
land of 269 million) than any other nation. But, by Western standards, there is very little in Soviet hospitals besides beds. Medical equipment is scarce and often of 1940's or 50's vintage. It can take a week or more to obtain simple blood tests and x-rays. There are only a few dozen kidney dialysis machines in the entire nation. If American hospitals sometimes do too much for their patients, Soviet hospitals are guilty of doing too little. One might say that many of them are dormitories for people who do not feel well.

There is also a difference in the ethos of Soviet health care. In the West, medicine is regarded chiefly as an expression of humanitarian concern for the individual, and its quality reflects that emphasis. The Soviets view medical care as essential for the good of *society*, much as an army uses its medical corps to maintain its troops' fighting capacity. As an old Bolshevik slogan recently revived by the Soviet press puts it: "Your health is the property of the republic!"

Doctors as Technicians

The Soviet Ministry of Health Protection oversees the sprawling system of medical research institutes, hospitals, sanatoriums, polyclinics, and dispensaries from its Moscow headquarters. The Ministry pays doctors' salaries and is responsible for all health facilities, but city governments and factories foot the bill for construction costs within the vast "territorial" network that serves the general public. The smaller and far superior "closed" network runs by separate rules and is restricted to all but Communist Party officials, leading scientists, and other members of the elite. The military relies on its own doctors and hospitals.

For average folk—everybody from university professors to steelworkers—the neighborhood polyclinic is the center of medical care. Here one finds the general practitioners, dentists, and psychiatrists who serve as the Soviet equivalent of the "family doctor." (In the big cities, specialized dispensaries tend to expectant mothers, the mentally ill, and other distinctive groups.) In theory, there is one polyclinic manned by 20 general practitioners for every 40,000 people, housed in a storefront, a freestanding building, a factory, or sometimes even an ordinary apartment. Also in the polyclinic are pediatricians (one for every 800 children under 16) and part-time specialists. This is the "ground floor" of Soviet medicine, where Soviet citizens take their aches and pains, their migraine headaches and swollen ankles.

More likely than not, they will be offered a dose of common-sense advice and a prescription like "Take two aspirins and call me in the morning"—when aspirins are available. The polyclinics also dispense penicillin and tranquilizers, as well as camomile tea (for ulcers) and nettle leaves (for arthritis). Medicinal herbs are widely used.

Most Soviet *vrachi* (doctors) practice a kind of common-sense, low-technology medicine, based on the assumptions that most illnesses cure themselves, that few patients ought to be referred to specialists, and that the rest are beyond remedy. That is about all they *can* offer. Soviet medical training lasts only six years (including internship) and begins right after high school, at age 18. Unlike American schools, with their eight years of graduate instruction and their professional problem-solving bent, Soviet medical institutes offer basic vocational education. The curriculum stresses hands-on learning and memorization of standard "protocols" of treatment for each condition. Innovation is not encouraged (nor is it often technologically feasible): By 1980, Soviet heart surgeons had performed a cumulative total of 800 coronary bypass operations; their U.S. counterparts completed 137,000 during 1980 alone.

Doctoring tends to be a low-status, low-paying occupation. The newly minted M.D. begins her career (70 percent of all doctors in the USSR are women) after three years of mandatory service to the state, usually in a remote region. She will draw a salary of about \$183 monthly, only 75 percent of the average national wage, and she will live in the same apartment buildings, stand in the same lines, and (except for top medical researchers and administrators) receive the same medical care as any ordinary working woman.

Meeting the Death Quota

At the clinic, patients are assigned to a single doctor, so friendships can develop over the years. (It is hard to imagine that patients feel much affection for their dentists, who usually work without novocaine and are notoriously quick to pull teeth.) The talk during a visit to the polyclinic doctor is as likely to turn to neighborhood gossip as it is to medical matters. But when the waiting lines are long, as they often are, little time remains for chit-chat or the social graces. Polyclinic doctors are expected to see about five patients an hour; yet the Soviets' own studies show that it takes at least five minutes to fill out the numerous forms required by employers and the medical bureaucracy for each patient.