

## TO THE ANNIVERSARY OF GREAT VICTORY К ГОДОВЩИНЕ ВЕЛИКОЙ ПОБЕДЫ

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### HISTORICAL EXPERIENCE OF THE USSR LOCAL AIR DEFENCE SERVICE ACTIVITIES DURING THE GREAT PATRIOTIC WAR, 1941-1945

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**Abstract.** The aim of the study is to reconstruct the main stages of formation and development of medical and sanitary service of the USSR local air defense, to generalize the experience and to analyze the contribution of medical and sanitary service of the USSR local air defense to organization and rendering of medical aid in the Soviet rear during the Great Patriotic War.

**Materials and research methods.** The sources for the study were the documents of the Russian State Military Archives: orders, statistical reports, normative documents etc. Application of problem-chronological method allowed to reveal stages, factors and problems of development of the medical and sanitary service of the USSR local air defense of the Ministry of Defense, to reveal changes in its structure, as well as its qualitative and quantitative composition during the stated period.

**Research results and their analysis.** The research results showed that the period of the Great Patriotic War 1941-1945 was the main stage of formation of the medical and sanitary service of the USSR local air defense as a leading state system of medical and sanitary defense.

**Keywords:** Great Patriotic War 1941-1945, medical and evacuation support, medical and sanitary service, medical support of the population during the war, rescue detachments, USSR local air defense

**Conflict of interest.** The authors declare no conflict of interest

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### ИСТОРИЧЕСКИЙ ОПЫТ ДЕЯТЕЛЬНОСТИ МЕДИКО-САНИТАРНОЙ СЛУЖБЫ МЕСТНОЙ ПРОТИВОВОЗДУШНОЙ ОБОРОНЫ СССР ВО ВРЕМЯ ВЕЛИКОЙ ОТЕЧЕСТВЕННОЙ ВОЙНЫ 1941–1945 гг.

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**Резюме.** Цель исследования – научная реконструкция основных этапов становления и развития медико-санитарной службы местной противовоздушной обороны (МСС МПВО) СССР, обобщение опыта деятельности и анализ вклада МСС МПВО в организацию и оказание медицинской помощи в советском тылу в годы Великой Отечественной войны.

**Материалы и методы исследования.** Источники исследования – документы Российского государственного военного архива: приказы, статистические отчеты, нормативные документы и др. Применение проблемно-хронологического метода позволило выявить этапы, факторы и проблемы развития МСС МПВО, показать изменения в её структуре, качественном и количественном составе в течение указанного периода.

**Результаты исследования и их анализ.** Анализ результатов исследования показал, что период Великой Отечественной войны 1941–1945 гг. явился главным этапом формирования МСС МПВО как ведущей в мире государственной системы медико-санитарной обороны.

**Ключевые слова:** аварийно-спасательные отряды, Великая Отечественная война 1941–1945 гг., лечебно-эвакуационное обеспечение, медико-санитарная служба, медицинское обеспечение населения во время военных действий, местная противовоздушная оборона СССР

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Introduction. The First World War, the global scale of which led to huge losses among the civilian population, brought qualitative changes into the nature of military threats. The use of means of mass destruction (chemical weapons, bacteriological weapons, military aviation) necessitated the creation of a medical support system for the population during enemy air, chemical and bacteriological attacks. Although the basic measures for establishment of the new qualitative medical service were carried out before the war, the Great Patriotic War of 1941-1945 became the key milestone. In spite of the great contribution of the medical-sanitary service of the local anti-aircraft defense in the defense of the Soviet rear, the military experience of which was used during the creation of the Disaster Medicine Service of the Russian Ministry of Health, so far its work has not been the object of a special scientific research.

The purpose of the study is a scientific reconstruction of the main stages of formation and development of the medical-sanitary service of the local anti-aircraft defense, generalization of experience and analysis of its contribution to the organization and rendering of specialized medical care in the Soviet rear during the Great Patriotic War.

Materials and research methods. The sources were the documents of the Russian State Military Archives: orders, statistic reports, normative documents, correspondence, unpublished memoirs of the medical-sanitary service of the local anti-aircraft defense members. Application of the problem-chronological method allowed us to reveal stages, factors and problems of the development of the medical-sanitary service of the local anti-aircraft defense, to reveal changes in its structure, qualitative and quantitative composition during this period.

Results of the study and their analysis. Despite the great importance of the medical component of civil defense in the USSR up to 1938 there was no special state service of medical and sanitary protection of the rear. The preparation of the population for medical and sanitary self-defense was carried out by public organizations, mainly — the Union of the Red Cross and Red Crescent and the Society for Assistance to Defense, Aviation and Chemical Construction (Osoviakhim). The organization of sanitary squads and posts which played a significant role in the medical and sanitary defense of the rear during the Great Patriotic War began in 1928 under the aegis of the above mentioned organisations.

According to the Regulation on Anti-aircraft Defense of the Territory of the USSR (1932), medical and sanitary defense, like other areas of rear air defense, was a common task of Soviet society, in the implementation of which "all authorities, organizations, institutions, as well as all citizens of the USSR were to participate". [1]. The only specialized agency stipulated by this Statute was the Airborne Observation, Warning and Communication Service, which was to coordinate the work of public air defense formations.

Medical and sanitary protection of specific air defense facilities was entrusted to local air defense groups, formed on a voluntary basis at the place of work or residence of citizens. Training of these groups was to be carried out outside office hours and without special payment; the leadership was limited to "a minimum cadre of permanent commanding staff"; formed from the Red Army reserve fighters [2]. Lack of funding, lack of the necessary number of personnel and of time to prepare for air defense activities inevitably affected the effectiveness of local air defense groups, some of which existed only in documents.

The stage of sectoral development of the USSR medical-sanitary service of the local anti-aircraft defense refers to the 1930s, when the military-industrial potential buildup and the beginning of German aggression lead to a sharp increase in the threat of a new world war. On the eve of the war, there is an urgent need to organize special services of the local anti-aircraft defense: camouflage; order and security; shelters; transport; water supply and sewerage; commerce and catering; restoration of buildings, roads and bridges. As part of this process, the medical and sanitary defense was also singled out as an independent part of the USSR local air defense system. The training of sanitation squads for the work in the medical-sanitary service of the local anti-aircraft defense and the training of the population in the basics of the anti-chemical protection remained among the duties of the Red Cross and Red Crescent Society and the Osoaviakhim.

In the pre-war years the government of the USSR carried out a number of measures for formation of the management, legislative basis and training system for the personnel of the medical-sanitary service of the local anti-aircraft defense. By virtue of the defense and medical purpose of the new service the management functions of the medical-sanitary service were divided between the two departments. The general management of the medical-sanitary service was carried out by the USSR Peoples' Commissariat of Defense (since 1940 — Peoples' Commissariat of the USSR Internal Affairs) with the Main Administration of the Local Anti-aircraft Defence established in 1940. Scientific and methodological support of medical and sanitary defense was delegated to the USSR People's Commissariat of Health. This principle of dual subordination of the medical-sanitary service repeatedly caused discrepancies between the Main Administration of the Local Air Defense and the People's Commissariat of Public Health of the USSR, which made difficult taking of many organizational decisions during the first years of the medical-sanitary service functioning.

The first experience of the normative-legal regulation of the activities of the medical-sanitary service of the local anti-aircraft defense was the approval in 1938 of the Temporary Statute on the medical-sanitary service of the USSR local air defense in the cities of the Soviet Union (hereinafter — the Temporary Statute). As the name of the document implies, the main purpose of the medical-sani-

tary service was the protection of Soviet cities (administrative and economic centers of the USSR) from massive enemy air attacks. An important place in the activities of the service was taken by organization of counter-chemical protection, which was caused by wide use of chemical weapons in the First World War and by growth of warfare agents production in Germany in the 1930s. Significant drawbacks of the Provisional Statute became obvious to the leadership of the Main Department of the Ministry of Defense in August 1940 during the local anti-aircraft defense exercises in the largest cities of the USSR — Leningrad, Kiev, Baku, Minsk. At the meeting of the People's Commissariat of Health of the USSR, which was held following the exercise, a special commission was created to revise a number of organizational provisions of the Ministry of Defense of the USSR. The exercises revealed the following problems in the organization of the medical-sanitary service of the local anti-aircraft defense:

1. The provision did not provide for the rendering of qualified medical aid to the victims in the foci of destruction, which is the main factor ensuring the rescue of people in emergency situations.

2. The main units, acting in the center of the disaster, had to be the public formations of the medical-sanitary service of the local anti-aircraft defense: sanitary brigades and district medical-sanitary teams, the level of preparation of which, as the exercises showed, was extremely low and did not provide effective medical care to the victims.

3. The lack of a single departmental subordination of the formations — the divisional medical and sanitary teams were led by the head of the district of the local anti-aircraft defense; the sanitary brigades were led by representatives of the Red Cross Society. This led to uncoordinated and chaotic actions of the medical-sanitary service of the local anti-aircraft defense in the foci of destruction.

4. The principle of multistage evacuation, carried over into the Provisional Regulations from the experience of the previous wars, turned out to be a superfluous link in the system of medical aid. Thus, the principle of using a mobile dressing station as a mandatory stage of evacuation of casualties turned out to be inappropriate in the system of urban medical evacuation measures and contradicted the principle of priority defense of defending city-points, declared in the Regulation.

As follows from the report of the Main Directorate of the Ministry of Defense of the USSR, the commission, organized to revise the Regulations, did not start its work in full due to the lack of interest in its activities of the People's Commissariat of Health of the USSR. Only part of the members of the commission, consisting of representatives of the Main Directorate of the Ministry of Defense of the USSR, took part in the development of the draft of the updated Regulations. According to the local anti-aircraft defense the draft of the Provision created by them was not completed in time and was not approved by the People's Commissariat of Health which was a serious mistake under the conditions of the growing military danger.

The Great Patriotic War was a great test for the young system of medical and sanitary defense. Among the aims of fascist Germany were: disorganization of the rear, disturbance of military industry and infrastructure of the USSR. From the first days of the war the USSR medical-sanitary service was put into action, which allowed to avoid panic and mass victims among civilians. The appearance of lesion centers in different parts of the country required rapid approach of the first aid to the locations of the victims.

On the basis of the city public health bodies the network of mobile units of the medical-sanitary service was developed: first-aid stations and sanitary-chemical treatment; district and object medical-sanitary teams, sanitary squads and Red Cross posts, stationary and mobile dressing brigades.

In the initial period of the war the medical-sanitary service, as well as the whole Soviet public health care system, encountered a number of problems, the most important of which was a catastrophic deficit of physicians and nurses. The peacetime staff of the medical-sanitary service was insufficient to solve the problems of the war period, and recruitment of new personnel was almost impossible, because of mass mobilization of medical personnel. For these reasons representatives of public sanitary formations dominated in the composition of medical-sanitary service units. According to the data of the Main Department of the Ministry of Defense of Russia, in 1941 the only medical-sanitary team from Leningrad consisting of 16 members, 4 nurses and one doctor came to remote defeat centers on the October railroad. Thus, predominantly pre-hospital medical aid, often of poor quality, was given to the victims. Thus, according to the information of the Leningrad local anti-aircraft defense, only in 74% of cases the necessary tourniquet application was performed. This includes 12% of cases where the tourniquet was applied incorrectly. Medical triage of the wounded was reduced to a minimum, there were frequent cases of medical evacuation without taking into account the nature of lesions in the victims [4].

The main reason for most of the problems of the medical-sanitary service during this period was the lack of adequate legal regulation of the service's activity. The contradiction between the outdated norms of the Provisional Regulations and wartime requirements only exacerbated the grave situation of the early war period. The 1938 Provisional Regulation required the creation of "sanitary positions" — first-aid posts in the affected areas, the organization of which took considerable time and delayed the transfer of casualties to a medical institutions. As early as in 1940 the medical-sanitary service specialists recognized the organization of "cumbersome" dressing station as an unnecessary link in the system of medical and evacuation measures. In addition, the war experience showed that the drawback of the first-aid posts was the impossibility of complying with aseptic requirements, since the victims were extracted from under the debris of buildings covered with a thick layer of dust, construction debris, etc. [5]. In practice, the heads of the medical-sanitary service of large city-points (Moscow, Leningrad, Kiev, Minsk, Odessa) from the first days of the war refused to use first-aid posts, preferring to call an ambulance for direct delivery of victims to the hospital. Interestingly, the few leaders of the medical-sanitary service who observed the requirement of multistage evacuation were later criticized by the Main Directorate of the Ministry of Defense for "blind" adherence to outdated instructions [6].

Against the background of intense enemy raids of the first period of the war, the general shortcomings of the organization of the medical-sanitary service brightly manifested themselves. The lack of experience and insufficient level of coordination between the headquarters and the medical-sanitary service formations led to erroneous instructions, which was aggravated by frequent damage to the telephone line (in Murmansk, for example, during the war communications were damaged 232 times) [6]. The

Main Directorate of the Ministry of Defense of the Russian Federation noted cases of late arrival of the medical-sanitary service to the defeat zones and unequal distribution of forces. As a result, the evacuation time ranged from 30-50 minutes to 1-2 hours after the air raid, in some cases up to 4 hours. The absence or insufficient training of the rescue detachments was a great problem which had an extremely negative influence on the operativeness of the medical aid. Thus, the experience of the Great Patriotic War confirmed the urgent need for radical reforms in the organization and tactics of the medical-sanitary service.

On June 1, 1942 the Defense Committee under the USSR Council of People's Commissars of Defence adopted a version of the medical-sanitary service of local anti-aircraft defense reform, developed with the active participation of the First Deputy People's Commissar of Health of the USSR and the Chairman of the Union of Red Cross and Red Crescent Societies S.A. Kolesnikov [7]. In the creation of the new Provision on medical and sanitary service some proposals of 1940 were taken into account, as well as the practice of the medical-sanitary service activities in the foci of defeat. The realistic nature of the reform was influenced by the professional experience of S.A. Kolesnikov, who by virtue of his activities was well aware of the range of problems of the medical-sanitary service of local anti-aircraft defense.

The new Statute on the medical-sanitary service of the local anti-aircraft defense in the cities of the USSR had to consider an accelerated structural reorganization of the medical-sanitary service of local anti-aircraft defense. The main directions of the reform were: introduction of the principle of evacuation according to the assignment; creation of specialized medical-sanitary formations; improvement of the personnel training system. On the basis of the most effective divisional medical-sanitary teams were created companies and platoons of the infantry defense squads, designed to perform search and rescue operations: reconnaissance in the foci; search and rescue of victims; first aid). they were militarized, transferred to the barracks position; personnel principle of manning; providing with vehicles. These companies and platoons of the medical-sanitary service of local anti-aircraft defense played an important role in increasing the number of rescued, which gave the Main Department of the local anti-aircraft defense grounds for raising the question of the advisability of militarization of all medical-sanitary formations of the medical-sanitary service.

First aid squads consisting of a doctor (squad leader), two nurses and two hospital attendants were organized for the first time to provide emergency medical aid and medical triage of the wounded. The largest polyclinic of the local anti-aircraft defense area became the center of the medical-sanitary service, whose chief physician simultaneously performed the functions of the chief of the local medical-sanitary service. It should be noted, that despite the volume of the work performed, the staff of the medical-sanitary service of local anti-aircraft defense included only 500 physicians. Thus, the problem of shortage of medical personnel was solved by increasing the load on the staff of medical institutions.

The main tasks of the doctor in the affected area were medical triage of the wounded, wound infection control and antishock measures. The proximity of medical care to the lesions, medical triage and evacuation by appointment were decisive factors in improving the quality of medical care. In the reports of the Main Department of the Ministry of War and Peacekeeping Operations the problems of the

work of first-aid squads were also noted: the head of the first-aid squad was responsible for leading the medical and sanitary forces in the affected areas, but the doctors, mostly men of non-conscription age, due to their advanced age, found it difficult to carry out this work" [8]. In practice, the functions of the organization of medical and sanitary forces were transferred to the heads of paramilitary platoons of the medical-sanitary service of local anti-aircraft defense. In large defeat zones, public formations of the Red Cross continued to be used as auxiliary forces: druzhinas, posts and links of self-defense groups.

The most mass public formations were sanitarian brigades, the main task of which was to provide medical and sanitary service to asylums and hospitals and to control public order during the air-raid alarm. In 1942 the number of sanitarian druzhina fighters was reduced from 30 to 15 people, which resulted in their better control and better development of these units. Some of the most combat-ready druzhinas were transferred to the barracks position, and later paramilitary sanitary druzhinas became the core of the system of public formations of the medical-sanitary service.

One of the key factors of dynamic development of the medical-sanitary service during the years of war was the creation of multidisciplinary mass training system for personnel and population which permitted to decrease the tension of personnel problems and to increase the level of medical and sanitary education of citizens. The creation of tens of manuals on the problems of medical and sanitary units, chemical, bacteriological and sanitary protection, methods of rendering self- and mutual aid promoted theoretical generalization of the medical-sanitary service experience and formation of methodological basis of the service activity. Particular importance was given to the qualification of the personnel, which was aided by the strengthening of the practical components of training and the inclusion of special physical training courses in the curricula. On the basis of military experience new training programs for sanitary squads were created, consisting of 330-hour training course followed by final examinations. The continuous nature of the training was ensured by regular drills and annual retraining. The Red Cross Society trained 5,430 cadre sanitation squads and 273,000 sanitation squads, about 40% of whom served in the Red Army. At the same time, according to Lintvarev, head of the medical and sanitary service of the Main Department of the Ministry of Defense, the potential of these brigades was not used to the full extent due to the acute shortage of transport [8]. The result of the medical-sanitary service reform was a significant increase in the number of medical-sanitary formations. The comparison of data for 1942 and 1945 shows that during that period the total number of medical-sanitary units increased by 52%; first-aid detachments — by 460; sanitary brigades — by 84; medical-sanitary links — by 90% [9].

The formation of a narrow specialization in the work of the medical-sanitary service — the creation of first-aid detachments, emergency rescue companies and platoons, various types of sanitary units — became the main direction of the 1942 reform.

At the same time the situation of medical and sanitary service during the war remained extremely difficult. According to the data of the Main Department of the local anti-aircraft defense the sanitary squads were equipped with medical equipment by 65.4%; the sanitary posts — by 53%. There was a shortage of medicines and transport; the

use of gasoline was subject to strict limits. In the report of the Main Directorate of the local anti-aircraft defense it was noted that in the front-line and front-line cities (Leningrad, Stalingrad, Sevastopol, Odessa, Tula etc.) a "peculiar tactical situation was created which had not been anticipated either by military specialists or by the experience of previous wars" [10]. Assistance to the injured continued during raids, shelling and street battles and was associated with daily risk to life. Soldiers of medical-sanitary formations, most of whom were girls, experienced tremendous physical and moral overload. Thus, only in Dzerzhinskiy district of Leningrad on July 17, 1943 there were about 100 lesions, on which soldiers went up to 15 times a day. Baburova, the chief of medical unit, having arrived to the foci on the night of September 8-9, 1943, rendered aid to the injured during 2 consecutive days. Often the soldiers were seriously wounded and died in the process of rendering medical help. During one of the Leningrad earthquakes, which lasted from 5 a.m. to 7:30 p.m., fighter L.N.Kukushkina lost her leg; fighter Kudryavtseva, wounded in the leg, continued to provide care to the injured [11].

The main indicator of heroic work of the medical-sanitary service fighters was a particularly respectful attitude to medical and sanitary service from the part of the civilian population. Analyzing the practice of similar medical units in Great Britain, Lieutenant General V.V. Osokin, the head of the Ministry of Defense, noted that British formations began saving people only after the air raids were over, while the medical-sanitary service fighters had been working in the affected areas since the bombing began. Such rescue tactics greatly accelerated the recovery from the bombing, but resulted in high casualties among the medical-sanitary service staff.

As V.V. Osokin stated, it was the self-sacrifice and heroism of the staff that ensured the absolute authority of the medical and sanitary service among the population [12]. During the war, many medical-sanitary service fighters were awarded the medal "For Combat Merit". Thus, the work of the medical-sanitary service of the local anti-aircraft defense fighters was officially equated to participation in combat operations.

### Conclusion

1. The analysis of the experience of work of the medical-sanitary service of the local anti-aircraft defense during the Great Patriotic War was started by the Department of the Ministry of Defense of the People's Commissariat of Health of the USSR and the Main Department of the Ministry of Defense as early as in the spring of 1945.

2. During the war 187,928 persons suffered from the actions of the German aircraft. 51,493 (27 %) of them were killed; 136,435 (73 %) were wounded. In the affected zones the formations of the medical-sanitary service of the local anti-aircraft defense rendered medical aid to 135 224 injured, 60% of which received shrapnel wounds; 25 persons were traumatized; 15% received blast damage.

Emergency medical aid was rendered on the average within 16 minutes from the moment of injury, death rate during evacuation did not exceed 3,0-3,5%. The percentage of casualties discharged from hospitals with full restoration of the ability to work was 80 %, with disability — 20 % [13]. The results of the war disproved the specialists' pre-war forecasts of the number of losses per raid: the losses were 1% of the total population; the real losses turned out to be 0.0094%.

The analysis of the results of the medical-sanitary service activities during the war testifies to the effectiveness and validity of the medical-sanitary service of the local anti-aircraft defense reform, carried out under extremely difficult conditions and in an extremely short time. Summarizing the results of the military work of the medical-sanitary service of the local anti-aircraft defense, it is important to take into account that on the eve of the Great Patriotic War, the medical and sanitary service was at the initial — according to the head of the Murmansk medical-sanitary service — almost "embryonic" stage of organizational formation [14]. The legislative basis of the service was temporary and incomplete, its personnel was at the stage of formation, and there was practically no experience of real activity.

The turning point in the development of the medical-sanitary service was the renewal of its legal basis, which made it possible to organize the military activities of the medical-sanitary service of the local anti-aircraft defense during the war in the most rational way. The result of the 1942 reform was the completion of formation of the main components of the medical-sanitary service: normative-legal regulation, scientific-methodological basis, specialized branches and units, infrastructure and experienced personnel, which conditioned the formation of the medical-sanitary service of the local anti-aircraft defense as a unified system of forces and means management.

The main result of the activities of the medical-sanitary service of the local anti-aircraft defense was a significant contribution to the Victory, preserving the labor capacity of the home front and the economic potential of the country. Summing up the activities of the medical-sanitary service of the local anti-aircraft defense during the war the head of the Department of the medical-sanitary service of the local anti-aircraft defense the People's Commissariat for Health I.M.Timko wrote that "the medical and sanitary experience of the modern war by far exceeds in its significance everything that medical science and practice accumulated in the previous wars" [15].

The scale and national character of the activities of the medical-sanitary service of the local anti-aircraft defense of the USSR during the Great Patriotic War had no analogues in the world practice of medical and sanitary defense. The activities of the USSR medical-sanitary service of the local anti-aircraft defense became the world's first experience of continuous systematic work of medical and sanitary services in conditions of regular bombardments and transfer of a number of cities to a state of siege.

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