

STATE REGULATION OF PUBLIC HEALTH IN THE PRECARPATHIAN REGION DURING THE PERIOD OF THE AUSTRO-HUNGARIAN EMPIRE (1772-1918)

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Abstract. On the basis of archival documents, published historical documents and other available information sources, there was clarified the state of state regulation of public health (preventive medicine) in the Precarpathian region during the period of the Austro-Hungarian Empire, that is a relevant experience for building a modern health care system in Ukraine.

Frequent changes in various socio-economic formations and the transition of the Precarpathian region from one state to another were found to significantly influence the nature of social relations in the region. Medical and sanitary care in this region was organized according to and influenced by the laws of the state that included the Precarpathian region in the relevant historical period.

Trying to expand medical care and educational work among the population in order to prevent illness and increase life expectancy during the period of the Austro-Hungarian Empire (1772-1918), the authorities and public institutions in the field of health care initiated systematic and purposeful work on the formation of the basis for preventive medicine and, in fact, broke grounds in the field of public health. Their experience and practice are not only of scientific interest, but also of practical significance for the construction of a modern health system.

Keywords: *public health; state regulation; Precarpathian region.*

Problem statement and analysis of the recent research

The relevance of the research is predetermined by the reorientation of the focus of state administration of the health care system in Ukraine from politics of treatment to politics of promotion and preservation of health and prevention of diseases, that will change not only governmental approaches, but also the consciousness of every person.

In 2016, the Government of Ukraine approved the Conception of the Development of the Public Health System with the aim of formation and implementation of effective state policy for preserving and strengthening the population health, improving quality of life and increasing its duration, prolongating an active working age and promoting healthy lifestyle. It determines the principles, directions, tasks, mechanisms and timelines for the development of the public health system by combining the efforts of the whole society; the implementation is expected during 2017-2020 [20].

In June 2018, the Ministry of Healthcare of Ukraine promulgated the law "On the Public Health System", that is the next stage of systemic changes in the health sector. The aim of the law is to preserve health, prevent diseases and increase the life expectancy of Ukrainians, e. d. to create a unified system of preventive medicine [21].

The formation and realization of the state policy on the construction of an effective public health system, according to the plan of the department, should take place in the following strategic directions:

- adoption of an appropriate regulatory framework to regulate public health;
- creation of a biosafety system, aimed at protecting the population from especially dangerous infections and promptly responding to epidemic threats;
- personnel and scientific support of the public health system (education of qualified personnel);
- communication with the public (the conduction of awareness-raising campaigns to prevent diseases and promote the benefits of a healthy lifestyle).

According to the Ministry of Health of Ukraine, the

implementation of public health policy at the regional level will be carried out by local governments. They will be responsible for the sanitary and epidemiological well-being of the population, the implementation of the National Public Health Strategy at the local level, as well as for informing the population. The aim of this state development is to create a system in which each head of the central and local executive body will take into account the health consequences of his/her decisions and give priority to measures that will help people avoid illnesses and injuries. The development of such a public health system in Ukraine is one of the requirements of the Ukraine-European Union Association Agreement [22].

The relevance of the topic is also due to the need to study the historical past of the state, in particular, the objective and impartial identification of facts from the history of healthcare management. In society, there is a desire to get down to the facts of the past and describe them in order to understand what can be done with these data today. Understanding and using this historical heritage is an important source for building the healthcare system of the modern Ukrainian state, while taking into account historical experience in the process of building both a model of government and its important component, namely the state management of the healthcare system, is an objective necessity [6].

History is a key useful for analyzing public policy; it is used to recognize negative experiences, avoid the worst mistakes and make simple decisions. Without studying the history of public administration of the health care system and the specifics of its development conditions in the past, it is impossible to develop a modern theory of health care and create its new Ukrainian model.

The importance of scientific research on the various components of state regulation of the healthcare sector is emphasized by the researchers of this problem, namely M. Bilynska [1], Yu. Voronenko [6], L. Zhalilo [12], D. Karamyshev [13], Ya. Radysh [16] and others. According to them, the state regulation of medical activity is an integral part of healthcare management, which is characterized by the existence of many

theoretical and practical problems, the solution of which will ensure the exit of industry from the protracted systemic crisis.

The retrospection in public administration science was the subject of a scientific search conducted by I. Bulhakov [3] who noted that the retrospective approach to studying modern state management allows adequately perceiving its genesis, studying the prehistory of existing state and administrative problems and thereby getting their better understanding.

The researchers I. Robak and G.L. Demochko [17] emphasized that the history of healthcare in Ukraine requires more thorough research, and sometimes a completely new vision and interpretation, primarily to restore historical objectivity, preserve and consider the positive practical experience of past generations, in this case - for the further development of medical field.

Despite the large number of research works on various aspects of state regulation of healthcare, there is no doubt that there is an urgent need to conduct the research on the formation and development of public health (preventive medicine) in different regions of Ukraine and at different stages of historical development in the field of public administration science, which will contribute to better understanding of management processes and decisions, as well as the existing healthcare system with all its manifestations and ideas.

The objective of the research was is to clarify the state of state regulation of public health (preventive medicine) in the Precarpathian region during the period of the Austro-Hungarian Empire (1772-1918) on the basis of archival documents, published historical documents and other available information sources.

Methods

The historical, retrospective, statistical, analytical and generalized methods were used in the research.

Results

The Precarpathian region is a historical region of Western Ukraine, the center of which is the city of Ivano-Frankivsk (Stanislaviv (Polish version), Stanislav (Austrian variant) until 1962). It has its unique experience in the organization of governmental institutions, including the formation and development of state management of healthcare, which were predetermined by the course of historical processes at that time.

Historically, during the first half of the twentieth century, the Precarpathian region formed a part of different states. At the very beginning, there were two of them: Austria-Hungary and Poland. In 1918, the Precarpathian region was within the Western Ukrainian People's Republic (ZUNR), and after the Unification Act signed on January 22, 1919, it formed a part of the Ukrainian People's Republic under the name "Western Regions of the Ukrainian People's Republic". From 1920 to 1939, this territory was a part of the Second Polish Republic and further, on the basis of the Molotov-Ribbentrop Pact, it was occupied by Soviet troops and included within the Ukrainian Soviet Socialist Republic. From June 1941 to May 1944, the Precarpathian region was under the German occupation, and since June 1944, the Soviet government was re-established on this territory.

Frequent changes in various socio-economic formations,

complex socio-political conditions, the transition of the Precarpathian region to the jurisdiction of one state or another significantly influenced the nature of social relations in the region, including the development of public health, which at that time was referred to as the sanitary or anti-epidemic measures.

As a result of the seizure of West-Ukrainian lands by Austria-Hungary in 1772, the territory of the current Precarpathian region was within a separate administrative unit - the Kingdom of Galicia and Lodomeria. It was one of the 18 districts of Eastern Galicia, the center of which was the city of Stanislav. The first Governor-General count Pergen, arrived to the capital of this region - Lviv. His main goal was to implement the concept of a strong state established by the Empress Maria Theresa, which was based on three principles: the size of the empire, the population and its income. This meant that the people's well-being and health were the key to a strong monarchy [2].

In the Austro-Hungarian Empire, there was no single state health system, and Galicia (together with the Precarpathian region) being within the Kingdom of Galicia and Lodomeria remained the most backward province of the monarchy. During this period, all medical measures at the expense of state funding were mainly aimed at anti-epidemic measures, as Austria was afraid of the spread of infectious diseases to its central regions and did not allocate any funds for other measures [9].

In 1770, for the purpose of state supervision, the Austrian government issued the Sanitary Regulation. Describing the medical and sanitary conditions in Lviv and the whole kingdom, A. Krupynskyi, who was the head physician of Galicia, wrote in a memorandum to the governor that sick, poor, miserable and weak elderly people with sores and dirt, lied in the manure or wandered around the streets, and the Sisters of Charity claimed that there were no empty seats in the hospitals, and under such conditions the epidemic might burst out and everything should be done to prevent this disaster [19].

In 1870, the structure of the Austro-Hungarian health authorities was rebuilt in accordance with the code of sanitary laws of the monarchy. The latter, in particular, provided for a threefold level of health care management: the Ministry of Health, the regional and local authorities. In the police of Galicia, there were formed some units that were given special authority to supervise compliance with health legislation (sanitary police).

The authors of the first Ukrainian textbook "History of Medicine" noted: "Extremely difficult living conditions were the cause of high mortality and morbidity. Despite this situation, the government did not show any concern about health care in the Precarpathian region. The number of physicians was low, and the state hospitals were located in Stanislav, Sniatyn and Kolomyia only. The situation was especially difficult in the countryside, where there were no medical facilities and a few doctors. Sanitary condition of the houses and water supply were unsatisfactory". In 1889, the Regional Health Council of Galicia noted in its report: "Most villages are so poor that the construction of a public well exceeds the financial capacity of the commune" [5]. Since the health status of the population was characterized by high rates of tuberculosis, syphilis and endemic goiter, local authorities initiated building of public hospitals within the city of Stanislav. According to V. Grabovetskyi, in 1786, two such hospitals were created, one of which was established with the financial support of the

Armenian community of the city [9].

Personal hygiene and sanitary consciousness of Galicians in the early twentieth century were far from perfect. Despite all the warnings, the peasants neglected their own safety and attended mass meetings (weddings, funerals, etc.), and even visited the sick. This forced the authorities to impose penalties for violation of sanitary regulations. The amount of fines ranged from 100 to 5,000 kronas; people could also be arrested for a period of 5-20 days. Such hygienic ignorance and the above-mentioned socio-economic and cultural and social problems led to epidemics of infectious diseases. There were epidemics of the Spanish flu, dysentery, tuberculosis, whooping cough, scarlet fever, diphtheria, typhoid fever, epidemic typhus, trachoma, etc. [10].

The constant unfavorable epidemic situation in the Precarpathian region during the study period was the result of the indifferent attitude of the state to the needs of the population and indicated the absence of special sanitary organs responsible for the fight against epidemics and carrying out timely preventive measures [7].

Therefore, in 1866, the Austrian government adopted the "Public Law", according to which the local communities were obliged to take care of cleanliness (sanitary regulations) in public places, houses, canals, wells, rivers and ponds; to supervise abandoned children, deaf-and-dumb and insane people; to keep the cemetery in good order; to issue sanitary passports for the goods for trade. At least one physician and obstetrician had to work in the public council. In case of an epidemic, the head of the community had to inform the eldership and wait until the district doctor arrives. Annually, every member of the community had to receive a smallpox vaccine by the end of October. The Austrian authorities obliged local communities to prevent excessive drinking among the population: it was forbidden to go to the places where people gathered to drink alcoholic beverages (taverns, pubs); sober fraternities and societies for education (reading room) were created [16].

Under the difficult conditions of the World War I, the sanitary state of Stanislaviv, according to the act, was found to be satisfactory due to its natural location in a plain washed by the river Bystrytsia, the large number of gardens and parks, partial sewer system, the presence of sufficient amount of clean drinking water and good equipment in the hospitals. At that time, there were 42 urban wells in the city, that indicated a sufficiently high sanitary state, since the construction of the well was considered an extremely expensive project. On the Mrochkovskyi Square, there was a city hospital. It was a three-storey building with 49 wards, 120 beds and a special department of infectious diseases with 16 available beds. Two doctors, 11 nurses, and nonmedical staff (11 people) worked there. On February 23, 1916, the city announced mandatory smallpox vaccination. To stimulate this procedure, all the people were warned that without a certificate of vaccination, they would not receive any bread tickets, passports, travel permits, money for quartering and the access to trade and fairs and even public houses would be blocked. The police monitored the vaccination process, and residents had to report the unvaccinated people. Since March 28, 1916, in case of leaving the city, all the residents had to present health certificate indicating the absence of disease signed by the municipal doctor. Free cholera vaccination was carried out on April 10, 1916 [11].

In collaboration with local authorities, the government carried out a number of preventive measures aimed at preventing diseases. The vaccination program, which succeeded in eradicating smallpox, proved to be quite effective. Here is the state immunization plan for Kolomyia district (May-June 1919). In April 1919, the district was divided into 4 counties: 1) the city of Kolomyia, where all the vaccinations had to be performed by the municipal doctor; 2) Diatktivtsi - Piadyky, where all the vaccinations had to be performed by the district doctor V. Kobrynskyi; 3) Sopiv - Voskresintsi, where all the vaccinations had to be performed by free practitioner from Kolomyia - Blaikher; 4) Gvizdets - Fativtsi, where all the vaccinations had to be performed by free practitioner in Gvizdets - Kirshen [18].

The locals were encouraged to keep their houses clean and tidy. In the city, there was a special sanitary commission, which imposed fines or ordered the arrests of negligent owners [11].

In the difficult conditions of the World War I, the Austrian society faced with the necessity of creating the department responsible for healthcare. According to the Caesarean Order of October 24, 1917, the Ministry of Health was created. It was entrusted with the following functions: the prevention of infectious diseases (tuberculosis, venereal diseases, alcoholism); the collaboration of the health service with the veterinary service in all issues relating to the health of people, urban and rural hygiene, home hygiene, transport and ship hygiene; healthy eating, youth health; industrial hygiene; the prevention of accidents; the care of patients (in hospitals, mental health institutions); prison hygiene; the activity of pharmacies and medicine manufacturing; the care of war disabled veterans; medical practice, sanitary statistics. To establish such a wide range of activities, the Ministry of Health had to take care of constant and close cooperation with the public, to closely follow the achievements of world medical science, to create special periodicals involving the latest scientific research on health issues [8]. On the basis of the development project and the action programs of the ministry headed by Ivan Horbachevskyi, the Health Ministries of England, France, Ukraine and other states were subsequently formed.

In such conditions, the problem of disease prevention and the formation of the fundamentals of sanitary and hygienic knowledge among the general population was particularly urgent. Public organizations and movements had to assume the functions of state structures for the provision of free medical care for low-income people, disease prevention through the identification of patients and promotion of a healthy lifestyle, the implementation of educational work, etc.

During the study period, province (voivodship) and district health councils were created, the members of which were active citizens respected by the population, - the headman (starosta), the district doctor, the garrison physician, the doctor of the railway directorate, the municipal chief physician, the school inspector, the labor inspector, the state delegate of the construction management, the representative of district department. The main goal of these councils was to initiate measures to improve population health and to coordinate them, as well as to perform the role of analytical and advisory bodies.

The main organizational unit in public health of that period was the health center. The districts were supposed to be divided into the counties with health centers headed by a physician

responsible for carrying out therapeutic and preventive, sanitary and anti-epidemic work. According to the plan, they were a form of rural district medicine.

In the difficult conditions of being within the Austro-Hungarian Empire, state bodies and public institutions tried to develop work on the provision of free medical care for low-income people and, in fact, they started the work on the formation of the fundamentals of sanitary and hygienic knowledge. Thus, they really joined in the prevention of the spread of various infectious diseases, preservation of health and life of the population of the region.

The Ukrainian Medical Society (UMS) which was founded in 1905, made its contribution to medical care, healthcare, and the promotion of a healthy lifestyle. It was not marked by an independent, purposeful activity in this area, but its members cooperated with other Ukrainian institutions in solving these problems. The sacrificial work of the following physicians - M. Panchyshyn, M. Muzyka, I. Kurovets in the Samaritan section of the Ukrainian Civic Committee in 1919-1920 actually initiated the system of guardianship over Ukrainian veterans and disabled soldiers. The UMS issued at its own expense information letters on the fight against typhus and the prevention of various epidemics that were distributed among the Ukrainian population of the region [14].

The Public Hospital, a national organization that, in difficult social conditions, assisted thousands of sick people of different nationalities and played a special role in the structure of public institutions of Galicia, became the most prominent national institution designed to provide medical care for the poorest people. On the initiative of the metropolitan A. Sheptytskyi, the initiators of its creation were Ukrainian doctors led by Ye. Ozarkevych, who, at the end of 1902, developed the statute of a public institution that was to provide free medical care and medicines for poor people [4].

Conclusions

Frequent changes in various socio-economic formations and the transition of the Precarpathian region from one state to another were found to significantly influence the nature of social relations in the region. Medical and sanitary care in this region was organized according to and influenced by the laws of the state that included the Precarpathian region in the relevant historical period.

Thus, trying to expand medical care and educational work among the population in order to prevent illness and increase life expectancy during the period of the Austro-Hungarian Empire (1772-1918), the authorities and public institutions in the field of health care initiated systematic and purposeful work on the formation of the basis for preventive medicine and, in fact, broke grounds in the field of public health. Their experience and practice are not only of scientific interest, but also of practical significance for the construction of a modern health system.

References

1. Bilynska MM. Derzhavne upravlinnia haluzevymy standartamy v umovakh reformuvannia vyshchoi medychnoi osvity v Ukraini: Monohr. Kyiv: Vyd-vo NADU; c2004. 268p.
2. Beniukh NF. Istoriiia farmatsii Halychyny (XIII-XX st.). Lviv. c1999. 215p.

3. Bulgakov IM. Formation and development of public administration in industrial safety, labor protection and mining supervision in Ukraine. Thesis. Ivano-Frankivsk National University of Oil and Gas. 2015; [published in Ukrainian]
4. Burachynskyi T. 25-littia "Narodnoi Lichnytsi". Lviv. 1930;3-17.
5. Verkhatskyi SA. Istoriiia medytsyny. Vydavnyche obiednannia "Vyshcha shkola"; c1974. 336p.
6. Voronenko YuV. Istoriiia vynyknennia, stanovlennia ta rozvytku pravovoho rehuliuвання medychnoi diialnosti na terenakh Ukrainy. Ukrainyskyi medychnyi chasopys. 2007;1:45-49.
7. Harahashian AA, Parashchak PV. Rozkvit okhorony zdorovia na radianskomu Prykarpatti / A.A. Harahashian, Parashchak P.V. Kyiv: Zdorovia; c1972. 139p.
8. Holovatskyi I. Ivan Horbachevskyi (1854–1942): Zhyttiepsyso-bibliografichni narys. Lviv: NTSh; c1995. 125p.
9. Hrabovetskyi VV, Koltsova NI, Skulskyi IV. Do problemy vykorystannia istorychnykh form i finansovykh modelei orhanizatsii medyko-sanitamoi dopomohy na Halychyni u suchasnykh realiakh. Galic'kij Likars'kij Visnik. 2001;8(3):128.
10. Davyvida LI. Borotba z infektsiinymy zakhvoriuvanniamy v Zakhidno-Ukrainskii Narodni Respubliki. Halychyna. 2014;25-26:182-187.
11. Derzhavnyi arkhiv Ivano-Frankivskoi oblasti, f. 2 "Stanyslavivske voievodske upravlinnia, op. 2, spr. 144. Perepyska z viddilom okhorony zdorovia Voievodskoho upravlinnia pro orhanizatsiiu povitovykh i voievodskykh rad u spravakh okhorony zdorovia", ark. 4.
12. Zhailo LI, Martyniuk OI. Derzhavne rehuliuвання okhorony hromadskoho zdorovia: metod.rek. Kyiv: NADU; c2009. 66p.
13. Karamyshev DV. Kontseptsiiia innovatsiinykh peretvoren: mizhhaluzevyi pidkhid do reformuvannia systemy okhorony zdorovia (derzhavno-upravlinnski aspekty). Kharkiv: Vyd-vo KharRI NADU "Mahistr"; c2004. 304p.
14. Kordiuk I. Istoriiia ULT za 25 lit isnuvannia. 25-littia Ukrainskoho Likarskoho Tovarystva i Medychnoi Hromady. Lviv. c1935. 23-45.
15. Levytskyi K. Nash zakon hromadskii. Lviv. c1889. 82-87.
16. Radysch Ya, Mieziatseva N, Buravlov L. Derzhavne rehuliuвання suspilnykh vidnosyn u haluzi okhorony zdorovia Ukrainy: istorychni ta pravovi aspekty. Medychno-pravo Ukrainy. 2008;2:26-36.
17. Robak I. Yu. History of domestic health care and medicine in the dissertation of recent years (modern state of development and prospects for the further investigations). Hileia: naukovi visnyk: zbirnyk naukovykh prats. Kyiv. 2014;81:169-174. [published in Ukrainian]
18. Tsentralnyi derzhavnyi arkhiv vyshchykh orhaniv vlady ta upravlinnia Ukrainy (TsDAVO Ukrainy), f. 3982, op. 1, spr. 12, ark. 3-5.
19. Szumowski W. Galicya pod wzgl'dem medycznym za J'ndrzeja KrupiDskiego, pierwszego protomedyka. 1772–1783. Archiwum naukowe. Lwow. c1907. 32p.
20. Pro skhvalennia Kontseptsii rozvytku systemy hromadskoho zdorovia. Available from: <https://www.kmu.gov.ua/ua/npas/249618799>
21. MOZ Ukrainy opryliudnylo dlia hromadskoho obhovorennia proekt zakonu "Pro system hromadskoho zdorovia". Available from: <http://moz.gov.ua/article/news/moz-ukraini-oprijudnylo-dlja-gromadskogo-obgovorennja-proekt-zakonu-pro-sistemu-gromadskogo-zdorov%E2%80%99ja>
22. Pobudova novoi systemy hromadskoho zdorovia v Ukraini. Available from: <http://moz.gov.ua/article/news/pobudova-novoi-sistemi-gromadskogo-zdorovja-v-ukraini>

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