Introduction

Standard of living, "quality of life," and popular welfare

In 1947 the *American Review of Soviet Medicine* published an article by Peter Belikov, a Soviet public health physician, which gave a glowing account of the state of sanitation and disease control inside the USSR. Addressing the question of how the country was reducing the incidence of, and mortality from, intestinal infections, in particular among its young children, it attributed success in this area to two sets of factors. The first was the high quality of medical care that patients received. Doctors arrived quickly to attend the sick, made a rapid diagnosis, and referred patients almost immediately to hospital. At the same time living quarters were disinfected and contacts tracked down and isolated.[1] The second weapon in the battle against gastrointestinal disease was the country's extensive system of urban sanitation and public health controls. These Belikov described as follows:

> Sanitary measures to prevent spread of infection by water, milk and foodstuffs, are realized in the USSR on a very wide scale because no expense is spared and time taken to complete the construction and extension of water works, sewage systems, and garbage disposal stations. These works were uninterrupted during the war wherever possible. The water of all reservoir systems is subjected to regular bacteriologic control and is chlorinated daily. Wells which are still maintained in small cities are also chlorinated. In all industries closed tanks with water boiled and cooled have been set up. This has also been done in all ports and railroad stations where boiling water is always available for travellers in any desired quantity.
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> At all populated points work is periodically undertaken to clean the territory. In connection with the hardships of the war period, the population itself is at present participating in this effort. Public dining rooms, markets and bazaars are under the vigilant supervision of sanitary inspectors. Similar control has been set up for slaughter houses, meat combines, dairy stores and milk collection centers. All these measures are realized in the Soviet Union since all industries in the USSR are state controlled and centralized.[2]

[1] Peter F. Belikov, "The Fight Against Intestinal Infections," *American Review of Soviet Medicine*, vol. 4, no. 3 (February 1947), pp. 240–1.
[2] *Ibid.*, pp. 241–2.

This passage requires more careful unpicking than it might seem. On the one hand, the measures elaborated here were genuine policy objectives of the Soviet state and its medical establishment, and they had far more than just a paper existence. It was certainly the aim to diagnose and treat those suffering from contagious diseases as rapidly as possible. The country really did have vast ranks of sanitary physicians and inspectors whose task it was to control water quality, food safety, and the efficiency of waste removal. On the other hand, most of the achievements Belikov claimed were not true. Soviet physicians were not well skilled in diagnostics, and frequently mistook dysentery – a highly contagious disease and major killer of both children and adults, which could nevertheless be treated and contained if properly identified – for simple gastroenteritis.[3] Sanitation in Soviet towns and cities was extremely primitive, and the safety of water supplies, although rarely catastrophic, was not secure, not least because water treatment plants were insufficient in quantity and capacity and could not always obtain the chemicals they needed. Milk was an extremely scarce foodstuff, and both its rarity and frequent contamination were major causes of high infant mortality during 1947, when the country experienced its last major famine. The one accurate claim in these paragraphs was itself a testimony to the dismal sanitary state of urban centers: because almost no towns or cities had extensive sewerage networks or well-functioning systems for the regular removal of human wastes, they relied on twice-yearly mobilizations of the general population in order to "clean the territory," that is, to remove the danger by carting off the huge accumulations of garbage and human excrement beyond town limits. Yet Belikov's article does point to a curious fact. Despite the reality of life in Soviet towns, during the late 1940s, and even more so during the early 1950s, the USSR made great strides in reducing both adult and infant mortality.

The present book deals with precisely the issues that Belikov raised. It investigates how people lived in Russia's towns and cities during the late Stalin period, in particular how the working class lived. The information comes from three main sources: medical reports on public sanitation and public health; demographic data; and data on diet and nutrition. Yet the book is not a study of demographics, epidemiology, or public sanitation *per se*. Some of the key questions it raises, such as how the USSR achieved its permanent decline in infant mortality in the face of appalling urban

[3] L. G. Zhdanova, "Epidemiologiya dizenterii, obuslovlennoi zagryazneniem pit'evoi vody iz tekhnicheskogo vodoprovoda," in V. A. Krestovnikovaya, ed., *Voprosy epidemiologii, profilaktiki i kliniki kishechnykh infektsii* (Moscow, 1954), p. 31.

sanitation, it can answer only in part. Others, such as what were the long-term effects of these living conditions upon people's health in later decades, it cannot answer at all. A definitive treatment of these problems would require a separate study using different tools of analysis and possibly different sources, not to mention areas of expertise which this author does not possess. To this extent the book, while answering some major questions about working-class life in the postwar USSR, poses a number of others that will have to go on the agenda of future researchers. At the same time, the book also contains a methodological warning for these same researchers, for it shows the risks of engaging in demographic analyses without understanding the details and specifics of the conditions that produced these demographic results, especially at local level.

One of the central ideas behind this study is the need to broaden our understanding of workers' living standards so that it embraces more of the totality of living conditions, what I call the quality of life. Economic historians of Britain took up this issue nearly two decades ago with regard to longstanding debates over whether or not the standard of living of British industrial workers declined or increased during the early decades of the nineteenth century. If we look at movements of real wages, in particular those of male workers, we see that they very probably increased – an observation that prompted a number of historians to conclude that living standards actually improved at this time. I am not competent to judge whether this conclusion is correct. Rather I wish to make a broader point, that real wages alone – the spending power of workers' weekly pay packets – give a totally misleading picture of what working-class life was really like. In the same period that wages were increasing, infant mortality, life expectancy, and average child heights – key indicators of well-being or welfare – were all going down. Life expectancy at birth in provincial industrial cities with populations over 100,000 (that is, excluding London, which followed its own atypical demographic pattern) declined dramatically between 1820 and 1850, from 35 years in the 1820s, to 29 years in the 1830s, and 30 years in the 1840s. From 1850 onwards there was a gradual recovery, but British cities did not reach their 1820 average again until the 1870s, when life expectancy finally broke through the 35-year mark at 38 years, rising to 42 years during the 1890s. Life expectancy in the major industrial centers of Liverpool, Manchester, and Glasgow was even lower than this urban average: in 1841 it was 28 years in Liverpool and 27 years in both Manchester and Glasgow.[4] We see a

[4] Simon Szreter and Graham Mooney, "Urbanization, Mortality, and the Standard of Living Debate: New Estimates of the Expectation of Life at Birth in Nineteenth-Century British Cities," *Economic History Review*, new series, vol. 51, no. 1 (February 1998),

similar pattern if we look at other determinants of welfare: child heights, food consumption, and infant mortality.[5] All this, of course, conforms quite closely to the qualitative descriptions of the degradation of urban life during the industrial revolution by such observers as Friedrich Engels or the early pioneers of sanitary reform in Britain, Edwin Chadwick and William Farr.[6]

The postwar Soviet experience shows this exact same discrepancy between measurements of real wages and what was actually happening to the population. Following World War II the Soviet Union distributed food and basic consumer goods in three ways. Bread and other staple foods, together with essentials such as matches and kerosene, were sold in state shops at so-called ration prices. Rationed goods were not free. Rationing merely gave people the right to a coupon with which they could buy their allocated allowance provided they had the money. The prices were low, although the foods and goods were often unavailable. The state also ran a second network of so-called commercial shops, which were outside the rationing system. These were better supplied, but their prices were far higher. Finally, those citizens who had the cash could buy food and some consumer goods through private trade, primarily on the peasant collective farm, or *kolkhoz*, markets. These were bazaars where peasants could sell foods they had grown on their private plots, and they existed in every Soviet town. On September 16, 1946, in the wake of a harvest failure, the state dramatically raised prices on rationed goods.[7] The price of rye bread, the staple of the Soviet diet, more than tripled. The price of groats also tripled, while the prices of meat and milk more than doubled.[8] If we were to look solely at movements in wages and the cost of living following these price rises we could conclude that real wages

Tables 5 and 6. Throughout this entire period life expectancy in the large industrial cities lagged well behind the average for all of England and Wales, although after 1870 the gap did narrow. For purposes of comparison, life expectancy in England and Wales remained constant at around 41 years from the 1810s right through to the end of the 1860s, after which it rose steadily to 46 years by the end of the nineteenth century. What this means is that, during the 1830s, the life expectancy at birth in large cities was a full twelve years below the national average.

5 Paul Huck, "Infant Mortality and Living Standards of English Workers During the Industrial Revolution," *Journal of Economic History*, vol. 55, no. 3 (September 1995), pp. 546–7; Szreter and Mooney, "Urbanization," pp. 108–10.

6 For development of this argument, see Szreter, "Economic Growth, Disruption, Deprivation, Disease, and Death: On the Importance of the Politics of Public Health for Development," *Population and Development Review*, vol. 23, no. 4 (December 1997), pp. 693–728.

7 I discuss the state's response to the harvest failure in more detail in the opening section of Chapter 4.

8 Eugene Zaleski, *Stalinist Planning for Economic Growth, 1933–1953* (London: Macmillan, 1980), pp. 688–96.

actually rose during 1947 – a year when there was in fact a catastrophic famine that cost upward of a million lives – by a full 36 percent compared to 1946, the rise in ration prices notwithstanding. This is because calculations of the cost of living take into account not just the increases in ration prices, but the movements of all three components of Soviet prices in force at this time. Prior to September 1946, official ration prices had been relatively low, and it was these that the state had raised by draconian proportions. Officially, the state compensated the rise in ration prices with comparable reductions in the very expensive commercial prices. Moreover, prices on the private *kolkhoz* markets shadowed state commercial prices and, when the latter went down, so, too, did the price of privately traded food. Taken together, the decline in commercial and *kolkhoz* market prices was sufficient, on paper at least, not just to counterbalance the increase in ration prices, but to cause a fall in the overall cost of living, and with it an improvement in real wages.

The problem, however, is that these paper calculations had little bearing on reality. For the overwhelming bulk of workers the increase in real wages was no more than an illusion.[9] I say illusion for two reasons. The first and most obvious is that all this was happening at the start of a serious famine, and this famine affected not just rural living standards (to which the real wage calculations simply did not apply), but also those in the towns. Many tens of thousands of urban residents died prematurely because of this famine, while the rest suffered a near-cataclysmic fall in nutrition.[10] Secondly, the reality of Soviet life was that prices and wages, even under rationing, did not necessarily ensure access to food or any other good, be it clothing or housing. The main determinant of this was supply, and supply was blatantly inadequate. The vast majority of workers, but in particular the very low-paid who made up a substantial minority of the workforce, could now buy less rationed food at the new, higher prices, while prices on the private market, although lower, remained out of their reach. Higher-paid sections of the workforce in theory may have seen their purchasing power less affected, or even improved, but these people came up against a second obstacle: the food, although they might have been able to afford it, was simply not there for them to buy.[11] The larger issue here is that to determine whether or not people lived better or worse we need to look at what food they actually ate, at how many meters of cloth

[9] Donald Filtzer, "The Standard of Living of Soviet Industrial Workers in the Immediate Postwar Period, 1945–1948," *Europe–Asia Studies*, vol. 51, no. 6 (1999), pp. 1015–16.
[10] This I show in detail in Chapter 4.
[11] Thus the cities of Ivanovo and Kuibyshev both experienced very sharp rises in infant mortality during 1947, in large part because these cities had no milk. See Chapter 5, pp. 294–7.

they could acquire in a year, at how long it took to buy a pair of footwear, at how many pairs of underwear or socks they owned, or how many grams of soap they bought each month. Purchases of these non-food items were risibly, indeed dangerously, small – and not always because their prices were high (although in most cases they were), but because the country simply did not manufacture them. The generalized soap shortage, whose implications for public health and hygiene I discuss in Chapter 3, occurred not because soap was expensive, but because there was no soap to be had anywhere, despite the fact that in 1947 the country was battling a major outbreak of typhus.

Following the lead of historians of West European industrialization, what I do in this book is broaden this analysis to include other aspects of consumption, most importantly housing, access to sewerage and to safe water supply, whether or not streets were cleaned of rubbish and excrement, and the population's ability to bathe and maintain basic levels of personal hygiene. These were not just issues of personal comfort, although they played a very large role in whether or not urban life was tolerable. They were key determinants of whether or not people caught diseases such as tuberculosis, dysentery, or pneumonia, how long they lived, and whether or not their children survived their first year of life. They also affected the adequacy of the diet. A population living in squalid conditions, with poor access to water supply, and where the fulfillment of basic personal and domestic tasks requires a major investment of effort, will generally use up more energy in the course of a day than a population living in modern cities with sewerage, indoor running water, and indoor toilets and bathrooms. If the diet is low in calories, the energy required to carry out these personal and household chores can determine whether or not people suffer from under- or malnutrition, especially in a society such as the postwar USSR in which people tended to work long hours doing heavy physical labor.

My discussion of these topics will show that the postwar USSR did not look like what most Western observers, even specialists in Soviet history, probably imagined. Almost no Soviet cities had a modern sanitary infrastructure. Even the most advanced had only small, inadequate sewerage systems. Most people did not have indoor toilets, but relied on outhouses and primitive cesspits. If cities had central water supplies, these provided water only through outdoor street pumps; few people had indoor running water and, if they did, supplies suffered frequent interruptions. Almost no one had an indoor bathroom. To stay clean, people had to go to the bathhouse, but the capacity of these after the war was such that most people could bathe only once or twice a month. What we shall also see, however, is that the late Stalin period throws up a paradox. The regime

took only halting steps to modernize its urban infrastructure. Conditions in cities, and especially in the industrial towns of the oblasti, remained hazardous if not outright squalid until Iosif Stalin died in 1953 and then for some years afterwards. Yet it was in this period that infant and adult mortality began to decline.

It is possible that in this regard the USSR was unique among industrializing societies. In Western Europe and the United States so-called sanitary reform – the laying of sewer mains and construction of sewage treatment plants; the provision of safe centralized water supplies; the relief of domestic overcrowding – was the *sine qua non* of improvements in adult and infant mortality during the late nineteenth and early twentieth centuries. There were other factors that also contributed to these trends, not least general improvements in diet and a fall in the birth rate, but without sanitary reform it is unthinkable that the vast improvements in public health could have occurred. The economist Werner Troesken, for example, has estimated that 20 percent of the overall fall in mortality in the United States between 1900 and 1940 was due to the construction of public water and sewerage systems.[12] The Soviet Union did not follow this trajectory. After World War II mortality declined without any appreciable improvements in urban sanitation, water supply, overcrowding, or facilities for maintaining personal cleanliness. We can express this seeming paradox in terms of time lags. The country's sanitary infrastructure resembled that of Western Europe some forty to eighty years earlier. Prior to World War II Soviet infant mortality figures showed a similar lag. Following the war, the time lag in construction of sanitary infrastructure altered very little, while the country drastically reduced the gap in infant mortality. To some extent this was due to the Soviet Union's ability to borrow from Western medical and public health practice but, as we shall see, this then raises a further political issue: the country attempted to achieve through public health measures what its leaders appear reluctant to have tried to achieve by investing in decent housing, sanitation, and water supply.

Sanitary reform in Western Europe occurred within a specific political context. As we have seen, the rapid growth of cities with industrial capitalism led to a clear increase in mortality, which observers linked to the all too obvious degradation of the urban environment in the form of slums, vast accumulations of uncollected human and animal waste, and foul water. All this occurred before the germ theory of disease was known or

[12] Werner Troesken, *Water, Race, and Disease* (Cambridge, MA: MIT Press, 2004), pp. 59–60, 63. I present a fuller discussion of the experiences of Britain and Western Europe in Chapters 1 and 2.

popularly accepted.[13] Much of the progress made in this area was due to the tireless efforts of a host of campaigning medical reformers, but there were other ideological roots to the movement for greater urban cleanliness in addition to the desire for social reform and better general welfare. Most prominent among these was the rising bourgeoisie's fear of the urban working class, whom it saw as a direct threat to its quest for greater political and social order. The middle class saw a direct correlation between dirt, disorder, and political unruliness. Richard Evans, in his classic work on the politics behind the cholera epidemic in the German city of Hamburg in 1892, devotes a lengthy discussion to the work of William Lindley, an English engineer who made his career in Hamburg promoting and building public baths and washhouses. In putting his plans before Hamburg's ruling elders, he used the following argument:

> Lack of bodily cleanliness soon leads to lack of self-respect, roughness, and vice. Experience demonstrates that those who have dirty clothing avoid respectable places and therefore have the lowest kind of public house as their haunts. If they can employ an hour or so of their leisure time in taking a bath, then in most cases this will put them off going to the pub ... An unclean population will suffer comparatively high rates of sickness and death, and since the poor inhabitants of the city will be thrown onto the state finances to cover the costs in all such cases, this tax burden will for the most correspond to the cleanliness of the population. A dirty population degenerates and so commits all the more offences against the laws of the state, thus contributing to the continued need and expansion of our costly prisons ... Lack of cleanliness makes the population all the more receptive to devastating epidemics such as cholera, smallpox, fever, etc., and encourages such diseases to become endemic or to return again. Experience shows that when these epidemics have reached a certain degree of severity they also reach the dwellings of the well-off.[14]

In other words, building bathhouses had nothing to do with public health (which did not enter into Lindley's argument at all, except insofar as

[13] Hypotheses about a germ theory of disease had been around since ancient times, and it was the general acceptance of contagion theory that allowed European and Middle Eastern physicians of the middle ages to advocate quarantine as a means to combat plague. The theory itself became provable only with the advent of microbiology. Even so, it was only in the 1870s that Robert Koch scientifically demonstrated that the theory was correct. Yet even then it still took some time before Koch's work was generally accepted. In Europe in the middle of the nineteenth century the dominant theory was that diseases were spread not by contagion, but by "miasmas," or foul air, and it was this misconception that fortuitously led most sanitary reformers in the nineteenth century to push for better urban sanitation, the development of sewers, and the provision of clean water.

[14] Richard J. Evans, *Death in Hamburg: Society and Politics in the Cholera Years* (London: Penguin, 2005), pp. 118–19, citing W. Lindley, *Oeffentliche Wasch- un Bade-Haüser* (Hamburg, 1851), pp. 16–17.

workers might spread their diseases to the bourgeoisie) and everything to do with maintaining public order and saving the Hamburg bourgeoisie money. Evans saw it as no accident that Lindley developed these views in the wake of the 1848 revolutionary upheavals all over Europe. "The issue was not," as Evans concluded, "that lack of cleanliness would lead to revolution; rather, lack of cleanliness was merely the outward expression of an inner rejection of bourgeois norms and so of bourgeois society."[15]

Historians have observed similar motivations at work in nineteenth-century France. "Bourgeois observers," wrote the historian Ann-Louise Shapiro in her study of Paris housing reform during the second half of the nineteenth century,

> understood the miserable conditions in which workers lived as the source of moral laxness and political sedition as well as of poor health and disease. Underlying all discussion of the concrete problems associated with rapid, unplanned urban growth lay an intense, and often explicit, fear of the consequences of the geographic separation of the classes. Commentators warned of the danger of allowing Paris to be surrounded by impoverished enclaves hostile to the social order. Equally unsettling was the prospect that workers, deprived of the example of bourgeois *moeurs*, would slip into patterns of vicious or criminal behavior. The hygienist Du Mesnil voiced the chronic anxiety of his contemporaries that in the hovels of the poor "heroism was necessary in order not to succumb to hate for society."[16]

Yet the bourgeoisie's fear of the mob and the unwashed masses came into conflict with its unwillingness to pay for the huge investments needed to clean up Europe's cities. This in part explained the faster development of municipal water supplies compared with sewerage. In both Britain and Germany investors realized that there was profit to be made from municipal water works, despite the huge sums that had to be invested. Moreover,

[15] Evans, *Death in Hamburg*, p. 178.

[16] Ann-Louise Shapiro, *Housing the Poor of Paris, 1850–1902* (Madison: University of Wisconsin Press, 1985), p. xiv. Later she notes, "Bourgeois observers defined an urban syndrome: dark, humid, exiguous lodgings drove the worker to the cabaret; family life crumbled; the wife turned to prostitution, and the children to the streets; the city spawned a generation of vagabonds – pariahs living outside of social norms whose lodgings were sites of infection and sedition" (*ibid.*, p. 15). It was not just fear of revolution that motivated the French sanitary reformers. They were equally worried that urbanization had produced a population in such poor physical condition that the army would not be able to recruit enough soldiers adequately to defend the nation (*ibid.*, p. xiv). France was not alone in this problem. During the Boer War the British army had to reject 38 percent of volunteers because of various physical disabilities. When Britain introduced conscription toward the end of World War I, the army rejected over 40 percent of potential draftees as physically unfit to serve: John Burnett, *Plenty and Want: A Social History of Food in England from 1815 to the Present Day*, 3rd edition (London: Routledge, 1989), pp. 243, 254.

industrialists had learned that polluted rivers were costly, since pollution had reached a point where it was doing serious damage to their machinery and finished goods. Industrialists were having to pay large sums to cart in clean water from afar. Sewerage, on the other hand, offered no such financial rewards. The widespread installation of sewerage systems essentially depended on arguments of public health.[17]

In the Soviet Union both of these factors – ideological and financial – were either absent or functioned in a different way. Perhaps because of their own working-class and peasant origins, the Stalinist elite did not have the same qualms about working-class hygiene and public disorder as their capitalist counterparts. Stalin's contempt for the working class and peasantry had roots quite different from worries about hygiene. As for investment, here, too, financial considerations came to play a significant role. Through the course of this book we shall see example after example of how Soviet sanitary inspectors beseeched central planners and ordered local soviets or specific industrial enterprises to install essential sanitary infrastructure, ranging from sewerage lines to treatment plants, but the central authorities in Moscow, in the form of either Gosplan (the State Planning Commission) or the industrial ministries, refused to release the funds. The same was true of housing. What little house building took place under Stalin could not keep pace with the growth of urban populations. Medical authorities knew full well that overcrowded housing was a serious health menace, but it had to wait until Nikita Khrushchev came to power in 1953 before the Soviet Union made any serious investment in housing construction.

The economic logic of Stalinism appears to have been that it was cheaper to stop disease by preventing and controlling outbreaks of epidemics than by diverting significant investment resources into sanitary reform. Therefore the postwar period saw the launch of vast public health programs to immunize against infectious diseases, to carry out regular disinfection of certain targeted groups within the population, to identify and isolate carriers of disease or of disease-bearing organisms (most importantly lice), to inspect food handlers and market traders for bacterial contamination, and to educate the population about hygiene. These were all sensible and essential public health measures, but they occurred at a time when cities remained breeding grounds of the very diseases that health officials sought to prevent, and when hospitals themselves did not have sewerage or methods for the safe disposal of infectious human wastes.

[17] Jörg Vögele, *Urban Mortality Change in England and Germany, 1870–1913* (Liverpool: Liverpool University Press, 1998), pp. 159–64; Anthony S. Wohl, *Endangered Lives: Public Health in Victorian Britain* (London: J. M. Dent & Sons, 1983), p. 237.