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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.

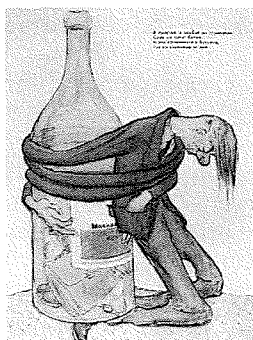
### Meeting the Death Quota

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.

### THE 'GREEN SERPENT'

"It is Russia's joy to drink," said Saint Vladimir of Kiev during the 10th century. "We cannot do without it." A millennium later, Saint Vladimir's assessment still rings true. Moscow has restricted the publication of alcohol consumption data since the mid-1950s. But according to Vladimir Treml, professor of economics at Duke University, evidence from retail statistics, trade journals, and other sources indicates that the USSR ranks first in consumption per capita of vodka and other "strong" alcohol. Alcoholism pervades Soviet society, reducing labor productivity, and, by most accounts, increasing crime and divorce rates. Treml estimates that the *zelenaiia zmeia* ("green serpent")—the Russian nickname for vodka—stands behind only heart ailments and cancer as a cause of death.

During the past 25 years, consumption of state-produced alcoholic beverages has risen by 6.9 percent annually per capita. Much of the increase can be attributed to a growing number of teen-age and female drinkers. Alcoholism is worst among the Slavic and Baltic peoples. Only the Muslims of Azerbaydzhan, Central Asia, and parts



of Georgia remain temperate, drinking half as much as the Slavs. The difference is partly reflected in lower Muslim rates of crime, divorce, and morbidity.

What explains the surge of alcoholism in the USSR? Part of the answer may involve economics. The past three decades have seen both a shorter workweek and an increase in average real income. Without a comparable improvement in the availability of consumer goods and services or of entertainment and leisure facilities, drinking became the easiest way to escape boredom. A 1981 survey of youth hostel workers near Moscow found that a third of

them drank "because they had nothing else to do."

Other factors include demographics. By some accounts, urbanization in the USSR has brought with it feelings of alienation among millions of transplanted country folk. A lasting male-female imbalance—the result of severe manpower losses in World War II—has made many Soviet women heavy drinkers. In 1979, a *Literaturnaia Gazeta* (*Literary Gazette*) survey of female alcoholics found that half of them drank simply to relieve loneliness.

Not even the Kremlin is satisfied with this basic health care. "The work of polyclinics, dispensaries, and out-patient clinics, which handle 80 percent of all the sick, must substantially improve," Leonid Brezhnev declared in a 1977 speech. "Unfortunately, in a number of places they lag behind the possi-

Whatever the cause, the consequences of alcoholism are there for all to see. Using Soviet forensic medicine statistics, Trembl calculates that deaths from alcohol *poisoning* alone rose from about 12,500 during the mid-1960s to 51,000 in 1978. Such mishaps often result from the Russian *popoi*—a massive binge, usually on an empty stomach. The increase in fatalities is probably due to the use of low-quality alcohol in home-made *samogon*, a vodka-like liquor that now accounts for almost one-third of all alcohol consumed in the USSR. In addition, the relatively high price of vodka—a half-liter bottle costs roughly five rubles, or 12 percent of the average Soviet worker's weekly wage—has driven many Soviets to drink not only more *samogon* but also after-shave lotion, cleaning fluid, varnish, and industrial alcohol.

Heavy drinking has invaded the Soviet workplace. During the 1970s, Soviet economists S. Strumilin and M. Sonin estimated that drunkenness regularly reduced labor productivity by 10 percent. (At the Nizhnyi Tagil Metallurgical Combine, for example, drunken workers caused 608 on-the-job accidents in 1982.) Factory managers compound the problem by dispensing vodka or industrial alcohol as a bonus to hard working employees.

Moscow has made serious efforts to combat alcohol abuse. In the Ukraine, coal miners reporting to work must take daily sobriety tests. So must drivers at most state trucking enterprises. In Moscow, Leningrad, and other cities, sobering up stations, or *vytrezvitel'*, provide overnight confinement for drunks picked up by the police. The guilty must pay fines; their names are reported to their employers. In 1979, between 12 and 15 percent of the Soviet adult population spent at least one night in these *vytrezvitel'*. (In the United States—where drinking problems are serious by Western standards—about 0.6 percent of all adults are arrested annually for drunkenness.) Other penalties are more severe: In 1980, *Trud* reported that one drunk driver who killed six people in Moscow with a ZIL-555 dump truck had been sentenced to death.

Ironically, efforts to reduce consumption can only go so far. Taxes on liquor supply 12 percent of the USSR's annual revenues. That fiscal reality has thwarted any consistent and sustained campaign against drinking. One Moscow store manager summed up the dilemma. "We do have a conscience," he told *Pravda* in 1978, "... but we have our plan, and we want to receive a bonus."

*This essay is adapted from a longer paper by Vladimir Trembl in Soviet Politics in the 1980s (1984) and used by permission of Westview Press.*

bilities of medicine. [T]here is a cadre shortage, especially of middle- and junior-level personnel, equipment is out-of-date, [and] modern medications are insufficient."

To check into a Soviet hospital is to jump from the frying pan to the fire. It is not always easy to do. In the cities and some

rural areas, speedy ambulance service can be had by dialing 03. But that is no guarantee of quick admission. In the Siberian city of Irkutsk, for example, all emergency admissions are dispatched to a single city hospital after 3:00 P.M. Medical hospitals sometimes refuse to accept patients who are terminally ill. (They must be taken home, since there are virtually no nursing homes.) The reason: Exceeding the "death quota" that the Ministry of Health assigns to every hospital would invite an investigation by Moscow.

Nevertheless, one out of every four Russians is hospitalized every year (compared to one of seven Americans). Surgery, abortions, and broken bones are the ordinary hospital physician's stock in trade.\* Specialized hospitals exist for the treatment of cancer, heart problems, and the like.

Once inside a hospital, patients sometimes find it hard to leave. Generous quotas fix the length of hospitalization for each operation—the stay after an appendectomy is 10 days; a hysterectomy, two weeks. But the rules also prevent patients from leaving *before* their allotted time is up, even if they are already fully recovered. Soviet citizens seem to have adapted to this system: Three San Francisco doctors who have treated many Soviet émigrés note that the "quality of care is judged by a Russian patient as length of time in bed." Indeed, the San Francisco Russians are suspicious of hospital physicians who are eager to send them home.

### A Lethal Indifference

The Soviet hospital is a world of top-to-bottom rules, regulations, and quotas. If the number of appendectomies performed at a hospital falls below the annual target set by the Ministry of Health, more cases magically appear on the books. The same is true of hospital occupancy rates. Otherwise, the authorities in Moscow might trim next year's budget. Bureaucratic hugger-muggery extends all the way to the top. A few years ago, Dr. Boris Petrovskii, then Health Minister of the USSR, announced that 60 new special purpose hospitals had been built. "However," he added, "in some cities they exist only formally." By this, Petrovskii meant that the hospitals existed only on paper.

\*Moscow condemns abortion and banned it between 1936 and 1955, but it is now available upon demand, except in the case of first pregnancies. Western demographers estimate that the average (non-Moslem) Soviet woman has six abortions during her lifetime; abortions outnumber live births by 4 to 1. Abortion is a major means of birth control, in part because contraceptive pills are in short supply and not widely accepted and because diaphragms come in only one ill-fitting size.