

Medical Anthropology in Ukraine. The State of the Field

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Medical anthropology in Ukraine is a vibrant field which yields research of importance to anthropological theory as well as public health policy. Many scholars have contributed to our understanding of health, illness, and well-being more broadly, using Ukraine as a site of investigation. This review may be skewed to include research of those authors who are based in the United States or conduct regular academic conversations with their American colleagues. I apologize for possibly missing significant research of other dedicated scholars based in Ukraine.

In 2002, Adriana Petryna famously proposed the category of “biological citizenship” to illustrate how the Chernobyl¹ accident has created “biological citizenship” in Ukraine. This can be understood as a relationship between state and people whereby citizens find it beneficial to construct their identities as ill people – “sufferers” of conditions caused by the Chernobyl accident. The Ukrainian state places high emphasis on the accident as a crucial element defining the Ukrainian history of struggle for independence. Therefore, the official status of “sufferer” is linked not only to welfare assistance, but also to a status as hero. Petryna views the Chernobyl accident and the corresponding construction of “biological citizenship” as a “political economy of radiation illness” (Petryna 2003). In the same vein, Phillips (2004b) argues that Chernobyl has created “a sixth sense,” or pervasive symbolism that is embodied and shared through the collective memory that informs people about their perceptions of the world. Thus, people go about their everyday lives with a constant awareness of the illusive danger that radiation may be causing, either through the food they consume or the air they breathe.

Sarah Phillips has made invaluable contributions to the field of medical anthropology in the post-socialist space and beyond. Her most recent ethnography

(2010) on disability issues in Ukraine shows how people with disabilities are increasingly mobilizing strategies to establish a social and political sense of belonging in addition to and beyond the fact of their disability. She expands Petryna’s understanding of citizenship by pointing out that while economic difficulties influence people’s desire to use their “damaged biology” to make citizenship claims, international disability rights’ discourses have led many people with disabilities to assert other ways to be a citizen. Phillips (2004a) has also explored the alternative healing system in Ukraine – the medical practices of Ukrainian *babky* – elderly women who possess traditional knowledge and skills to perform magical healing rituals that are imbued with religious symbolism. Phillips argues that this return to non-biomedicalized ways of healing in part reflects the country’s general trend towards the revitalization of spirituality. In this sense, the concept of healing acquires double meaning: the direct notion of improving one’s health condition, and a figurative meaning of healing Ukrainian society: “Ukrainian *babky* carry out gendered performances that accord them a measure of prestige and power; complement and replace the system of state medicine; act as psychotherapists; and specialize in psychosocial ailments to simultaneously heal persons and communities” (Phillips 2004a: 25-26). Links between gender and health are further explored in a new volume “Gender, Politics and Society in Ukraine” under the editorship of Olena Hankivsky and Anastasiya Salnykova. The contributing authors focus on policy relevant issues, as well as broader understanding of gendered behaviors that lead to particular health risk and statuses, such as a piece by Olena Hankivsky on “Gender and Health in Ukraine.”

Catherine Wanner (2007) broadens our understanding of well-being by focusing on conversion to evangelism in Ukraine. She suggests that the active practice of evangelic religion allows people to reconstitute their sense of self, create helpful networks, and give meaning to the ongoing postsocialist hardships as a price that society needs to pay for the decades of socialist atheism. Wanner shows how evangelism in Ukraine has diversified the social fabric. Similarly, Phillips (2008) argues that women’s involvement in socially needed work as leaders of humanitarian-oriented NGOs creates a sense of empowerment and heals their sense of personhood. She suggests that women employ narratives of self-sufficiency and collective action that are empowering, and thus resist being positioned as helpless. Such articulations allow them to build their sense of self as socially worthy agents. In the same vein, Szmagalska-Follis (2008: 348) traces “restoration and redemption” at a collective farm in Ukraine’s western borderland where former prisoners engage in collective work to attempt to return to meaningful personhood and restore suspended citizenship. Through the creation of new socialities using old methods and infrastructures, the author argues, Soviet life is not “unmade” (Humphrey 2002), but it is instead remade to reproduce what has been in part lost – the order and domain of collective work and life.

1 In this paper, I transliterate proper names of Ukrainian origin according to Ukrainian spelling rules. In so doing, I join the Ukrainian public and scholars who advocate abandoning transliteration of Ukrainian proper names according to Russian spelling rules, as is widely present in English publications. Thus, I use the Ukrainian spelling Chernobyl, as opposed to currently more widely used russified Chernobyl.

Jennifer Carroll (2012) focuses on knowledge production and agency in the case of methadone therapy programs in Ukraine, arguing that local experiences of Soviet medical paradigms play an extremely influential role in the implementation of new programs regarding addictive behaviors. Ukrainian medical practitioners and public health organizations view Western biomedical approaches as desirable, but they are transformed via daily practices that illustrate the realities of working in a context of distrust in authority and treatment ideologies unique to the Soviet medical sphere. Shelly Yankovsky (2011) discusses this interplay between Western biomedical ideology and the ways they play out in Ukraine through the lens of mental health care. She 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 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. Her work illustrates yet another site where neoliberal agendas and accompanying human rights' discourses play out. In my own work (Bazylevych 2011), I continue the trend of discussing the relationship with the state as one of the formative forces in Ukrainian people's construction of health categories, specifically focusing on risk. I trace how vaccination anxieties emerge in response to changing local and global hierarchies. Health risks are constructed not only in biological terms, but rather as a product of relationships between the state, providers, patients and international health policy makers. I highlight the ways in which the knowledge of infection and protection against it is circulating in Ukraine, the ways in which it is shared, and the ways in which it is contested.

To conclude, why should we pay attention to the medical anthropology of Ukraine? Because the dynamism of the healthcare field points to creative spaces for negotiation between the state, care providers, users of the system, society as a whole, and various communities within it. It 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 (Rivkin-Fish 2011).

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