

## **SPEAKER TITLE AND ABSTRACTS**

### **Keynote:**

**Salmaan Keshavjee**  
Harvard University

**Title:** “Bleeding Babies in Badakhshan: The Political Economy of Culture and Illness”

### **Panel 1: Healing Paradigms: Biomedicine and Its Ethno-Religious Alternatives**

#### **Devin DeWeese**

Central Eurasian Studies, Religious Studies  
Indiana University

**Title:** The Locus of Healing in Islamic Central Asia: Shrines, Sufism, ‘Shamanism,’ and the Boundaries of Religion

#### **Abstract:**

Various modern discourses about the nature of ‘religion,’ and about the specific religious history of Central Asia, have obscured the fundamentally religious, and Islamic, character of the conceptual and practical framework traditionally employed in the region for understanding and managing matters of health and illness, and have relegated many indigenous healing regimens rooted in Islam (and in Sufism) to the realm of ‘folk’ religion or ‘shamanism’ (two distinctly modern modes of configuring religious life). This presentation will discuss some of the intellectual habits that shape, and reflect, these modern misunderstandings of traditional lore about health and illness in Central Asia, with special attention to two key spheres of ‘healing’ activity—shrine visitation and ‘shamanism’—that remain poorly understood in part because of unhelpful (and often agenda-driven) notions of what is religious, and what is Islamic.

#### **Danuta Penkala-Gawęcka**

Institute of Ethnology and Cultural Anthropology  
Adam Mickiewicz University

**Title:** Mentally Ill or Chosen by Spirits? Illness Concepts and the Revival of Spiritual Healing in Post-Soviet Kazakhstan

#### **Abstract:**

During many years of the Soviet regime and communist indoctrination in Central Asia indigenous healing practices were condemned and the healers, as well as mullahs, suffered persecution. Despite those efforts, traditional healing was not entirely eradicated and after the collapse of the Soviet Union it has been reappraised in the new independent Central Asian states.

This paper, based on my fieldwork in Kazakhstan between 1995-2000, focuses on the concept of a specific illness, connected with spiritual calling, which was traditionally held by the local population and has acquired a new significance with the revival of spiritual healing. This illness was previously easily recognized as a manifestation of “shamanic calling”, visible proof

that the sufferer had been chosen by spirits. When western biomedicine gained dominance and the communist policy reduced the strength of local traditions, similar symptoms got different meaning, assigned by biomedical specialists. Diagnosed as mentally ill, a person with such symptoms was usually sent to a psychiatric ward. The notion of illness caused by spirits has been restored in the 1990s, with the political, economic and social changes that led to the upsurge of spiritual healing. Although new, bureaucratic legitimization of the healers has been officially introduced, traditional legitimization remains crucial in the way of contemporary spiritual healers, with two main components: spiritual calling manifested through the illness, and shamanic/spiritual succession. I argue that particularities of the perception of this illness and its significance for the emergence of new healers can be understood only in the broader context of transformations following the independence of the former Soviet Republics.

**Jeff Sahadeo**

Department of Political Science  
Carleton University

**Title:** Cholera and Colonialism in Central Asia: The Tashkent Riot of 1892

**Abstract:**

A cholera epidemic that swept through Central Asia in 1892 transformed visions and practices of empire in Tashkent. Tsarist officials hoped that recent medical advances would allow their new imperial possession to halt the disease's spread to Europe from Asia. Success would restore a sense of Russian scientific and medical dominance, shaken by the local population's superiority in curing water-borne diseases. Execution of anticholera measures, however, altered a colonial relationship, provoking unrest among the local population. Russian settlers joined soldiers in brutally repressing a cholera riot sparked by numerous attacks on Central Asian culture. The aftermath of the riot altered images and relationships of class as well as race, and marked the end of Russian efforts, and tsarist confidence, to attack the cholera bacterium in Islamic portions of Central Asia, as part of their "civilizing mission."

**Panel 2: The Politics of (Global) Health: Intervention, Control, and Institutional Power**

**Alisher Latypov**

History of Medicine  
University College London

**Title:** The Opium War at the "Roof of the World": The Administration of Addiction in Soviet Badakhshan

**Abstract:**

Many Soviet commentators on narcotic drugs in Central Asia have explained the 'elimination' of drug addiction in early Soviet Tajikistan in the following ways: in the absence of drug treatment

facilities in Tajikistan drug users were treated in neighbouring republics; drug use prevention strategies were successfully implemented through the so-called red teahouses functioning as cultural and sanitary enlightenment clubs. However, red teahouses had entirely failed to address narcotic drug use in early Soviet Tajikistan, and until the late 1930s most of them had operated as ordinary commercial facilities without delivering the ‘red-coloured’ propaganda, ‘cultural enlightenment’ activities, and health education. Furthermore, the actual situation with regard to drug treatment in Tajikistan in the 1920s and 1930s was far more complex and differed dramatically from how it was presented by Soviet physicians, with few Tajik drug users ever receiving treatment both inside and outside the country. This raises a question of vital importance for our understanding of the administration of addiction in Soviet Tajikistan. If the overwhelming majority of drug users were left untreated and if red teahouses did not prevent the consumption of narcotics by the local population, how, in fact, did the Soviet authorities ‘eliminate’ drug addiction in early Soviet Tajikistan? A search for the answer to this question in a wide range of archival documentation and medical records from Tajik psychiatric hospitals reveals a tragic opium war that took place in Soviet Badakhshan and ended with deaths and repressions during Stalin’s Great Terror in 1936-1939. It had profound and far-reaching effects in terms of driving opiate users of the Soviet Pamirs deep underground and placing many of them in prisons, so that medical workers could neither see nor hear about them for several subsequent decades.

**Erica Johnson**

Global Studies

University of North Carolina-Chapel Hill

**Title:** Health Care as a Tool of Authoritarian Survival in post-Soviet Central Asia

**Abstract:**

What is replacing the comprehensive Soviet safety net and health care restructuring in post-Soviet authoritarian regimes of Kazakhstan, Kyrgyzstan, and Uzbekistan? I explore the conditions under which authoritarian regimes use health care provision as part of their survival strategies and how authoritarian regimes incorporate nongovernmental organizations in health care provision. I argue that two factors shape authoritarian states’ health care strategies: elite perceptions of political contestation shape state health care *spending* decisions and economic self-sufficiency determines whether states have privatized health care service *provision* to replace or supplement government services and structures the nature of state-NGO relations. The resulting health care strategies are not static, but evolve as political and economic pressures change. Rather than three countries over a 20-year time period, I analyze specific periods and cycles within each country to capture the dynamic nature of state health care strategies. I find that authoritarian regimes take seriously the role of societal actors as sources of political competition, constituencies to be won over through social welfare provision, and as partners or competitors in meeting the population’s social welfare needs.

**Erin Koch**

Department of Anthropology

University of Kentucky

**Title:** Illness, Marginalization, and Global Health Interventions in the Republic of Georgia

**Abstract:**

Throughout Eurasia and Central Asia contemporary health care reforms emphasize privatization of medical services and insurance. As free-market ideologies and practices take on local forms and meanings, states continue to withdraw social services and safety nets. Most depend on international aid and NGOs for health system support. For many health care providers and patients, these transformations exacerbate health inequalities and marginalization. This paper provides an anthropological analysis of the health effects of displacement, and of global health and humanitarian aid in the Republic of Georgia. I utilize ethnographic research among Internally Displaced Persons (IDPs) who have been displaced since the 1992-1993 Georgian-Abkhaz civil war. International aid organizations and local NGOs working with IDPs monitor health status, and facilitate and impede access to medical and other social services. Foreign assistance directives influence these humanitarian and state-supported health policies, about which IDPs are not provided sufficient information, aggravating their mistrust of the government and relief organizations. The paper examines the meanings and effects of changing health care policies for IDPs and NGO workers. The anthropological approach shows that health assistance programs constitute moral economies in which discourses about “individual responsibility,” “national success,” and “humanitarian service” shape and affect intervention and continued investment. The paper also discusses the broader implications of the Georgian case for understanding effects of shifting state responsibilities on population health and medical service availability, and the significance of anthropological insights about health inequalities and marginalization for global health policy and humanitarian interventions in the region.