

Appendix D

Overview of Armenia's healthcare system

(The following is based on my knowledge of the system given the many years I have worked within it. Where information comes from other sources, I have referenced it.)

Following is a brief overview of the key elements and structure of Armenia's healthcare system using Kleinman's (1980: 49-60) three overlapping sectors of healthcare: "professional," "folk," and "popular or lay." This is meant to provide a general understanding of the structures within Armenia's healthcare system; it may not be complete.

Armenia's system of healthcare is best described as having a central dominant system, biomedicine, with a variety of folk and alternative practices around it. (There is evidence that this may be changing: a department of alternative therapy has been established in Armenia's National Institute of Health and some alternative healers are based in hospitals.)

The professional sector

'Biomedicine' is the medicine taught at the Yerevan State Medical University (YSMU). YSMU graduates are licensed by the government and accorded the title *pzhishg* (doctor). These doctors, when employed by the official medical system have, up to now, been salaried by the government. All doctors are graduates of Armenia's only accredited medical school, Yerevan State Medical University, established in 1922. YSMU has more than 5000 students including foreign students from India, Nepal, Syria, Greece, China, and Iran. Students are accepted upon graduation from high school; the course of study is six years, plus a minimum two years of residency. The Armenian National Institute of Health (ANIH) provides post-graduate training for physicians. A department of alternative and complementary medicine has been added to its roster of subspecialties. (see Appendix E)

Pediatric care is delivered in separate facilities from adult care: there are pediatric general hospitals as well as specialty hospitals, just as there are for

adults. Following is a description of the how the adult provider system is organized; the pediatric system does not differ greatly.

Medical services are provided through a centralized system of polyclinics and hospitals in cities, and medical posts in outlying regions. Many hospitals services and some polyclinic services have been privatized, sharply increasing the cost of care. The system at present, however, continues to retain the structure from Soviet days.

The polyclinic system: Polyclinics are located within districts of a city and provide general healthcare services except for women's gynecologic healthcare, which is provided at polyclinics associated with the local maternity hospital. For public health purposes, cities are divided into regions and regions, into districts. Each district is assigned a physician-nurse team who is responsible for the healthcare of residents within their area. Patients are officially required to go to the doctor assigned to their district; these consultations are free.

Doctors who work at polyclinics include: *therapefts* (generalists and usually female) who are the first point of contact for patients; and specialists e.g. surgeons, who do follow-up care; ear, nose, and throat, and eye doctors; urologists, cardiologists, endocrinologists, neurologists, allergists, dermatologists (who also diagnose and treat venereal diseases), oncologists, and dentists. (Since the government is less and less able to pay salaries, many polyclinics do not have a full roster of sub specialists. As part of the overall plan to downsize the system, one of the reform initiatives is to retrain physicians as family doctors, reducing the need for sub specialists.)

The hospital system: The system inherited from the Soviet-era was characterized by "gigantic hospitals with up to 1000 -2000 beds... (Farmer 1994:334)." Some hospitals provide services over a range of medical and surgical subspecialties, while others are specialized: e.g. orthopedics, obstetrics and gynecology, infectious diseases (including a separate hospital for tuberculosis), ophthalmology, and rehabilitation and physical therapy. There are also 'institutes' that accredit specialists that include inpatient facilities: e.g. cardiology, urology, and neurology. The result of hospital specialization

is that patients with multiple problems are often transferred to and from these facilities for their care.

Hospital-based physicians include surgical specialists and medical intensivists, cardiologists, nephrologists, neurologists, infectious disease specialists, obstetricians (who only do deliveries), and gynecologists. Nurses train for two years at any one of several nursing schools in Yerevan or Gyumri. Nurses are employed either in hospitals or district polyclinics as described above. *Feldshers* are nurses who received special training as general providers to work in outlying regions. *Feldshers* are no longer being trained and the system is being disbanded through natural attrition.

Pharmacists are graduates of the medical school and work both in hospitals and pharmacies; the latter have now been privatized. Most pharmacies sell both biomedical drugs and phytotherapeutical compounds including locally acquired, herbs, flowers, as well as commercially prepared herbal remedies.

In addition to standard x-ray equipment in most hospitals, there are now 4 computerized axial tomography machines and 1 MRI in Yerevan. However, as with all medical diagnostic equipment, obtaining reagents, film, and replacement parts are ongoing problems. In addition, standardization procedures for diagnostic tests are not routinely carried out, so results are not reliable. There are 'diagnostic centers' in several of the main cities where patients can go for all diagnostic studies. Many of the doctors at these centers have begun to treat patients as well. Other technologies have become available during the past 5-7 years, including one center for mammography and one for cardiac angiography and surgery (The Nork center mentioned in Chapter 4).

Ambulance system: Another component of the medical system is an extensive ambulance service. In response to calls for emergency care received at central station, a doctor and nurse are dispatched to the caller's home. Patients may be treated on the spot by the physician or transferred to the appropriate hospital. Ambulance doctors are increasingly treating patients at home rather than taking them to the hospital. Two reasons are cited: the patient may refuse hospitalization for a variety of reasons including cost; and the doctor who can supplement his/her income by treating the patient on the spot is thus encouraged to do so.

The Ministry of Health (MOH): The MOH is responsible for licensing physicians; setting public health policies and problems; collecting epidemiologic data; and interfacing with international planning and aid organizations. Its power on the local level has diminished drastically over the past decade due to a decrease in its budget and an increase in the private ownership of hospitals and medical practices. Although the MOH is theoretically responsible for these institutions, they have been allowed to operate autonomously. The MOH does not carry out routine inspections, discipline physicians or investigate malpractice.

Until recently, there were no professional medical organizations in Armenia. Physicians now have a loosely organized group, but it is without credentialing or disciplinary authority.

The folk sector

Healers in this folk sector (except shamans) inherit their skills through their family line, but not necessarily blood line. These healers may know each other, but are not organized in any formal way. Each has their own methods of healing based on indigenous traditions. Except for midwifery, these healing traditions are practiced by both men and women. This list may not be complete but includes:

- *hekims* -general healers and specialists who treat e.g. mastitis, infertility, and removing objects stuck in the throat
- *snughchees* - specialists in orthopedic practice
- *midwives* – practice in villages where a doctor’s services are not available
- ‘*Cleaners*’ and/or *diviners* – those who use only indigenous traditions in their ‘cleaning’ of evil spirits and divining practices
- *shamans* - indigenous traditions, both Christian and non-Christian (Antonian 2003)
- *herbalists* - who base treatments on various Armenian texts including medieval texts

These healers have their own systems of therapy; however, there are a host of folk therapies that overlap with the popular sector: phytotherapy, placing of ‘cups,’ and use of leeches.

A problem arises as to how to classify certain therapies (Tan 1989: 301) as discussed by a group of doctors in the ethnographic account. It is this: how should practices such as leech therapy and acupuncture be categorized? Are these ‘folk’ or ‘alternative’? Since the origins of leech therapy are unknown, and have been used in Armenia since medieval days, I listed it as a folk tradition. Acupuncture, on the other hand, although practiced for many years in Armenia, is known to come from Chinese tradition – therefore I will place it with ‘alternative’ therapies in the popular sector.

The popular sector

Healers in the popular sector incorporate both indigenous practices and those of other traditions.

- *‘Cleaners’ and diviners*¹ – who take elements from Armenian folk tradition as well as symbols and practices from other traditions,.
- *Psychic healers* – based on theories of parapsychology and bioenergy. (The two that I saw incorporate Christian elements into their treatments)
- Alternative diagnostic and treatment practices: e.g. *computer diagnostica*, magnet therapy, pulse diagnosis
- Additional alternative treatment systems from other traditions: acupuncture, homeopathy, chiropractic, massage (see Appendix E).
- *Sacred ‘exorcists’* – priests in the Armenian Apostolic Church who perform exorcism, but not healing²
- Home remedies/ self-care, based on Armenian folk practices, healing practices, and from popular books and magazines, and advice from the social network of family and friends.
- Magazines on healthcare and TV programs that provide additional information on folk and alternative healers, including new diagnostic and treatment centers in the professional sector.

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¹ I attended a divination/healing session that has not been included in the ethnographic account. The diviner used Sanskrit symbols and a swinging pendulum to make his diagnoses. After determining the problem, he placed a series of cards on the client's foot. Each card had on it a different figure taken from Armenian illuminated manuscripts. He chose to place different cards on the client depending on the movement of the pendulum. He was dressed very simply in plainclothes and the room he worked in had nothing on the walls. His desk was, however, covered with books – books from which he selected the various ones he used in the divining and healing process.

²In a personal communication Yulia Antonian confirmed that the Armenian Apostolic Church is not involved in healing traditions. Spiritualists, as well, do not take part in healing practices, but are, for the most part, involved in fortunetelling and contacting 'spirits.'