Panel ABSTRACT

Panel 49: (Post)socialist health and medicine: examining alternative political economies, biopolitics and circulations

Organizer: Alila Brossard Antonielli, Nils Graber

Abstract: After the Cold War, the experiences of socialist health models have been rendered invisible, with capitalist health systems becoming the default. Ethnographies have shown the transformations of the post-socialist transition leading to privatisation, the emigration of health professionals, and the continuities of some organisations and practices. A growing body of historiography is focusing on the diversity of medical knowledge in training and research, public health interventions, pharmaceutical and biomedical production in former and current socialist countries, also paying attention to the circulations to and from the Global South, and beyond states, within organisations and social movements. With the ongoing austerity policies impacting health systems since 2008, the hospital crisis accelerated by the Coronavirus pandemic and the continuous inequality of access to pharmaceutical products, there is growing interest for alternative models from socialist experiences. While socialist practices are often fraught with contradictions and tensions, sometimes leading to failed experiments and exploitative practices, we believe that they are worthy of consideration in their diversity and their own dynamics. This panel invites researchers from medical anthropology and other disciplines to interrogate (post) socialist medicine and health models and how their continuities and/or legacies shaped current health practices, looking at former state socialist countries and beyond, including local organisations and social movements. We welcome papers dwelling on the circulations of medical ideas and their materialities; care practices; public health interventions; medical technologies and pharmaceutical production and distribution; between social medicine and socialist medicine; and the relations between health professionals, patients, state and non-state actors.

SESSION SCHEDULE

17.09.2025 | Slot 1 & 2| 6-0-1

Barbora Buzássyová: An alternative approach to eradicating child malnutrition: Czechoslovak nutritionists, Psophocarpus and the East – South scientific cooperation during the Cold War

Amelie Katczynski: Training nurses as vanguards of public health? Ethnographic insights from a nursing school in the Lao People's Democratic Republic

Jasmina Polovic: Transition in Session: Adequacy of Mental Health Services on the Ground

Anita Prsa: A road to 'custodial' post-Yugoslav welfare state: Development of volunteerism and civil society in the case of Croatian palliative care

Zoé Richard: "The working Unified Health System" in a post(anti)-socialist context: emergence and persistence of a new public infectious diseases hospital in Rio de Janeiro.

Olga Temina: Continuity of biopolitics in late Soviet and post-Soviet Russia: What policy documents can tell us

Shu Wan: Medicine or Miracle?: The Cure of Hearing Loss and Its Ideological Implications in Socialist China

Phoebe Zhou: Socialist Cure for a Distressed Post-socialist Society: Re-Imagining Psychiatry Amidst China's Mental Health Crisis

SESSION PAPERS

An alternative approach to eradicating child malnutrition: Czechoslovak nutritionists, Psophocarpus and the East – South scientific cooperation during the Cold War

Barbora Buzássyová

The rise of international organizations after World War II and rapid decolonization in Africa and Asia introduced global issues like development, poverty, and nutrition. Although the development cooperation that emerged from this new world order was a powerful tool in the Cold War, for the experts involved in development projects it helped to internationalise their domestic research and create new scientific disciplines. In 1952, a joint FAO-WHO Expert Commission on Nutrition drew the attention of the scientific community to kwashiorkor, a form of malnutrition affecting children primarily in tropical countries. The new priority became nutrition projects focused on development of high-protein dietary supplements using alternatives to cow's milk. While most Western scientists focused on soy as the main plant protein component, a team of Czechoslovak researchers decided to use another legume Psophocarpus (winged bean). In the presentation I will focus on the forgotten story of East-South scientific collaboration aimed at developing alternative plant-based baby formula which was supposed to solve the child malnutrition in the developing countries. I will start by analysing the first phase of

the research that took place in the 1960s in Ghana, in cooperation with the National Institute of Health and Medical Research in Accra. In the next part, I will focus on the second phase which was carried out in the 1970s in collaboration with Vietnamese research institutions. In the final section, I will examine how Czechoslovak research on Psophocarpus achieved international recognition and explore its developments after the end of the Cold War.

Training nurses as vanguards of public health? Ethnographic insights from a nursing school in the Lao People's Democratic Republic

Amelie Katczynski

Public health care in the Lao PDR, a state-socialist country in Southeast Asia, relies on international aid. External assessments often reduce the Lao government's efforts to stories of lack and dependence, echoing narratives of "failed socialist experiments." Meanwhile, aid to Laos has always been volatile, donors' development agendas shifting, and entanglements between public health infrastructure and corporate investments pose new risks to public health.

This paper argues that the Lao government envisions a more long-lasting dynamic of public health that builds the power to develop from within the population itself. I investigate this political project through the lens of nursing training at a public health school in Southern Laos with a mission to "build nurses as good citizens". Over ten months of ethnographic fieldwork, I accompanied a group of students whose learning is embedded in Marxist-Leninist political philosophy and shaped by a political culture of democratic centralism.

My research traces how socialist values of solidarity, unity and cooperation circulate between the state, the classroom and communities, as nurses take on the role of vanguards in the struggle to develop population health – not without sacrifices. They earn tiny wages, train in crumbling hospitals, and venture out to communities without potable water, waste disposal or sanitation systems. Grappling with the tension between future aspirations and present conditions, nurses seem driven by a kind of political hope that sees progress not as endowment, but responsibility to act collectively. What can their story tell us about (socialist) public health possibilities?

Transition in Session: Adequacy of Mental Health Services on the Ground

Jasmina Polovic

My contribution to the conference is grounded in a 4-year fieldwork and clinical work as a psychological and psychiatric anthropologist with Slovenians diagnosed with newly emerging mental disorders within a post-socialist context (adjustment disorder, depression, anxiety disorder, burnout) that have either emerged or skyrocketed after the social change in post-socialist Slovenia displaying distinct illness narratives and embodiment of distress that are inherently connected to the Slovenian notion of personhood and local moral landscapes. As the social change introduced certain

practices and social institutions that are in discontinuity with the local culture Slovenians are exposed to certain social encounters for which they lack the cultural capital to deal with. This has presented to be a significant factor in their psychological collapse and the development of mental health disorders after the social change which consequently embeds Slovenian subjectivity within the world of mental health services that are, although pluralistic, concentrated around psychiatry as the only insurance covered service. While Slovenian psychiatry heavily utilizes Western diagnostic manuals and pharmaceutically informed treatment, Slovenian psychiatrists at the same time frame a big part of their explanatory model in social factors. I argue that such social orientation is a continuation of Yugoslavian socialist influences as well as local cultural ones, wherein I demonstrate the importance of incorporating cultural factors into clinical psychiatry, psychology, and psychotherapy (as it has severely reduced the use of medication and sped up recovery and reintegration with the "patients" I overview), while calling for a form of culturally informed social psychiatry.

A road to 'custodial' post-Yugoslav welfare state: Development of volunteerism and civil society in the case of Croatian palliative care

Anita Prsa

Drawing on ethnographic fieldwork on palliative care volunteering in Croatia from 2021 to 2023, this paper argues that the development of palliative care volunteering reveals a distinctly Croatian, 'custodial' relationship with civil society – particularly volunteerism. This approach contrasts with liberal democracies that have both longer and shorter traditions of third sector engagement. The roots of this custodial attitude lie partly in the delayed development of third sector, due in large part to the Yugoslav wars of the 1990s (e.g., Škrabalo, 2006; Fink-Hafner, 2015). It is also shaped by the legacy of Yugoslavia's decentralized and self-managed healthcare system, which proved especially resistant to integrating non-state providers of care compared to other post-socialist countries in Central and Eastern Europe (Tomšić, 1980; Burcar, 2020). Paradoxically, this same decentralized system enabled the successful implementation of Croatia's New Integrative Model of Palliative Care in 2014. Unlike models grounded in humanitarianism, this approach centered care delivery within public healthcare institutions. Moreover, while in other countries with similar religious and socio-economic profiles – such as Poland – the hospice movement was pioneered by church actors, in Croatia it was led by medical professionals. As a result, rather than challenging entrenched hierarchies, the New Integrative Model reinforced the dominance of the medical profession. This has, perhaps unintentionally, upheld the 'custodial' nature of the Croatian welfare state, which tends to control and marginalize volunteers rather than integrate them as partners in care.

"The working Unified Health System" in a post(anti)-socialist context: emergence and persistence of a new public infectious diseases hospital in Rio de Janeiro.

Zoé Richard

In 2020, Rio de Janeiro's National Institute of Infectiology built a 200-bed infectious diseases hospital. Initially devoted to the Covid-19 response, the Evandro Chagas

Hospital Center, part of the unified health system (SUS), then opened up to the care and study of general infectious diseases. This presentation will focus on the conditions of the hospital construction and integration into the local public health network despite a seemingly unfavorable far-right political context at the time. The aim is to examine what the Evandro Chagas hospital represents for/in a weakened SUS and the promises it carries, particularly from a social(ist) point of view, in a context of extreme inequalities. The hospital is set up as an institutional model of a “working SUS”, as opposed to the prevailing reality of a failed SUS that would not manage to function optimally. Based on the socialist values of equity, universality and free access, the SUS faced a series of neoliberal reforms for decades, alongside a growing privatization of the health sector. In Rio de Janeiro, the number of infectious diseases beds - quintessential area of “social medicine” - has fallen sharply. In a deteriorated public health landscape, the Evandro Chagas hospital appears as a singular object: recent facilities, high-quality equipment, excellent multidisciplinary care... This hospital raises questions about the conditions for the emergence and persistence of hospitals embodying and embracing social(ist) values in a post-socialist context dominated by capitalist dynamics which, in Brazil, might once again slide into a fascist tendency in a close future.

Continuity of biopolitics in late Soviet and post-Soviet Russia: What policy documents can tell us

Olga Temina

From a critical public health perspective, public health serves as an instrument of biopolitics in modern societies. Through public health measures, citizens’ bodies are regularised to exhibit desirable characteristics. However, what is considered desirable differs between epochs and political configurations. While biopolitics exercised through “western” neoliberal public health configurations has attracted significant scientific attention, same cannot be said about (post) socialist public health systems.
In my presentation I will discuss what kinds of subjects were envisioned as ideal and what configurations of public health were consequently produced in the late Soviet Union and post-Soviet Russia. By presenting results of analysis of legislative documents that have regulated Russian public health since their first codification in 1971 until now, I will follow transformations of the Russian state’s biopolitical agenda. Drawing from the tradition of material semiotic analysis, I will demonstrate how the Soviet paternalistic state aimed to provide health(care) for all while coercing those who did not share its ideals of health. I will show how the liberalisation and marketisation of the 1990s attempted to transform citizens into responsible patient-consumers, and how, nowadays, public health regulation relies on the mix of both neoliberal and Soviet ideas of health. I will conclude my presentation with the discussion of continuities in biopolitical agendas of the state and how they linger in the ways public health is envisioned and realised in contemporary Russia.

Medicine or Miracle?: The Cure of Hearing Loss and Its Ideological Implications in Socialist China

Shu Wan

Today, deafness/hearing loss at birth is still widely perceived as a congenital disorder in Chinese society, and it is believed to be cured by the development of gene therapy. Concerned about the origin of this ableist comprehension of deafness in socialist China, this paper explores the dynamics within the cure of hearing loss between the 1950s and 1970s. While the Western biomedical knowledge of cure of hearing loss was sporadically introduced into China before 1949, the communist government first made comprehensive attempts to translate the Soviet Union's medical knowledge in the 1950s. The progress in treating deafness was interpreted as a socialist miracle in the 1950s. In correspondence with Chairman Mao's advocacy for Traditional Chinese Medicine (TCM) and its pharmacy in the late 1950s, acupuncture and its application in cure of hearing loss gradually drew attention from physicians and deaf educators. They collaborated on experimenting with treating deafness, which was viewed as proof of TCM's legitimacy. During the Cultural Revolution (1966-1976), the development of acupuncture in cure of hearing loss was further endowed with ideological implications. The acupuncture in treating deafness was further enhanced and entwined with the social Maoist miracle of "breaking off the forbidden zone," while proving a myth later on. Through the lens of the cure of hearing loss, this paper contends for the interference of ideological concerns with medicine in socialist China.

Socialist Cure for a Distressed Post-socialist Society: Re-Imagining Psychiatry Amidst China's Mental Health Crisis

Phoebe Zhou

Following the profound economic reforms in 1978, China effectively transitioned into a post-socialist regime. While its political structures changed to a lesser degree, various institutions in the country embarked on a hybrid model of development, embracing capitalist privatisation while maintaining a robust socialist foundation—a trend saliently evident in the healthcare system. In this paper, I focus on the particular medical practice of psychiatry that rigidly adhered to a Soviet paradigm as a means of social control during the socialist era. I examine the contingencies and (dis)continuities of socialist psychiatry amid post-socialist China's current mental health crisis. Drawing on multi-sited fieldwork conducted at the height of COVID-19 and in its aftermath, I probe into the discursive circulation of psychiatric knowledge and professionals' collaboration with pertinent state apparatuses to manage individual distress for the collective goal of social stability. I ask: nearly 50 years later into China's hybrid renovation of its health sector, how should we understand the tensions and paradoxes embedded within its Soviet-informed psychiatry? How do Soviet legacies continue to shape today's beliefs about wellbeing and practices of care? Ultimately, can socialist cure heal a distressed post-socialist society where market, capital, and renewed indigenous psychology are ever-present and evolving? By posing these questions, this paper seeks to re-imagine psychiatry and open up a space for mapping global (mental) health in the less visible regions of post-socialist states such as China—and beyond.