Title VIII Southeast Europe Research and Language Program
Final Report

Intimate Debt: Health, Wealth, and the Making of a New Bosnian State

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I received a three-month scholarship in the Southeast Europe Research and Language Program, in August of 2007 to complement and complete my twelve-month doctoral dissertation research in northeastern region of Bosnia and Herzegovina commenced in October of 2006 with a fellowship from the Individual Advanced Research Opportunities Program (IARO) funded by the United States Department of State Title VIII Program and the International Research & Exchange Board (IREX) Scholar Support Fund. My research is anthropological in the sense that it is informed by the theoretical tradition of cross-cultural, comparative, and historical study of particular ways of life and my method is ethnographic in its commitment to living and working with the people studied and learning directly from within the field – from the sites of everyday life and practice. My research titled Intimate Debt: Health, Wealth and the Making of a New Bosnian State, took place in seven municipalities of Tuzla region (Tuzlansko-Podrinjski Canton) and in an administratively particular District of Brcko. I worked in a wide range of distinct local settings – cities, provincial capitals, villages, and hamlets – at sites as different as a regional black market, informal sidewalk sales, and new shopping centers; neighborhood shops and micro-credit organizations; pharmacies, pharmaceutical companies, and herbalists' market stands; public health centers and traditional or alternative medical practices.

Research Highlights

My research was ambitious and innovative in scope and agenda. In the past twelve months, I gathered materials that will interest anyone involved with this region of ex-Yugoslavia, materials profoundly different than much of scholarly, policy, popular and journalistic accounts of contemporary Bosnia commonly observed through institutional and international entailments of post-Socialism and post-conflict, far from the lived lives/lived experience of most Bosnians. The American Councils grant was crucial in providing me with resources and time to bring the field study to a closure. As I was already well-established in the northeastern Bosnia when I received the grant, I did not require the American Council's administrative nor logistic assistance for deployment in the field and cannot comment on their field support other than to note that the electronic mail communication with the US-based field support staff was efficient and cordial, and that the stipend and travel reimbursements were disbursed in a timely manner. In this report, I focus on summarizing my research methods, findings, and future plans for the collected materials. In the interest of conciseness, I proceed assuming the readers' general knowledge of Bosnian history and political-economy and highlighting particular research achievements.

I designed my research problem and fieldwork plan around a set of concerns about health and wealth that strongly figured in people's preoccupations and practices during my preliminary investigations in the region, in the summer of 2005 and 2006. More specifically, I set out to study the popular exchange practices which people described as surviving (*preživljavanje)* and experienced as a host of health disorders. Surviving, I suggest, is inextricably tied to the new kind of a market which is pervasive since the peace of 1995, when trading became primary source of income for demobilized soldiers and others displaced, en masse, from industrial and state employment or from land for agricultural production. Furthermore, the market is pervasive in as much as the generally impoverished population buys products from informal street stands and marketplaces, black markets, and flea-markets, in short, in venues that were traditionally associated with 'low' commodities as well as with traders and consumers of inferior social standing (the proverbial outsiders in the region, associated with the market trade are Gypsies, peasants, and smugglers *svercer*i). Finally the new market is pervasive since it circulates things and services that are not usually (nor 'naturally' – that is conventionally, within the shared but shifting domain of moral economy) in

the market (from medical degrees to prescription medicine) and extends the ideals of the market contract (immediate exchange at a fixed price and a maximum profit to both parties) to spheres officially (and traditionally) held outside market exchange (such as public health system and medical and pharmaceutical practices, for instance). But the market in Bosnia is very particular – and this is the point that I will be developing in the future writing – as it circulates commodities as well as gifts and alms, but these different forms of exchange coexist and coarticulate in the marketplace that is underwritten by debt. People most commonly transact commodities and money for promises of payment, some time in regularly deferred future. The experience of indebtedness and the practices of extending and contracting debts constitute the practice of surviving. Surviving, I discovered, is not a struggle for a bare life but a striving to live properly, pleasantly, and regularly above one's means.

Furthermore, I suggest that surviving is a health experience, and quite literally a matter of life and death. When sales are low or household budgets exhausted and debts can no longer be deferred (keeping in mind that loans from microcredit organizations and banks cannot be deferred without penalties), people experience health disorders. In the words of one of the herbalists that I worked with, when sales slowed down in the winter of last year, she "immediately felt that it was harder for [her] heart [to work] (*teze srcu*). Nervousness (*nervoza*), one can't sleep… I have more illnesses. As soon as I earn some money (*zaradim*), I'm better." Meanwhile, she says she needs "something to calm down." This is how people generally refer to tranquilizers, 'something to calm down' (*nesto za smirenje*). Another trader, working at a flea market, tells me that she "got worried sick" *nasikirala se* the other day having procured a 1,000 KM worth of commodities which turned out unfit for sale. Her husband suggested she takes a slab of Lexaurin (a popular tranquilizer, a derivative of benzodiazepam) for lunch. Anxiety is the most ubiquitous health complaint in the region, and the local medical practice and commonsense attribute to it, the widest array of bodily dysfunctions.

There is host of local forms of experience that I theorize as anxiety. One would say: "I worry myself self sick" or "I got worried sick" (*sikiram se, nasikirala sam se*), I worry (*brinem se, imam brigu)*, "I'm nervous" or simply describe his state as "neurosis" (*nervozan sam, nervoza*), or "my nerves are pulled out/lost" *(nanerviram se, izivcira me, pogubila sam zivce* also: *zivcirati zivciram/nerviram se, izvukli mi/izgubila sam zivce)*. These complaints, I propose, are different local ways in which people embody the market, but they should be studied in the light of the anxiety disorder in global and Bosnian medical practice and pharmaceutical industry.[1] People I encountered talk about *sikirancija* in general and of particular misfortunes (say poor sales, defaulted debts, or news of death) as sensation of chocking and pressure in the chest, stomach pain, high blood pressure, headache, insomnia, nervousness, anger, fear, lightheadedness, a list that is comparable to the medical symptoms of anxiety. Anxiety in Bosnia (as elsewhere in the global pharmaceutical world) is commonly treated with anti-anxiety pills and antidepressants, which local doctors prescribe liberally and people purchase with or without prescription. There are, however, alternative practices specifically

[1] In the clinical discourse, anxiety is a disquieting state accompanied by emotions of fear, apprehension and worry, with somatic, psychological, cognitive, and emotional effects and a wide range of physical symptoms from shortness of breath to nausea to chest pain. The recurrent or debilitating experience of anxiety is clinically diagnosed as an anxiety disorder which has a range of forms, from generalized and existential anxiety to the stress anxiety (or PTSD – Post-Traumatic Stress Disorder). Anxiety is an extremely elusive condition, and its symptoms, treatments, forms, and patients' experience uneasily fold into institutional and disciplinary nosologies (see Allan Young's 1995 The Harmony of Illusions. Inventing Post-Traumatic Stress Disorder.) Furthermore, Charles Medawar and Anita Hardon, in Medicines out of Control: Antidepressants and the Conspiracy of Goodwill (2004), convincingly argue that the "discovery" of kinds of anxiety disorders and their drug treatment is largely driven by the interests of the pharmaceutical industry and by the legal and regulatory mechanisms that were originally set to curb the industry in the patients' best interests – state drug administration agencies and medical doctors. Practitioners of the alternative medicine, intervene in discomforts and disorders that the clinical practice associates with anxiety, such as trauma, test panic (many students have their fears poured out prior to exams), panic attacks, and fear of people.

designed for treatments of "fear" and its effects which, in local terms, range from depression to stomach ulcer.

Surviving and forms of health experience that I consider under the category of anxiety – from *sikirancija* to *nervoza/zivci* – are also remedied by the alternative medical practices although the patients' complaints and narratives of disorder are categorized, explained, and treated very differently from practice to practice. What is common to the treatments, I suggest, is a certain set of assumptions that I can only list here: that the physical, political and social surroundings – and by extension the contemporary market, underwritten by intimacy, debt, and lack of money – bear on the body; that health and wealth are knowable and treatable on the body in temporalities of deferral: fortune, future and fate; that body has no simple division of labour between the physical frame and the mind but that thoughts, emotions, sensations have their efficacies; that ailments are repaired by means and at a distance that elude etiological models sacred to the medical science (but most regularly confused by ailments such as anxiety or depression susceptible to a whole range of indirect influences, explained away as "placebo."[2])

The anti-anxiety drugs and to a lesser extent antidepressants constitute the majority of sales in the pharmacies that I visited and according to pharmaceutical wholesale suppliers I interviewed, so much so that pharmaceutical industry is not actively advertising these drugs but considers them "consumables." The use of anti-anxiety medicine, much of it self-prescribed, is pervasive and casual. Many traders I work with start and finish their day with an anti-anxiety pill (or tell of others, colleagues and customers, who do), or else take a sleeping pill at bedtime. When something sudden or upsetting takes place – poor sales, death notice, family argument, shortage of money, debt settlements due and late – people swallow pills and double the dosage.

The exchange of herbal and other forms of alternative medicine regularly provide a powerful space for critique of the pharmaceutical and clinical treatments of anxiety (but the critique is also harnessed for profitable ends in indiscriminate production and marketing of herbal, pharmacological, and dietary supplements, whether by industry or smaller enterprises; herbalists for instance[3]). This also raises a question of malpractice which plagues the alternative as much as the biomedical practice[4], but in more complicated ways given that alternative therapists are always at

[2] What is interesting, however, is that placebo is no simple sugar pill that tricks the mind into feeling better, but everything and anything external to pharmaceutical or clinical practice that affects significant change – events, encounters, exchanges.) Placebo yields a powerful influence, particularly on depression, so much so that studies since 1970s have shown no measurable difference in effectiveness between antidepressants and sugar pills (See Medawar and Hardon, 2004, pp 55-58).

[3] Just the other day a man came to a pharmacy with an herbal supplement prescription slip – one of those that pharmaceutical wholesalers provide to the doctors to issue on merit, that is accruing points that earn handsome rewards to the doctors – and a couple of items circled, stamped and signed by a physician. The man clearly did not know how indispensable the drug was nor was he offered more inexpensive alternatives (herbalists at market stands hold every possible herbal remedy at a fraction of a cost) but was hoping for a subsidized purchase. The pharmacist directed him to the Social Care Institute to plead his case; if the man goes he will face a formidable bureaucracy and tremendous "loss of time and nerves" (as the local term goes) to be denied assistance (even the life-saving drugs and essential items such as adult diapers are hard to get subsidized). The hope is that at one point someone (a neighbor, wife, friend) will explain to the man what the medicine really is and what can they afford, instead. I have also seen in the region plenty of dubious herbal medicine practices, as well as inordinately expensive household names with reputation in efficacy (but also for extravagance: one famous herbalist travels the region with armed bodyguards). I have heard accounts of ex peddlers of herbal remedies who discovered that their herbalists were packaging lies, and who had to face the crowds of disgruntled customers (which is doubly uncomfortable as many were also neighbors, friends and family – the most natural market for any one trader). I also frequent an alternative medicine stand that travels with the market and occasionally uses a tentacled machine to "diagnose" the patients and then prescribe remedies worth from 20 to 100 KM (a fortune in the region where pensions and salaries start at 220 KM).

[4] Encounters with the doctors in primary care are either too superficial or else downright unpleasant or harmful, unless navigated through intimate connections and with gifts and money. Specialized and clinical medicine, on the other hand, has a host of reputable experts but is for the most part equally navigable with networks and significant

pains to distance themselves from the proverbial forms of swindling with supernatural means the superstitious crowds (such as for instance, fortunetelling *gatanje,* supposedly a domain of Gypsies and idle women, or magic making *caranje,* with the same suspects and including Muslim priests *hodze*). Caring for health is ridden with uncertainty: whom to trust? There has been an explosion of herbalists, healers from Reiki to Muslim priests, women who pour out fears, and fortune-tellers (all of whom also intervene in health and wealth). Many patients disappointed by, mistrustful, or tired of medicines and concerned about the side effects of drug use, are turning to herbs, home remedies, special diets (herbs, honey, fruit and seeds – like flax seeds or Japanese mushrooms for instance), or other alternative health practices.

Specific Research Aims

More specifically, in the three months during which I held the scholarship from the American Councils, I pursued several questions that the previous nine months of research in the region left open. Firstly, I collected life histories of traders and their customers and studied their household budget allocation strategies, to better investigate the apparent paradox that surviving was about good life not bare subsistence. This investigation led me to an argument (which, again, is yet to be developed in the future writings) that the economic tactics and experience of surviving cannot be understood apart from Bosnia's particular history of Yugoslav-style indulgent Socialism, more recent history of war and privation, and the contemporary and deeply-threatening peasant migrations to the cities and the rise of capital circulation in the province. Secondly, I was interested in collecting health histories and therapeutic experiences of people attending an extremely popular alternative health practice in a village off the beaten path of once industrial and now economically depressed municipality of Lukavac. The therapist who treats all kinds of ailments without a set price is charismatic, controversial, and draws hundreds of patients from throughout ex-Yugoslavia and from further afar. I interviewed the practitioner, her patients, their relatives, and observed the intensely social therapy sessions. This part of study provided me with the most insightful material to connect, in very concrete/specific way, that is in particular cases of therapeutic exchange, the general concerns and strategies surrounding health and wealth. Finally, I used the time in the field from August to November to better understand the institutional entailments of health and wealth. More specifically I conducted interviews with microcredit organizations which provide small loans in the region and with local pharmaceutical wholesale suppliers. These conversations provided me with an idea of the other, much higher stakes in the Bosnian market of debt and pharmaceutical remedies, and gave me a glimpse of the institutional tactics in marketing the highly desirable commodities: loan services and health drugs.

Contributions, Recommendations to Policy and Area Study

Compared to the past and ongoing work on Bosnia since the 1990s war, the scope of this study touches realities lived outside the institutional and urban settings[5] and looks at politics in forms and at sites that make ethnonational identifications beside the point for the immediate purposes of 'surviving' (*preživljavanje*). Put briefly, while I paid visits and attention to the formal powers of great business, nongovernmental agencies, and state institutions, I worked closely with

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amounts of money for services that are theoretically subsidized by the state. The quotes for surgeries or hospitalization range in bluntness and expense but the alternative is to seek out a private clinic or settle for bizarrely deferred scheduling, even in cases when urgent interventions are due. People are regularly frightened and disillusioned by the medical practice and staff (this disillusionment peaked during the month-long strike of the public health workers in the Federation for higher wages, during which time patients were denied access to care) and it is no wonder that Bosnians increasingly take health in their own hands.

[5] I know of four other ethnographic studies in the region today, all of them based in the capital of Sarajevo and all situated within state or extra-state (NGO) institutions. One researcher has since taken his study to another city in western Bosnia.

people in marketplaces, pharmacies, shops, and informal health care practice, moving constantly between cities, villages, and along the greatly understudied but critical places in new Bosnia: the province (moreover, I made this trajectory itself a site of study – more about this in methodology). My field material on health and alternative medicine (for the lack of a better term) also explores the identifications and stakes in-between the sanctified ethno-religious trinity of Bosnia. In a nutshell, I found that elusive identifications of urban or rural cause far more anxiety than do the formal (i.e. electoral) ethnonational categories and that the existential questions of 'knowing how to live' as well as the interventions in health (and by default in wealth) are informed by syncretic therapeutic techniques. These findings, I believe, would be of interest to policy planners, analysts and students of Bosnia, curious about lives of Bosnians that exceeds narratives and data of market surveys, press, or political analysis.

My work also raises theoretical issues of interests to anthropology in general. I propose that debt is an useful exit from the commodity/gift binary; that health be considered in broader terms having to do with market, exchanges, and intimacy; that market under the conditions of political disorder (which is always a process of reordering) is best illuminated by the sphere of the intimate (relationships and health care for self and others) which is inevitably political; and that "alternative" health interventions should be studied seriously and taken quite literally as competing and coexisting epistemological and practical (efficacious) claims. Finally, my work is an earnest attempt to study experience through the practices of embodiment while paying close attention to the more general political-economic history of the present.

Furthermore, based on my study in the region, I propose several correctives to the common policy and scholarly approaches to contemporary Bosnia.

Formal politics: Ethnonational politics, as I saw them from within people's everyday lives, are the bottom-line politics, driven by the electoral system and for the purposes of electing and keeping in power the political candidates sustained by the very rhetoric of ethnonational difference. The result is that the elected officials (and their appointees to all the sectors of society from the Ministry of Health to the University) keep up the ethnonational rhetoric, keep invoking the recent past, and keep making the minute issues a matter of vital national interest. I might be stating the obvious but the point is easily lost when all you see is the end-product of this political game (the media reports, the government discussions, the electoral results), and the point is: the great majority of people in Bosnia are moved more by the threatened quality of life than by the national concerns. I heard so many say (and I believe them) that they could care less who is the president for as long as he is smart and leads the country well. I think that who ever realizes this and takes it seriously, can make a great change in Bosnia, the constitutional framework notwithstanding.

Global parallels: Bosnia should be seen not only in the regional perspective, within the framework of postsocialist and transitional markets and states, but also compared to theoretical and ethnographic insights from postcolonial studies. Demonetized economy, disconnect between lifestyles suggested by the global popular culture and local realities of subsistence, promises of democratization and real limitations of states to provide job security and equality before the law or to prevent crime and corruption, are just a few commonalities with conditions described for postcolonial Africa, for instance, that point to a more general condition of global political economy that Bosnia is a particular case of.

Politics by other means: Most international formal support seems geared towards party pluralism and oppositional politics. However, I think that political change in Bosnia might be better effected and political apathy better countered with initiatives that offer services to community and the state. Instead of encouraging the opposition to the government or to the ethnonational politics, I think that the international community should support platforms and promote common concerns that are not addressed in an organized manner for the lack of resources and the lack of habit. Rather than have a political party model as the viable framework for association (so much so that there are

parties of war invalids, pensioners, or the party of those whose savings were lost with the demise of Yugoslavia) people should be helped to group around, say, ecology or medical patients' interests or support groups of kinds (say substance abuse or mental health). .

Health system: State health system and the public health insurance agency are in a great need of reform. Private health practice is excluded (with a few exceptions) from the health insurance plan and private health sector initiatives are bureaucratically stifled for reasons that have nothing to do with their performance nor with patients' best interest. A dual system of public and private health care uneasily coexists and is equally unaccountable to the patients or the state. It is curious that the international community meddles into institutions considered sacred to a sovereign nation-state – say by appointing an expatriate head of the Bosnian Central Bank – but an institution that decides, quite literally, about life and death of Bosnians on everyday basis (as the Health Insurance Fund does) is fully entrusted to the hands of local politicians.

Future Plans

I am currently at the University of Chicago, writing up my findings into a doctoral dissertation. By Spring, I intend to produce one chapter and apply for dissertation write-up grants, and by early Summer, I am planning to write a separate article for a scholarly journal on alternative medical practices in the region.