

# Introduction: Health and Care Work in Postsocialist Eastern Europe and the former Soviet Union.

*Maryna Y. Bazylevych, Luther College, USA*

*Emilia Hresanova, University of West Bohemia, Czech Republic*

In the last several decades, life expectancy in Eastern Europe rapidly plunged, reaching a record low. The shocking numbers, 60 years for men in Russia and 73 for women, became synonymous with the disintegration of social welfare programs, support networks, and indeed the social order (WHO country statistics). Social support networks further retreated as states unleashed neoliberal shock therapy policies (Field and Twigg 2000). Healthcare systems often bore the brunt, and were exposed in the media, official reports and scholarship as underfunded, inefficient, and in need of serious reform (Barr and Field 1996, Field 1995, Twigg 1997).

The healthcare domain has been struggling with adapting to changes, yet inadequate GDP percentiles and political instability often deem reforms fruitless due to the lack of consistent approach and implementation strategies. In addition, these changes require major cultural shifts, challenging commonly shared beliefs and contradicting people's ideas of morality (Bazylevych 2009, Hresanova 2010, Steinberg and Wanner 2008). Yet these problems have solutions, and the authors of this special issue point out how changes have opened new arenas in which healthcare field has been making strides. Familiar social practices are reinvented, and some are retained, while others are tossed away. In the process, challenges proliferate, as the research of the contributors to this volume demonstrates. It confirms what Sarah D. Phillips pointed out in 2005: "Socialism 'still matters' for the ways in which people think of their societies, experience institutions of the state and the market, shop, seek out support networks, engage in entrepreneurial practices... in short, for how they live their lives" (441). Yet, the very existence of these discussions point to the dynamism of the healthcare field and the opening of creative spaces for negotiation. Furthermore, the study of health is an especially revealing site of investigation, for it opens the door for understanding social change more broadly, both on the macro-level and the level of lived everyday experience, as Michele Rivkin-Fish notes in this issue.

First of all, it is important to acknowledge that Eastern European health care systems are diverse, as different countries have chosen different development and reform strategies. Many adopted various forms of health insurance (Russia, Poland), while some continued to use the state-sponsored health care model (Ukraine). Some relied on publically funded models in which the state owns and manages health care services (Czech Republic, Hungary, Poland), while others used a combination of publicly and privately owned providers (Slovenia) (Tajnikar et al. 2007). Life expectancy patterns also developed differently in Central Eastern Europe and the former Soviet states. Life expectancy is increasing in the former due to decline in cardiovascular mortality, while the same indicator is rising in Russia and Ukraine, further exacerbated by

increase in violent deaths and infectious mortality (Mesle 2004). At the same time, all these countries are rooted in shared socialist experiences and a centralized healthcare delivery and financing system, known as the Semashko model. They also face similar issues of initiating or completing market-oriented healthcare reforms and a general increase in healthcare costs originating in cost-increasing technology, aging of the population, increasing health care prices and sometimes inefficiency (Tajnikar et al. 2007). As Heidi Bludau's article demonstrates, the emergence of an extended open market for healthcare services is shaping these transformations.

In 2005, a special issue of *Ethnos* on post-socialism used the lens of Foucauldian governmentality and subjectivity to compare various ethnographic scenarios (Phillips 2005). In our 2011 AEER issue, discussions of state and structures of power in healthcare continue to remain central. Authors in this issue explore the way various actors negotiate their positions regarding the state, market, and other actors. At the same time, their analyses also challenge the idea of governmentality, pointing out spaces where medical surveillance and support networks are patchy at best, creating what Diana Gibson (2004) calls "gaps in the gaze." Referring to the South African example, she suggests that a lack of funds and inefficiencies of the system create an unstable environment in which many patients become invisible, beyond the gaze of the state. Dunn (2008) captures a similar process with the concept of "stateless space." Stateless spaces are "social spaces that remain uncolonized, unpenetrated and largely abandoned" in post-socialist contexts. Many contributors to this issue describe examples of such gaps in the gaze, most prominently Jennifer Carroll and Shelly Yankovsky in their accounts of HIV/AIDS outreach programs and mental health facilities in Ukraine.

We open this special issue with Michele Rivkin-Fish's essay; Rivkin-Fish invites us "to think anthropologically about health after socialism." She provides a rich prelude to the volume and helps us to situate other articles in theoretical debates of anthropological discipline. She proposes that exploration of health after socialism is especially revealing of "shifting formations of citizenship, practices of distinguishing public and private, and changing notions of personhood." She highlights contradictions of democratic intervention philosophies, which appear to be far from value-free and often reinforce prior polarizations and create new ones. Rivkin-Fish also skillfully outlines a type of pragmatic logic in response to the "newly minimalist contract undergirding the democratic state's obligations to its citizens" that guides people's rationalizations and subjectivities, reminiscent of Yurchak's "cynical reason" (1997). She also invites more reflexivity on the part of the researchers and more dialogue with scholars based in Eastern Europe and Eurasia. We feel that this issue is successfully on this track.

Kate Schecter critically assesses the inefficiencies of the Georgian health system, tracing them back to Soviet times. She questions the process of abrupt privatization that occurred in Georgia after the 2003 revolution. The reforms sought to transform the partially state-funded system into an insurance-based model in a rushed and sweeping manner, which left healthcare practitioners and patients puzzled. Schecter tracks different proposed plans, abandoned or put to work in great detail, pointing out their hastiness and contradictory goals; she concludes that extending professional autonomy of physicians and allowing for their input into decisions about

the course of the reforms is a productive way to go. This expansion of the medical professionals' repertoires (the type of activities and interactions in which they participate) is also at the core of many of the contributors' discussions.

One of the epidemiological problems emblematic of post-socialist disorder is the rising rate of HIV/AIDS. Jennifer Carroll focuses on harm-reduction organizations in Ukraine through her analysis of drug addiction, gender and infection. The Ukrainian state retreats and places more health responsibility on an individual, even while HIV/AIDS rates are growing. This situation has created space for nongovernmental organizations sponsored to a large extent by international funds that espouse Western philosophy and individual effort. These organizations become the primary loci of responsibility as the individuals whom they serve often find themselves unable to take on their new roles. Paradoxically, however, the majority of the outreach workers employed in such organizations are recovering addicts themselves, often doubling as patients. Carroll artfully unpacks these tangled relationships in her article. She suggests that the way in which national policies and international capital intersect creates a particular understanding of who drug users are. In the mainstream, this view is highly dichotomized along several lines: users (current or former) and non-users, male and female, each occupying separate and clearly demarcated spaces. These divides, Carroll suggests, create more vulnerabilities, especially for women outreach workers, which undercuts the goals of HIV/AIDS centers.

Shelly Yankovsky offers an ethnographic take on a "stateless space" of a different sort – mental health care in Ukraine. She invites us to witness the ways in which neoliberal agendas and the human rights discourses that accompany them play out on the ground. Yankovsky anchors her discussion in historical trends that have stigmatized mental illness in Eastern Europe. The move from institutional to community-based treatment that has been adopted in Ukraine, she argues, is surrounded by the overarching issue of figuring out just where the responsibility of the individual resides as opposed to that of the medical practitioner and the state. While community-based care may appear as a useful strategy, in the absence of funding and sufficient support from the medical community, stemming from acute knowledge of stigma and marginalization of mental illness, it creates more questions than answers. Yet, Yankovsky finds, the use of human rights language can be a productive frame that allows not only a critique of the Soviet approach to mental health, but also "orients the present" by providing tools with which to mediate tensions caused by neoliberal reforms.

Rosie Read analyzes healthcare transformations in the Czech Republic by looking at a distinctly new unit in healthcare facilities – the volunteers. Hospital volunteering, she argues, enables a particular ideology of autonomous personhood framed in the conceptualization of volunteering as a free gift. Illustrations of this push can be seen in volunteer orientations in which self-reflection about motivations is at the forefront, encouraging participants to view their work as transformative and empowering for their own sense of self. Volunteers are encouraged by their trainers to avoid dependent relationships with the patients, underscoring volunteering as a project that carries with it more than just a service to the community. Thus, Read notes, volunteers are specifically instructed to set limits and ensure control over their choices in how

much service exactly they are to provide, for whom, where, and when. Volunteering then can be understood, following Read, as “helping to sustain the coherence of moral oppositions between self-interested actions on the one hand and selfless free giving on the other,” which are at the core of contradictions created by post-socialist transformations. Volunteering projects also accomplish another goal consistent with neoliberal ideology that Read analyzes in detail – that of fragmenting the medical authority from relatively monolithic and exclusive to that challenged by the presence and actions of multiple groups, one of which are volunteers. Increasingly, patients are seen as consumers or clients rather than people identified solely on the basis of their clinical status. At the same time, inside the hospitals, the new actors are controlled by clear delineations of domains of responsibility. While volunteers provide services that are seen as important and useful, their work is quantified by administrators in terms of cost-efficiency, while at the same time being presented to volunteers as their free gift.

Inna Leykin continues the topic of challenging and fragmenting medical authority in her article on sanitary culture and biomedical authority in Russia. She works with medical professionals in maternity hospitals and burgeoning maternal health centers and analyzes the meanings that are attached to the current “underpopulation” crisis in Russia, specifically looking at family planning programs. Leykin tracks the ways in which biomedical professionals capitalize on some of the discourses that were prevalent in Soviet times and infuse them with reinvented concepts of “culture, emotions, and values” in order to position themselves as the new powerful experts in population policies. Physicians utilize ideas of sanitary culture and “partner” birth to attract the patients and create an enriched birth experience guided by a particular understanding of ethnomedical categories. Their synonymous goal in doing so is to improve reproductive health outcomes overall. Private family centers offer competing discourses on non-medical approaches to birth and population policy, thus attempting to fragment the biomedical authority.

Elianne Riska and Aurelija Novelskaite delve deeper into the issues of professionalism and various logics that physicians employ in their work in Lithuania. The four logics identified by the authors are the state, the market, the professional culture, and the informal economy of peer referrals, gift giving, and extra payments. Riska and Novelskaite acknowledge a different nature of professional groups in the post-socialist context, shaped by state structures and regulation. Similar to Leykin and Read, they document the ways in which various medical professionals come to negotiate their professional authority and autonomy. Riska and Novelskaite suggest that, in the context of uncertainty, physicians come to perceive their professional competence as a practical skill rather than follow an independent “logic” that is separate from the market or the state. Peer-referral, gratitude payments and gift-giving create the “fourth logic,” which allows Lithuanian physicians to navigate between the market and the state, guided by the local understanding of professionalism. The authors’ discussion of four logics echoes Schechter’s discussion of Georgian health care realm that exists in constant flux as a result of contradictory reform initiatives.

While Riska and Novelskaite's essay highlights the role of the state regulating the physicians' practice, Heidi Bludau studies what happens if members of a particular healthcare profession decide to "free" themselves from such structures and take advantage of new opportunities in a global labor market. She focuses on recruitment companies working in the Czech healthcare sector and analyzes how they "create" the desired "product" they can "offer" to healthcare systems abroad: a nurse speaking fluent English, whose desirability does not primarily consist in her clinical skills but rather in her cultural competence and confidence. Similarly to Leykin, who has demonstrated how changes in medical rhetorics reflect wider societal changes in the Russian society, Bludau, too, emphasizes the importance of language and links it to wider developments in Czech society. English becomes a key determinant to decide if one belongs to a global community and economy. Bludau shows *how* nurses gain the desired competencies through such a "production process," which inevitably involves the acquisition of particular social and cultural skills, embodiment of cultural capital, and generally a devotion to the project of self-development. Referring to wider social processes typical of late modernity (Giddens 1991), she, cautions, however, that the "post-socialist freedom of mobility" may engender agency, but only for those who are able to "re-create" themselves according to ideals of foreign employers. Lack of self-confidence seems to be a particular problem for Czech nurses. Interestingly, Bludau interprets it as a sign of doubts about being a credible member of the "global community," and links it to the socialist past. Her contribution poses the question whether such a lack of (self)confidence is something closely tied to the post-socialist context and consequently to be found in other post-socialist societies.

In the final two essays, Larisa Jasarevic and Dorian Singh both pursue an issue which may be perceived as an exemplification of the creative space for negotiation *par excellence*: they deal with the relation between medical pluralism and economic conditions in the post-socialist contexts. While Dorian Singh's paper relies on ethnographic work to explore a particular case of the Romanian Romas' healthcare practices, Jasarevic's paper is more theoretical.

Jasarevic examines anthropological theories on medical pluralism and revises them while building on her analysis of the lived bodily experience and reality in Bosnia. In her view, the materiality and plurality of bodies that lead to a multiplicity of treatments must be considered. Her main assumption is that neither economism nor cosmology may sufficiently explain the new healthcare practices that people in this post-socialist country employ. In this regard, she elaborates on the anthropological debate dealing with the existential difficulties of people living in former communist Central and Eastern Europe and the former Soviet Union. Moreover, her investigation of the ways medical pluralism is interpreted by local ethnographers offers the possibility to study yet another dimension of the post-socialist reality.

Even though the issue of deteriorated economic conditions and their devastating impact on health in the post-socialist countries is widely discussed, there are only a few studies that closely investigate the health of the poorest and most marginalized. The vast number of the Eastern European Roma could certainly be included in this category. Their health-related attitudes and needs are of special interest to Dorian Singh. In her paper, she explores whether

their current difficulties in accessing healthcare lead them to employ “traditional healthcare practices,” as their ancestors used to do before the communist regime started to guarantee universal healthcare. However, her findings based on 43 in-depth interviews do not reveal reliance on such traditional beliefs and practices. On the contrary, she discovers that her informants fully accept and desire biomedical healthcare. Such a discrepancy between her assumptions and findings serves for her as a point of departure to reveal and discuss key social changes, such as the marketization of healthcare, affecting not only Romanian Romas but all the Romanians. Singh’s study points to an especially interesting question, as it shows that the Romanian Roma informants do not really work with plural healthcare practices. Why is that so? Several studies from different societies suggest that people in lower socioeconomic standing generally tend to view biomedical interventions and treatments in a positive light (e.g. Liamputtong 2005). Could this hold true for people living in post-socialist countries, too? Are there important “class” differences in ways how people perceive biomedical healthcare?

The contributors of this special issue explore the ways in which various countries in postsocialist Eastern Europe and the former Soviet Union have built upon shared socialist experiences and ideologies of health care to create a range of responses to the forces of the open markets, state transformations, and demands of multiple stake-holders. As Raikhel (2010:161) noted in his recent work, as the movement of ideas, products, services, and knowledge “become(s) ever more ubiquitous and far-reaching, it is increasingly important for anthropologists... to explore... the material, discursive, performative and institutional elements of which all [healthcare related] interventions are composed.” We believe the contributions to this issue are enhancing this dialogue.

## **Acknowledgements**

We would like to thank *AEER* editor in chief, Sarah D. Phillips, for the opportunity to work on this special issue and for creating a welcoming and productive venue for scholars to share their work and exchange opinions. We appreciate your encouragement and support. Our sincere thanks also extend to the Anthropology Lab at Luther College, especially to its Director Chad Landsman, and the wonderful students who helped edit individual articles. Your input was essential for making this *AEER* special issue a success.

## **References**

- Barr, Donald and Mark Field. 1996. The Current State of Health Care in the Former Soviet Union: Implications for HealthCare Policy and Reform. *Public Health Policy Forum* 86(3):307-312.
- Bazylevych, Maryna. 2009. Who Is Responsible for Our Health? Changing Concepts of State and the Individual in Post-Socialist Ukraine. *Anthropology of East Europe Review* 27(1):65-76.

- Dunn, E. 2008. Postsocialist spores: Disease, bodies, and the state in the Republic of Georgia. *American Ethnologist* 35(2):243-258.
- Field, Mark. 1995. The Health Care Crisis in the Former Soviet Union: A Report from the "Post-War" Zone. *Social Science and Medicine* 41(11):1469-1478.
- Field, Mark and Judyth Twigg Eds. 2000. *Russia's Torn Safety Nets: Health and Social Welfare during the Transition*. New York: St. Martin's Press.
- Giddens, Anthony. 1991. *Modernity and self-identity. Self and Society in the late modern age*. Cambridge: Polity Press.
- Hresanova, Ema  
2010 The Moralities of Medicine and Birth Care in the Czech Republic. *Durham Anthropology Journal* 17(1):65-86.
- Liamputtong, Pranee. 2005. "Birth and Social Class: Northern Thai Women's Lived Experiences of Caesarean and Vaginal Birth." *Sociology of Health and Illness* 27(2): 243-270.
- Mesle, France. 2004. *Demographic Research* 2(3):45-70. [www.demographic-research.org/special/2/3/](http://www.demographic-research.org/special/2/3/)
- Phillips, Sarah D. 2005. Postsocialism, Governmentality, and Subjectivity: An Introduction. *Ethnos* 70(4):437-442.
- Raikhel, Eugene. 2010. Post-Soviet Placebos: Epistemology and Authority in Russian Treatments for Alcoholism. *Culture, Medicine and Psychiatry* 34(1):132-168.
- Steinberg, Mark D., and Catherine Wanner. 2008. *Religion, Morality, and Community in Post-Soviet Societies*. Washington, D.C.; Bloomington: Woodrow Wilson Center Press; Indiana University Press.
- Tajnikar, Maks and Petra Došenovič Bonča. 2007. Differences between health care systems and the single European health care market. *Zbornik radova Ekonomskog fakulteta u Rijeci – Časopis za ekonomsku teoriju i praksu (Proceedings of Rijeka Faculty of Economics – Journal of Economics and Business)* 25(2):309-324.
- Twigg, Judyth L. 1997. *Balancing the State and the Market: Russia's Adoption of Obligatory Medical Insurance*. Washington D.C.: The National Council for Eurasian and East European Research.
- WHO Russian Federation Statistics. <http://www.who.int/countries/rus/en/>
- Yurchak, Alexei. 1997. The Cynical Reason of Late Socialism. Power, Pretense, and the Anekdot. *Public Culture* 9:161-188.