

Evolution of Health Care in the Traditional Societies of the Russian Far East in the 20-21st centuries

Gorelikov Andrey Ivanovich, Akhmetova Anna Valinurovna,

Musalitina Evgeniya Aleksandrovna

Komsomolsk-na-Amure State University, Russia

E-mail: norna-zine@mail.ru

Received	Accepted	Published
20.07.2024	20.11.2025	30.11.2025

<https://doi.org/10.61275/ISVSej-2025-12-06-08>

Abstract

The Russian Far East is a unique corner of the world where many traditional societies had struggled to survive, despite having inherited age-old traditions. Notably, epidemiological diseases have been a factor leading to the extinction of indigenous minorities. From the position of the state to the problem of health protection of small-numbered indigenous people, new forms have emerged. Among the numerous aspects that need close scrutiny is its health care system which had evolved rapidly during the 20th and 21st centuries. In this context, this paper examines the medical care system of the indigenous people of the Russian Far East, in the early twentieth century.

The research includes comparative analysis of literature: documents of international law and Russian legislation concerning medical care.

The findings reveal that there have been state interventions to preserve the indigenous people of the Russian Far East. The statistics show that there has been an improvement of the demographic situation of the traditional societies.

Keywords: Indigenous small-numbered people, the Russian Far East, health care, health services, legislation.

Introduction

The multi-ethnic structure of Russia includes special ethnic communities with small-numbers of indigenous people of the Russian Far East. Their traditional ways of life have depended upon the adaptability to extreme natural and climatic conditions, yet these have given rise to specific forms of original economic activities. According to Bromley & Podolny (1990), harmonious co-existence with Nature has ensured their survival and development.

With the arrival of the Russian communities there however, the indigenous small-numbered people have faced contagious diseases which they have been completely unable to fight (Lopatin, 1995). In fact, according to the 1897 census, indigenous minorities show a negative natural population growth rate (Results of the All-Russian population census, 2014). Indeed, this comes into being because during this period, there has been accumulated experiences in fighting infectious diseases through provision of medical facilities in places inhabited by the indigenous minorities. Undeniably, this has enabled the improvement of their situation and sustainable development. In this context, this research examines the medical care system of the indigenous people of the Russian Far East, in the early twentieth century.

Its aim is to reveal the process of medicalization which has stopped the extinction of indigenous people of the Russian Far East that has improved their demographic situation. Its objectives are as follows.

1. To evaluate the socio-medical practices of folk medicine (the institute of shamanism);
2. To ascertain the emergence and development of new forms of health care in the fight against infectious diseases;
3. To reveal the normative-legal documents of Russian legislation in the sphere of accessibility to medical care.

Background to the Issue: Historical and Theoretical Background

Traditional societies are the earliest who had occupied land and have put in systems that had led to the progression of human civilization. They are societies that have reproduced themselves on the basis of traditions. They are characterized by a number of peculiarities such as the social collective nature, pre-economic nature of production, lack of education, and the dependence of social life on the religious ideas (Fedotova, 2002).

Traditional societies of the Russian Far East have been based on simple reproduction, oriented towards the past and its repetition. They have included a group of nationalities (Koryaks, Nanai, Negidals, Nivkhs, Orochs, Udegeans, Ulchi, Chukchi, Evenks, Evenes, and Yukaghirs) whose main occupation has been the traditional use industries: reindeer herding, hunting, fishing and sea fishing. The territories of the settlements have been the coasts of the Arctic Ocean, the Bering Sea, the Sea of Okhotsk and the Sea of Japan.

The concept of "small-numbered indigenous people" includes a group of people with their own special problems. In the 1920s, this special group included small-numbered nationalities of the North, Siberia and the Far East of Russia with a total population of less than 50 thousand people each. Indeed, they were self-determined as independent ethnic communities. In other words, they followed a traditional way of life in the territories of the traditional settlement of their ancestors (Obedkov, 2017).

The Constitution of the Russian Federation of 1993 has included in its text the concept of "small indigenous people of the North, Siberia and the Far East of Russia" (Article 69.) (The Constitution of the Russian Federation). In the Russian legal system, this concept has been first enshrined in the 1996 state law "On the Basics of State Regulation of the Social and Economic Development of the North of the Russian Federation" (Federal Law, 1996).

According to the censuses of 1926 and 2010, the total number of small indigenous people of the North, Siberia and the Far East of Russia increased from 133.3 thousand to 218.7 thousand people (Results of the All-Russian population census, 2014). Nevertheless, the evolution of the health care system of indigenous minorities is an integral part of the process of changing the traditional way of life. The state of health care then can be judged by the number and locations of the medical institutions. In the Soviet period since 1917, these institutions have been located only in the provincial and district centers. The rest of the territory, where the indigenous people had lived, has been actually outside the sphere of influence of medicine. According to Bobyshev (2000), in the Far East in 1920s, there was neither a coherent medical organization nor a proper medical board. Absence of proper and serious ambulatory registration and lack of medical stations have led to an extremely difficult situation in studying not only the causes of diseases in the population of the Far East but also their demand for medical help.

According to Lopatin (1995), smallpox in the Far East never ceased and from time to time took on an epidemic character. The consequences of these epidemics have been particularly severe for the small-numbered indigenous people: there have been years when smallpox killed entire herds (Rsha Fe. F. 2413, in. 4. C. 100:151.). However, for the aborigines and especially for those who had lived in the northern counties – Okhotsk, Anadyr, Kamchatka, etc., other diseases have been no less terrible. For example, measles and flu have considerably reduced small numbered Kamchadals. Similarly, syphilis and alcohol, brought by the Russians to the Far East, had also contributed to the degeneration of small ethnic groups (SARF. F. 3977. In. 1. C. 378. P. 135).

However, there has been no significant changes until the 1930s. Indeed, it has not been possible to provide medical assistance to indigenous people with nomadic lifestyle living in remote places (Decree of the VTsIK and SNK RSFSR of February 2, 1925). Moreover, there has been no medical network at all. In 1925, there has been one medical center in the village of Naihin in the Torgon district (RSHA FE. F. 2413; in. 4:152).

Balitsky (1969), studying the problems of health care in the Far East in the 1920s, notes that Kamchatka had one hospital with 5 beds in Petropavlovsk and 10 paramedic stations, the staff of which consisted of 2 doctors, 12 paramedics and 4 midwives, and one worker of a paramedic station had to serve the territory of 250 thousand square km.

In areas of Chukotka, Koryak National District where nomadic and semi-nomadic lifestyle of aboriginal households had no medical care, existence of the indigenous population was threatened (SAMR, 38. in. 1. C. 49:29).

By the early 1930s, there has been 6 doctors, 22 paramedics and 2 midwives in the Kamchatka district and 1 paramedic in the Chukchi district (RSHA FE, 2413. In. 4. C. 100. P. 155). It has not been possible to provide medical assistance to the indigenous people of Kamchatka and Chukotka who lived in remote places and had led a nomadic way of life.

Indeed, unsanitary conditions and lack of basic medical care has led to mass illnesses of women giving birth, often with fatal outcomes, and this, in turn, has led to imbalance in the male and female populations (SAKhK. F. 58. In. 1. C. 30. P. 2).

Unsurprisingly, the result of such extremely unsatisfactory state of medical care has led to high mortality rates, and in some ethnic groups (Chukchi, Koryaks, Aleuts) it has exceeded the birth rate. For example, the birth rate among the Koryaks was 3.3 per cent, mortality 5.2 per cent, and natural increase –1.9 per cent; among the Chukchi, the birth rate was 2.7 per cent, mortality 3.2 per cent, and natural increase – 0.5 per cent. Mortality was particularly high among the babies under 1 year of age; in the Chukchi, it was 31 per cent and in the Koryak it rose to 41.6 per cent (SARF. F. 3977. In. 1. C. 378. P. 133).

In the mid-1920s the organization of medical service for indigenous people has been established which was the beginning of the emergence and development of medicalization (Akhmetova, Musalitina, Gorelikov & Jalilova, 2023).

The historiography of the indigenous people of the Russian Far East distinguishes two periods in the development of knowledge on the problem under study. The leading trend of the Soviet period was the Marxist methodology. The thesis of a special way of overcoming the "backwardness" of small-numbered indigenous people prevailed (Bromley, 1998). The modern period is marked by search for a new methodology and the convergence of positions of historians and jurists.

Review of Literature

The review of achievements of historiography on this issue reveals the formation of holistic explanatory concepts of building an effective system of medical care for the indigenous minorities. Much has been researched and published. Among them, Balitsky (1969), Sergeyev (1955), Gontmakher (2003), and Startsev (2005) have made significant contribution to the study of evolution of health care in the traditional societies of the Russian Far East. From the position of Marxist methodology, the works of scientists provide extensive knowledge on the initial stage of medical system creation and health care for the indigenous people.

Dolgikh (1970) and Zibarev (1968) examine the approval of health care system at subsequent stages of its evolution in the second half of the twentieth century. They attribute this to the undoubted achievements of accumulating and comprehending specific historical material in the formation and development of medical and sanitary services for indigenous people.

The studies of indigenous scholars deserve special attention. Among them, Smolyak (1966), Taksami (1965) and Rosugbu (1976) have examined the specifics of the creation of health care system among the Nivkh, Nanai, Oroch, and Udegean people.

With the establishment of the Institute of History, Archaeology and Ethnography of the Far East People in 1971, a comprehensive program for the study of the history of the Far East

has also been developed, including among the priority studies in the published collections (For example, History and culture of the Nanai people. Historical and ethnographic sketches, 2003). From the perspective of relatively new science – ethno-demography - the published works examine changes in the number of small indigenous people since the beginning of the 20th century. There, the results of improved medical care and health protection of indigenous minorities in the 1930s are shown. It is confirmed that in the 1970s, the number of indigenous minorities have stabilized.

Certain aspects of the problem under study based on the application of methodology of social history and the concept of medicalization are considered in the works of Argudyaeva (2002), Akhmetova, Bobyshev and Musalitina (2022), Bobyshev (2000), Leonov (2017), Obedkov (2017). Moreover, Kryazhkov (2019) has studied the documents of international law and Russian legislation in a broader context. At the same time, Stefan (1994) has established an objective coverage of historical process of change in the traditional way of life of the indigenous people. Adding to this, Kolarz (1953) identifies the establishment of a health care system as an important positive aspect of the Soviet social transformation with regard to the indigenous people. Melori (1981) considers the solution of social problems, including medical care for indigenous people as a preparatory stage in the transition from the traditional to modern development. As can be seen, most of the international researchers agree that transformations in the traditional societies and the creation of health care system have accelerated the transition of small-numbered indigenous people to an industrial society.

The information base is represented by the data of the State Archive of the Russian Federation (SARF), Russian State Historical Archive of the Far East (RSIA FE), regional archives of the State Archive of Khabarovsk Region (SAKhK), State Archive of Magadan Oblast (SAMR), normative-legal documents and the scientific publications.

Using the materials of the State Archive of the Russian Federation (Fund 3977, inventory 1), gives an opportunity to study the documentation on the history of health care system for the indigenous minorities; archive fund contains various statistical data on the state of health care for the indigenous minorities which makes it possible to trace the evolution of the health care system of these people.

The most important and detailed information on the establishment of the health care system for the indigenous people is contained in the regional funds. RSHA FE (fund 2413, inventory 4) contains information confirming that it was not possible to establish a medical network to provide medical assistance to the indigenous people with a nomadic lifestyle living in the remote areas. Thus, in 1925, there has been one medical center in the Nanai village of Naikhin, Torgovskiy District [4].

The information from the regional funds of the SAKhK (Fund 58) and from the SAMR funds (Fund 22) has made it possible to trace the level of development of the health care system of the indigenous people. These show that it has been established that the system of medical and hygienic service took an important place in the ongoing medicalization.

Research Methodology

This research investigates the state interventions in the preservation of small indigenous minorities from the position of theoretical and methodological development of the concept of medicalization and the use of systemic and comparative analytical methods. The term "medicalization" has been used in scientific medicine since the 1970s. The scientific concept of medicalization was developed by the French scientist Foucault (2005). Medicalization is seen as one of the methodological and organizational resources of the state in the fight against infectious diseases. With the development of medicalization, the scope of scientific understanding of the evolution of indigenous conservation health care is expanding. One of the key issues is demography, and the adoption of state measures to increase immunization of the indigenous people and accessibility of medical care.

The problem of health care of the Russian North indigenous people has been widely covered in scientific literature. Nevertheless, the issues of medical care of the taiga-tundra zone

of the Far East indigenous population is still less studied (History and culture of the Nanai people; Historical and ethnographic sketches, 2003).

Hence, the methodological basis of the research involves the methods of systemic, comparative analysis and the civilization approach. Taking into consideration the doctrinal developments of the civilization approach has made it possible to present a general picture of the medical condition and the medical and sanitary services of the indigenous small-numbered population.

One of the most important methods of obtaining scientific knowledge is the system approach which is successfully applied in the study of processes concerning the individuals, the society and the state. The system approach was used to reveal the content and the consequences of demographic processes in national districts of the Far East during the period under study. Another significant methodological approach in the study of medical conditions and health care of the indigenous population is axiological approach. This is a philosophical perspective focused on the study of value (axiology), guiding how individuals and researchers understand, prioritize, and act on what is considered good, right, beautiful, or worthwhile, impacting ethics, aesthetics, and research choices.

Findings

Socio-medical Practice of Folk Medicine

The Russian Far East where in the early twentieth century aboriginal population was threatened with extinction due to the lack of any medical care, is of the greatest interest for the problem under study (Klimova, 2020). The centuries-long isolation lifestyle of aboriginal population in severe conditions in the underpopulated part of the Russian Far East has formed 19 ethnic minority groups with special immunity that differs significantly from that of the people of central Russia (Sergeyev, 1955).

In fact, a long period of evolutionary development of small-numbered indigenous people has created an original system of survival. Knowledge of traditional medicine and its application in practice belongs to the cultural and historical heritage of the small-numbered people (Startsev, 2005).

It is revealed that the established institution of shamanism was a carrier of traditional values that has ensured harmony between people and Nature. The shaman's functions were very diverse. Bereznitsky (2003), who studied medical practice of shamanism among the Nanai people, drew attention to very different types of rituals: negotiations with spirits to restore health, giving vitality to a person, searching for causes of illness and treatment using folk medicine.

Medical practice of shamanic healing was based on animistic ideas about the causes of disease and its treatment and preventive measures. Therapeutic process of shamanic healing used traditional techniques of general medical practice on which the favourable outcome has depended. In archaic societies, the actions of a shaman-physician as a possessor of specific set of healing tools were widely demanded (Knyazkina, 2016).

It is important to note that the only means of health-improving practice of shaman-healers was folk medicine which was quite well developed for that time. In the dictionary of Ulchi folk medicine, there were more than 150 terms used by the shamans for medicinal purposes. They have used 63 species of plants in medicinal practices (Gontmacher, 2022). This has involved preparing various decoctions, tinctures, powders, and effective systems of treatment for gastrointestinal diseases and kidney and liver diseases. These diseases were cured through the medical practice of shamans by using dog, bear, badger and seal fat. In fact, inner fat of moose has also been widely used for treating colds.

For the treatment of heart diseases, sniffing smoke of burning herbs known to the shamans has been practiced. Similarly, to treat severe coughs, birch sap with the addition of seal fat has been used. Many variants of toothache treatment have been developed by gargling the mouth with tinctures of rose hips and other herbs. Eye disease has been treated by washing with infusion of decoction of fish scales. Burns have been successfully treated by applying hare skin. Bear bile has been used as restorative means. During flu epidemic, the smoke of *Ledum* has been used to fumigate the dwellings.

In fact, in surgical practices, shamans have performed simple surgical operations. In the case of fractures, splints made of branches of shrub have been used, and tincture of millennial has been used as a styptic. Boils and furuncles have been opened with the subsequent application of plantain leaves.

It is noted that Shaman-healers were famous outside their villages. Bogoraz (1939) notes that the shamans of Chukotka had their own specific methods of healing - magical shamanic surgery. He gives an example of shamans using a special knife (scalpel) to open the body of a patient (Bogoraz, 1939). Vdovin describes examples of shamans' treatment of headaches, rheumatism, abscesses and haemorrhage (Vdovin, 1981). Itelmen and Evenki (2011) show that shamans-physicians have widely used folk medical knowledge. The effective means against diseases among the Evenks has been the creation of psychological mood of the patient. Thus, healing has been carried out through hypnosis.

The essence of treatment by psychotherapeutic influence – *kamlaniye* – is that the patient's consciousness is affected by sound impulses of strictly defined frequency, duration and tonality. In this case, according to Vdovin (1981), the periodicity of impulses by the shaman-healer has been maintained with high precision. As we can see, the medical practice of shamans was an integral part of the traditional culture and religious beliefs of the indigenous people of the Far East without which it would have been difficult for the aborigines to survive.

Certain aspects in assessment of institution of shamanism in historical science remain insufficiently researched. Argudyaeva (2002), studying the resettlement process of peasants from the central part of Russia to the Far East, notes that the lack of qualified medicine has created difficulties in their adaptation. In this regard, the settlers not only used folk medicine of the natives but also adopted knowledge and skills of the shaman-healers.

In Soviet literature, the institution of shamanism has received extremely negative assessment. As a traditional form of worldview of small-numbered indigenous people together with Orthodoxy and Buddhism, shamanism was to be completely eradicated (Decree of the Central Executive Committee and the Council of People's Commissars of the RSFSR dated February 2, 1925). In contrast, foreign experts studying the phenomenon of shamanism note that among shamans there were talented singers, storytellers and artists who fulfilled the role of keepers of national culture. In this regard, Rubel (1971) writes that the therapeutic art of ancient healers-shamans was based on centuries of experience and it makes no sense to reject some of their techniques just on the basis that they are "shamanic".

Evolution of Health Care for the Indigenous Minorities

Huge amounts of work was to be done to collect data to form the basis of a comprehensive program of medical and sanitary services for the indigenous minorities. For this purpose, 31 mobile medical and sanitary units have been established in the Russian Far East. Their tasks have included examination of indigenous small-numbered

population, primary medical assistance for patients, preventive measures as well as smallpox vaccination and health education. Importance has been given to establishing a network of stationary medical centers. Thus, while in 1931, there have been 45 of them in the Far East, in 1934 there were 64 (SARF. F. 3977. in. 1. C. 908. p.15).

At the second stage of the health care system development, it has been necessary to build a network of hospitals, to establish regular medical services for the settled population of Aborigines. One of the most difficult tasks has been to solve the issue by training doctors and nurses from among the Aboriginal people.

Along with the improvement of medical service, extensive explanatory work has been carried out among the aboriginal population in the fight against unsanitary conditions and traditional lifestyle habits. After the censuses of aboriginal population conducted in 1926-1937, their number in the Far East has increased from 49,200 to 62,700 (The latest data on the number of the people of the North).

It is important to consider the provision of medical care for the indigenous people in 1950-1970. In order to consolidate positive trends in the sphere of medical care, it has been necessary to develop clear legal structures for creating constant sanitary and medical care (Sokolova, 1971). This task has been resolved by the creation of an effective health care system available in the places of living of the indigenous people. In fact, for this purpose, it has been planned to build 6 hospitals, 12 paramedic stations, 14 outpatient clinics and 1 anti-tuberculosis station in the areas inhabited by the indigenous population of Kolyma (SAMR. F. p.38. in. 1. C. 49. p.29.).

Program guidelines for the development of medical and sanitary-hygienic services for the indigenous minorities has been enshrined in the Resolution of the Central Committee of the CPSU and Council of Ministers of the USSR "On Measures for Further Development of the Economy and Culture of the People of the North" (1957). This normative legal act includes a list of measures interrelated in terms of tasks, timing, resources and instruments of implementation, including the development of a wide network of health care in the areas inhabited by the indigenous people of the North Siberia and the Far East. A network of medical institutions was to be set up in the territories of nomadic and semi-nomadic population remote from the district centers and supplied with modern medical equipment. In three years, 55 clinical and diagnostic centers have been set up in the remote areas inhabited by the indigenous minorities of the Far East. In doing so, particular attention was paid to improving medical service and health care for women and children, as well as constant monitoring of the newborns (SAKHK. F. 58, in. 1. C. 1032. p.60.).

By 1980, the program of medicalization covered the entire indigenous population of the taiga-tundra zone of the Far East. It has been possible to provide emergency aid by air ambulance and to supply the population with medicines and other pharmacy goods. It is fair to note that development of network of medical and health care institutions during the period under study has changed the demographic situation by reducing morbidity rate among the indigenous population.

In the definition of medical term "health" WHO (World Health Organization) specialists propose to consider the state of a healthy person as "complete physical, psychological and social well-being, not just the absence of disease or illness" (WHO Statute, 2023). Based on this definition, medicine becomes a kind of biopolitical strategy that activates the task of developing the health care system to preserve the northern people as a factor not only of reproduction but also of sustainable development. One of the most important tasks of solving the problem is the medicalization of ensuring female health, maternity and infancy.

Medically, female health and diseases in contrast to male health due to unique biological, behavioral and social conditions are viewed in different scientific and practical perspectives. Biopolitical differences range from phenotype to cellular and have specific risks for poor health (WHO, 2016). During the process of medicalization aimed at ensuring female health, maternity and infancy in the national areas of the Far East, the government has guaranteed free medical care for all the women and children. The role of medical-obstetric stations in providing medical assistance to women in labor in remote settlements has been particularly important. For this reason, their number has tripled between the 1960s and the 1980s.

At the same time, the network of ambulance stations was expanding. For example, in Chukotka District where there were no stations before 1960, eight ambulance stations has been established in three years (Kabanova, 1971). Expanded network of functioning female counseling centers makes it possible to cover the life period of aboriginal women's pregnancy, childbirth, and successive recovery.

The state medicalization program of the 1980s has consolidated positive trends in the preservation and development of the indigenous minorities in the Russian Far East. The evolution of indigenous health care system during the period under review has been an integral part of the process of changing the traditional way of life of the indigenous people (Akhmetova, Bobyshev and Musalitina, 2022).

Normative and Legal Regulation of the Rights of the Indigenous Minorities to Medical and Health Care

Legal support of the health care for the indigenous minorities has been further developed in the post-Soviet space. The Federal Law "On Guarantees of the Rights of Indigenous People of the Russian Federation" (Federal Law, 1999) is among the first in the development of normative support for the rights of indigenous people. Article 8 states that individuals belonging to the indigenous minorities have the right to receive free medical care in state and municipal institutions within the framework of the program of state guarantees of compulsory medical insurance. The protection and preservation of life peculiarities of indigenous people of the North, Siberia and the Far East became a significant function (Lizunova, 2022).

The main direction of effective activity of the state and its structures in the sphere of medical care for these people is directly affected by the implementation of the Concept of Demographic Policy of the Russian Federation for the period up to 2025 (Decree of the President of Russia, 2007). The Concept is based on the right of Russian citizens to medical care enshrined in the 1993 Constitution of the Russian Federation and Article 19 of the Federal Law "On the Fundamentals of Public Health Protection in the Russian Federation". The law makes it possible to develop at the federal and regional levels, a conceptual model of therapeutic and preventive measures, monitoring of general state of health of small indigenous minorities in places of compact settlement, identification of disease risk factors and scientific justification of management decisions (Federal Law, 2011).

At the same time one of the key tasks has been to create the conditions for improving demographic indicators of the indigenous people. By preserving and improving the health of the indigenous people, the goal has been to increase the active life expectancy, reduce maternal and infant mortality rates and create conditions for access to quality health care (Resolution of the Government of the Russian Federation, 2017).

In the modern conditions, national policy implemented by the State with regard to indigenous minorities of the North, Siberia and the Far East include an extensive program of medicalization of the small indigenous minorities. This is directly related to the organizational resource of minimizing cases of infectious diseases. An illustrative example of this is the localization of the spread of pneumonia infection (COVID-19, Wuhan pneumonia) in 2019 (Vankovska, 2021).

The epidemic of coronavirus pneumonia shows that the ethnicity of certain aboriginal people in the national districts of the Far East (Ayano-Maisky, Tuguro-Chumikan district of Khabarovsk Krai, Chukotka National District) were at a higher risk. The pandemic phenomenon has become one of the main problems of the debate in the medical scientific circles about the proportionality of anti-epidemic measures taken against different Aboriginal ethnic groups. Virologists have stated "differential" vulnerability because of the higher risk exposure of the aboriginal people. This has made it clear that along with environmental pollution, new epidemics of coronary pneumonia is most dangerous to socio-biological existence of the indigenous people.

As we can see, the problem of preserving the health of the indigenous people has become one of the key issues of modern high-tech medicine. Its solution requires the development of state measures to increase immunization of autochthonous people, and the improvement of legislation aimed at reorganizing existing medical support in national areas.

Comparative analysis of international law documents and Russian legislation in the legal sphere of national policy with regard to the indigenous people allows to affirm that they are granted special rights, legally enshrined in the Convention on Indigenous and Tribal People in Independent Countries and the United Nations Declaration on the Rights of Indigenous Peoples. These documents allow to build a system of regulation and protection of the rights granted. (Convention on Indigenous and Tribal Peoples in Independent Countries [Convention No. 169] (Adopted June 27, 1989 by the General Conference of the International Organization).

Kryazhkov and Garipov who analyzed international legal acts on the protection of the right to health care of aboriginal people, focus on granting traditional ethnic groups broad rights, mainly in the sphere of self-determination and development (Kryazhkov and Garipov, 2019).

They point to the absence, unlike Russian legislation, of normative-legal acts regulating the issues of health protection of aboriginal population. It is obvious that the legislation of Western countries pays sufficient attention to the protection of traditional culture and languages but ignores the key factor of preservation of aboriginal people - the protection of their health. In turn, the western experts, Black and McBean, (2016) exploring the "ethno-psychological factors" influencing the spread of diseases of "adverse psychological properties" in traditional societies, directly link to the problem of health care. In this regard, Zaikov and Lipina (2017) conclude that industrial development of territories of traditional Nature-use of the aborigines does not correspond to the "ecological capacity" of the natural environment; in the absence of adequate measures having a devastating impact on their health.

Special attention should be paid to the constitutionality of the right to medical care of the indigenous people of the North, Siberia and the Far East, as the citizens of Russia. Aborigines of traditional societies of the Arctic states, unlike indigenous people of Russia, are not granted such a status. It should be noted that the state program of the Russian Federation "Development of health care", approved by the government on 26.12.2017, provides measures of primary medical care to the aboriginal people, along

with preventive medical examinations at least once a year. This program guarantees medical and sanitary assistance to indigenous minorities by means of essential medicines coverage (Resolution of the Government of the Russian Federation, 2017). Article 50 of the Federal Law "On the Fundamentals of Health Protection of Citizens in the Russian Federation" defines the procedure for realization of right to practice folk medicine (Federal Law, 2011).

Conclusion

This paper examined the evolution of health care in the traditional societies of the Russian Far East in the 20-21st centuries. It was revealed that the considered forms of health care of folk medicine (the institute of shamanism) and the social institution of medicalization expand scientific understanding of the problem of preserving indigenous people of the Russian Far East. Based on all of the above, it can be concluded that the main function of the institute of shamanism in the traditional societies of the Far East has been healing which was to treat and protect tribesmen's health.

However, shamanism, which played a major social role in the historical development of the traditional societies, was outlawed by the Soviet authorities. Nevertheless, in 1975, in Leningrad at the international scientific conference 'Ethnography and Folk Medicine,' shamanism was rehabilitated. For the first time, it was admitted that modern indigenous people, developing their medical art far from the world civilization, were worthy rivals of modern European medicine.

Study of the evolution of health care for the indigenous minorities has shown that in 1930, medicalization measures of the government for the indigenous people had established regular medical service for them. Thus, their extinction was halted and their demography was improved. In 10 years (1926-1937), the number of indigenous people of the Russian Far East had grown from 49,907 to 62,761. During 1950-1980, the expansion of medical service network solved the problem of full medicalization coverage of indigenous minorities of the Russian Far East. According to the 1989 census, total birth rate among the indigenous people of the Russian Far East has been 31.9 per cent.

According to the 2010 All-Russian population census, the number of indigenous people in the Russian Far East has been 105,000. The most numerous groups are the Evenks (27,000), the Eveny (22,000), the Chukchi (15,400), the Nanai (12,000), and the Koryak (7,700). In the period from 1979 to 1989, the demography of indigenous minorities has increased. The statistics on the demography of indigenous people of the Russian Far East of the period under study do not give any grounds to speak of their extinction.

It is clear that the considered main directions of the Russian legislation on health protection of the indigenous minorities of the Russian Far East have created conditions for their preservation as communities with a special status. Russian legislation does not consider these people as "disappearing" people but as political entities that have the right to preserve and develop based on their own aspirations and desires. In the XXI century, the problem of preserving the health of the indigenous minorities of the Russian Far East and ensuring their sanitary and epidemiological well-being is being solved under the State program for the development of health care. Legislation has created conditions for indigenous minorities to have access to medical care and medicine.

Acknowledgements

The authors declare that research is supported by a grant no. 23–28–01366, <https://rscf.ru/project/23-28-01366/> of the Russian Science Foundation, for whom they are grateful.

Ethical Considerations:

The authors declare that this research was conducted following the accepted ethical standards. None of the rights of the indigenous people have been impinged upon or violated.

Conflict of Interest:

The authors declare that there is no conflict of interest.

Availability of Data:

The authors acknowledge that not all the data gathered are presented here. However, they are available for scrutiny, if and when they are required for verifying the data employed in this research.

References:

- State Archive of the Russian Federation (SARF). F. 3977, in. 1. C. 378. p. 133.
 SARF. F. 3977, in. 1. C. 378. p. 135.
 SARF. F. 3977, in. 1. C. 908. p. 15.
 Russian State Historical Archive of the Far East (RSHA FE). F. 2413, in. 4. C. 100. p. 150.
 RSHA FE. F. 2413, in. 4. C. 100. p. 151.
 RSHA FE. F. 2413, in. 4. C. 100. p. 152.
 RSHA FE. F. 2413, in. 4. C. 100. p. 153.
 RSHA FE. F. 2413, in. 4. C. 100. p. 155.
 State Archive of Khabarovsk Krai (SAKhK). F. 58, in. 1. C. 30. p. 2.
 SAKhK. F. 58, in. 1. C. 1032. p. 60.
 State Archive of Magadan Region (SAMR). F. p–38, in. 1. C. 49. p. 29.
 Argudyaeva, Y. V. (2002) “Peasants–new–settlers of the Iman valley of the South Ussuriysky Krai”, *Izvestiya Rossiiskogo gosudarstvennogo istoricheskogo archivo Dalnego Vostoka, Vladivostok*: 4(1), 46–66.
 Akhmetova, A. V., Bobyshev, S. V & Musalitina, E. A. (2022), The health care system as a mechanism of integration of indigenous small–numbered peoples of Khabarovsk Krai into Soviet society (second half of 1950s – second half of 1980s), *Komsomolsk–on–Amur: FGBOU VO "KNAGU"*.
 Akhmetova, A. V, Musalitina, E. A, Gorelikov, A. I. & Jalilova, S. S. (2023), “Development of Traditional Communities of the Khabarovsk Territory During the Population Policy of 1970s–1980s of Russia”, *ISVS e-journal*, 10(8), 123–135.
 Balitsky, V. G. (1969) *From patriarchal–communal system to socialism*, Moscow: Mysl.
 Black, K. & McBean, E. (2016), “Increased Indigenous Participation in Environmental Decision–Making: A Policy Analysis for the Improvement of Indigenous Health”, *The International Indigenous Policy Journal*, 3(1).3–24.
 Bobyshev S. V. (2000) *Committees of the North of Eastern Siberia and the Far East*. Vladivostok: Vladivostok University Publishing House.
 Bogoraz, V. G. (1939) *Chukchi. Religion*, Leningrad: Izd–vo Glavsevmorputi.
 Bromley, Y. V. & Podolny R. G. (1990), *Mankind is people*, Moscow: Mysl.

- Bromley, Y. V. (1998) *Ocherki istorii ethnos*, Moscow: Nauka.
- Vdovin, I. S. (1981) *Chukchi shamans and their social functions. Problems of the history of social consciousness of Siberian aborigines*, Leningrad: Nauka.
- Gontmacher, P. Y. (2003) *Ulchi. Man. Time. Culture*, Khabarovsk: Grodekov.
- Decree of the VTsIK and SNK RSFSR of February 2 (1925) "On Approval of the Regulations on the Committee for Assistance to the Nationalities of the Northern Suburbs under the Presidium of the All-Russian Central Executive Committee", at <https://www.consultant.ru>, accessed on 19 September 2023.
- Decree of the VTsIK and SNK RSFSR of October 25 (1926) "On Approval of the Provisional Regulations on the management of indigenous nationalities and tribes of the northern suburbs of the RSFSR", at <https://www.consultant.ru>, accessed on 25 September 2023.
- Dolgikh, B. O. (1970) *Transformations in economy and culture and ethnic processes in the peoples of the North*, Moscow: Nauka.
- Zibarev, V. A. (1968) *Soviet construction in the small peoples of the North (1917–1932)*, Tomsk: Nauka.
- History and culture of the Nanai people. Historical and ethnographic sketches. (2003) St. Petersburg: Nauka.
- Results of the All-Russian Population Census. (Federal State Statistics Service). T. 4. M. Statistics of Russia. 2014.
- Knyazkina, T. A. (2016) "Medical practice of shamans of indigenous peoples of Kamchatka (second half of XIX – XX c.)", *Bulletin of KNAGTU*, 4(1)21-25.
- Kolarz, W. (1953) *Russia and her colonies*. London: ?
- Leonov, S. N. (2017) "Problems and prospects for the development of traditional economic activities of indigenous small-numbered peoples of the North of the Far East", *Regionalistics*, 4(2), 26-43.
- Lipina, S.A., Zaikov, K.S. & Lipina, A.V. (2017) "Introduction of Innovation Technology as a Factor in Environmental Modernization in Russian Arctic", *Economic and Social Changes: Facts, Trends, Forecast*, 10(1)164-180.
- Lizunova, I. V. (2022) "National Press of Siberia and the Far East History: An Exploration of the Current State", *ISVS e-journal*, 9(4), 220-228.
- Lopatin, I. A. (1995) *Orochi - kin of the Manchus* // OIMK. Harbin, 1995. C. 1-30.
- Malaurie, J. (1981) "Experience societies et le problem national: le Nord Siberian et le Far East", *Experience societies et le problem national dans monde*, 1(1), 309-330.
- Kabanova, I. K. (1971) *Implementation of Lenin's national policy in the peoples of the Far North*, Moscow: Nauka.
- Klimova, E. V. (2020) "About redundancy and completeness in Russian historiography: an analytical review of studies on childhood culture of indigenous small-numbered peoples of the Russian Far East", *Scientific Notes of Komsomolsk-on-Amur State Technical University*, 2(1), 13-17.
- Convention on Indigenous and Tribal Peoples in Independent Countries (1989), at <https://www.consultant.ru>, accessed on 25 September 2023.
- Constitution of the Russian Federation (adopted by vote on 12.12.1993 with amendments approved in the course of all-Russian voting on 01.07.2020 // Information and Legal Portal Garant. – URL: <https://garant.ru> (дата обращения: 25.09.2023)
- Kryazhkov, V. A. & Garipov, R. Sh. (2019), "ILO Convention 169 and Russian legislation on indigenous small-numbered people", *State and Law*, 9, 52-64.

- Obedkov A.P. Problems of conservation and sustainable development of indigenous minorities of the North of Russia // Russia: trends and prospects of development. 2017. - №. 3. - С. 955-963.
- On measures for the further development of the economy and culture of the peoples of the North: Resolution of the Central Committee of the CPSU and the Council of Ministers of the USSR (1957), at <https://www.consultant.ru>, accessed on 29 September 2023.
- The latest data on the number of the peoples of the North, at <https://www.csipn.ru/glavnaya/actual>, accessed on 29 September 2023.
- Resolution of the Government of the Russian Federation dated 26.12.2017 No. 1640 "On Approval of the State Program of the Russian Federation "Health Care Development", Information and Legal Portal Garant. - URL: <https://www.garant.ru> (date of circulation: 25.09.2023)
- Resolution of the Government of the Russian Federation dated December 26, 2017. No. 1640 "On Approval of the State Program of the Russian Federation "Health Care Development" (2017), at <https://www.consultant.ru>, accessed on 29 September 2023.
- Rosugbu, B. M. (1976) Small nationalities of Priamurye in 1959-1965, Khabarovsk: Book publishing house.
- Rubel, P. (1971) Ethnic identity among the Soviet Nationalities. Soviet National Problems, New York: Columbia University.
- Sergeev, M. A. (1955) Non-capitalist way of development of small peoples of the North, Moscow: ANS SSSR.
- Smolyak, A. V. (1966) Ulchi. Economy, culture and life in the past and present, Moscow: Nauka.
- Sokolova, Z. P. (1971) "Party and government resolutions on the development of the economy and culture of the peoples of the Far North (legal acts 1935-1968)", Realization of Lenin's national policy in the peoples of the Far North, Moscow: Nauka.
- Startsev, A. F. (2005) Culture and life of the Udegeans (second half of XIX - XX c.), Vladivostok: Dalnauka.
- Stephan, John. (1994), The Russian Far East: a history. Stanford: Stanford University Press.
- Taksami, Ch. M. (1965) Reorganization of culture and life of the peoples of the Lower Amur and Sakhalin, Moscow: Nauka.
- Vankovska, B. (2021), The synergy between geopolitics and biopolitics: COVID-19 vaccines in focus, Political Science Issues, 11(6), 1825-1832.
- WHO (2016), Child, early and forced marriage legislation in 37 Asia-Pacific countries. Inter-Parliamentary Union (IPU) and World Health Organization (WHO).
- Decree of the President of Russia from 09.10.2007 № 1351 "On Approval of the Concept of Demographic Policy of the Russian Federation for the period up to 2025", at <https://www.consultant.ru>, accessed on 29 September 2023.
- WHO Statute (2023), World Health Organization [electronic resource], at <https://www.who.int/ru/about/governance/constitution>, accessed on 29 September 2023.
- Federal Law "On Fundamentals of State Regulation of Social and Economic Development of the North of the Russian Federation" of 19.06.1996 N 78-FZ

- (latest edition) Russian Legal Portal. - URL: <https://constitutions.ru> (date of circulation: 25.09.2023)
- Federal Law (1999), "On Guarantees of the Rights of Indigenous small-numbered peoples of the Russian Federation" of 30.04.1999 N 82-FZ (latest edition), Russian Legal Portal, at <https://constitutions.ru>, accessed on 30 September 2023.
- Federal Law (2011), "On the Fundamentals of Health Protection of Citizens in the Russian Federation" of 21.11.2011 N 323-FZ (latest edition), Russian Legal Portal. at <https://constitutions.ru>, accessed on 30 September 2023.
- Fedotova, V. G. (2002), Non-capitalist modernizations and the alternative to modernization theory // *Voprosy filosofii*. № 12. С. 3-21.
- Foucault, M. (2005), It is necessary to defend society: a course of lectures given at the Collège de France in the academic year 1975-76. St Petersburg. Nauka.
- Shamanism of the people of Siberia. Ethnographic materials. (2011), Saint Petersburg: Nestor-history.