

Chapter 1

Introduction and Background

Armenia today is a nation in transition, a nation in the throes of economic and social upheaval from the breakup of the Soviet Union in 1991. This event ushered in a period of unmatched suffering (Farmer 1994:332), so great that according to some estimates approximately half of the 3.5 million population emigrated (Cornell Caspian Consulting 2003:1). Material hardships have been exacerbated by uncertainty about the future and mourning for lost values (such as respect for learning), lost sense of physical and social security, and even their lost ability to travel. Unlikely as it seems to outsiders familiar with the medical system under communism, there is also a profound sense of loss regarding health care.

In Armenia, as in all of the former Soviet republics (Barr 1996:309), the old system of government-financed health care continues but is grossly under funded and poorly equipped. As I have observed, hospitals have closed, services been curtailed, and physicians and nurses work without a salary. According to the Armenian National Health Statistic Survey 2000, hospital use is down to 35-40% of capacity. Alongside this impoverished system a private sector of providers has emerged who have honed their skills, have up-to-date medical equipment, and practice in newly privatized hospitals. However, medical care in such places can be expensive, and beyond the means of ordinary people.

The only medical system officially recognized by the Armenian government today is biomedicine, but a great many other healing practices are common and accepted. There is a resurgence of interest in herbal and other folk remedies, as well as in such therapies as the use of leeches, magnets, and psychics to aid healing. Thus, what we are seeing in Armenia is the

growth of medical pluralism, defined as “the coexistence of differing medical traditions” (Frankel 1989:1), as a response to the difficulties of the transition.

Although a number of epidemiologic and public health studies have been conducted in Armenia (Fort 2003; National Statistical Service Armenia 2001), its health care system has not been examined from an anthropological perspective; this research is a beginning in that effort. The anthropological ‘lens’ can help explain patterns of health seeking behavior of people as it explores why they get sick, and what they think should be done about it (Kleinman 1980: 72-82; Helman 2001:68; Blumhagen1980:202). As elsewhere, in Armenia, this lens gives us a way of understanding the medical pluralism of this society that characterizes health care behavior, and the cultural and social context which gives rise to it. This then is the goal of this research project.

In addition, if international health care initiatives to help the Armenian people are to be successful, we need to begin understanding what is taking place there. It is my hope that this dissertation will address that need, as well as adding to the research on medical pluralism.

Historical Background

“...the destiny of the Armenian people... [has] been largely predetermined by the location of the Armenian homeland, and by the nature of its terrain” (Hewsen1997:1).

Nearly 4000 years ago, the Armens and Urartus settled on the plateaus throughout the mountain chains that are today called the Caucasus, between the Mediterranean and Caspian seas (Hewsen 1997:2). Although few inscriptions remain to document the exact time Armenia was recognized as a nation, it is generally accepted to be around 520 B.C., based on a reference to “Armina” by Darius the Great (Garsoian 1997:38).

The land was situated on the silk route, at a crossroads between the east and west, and eyed greedily by the expanding empires that surrounded it throughout the centuries -- the

Persians, Mongols, Seljuks, and Ottomans (Hovanessian 1997:vii). These last conquerors annexed the major portion of historic Armenia in the 15th century. The most easterly portion remained under Persian influence, and later that of the Russian czars; it is that part that is today the small landlocked Republic of Armenia (p.viii,ix).

Armenia adopted Christianity in 301 A.D., a move that further complicated its relationships with its neighbors who embraced Zoroastrianism and later, Islam. Religious differences became a prime excuse for invasion and wholesale slaughter of Armenians. The pogroms of 1895 within Turkey and the Genocide of 1915, the murder of nearly 2 million people succeeded in eliminating Armenians from their historic homeland – the final solution to the Armenian question. It was therefore politically expedient, after a failed attempt at independence (1918-21), that Armenia became a republic of the Soviet Union; as such it was protected by Soviet troops from total annihilation (Hovanessian 1997:ix-x).

Despite the sovietization of Armenia during this period, Armenians managed to retain their ethnic identity and homogeneity (MacLean1988:151). The Armenian language and church were preserved. Armenian writers, artists, and composers not only flourished, they formed a subculture of resistance to communist authority (and many paid the price with their lives). Underground resistance became overt in 1988, when millions of Armenians protested Moscow's treatment of the Armenians of Nagorno-Karabagh, an enclave within Azerbaijan; the movement was led by poets, writers, and scientists. Then, on December 7, 1988, in the midst of political turmoil, northern Armenia was ravaged by a devastating earthquake (Hewsen 1997: 11-12).

Conservative estimates put the death toll between 25,000-50,000 people and the number of homeless at hundreds of thousands (p. 12). Reconstruction of the destroyed cities and villages was barely underway when the Soviet Union disintegrated (1991); a war between Nagorno-Karabakh and Azerbaijan intensified (1990-present ceasefire); and landlocked

Armenia was blockaded by its neighbors Turkey and Azerbaijan (1991-present). No food or medical supplies were allowed into the country, and then gas lines were cut, the fuel on which Armenia was totally dependent (Farmer 1994:333). The period of suffering that followed is unimaginable today, even to those who lived through those long cold winters without heat, water, or electricity. With massive shortages of food, medicine, and fuel, the reconstruction of the earthquake zone came to virtual standstill.

Health Care Under the Soviet Union

In 1917 solving public health problems (Barr 1996) was one of the first priorities of the new communist rulers of the Soviet Union. Decisions, however, were often based on ideological grounds rather than on scientific facts (p. 307). This resulted in a health care system in which researchers (Barr 1996) have found little to commend. Physicians (Garrett 2000) soon learned that accurate reporting of disease rates and treatment failures resulted in punitive measures (p. 238). Corruption and bribery infected every aspect of the system, including entrance to the medical universities and privileged treatment for communist party officials (p. 308). Hospital conditions (Davidow 1996) were deplorable by any standards; even Moscow's famous Feyoderov Institute (where corneal kerototomy was pioneered), was described as having "peeling ... linoleum on the floors ... beds that looked like shallow boxes with thin mattresses, furniture worn, and medical personnel's cotton coveralls ... threadbare" (p. 55).

Even more serious was the takeover of science by the ideas of the peasant agronomist, Lysenko. In the 1920s his genetic theories, which were a hodge-podge of pseudoscience, led to Stalin exiling thousands of scientists who opposed Lysenko's views. The message was clear, and Soviet medical science (and medical education) took a huge leap backward (Garrett 2000:279-281). In the following decades, ideas of other self-styled experts who promulgated,

for example, a theory that vaccines weaken a child's immune system and might even contain poison, came into vogue (p. 175-176).

Assessments of the Soviet system of health care are, however, observations from the 'outside', and as Frankel and Lewis (1989) remind us, the past as reconstructed from the outside is markedly different than that constructed from the inside (p. 2). Garrett (2000) quotes a Georgian health official as saying, "...totalitarianism was...terrible...[but] it offered predictability and stability..." (p. 257). My informants, Armenians who have lived through Soviet times into the present, whose hospitals were worse off than those of Russia's famed institutes and often lacked even a steady supply of water, still express nostalgia for the old system. From their point of view, the Soviet system provided security through a regulatory system they understood, as well as safer drugs, and universal access to health care. The bottom line was that health services were affordable; even a trip to Moscow for diagnosis and treatment was within reach for ordinary people. No one, it seems, died because they could not afford an operation. The privilege accorded to communist party officials was overlooked because the citizenry as a whole was treated equally.

The roots of Armenian Health Beliefs

"Medicine is an inseparable part of ancient Armenian culture...it accumulated the experience and knowledge of many generations of Armenian physicians on the curative properties of plants and animals as well as minerals" (Vardanian 2001:3).

In order to understand the medical pluralism of Armenians, it is first necessary to know something of the history of Armenian medicine and the origin of Armenian traditional cures. As with its political fortunes and misfortunes, Armenia's medicine comes from its geography. The mountains of Armenia, formed by volcanic activity over millennia, are rich in warm mineral and freshwater springs, have an abundant flora of which more than 1500 types are

thought to have medicinal properties. It boasts a unique soil that produces fruits acclaimed for being delicious and juicy, ¹ and even more important, form a large part of the Armenian diet (Hewsen 1997: 12-14) and Armenian medicine.

The health beliefs of Armenians today have evolved over centuries, even millennia (Vardanian 2001). The origins can be traced back to the pre-Christian worship of goddesses Astghik and Anahit, patrons of medicine, the first leper hospitals in Armenia (260 A.D.) built at the sites of mineral springs, and the curative herbs that were exported to other countries in ancient times (p. 3). Historians from the period have written about the planting of special orchards and flower gardens for medicinal use, and even the worship of plants considered especially powerful (e.g., *Bryonia alba*) (p.1). As in other cultures, animal parts were also used medicinally, particularly the belly fat from certain animals. The earth itself -- clay and stone -- were also thought to have curative powers. Clay was used to heal wounds, and was diluted in wine and water and drunk as a cure for tuberculosis and the plague (pp.1, 4).

Armenian medicine flourished from the 10th -14th century under the support of the ruling dynastic families and the church. Schools were built where philosophers and physicians studied and taught, and where scientists from other countries came to lecture (p. 2). Armenian physicians studied the writings of Greek, Roman, Persian, and Arab physicians including Hippocrates and Galen and many of their ideas (e.g. imbalance of humors as a cause of illness) permeated Armenian thinking (Vardanian 1999:4,7). Armenian philosophers in the 10th century had already articulated the need for separating religion and science and the importance of experimental study to solidify facts (p. 2), and autopsies were performed in Armenia as early as the 12th century (Vardanyan 2003:1).

Mkhitar Heratzi, the 12th century physician referred to as the father of Armenian medicine, used observation and experimentation to develop a “complex system of cures based on... herbs, diet, physical methods and psychotherapy” (p.2). He postulated that “fevers” were

caused by something he called “fungus” and he cautioned people to remain far away from those so afflicted. Most importantly, he established a tradition of writing medical texts in the language of the common people to guarantee that laymen had access to his ideas¹ (1999:8). Thus his cures and treatment and those of subsequent physicians, that placed major emphasis on the use of herbs and plant life, have been passed down through the generations and form an essential part of Armenian folk medicine today (p. 15).

The Health Care System Today

An enormous “professional sector” was left over from the Soviet era – hospitals with 1000-2000 beds, polyclinics that saw thousands of patients daily, and a doctor-patient ratio of 1:250 -- that was impossible for the new Republic of Armenia to support (Farmer 1994:331). As the Soviet-built infrastructure floundered after 1991, governmental and nongovernmental organizations from the West (p. 333) stepped in to help upgrade the practice of medicine in Armenia. In surgical specialties welcome changes took place, such as the opening of a pediatric cardiac surgical center that now performs bypass surgery for adults, the upgrading of abdominal and thoracic surgical techniques, and major innovations in the treatment of cataracts and other eye diseases. Although services for children are free, those for adults carry a price tag. For those who can afford these services, these advances have been life saving without a doubt. For those who cannot afford these treatments, their availability makes no difference – except to accentuate the inequality of health care.

With regard to primary health care, progress has been less than impressive. Financed by the World Bank and the United States Agency for International Development (USAID), the government of Armenia has undertaken the following initiatives: the introduction of “family medicine,” retraining physicians, and upgrading existing facilities to at least minimal Western standards. Despite millions of dollars spent over nearly 10 years, the impact has not yet been

felt on the local level. Among the reasons one hears informally voiced for the difficulties in establishing functioning primary clinics is the lack of patients due to the “monetization of medical services”; more simply put, Armenians cannot afford to go to the doctor.

But does monetization fully explain the decrease in use of polyclinics and hospitals? Are there other social and cultural factors that are working synergistically with monetization or alone to account for this drop? My experience working in Armenia for 15 years leads me to believe that there are; my new training in anthropology makes me certain.

My Work as a Doctor in Armenia

“The empirical result of [ethnography] through professionally disciplined engagement is positioned knowledge: that is, a view from somewhere... The anthropologist’s ethnography cannot be...objective” (Kleinman 1995:76).

I have lived and worked in Armenia for months at a time since 1988, when I joined with other diasporan Armenians to start a humanitarian organization to get medical supplies and equipment to the earthquake zone and later to the war zone of Nagorno-Karabagh. During this period I worked as a physician alongside Armenians – helping them to understand how to use the donated drugs flooding the country, how to use Western medical equipment, and introducing Western methods of medical care to new physicians. The flow of information, I was sure, only needed to go in one direction. In 1994, I established a primary care center in the city of Gyumri, the city most devastated by the earthquake of December 1988, and to this day, a place where the destruction it caused can still be seen on every street.

Slowly I began to realize that there were many things about how Armenians viewed health care and illness that I did not understand. The first problem was in trying to get a reasonable description of a patient’s symptoms, and then getting physicians to record them in detail. Patients would complain of liver pain or heart pain with few additional details. There

seemed to be little understanding of the interconnectedness of organs and symptoms. It was a phenomenon I described as the “black box”, (before reading Young [1983]) not yet understanding its significance (p.1206). Neither physicians nor patients adopted Western-style methods – the methods I was teaching – readily. For example, it was difficult to get someone with high blood pressure, even dangerously high, to take medicine regularly. The physicians I worked with soon understood that telling such a patient to put their feet in hot water when their pressure went up was not acceptable. But after a month or two in residence, I would return to the U.S. and I was never sure what happened in my absence. My only hope was that with proper education regarding hypertension patients would change their behavior and comply with my instructions. I assumed that doctors also would change their instructions to patients. Western medicine, I expected, would be embraced to its fullest, with drugs replacing the home remedies I kept hearing about, Vitamin C tablets replacing berry juices, and Robitussin cough syrup replacing honey and lemon.

This was not what I saw happening. Instead, the use of clinics and hospitals was decreasing and even among those who came to the hospitals the old, traditional practices continued. Patients and doctors explained that this was because such remedies were cheaper than Western drugs. But it seemed to me that something else must be going on; over the years I’ve observed that most Armenians find a way to pay for something if they really want it. I began to think more seriously about these problems, especially in the light of international development projects in health care and efforts of the Armenian government to restructure the system of primary care for the population. Based on my experience in Gyumri, having established a primary care center nearly 10 years ago, I knew that there were major pitfalls in such an endeavor – pitfalls I knew existed, but could not explain. It came down to this – why weren’t more patients attending our clinic? How come they weren’t knocking down the doors

to get in? Our clinic was the only one in Gyumri providing Western-style medicine – and our services were free. There had to be explanations.

During this period of time, I read the Pulitzer Prize-winning book *Guns, Germs, and Steel: The Fates of Human Society* by physiologist Jared Diamond. Diamond opened up to me the idea that disease (or germs) and the variation of human responses to it, are not as directly understood as biomedicine would have us believe. This, and my experience in Gyumri, led me eventually to study medical anthropology.

The experience of looking at Armenia's health care system from the perspective of an anthropologist has changed me. Once closed to pluralism in health care and unaware of the importance of respecting local knowledge and beliefs, I now realize there is a lot to learn from other traditions. I recall what a former Minister of Health of Armenia said to me when he was feeling the pressure of outsiders telling him how to reform his health care system: "We are not starting from zero, you know."

Notes to Chapter 1: Introduction and Background

¹ As far back as Roman times Armenian fruits were prized, especially the apricot internationally known as *prunus armenicus*. The apricot is thought to have originated in the Armenian plateaus and is, to this day, among Armenia's most prized produce.

¹ Middle Armenian is the language Mkhitar Heratzi wrote in; *grabar* was the language of science and the church (Vardanian 2001: 8).