

# Brainstorming for which Brains are Prohibited: Analyzing Our Bio-Neoliberal Realities<sup>(I)</sup>

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## ABSTRACT

*This paper is based on the will to provide a methodology/exercise in bringing our perceptual and analytical tools (when doing biomedical and applied biological research) to the level of today's neoliberal challenges. Better said, exactness does not give accurate end results in the intellectual surrounding of wrongly interpreted (biological) data without much connection to our on-ground (neoliberal) realities. The main problem that is being tackled is that our bio-neoliberal realities, immersed into decades long build up of political and economic factors, if elegantly ignored before, cannot be disregarded anymore. This exercise is conducted through five cautionary bio-neoliberal reality vignettes based on examples from Croatia, the functioning of Croatian health system and health/sickness/ecological issues. In the end, the paper orientates towards a critical reading of the instrumentalization of Human Rights, especially in the domain of health and dignity.*

**Key words:** bio-neoliberal realities, biomedicine, public health, neoliberalism, vignettes, Human Rights

## Introduction: Searching for Evidence within too Narrow Chronologies and Spaces

It is very dangerous (more in reality than on paper) to join brainstorming, health and neoliberalism into a single context. Academically it raises a hallmark of caution that warns upon the thematic being too vague, elusive and speculative. To present such a paper within the context of a Workshop dedicated to the anthropology of transition and tradition, within biomedical issues of solid empirical data, could be sought as a provocation to the solid academic notions of chronology and spaciousness. Yet, how solid is the data missing its wider chronological context? Thus, this paper is dedicated towards stretching the brainstorming upon biomedical issues into the domain of critical considerations. More precisely, rising the

awareness of the ways we place our populations into the contexts of time, space and change<sup>(II)</sup>. What are our traditions and transitions? What is the difference between the global, neoliberal, transitional? Into what are we transitioning and with whose tradition? It is very evident (only after acknowledging deeper historical insights) that explanations of certain countries successes and failures done upon the indexes of progress ranking is like advancing a flotilla for special aviation actions. Global advancement of populational health issues is certainly the most dangerous territory in which this (intellectual) abuse is taking place.

<sup>(I)</sup> This paper was specially prepared in lieu with the ideas of the main organizers Doctor Noël Cameron and Doctor Saša Missoni for the *Wenner-Gren Foundation Workshop »Anthropology of Transition and Tradition«* (held on Hvar, Croatia from the 10<sup>th</sup> to 12<sup>th</sup> September of 2012). Its analytical content is part of the author's wider area of work in progress, working as Secretary General, together with Academic Pavao Rudan as Head, for the *Commission of Medical Anthropology and Epidemiology of the International Union of Anthropological and Ethnological Sciences/IUAES*. The author wishes to acknowledge that this paper would not materialize were it not for the farsightedness and a high amount of intellectual bravery of Dr. Missoni and Dr. Cameron in their visions of opening new scientific debate horizons and pushing toward new cooperative interdisciplinary grounds; as well as for Wenner-Gren funders for recognizing this intellectual challenge by funding us in this endeavor. The author is continuously indebted to the SSRC-MacArthur Foundation.

<sup>(II)</sup> This approach is much wider than that of an *engaged* anthropology. It cautions that *engagedness* is often used and abused in the course of, repeatedly, instrumentalizing populations of our study for new biomedical 'data' and advancing the penetration of the applied biological sciences into the designated populations, in the course of growing interpretive demands. Over time being 'engaged' has become a mantra of achieving new ways of 'communicating' with the researched, rather than supporting the ethical demands upon advancing the ways that our communities of 'researched' live (Špoljar Vržina, 2007, 2008; Špoljar-Vržina and Rudan 2009).

If we are to set straight the factography of transitioning it would be wise to acknowledge facts such as that Croatia (as well as other countries of the former Yugoslavia) was the (founding) member of International Monetary Fund from 1946 onwards. So it would be wise, when mentioning Western capitalistic values, to know that they were nurtured as early as 1946 in the today, so called 'transitional' country/ies<sup>1</sup>. Or the fact that the public health of Croatia (as well as that of the whole of former State) represented a unique Štamparian model of *Health for all*, exported widely into health systems of the whole world (USA, China, United Kingdom, etc.). Andrija Štampar was Croatia's doctor dedicated towards uplifting the public health services to the level of serving the populations (not the reverse, as we often portray his ideals nowadays). He was financed through The Rockefeller Foundation (from the 20'ties onwards)<sup>2,3</sup>, obviously promoting the Foundations intellectual investment into this 'transitory Balkan' region to this day<sup>1</sup>.

Thus, to talk of transition and tradition through strict economic, demographic and epidemiological factography is to be on the scientific safe side of exactness, but only to the level where (scientific and epistemological) history does not matter. In fact where any history, especially that of the local populations matters only to the level of satisfying the dominant explanatory (applied biological) paradigms. Once we deepen our chronology and widen our spaces of observation we get to a point where everything matters and is interlocked into web of significance not explainable on the level of our usual successful interpretation of the exact parameters and numeric data, especially in the domain of biomedical sciences. Today's explanations of the majority downfalls and minor upraises in the health status issues worldwide remains lacking the understandings based on the flexible movements through the these webs of significance, as well as the understandings based on the dignified addressing of the Other that we perceive as entangled in webs far from our own. Those of syncretocracy<sup>(III)</sup>. While anthropologists have more or less successfully grappled with the first strand of problems through critical medical anthropology<sup>(IV)</sup>, the second strand of the problem has only re-

cently been unwrapped through addressing the politics *for* human rights (as opposed to those *of* human rights) of the populational health issues that we encounter<sup>(V)</sup>.<sup>4</sup> The second strand of action requires auto-reflexiveness and a leap out of a methodological rigor. It also requires a recognition of one's own status in the 'bandwagons' of global change and breaking away from the brain prohibited brainstorming.

Thus, we might confirm transitioning of certain populations towards betterment, while the reality is that all are changing towards the downfall in the politics for their Rights. When this becomes true in the domain of health, sickness and health systems, world-wide, the status of our bio-realities, however successful they may seem under the short gaze are, in the long run, under a global downfall. This course of action can be very directly traced once one steps out of the prohibitions of restrictive interdisciplinary standards<sup>(VI)</sup>.<sup>5</sup> We are all subsumed not only to the western values of open market, profit and investment, but a downfall of democratization in our life and working (scientific) standards. The majority of the consequences we research (health) are caused not through deliberate cautious planning for the betterment of humanity, but through near-sighted short-term forced 'progress' and oppressive open market investment ruling, not strictly moving from West to East, and definitely not strictly orientated towards positive values of democratization. Most importantly, the changes are not nearly respondent to the timing we address them to, and neither the merits we think exist (individual choice and liberal advancements).

Simply, to decode the happenings in the health sphere of any contemporary population one must be able to link its significance with: a) the resources surrounding the population (that are of interest to corporative management and investment); b) the degradation of safety management that a certain population underwent/undergoes (in the vicinity of corporative actions) and c) the resilience with which the population proceeds to live in resistance (against corporative attempts towards a colonized living)<sup>(VII)</sup>.

(III) An authors neologism, proposed in the lack of a better one, for uplifting the fallacious rhetoric about local cleptocracy and corrupted bad individuals to the level of the real and lived entanglements of which we are also a part, in the synergistic actions of global and local long-term ideology of pancommodification and populational resource neoliberalistic theft. Based on the current position of science to rectify the down-fall of global bio-realities it is our ethical responsibility to foresee the ways in which we ourselves misrepresent the reality through narrow interpretation of the applied biomedical data we eagerly collect (Špoljar-Vržina, 2007, 2008).

(IV) For a more precise presentation of all authors and their critical theoretical advancements, see Špoljar-Vržina and Rudan, 2009. Regardless of the scarcity of defined writing space it is obligatory to mention that this critical anthropological stance is built upon the work of anthropologists such as Hans A. Baer, Merrill Singer, Ida Susser, Mark Nichter, Margaret Lock, Paul Farmer (to mention only the significant few).

(V) See Špoljar-Vržina (2011) for the detailed analysis on how the concepts of Baxi (2002) and Kalny (2009), dealing with the dangers of globalized human rights, need to be used in a synthetical approach towards health and rampant neoliberalization. This synthesis also builds upon the work of a group of authors in 2004. (Fort et al., 2004) that broke the brain prohibition silence upon brainstorming the connections through which the projects and corporate actions of the World Bank (WB), International Monetary Fund (IMF) and the World Trade Organization (WTO) create a platform for globally depleted health care and healthy environment, directly sentencing millions to early death and sickness.

(VI) For such an example see Fort and Gish, 2004.

(VII) This broad category includes scientists trying to break away from the entrapments of brainstorming prohibitions, but under pressure of selling their 'brains' in order to make a funded living. The author leaves the reader with the decision of fitting or not fitting into this group of the resilient and aware.

This (post-colonial)<sup>(VIII)</sup> setting is unwrapping in Eastern Europe under the guise of 'transitional' and 'post-transitional' changes. However, a correction of chronology orientates us towards recognizing the well known mechanisms – they have nothing to do with reaching a more post-socialist/post-communistic progressive, developed or abundant state. They have all to do with imprinting (and resisting) the neoliberal destructive patterns of profiteering, while disregarding the needs of local populations in pretence of their democratizing / development and putting a price on their culture and local livelihoods.

While the research done in this domain is too wide to be successfully presented within the length of the given space of this analysis, it is important to use the potent platform for brainstorming upon the (health) matters of our populations, yet with an approach that questions the taken for granted *mantras* of our biomedical, applied biological and biological anthropological research.

The semantic critique of intellectually loaded terms (such as development, progress, well being, democracy, rights, nostalgia etc.) are seldom welcome, but nonetheless, we must push towards their not being prohibited, especially in the domain of our bio-realities. Although the strength, as well as the difficulties of this *intellectual disobedience* are too many to present in the course of this paper, for the sake of clarity and a move towards an, always welcome fresh, debating starting point we might classify three important strands of thought. All three are majorly important to scientists/anthropologists. In fact, all three are nowadays buzzwords of defending ones honest course of action. If we do something intellectually disobedient we do it in the name of our convictions in the domain of integrity through our methodology, culture and ethics<sup>(IX)</sup>. Each of these loaded terms (modes of action) will be explained through local issues, and connected to global context and oriented towards providing the answer to the pertaining question – How aware are we all of the transitioning into a state of devastated livelihoods?

### Escaping the Prohibited Brainstorming in the Domain of Neoliberal Bio-Realities

One possible answer is – to the extent that we allow this triangle of significance into our research schemes.

Methodological, cultural and ethical issues are banded into the important research web of more levels than that nominally sought off, especially in the domain of our neoliberal realities. To use the term of Chakrabarti-Dhar-Cullenberg's discourse (2012)<sup>(X)</sup>,<sup>6</sup> – we all live in the World of the Third (WOT), where the difference of the 'real' is uncountable and does not enter the possibilities of being acknowledged, 'can never be included within the circuits of global capital; it must be excluded' (2012: 179)<sup>6</sup>. How far can we reach, or in Lacanian terminology, stretch our verbal symbolization?

The remaining part of the paper will deal with outlining specificities in the important triangulation of, more often than not, abused scientific buzz-words (methodology, culture, ethics) through *cautionary bio-neoliberal reality vignettes*. The main aim is to revert our intellectual stupor to the understanding that taken for granted buzz-words need also to be sought as breakaway platforms for changing brainstorming prohibitions.

### Breakaway Platform: Methodological Issues

To which extent is this scientific re-focussation to reality<sup>(XI)</sup> possible? Not because of the lack of facts, lack of anthropological intellectual apparatus or lack of will among ourselves within our sub-disciplines, which all have an extraordinary potential of supporting successful evaluations. Rather, the sheer fact that we are immersed into a main neoliberal ideology in which even the best among us end up in celebrity cycles of promoting pop-science through face-book activities, celebrity paychecks, managerial spin-offs<sup>(XII)</sup>. The end result is that intellectual work becomes brainstorming over ones intellectual survival and keeping ones findings above the flood of market trivialization, but immersed enough to get financed as applicable, expert and profitable 'science'. This *double-bind conversion* has been seen in a plethora of health research issues that were mentioned in the Workshop (from molecular biology and debating the high-flying genome and junk DNA concepts to exposing the significance of everyday living habits), as well as in a plethora of interdisciplinary research issues such as climate change, water management, soil erosion or air pollution. All

<sup>(VIII)</sup> a much intellectually abused word put into a cautionary parentheses, not to resonate with high-flying dead-ends of *textual practices* (see Roger Berger's work), that are more often than not disrespectful, if not dangerously blind-eyed of on-ground realities. The same question remains for all other words with the prefix 'post' when it comes to real dying issues mentioned in this paper.

<sup>(IX)</sup> The ordering of words is not purposeful. Should it be? Or should we leave it to the variability of individual approach, and a possible synergy of action – awakened.

<sup>(X)</sup> The significance of Chakrabarti-Dhar-Cullenberg's discourse (2012) is in its very new and original usage of Lacanian concepts (such as the 'real' and 'foreclosure') in the aim of articulating a significantly different conceptualization of hegemony. That which resists symbolization appears in the 'real'; a non-place; where everything melts into nothingness inscribing its marks closer to the context of trauma and psychosis; since the mechanism of foreclosure prevents its repression into the unconscious (thus triggering psychosis).

<sup>(XI)</sup> Reality in the Freudian sense of being able to discern between phantasm and external reality; correcting subjective impressions of grandeur with external reality.

<sup>(XII)</sup> Croatia has always had a fair share of celebrity scientists engaging and popularizing science through pop-shows, grand excellence institutions and media promotions of inventions for, none the less than, the de-acceleration of aging with antioxidants a thousand times greater than the effects of vitamin C. The phantasy factor is high and pays off for the media sector profiteering, as well as for certain all present 'scientists'.

these issues are never connected with the decades old profitable tactics of the international market community that has its toll upon patterned population after population, brand after brand and invention after invention. The *double-bind conversion*<sup>(XIII)</sup> of doing good science with solid reliable methodology in bad contexts of profiteering scientific programmes result in a methodological strait-jacket which can hardly be intercepted or blocked with political agendas that are informed by science and tend to support fragmented populations<sup>(XIV)</sup>,<sup>5,7</sup>. The many authors all have one starting insight in common. They clearly see and tackle with the world-wide downfall in moral and an up-rise in market driven science.

The most dramatic issues of the populations that anthropologists represent are not issues of poor scientific vision; rather are issues of politically corruptive science and amoral leadership, wherever it may halt the truth about our neo-liberal realities. Namely, our way of living, thus culture. What once was (and still is in the scientific jargon) a dream of modernization, progress, democracy and liberal rights became a global nightmare of visible destruction and unsustainable biological decay<sup>1,8</sup>. As anthropologists we fully understand that no dream (of 'progress') should start on the expense of the other, and especially not be maintained on the expense of 'modernizing' the Other. Many of the outcomes in the domain of changing life-styles have less to do with modernization and everything to do with the calculable devaluation of the worth of human life and significance of health, as well as the downgrading of all the systems that are suppose to uphold them<sup>4,9</sup>.

#### Cautionary bio-neoliberal reality vignette #1

*The head one Zagreb's leading Clinique was invited for a business lunch in one of Zagreb's elite restaurants. The invitation was handed to him by a top-model looking representative of one of the most world's biggest pharmaceutical firms. The meeting was to be focused on the topic of a two-year long study to be conducted on patients of a Croatian hospital, under the guidance of the invited leading specialist. As the lunch progressed in a very friendly atmosphere, the best wine was drunk and best food was eaten. At the second part of the meeting, when the serious talk begun, the specialist rejected the offer for which it is not even worth getting up from the chair – 50 thousand dollars. Upon his decline the bid was raised to 70 thousand dollars. Upon his return to the Hospital, the staff*

*was orientated towards selecting the patients, while the main director of the hospital was given a small fee, to compensate his good will of supporting the study on the level of the hospital.*

*Is this kind of behavior scandalous? Are the data of Pfizer reliable? Have You ever accepted bonuses?*

This example was taken from a news-paper article<sup>(XV)</sup> in tune with the public debate over a 'scandal' that some Croatian doctors were earning huge amounts through the studies that were conducted on their patients. The whole story broke out upon the information from American media in which Pfizer's huge bonuses to the doctors were revealed. Croatia was one of the mentioned countries through two of its doctors in the period of ten years (from 1997 to 2004). Stories like this are restricted to a certain narrow and very precise time-line, representing the corruption of only one corporation gone corrupted, giving the impression of spontaneous (not systematic) action of corrupted individuals in a corrupted country of only 'some' developing countries, and with repercussions to be sought upon the corrupted individuals. In reality, the 'scandal' is *business as usual*, of both the world famous corporations (not excluding the 'shamed' Pfizer) and all the other doctors that stepped in row to shame their corrupted colleagues. Farther than this, it is *business as usual* for local industries and corporative actions of a wider span (from pharmaceuticals, shipbuilding and telecommunications to garbage disposal, agriculture and oil refinery;<sup>(XVI)</sup> the list goes endlessly on). In fact, so present that to tackle the issue of *the culture of profit* in a country (in this case Croatia) would mean to set it upon the path of dismantling the *business as usual* habits, mechanisms and successful investments of world-wide networking aimed at investing into global 'development'.

#### Breakaway Platform: Cultural Issues

Yet, it is important to stretch the modernization/development/investment discourse into the past. According to a sociological analysis of the Croatian sociologist Ivan Rogić<sup>(XVII)</sup>,<sup>10</sup>, Croatia's second wave of modernization (1945 to 1990) was marked by a 'backward industrialization', 'chaotic urbanization' and 'catatonic bureaucratization' – all markers of an obsolete modernization in the midst of the (former Yugoslav) totalitarian practices that had an aim of achieving the legitimacy of an utopian liberator for the working class instead of building the ca-

(XIII) Broadly paraphrasing Batesons (Towards a Theory of Schizophrenia, 1956) concept of the utter 'impossible' position and applying it to our everyday scientific work.

(XIV) For example see Fort et al. 2004; Farmer 2005, etc.

(XV) Jutarnji list, August 11th 2012.

(XVI) In the last six months (June to October, 2012) Croatia has had a Minister, Mirela Holy, of the Ministry of Environment Protection and Nature step down because allegedly ruining the garbage mafia business (June, 2012); its agriculturalists protest and spill 100.000 liters of nationally underpriced milk over their fields (October, 2012); and as we speak, three incidents of the major oil refinery in different parts of Croatia (end of October, 2012). Yet we are told 'business as usual' and in the case of towns where people can not breathe concerning the air degradation (such as Slavonski Brod and Sisak in the south-east of Zagreb) we are told by the new Minister of Environment Protection and Nature that the air in these towns are not dangerous for health.

(XVII) Rogić, 2000: 413–512; 615.

pacities within the society for autonomy (which, by the way, should be the core intention of modernization)<sup>10</sup>. It is quite hard to nostalgically reflect upon Croatia's modernization cycles in former Yugoslavia in view of Rogić's in-depth analysis. In fact, the chronological extension all the way to 1945 enables a much better sense of the devastation that the populations have been continuously exposed to. At least this is apparent in the case of the towns in which main oil refinery plants are located in Croatia (Slavonski Brod and Sisak, south-east of Zagreb), and whose citizens were convinced from the time of former Yugoslavia about the *business as usual* policy.

### Cautionary bio-neoliberal reality vignette #2

*One of Croatia's most important business companies is the oil company INA with its main plants in the town of Sisak. The regular information about INA plants in Sisak are those of profit, success and/or (post 2008) problematic of future investments into the industry, now half owned by Hungarian business partners. In 2011 the Hungarian owners/partners envisioned the plant in Sisak to be shut down because of its obviously non-conductible 'modernization'. The talk of its 'modernization', well over thirty years old, goes back to the times of the World Bank investments into former Yugoslavia and the fact that the profits achieved through the plant were paying off for all the debts that former YU had towards its many western creditors,<sup>(XVIII)</sup>,<sup>11</sup>. The independent Republic of Croatia inherited not only democratization and open-market opportunities from the West, but also evidence of decade's old un-democratic ruling of plants, industries and resources, helped through the continuously present western ('democratic') creditors.*

*Simultaneously, the equally continuous, yet under-reported story is that of health issues of the citizens of Sisak connected to the air, soil and water degradation followed by a high incidence of carcinoma. We can trace the unsolved problems of Sisak to the times of taking first World Bank grants and the fact that the problems were very well identified<sup>(XIX)</sup>,<sup>12</sup>. However, the story of the unsolved living standards for the people of Sisak prevailed from communist to the capitalistic times unsolved. The self-man-*

*agement of workers of Sisak and their protection turned into the self-activism of the citizens of the town of Sisak. Nothing changed, all worsened. The patients themselves started fighting for their rights to a clean environment, health and patient's rights. What could not be resolved in communism, once more reaches its peak in neoliberal capitalism. In 2007 The citizens of Sisak filed a complaint against the Oil company INA for the amount of 11 million Kunas (1,8 mil. USD). The exact amount of the costs for the early medical equipment that their poverty stricken hospital needed for the early discovery of patients with tumors. Only a year earlier (in 2006) the profit of INA amounted to 974 million Kunas (cca 160 mil USD).*

### Whose Problem is This? How Connected is it to Health, Sickness and Dying?

Recent years have brought into the fore talks about corporative cultures developing cultures of responsibility. The onset of this anxiety over corporative ethics started with revealing the ways in which some corporations (for instance Enron<sup>(XX)</sup> from 2000 onwards) and Wall Street Banks<sup>(XXI)</sup> operate (until 2008 and farther). The momentum of this nominal bad corporative and bank consciousness, yet not visible through less bonuses and profiteering world-wide, lasts to our current days. In other words the *Pfizer case* is a sad example of how 'talk' on corruption results in a few bad individual's, a few corruptive developing countries, corporations, governments and 'scandals' of corruption, while permanently bypassing the systems of structural genocide<sup>13,14</sup> through media by witch-hunt spin-offs. Only a few are 'burned' at a time. In the meanwhile creditor institutions (International Monetary Fund, World Bank, European Investment Bank, to mention the leading ones) continue with the usual business of cooperating and crediting chosen banks, countries, institutions, organizations and individuals. The joint 'culture' of progress and development subsumes that of *real cultures* and *local people livelihoods*, wiping out the wisdom of knowing ones own history and time. We linger in what *Santayana*<sup>(XXII)</sup>,<sup>15</sup> described *perpetual infancy*, from fascination with scandal to scandal,

(XVIII) Kolar-Dimitrijević i Čepo, 1977: 168

(XIX) Popović, Letica i Škrbić, 1981/ Fugač, Oněčišćenje zraka:49

(XX) For further orientation see Alex Gibney's documentary *Enron: The Smartest Guys in the Room* (2005) based on the book of the same name of reporters Bethany McLean and Peter Elkind (2003). The less known facts connecting Enron and Croatia: Clinton's Commerce Secretary Ron Brown's final trade mission was to Croatia where he was killed in an airplane crash near Dubrovnik (April, 1996). Enron's presence in Croatia over-bridged successful negotiations with two different Croatian Governments, the last deal being signed on September, 2000. with Croatia's major electrical company HEP (Hrvatska elektroprivreda), while retaining the right to build a power station and sell electricity to HEP at above-market rates, though lower than previously. Enron's power deliveries to Croatia ended on November 30, when other European deliveries ceased. Post festum anticorruption commentary: The power station has never been built (Jertovec location). The anticorruption programme strategy of the Croatian Government was passed on, as late as June of 2008. The Jertovec story, as well as long-term connections of Croatian economy with Enron remain in the domain of 'un-real', as well as is the connection of the USA presidential candidate Mitt Romney with Enron (see: [http://www.huffingtonpost.com/robert-l-cavnar/mitt-romneys-defense-simp\\_b\\_1674978.html](http://www.huffingtonpost.com/robert-l-cavnar/mitt-romneys-defense-simp_b_1674978.html))

(XXI) Should we believe the statistics of Goldman Sachs – in the best interest of the people – that qualifies (BRIC) countries?

(XXII) In the realm of connecting history, the (Lacanian) real and trauma it is prudent to put into context the frequently abused quote of the Spanish born philosopher George Santayana – 'Those who cannot remember the past are condemned to repeat it'. In fact what Santayana said is even more important and applicable in its total paragraph dealing with the necessity of continuity for progress: 'Progress, far from consisting in change, depends on retentiveness. When change is absolute there remains no being to improve and no direction is set for possible improvement: and when experience is not retained, as among savages, infancy is perpetual. Those who cannot remember the past are condemned to repeat it' (Santayana, 1920:284)

not retaining our experiences in any historical meaning viable for our own population and culture, ready to repeat the history from one to the other exceptional neoliberal 'scandal'. Yet, true progress depends on retentiveness, not bat flights in morning searches of beneficial change by chance, since without continuity there is no 'progress'<sup>15</sup>. Although the interdisciplinary ramifications of scientific analyses have not been yet established this should be sought as a major health, as much mental sanity problem.

Therefore, rather than speaking of 'development', 'progress' and 'transitional' change it would be prudent to refresh our analyses through time and history. This analysis is especially important in the domain of our (bio)neoliberal realities. Especially when we question if we live in the same time of downgrading health systems world wide or we are of different levels of progressing towards 'modernization'. In other words, questioning whether the ways of the West will bring health, prosperity and well-being to our populations. In terms of the analysis upon the approach towards the Other, it was early as 1983 that Johannes Fabian coined important neologisms to address the spatio-temporal distance applied by the ethnographer to his subjects. Namely, denying the same time of the Other through developing the temporal logic of 'allochronism'<sup>16,17</sup>. The concept that started as a founding concept of the critique of an ethnographer/scientist/traveler and the ethnocentric manner of his narrations and travelogues turns out to be, to this date, a useful tool in understanding the many stances of modernizers towards other cultures, communities and societies. In fact, Fabian explicitly connects *allochronism* to the Western social scientific theories of change – »...theoreticians and apologists of the new international order perceived the need to safeguard the position of the West. The necessity arose to provide an objective, transcultural temporal medium for theories of change that were to dominate Western Social Science in the decades that followed«<sup>(XXIII)</sup>,<sup>16</sup>. To this date, regardless of the many criticisms that Fabian received the questions pertaining to *allochronism* are multiplied, solidifying the importance of this concept. Is *transition* only one of the many allochronic mechanisms of contrasting global troubles and turning them into bearable segments of the far (or not so far) allochronic sufferer whose health, sickness and dying has nothing to do with our wealth, profit and investments?

## Breakaway Platform: Ethical Issues

### Cautionary bio-neoliberal reality vignette #3

There is a Croatian eponym that stands for a high standard health for all in public medicine, introduced through a Croatian doctor Andrija Štampar<sup>18,19</sup>. To this

date the Stamparian medicine lost its real meaning, and what remained is its historical echo or an interesting motto for a useful brand.

According to the Croatian medical historian, Željko Dugač<sup>2,3</sup> it is impossible to talk about Stamparian medicine in the context of medicine commodification and marketization. In fact it is an oxymoron since to this day his work stands opposite to medicine becoming a brand, in fact as a source of confronting the neoliberalization of medicine<sup>1</sup>. In the words of Štampar 'In the capitalistic economy man has a certain economic value, yet he himself is not a economic value; if he does not use his working power or loses it, he is like water and air' (...) 'social life in total is governed in a way that the mass of human lives are ruined for the love of one illusory success and even more illusory wealth' (...) 'forgetting that this kind of economy is for the benefit of only a few'<sup>(XXIV)</sup>,<sup>18</sup>. Štampar's work has often been historically misplaced as socialist (and as such was abandoned with the new neoliberal order, greatly from prior communist socialists themselves), yet, his ideas for justice in health and medicine were formed as early as the beginning of the 20th century. According to his model a doctor is not only there to heal, but also to acknowledge social deviations that unable ones being and staying healthy, as well as know the priorities of his own profession (to heal and not profit). Štampar's principles are many times inverted, decontextualized and poorly presented. We may often hear that the main enemy to ones health is ignorance; that health is not only a humanity issue but also an economic one; but seldom that doctors must be financially independent from their patients and not have their patients as a source of profiteering<sup>(XXV)</sup>,<sup>19</sup>.

## How Actual is Štampar's Medicine Today?

Every year The Association of Schools of Public Health in the European Region (ASPHER) awards the Andrija Štampar Medal to a distinguished person according to his work of excellence in the domain of Public Health. In 2005 George Soros got his. Among other things he has excellently supplied East Europe with mammographs. **Štamparian medicine is very actual in its inverted and oxymoronic state.** Medals are given to the 'smartest guys in the room' with the smartest ways of obtaining funds. Medals nowadays are not given for cumulative, long-term, full-circle, population dedicated research, done against all financial odds and against all neoliberal driven government agendas. In the case of health matters and biological anthropological research (as we learned on the Conference) this might be Noel Cameron's team painfully conducting a long-term research in SA (on seed money) and surviving in research efforts to the

(XXIII) Fabian, 1983: 144–45

(XXIV) Štampar, O zdravstvenoj politici. 1919:2

point of making a successful impact on the SA Ministry decisions concerning benefit towards health of the researched Mandela's children<sup>20</sup>. It might be Lawrence M. Schell team working from 1998 onwards in partnership within the communities of the Mohawk Nation at Akwesasne for their youth's better health and against ecological pollution<sup>21</sup>. Similarly, it may also mean representing 'small' anthropologies, such as Croatia's, with its potential for enhancing, correcting and memorizing local (bio-medical) histories, as well as informing 'big' anthropologies of their blindspots, from the margin<sup>(XXVI),9</sup>.

#### *Cautionary bio-neoliberal reality vignette #4*

*On the day of the Chernobyl nuclear disaster (26<sup>th</sup> April) in 1986 Professor Alica Bauman, a specialist for radioactivity (working in the Department for biosphere radioactivity in the Institute of Medical Research and Occupational Health in Zagreb, Croatia) did what she felt had to be done according to her conscience and scientific duty. She informed the public about the rising radioactivity and warned that windows should be closed and children, as well as pregnant women, kept indoors. Consequently, she was called for an informative talk to the Central Communist Committee of Croatia (former YU) and almost imprisoned<sup>(XXVII),22</sup>.*

What is the nexus of politics and health? Was communism really that humane? Are science and medicine independent in any system?

### **The Croatian Health Care System and its Oxymoronic Brokers**

In view of the sociological analyses of Croatia's phases of modernization<sup>10</sup> we must understand that for twenty years (and decades beyond that) the Croatian Štamparian model of a humane care for all has slowly been dismantled, as all other sectors. At this moment Croatians are complimented with fantastic private clinics, future tourism medicine, proud private doctors with their own two story buildings; great responses to humanitarian concerts for the sick, dying or 'just' instruments and technology; slow but certain downgrading of public hospitals and health facilities under the pretence that their directors do not know how to manage them and as of a few weeks ago the media attack on the Medical faculty singling out a number of individuals at the Department of Anatomy for corruptive actions in connection to bought exams, while the time-line of these corruptive acts go well into the 80'ties (of the same individuals). The presumption is that the scandal will help dismantle the 'incapable' at the Medical faculty, together with its Dean, Academician Davor Miličić, since the politics of the faculty has not become neoliberal enough. The repercussion

on the public is that there is a latent opinion that every Croatian doctor is corruptive and knows little.

Scandal after scandal, the oxymoronic fate of our medical system (in view of the Štamparian tradition of Health for all) is now full-blown evident. Health, medical services and healthcare are luxuries, and all that (with the danger of sounding ethnocentric) in the land of Štamparian medicine. The wisdom of self-dignity and perception that country populations and environmental surroundings are the greatest resources of wealth for a nation was not culturally memorized and did not linger. In fact, if fully mapped for the span of 50 years, the hypothesis stands that it was under the process of dismantling by the same communist comrades, now neoliberalist 'persons of distinguished work of "excellence', as well as financed graciously through projects – from the World Bank and IMF, to mention the major funders, from 1946 onwards<sup>23</sup>.

### **From Business as Usual to the Mirjana Glavnik Statement**

Based on all said it would be totally wrong to state that the Štamparian model of health for all worked in a ideal 'physiological' state with any shattering, and as stated by Rogić<sup>(XXVIII),10</sup>, without any 'ecological crudeness'. Namely, the reason of Croatia's surviving without many ecological catastrophes, at the end of the second modernization phase (until 1990), cannot be sought in the quality of its socialist/communist model, but the time-lag in its application. The medical model, owing its debt to the visionary Štamparian model, was above the level of the mentioned 'crudeness', but has also had its 'symptoms' of moral downfall. This can be testified through the many debates on sick-leafs (without much concern upon the social pressures) or the mentioned case of pressuring from above on blatant facts concerning immediate populational health dangers, such as in the case of trying to politically prevent the exact scientific reading of radioactivity air measurements in the days of Chernobyl nuclear disaster<sup>22</sup>. Thus, whatever the nostalgia appeal may be to talk about past (socialist/communist) times in the domain of biological/biomedical/ecological issues it fails through a clearly visible continuous downgrading, over decades, to this day. What we wish to confirm as the work of past humane health (socialist) systems has clearly more to do with the vision of Croatian individual intellectuals (like Andrija Štampar) than the whole system as such. While further investigations are needed into these issues in the whole region, it is paramount the state that the Štamparian medicine was world-wide established as a movement and was a globally acknowledged codification of multiplying health through sustaining justice in

(XXVI) Špoljar Vržina and Rudan, 2009:188

(XXVII) *Političari su tražili da me white/Politicians asked for my imprisonment*, Večernji list, 28.04.1996: 12.

(XXVIII) Rogić, 2000: 462

health systems<sup>1</sup>. If historically informed we can claim that Štamparian medicine always had its strong medicine profiteering marketization opponents 2,3<sup>(XXIX)</sup> yet they were not so globally consolidated and accelerated in action, as well as syncretotocratically organized.

#### *Cautionary bio-neoliberal reality vignette #5*

*In the case of the Sisak Oil company INA and the activism concerning health, the activist action was lead by engineer Mirjana Glavnik. She was the Head of the newly organized group for the protection of patient's rights of persons with carcinoma in Sisak. Ing. Glavnik established the organization in the midst of her treatments and chemotherapy, deeply aware that the problems she faces are not problems of the lacking knowledge, transitional confusion or lack of funds for 'modernization', but of traditionally systematic plundering systems, over almost four decades. She died in 2007 as an activist of non-fulfilled goals. The plaintiff failed, as well as the request of her Organization for the insight into the official Government statistics on the yearly incidence of carcinoma in Sisak. Not much has changed in Sisak to this date.*

#### **Is There Any Disturbing Fact Within this Factography?**

As stated (exercised through vignettes earlier) what should be 'scandalous' is **business as usual**, every time pushing the biological resilience a step further, as well as confirming that 'biological scandals' are not so scandalous for all. Is a theoretical debate on the level of class distribution (social science theoretical issue), evolutionary reach (biological anthropological issue) or mere moral reasoning necessary to change situations that we take as fate-granted? Hearing of 'scandals' becomes scandalous when we comfortably classify them, class-distribute them, always prepared to acknowledge them as 'fantastic' human experiments of adaptiveness and biological resilience (with magnificent biological material ranging from blood, mucosa and urine specimens to hormones). This is (scientific) **business as usual** until we ourselves do not start drinking contaminated water, breathe and smell contaminated air and eat poisoned food from soil that we have no idea of its degradation. When we ourselves become sick. You might be nominally living Your Rights awareness (through many high-flying NGO's), however, would You know how to activate them in the end phases of Your Life? Where does this leave us in the domain of ethics and morality? In the country of Štamparian medicine – a dying patient having ethics towards all other dying patients and fighting for the rights of others while slowly entering the terminal phases of her own illness – is a statement to be understood very seriously. The Mirjana Glavnik statement.

#### **Replacing Conclusions with Points of Caution**

In the aftermath of the 2008 Sichuan earthquake, the well-known western activist and artist Ai Weiwei organized an art exhibition entitled **So Sorry** in the name of a thousand apologies expressed by governments, industries and financial corporation's for catastrophes worldwide<sup>24</sup>. Thus, from an artist to scientist view the reality remains the same – there is a *so sorry* mentality we are dealing with. If anything the *cautionary bio-neoliberal reality vignettes* caution about our awareness and willingness to support or not support the *so sorry* and *business as usual* mentality.

The three scientific buzz-words (methodological, cultural and ethical) can in no way be good classification markers for any of the presented vignettes, signifying that the more the classification seems awkward and odd, when singled out, the more we are near to synthetical thinking, or in other words in the domain of *prohibited*. Yet, however we may be drawn towards a synthesis of our biological material, data, indicators and data bases, as well as theories, the interpretation lingers behind. Can we trust the data/theories that we use? Trust should be present to the extent that we work towards long-term, systematic, non-profit oriented data-bases, open for public use and are fully aware who finances our populational (health) data bases. Would You sign a deal for 70 thousand dollars and have a close on Your data for critical public use? Better yet, do You see a global transitional problem of non-transparency in ones methodology concerning the financial sources leading to brands? There is something very disturbing in the notion that while millions die, only a few individuals are responsible for corruption, while doing everyday 'business as usual', which translated into science spills into short-term projects within mega framework programmes. If there is a transition of the (anthropological) tradition it should be aimed at fighting the loss of memory about unstopped global decades of continuous profiteering, 'even' in science. This paper searches for a discussion that is above the illusionary fact of itemizing and ticking off, and enters a highly *prohibited* domain of politically un-correct, but morally sound scientific brainstorming of the only tangibly certain facts – as anthropologists we must daily re-contextualize our work.

We should raise our consciousness and call to arms for recognizing that we live in bio- neoliberal age of realities where the extent to which we stretch our perception is paramount for deciphering our 'confusing' biological data. The anthropology of tradition and transition should start with a self-criticism that tends to correct the dynamics of our discipline in the strife to escape many *double-bind conversions of research*. The author of this paper proposes intellectual disobedience and awareness. Brain-

(XXIX) Dugac, 2005: 55



storming upon our neoliberal realities (bio-neoliberal vignettes) and being aware of the prohibitions is a break-away from the servant form of scientific reasoning. In order not to follow the path of neoliberal servitude, while trying to seek tangible and well based measures of the transition/tradition (illusion), it is a moral and ethical demand to get acquainted with the failures of Human Rights protection within the scope of our academic work. Thus, many refinements need to be done in contemplating the 'transitional', 'traditional' or 'modernizational'. As we can testify, only in Croatia sociologists confirm that we are in the midst of halfmodernism<sup>25,26</sup> or technical modernism<sup>10,27</sup>; acknowledging that the timeline is not necessary set on 1990 or around that date, in other words we should be very careful on proclaiming (nostalgia!) discontinuities or continuities. In the case of methodologi-

cal, cultural and ethical issues concerning biological realities we must take precaution not to fall into the trap of 'saviors', 'engaged scientists' or 'civil activists' on payrolls of the donors (many mentioned); as well as practicing minimal actions of correction – our ethical stance on payrolls of our projects in terms of their deliverables. This all should be within the task of learning the language of Human Rights and recognizing the difference between politics for Human Rights and Politics of Human Rights<sup>4,28</sup>. Addressing the need of the politics for Human Rights of populations and bio-neoliberal realities, while all the global (institutional) achievements remain in the democratizing and liberalizing domain of politics of Human Rights is a moral statement in the *Mirjana Glavnik Path* course.

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## VIHOR MOZGOVA ZA KOJI JE MOZAK ZABRANJEN: ANALIZIRANJE NAŠIH BIO-NEOLIBERALNIH REALITETA

### SAŽETAK

Cilj rada je pružanje metodologije/vježbe za podizanje perceptivnog i analitičkog aparata (pri biomedicinskom i primijenjenom biološkom istraživanju) na razinu prepoznavanja današnjih neoliberalnih izazova. Bolje rečeno, egzaktnost ne pruža precizne završne rezultate u sredini intelektualnog krivog interpretiranja (bioloških) podataka bez njihova

povezivanja sa terenskim (neoliberalnim) realitetima. Osnovni problem je što su naši bio-neoliberalni realiteti uronjeni u dekadama stvarane političke i ekonomske matrice, koje ukoliko su i bile prije previđane, to više ne mogu biti. Vježba se sastoji od pet vinjeta opomena bio-neoliberalnog realiteta temeljenih na slučajevima iz Hrvatske – onih funkcioniranja hrvatskog medicinskog sistema i tema zdravlja/bolesti/ekologije. Na kraju, rad orijentira prema potrebi kritičkog iščitavanja instrumentalizacije Ljudskih prava, poglavito u području zdravlja i digniteta.