

<http://somatosphere.net/2009/12/post-socialist-medicine-in-maq.html>

Post-socialist medicine in MAQ

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By Eugene Raikhel

The latest issue of [Medical Anthropology Quarterly](#) isn't a special issue but it does include three articles on medicine in socialist or post-socialist states: Cuba, Poland and Romania. Here are the titles and abstracts:

[The Gift of Health: Socialist Medical Practice and Shifting Material and Moral Economies in Post-Soviet Cuba](#)

Elise Andaya

Drawing on ethnographic data collected over 13 months of fieldwork in family doctor clinics in Havana from 2004 to 2005, I examine the shifting moral and material economies of Cuban socialist medical practice. In both official ideology and in daily practice, the moral economy of ideal socialist medicine is based on an ethos of reciprocal social exchange—that is, the gift—that informs not only doctors' relationships with the Cuban state and with individual patients but also the state's policies of international medical service to developing nations. The social and economic upheavals after the fall of the Soviet Union, however, have compelled both the state and individual doctors to operate in a new local and global economy. The gift remains the central metaphor of Cuban medical practice. Nonetheless, as ideologies and practices of gifting and reciprocity encounter an emerging market economy, gifts—whether on the level of the state policies of international humanism or in patient–doctor relations—are open to new significations that highlight the shifting material and moral economies of post-Soviet Cuba.

[The “Social Case”: Illness, Psychiatry, and Deinstitutionalization in Postsocialist Romania](#)

Jack R. Friedman

In this article, I examine the use of an ad hoc medical category—the “social case”—by psychiatrists in contemporary Romania. “Social cases” receive intensive psychiatric care, usually through long institutional stays, remaining hospitalized because psychiatrists perceive them as too poor and, thus, “unfit” to survive without the welfare assistance provided by institutionalization. The “social case” label emerges at the intersection of (1) plans by the state to deinstitutionalize public mental health care, (2) the rise of a new class of downwardly mobile and increasingly poor formerly

working-class people, and (3) the desire of psychiatrists to protect their patients in the face of neoliberal assaults on Romanian welfare state support for publicly funded mental health care. Disability status, illness categories, and everyday medical practices have become battlegrounds for struggles over medical understandings of the psychological distress and illnesses that grip what I call the “New Poor” in postsocialist Romania.

[Defining HIV Risk and Determining Responsibility in Postsocialist Poland](#)

Jill Owczarzak

Drawing on 15 months of ethnographic research on HIV prevention programs in Poland, I explore the consequences of the shift from models of HIV prevention that emphasize “risk groups” and AIDS blame, to models that focus on “risky behaviors” and universal risk. The centrality of choice making and individual risk management in these models suggests objective risk assessment free from moralizing arguments. The Polish national prevention strategy shifted to focus on choice making, address all risk groups, and include concrete prevention strategies. This shift created a backlash that resulted in the reassertion of moral arguments about risk and risk groups that positioned those most vulnerable to HIV outside the purview of prevention efforts. AIDS organizations working with marginalized, “morally problematic” populations used the label “at risk” to legitimize claims to resources. They enacted a model of risk reduction in which the relevant actor is the individual buffeted by social forces; behavior change, and therefore HIV risk reduction, is a long process because of myriad forms of vulnerability clients face. Despite efforts to reconceptualize risk, organizations positioned the individual as the locus of HIV prevention interventions, rather than attempting to address the social context that shapes risk.

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