kazakhs had to change their daily practices and fundamentally reshape their social organization to lead healthier lives. An “extraordinarily important aspect” of medical work in Kazakhstan became “the struggle to uproot ancient customs and prejudices, which are the greatest impediment to support for all cultural development.” Certainly some practices contributed to the spread of contagious disease, but the battle against these customs became a fight to destroy Kazakh culture and pave the way for greater state control over the region. It is no coincidence that the state launched its attack in conjunction with increased economic demands on the region.

19 GAIuKO, f. 812, op. 1, sv. 4, d. 23, l. 1. For similar remarks see TsGA RK, f. 82, op. 2, d. 165, l. 24; M. A. Bykov, Sanitarno-gigienicheskie ocherki i zdrowookhranenie v raionakh Syr-Dar’inskogo okruga (Chimkent, 1931), 47, 129; V. Serebriakov, “Materialy po voprosu o rasprostranenii sifilisa v Kazakhstane,” MZhK, 1935, no. 3:96; and Otchet Kazakhstanskoi ekspeditsii za 1926 god (Leningrad, 1927), 11. Urban physicians made similar observations about Russian peasant habits and customs. See, for example, S. L. Lopatina, Nuzhno borot’sia so znakhartsvo v derevne (Moscow, 1926), 3; and L. Vasilevskii, Religia i zdorov’e (Leningrad, 1928), 13.

20 For prerevolutionary commentators with almost identical observations on medicine, health, and culture among the Kazakhs see A. K. Geins, Kirgizkie ocherki (n.p., 1866), 237; Bertov, Strana svobodykh zemel’ (St. Petersburg, 1908), 39; and Krebel’, Narodnaiia medistina i narodnye sredstva razlichnykh plemen Russkogo tsarstva protiv razlichnykh boleznei, trans. S. Blumentaev (n.p., 1868), 36.

21 APRK, f. 141, op. 1, d. 2378, ll. 2, 4; Briskin, Stepi Kazakhskie: Ocherki steppnogo Kazakhstana (Kzyl-Orda, 1929), 109; Zhetsuyuiskuiia iskra (Dh), 29 March 1928, 3.

22 Bykov, Sanitarno-gigienicheskie ocherki, 48, 103. See also Otchet Kazakhstanskoi ekspeditsii, 11.


24 I. Kuramysov, Za Leninskuu natsional’nuiu politiku v Kazakhstane (Alma-Ata, 1932), 89; V. Gorbunov, Putevoditel’ po Kazakhstane (Moscow, 1932), 20. For other comments along these same lines see Pliushch, “Ot tsarskoi kolonii, ot votchiny Khivinskikh feodalov-do sotsialisticheskoi Kara-ikalpakii,” Proveshchenie natsional’noster (March-April 1934): 60; and R. I. Samarim, Ocherki istorii zdravoohraneniia Kazakhstana (Alma-Ata, 1958), 105.

25 APRK, f. 141, op. 2, d. 2819, l. 177.
Propagandists singled out religion as having a particularly negative effect on the health and well-being of the population in Kazakhstan and throughout the USSR. Islam, Christianity, Judaism, and other religions were attacked throughout the Soviet Union for promoting unsanitary practices that threatened the health of Soviet workers. Official arguments against religion offered a scientific, biomedical foundation that lent authority to these claims. A. Rostovskii, an antireligious activist, argued that Christian practices such as kissing crosses and icons, and drinking holy water from common vessels, spread germs that caused tuberculosis, syphilis, diphtheria, influenza, and other contagious diseases. He claimed that the Muslim and Jewish practice of circumcision posed a serious health risk by exposing infants to risk of infection and hemorrhage. Rostovskii and several other authors of health pamphlets asserted that fasting, observed by Muslims, Christians, and Jews, caused stomach and intestinal disorders. Writing in the League of Militant Godless’s journal Bezbozhnik, an activist named Salim stated that the Muslim holiday of Ramadan, which requires thirty days of fasting from sunrise to sunset, excessively taxed the body. Kaznarkomzdrav officials saw “religious fanaticism” among the Kazakhs as a primary factor in the spread of disease. Russian antireligious propagandist Vasilievskii went so far as to claim that, “in general, belief in gods and zealous participation in religious rituals is closely tied to nervous ailments and mental illness. Religion makes a healthy individual psychotic.”

Medical propaganda offered an opportunity to convince Kazakhs of the dangers of their traditional healers. Regional and republic-level newspapers described shamans, mullahs, and other folk healers as greedy charlatans who willfully deceived the ignorant masses. Lectures, posters, and pamphlets all encouraged Kazakhs to become dependent on Soviet medical practitioners and, by inference, on the Soviet state. In one lecture conducted among the seminomadic population of Southern Kazakhstan, an unidentified doctor implored the nomads “not to listen to your Kazakh healers (taups) who fail to heal the sick with their medicines; for all illnesses always go to the doctor, and there you will receive free, effective medicine.” One health education poster from 1930 contrasts the unscientific methods of

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26 A. Rostovskii, Pop, znakhar’ i vrach, 11. Others echo this theme. See Minlos, Religiiia i sovetskaia meditsina: Ob’iasnitel’nyi tekst k serii diapozitivov (Moscow, 1936), 10; L. Vasilievskii, Religiiia i zdorov’e (Leningrad, 1928), 8–9; and G. Ia. Kiselev, Religiiia i meditsina: Ob’iasnitel’nyi tekst diapozitivnogo fil’ma pod obschei redaktsiei TsSSVZ (Moscow, 1934), 9. In addition to lamenting the role of religion in spreading infectious disease, health activists expressed concern about Russian Orthodoxy promoting drinking on Sundays and holidays. Not only did these drinking bouts have adverse effects on health, they contributed to worker absenteeism (Vasilievskii, Religiiia i zdorov’e, 5; Rostovskii, Pop, znakhar’ i vrach, 13–14).

27 Rostovskii, Pop, znakhar’ i vrach, 6–7. Perhaps the fact that the Russian Orthodox themselves never practiced circumcision made this custom particularly repulsive to ethnically Russian biomedical workers, even if they were not Christians. Vasilievskii observed that “in recent decades, the more cultured part of the Jewish community” had abandoned circumcision, suggesting that assimilation (that is, Russification) signaled incorporation into a supposedly higher culture (Religiiia i zdorov’e, 7).

28 Rostovskii, Pop, znakhar’ i vrach, 4; Dr. Nikol’skii, Sweveriia, znakharstvo, religioznye predrassudki i sovetskaia meditsina (Moscow, 1926), 23; Vasilievskii, Religiiia i zdorov’e, 3.

29 Salim, “Musul’ manskii post uraza,” Bezbozhnik (16 January 1930): 2. See also Vasilievskii, Religiiia i zdorov’e, 4.

30 TsGA RK, f. 30, op. 2, d. 603, l. 12 (reprinted in Khabiev, Kul’turnoe stroitel’stvo 1:455).

31 Vasilievskii, Religiiia i zdorov’e, 6.

32 DI, 23 February 1928, 3; Kazakhstanskaia pravda (KP), 2 December 1938, 3.

33 GAIuKO, f. 812, op. 1, sv. 11, d. 23, l. 200b. See also ibid., ll. 26, 270b.
traditional healers with the accurate, enlightened methods of diagnosis used by biomedical workers. It depicts a Russian man shining a flashlight down on a crowd of Central Asians in traditional dress. On his desk sits a microscope, laboratory instruments, and test tubes, markers of scientific authority. He lights their path toward a hospital and the banner across the top reads “Religious leaders (ishans), healers, (tabibs), and mullahs destroy the health of workers. Don’t fall for their tricks! Get treatment at Soviet hospitals!” Posters such as this one clearly sought to rally Kazakhs against traditional medical practitioners, associating them with backwardness and ignorance. Dressed in traditional attire, the masses stood in darkness until the Soviet government (personified by the Russian doctor) enlightened them with the miracles of modern medicine.

Authorities paid particular attention to spreading antireligious biomedical propaganda among Muslim women, whom they believed to be disaffected with their position in Central Asian society and receptive to the state’s message. In 1928 the Kazakh Regional Committee of the Communist party charged Kaznarkomzdrav with developing “massive agitation and propaganda and generally strengthening the struggle against the influence of mullahs, tabibs, and shamans using the existing system of clinical and OMM [Defense of Motherhood and Infancy] institutions.” Through special “women’s evenings,” lecturers brought to women the message that old customs carried negative health consequences. Gyneeco-

The regime pledged its concern for women and their liberation from dangerous traditional medical practices, particularly those associated with childbirth. Both medical administrators and antireligious propagandists bemoaned the detrimental effects of lay midwives on the health and well being of newborns, while trumpeting the state’s strides in expanding OMM facilities. One health education poster that circulated in Semipalatinsk during 1929–30, depicts a parade of toddlers demanding that their parents use professional midwives, not lay midwives. The children also hold protest signs calling for fresh air and sunshine, dry, clean diapers, and healthy parents.

In a 1928 memo to the Kazakh Council of People’s Commissars regarding the opening of midwifery schools in Semipalatinsk and

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34 Rossiiskaia Gosudarstvennaia Biblioteka, P4 XX1.5/2.1. This poster appeared in Uzbek, and may have been used in southern Kazakhstan in addition to Uzbekistan. There may have been a Kazakh version as well.

35 For further reading on Soviet policies toward Central Asian women see Gregory Massell, The Surrogate Proletariat: Moslem Women and Revolutionary Strategies in Soviet Central Asia, 1919–1929 (Princeton, 1974); Marianne Kamp, “Unveiling Uzbek Women” (Ph.D. diss., University of Chicago, 1998); and Douglas Taylor Northrop, “Uzbek Women and the Veil: Gender and Power in Stalinist Central Asia,” (Ph.D. diss., Stanford University, 1999). By contrast, British authorities in colonial India paid relatively little attention to the needs of indigenous women. As in Kazakhstan, Indian midwives came under attack as the cause of high infant mortality rates and the state encouraged women to abandon home birthing in favor of maternity wards, but women were not central to the biomedical drive in general as they were in all corners of the USSR (Arnold, Colonizing the Body, 254–68).

36 Rossiiskii Tsentr Khraneniia i Dokumentatsii Noveishei Istorii, f. 17, op. 25, d. 22, l. 150.

37 TsGA RK, f. 82, op. 1, d. 557, l. 44; Minlos, Religiia i sovetskaia meditsina, 9. See also Dukenbai uli, Jukti ajel tazalighi, 5; Tleugabylov, “Kadry zdravookhraneniia,” 30; Rostovskii, Pop, znakhar i vrach, 31; and Gosudarstvennyi arkhiv Alma-Atinskoi oblasti, f. 385, op. 1, d. 83, l. 2ob.

38 Rossiiskaia Gosudarstvennaia Biblioteka, P4 XX1.5/2.1. This poster appeared in Uzbek, and may have been used in southern Kazakhstan in addition to Uzbekistan. There may have been a Kazakh version as well.

39 Gosudarstvennyi arkhiv Rossisskoi Federatsii, f. 5465, op. 10, d. 181, l. 5.

40 TsGA RK, f. 82, op. 1, d. 557, l. 44; Minlos, Religiia i sovetskaia meditsina, 9. See also Dukenbai uli, Jukti ajel tazalighi, 5; Tleugabylov, “Kadry zdravookhraneniia,” 30; Rostovskii, Pop, znakhar i vrach, 31; and Gosudarstvennyi arkhiv Alma-Atinskoi oblasti, f. 385, op. 1, d. 83, l. 2ob.

41 Gosudarstvennyi arkhiv kino-foto-fonodokumentov Respubliki Kazakhstana, f. 5–2675.
Kzyl Orda, the Kazakh Commissar for Public Health asserted that from the moment of birth Kazakh infants were in jeopardy at the hands of shamans and lay midwives who did more harm than good.40 That same year Kazakhstan’s OMM announced a plan for hygiene education that stressed the importance of propagandizing against lay midwives because of the danger they posed during childbirth by failing to provide a clean environment.41 Hygiene propaganda and antireligious leaflets published at the center echoed these accusations against lay midwives, emphasizing the danger to both mother and child of infection contracted in an unsanitary home environment.42 According to Lopatina, a Russian, female writer who fought the influence of traditional healers in the countryside, lay midwives also jeopardized the lives of women experiencing difficult labor because they lacked formal biomedical training. The failure of lay midwives to call for a biomedical physician in a timely manner led to patients’ illness, infertility, and even death.43 Medicalization of childbirth had the potential to lower the risks associated with childbirth, but it is questionable the degree to which rural birthing facilities in Kazakhstan during the 1930s offered a more sanitary environment. For our purposes, however, the significance of such assertions lies not in their accuracy, but in the state’s effort to use medical discourse to undermine the influence of local lay midwives and draw Kazakh women’s bodies into the hands of state-authorized biomedical workers.

Along with cultural and religious factors, Soviet propagandists stressed the link between economics and health. As noted above, writers in both Kazakhstan and Russia asserted that while germs caused infectious diseases, the economic substructure of society determined the degree to which these organisms thrived, and that once that substructure was transformed, diseases would decline and, ultimately, disappear. Writing in a 1927 manual for Central Asia’s hygiene propagandists, Ia. I. Akodus stated that “the fundamental principle that lies at the base of Soviet medicine is that illness is not only biological, i.e., dependent upon the forces of nature, but is subject to social influence, i.e., dependent on the conditions of labor and everyday life in a particular society, economic conditions, the distribution of poverty and wealth, etc.”44 Akodus underscored that while exposure to the tuberculosis virus caused TB, infection occurs more frequently and has a greater impact among the poor, “who live in crowded conditions, eat poorly, work a lot and rest little-this is the social essence of the disease.”45 In the text to accompany a League of Militant Godless slide

40 APRK, f. 141, op. 1, d. 2375, l. 19.
41 Ibid., d. 2378, l. 2.
42 Rostovskii, Pop, znakhar i vrach, 26; Vasilevskii, Religiia i zdrav’e, 12; A. A. Khrustalev, Znakhar’ i doktor (Moscow, 1923), 19–20; Dmitrieva, Temnota, 4.
44 Akodus, Kratkii ocherk, 5.
lecture, author Kiselev makes a similar assertion when stating that “social conditions, which provide favorable conditions for these microbes to enter the organism are a decisive factor in epidemic disease.”46 According to the antireligious propagandist Minlos, “the majority of illnesses are connected with the workers’ adverse living conditions under capitalism.”47 Low wages, poor housing, and arduous work all contributed to health ailments. Writing in an official Kaznarkomzdrav organ, a public health official named N. N. Matveev attributed the spread of infectious diseases among the Kazakhs to impoverishment and to “capitalism, which penetrated all aspects of the nomads’ patriarchal life.”48 There is a certain amount of medical truth to these assertions, but the emphasis on the overriding significance of economic conditions reflects a peculiarity of Soviet medicine that served the political purpose of buttressing the regime’s economic agenda in Kazakhstan and across the USSR, and of asserting the superiority of socialism over capitalism.

In biomedical propaganda, the Soviet government stood as the savior of the non-Russian peoples from tsarist, capitalist exploitation. Both at the center and in the periphery, numerous authors blamed the tsarist system and wealthy native clan leaders for carrying out a policy of neglect designed to keep the Kazakhs and other minorities ignorant, uncultured, and physically weak for the sake of colonial domination.49 Despite the limited inroads biomedicine made in Kazakhstan up to that point, a 1935 article in a Russian-language newspaper from Southern Kazakhstan claimed that, although Kazakhs were “ignorant of doctors prior to the Revolution, Kazakhstan’s nomadic encampments and villages at present have an enormous network of public health institutions.”50 While it is true that few Kazakhs had contact with doctors prior to the Revolution, the contrast with the mid-1930s was far from the dramatic transformation suggested by this writer. Kazakhstan’s popular press and official Kaznarkomzdrav publications directed at medical professionals stressed the free medical care that was available after the Revolution, but ignored the problems of the Soviet medical system. Centrally published pamphlets aimed at the general public emphasized how many hospital beds, doctors, hospitals, and midwives served Kazakhstan, testifying to the party’s devotion to ordinary, working-class men and women.51 Soviet power had seemingly banished poverty, disease, and class enemies from Kazakhstan forever, liberating the Kazakhs to rise up from their cultural and economic morass. N. N. Popov, deputy director of KazMI’s Department of Hygiene, noted that even from the early days of Soviet power the regime had made it a high priority to fight against the spread of infectious diseases.52

46Kiselev, Religiiia i meditsina, 4.
47Minlos, Religiiia i sovetskaia meditsina, 6. See also Rostovskii, Pop, znakhar i vrach, 3. For almost identical arguments made by French syndicalists at the turn of the century see Barnes, The Making of a Social Disease, 215–46.
48N. N. Matveev, “Ocherednye zadachi na fronte zdravookhraneniia po KazASSR,” MZhK (October 1933): 6. See also Otchet Kazakhstanskoi ekspeditsii, 11; and APRK, f. 141, op. 1, d. 2378, l. 4.
49Minlos, Religiiia i sovetskaia meditsina, 19; Tleugabylov, “Kadry zdravookhraneniia,” 27; “Rezoliutsii Kraevogo soveshchaniia,” 80; TsGA RK, f. 30, op. 2, d. 603, l. 12 (reprinted in Khabiev, Kul’turnoe stroitel’stvo 1:455; Serebriakov, “Materialy po voprosu,” 97; N. Propper-Grashchenkov, Public Health Protection in the USSR (Moscow, 1939), 34, 38; and KP, 20 March 1934, 1.
50Pravda Iuzhnogo Kazakhstana (PluK), 6 June 1935, 3.
51Matveev, “Ocherednye zadachi,” 6; PluK, 6 June 1935, 3; Minlos, Religiiia i sovetskaia meditsina, 3.
52Popov, “Razvitie sanitarnogo,” 43.
emphasized that, “only from the beginning of Soviet power did public health get started on the right track.”

Propaganda in the 1920s and early 1930s attributed any limitations and failures of Soviet public health in large part to the legacy of prerevolutionary times. Soviet medical officials lamented that the regime had to cope with the byproducts of tsarist indifference and neglect. Without elaborating on the precise connection, Narkomzdrav complained that, “the prerevolutionary era bequeathed to us tens of thousands of deaf mutes, as the legacy of the bourgeois capitalist system of social relations.” In a manual designed for antireligious propagandists, writer Polinskii claimed that the persistence of diseases like tuberculosis and syphilis, both of which were widespread among Kazakhs, could be understood under the dictatorship of the proletariat only as “vestiges left to us by tsarism, a semifeudal, semicapitalist system.” During a slide show presentation on medicine and religion, activists across the country stressed that medical services were especially poor “in regions occupied by minorities subjugated to tsarism. ... Now these peoples have their own industries, their own collectivized agriculture, and their own blossoming culture, ‘national in form, socialist in content.’ A significant number of national medical cadres has been formed and continues to grow. ... But the legacy of centuries of oppression is still evident today.” This portion of the text accompanied a slide depicting a Central Asian shaman performing a ritual intended to heal a woman suffering from rabies by exorcising the disease and transferring it to a chicken.

The lecturer who presented this slide show to a Central Asian audience accomplished two objectives. He or she not only asserted that the shamanic ritual was a barbaric vestige of the past but also attributed its survival to the legacy of the previous regime rather than to any shortcoming of the present one. To a Russian audience this text and slide reinforced prevailing notions of the primitiveness of Central Asians while emphasizing the efforts made by the Soviet regime to modernize that region. This example well illustrates the ways in which the state deployed scientific discourse for political ends. Without question the ritual highlighted by the slide was indeed ineffective in combating rabies, but the text clearly emphasizes the interconnectedness between the efficacy of the state’s biomedical efforts in the region and its political legitimacy. By contrasting the failure of methods that thrived during the tsarist regime with the growing availability of biomedical services under the Soviet regime, the speaker transcended the mere transmission of scientific information to link disease and suffering with the tsarist past and vestiges of that era.

By the close of the 1930s, health and hygiene propaganda declared that the state had accomplished its objective of lowering rates of infectious disease by doing battle against religion and tradition. Surviving traces of the past disappeared from public discourse. Public health officials began to rewrite the history of their drive against customary life, suggesting that all folk medical practices ceased when the Bolsheviks arrived on Kazakh soil. On the
occasion of the twenty-fifth anniversary of the October Revolution in 1942, numerous public health officials asserted that the Revolution had washed away all the evils of the tsarist past. S. A. Chesnokov, Kazakh Commissar for Public Health, claimed that the “The Great October socialist revolution transformed the face of old Russia. Colonial exploitation of Kazakhstan, with its darkness, ignorance, and cultural backwardness (bezkul’turnost’), has disappeared forever.” Chesnokov’s deputy, Tleugabylov, enthused that, “casting off the chains of their damnable past, a friendly family of Kazakhs, Kirgiz, Ukrainians, Uzbeks, Tatars, Tajiks, and many others marched hand in hand with the great Russian people along a vast, bright path [to the future].” The discourse of medicine and public health envisioned socialist construction as free of conflict, and as a joyous partnership between Russian elders and lesser nationalities. Officials wrote the vicissitudes out of the story of public health and medicine in Kazakhstan and across the USSR. A straight path led from 1917 to the eve of World War II, with no setbacks, diversions, or missteps along the way.

**LIMITS AND IMPACT OF THE BIOMEDICAL DRIVE**

Needless to say, the health education campaign failed to enjoy the unmitigated success that public health officials claimed. A number of problems plagued the popularization of health and hygiene propaganda across the USSR, particularly in the non-Russian regions. Evidence suggests that before the mid-1930s virtually no sanitation education propaganda was disseminated in Kazakhstan’s rural areas. According to a 1931 newspaper article, in addition to the absence of maternal and child health care, “no hygiene education [was] conducted” in the Erkinshilinsk region. Kazakhstan was not alone in failing to bring overly ambitious plans for health education to life. A 1932 Narkomzdrav resolution on hygiene education among minorities complained of shortages in specialized hygiene literature and posters in native languages. The resolution noted that one of the most pressing needs was for “visual material for the struggle against sorcery and shamanism, in support of maternal and child health, and for basic sanitation and the general improvement of living conditions, with special attention to domestic and daily life peculiarities of particular national regions.”

In 1935 a prominent Kazakh party official and cultural leader observed the “almost total lack of posters, especially in the Kazakh language,” which continued to undermine the work of health activists. Officials bemoaned the need to close Houses of Health Education in the course of the 1930s because they did not have enough trained medical professionals to staff them. Even Alma-Ata’s House of Health Education left much to be desired, with no

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59 Tleugabylov, “Kadry zdravookhraneniia,” 27.
60 Novyy step’, 30 July 1931, 3.
61 TsGA RSFSR, f. 482, op. 24, d. 64, l. 22.
62 S. Nurpeisov, O massovoi politicheskoi i kul’turnoi rabote v aule i sele (Alma-Ata, 1935), 42.
exhibits on anatomy, physiology, infectious diseases, or the so-called social diseases, including alcoholism, prostitution, syphilis, and TB. It also lacked film and slide projectors, calling into question the degree to which any of the propaganda literature analyzed above was disseminated in urban, let alone rural areas. As an autonomous region within the Russian Soviet Federated Socialist Republic (RSFSR) until December 1936, Kazakhstan was one of many regions criticized by the RSFSR’s Narkomzdrav for failing to make adequate use of radio and theater for disseminating propaganda to as wide an audience as possible. Reflecting the state’s efforts to compensate for these shortages by squeezing more out of the resources it did have, one local newspaper in Southern Kazakhstan took medical workers to task in 1935 for refusing to devote time above and beyond their regular duties to conducting public lectures and distributing health education literature. As late as 1939, Southern Kazakhstan party officials conceded that “health education and preventative medical propaganda work among the masses is organized and conducted in an extraordinarily weak manner.” In 1940, Kazakhstan’s leading newspaper asserted that health education had failed to influence the population’s way of life in the countryside or sanitation conditions in the cities. In 1941, Narkomzdrav officials complained that, instead of distributing health education literature, medical workers used the blank reverse sides for internal memorandums, budgets, and evaluations, presumably because of a paper shortage.

The limits of health education work combined with the inaccessibility of biomedical facilities to perpetuate the population’s reliance on traditional medicine. Regardless of their ethnicity, women in Kazakhstan as of 1931 were twenty-three times less likely to seek biomedical attention during deliveries than women in prerevolutionary European Russia. While language and culture may have discouraged Kazakh women in particular, the shortage of clinical facilities left the Slavic population with inadequate access to biomedical services as well. Russian and Kazakh women alike relied on lay midwives in the early 1930s to deliver their babies, despite the disapproval of public health officials and biomedical workers. That Kazakh women took far less advantage of biomedical services than Russian women in Kazakhstan reflected two problems: inaccessibility of clinical facilities to Kazakh population centers and a lack of trust in European biomedical workers and their unfamiliar methods. Thus, even if health propaganda did reach Kazakh women and convince them of the benefits of biomedicine, they had little opportunity to avail themselves of any biomedical services.

64 TsGA RK, f. 82, op. 1, d. 797, l. 3.
65 TsGA RSFSR, f. 482, op. 24, d. 295, l. 1.
66 Pulk, 6 June 1935, 3.
67 GALuKO, f. 121, op. 1, sv. 116, d. 1240, l. 21.
68 AP, 8 March 1940, 4. Even in 1941, complaints circulated that particular areas of sanitation education continued to suffer from neglect, particularly questions of first aid and worker safety (Polianskii, Metodicheskie ukazaniia, 2).
69 TsGA RK, f. 1473, op. 1, d. 188, l. 19. In response to this problem, Narkomzdrav strictly forbade the use of health education literature for any purpose other than distribution to the population and threatened to refer those who violated this rule to criminal prosecutors.
70 Bykov, Saniurno-gigienicheskie ocherki, 38.
71 Ibid., 95.
Officials recognized the importance of physical proximity to biomedical facilities, but believed that the unfamiliarity of biomedical methods made Kazakhs reluctant to seek biomedical attention even when it was accessible. Medical professionals had to be accessible in order to provide opportunities for them to convince Kazakhs that they could trust them and rely on their methods. Probably more so than health propaganda, positive experiences with biomedicine played an important role in cultivating reliance on Soviet medical workers. When officials opened a clinic or hospital, the local population did not immediately flock to medical professionals for assistance. Rather, medical workers had to build trust gradually within the community by demonstrating the effectiveness of biomedicine and of their own skills. A 1936 newspaper article states that a hospital maternity ward in Aktiubinsk helped only six Kazakh women deliver their babies in 1933, while most Kazakhs “ran to shamans for help.” Within two years hospital workers had eroded much of the community’s distrust and assisted two hundred women per annum. In Enbekshilder region (Southern Kazakhstan oblast) a hospital that opened in 1931 “held no influence over the population.” Through propaganda against shamans and effective biomedical work, medical personnel allegedly won the support of the Kazakhs. According to official state sources, growing familiarity with biomedical practices constituted the most important factor in convincing Kazakhs to take advantage of clinical facilities. A deputy director of Kaznarkomzdrav observed that periodic visits from medical personnel traveling through rural Kazakh areas had “awakened the local population’s interest in scientific medicine, which had won the faith of this population for the doctor.” Health education work and a rising number of Kazakh medical personnel contributed as well, though in what ratio these different forces operated cannot be determined. It is clear, however, that Kazakhs did indeed take increasing advantage of clinical facilities during the 1930s, and that sanitation education work played some role in this shift.

Despite these changing patterns in their medical choices, Kazakhs continued to rely on shamans and other folk healers throughout the 1930s and early 1940s. Until the mid-1930s, newspapers reported the persistence of shamans among Kazakhs. In 1938, Kazakh Commissar for Public Health I. Karakulov stated that

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For example, a 1928 red yurt expedition held demonstrations on how properly to bathe children, but parents did not bring their children. Their refusal to submit their children to these demonstrations suggests they did not trust the biomedical workers methods or motives (GAuKO, f. 812, op. 1, sv. 4, d. 23, l. 3).

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Language barriers no doubt retarded the effectiveness of health education work and contributed to the Kazakhs’ initial reluctance to use biomedical facilities when they were established in the community. Biomedical workers had to conduct health education lectures and discussions in Kazakh villages through translators. On occasion activists had to cancel lectures because no adequate translator could be found. See TsGA RK, f. 80, op. 2, d. 603, l. 16 (reprinted in Khabie, Kul’turnoe stroitel’stvo 1:458); and GAuKO, f. 812, op. 1, sv. 4, d. 23, l. 3.

TsGA RK, f. 30, op. 2, d. 603, l. 13 (reprinted in Khabie, Kul’turnoe stroitel’stvo 1:456).

For example, see PluK, 16 June 1935, 3.
the total absence of medical help facilitates the development of all types of sorcery by shamans. Illiterate, ignorant witch doctors cling to Islamic law and Islam, perpetuating savage customs—spitting in [their patients’] mouths, beating the severely ill with the goal of “expelling” the illness from the person, etc. With the help of these witch doctors the population has been infected with all sorts of social illnesses.78

Years of disseminating propaganda and of working to expand biomedical facilities had not relegated folk medicine to the past. For example, medical personnel working among the Kazakh nomads in 1936 reported that villagers sought treatment for syphilis exclusively from shamans.79 As of 1939, Southern Kazakhstan oblast’s League of Militant Godless asserted that mullahs still performed spiritual healings.80 Authorities believed that greater access to clinics combined with an increasing understanding of biomedical methods would inevitably lead Kazakhs to abandon their reliance on folk medical practitioners. What medical workers and health officials had not anticipated was that Kazakhs could rely increasingly on Soviet biomedical facilities at the same time that they preserved their faith in traditional healers.

Health education literature presents a world of black and white, where a diseased, dirty Kazakh past gave way to the healthy, clean Soviet lifestyle. The year 1917 stands as a rigid border between primitive and modern, backwardness and progress, illness and wellness. Health and hygiene propaganda depicts religion and medicine in opposition to one another, and biomedicine as incompatible with folk medicine.81 According to this scenario, the October Revolution sounded the death knell for folk medicine in Kazakhstan, while the Soviet public health system developed steadily from that moment on without setbacks or compromises. Reflecting the mentality of the party and public health officials, medical workers, and antireligious activists that produced them, newspapers, pamphlets, training manuals for medical cadres, lectures, slide shows, and posters all tell the same story of progress and civilization that came with biomedicine. In subsequent decades, Kazakh life expectancy rose and epidemic diseases subsided, infectious diseases declined, and the general health of the population improved in large part thanks to the efficacy of biomedical methods introduced during these tumultuous prewar years. But beyond biomedicine’s impact on the health of the Kazakh population, it also served the purpose of drawing Kazakhs into state control and legitimating Soviet power in the region.

Of course, folk medicine and biomedicine remained contested arenas between the Soviet state and the indigenous population, with the transition from one to the other neither as complete nor as seamless as medical propaganda would lead us to believe. Biomedicine

78KP, 3 August 1938, 2. Several months later, Deputy Commissar for Public Health I. Tazhiev reiterated these sentiments and stressed the negative effect of mullahs and shamans on health conditions in Kazakhstan (KP, 2 December 1938, 3). Apparently “spitting in mouths” refers to occasions when the shaman first chews a medication or some component of the healing ceremony, and then passes it to the patient’s mouth.

79TsGA RK, f. 82, op. 2, d. 165, l. 24.

80Shymkentskii filial gosudarstvennogo arkhiiva Iuzhno-Kazakhstanskoi oblasti, f. 40, op. 2, d. 1055, l. 6.

81For similar representations in later Soviet health education literature see P. Denisenko, Meditsina i religiia (Moscow, 1961), 76; and K. Shulembaev, Meditsina jane din [Medicine and religion] (Alma-Ata, 1973).
took root in Kazakhstan in fits and starts, gaining particular momentum at the close of the 1930s, only to suffer setbacks during the war. Biomedicine never completely supplanted folk medicine in Kazakhstan (or in rural Russia). Kazakhs resisted the eradication of their traditional practices by continuing underground the customs Soviet officials viewed as abhorrent. When asked about the persistence of folk medicine in their villages during the 1930s and after, respondents to a 1995 survey in Southern Kazakhstan oblast almost unanimously asserted that shamans and mullahs continued to serve the population, albeit in secret.\footnote{I carried out this survey with three local research assistants in March 1995. We distributed questionnaires to approximately fifty respondents, who ranged in age from 65 to allegedly 106. Informants addressed questions about traditional medicine and biomedicine in Kazakhstan during the 1920s, 1930s, and 1940s. Though the group was small, their answers offer some counterbalance to official sources.} As noted above, archival evidence from the late 1930s and early 1940s supports the notion that traditional Kazakh medicine persisted despite a vigorous propaganda campaign against it and a rise in access to biomedical facilities.

Its relatively limited impact during the prewar years aside, health propaganda highlights the political dimension of the state’s drive to bring biomedicine to Kazakhstan. As had happened earlier in Western Europe and North America, the state used public health and medical initiatives to exert greater authority and surveillance over its citizens’ bodies. Underneath the Soviet regime’s bravado about its achievements lay a strong conviction not only in the efficacy of biomedical techniques but also in the entire cultural, economic, and social system with which biomedicine was entangled. Through its emphasis on the social and economic, rather than microbial, causes of infectious disease, the state asserted a vision of its power and authority over Kazakh bodies and lives. Health propaganda constructed a world in which the state knew better than Kazakhs themselves how to care for their physical selves, their domiciles, and their villages. Beneath the state’s largely sincere desire to improve the Kazakhs’ health was a political and economic agenda that undergirded the spread of biomedicine. Biomedicine served as a tool of empire by bringing Kazakh bodies under increasing state surveillance and control, by supporting the regime’s economic agenda for development of the region, and by undermining local challenges to the central regime’s monopoly of power. Without question, the introduction of biomedicine made an important and positive impact on Kazakh lives, and in exchange for the benefits of modern medicine, the Kazakhs traded a degree of personal and community control. The benefits of biomedicine for the Kazakhs came at a cost calculable in terms of political autonomy, economic organization, and culture. Given the rising quality of life, that was likely a price worth paying, but a price was exacted nonetheless. To understand the Soviet development of biomedicine in Kazakhstan as merely a benign modernization process or a benevolent gift from the Russians is to tell only half the story.

Biomedicine could have been introduced in Kazakhstan without the attempted destruction of the indigenous medical culture, as was the case elsewhere around the globe. For example, in the case of northern and eastern India in the 1870s, the British attempted to spread the smallpox vaccination among the indigenous population, which had relied on a medico-religious variolation ceremony. British authorities waged a campaign to recruit and train traditional variolators to administer the smallpox vaccine. Though abandoned
after modest success, this strategy attempted to co-opt rather than suppress the traditional healers. The effort suggests one of the ways in which biomedicine could be introduced with less extensive cultural disruption. British biomedical policies in India were no more benign than those in Soviet Central Asia, but whereas British efforts toward the indigenous population could be described as “often lukewarm ... half-hearted or hedged,” Soviet policy was unrelenting in its drive to stamp out traditional medical practices and practitioners. In comparison to British India and other cases, the Soviet example illustrates vividly the political underpinning to the state’s aggressive, if not wholly successful biomedical drive. The desire to destroy Kazakh ethnomedicine in order to end the influence of traditional healers at the local level was absolutely central to the regime’s efforts in Central Asia. Alternatives existed, including more gradualist approaches, that could have developed biomedicine without the alienation of or attack on ethnomedical practitioners. The Soviet state eschewed these options because they ran counter to the political motivations at the heart of the biomedical propaganda campaign.

The Cultural Revolution for which the regime fought never completely transformed Kazakh daily life, but official propaganda nonetheless shaped the Kazakhs’ collective consciousness. The degree to which the Soviet government succeeded in redefining Kazakh identity is impossible to measure, but the impact of this propaganda continues to be felt today as Kazakhstan grapples with its past and forges a new, independent future. For decades the Soviet state buttressed its authority by arguing that it stood for progress. Officials lauded Soviet achievements not only in medicine but also in the arts, education, and all spheres of political, economic, and social endeavor. The cumulative effect of these messages has been to leave many Kazakhs with the conviction that Soviet power brought “civilization” to the steppes of Central Asia. Echoing the propaganda of the 1930s, older, Europeanized Kazakhs remain quick to praise Soviet power in Kazakhstan. It will no doubt take decades to inculcate an appreciation of and respect for the precolonial civilization of their ancestors and to temper the representation of Soviet power with a balanced assessment of its real benefits and costs.

83Arnold, Colonizing the Body, 147. According to Arnold, the project failed in part because many variolators “were unwilling to forgo the profit and prestige of their calling to become state vaccinators.” Anthropologist Judith Farquhar provides another example of co-optation, but one in which ethnomedicine rather than biomedicine offered the dominant etiology. China’s Communist regime emphasized and legitimated traditional Chinese herbal medicine, which symbolized a Chinese past free from European influence and supported post-1949 efforts at national identity construction. Over time a pluralistic medical system emerged that moved freely between herbalist and biomedical approaches. Demonstrating how one system need not eclipse the other, Farquhar writes that “blood pressures and X-rays are added to pulse and tongue images; classic formulae are modified with acetyl-salicylic acid and vitamin C.” Where ethnomedicine ends and biomedicine begins in China appears not only difficult, but irrelevant to delineate. The Chinese case demonstrates that the European model of biomedicine’s triumph over other healing techniques is by no means inevitable or universal. See Judith Farquhar, Knowing Practice: The Clinical Encounter of Chinese Medicine (Boulder, 1994), 224.

84Arnold, Colonizing the Body, 288.