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**CHILDHOOD ILLNESSES AND EPIDEMICS DURING THE INTER-WAR PERIOD  
IN THE UKRAINIAN SSR: CAUSES, NATURE, ATTEMPTS TO OVERCOME**

**Abstract.** Our research is devoted to the correlation between the government’s declared care of children and the situation regarding child health protection in Soviet Ukraine during the Inter-War Period. We pursue to characterise epidemiologic status, determine the infection rate among children, ascertain reasons for worsening epidemiologic conditions, as well as define the efficacy of government measures directed towards their elimination. First of all, governments of civilised countries have to care about their citizens and children’s health. For this reason, the slogan “A healthy family is a happy country” was formed and popularised in modern times. Therefore, we have attempted to do the research on the efficacy and impactfulness of the communist regime regarding children, who lived on the occupied by Bolsheviks territories in the newly created pseudo-state of the Ukrainian socialist soviet republic, how objective communist slogans about “happy soviet childhood” appeared to be. **Methodology of the Research.** There have been applied general scientific methods of research – analysis, synthesis, the principle of historical approach, and also used interdisciplinary methods: psychology and medicine. **Scientific Novelty.** For the first time, the study found out the reasons for the deterioration of the epidemiological situation in the Ukrainian SSR. It was determined which epidemics spread from among children and the causes of diseases were indicated. We came to the **conclusion** that the epidemiological situation among children during the interwar period was extremely unsatisfactory. The reasons were both objective in nature: the consequences of World War I, the mass artificial famine of 1921 – 1923, and purely subjective: the communist officials were unable to create an effective system of medical care for children, to organize the vaccination process. The Holodomor of 1932 – 1933 became a genocide. The Holodomor took millions of victims. The children, exhausted by starvation, were unable to resist diseases and infections. Organized by the Bolshevik communist regime, the Holodomor became the aggravating factor that prevented millions of children from living full lives. The authorities not only failed to save the children by providing the necessary medical care, vaccinations, and medicines. On the contrary, the communists used the Holodomor as a scourge to destroy disobedient Ukrainians and their children.

**Key words:** children, diseases, epidemics, Holodomor, genocide.

## ДИТЯЧІ ХВОРОБИ І ЕПІДЕМІЇ В УСРР МІЖВОЄННОГО ПЕРІОДУ: ПРИЧИНИ, ХАРАКТЕР, СПРОБИ ПОДОЛАННЯ

***Анотація.** Наше дослідження присвячене аналізу співвідношення декларованої урядом турботи про дітей із реальним станом справи захисту їх здоров'я у радянській Україні міжвоєнного періоду. Авторка поставила за мету охарактеризувати епідеміологічний стан, визначити рівень захворюваності дітей на інфекційні хвороби, з'ясувати причини погіршення епідеміологічної обстановки та з'ясувати ефективність урядових заходів, спрямованих на їх подолання. Адже уряди цивілізованих країн мають насамперед, дбати про здоров'я громадян та їхніх дітей. Недарма у новітній час сформульовано гасло "Здорова родина – щаслива країна". Отже, ми намагаємося дослідити, наскільки ефективними та дієвими стали заходи комуністичного режиму щодо дітей, які проживали на окупованій більшовиками території у новоствореній псевдодержаві Українській соціалістичній радянській республіці, наскільки обґрунтованими виявилися комуністичні гасла про "щасливе радянське дитинство". **Методологія дослідження.** Застосовано загальнонаукові методи дослідження – аналізу, синтезу, принцип історичного підходу, а також використано міждисциплінарні методи: психології та медицини. **Наукова новизна.** У дослідженні вперше з'ясовано причини погіршення епідеміологічної ситуації в УСРР. Визначено, які епідемії поширилися з-поміж дітей та вказано причини захворювань. Ми прийшли до **висновку**, що епідеміологічна ситуація серед дитячого населення у міжвоєнний період виявилася вкрай незадовільною. Причини були як об'єктивного характеру: наслідки Першої світової війни, масового штучного голоду 1921 – 1923 рр., так і суто суб'єктивного: комуністичні функціонери виявилися неспроможними створити ефективну систему медичного забезпечення дітей, організувати процес вакцинації. Голодомор 1932 – 1933 рр. став геноцидом. Діти, виснажені голодом, виявилися нездатними протистояти хворобам та інфекціям. Організований більшовицьким комуністичним режимом Голодомор став тим обтяжливим фактором, який завадив мільйонам дітей жити повноцінним життям. Влада не лише не вдалася до порятунку дітей, шляхом надання необхідної медичної допомоги, щеплень, медикаментів, а й, навпаки, використала Голодомор як молюх для знищення непокірних режиму українців та їхніх дітей.*

***Ключові слова:** діти, хвороби, епідемії, Голодомор, геноцид.*

**The Problem Statement.** The value of a country is its children. Their health care must be prioritised in the policy of any state. Democratic societies make attempts to follow this strategy and care about further generations. Totalitarian regimes, unlike, usually tend to declare only their juvenile policy. They seldom determine childcare as the principal vector of their political programmes due to its evaluation as a component of a whole system. Historical precedents prove our hypothesis that totalitarian states do not consider juvenile values to be essential. In particular, the policy of communist and totalitarian regime regarding children of Soviet Ukraine demonstrated an absolute disregard of their needs and neglect of any values what did have nothing with strengthening the personality cult of the leader.

**The Review of Recent Researches and Publications.** Actualised by us problem has an interdisciplinary character. We do research not only on the history of childhood diseases in the medical context. We also focus on the physical and mental health of children of Soviet Ukraine during the Inter-War period. The issue is underexplored. Its distinctive aspects have been disclosed in the research devoted to the Soviet everyday life history (Kulchytsky, 2012). Outbreak of epidemics and government measures towards epidemic prevention in the Ukrainian SSR cities was analysed by M. Melnychuk (Melnychuk, 2017, pp. 107–110), I. Tkachenko (Tkachenko, 2007, pp. 345–375), R. Serbin (Serbin, 1992). In our previous studies, we also raised questions about exacerbation of epidemics in the Ukrainian SSR during the Holodomor (Shugalyova & Moldavskyy, 2019). The obstacles of the research lie in the fact that archival documents demonstrate only old-fashioned childhood disease terms

which are not used nowadays. To reconstruct the dynamics of incidence of illness among children of Soviet Ukraine, we relied on documents from state archives of Zaporizhzhia (State Archive of Zaporizhzhia Region (SAZR), Kharkiv (State Archive of Kharkiv Region (SAKhr)), Odesa (State archive of Odesa region (SAOR) as well as Central State Archives of Supreme Bodies of Power and Government of Ukraine (CSASBPG of Ukraine).

**The Purpose of the Research.** Our research is devoted to the correlation between the government's declared care of children and the situation regarding child health protection in Soviet Ukraine during the Inter-War Period. We pursue to characterise epidemiologic status, determine the infection rate among children, ascertain reasons for worsening epidemiologic conditions, as well as define the efficacy of government measures directed towards their elimination. First of all, governments of civilised countries have to care about their citizens and children's health. For this reason, the slogan "A healthy family is a happy country" was formed and popularised in modern times. Therefore, we have attempted to do the research on the efficacy and impact of the communist regime regarding children, who lived on the occupied by Bolsheviks territories in the newly created pseudo-state of the Ukrainian socialist soviet republic, how objective communist slogans about "happy soviet childhood" appeared to be.

**The Results of the Research.** The artificial mass famine of 1921 – 1923, post-war economic recession and poverty were reasons for the aggravation of the epidemiological situation in Ukraine (Vasylchuk & Shugalyova, 2023, pp. 204–220). In those cases, governments of European states were attempting to launch aid campaigns to people by medical care supplement, vaccination, improve adequate nutriment, establish economic and social assistance. However, the Communist regime even did not try to create at least minimum decent human living conditions for the Ukrainians (Shugalyova & Moldavskiy, 2019, pp. 237–257). For example, 77 % of paediatrics used to work in Moscow and Petrograd (Leningrad). In Ukrainian cities, state centres for child care and health started to appear only at the beginning of the 1920s – Motherhood and childhood protection (Okhmadit), People's Commissariat of Health, and social education institutions. Commonly, staff of the newly created organisations did not have enough experience and funds for establishing satisfactory work directed to life protection of little Ukrainians. The government policy did not adequately prioritise the issue concerning the struggle against childhood diseases and infections. The tension kept worsened in cities and villages of the Ukrainian SSR, where devastation, poverty and inability to receive primary medical treatment had resulted in outbreaks of epidemics and plagues.

The most widespread of the diseases were typhus, cholera, and smallpox. Our previous research proves that these diseases acquired a significant outbreak during the mass artificial famine of 1921 – 1923, which accompanied by exacerbation and burdened by the unavailability of appropriate nutrition and medical care service.

The 1926 Census displayed that 58 200 000 children in the USSR aged 0 to 15 (unfortunately, there are no separate data of the Ukrainian SSR). It means that the quantity of child population was 39,5 % (generally, in the USSR). The number of the Ukrainian SSR children was around 40 % which equalled 11,5 million (in 1926).

Forced collectivisation caused the Holodomor 1932 – 1933 substantially transformed the age and social structure of Ukrainian society. All forecasts occurred to be unready to

demographic plummeting caused by the Holodomor. None of the regions in Soviet Ukraine avoided the Holodomor. Children were a vulnerable age group who became massively affected by epidemics in the long-term exhaustion. Diseases triggered by continuous hunger cachexia (protein-free oedema, catarrhal gastritis, gastritis, enterocolitis).

Notably, in the civilised world, a government, first of all, should provide the existence of disadvantaged children. However, the Communist and totalitarian regime did not only abandon little citizens to the mercy of fate but did not guarantee appropriate medical treatment.

At the beginning of the 1930s, an aggravation of the epidemiological situation was registered in the Ukrainian SSR. In Kharkiv, where statistics was collected more or less complete (considering that Kharkiv used to be the capital of the Ukrainian SSR), the prevalence of typhoid, typhus, bloody flux, scarlet fever, measles and smallpox was registered.

*Level of infectious diseases in Kharkiv (absolute numbers)*  
(SAKhR, f. R-1962, d. 1, c. 281, p. 321)

Disease	Prevalence dynamics in years		
	1930	1931	1932
Typhoid fever	1636	3122	2813
Bloody flux	57	112	84
Typhus	52	397	606
Scarlet fever	5151	3323	2093
Diphtheritis	1654	2332	1577
Measles	6609	1343	5958
Smallpox		7	30

Since 1932, the People's Commissariat of Health had been developing plans to create network of isolation checkpoints (CSASBPG of Ukraine, f. R-342, d. 2, c. 4634. 50 p.). Epidemics of typhus was particularly dangerous. However, the communist and totalitarian regimes acted according to their traditional scenario. The point is that all earned by Ukrainian industries incomes were directed to Moscow centre. There, all funds were redistributed, first of all, to the so-called "the century buildings". In this regard, all organisational and financial problems connected with the medical provision and struggle against epidemics passed on local governments, which did have no material possibilities to overcome them.

To save costs, children's hospitals, orphanages, quarantine centres, etc. did not build but used ordinary buildings which were poorly equipped with personal supplies (CSASBPG of Ukraine, f. R-342, d. 2, c. 4634, p. 1). Even following official documents, which displayed everyday reality quite distantly and perversely, maintenance of quarantine centres with equipment was bad and disproportional enough – 30 beds, kitchen utensils, four buckets, undergarments including spare change set, and hair cutting machine. However, funds were provided for "adequate medical service". Sickbay and checkpoints quite often used to be equipped for donations of big enterprises, as well as on their territories. Generally, such sickbays were used by employees and their family members who worked at enterprises. The Soviet demagoguery even advertised newly opened sickbays taking pictures of them (overall, photographs of Soviet everyday life in 1920–30 are often propaganda posed and did not show realities). For example, defiantly declarative photographs of typhoid-like sickbays are reserved in the National archives of Ukraine.

*Sanitary checkpoint*



CSASBPG of Ukraine, f. R-342, d. 2, c. 4634, p. 44.

*Shower room in a quarantine centre*



CSASBPG of Ukraine, f. R-342, d. 2, c. 4634, p. 46.

According to memories of eyewitnesses, hardly ever did anyone returned alive from typhoid barracks. Local citizens would keep away from the typhus hospitals area and whisper about the patients like about deceased ones.

The adult population, especially workers, had a chance to receive medical treatment. Although a stay in typhoid sickbays hardly can be called treatment, the places were reservations for potential corpses. Notwithstanding, adults were at least isolated what created minimal protection for non-infected, whereas children in orphanages received neither medical treatment nor food aid. During the Holodomor of 1932 – 1933, social education institutions for children (baby houses, orphanages, fosterage, etc.) transformed into “concentration camps for children” (Dzhun, 2014) and “conveyor line of infant mortality” (Shugalyova, 2017). Both sick and healthy children were kept in the same premises without applying appropriate sanitary measures, medical treatment, often poorly clothed and uncared-for.



Continuous fasting and inanition of the body caused worsening the epidemiological situation: protein-free oedema (modern definition is alimentary dystrophy; synonyms: hunger disease, hunger oedema, alimentary dystrophy) is a disease of durable inadequate nutriment which reveals in cachexia, progressing total metabolic disorder, as well as tissue and organs degeneration with dysfunctions. The main etiological agent is the longstanding (weeks, months) inefficient caloric value of nutrition. The sickness intensifies due to infectious diseases. Alimentary dystrophy (Bezbilkovyy nabryak, 2021), malnutrition, intoxications (*Intoxication can be caused by toxic outputs formed in various diseases (allergies, burn disease) and extreme conditions. In infectious diseases, accumulation of bacterial toxins and other products of microbial activity, as well as tissue breakdown product, are not a rare event. In chronic uraemia, inflammation is common in the places of nitrogenous slag secretion: in the larynx, gastrointestinal tract, and accumulations of urea crystals (uremic powder) appear on the skin. In intoxications, a sick person has symptoms of malaise, irritancy, feeling unrested, headache, dizziness, nausea; when exhaustion occurs, body's resistance decreases.* In some cases, endogenic toxicosis can take the form of severe acute poisoning (vomiting, stupefaction, comatose state). It is typical for acute kidney failure, hepatic encephalopathy, toxæmic shock, acute burn toxæmia (Intoksykatsiya, 2021), colitis (intestinal mucositis). Colitis is a dangerous disease that follows water and electrolytes absorption disorder (sodium, potassium, magnesium, phosphorus, calcium, zinc), which leads to diarrhoea and dehydration. Ulcerative colitis can be worsened with bleeding, dilated colon and its stretching (dilation), formation of a hole in the intestine (perforation) and bowel cancer) (Kolit, 2021), catarrhus (catarrhal gastritis can be caused due by an infection that follows vomiting and flux), dysentery (is a syndrome of an acute human injury with inflammation of the distal part of the colon with typical development of colitis and hemafecia) (Dyzerentriya, 2021), bloody diarrhoea (it is a major reason for nutriment problems among infants aged up to 5. Children who have to malnourish or have their immune system weakened are vulnerable to diarrhoea. In measles disease, children have flux that exhaust organism, even more, creating favourable conditions for complicating disorders) (Khliborob Ukraini, 1963), diarrhoea (or “runner” (“bihunka” in Ukrainian) is a frequent liquid or watery bowel movement which distinguishes it from ordinary faecal ones that a child has. Diarrhoea can be followed by anorexia, vomiting, significant weight loss, stomach ache, fever), typhus (another name is famine fever is an acute contagious disease which transmits together with lice from a sick person to a healthy one characterised with fever, specific skin rash, as well as nervous and cardiovascular systems damage) (Vysypnyy tyf, 2021), tuberculosis (is a widespread and mainly terminal infection with chronicity and frequent multisystemic damage), pneumonia (an acute infectious lung inflammation; it develops due to the weakened immune system) (Pnevmoniya u ditey, 2021), measles (highly contagious viral infection, most widespread among children. It defines fever, cough, acute rhinitis, conjunctivitis, enanthema (Koplik's spots) in the oral mucosa and maculopapular rash which spreads cephalocaudally. Measles complications are pneumonia, encephalitis, hepatitis) (Kir, 2021), pertussis (is a very contagious disease that happens to children and teenagers and conditioned by bacterial nature with a subsequent strong whooping cough) (Koklyush, 2021), parotitis (mumps is an acute infectious disease which follows fever, general intoxication and adenopathy). Sometimes, atypical diseases, which names are hardly remembered nowadays, such as varicella (varetselia), mulligrubs (rizachka), infantile, non-vitality, were noted in death certificates (Starukh & Turchenko, 2008).

In 1932, the epidemic threshold soared. Epidemics spread all over Ukraine. At one of the doctors' meetings, Mrs Iershova, a doctor of Kharkiv orphanage, pointed out that children had been suffering from colitis and dysentery. Moreover, the epidemic of tuberculosis was close to second. In Serdiukovskiy orphanage Nr 9, the doctor admitted numerous complications after colitis, dysentery and intoxication. Remarkably, 26 out of 36 orphans living there were sick of a bloody flux (Hnyezdilo, Lapchynska, etc., 2009, pp. 160–162).

Noticeably, institutions of the People's Commissariat of Health did not hurry to release the statistics regarding both sick children and those who died due to a disease. Anti-epidemiologic measures that were applied regularly on the territory of the Ukrainian SSR were concealed behind the struggle for tidiness. Children and orphanage personnel had their hair cut short, as well as their clothes chlorinated and formalinised. As officially explained, it was an attempt to avoid panic among the population, whereas, in reality, it was an approach to dissemble high levels of cases of emaciated children and their mortality.

Infant mortality had been soaring dramatically. Authorities of the Motherhood and Childhood Protection (Okhmadit) would report The City Health Department about non-surviving children every decade, and the statistics were disappointing. Remarkably, orphanages appeared to be the ultimate conveyors of infant mortality. For instance, between December of 1932 and November of 1933, 788 children died in the Zaporizhzhia Baby Nursery. Since spring of 1933, the number of dead in the Baby Nursery had constantly been increasing. In March of 1933, the deaths of 74 children were registered. The end of the spring the beginning of the summer in 1933 was a peak time for wholesale deaths. In May of 1933, an average number of tolls a day rose to 8 (SAZR, f. R-5593, d. 13, c. 323, pp. 1–12). During that month, 124 children died in the nursery. In the registration slip, there were registered such disease cases as “fatigue” (30), “catarrhal gastritis” (29), “pneumonia” (10), “gastric diseases” (5), “heart diseases” (2), “measles” (8), “chronic “congenital debility” (3), “intoxication” (1), etc. Since August of 1933, a decrease of mortality was being observed. In the Bureau of Civil Registrations register books, mostly “atrophy”, “intoxication”, “congenital debility”, “colon catarrh”, “catarrhal gastritis”, pneumonia and measles were indicated as a cause of death. Remarkably, in the documents regarding the Zaporizhzhia Baby Nursery were no records of “famine” as a cause of death. Doctors and orphanage personnel received particular directions not to record an immediate cause of death. Behind the meaning of a cause of children's death by contagious disease, doctors did hide famine as an ultimate cause. However, atrophy or congenital debility or numerous catarrhal gastritis cases are consequences of continuous hunger and physical exhaustion. A memorandum report, written by the head of the sanitation centre in Dnipropetrovsk region Krol, approves this presumption. He informed that the number of sick for disease marked as “other” had increased. A majority of people were diagnosed with “protein-free oedema” and “fatigue”. Considering that patients were workers of big enterprises (Petrovskiy plant, Dnipropetrovsk Molotov Mineral Fertilizer Plant, Coke plant), the authorities organised additional dietary canteen and provide them and their children with food aid. Therefore, a background for causes of death recorded in the Bureau of Civil Registrations was continuous hunger cachexia. Meanwhile, although strategic enterprise workers would sometimes receive medical treatment and food aid, the rest of the population (peasants, children, orphans) were left to waste.

Scales of mortality in institutions were by far higher as statistics were inaccurate or there were no calculations. Personnel of the Krupskaya juvenile prison documented that they had not kept any records of children taken before May of 1933. However, from 25 May to 25 June in 1933, the establishment took 585 homeless children, 150 of who died in the particular period. There were 66 unknown babies aged up to 3 amongst them (SAKhr, f. R-2762, d. 2, c. 82, p. 27).

During a closed meeting of doctors, Mrs Gurevich, the head of the Kharkiv Communist Children Isolation Centre, informed that in large numbers children, aged 1 to 1 year and two months, came to her centre exhausted and diagnosed with bloody flux. Infant mortality in isolation centres had been soaring because nutrition included corn only. The director and doctor of the Illich orphanage (Kharkiv), Mrs Yershova, also confirmed a mass influx of children who mostly were ill. According to doctor Yershova, the mortality rate in the orphanage was high. In the Serdiuk orphanage (Kharkiv oblast), the mortality rate was 60 %, many children suffered from colitis. 26 out of 36 taken to Kharkiv orphanage Nr 9 babies

appeared to be sick with bloody flux and were in bad condition, according to the doctor (Hnyezdilo, Lapchynska, etc., 2009, pp. 160–162).

According to the report of the Odesa People's Commissariat of Health, although 506 862 persons were vaccinated, only in Spring of 1933, the regional outbreak of typhus epidemics triggered in the orphanages of Pervomaisk (28 cases), Mykolaiv (21), the Voznesensk orphanage (16), the Zinoviiivka orphanage (4), the Novourkainka orphanage (11), in Harbuzivka (3), Frunze and Kakhovka orphanages (in both 5), as well as in Holovanivka, Karl-Liebkechtivka, Khmilne and other districts (1 each) (SAOR, f. 710, d. 1, c. 667, p. 36). However, it was said to have not been enough to fight the problem (SAOR, f. 710, d. 1, c. 667, p. 67). Particularly, nurseries did not reach minimum sanitary standards. Children did not have their hair cut, did not take bath, everybody had lice, healthy children had to live along with sick ones, and nutrition was poor (especially it was in bursary of the MTM of Khakhovka (The Machine and Tractor Manufactory of Khakhovka), communal farm (kolkhoz) "Red Labourer" (Chervonyi batrak) and "Kim" of Zhovtnevy district) (SAOR, f. 710, d. 1, c. 667, p. 67). Yet, in summer 1933, epidemics (especially typhus) became more threatening. It forced the government to intensify the vaccination process, imply disinfection of bath-houses, and build a disinfection centre at the Ivanivka orphanage in Odesa region (SAOR, f. 710, d. 1, c. 667, p. 88).

In summer of 1933, there was another outbreak of death. It was due to the fact of the outbreak of another epidemic against the background of physical exhaustion.

From the epidemic point of view, homeless people were particularly unreliable. This social category used to become as much an infection spreader. For instance, by the statistics in Kharkiv, in November of 1932, there had been 8 cases of typhus disease in the first part of March of 1933 there were 226 cases registered. Over 60 % of patients were homeless (SAKhR, f. R-1962, d. 1, c. 281, pp. 242–244).

On 4 July of 1933, a discussion about the struggle against homelessness took place at the Kharkiv city council session. During the meeting, a spokesperson highlighted that 18 thousand children were in asylums but they "are perishing and perishing desperately" (Hnyezdilo, Lapchynska, etc., 2009).

In August of 1933, the authorities observed health camps in Odesa and registered 3 cases of paratyphoid, 18 cases of measles, 2 cases of scarlet fever, 2 cases of influenza, 2 cases of dysentery, 4 cases of dermatophytosis, 5 cases of varatselia, 11 cases of colitis, 18 cases of pertussis, 21 cases of parotitis ("mumps") (SAOR, f. 710, d. 1, c. 667, p. 116). In general, a decrease in epidemic level, especially regarding typhus in comparison with 1932, was declared (SAOR, f. 710, d. 1, c. 667, p. 168).

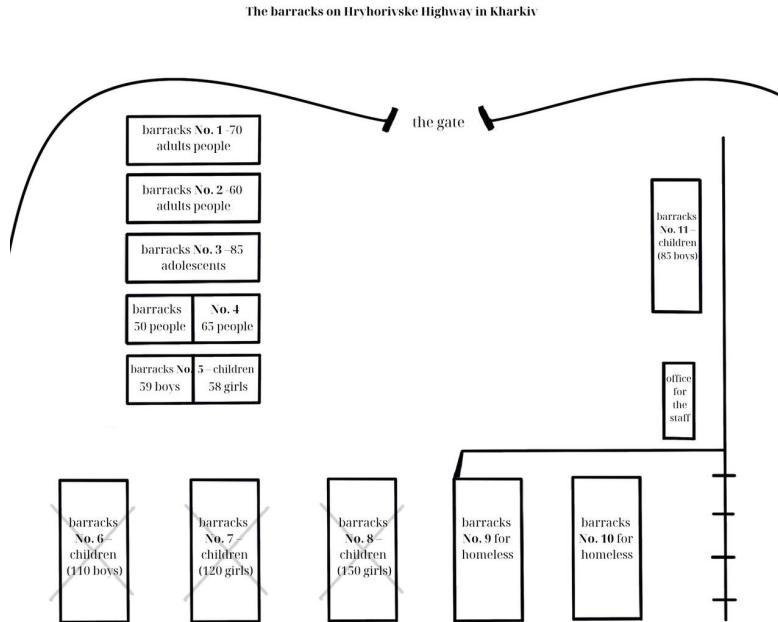
Unfortunately, disinfection measures could not cover all the population. Sometimes, anti-epidemic actions caused trouble. In particular, in Odesa oblast in August of 1933, there were only 7 631 out of 50 thousand children medically observed (SAOR, f. 710, d. 1, c. 667, p. 168 back). Ill homeless small children of all ages were sent to so-called typhoid barracks where the possibility to return alive were very low. Such typhoid barracks were located almost at the outskirts of every big city, outside of Odesa, was a Starostin club on 22 and 25 Chornomorska street, 55 Chervona Hvardiia street (Red Guard street), and 35 Komsomolska street. Outside Kharkiv, there was the CIW (Central Institute for Work) or CIW barrack town (on Hryhoriivkske highway) and Saltivka, Shatylivka, Vaschenko barracks (Hnyezdilo, Lapchynska, etc., 2009, pp. 31–32). The situation in the CIW barracks was so harsh and always attracted attention. In spring of 1933, 347 children living there were clothes, suffering from lice, dirty and extremely exhausted. They used to sleep on the bare floor without straw (Hnyezdilo, Lapchynska, etc., 2009, p. 121). They would eat soup ad 400 grams of bread a day. One of the doctors working there reported about the sanitary conditions of the CIW barracks (Hnyezdilo, Lapchynska, etc., 2009, pp. 31–32). There were





827 people (SAKhR, f. R-408, d. 8, c. 1806, p. 138). Due to an exceptionally high mortality rate, the population dynamics in the barracks changed rapidly.

### *Barracks' location scheme*



In August 1933, the barrack complex housed 757 homeless individuals and 70 staff members, totaling 827 people.

SAKhR, f. R-408, d. 8, c. 1806, p. 138.

Malnourishment and anti-sanitary conditions caused an epidemiologic outbreak. Unfortunately, institutions of State Child Custody did not follow at least minimum sanitary norms. Even canteen personnel of “model” nurseries did not wear a uniform (i.e. nursery cook used to wear the same hat as outside as in the kitchen). In this regard, no words are needless to say about foster children. They had not visited bath for months: there were no possibilities to heat water due to the lack of coal, as well as it was hard to get to public city baths as children did not have clothes, towels and soap. In warm seasons, sometimes orphans visited riverside but very rarely. Tetiana Kyiko, a former foster child of the Myrhorod orphanage, recollected: “...A great event for children was swimming in the Khorol river. Being divided into groups of 10 people, we were brought to the water where we reduced parasites and layers of dirt from our bodies” (Babenko & Skryl, 2017).

The majority of children suffered from lice, skin diseases, eczema. The problem worsened due to the lack of sanitary conveniences and canalisation in buildings. In winter, children could not go outside to visit toilets (as they did not have any clothes and shoes). Therefore, they did their natural needs directly in the premises of orphanages which affected

anti-sanitary. Reviewers, especially the triad “Friends of children”, The Okhmadit controller always registered violations but did not take any efficient measures. Firstly, civic organisations did not have any administrative influence on the authorities and personnel of childcare establishments. Secondly, orphanages faced a catastrophic lack of human resources. Despite the draconian law regarding the systems of employment and punishment for unemployment, people did not agree to work in orphanages or quit because they also could not manage harsh emotional and poor financial working conditions.

The emotional reactions of the Holodomor eyewitnesses, who at that time were children, are quite moving. Tetiana Kyiko was educated in the Myrhorod orphanage. She went there at the age of 8 and recalled that her younger sister Palazhka got ill. “...Day and night, I had been giving her water and herbal infusion, which we were given instead of remedies. I chewed dried bread for her as she was not able to do it herself. Crying and weeping, my brother and I latched onto the cold body of our sibling. Three of us were dragged outside. A grave covered with reeds on the bottom was prepared near the threshold. Our poor Palazhka was thrown into it. There were days when 15 children died due to the epidemic. They promised brother Hrisha to send him to hospital, but NKVD provided their treatment methods: still alive, children were buried on the ground at night. People who used to live nearby the orphanage saw how behind the barbed wire the ground was moving” (Babenko & Skryl, 2017).

In 1933, in Kharkiv hospitals there were 1716 children aged from 2 and older. Almost 80 % of the patients were residents of Kharkiv city. Assumingly, children from villages did not receive any treatment in the republican centre. Subsequently, any statistical data were not registered. At Okhmadit, a separate hospital for babies and children aged from 2 was established.

Hospital statistics kept one more remark. In 1933, the increase of infectious diseases, tuberculosis and GIT disorders had been diagnosed in children’s hospitals of Kharkiv. Presenting the statistics, doctors accepted the situation as a routine. In the summer period, as they said, the level of infectious disease cases was traditionally high. It was admitted that such dynamics was observed in previous years, particularly in 1932 (!). However, hospitals presented their conclusion: “То есть смертность и в этом году дала снижение по сравнению с 1932 годом” (translation: That means mortality even in this year was in decrease compared to 1932) (quotation in an original language is intentional. Later, there were attempts to edit the documents by erasing (at least rubbing it physically) the word “снижение” (decrease) (SAKhR, f. R-1962, d. 1, c. 289, p. 12). Even on the example of one medical institution, it is possible to analyse the consequences of a period of long-term children’s starvation and their health. Out of 751 children who caught acute infection diseases 79 died (11,8%), 147 infants suffered from tuberculosis, 307 children suffered from colitis (20 % or 84 out of whom died) (SAKhR, f. R-1962, d. 1, c. 289, p. 13). Here is an extract from the protocol: “the group of gastrointestinal tract diseases takes the first place this year amongst other somatic illnesses” (SAKhR, f. R-1962, d. 1, c. 289, p. 14). The percentage of measles cases was substantial. Moreover, measles followed colitis what together triggered complications and caused an increase in children’ death. The most numerous death tolls were among children no older than 8.

In Kharkiv Komunistka isolation centre, during 1–30 November of 1933, 69 children died, in 1-6 December 9 children died, in 16-21 December 14 children died 1933, in 21–26 December 1933 8 children died (SAKhR, f. R-2, d. 1, c. 973, pp. 111–119). It should be noticed that the Komunistka forced labour camp was authorised by Okhmadit so that the head had to provide information about the children’s movements. Even though these medical

certificates were irregular, they started to issue them in autumn 1933. In Kharkiv orphanages, the situation became normalising only by the end of 1933. In that way, in December of 1933, only one child died in the orphanage № 3, both № 4 and № 6 had no tolls, two deaths in the orphanage № 11 (SAKhR, f. R-2, d. 1, c. 973, pp. 121, 123, 125, 139). We realise that the authorities could disclose data partially or inaccurately. However, the general tendency regarding children institutions across the Ukrainian SSR demonstrates that the mortality rate decreased at the end of 1933.

Several million children died during the Holodomor. However, we emphasise that these are only these tolls that can be identified nowadays due to the available statistical documentations.

**The Conclusions.** The epidemiologic situation among the infant population during the Inter-War period appeared to be very dissatisfying. There were either objective reasons – consequences of World War I, mass artificial famine in 1923 – 23, or subjective reasons – communist functions appeared to be unable to establish an effective system of medical treatment for children, organise vaccination process. The Holodomor 1932 – 1933 turned out to be a genocide. The Holodomor took millions of victims. Infectious and chronic diseases intensified the clinical consequences of substantial food shortages. Exhausted by hunger, children were unable to struggle against diseases and infections. Having been organised by Bolshevik communist regime, the Holodomor became an aggravating factor which interfered millions of children to live their ordinary life. It resulted in mass famine, physical exhaustion, contemplation of their relatives' deaths lots of children used to be in a state of mental health breakdown.

The authorities neither recourse to rescue children by providing necessary medical aid, vaccination or remedies. Unlike, the communists used the Holodomor as rubbish to destroy disobedient Ukrainians and their children.

**Perspectives of the research.** No less apprehensible the prolonged consequences of the Holodomor are. At a current stage, interdisciplinary studies which prove guilt and significant affection of the communist totalitarian regime crime against inter-generation outcomes are popular (Ahmadzadeh & Malekian, 2004, pp. 33–36). At the International scientific practical conference “The problem of Existential choice during the Holodomor-Genocide” in 2019, Afif Abdel Nour, an associate professor of the Holy Spirit University of Kaslik and geneticist, presented his study in this field. In the research, he, on the example of victims of the great Lebanon famine in 1914 – 1918 and several further generations and their descendants, proved that continuous hunger evokes people's DNA changes. In Ukraine, familiar inter-generation studies are scientific interests for such specialists as a historian S. Markova, a psychologist L. Zasiékina (Zasiékina & Zasiékin, 2020, pp. 41–58), a culture expert I. Reva, a psychiatrist S. Hluzman, behavioural therapists V. Klymchuk and V. Horbunova (Klymchuk & Horbunova, 2020, pp. 33–68). Based on practical study, the scholars attempt to show the long-term consequences of the Holodomor to the Ukrainian society. Accordingly, I Reva proves that the Ukrainians who are currently living on the territories occupied by the Holodomor in 1932 – 1933 have a lower level of survivability and more tend to commit suicide. At the beginning of 2000, the studies of scientists from Taras Shevchenko National University of Kyiv recorded that descendants of the Holodomor 1932 – 1933 victims have the phenomenon such as an identification with an aggressor – the so-called Stockholm Syndrome. According to the research organisers, 63 % of all respondents who survived the Holodomor 1932 – 1933 tend to distance themselves from the national interests of Ukraine. It can be explained by the fact

that 60 % of the experiment participants lost their relatives and grew up in orphanages in the manner of pro-communist ideology (Reva, 2019, pp. 166–229).

At the same time, as S. Markova's studies prove, the next generations are gradually overcoming post-Holodomor syndrome. S. Markova undertook ethnographic research among the Khmelnytskyi region workers in education to reconstruct distinct aspects of the Soviet educational system. Considering Pioneer and Komsomol activities in their childhood, 69 respondents answered that the worst memories they had were about the collective condemnation of other children; learning the regulations of organisations; memorizing of Politbureau members' names; standing guard over the flag; Pioneer meeting at regional centres on the square in heat weather; school assembly where students were criticised. The majority of respondents showed awareness of a necessity to continue further systematic changes in education through the termination of a broadcast of the Soviet behavioural stereotypes (Markova, 2015).

A doctor of psychological sciences, professor L. Zasiékina and her postgraduate student, T. Horodotska, are undertaking a theoretical and empirical study of the Holodomor nature trans-generation as a moral trauma in family narratives of mothers and daughters. Under the auspices of L. Zasiékina, women who represented several families and different generations participated in the research. Older generation participants are eyewitnesses of the Holodomor, their daughters and granddaughters (family selection was essential as an eyewitness had to have a daughter and a granddaughter. Therefore, gender criteria were a key factor). Selection of the first generation is mothers (10 people) aged from 65 to 77 and the second generation is daughters (10 people) aged from 37 to 49, altogether is 20 people from Vinnytsia, Donetsk, Kyiv, Kherson and Luhansk region, who were interviewed together in focus-groups. According to the result of the research, interviews of daughters are rather distinctive with a greater number of words about the Holodomor events, affects categories and negative emotions compared to mothers what shows better readiness of daughters to express their emotions about those events. Among the indicators of a moral trauma, the appearance of such emotions as rage, sorrow, anxiety is observed in interviewees behaviour what implies the necessity to study the Holodomor, not like the psychological but moral affection of the Ukrainians (Zasiékina & Horodovska, 2021, pp. 49–52).

Therefore, it is arguable that the researches of psychophysical inter-generation consequences of the Holodomor have its scientific perspectives that will help us realise a large scale of tragedy for the Ukrainian nation.

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## BIBLIOGRAPHY

Ahmadzadeh, G. & Malekian, A. (2004). Aggression, Anxiety and Social Development in Adolescent Children of War Veterans with PTSD Versus Those of Non-Veterans. *Journal of Research in Medical Sciences*, 9, 33–36. [in English]

Babenko, I. & Skryl, D. (2017). "Vid holodu kyshechky u ditvory buli tonki, yak plivochka. Vid kropyvy, kalachykyv i travy rozryvalo nutroschi" ["Children's intestines were skim because of hunger. Bowels were torn because of nettle, mallows and grass"]. *Krayina*, 21 *lystopada*. URL: [https://gazeta.ua/articles/events-journal/\\_vid-golodu-kishechki-u-ditvori-buli-tonki-yak-plivochka-vid-kropivi-kalachykyv-i-travi-rozryvalo-nutroschi/805024](https://gazeta.ua/articles/events-journal/_vid-golodu-kishechki-u-ditvori-buli-tonki-yak-plivochka-vid-kropivi-kalachykyv-i-travi-rozryvalo-nutroschi/805024) [in Ukrainian]



**Bezbilkovyy nabryak.** (2021). Bezbilkovyy nabryak [Protein-free oedema]. *Farmakolohichnyy dovidnyk*. URL: <https://www.pharmencyclopedia.com.ua/article/2702/alimentarna-distrofiya> [in Ukrainian]

*Derzhavnyy arkhiv Kharkivskoyi oblasti [State Archive of Kharkiv Region – SAKhR]*

*Derzhavnyy arkhiv Odeskoyi oblasti [State archive of Odesa region – SAOR]*

*Derzhavnyy arkhiv Zaporizkoyi oblasti [State Archive of Zaporizhzhia Region – SAZR]*

**Dyjenteriya.** (2021). Dyjenteriya: yak vberehtysya vid infektsiyi [Dysentery: how to protect yourself from the infection]. *Starosynyavskiy tsestr medykosanitarnoi dopomohy*. URL: [sunyva.pmsd.org.ua](http://sunyva.pmsd.org.ua) [in Ukrainian]

**Dzhun, O.** (2014). *Chorni roky Myrhorodshchyny* [Black years of Myrhorod district]. Myrhorod: “Myrhorod”. [in Ukrainian]

**Hnyezdilo, O., Lapchynska, N., Shuyskyi, I. & Safonova, O.** (Ed.). (2009). *Holodomor 1932 – 1933 rokiv u m. Kharkovi, stolitsi USRR* [Holodomor 1932 – 1933 in Kharkiv, the capital of the Ukrainian SSR]. Kharkiv: Oryhinal. [in Ukrainian]

**Intoksykatsiya.** (2021). Intoksykatsiya [Intoxication]. *Farmatsevtychna entsyklopediya*. URL: <https://www.pharmencyclopedia.com.ua/article/3352/intoksikaciya> [in Ukrainian]

**Katar.** (2021). *Katar* [Catarrhus]. URL: <https://universum.clinic.ua/service/zagalni-napryamki/gastroenterologiya/poverxnostnyij-gastrit/> [in Ukrainian]

**Khliborob Ukrayiny.** (1963). *Khliborob Ukrayiny [A peasant of Ukraine]*, 8, 39. [in Ukrainian]

**Klymchuk, V. & Horbunova, V.** (2020). The Psychological Consequences of the Holodomor in Ukraine. *East/West: Journal of Ukrainian Studies*, VII (2), 33–68. URL: [https://www.researchgate.net/publication/346421998\\_The\\_Psychological\\_Consequences\\_of\\_the\\_Holodomor\\_in\\_Ukraine](https://www.researchgate.net/publication/346421998_The_Psychological_Consequences_of_the_Holodomor_in_Ukraine) [in English]

**Koklyush.** (2021). Koklyush [Pertussis]. *Medychna entsyklopediya*. URL: <https://medical-enc.com.ua/koklush.htm> [in Ukrainian]

**Kolit.** (2021). Kolit [Colitis]. *Doctorpro*. URL: <https://doctorpro.ua/uk/articles/kolit> [in Ukrainian]

**Kulchytsky, S.** (Ed.). (2012). *Ukrayinske radyanske suspilstvo 30-kh rr. XX st.: narysy povsyakdennoho zhyttya* [Ukrainian Soviet Society in 1930s: narratives of everyday life]. Kyiv: Instytut istoriyi Ukrayiny NAN Ukrayiny. [in Ukrainian]

**Kir.** (2021). Kir [Measles]. *Medychna entsyklopediya*. URL: <https://medical-enc.com.ua/kor.htm> [in Ukrainian]

**Markova, S.** (2015). *Suspilni ta politychni transformatsiyi v ukrayinskomu seli v konteksti formuvannya totalitarnoyi systemy (1917–1933 rr.)* [Social and political transformations in a Ukrainian village in the context of totalitarian system formation (1917 – 1933)]. Kamyanets-Podilskyi: Vydavets PP Zvoleyko d. H. [in Ukrainian]

**Melnychuk, M.** (2017). Zapobihannya infektsiynym zakhvoryuvanniam naseleennyi USRR u 1920-kh rr. [Prevention from infectious diseases of the Ukrainian SSR Population in 1920-s]. *Naukovi zapysky Vinnytskoho derzhavnoho pedahohichnoho universytetu im. Mykhayla Kotsyubynskoho – Scientific notes of Vinnytsia State Pedagogical University named after Mykhailo Kotsyubynsky. Seriya: Istoriya*, 107–110. [in Ukrainian]

**Pnevmoniya u ditey.** (2021). Pnevmoniya u ditey [Pneumonia in children]. *Medychna entsyklopediya*. URL: <https://medical-enc.com.ua/pneumonia-child.htm> [in Ukrainian]

**Reva, I.** (2019). *Po toy bik sebe: sotsialno-psykholohichni ta kulturni naslidky Holodomoru i stalinskykh represiy: Naukovo-populyarne vydannya* [On the other side of myself: social and psychological and cultural consequences of Holodomor and Stalin repressions: popular science edition]. Kyiv: KIS. [in Ukrainian]

**Serbyn, R.** (1992). *Holod 1921 – 1923 i ukrayinska presa v Kanadi* [Hunger 1921 – 1923 and Ukrainian press in Canada]. Toronto-Kyiv: Ukrayinsko-Kanadskiyi Doslidno-Dokumentatsiynyi Tsestr. [in Ukrainian]

**Shugalyova, I. & Moldavskiy, R.** (2019). *Zaklady derzhavnoho pikluvannya nad ditmy naperedodni ta v roky Holodomoru 1932 – 1933* [State institutions of childcare on the threshold and in the period of Holodomor 1932 – 1933]. Zaporizhzhya: Inter-M. [in Ukrainian]

**Shugalyova, I. & Moldavskiy, R.** (2021). Sotsialno-pobutovi umovy utrymantsiv dytpryulkiv radyanskoyi Ukrayiny v 1920-kh – na pochatku 1930-kh rr. [Social Conditions and Everyday Life of Orphanages' Dependents in the Soviet Ukraine during the 1920's – Beginning of 1930's]. *Storinky istoriyi – History pages*, (52), 237–257. DOI: <https://doi.org/10.20535/2307-5244.52.2021.236164> [in Ukrainian]

**Shugalyova, I.** (2017). Konveyery dytyachoyi smerti v tsentri industrialnoho mista [Conveyors of children death in the centre of industrial city]. *Naukovi pratsi istorychnoho fakultetu Zaporizkoho natsionalnoho universytetu – Scientific works of the Faculty of History of Zaporizhzhya National University*, 46, 217–225. [in Ukrainian]

**Starukh, O. & Turchenko, F.** (Ed.), (2008). *Natsionalna knyha pamyati zhertv Holodomoru v Ukrayini. Zaporizka oblast.* [National book of memory for Holodomor victims in Ukraine]. Zaporizhzhya: Dyke pole. [In Ukrainian].

**Tkachenko, I.** (2007). Sanitarnyy stan ta borotba z epidemiyamy v radyanskiy Ukrayini, 1920-ti roky [Sanitary conditions and struggle against epidemics in the Soviet Ukraine in 1929-s]. *Problemy istoriyi Ukrayiny: fakty, sudzhennya, poshuky – Problems of the history of Ukraine: facts, judgments, searches*, (17), 345–375. [in Ukrainian]

*Tsentralnyi derzhavnyi arkhiv vyshchyykh orhaniv vlady ta upravlinnya [Central State Archives of Supreme Bodies of Power and Government of Ukraine – CSASBPG of Ukraine]*

**Vasylchuk, H. & Shugalyova, I.** (2023). Psykhofizychni naslidky holodu 1921 – 1923 rr. u ditey v Ukrayini [Psychophysical Consequences of 1921 – 1923 Famine in Children of Ukraine]. *Eminak*, 3 (43), 204–220. DOI: [https://doi.org/10.33782/eminak2023.3\(43\).666](https://doi.org/10.33782/eminak2023.3(43).666) [in Ukrainian]

**Vysypnyy tyf.** (2021). Vysypnyy tyf [Typhoid fever]. *Upravlinnya okhorony zdorovya Mykolayivskoyi oblasti.* URL: <http://uoz.mkrada.gov.ua/index.php/statti-naselennyu/108-visipnij-tif>. [in Ukrainian]

**Zasiekina, L. & Horodovska, T.** (2021). Holodomor yak psykhična ta moralna travma u simeynykh zhinochykh naratyvakh [Holodomor as psychological and moral trauma in family female narratives]. *Mizhdystsyplinarni pidkhody u doslidzhenni Holodomoru-henotsydu: materialy IV Mizhnarodnoyi naukovo-praktychnoyi konferentsiyi (19 lystopada 2020 r.)*, (pp. 49–52). Kyiv. [in Ukrainian]

**Zasiekina, L. & Zasiekin, S.** (2020). Verbal Emotional Disclosure of Moral Injury in Holodomor Survivors. *Psycholinguistics*, 28 (1), 41–58. DOI: <https://doi.org/10.31470/2309-1797-2020-28-1-41-58> [in English]

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