

Anthropos

Zeitschrift für Medizinethnologie • Journal of Medical Anthropology

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Report from the 3rd Annual Health in Transition Conference, Warsaw, June 7–8, 2013

HUBERT WIERCIŃSKI

Doubtlessly health and politics are intertwined. Due to a significant role of the latter, health and illness are under constant pressure and the character of patients and ill experiences, their body definitions, sensations and interpretations are shaped by legal context together with economical, historical and social factors. Shifting policies always implicit transformations in the area of health and illness. These—sometimes rapid—changes take their toll when focusing on definitions of the latter two categories, but also should be perceived as reflections of broader social transformations and conceptualized as *signum temporis*. Thus, a study of communities and societies recently experienced of political changes are of a great value. Such inquiry should cover numerous areas of interest: from history to political studies, from anthropology through public health to medicine itself. It should be stressed that analyses of impact of political and economic turbulences on health should never dismiss non-mainstream phenomena, since—perhaps—they symbolize most evidently what is criticized and contested.

The area of Central Europe and territories of the former Soviet Union have been experiencing a radical reconstruction for last twenty five years. Deep political and economic changes can be traced even further back in time. The impact of these transformations has clearly been observed. New states have emerged, and some of them have recently joined international structures like NATO and European Union. Iron curtain has collapsed and this is also true for health and illness issues.

Such changes have stimulated scholarly debate on post-socialism and in recent years a number of researchers representing various disciplines have shown a renewed interest in post-socialism theory and fieldwork (FRASER 1997, GRABER & STARK 1997, BURAWOY & VERDERY 1999). While the issues of economic and political transformations have been recognized and well documented (BERDAHL, BUNZL & LAMPLAND 2000), dilemmas important for medical anthropology and similar disciplines are still



quite rarely addressed in scientific debates. Thus, the *Health in Transition Conference Cycle* has been convened to examine a complex world of health and illness in post-socialist context and stimulate gradually growing debate.

After success of previous meetings in Prague and Bucharest, in 2013 Warsaw was a hosting city. The conference was organized by Department of Ethnology and Cultural Anthropology of University of Warsaw in cooperation with Faculty of Social Studies of Masaryk University. Such international and interdisciplinary cooperation reflects a character of that unique conference. The two-days meeting in June 7–8, 2013 was held in the Library of the University of Warsaw and gathered a number of scholars from Poland, the Czech Republic, Sweden, Germany, Great Britain, Hungary, Latvia and the United States of America.

A challenge of interdisciplinarity and applicability

The interdisciplinary character of Health in Transition Conference Cycle is its clear identity mark. The aim of this conference is to elaborate the post-Socialist theory and shed more light on deep relations between health and illness issues and political, social and economic transformations. Taking the best from previous meetings, the 3rd Annual Health in Transition Conference has retained interdisciplinary style. The unequivocal focus of the majority of presentations was their interdisciplinary approach. Worth to notice that papers represented a wild range of disciplines—just to mention—social and cultural anthropology, sociology, gender studies, social medicine and health policy, applied social sciences, migration studies, bioethics and more. Vivid discussions and comments once again proved that contemporary social sciences have a great potential for complex analyses in health and illness sector. What

is more, a burning question of implementation of academic research and knowledge has been raised. Auditors representing non-government institutions and patients' organizations stimulated discussion and took up the gauntlet to encourage academics for more applicable research and final conclusions. However, this call has not been recognized as challenging by all participants. This proves that contemporary social sciences are now at the unique crossroads and Health in Transition Conference is a sphere where fluid shape of these disciplines is (re) discussed and (re)constructed.

The conference

Nineteen papers have been presented in seven thematic panels. These are: *Health and reproduction*, *Children and healthcare*, *Mental health and psychiatry*, *Health and lifestyle*, *Health, gender and sexuality*, *Health, state, economy and politics*, *Health and migration*. Programme has been visibly enriched by two papers presented by key-speakers, Professor Danuta Penkala-Gawęcka, Adam Mickiewicz University and Doctor Jill Owczarzak, Medical College of Wisconsin.

In the first panel titled *Health and Reproduction* auditors have been exposed to six papers. LENKA SLEPIČKOVÁ (Masaryk University) explored the issue of biopower and doctor's doubtful right to decide who is "the right patient". The paper, titled *Fertility clinic as the arena of negotiation. Who is the right patient?* focussed on complex and often unbalanced relations between women seeking assisted reproduction and doctors providing such procedures. Slepíčková, based on her research, argued that doctors often admitted that their practise in fertile clinics goes beyond socially recognized regulations. This was the most distinctive when talking about women with no partner, exceeding the age limit, lesbians and surrogate mothers. Slepíčková's conclusion was clear and strong: in the Czech Republic division between fertile and infertile, those who deserve and those who do not, "normal" and "other" is marked by moral discourse resembling Michel Foucault's concept of bio-power (Foucault 1796). IVA ŠMIDOVÁ (Masaryk University) in the paper *Desired and required childbirth: the doctor's view* explored the polarization in the debate on quality of Czech reproductive medicine. Despite excellent quality of service, Czech civic society argues that childbirth

regulations are too restrictive and do not follow international "baby friendly" and "patient choice" standards. Šmidová concluded that these phenomena can be perceived as "ideological clash" between conservative and heavy-handed medical policy and more liberal civic movements stimulated by democratic changes. EVA ŠLESINGEROVA (Masaryk University) presented a paper *Biopolitical GENealogy challenged. DNA mapping and brave healthy marriage*. She applied sociological and anthropological theory on bio-power (RABINOW & ROSE 2006) to examine a body of narratives focused on images and interpretations of DNA, genome and embryo. Šlesingerova carefully examined links between bio-power, moral, scientific and religious "knowledge".

MAGDALENA RADKOWSKA-WALKOWICZ (University of Warsaw) brought closer an up-to-date issue of *Polish debate on IVF in the context of Poland's transition*. Once again auditors have been convinced that discourses and practices around assisted reproductive technologies goad "vehement"—as Radkowska-Walkowicz suggested—discussions. She argued that despite recent attempts, IVF in Poland still lacks solid law regulations. What is more, IVF debate is a part of larger discussion concerned on the role of Catholic Church on policy-making and social life in Poland. JENNY GUNNARSON PAYNE (Södertörn University) in her paper *Reproductive Europe? Cross-border reproductive care in post-Socialist Europe* gave an attention to issue of "reproductive travelling". She carefully examined cases of Swedish couples travelling to private fertility clinics in the former Soviet-state Latvia. She argued that such practices clearly prove that a fundamental reconstruction of Europe has occurred in and through "transition" of the former Eastern Bloc. Latvia's entrance to EU and economical shift—she continued—have become the foundation of trans-European market of infertility care. ELŻBIETA KOROLCZUK (University of Warsaw, Södertörn University) in the paper *Biosociality in transition? Social mobilizations around infertility in contemporary Poland* proved that social movements, based on collective identity, recently have become influential actors in debates on the role and character of biomedicine (NOVAS & ROSE 2005). Korolczuk posed a question how such movements and collective identities are constructed and negotiated, especially when talking about social activism around infertility and assisted reproductive technologies in post-socialist Poland.

Her speech reduced a gap between Polish studies on public involvement in medicine and reflection on social movements.

From the second panel—**Children and Health-care**—a paper proposed by BAKTYGUL TULEBAEVA (Eberhard Karl University of Tuebingen) should be mentioned (*Novelties in the child health care system in contemporary Kyrgyzstan*). Tulebaeva's ethnographic research focused on complex notion of child health in contemporary post-socialist Kyrgyzstan. She carefully depicted a vast range of political, social and economic shifts that have shaped contemporary health-oriented practices and definitions on child body. One should not be surprised that in today's Kyrgyzstan various traditions create a complex and rather unclear system. Tulebaeva conjectured that the main actors are: remains of "Soviet medicine", revived values of Islam, international health policies and programmes, "new" biomedicine and local, indigenous cultural patterns and identity.

The first **key speaker**, Professor DANUTA PENKALA-GAWĘCKA (Adam Mickiewicz University) continued explorations of the era of Kyrgyzstan – to be more precise, she focused on the capital, Bishkek. In her paper *Health in transition or health at risk? Attitudes to health care in post-Soviet Kyrgyzstan* she meticulously analysed assessments of local healthcare and the latest reforms in relation to political transformation and transition to market economy. Penkala-Gawęcka shed light on Bishkek "ordinary" people dilemmas and attitudes. She argued that local inhabitants are generally mistrustful about healthcare service. Skills and quality of education of medical personnel are under constant critic. In Kyrgyzstan a variety of "doctor-avoiding strategies" can be observed along with a renaissance of complementary medicine.

From the panel **Mental Health and Psychiatry** a speech of ANDRZEJ PERZANOWSKI (University of Warsaw) should be recalled. Paper *Morality, economy, psychiatry: the case of extra-institutional psychiatry in Poland* was an attempt to analyse the subject of almost extinct practise of extra-institutional psychiatric treatment, once quite popular in Choroszcz Psychiatric Hospital. Patients undergoing such therapy were displaced among families living in the hospital vicinity. Perzanowski's reflections on psychiatric discourse suggested that closed institutions have failed to provide a proper care and

therapy for patients. Despite that, almost all extra-institutional practices have been cancelled, mainly due to economic reasons along with social and economic transformations of traditionally rural areas surrounding hospital. Neither there is a will from Polish state to continue such treatment nor need for extra hands to work on local farms—he concluded.

The second day of the conference started with **Health and Lifestyle** panel and paper presented by HUBERT WIERCIŃSKI (University of Warsaw). The speech titled *Lifestyle reconstruction among patients with malignant cancer* focused on ills life reconstructions after such foreboding diagnosis. The scope of the paper was to portray Polish cancer patients as active social actors who are fully able to benefit and implement new opportunities brought by economic, social and cultural shifts after transformation. Such implementations served them as a restitution of life (Frank 1995) with or after disease. ANIKÓ BÁTI (Hungarian Academy of Sciences) explored the issue of *Healthy and unhealthy food culture in contemporary Budapest*. Paper based on solid ethnographic research carried out among middle-class residents of Budapest studied their everyday life and food habits. It was suggested that the latter one have undergone a dramatic changes over recent decades. Báci argued that a number of socioeconomic processes that have taken place after Hungary regained independence channelled a dramatic change in eating culture. These changes constantly pose a threat—mainly on children—of obesity, diabetics and other body malfunctions related to diet. The last word in the panel belonged to KATALIN JUHASZ (Hungarian Academy of Sciences). Her speech *Cleaning and healing: bathing Hungarian thermal baths. Changing practices in personal hygiene, body care and healing in Hungary during the second half of the 20th century* shed light on rich tradition of using thermal water resources for cleaning, relaxing and curing purposes. Juhasz explored state regulations and their evolution from socialist state to liberal market for treatment costs reimbursement. She also overexposed bath every-day users' concepts of "wellbeing" and health and examined their subjective practices and beliefs about curing power of water.

From panel **Health, gender and sexuality** a speech delivered by AGNIESZKA KOŚCIAŃSKA (University of Warsaw) should be mentioned. *Beyond*

Viagra: sex therapy in Poland can serve as a great example of rapidly growing interest of social scientist in sex-oriented research, in Poland traditionally associated with psychology and psychiatry. Kościńska briefly discussed the historical background of Western and Polish sexology and deducted that economical and market transformations—epitomized by impact of pharmaceutical companies—have never fully touched Polish sex-sciences. Contrary to Western World, sex problems in Poland are perceived as complex emotional, cultural and social issues, thus rarely cured with pharmacotherapy.

Second **key-speaker**, JILL OWCZARZAK (Medical College of Wisconsin) speculated about burning topic of AIDS. The paper *Medical anthropology, public health, and the HIV epidemic in Eastern Europe: intersections and opportunities* described the history of HIV epidemic in Eastern Europe and local and international response to it. Owczarzak pointed out all blade spots and fortes of medical anthropology and public health in HIV prevention. She argued that mutual cooperation between anthropologist, policy-makers and public health specialist could result in more complement and successful approach. Her speech served as a solid introduction for a next panel, **Health, state, economy and politics**.

CARNA BRKOVIC (University of Manchester) delivered a speech on *The politics of life in a partially present state: Humanitarian actions in Bosnian border town*. Brkovic analysed the character and impact of humanitarian help in former Yugoslavian states. Her complex ethnographic data clearly proved that humanitarian help, despite noble aim, is thriven by corruption, irrational bureaucracy and semi-formal networks ignoring local structures and social patterns. ZANE LINDE-OZOLA's (University of Latvia) paper *Globalization of health policy and care: a case study of patients safety in post-Socialist Latvia* pointed to interesting phenomena: a globalization of health polices and healthcare systems. Reasons of such processes are numerous—just to mention—patients' mobility, medical tourism, international law (EU regulations) and more. Ozola argued that globalization puts pressure on standardization in formulation and implementation of health policies. Speaker's research background allowed to formulate a number of challenging reflections on current health policy in Latvia and its impact on patients,

some still accustomed to early post-Socialist solutions.

The last panel **Health and migration** included two interesting papers reflecting a character of contemporary changes in post-Socialist world. HEIDI BLUDAU (Monmouth University) proposed a paper *The power of protocol: an evaluation of Czech healthcare from the perspective of return migrant nurses*. Bludau showed that Czech healthcare system struggles with emigration and shortages in personnel. However, a number of emigrants have returned and re-entered local healthcare system. These people are equipped with new experiences and have been accustomed to alternative systems. Interviewed nurses described majority of Czech hospitals as lacking any standard protocols for patients care. Encountering strict rules of practice in foreign hospitals lead Bludau's informants to evaluate the professionalism of Czech healthcare and their own selves as nurses. Bludau argued that such assessment was based on informants' unique ability to effectively perform within the standardized conditions. IZABELLA MAIN (Adam Mickiewicz University) delivered a complex study titled *Healthcare and health among Polish migrants in Great Britain, Spain and Germany*. Her paper explored the situation of Polish migrants in Europe in context of access to healthcare. Main described her respondents as mobile and flexible group of people, fully aware of their rights and potential benefits resulting from cross-border healthcare. She argued that character of recent migration (fluidity, temporality) has a great impact on migrants' health as well as on selective usage of healthcare services in Poland and abroad.

Summary

3rd Annual Health in Transition Conference, Warsaw 2013, has continued a tradition initiated during meetings in Prague¹ and Bucharest. The two days congress was a great success. Scholars from numerous countries and institutions presented stimulating, often incisive and high-quality papers, all based on solid research background. The character of the conference provoked long and vivid discussions on theory, fieldwork and – what should be stressed – possible research results implementations. Despite that not all participants accepted a call for applicability the Warsaw conference proved that this issue

has become one of the most significant theoretical and methodological challenges for contemporary social sciences. Transition itself imposes changes and science is not an exception. A call for more applied research and conclusions might be interpreted as an impact of political, economic and social shifts engaged with collapse of Soviet Bloc. Post-socialist worlds are still not fully “moulded” and face a great lot of challenges and dilemmas. Social sciences cannot be indifferent to this situation.

Taken together, the presentations confirm a growing demand on interdisciplinary studies on health-related issues. Vivid debates and percipient papers—especially a speech delivered by Jill Owczarzak—demonstrated in a great sense, how mutual cooperation between different scholars and disciplines can positively influence our understanding of health itself and unveil complexity and broader context of topics now explored. Cooperation between different universities and departments when organizing the discussed event might serve as pertinent example of such cooperation.

From the anthropological and sociological standpoint, the conference in Warsaw, compared to earlier congresses, has extended geographical and cultural area of interest. Papers which focused on contemporary Kyrgyzstan are a clear signal that previously rather poorly discussed Asian part of former Soviet Union deserves more attention (HANN 2001). The panel *Health and reproduction* claimed asymmetrical power relationships between patients and doctors. Conclusions and discussions unveiled a growing position of private medical units and emergence of “birth and pregnancy market”—local and international. The notion of “local and international” was also a main concept for session

Health and migration. Many papers plainly proved that people struggling with health and seeking help are active and determined social actors. When they feel helpless, new forms of collective identities and social movements emerge—as Elzbieta Korolczuk suggested.

Altogether papers insight bear witness of complex changes taking place right here, right now in post-socialist world(s). Their scale and intensity of discussed dilemmas proves a great demand for the next, 4th Annual Health in Transition Conference.

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Note

1. See report in *Curare* 35(2012)1+2: 102–107 by CHRISTINE BINDER-FRITZ.



HUBERT WIERCIŃSKI holds a PhD in ethnology. His favorite interests are themes in medical anthropology and applied research. As PhD-candidate he conducted numerous researches in the Department of Ethnology and Cultural Anthropology at the University of Warsaw. He studied concepts and images of disease in elderly, at home and as patients, suffering from malignant cancer, in daily experiences and narratives. In cooperation with the Medical University of Warsaw he conducted his research in major Warsaw hospitals. Currently he works in a private consultant company focused on issues of health and illness. Additionally, he is member of a research team financed by National Centre of Sciences Poland where he examines the ways of experiencing cancer in family.

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Panel on Medical Anthropology at the First Congress of Polish Ethnology and Anthropology, Warsaw, October 23–25, 2013

MALGORZATA RAJTAR

Despite a long-standing tradition of ethnographic, ethnological, and anthropological research and university teaching in Poland, the *first Congress of Polish Ethnology and Anthropology* only recently took place at the University of Warsaw on October 23–25, 2013. This three-day event was organized by the Polish Institute of Anthropology in collaboration with the Ethnological Sciences Committee of the Polish Academy of Sciences, the University of Warsaw, the Jagiellonian University in Krakow, and Adam Mickiewicz University in Poznan. The aim of the Congress was to “bring together researchers and students in a common reflection on the state and development of a subject area [that would] greatly contribute(s) to a comprehensive, critical overview” (<http://kongresantropologiczny.pl/english>). Furthermore, one of its major objectives was to establish “a ‘map’ of research areas” in Polish anthropology. The Congress’ keynote speech was delivered by THOMAS HYLLAND ERIKSEN whose lecture titled *Being irrelevant in the relevant way. Anthropology as a participatory vocation* provided an apt introduction into the discussions on anthropology and anthropologists’ self-identity, place, and future in the both global and local world. Along with panels on anthropology of religion, political anthropology, anthropology of development, and anthropology of gender and sexuality to name a few, a panel on medical anthropology was engaged by twenty panels that were to represent major areas of research and interest of anthropologists in Poland. The presence of medical anthropology at this very first Congress is certainly worth emphasizing since until recently the sub-discipline has been underdeveloped and rarely present in university curricula in Eastern Europe in general and in Poland in particular.

The medical anthropology panel was co-organized by DANUTA PENKALA-GAWEĆKA, (Associate Professor in the Department of Ethnology and Cultural Anthropology at Adam Mickiewicz University, Poznań), and MALGORZATA RAJTAR (recently an Alexander von Humboldt Postdoctoral Fellow in the Institute of Ethnology and Cultural Anthropology at the Freie Universität Berlin). In order to encourage an engaged discussion and research exchange that

went beyond institutional and topical boundaries, the organizers decided to include a diverse body of presentations.

Specifically, Monika Kujawska, PhD student from the University of Wrocław and Adam Mickiewicz University in Poznań focused on utilization of medicinal plants by Polish migrants and their descendants that settled in Argentinean province Misiones in the 1930s. Drawing on Renata Söukand and Raivo Kalle’s notion of herbal landscape, she argued that Polish immigrants recognize medicinal herbs rather through the means of “transportation” than “wayfaring” (Tim Ingold). Hence, the majority of plants utilized to treat ailments came from gardens followed by plants gathered at the edges of roads, paths, and fields. She further emphasized that despite their rural origins, Polish migrants in Argentina did not subscribe to a dichotomous division of landscape (known vs. unknown) that was characteristic of Polish folk culture and the ways of collecting herbal plants.

In his paper on complementary and alternative medicine, Tomasz Szymoszyn from the Polish Academy of Sciences in Poznań addressed healing in the Tibetan bon tradition in Poland. First “missionaries” of bon healing arrived to Poland in the mid-1990s, since then both spiritual healing and therapeutic market have evolved and diversified. Drawing on his ethnographic fieldwork and therapeutic practice, Szymoszyn analyzed the growing acceptance of bon healing and patients’ healing experiences.

Drawing on a multi-sited ethnography among Polish migrant women conducted in Barcelona, Berlin, London, and Poland Izabella Main from Adam Mickiewicz University in Poznań aimed at providing an ethnographic analysis of “medical tourism” (Percivil Carrera) in an European context. Focusing on reasons and consequences of migrant women’s choices to undergo a medical treatment in Poland—women who were entitled to obtain treatment in two countries—Main pointed not only to lower costs of medical care in Poland. Equally important were cultural issues such as lack of language barriers and cultural norms of conduct in relation-

ship with physicians as well as a better knowledge of medical market facilitated by contacts with family and friends, and Polish websites.

Krystyna Dudzińska and Magdalena Radkowska-Walkowicz from the University of Warsaw examined contexts of fertility choices brought about by the development of genetic research and counselling and new medical technologies in Poland. They addressed experiences of adults designated at risk for named genetic diseases and the conundrums they faced. They asked whether such adults were willing to embrace new medical technologies such as IVF or PGD and what factors played a role in their decision making such as economic situation, religious beliefs, ethical outlook, and social class, the influence of medical personnel and other family members.

In his paper on mentally ill adults Andrzej Perzanowski also from the University of Warsaw scrutinized a treatment program introduced by a mental hospital in Eastern Poland in the beginning of the 1930s. The program lasted for several decades and aimed at providing care to the mentally ill and/or disabled by placing them with non-related families living in villages near the hospital. In 1938, for instance, 1.100 patients were living with families in 24 villages in contrast to a mere 800 patients in the hospital. He analysed psychiatric and therapeutic discourses surrounding the program: critique of the hospital as a closed and suffering inflicting institution on the one hand, and family caregiving and inclusion of mentally ill into social life of a local community on the other.

Finally, drawing on her ethnographic research among children on the autism spectrum in a NGO and auto-ethnography, Aleksandra Rzepkowska from Mikołaj Kopernik University in Toruń provided a closer look at experiences and treatment of children with this disability, an issue that has been severely understudied by anthropologists and other social scientists in Poland.

Additionally, three more papers were distributed during the panel. These were selected out of a large number of paper proposals submitted to the panel organizers that could not be included in the main program. These included a paper by Katarzyna Słaby (Jagiellonian University in Krakow) titled *The Right to the Body, Right to the Normalcy? Illness Narratives and Setting Borders*; a paper by Anna Przytomska (Adam Mickiewicz University) titled *Shamanism among the Quechua of the Andes in Ecuador*, and a paper by Marek Tuszewicki (Jagiellonian University) titled *Beliefs and Healing Practices of Traditional Polish Jews in Poland*.

To sum up, although medical anthropology is a relatively new sub-discipline in Poland, papers presented at and discussions during the panel on medical anthropology, confirmed its growing importance and its increasingly established position within Polish academia. This promises not only a growing number of medical anthropological researches conducted by researchers and students in Poland and abroad but also the development of international collaboration with institutions worldwide.



Malgorzata Rajtar, socio-cultural anthropologist, Ph. D. (2006, Institute of Philosophy and Sociology at the Polish Academy of Sciences in Warsaw). Subsequently, she held a three-year postdoctoral fellowship at the Max Planck Institute for Social Anthropology in Halle, Germany, served as assistant professor in ethnology/social anthropology in the Department of Ethnology at the University of Gdansk in Poland, and held between September 2011 and July 2013 an Alexander von Humboldt Foundation Postdoctoral Fellowship in the Institute of Social and Cultural Anthropology at the Freie Universität Berlin. In 2010 and between 2011 and 2012 she conducted research among Jehovah's Witness patients and physicians in Berlin. The project examines religious and scientific claims to truth and authority over patients' bodies and juxtaposes Witnesses religious convictions with bioethical claims, legal rights, and the health care policy of the state. Since 2014 she works at the Department of Ethnology and Cultural Anthropology of the Adam Mickiewicz University in Poznań. Among several publications she is co-editor of two edited volumes: *Religion and the Secular in Eastern Germany, 1945 to the Present* (2010, with E. Peperkamp), and *Emocje w kulturze* [Emotions in Culture] (2012, with J. Straczuk).
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