At Home With Medical Anthropology in the Former Yugoslavia: Between Socialist Legacies and Neoliberal Realities

Doma z medicinsko antropologijo v nekdanji Jugoslaviji: med socialistično dediščino in neoliberalno realnostjo

Tanja Bukovčan, Uršula Lipovec Čebron

1.01 Original scientific paper
DOI 10.4312/svetovi.4.1.18-27

ABSTRACT

The article traces the development of medical anthropology in the former Yugoslav region, highlighting how the discipline has evolved through the legacies of social medicine and socialist self-management and, in recent decades, as a response to neoliberal trends in healthcare. The authors understand this region as a site of epistemic resistance and creativity, where scholars respond to shifting healthcare landscapes by rethinking the boundaries between critique and care, theory and practice. Drawing on a wealth of regional references and field experiences, the article offers both a historical and conceptual grounding for this special issue of *Svetovi/Worlds,* framing medical anthropology in the Balkans as simultaneously local and transnational, reflexive and politically engaged.

KEYWORDS: medical anthropology, former Yugoslavia, social medicine, socialist self-management, neoliberalism

IZVLEČEK

Članek sledi razvoju medicinske antropologije na območju nekdanje Jugoslavije ter poudarja, da je ta disciplina zrasla iz dediščine socialne medicine in socialističnega samoupravljanja ter se v zadnjih desetletjih odziva na neoliberalne trende v zdravstvu. Avtorici območje nekdanje Jugoslavije razumeta kot prostor epistemološkega odpora in ustvarjalnosti, kjer se raziskovalci in raziskovalke odzivajo na spreminjajoče se razmere v zdravstvu z razmislekom o mejah med kritiko in oskrbo, teorijo in prakso. Članek, ki črpa iz bogatih regionalnih referenc in izkušenj s terena, ponuja tako zgodovinsko kot konceptualno pod-

lago za tematsko številko Svetov, obenem pa postavlja okvir medicinske antropologije na Balkanu, ki je sočasno lokalna in transnacionalna, refleksivna in politično angažirana.
KLJUČNE BESEDE: medicinska antropologija, nekdanja Jugoslavija, socialna medicina, socialistično samoupravljanje, neoliberalizem

The field of medical anthropology in the post-Yugoslav space developed through a unique set of historical and political trajectories that set it apart from the discipline's dominant paradigms as formed in the so-called Global North. While drawing on the broader anthropological canon, its epistemological foundations, empirical orientations, and ethical commitments have been deeply shaped by the region's legacy, the transition, and the fragmented and unequal landscape of post-socialist healthcare. The *Medical Anthropology from the Region of the Former Yugoslavia* symposium held in Ljubljana in November 2023,[1] and the articles in this special issue of *Svetovi/Worlds* – produced by scholars researching in ethnology, medical anthropology, public health, biomedicine, and adjacent fields – reflect this diverse and entangled inheritance, offering a critical and regionally grounded contribution to medical anthropology as both a local and transnational project.

The two key aspects through which medical anthropology in the former Yugoslav region (SFRY) can be most productively understood are the historical project of Yugoslav social medicine and the region's enduring articulation through the concept of periphery. Former Yugoslavia (1945–1991) was a federation of six republics and two autonomous provinces, based on a socialist system and established on the ideal of a classless society (Mihelj 2021). Yugoslavia was also one of the founders of the Non-Aligned Movement (NAM) in 1961, which sought to counterbalance the Cold War's bipolarisation with a "third way" based on the principles of peace, cooperation, and equality (Stubbs 2023). Guided by equality as a defining feature of the SFRY project, the state aimed to guarantee universal access to social rights, including social security and healthcare; this vision materialised most tangibly after 1970, when healthcare became universally accessible and health rights were extended to all citizens. As early as 1947, the former Yugoslavia had established compulsory health insurance for all employed citizens (Toth 2003: 442), later extending coverage to non-employed citizens and the broader population in 1962. A decisive transformation followed in the 1970s with the institutionalisation of the system of workers' self-management (*delavsko samoupravljanje*) and the growing autonomy of the individual republics, which enabled each to regulate its own healthcare system within a shared socialist framework. In Slovenia, for example, the new law enabled health insurance beneficiaries within the so-called health insurance community (*skupnosti zdravstvenega zavarovanja*) to determine their healthcare and provided other rights

1 This international scientific symposium was co-organised by the Departments of Ethnology and Cultural Anthropology at the Faculty of Arts, University of Ljubljana, and the University of Zagreb on 28 and 29 November 2024 in Ljubljana. Colleagues from the Zadar and the Beograd departments also joined representatives from the Ljubljana and the Zagreb departments in collaborating in the symposium's scientific committee.

(ibid.: 450–451). This law ensured cohesive healthcare organised on the principle of solidarity and a high level of social security (ibid.: 451). After 1974, health rights were further extended. The term "insured" was gradually abolished, and health insurance communities were replaced by self-governing communities of interest (*samoupravne interesne skupnosti – SIS*), where representatives of providers and workers decided on all healthcare issues and on the rights and obligations of insured persons – so that the level of healthcare contributions could be decided jointly (ibid.: 454, 462). This self-management model of healthcare brought about many positive changes (universally accessible health services, autonomous healthcare with opportunities for contributor co-determination, a very wide and well-functioning network of primary healthcare, etc.) but also severe drawbacks (fragmentation of the healthcare system, indebtedness due to investments beyond financial capacity, etc.), which are said to have contributed to the financial collapse of the Yugoslav healthcare system in the late 1980s (Albreht 2010: 64).

However, this was not the first time in more recent European history that the idea of universal healthcare was a political issue. The ideology of social medicine emerged in the 19th century, shaped by thinkers like Rudolf Virchow, who argued that health is fundamentally determined by social conditions such as poverty, housing, and education. Rooted in the belief that medicine must address the structural causes of illness, social medicine called for state responsibility in ensuring health for all. This vision gained institutional traction in the 20th century, especially after World War II, and through movements like the World Health Organisation's *Health for All by the Year 2000* campaign. Hence, health was not only a right but a collective good, enshrined in public policy and embedded in social imaginaries. Healthcare infrastructure was developed with particular attention to rural populations and underdeveloped regions, partly through programs of local public health networks and facilities. Health, in this framework, was not an individual asset but a shared obligation – care was not privatised, it was socialised. These legacies have left an enduring mark not just on healthcare institutions, but on how anthropologists in the region think about responsibility, justice, and the very object of health (Bilić 2012).

The post-1990s period saw not only war and state collapse in the region but also the introduction of the capitalist system with the rapid introduction of neoliberal reforms. The healthcare systems of the Yugoslav successor states were swiftly restructured through different – more or less successful – attempts at privatisation, decentralisation, and austerity (Stubbs and Zrinščak 2009). This created new inequalities and inequities in access and outcomes, leading anthropologists to investigate the intersections of health, class, gender, ethnicity, and geography in innovative and urgent ways. Anthropologists in the region have been particularly attuned to the contradictory realities of everyday health practices: the coexistence of public and private care, formal and informal economies, biomedical and traditional healing, as well as the intimate negotiations patients undertake to secure treatment and retain their dignity (e.g. Lipovec Čebron and Pistotnik 2018; Šimenc 2014; Žagar 2015; see also Balen 2017; Inhorn 2006; Lock and Nguyen 2010).

The former Yugoslavia, and the Balkans more broadly, have long been conceptualised by some authors as Europe's semi-periphery – a zone of transition, pathology, and back-

wardness (Bakić-Hayden 1995; Todorova 1997). This orientation is shaped in part by the region's ongoing marginality in European and global imaginaries. However, the Balkans can be understood not only as a geographically, politically, and economically marginal area of Europe and/or the European Union, but also as a place where social relations and processes are "spatially, symbolically, discursively, and in other ways established in the contrast between the periphery and the center, and between different peripheries as well: internal and external, coming from within an area and from the surrounding areas (Kojanić 2020)" (Hameršak et al. 2025: 2). In this sense, the periphery can be understood as a relational category and as a "liminal area with its own dynamics – a stage for encounters, recognition, negotiations, and conflicts" (Majstorović 2021). As Ksenja Vidmar Horvat notes, it is also a space that disrupts "the global flow of history" (Vidmar Horvat 2018: 16). Medical anthropology in this space can thus be seen as a form of epistemic resistance: a refusal of imposed temporalities, geopolitical inferiority, and developmental teleologies. Anthropologists in the region often challenge marginalisation and reframe it as a site of epistemic productivity. In this sense, anthropology at home is not parochial but powerfully political (Kleinman 1995).

Working from and within the region, however, also demands a continuous reflection on positionality. The duality of being both insider and ethnographer poses distinct methodological and ethical challenges (Narayan 1993). Anthropology at home brings the promise of proximity, but also the burden of complicity. Our own experiences as users of healthcare systems, as researchers in post-socialist institutions, and as participants in wider political and moral economies inform – and at times unsettle – our analyses. Researchers usually embrace such reflexivity, not to paralyse but to reorient inquiry toward more situated, accountable, and dialogic forms of knowledge (Petrović 2018; Scheper-Hughes 1995).

In a broader context, medical anthropologists have, since the 1960s, worked as consultants for national and international health organisations and projects, as well as in hospitals and health centres in Western countries, Latin America, Africa, and Asia. By the 1970s, medical anthropology had become an established academic field, first within anthropology departments and later in medical schools and faculties of health sciences. Medical anthropology in the former Yugoslavia, as a result of the historical and epistemological developments discussed above, was institutionalised in ways that reflected its unique socio-political and disciplinary context, and the development of medical anthropology in the region proceeded more slowly, partly due to the dominance of social medicine, which already successfully addressed many issues that elsewhere fell under the field of medical anthropology. As late as the end of the 1980s, Slovenian anthropologist Borut Telban observed that "medical anthropology is practically non-existent in Slovenia" (Telban 1989: 153). However, from the late 1990s onwards, this began to change. As the region opened up to international academic exchange and disciplinary diversification, medical anthropology gradually took shape within departments of ethnology and cultural anthropology across the region, including Croatia, Serbia, and Slovenia. Over time, professional and personal connections among medical anthropologists in these departments began to take shape. Yet it is only in recent years that these initially fragmented networks have evolved into coordinated, collective initiatives uniting researchers in medical anthropol-

ogy from the former Yugoslavia and, more broadly, the wider Balkan region. As a result, the symposium *Medical Anthropology From the Region of the Former Yugoslavia* was organised organized in 2025, where the Founding Assembly of the FORMA – Forum of Medical Anthropology (https://med-anthro.org/) was established. Based on the contributions presented at the symposium, which brought together twenty researchers from across the former Yugoslavia, five key themes emerged that were common to all participants. We suggest that these shared concerns reflect both the enduring legacy of social medicine and post-socialist contexts, as well as the region's peripheral positioning within broader academic and geopolitical frameworks.

First, all the contributions reveal an enduring orientation toward the public: public healthcare, the public good, and public responsibility. Against the grain of global neoliberalism, which frames health as a matter of individual responsibility, the authors repeatedly return to the notion that health is collective (Bukovčan 2022; see also Baer, Singer and Susser 2003; Farmer 2013). Their ethnographies make visible the infrastructures of abandonment in remote areas, single households, and migrant lives, as well as the fragile solidarities that emerge in their wake. All the articles in this issue engage, to varying degrees, with public healthcare, a theme most centrally explored in *Between Bureaucracy and Community: Thinking With Public Health Collaboration in Serbia and Croatia* by Jelena Kupsjak and Ljiljana Pantović. The authors reflect on the erosion of the Yugoslav legacy of social medicine, which once emphasised equity, community participation, and decentralised care, and consider what remains of that model today. Drawing on a comparative ethnography of public health institutions and professionals in Belgrade, Novi Sad, Zagreb, and Rijeka, Kupsjak and Pantović analyse how bureaucratic, participatory, and transformative forms of collaboration emerge, coexist, and conflict within contemporary health systems. Their article conceptualises collaboration not as an unquestioned ideal, but as a complex and often fragile social practice, while advocating for more reflexive, equitable, and community-oriented approaches to public health cooperation. In this sense, the piece reflects on both the erosion and the enduring resonance of the Yugoslav legacy of social medicine and public healthcare.

Second, directly related to the first theme but focused more on the meta-language of (in)equity, the research in the region demonstrates that a shared conceptual and ethical vocabulary of equity persists across the region. This vocabulary is not simply a residue of socialism, but a living resource – albeit one under strain. Scholars continue to draw on ideas of justice, equity, and solidarity, not nostalgically, but pragmatically: as tools to analyse and critique current configurations of care and neglect (Petryna 2002). The former Yugoslav space, in this sense, remains a site of anthropological innovation – not because it is exceptional, but because it foregrounds increasingly global contradictions between privatisation and universality, policy and practice, scarcity and survival. This is specifically reflected in the articles where authors share the conviction that healthcare should be equally accessible to all residents and that the obstacles that reduce the principles of justice, equity, and solidarity must be identified, analysed, and eliminated. This line of thinking is most visible in Anja Marolt's *Communication Between Healthcare Professionals and Foreign Language Speaking Parents of Newborns in the Neonatal Intensive Care Unit of the Maternity Hospi-*

tal in Ljubljana. This one year-long autoethnographic exploration of linguistic and cultural misunderstandings in the Neonatal Intensive Care Unit, where the author works as a midwife, reveals many communication obstacles between healthcare professionals and foreign language speaking family members of newborns. Through several ethnographic examples, Marolt shows how the medical staff attempt to overcome communication barriers using a range of strategies that are often improvised and do not guarantee quality healthcare. In these multilingual contexts, where healthcare workers and family members are left to their own devices, the author calls for systemic support to address linguistic, cultural, and other barriers in order to ensure equitable healthcare.

Third, as the Balkans remain one of the key routes in Europe's migration pathways, medical anthropologists are also increasingly called upon to document, interpret, and intervene in the entanglements of mobility, legality, and care (Lipovec Čebron 2025; Petrović-Šteger 2022; see also Ticktin 2011). Mainstream policies often erase or homogenise local experience; anthropology, in contrast, insists on specificity, on context, and on voices that too often remain unheard. The region, once a laboratory of socialist public health, is now a terrain of contested health futures. What role anthropology can – and should – play in shaping those futures is a question that cuts across the contributions of this thematic issue. In this sense, the experiences of the most marginalised – among whom people with migration backgrounds are often underrepresented – tend to foreshadow trends that the broader population may face later. This is clearly illustrated in the article *People on the Move During the COVID-19 Pandemic: Health and Access to Healthcare* by Pia Krampl and Neža Vodopivec. The authors show how inequities intensified during the health crisis and how the pandemic exacerbated existing forms of structural violence and structural vulnerability. Drawing on ethnographic research with migrants and refugees in precarious legal situations conducted as part of the Sonar-Global project, the article demonstrates how the intersection of legal status, precarious living conditions, and structural discrimination affect both health and access to healthcare – and how, in this context, migration can be understood as a social determinant of health. Moreover, by examining the intertwining of migration, vulnerability, health, and healthcare access during the Covid-19 pandemic in Slovenia, the authors reveal transformations in social structures that are likely to produce even more pronounced structural barriers to health and healthcare for many Slovene residents in the post-pandemic period.

Fourth, many of the contributions at the symposium were positioned between research and implementation, theory and application, "basic research" and "socially transformative activities", showing the persistent discomfort concerning these divisions – ones that continue to structure much of contemporary academic knowledge production, especially under Western epistemological regimes (Janes 2016; Baer, Singer and Susser 2003). Medical anthropologists working in post-Yugoslav contexts – whether in public health programs or in academic institutions – rarely frame their work as exclusively theoretical or applied. Instead, they navigate and negotiate these registers simultaneously, seeing them not as antagonistic, but as mutually constitutive. Moreover, they do not follow the common idea of the hierarchicalisation of theoretical versus practical or engaged approach. Besides the in-depth

research and analysis, they try to answer the question in what way their research findings can contribute to social and especially to healthcare transformations (e.g. Huber et al. 2020; Lipovec Čebron and Pistotnik 2024). This is true for all the articles which employ theoretical apparatus and different methods to respond to one or more urgent social problems and do not hide their engaged or activist positioning. This is evident also in Danijela Paška's paper *The Medicalisation of Childbirth: A Technocratic Model of Birth in Public Hospitals in Croatia*, in which the author examines how biomedical power, regulatory forces, and social expectations shape experiences of childbirth in Croatian public hospitals. The author shows how the medicalisation of birth and the adoption of a technocratic model of care transform the female body into a reproductive machine, and childbirth becomes a site of control and objectification. By employing a Foucauldian perspective and cultural-anthropological concepts, Paška undertakes a discourse analysis of Croatian public policies in the field of reproductive health, as well as analyses the lived experiences of women that gave birth in public hospitals in Croatia. In doing so, the author demonstrates how different forms of obstetric violence reflect the disciplining of women's bodies, enforcing passivity and compliance, and serve as a tool to regulate pregnancy and childbirth. The author exposes obstetric violence as part of a continuum of patriarchal power relations, and she calls for a transformation of obstetric care that would be able to acknowledge women's needs, autonomy, and subjectivity.

Fifth, the hybrid positioning between engaged collaboration and conceptual critique has opened up space for what could be called a third mode of medical anthropology, one which simultaneously questions biomedical power and contributes to health practice (Farmer, 2004; Singer, 2004). In this regard, the region offers not just case studies, but methodological insights. As Byron Good (1994) once reflected, it was something of an embarrassment to be identified as a medical anthropologist during the 1960s: "Social theory was largely peripheral to this discipline, and given the splendid debates among structuralists, ethnoscientists, symbolic anthropologists, linguists, and ethnolinguists, all committed to rethinking cultural studies, medical anthropology seemed a kind of poor cousin" (1994: 4). Years later, as Paul Farmer and Arachu Castro (2007) argued, the discipline developed a "sophisticated theoretical discourse." Yet, in the post-Yugoslav region, this discourse gained a new inflection, one oriented not only toward critique but toward care, not only toward conceptual innovation but toward systemic repair (Langwick, 2011). In this context, this emerging model of engaged medical anthropology could prove to be especially urgent and relevant in today's context, where healthcare is increasingly commodified, and the ideals of equity and accessibility are under threat (Biehl and Petryna 2013; Fassin 2012).

In the articles written by the symposium participants, some of the most innovative insights arise from addressing unexpected themes and reflecting on researchers' positionalities, as demonstrated by Jelisaveta Fotić in the article *Echoes in the Field: Confronting the Unexpected Deaths of Interlocutors in Medical Anthropology Research*. This paper is based on her ethnographic research with elderly people living with diabetes in Belgrade, as well as on her own experience as both an anthropologist and a person living with diabetes. The author argues that grief and mortality are not disruptions to the research, but analytical

events integral to ethnography. Therefore, instead of ignoring and repressing the situations when interlocutors pass away, the author explores the emotional and ethical dimensions of these fieldwork events. Fotić shows that reframing loss in this way advances medical anthropology's engagement with chronicity and death, and contributes to innovative reflection on vulnerability and ethics in medical anthropology. The author concludes the paper with an engaged, activist reflection on the death of interlocutors in anthropological research and states: "Activist research can represent a 'good enough anthropology', which forces anthropologists to 'get down from their thrones of authority and pure research' (Huschke 2015: 64) and find meaningful ways to somehow help the people they study."

This special issue on medical anthropology in and of the former Yugoslavia's region represents both a continuation and a rupture. It extends a tradition of critical, empirically grounded, and socially engaged scholarship, yet it simultaneously breaks with earlier frameworks by confronting emergent and urgent challenges: migration, medical markets, privatisation, and the extraction of knowledge itself. What unites the contributors is a resolute refusal to remain neutral. For the authors featured here, medical anthropology is not a detached academic exercise; it is an ethical and political intervention. It refuses mere description, insisting instead on the responsibility to rethink, reshape, and reimagine the world – challenging entrenched hierarchies of power, knowledge, and care, and demanding that scholarship take a stand in the face of structural injustice.

ACKNOWLEDGEMENT: The authors acknowledge the financial support from the Slovenian Research and Innovation Agency (research core funding Ethnological research of cultural knowledge, practices and forms of socialities, No. P6-0187) and University of Ljubljana. DATA AVAILABILITY STATEMENT: No research data were used or analysed in this article.

CITED REFERENCES

Albreht, Tit 2010 *Slovenian Health Care in Transition: Studies on the Changes in the Slovenian Health System From 1985 Until 2010*. Ljubljana: Inštitut za varovanje zdravja Republike Slovenije.

Baer, Hans A., Merrill Singer and Ida Susser 2003 *Medical Anthropology and the World System*. Westport, CT: Praeger.

Bakić-Hayden, Milica 1995 Nesting Orientalisms: The Case of Former Yugoslavia. *Slavic Review* 54(4): 917–931.

Balen, Ivana 2017 'The Practice of "Supplementing": Negotiating Public and Private Health Care in Croatia.' *Medical Anthropology* 36(2): 172–186.

Biehl, João and Adriana Petryna 2013 *When People Come First: Critical Studies in Global Health*. New Jersey: Princeton University Press.

Bilić, Bojan 2012 *We Were Gasping for Air: (Post-)Yugoslav Anti-War Activism and Its Legacy*. Baden-Baden: Nomos.

Bukovčan, Tanja 2022 'Expensive Health: Health-seeking Behaviours in Diversified Medical Markets.' *Ethnologia Europaea* 52(2): 1–18.

Castro, Arachu and Paul Farmer 2007 'Understanding and Addressing AIDS-related Stigma: From Anthropological Theory to Clinical Practice in Haiti.' *American Journal of Public Health* 95(1): 53–59.

Farmer, Paul 2004 'An Anthropology of Structural Violence.' *Current Anthropology* 45(3): 305–325.

2013 *To Repair the World: Paul Farmer Speaks to the Next Generation*. Berkley, Los Angeles, London: University of California Press.

Fassin, Didier 2012 *Humanitarian Reason: A Moral History of the Present*. Berkley, Los Angeles, London: University of California Press.

Good, Byron 1994 *Medicine, Rationality, and Experience: An Anthropological Perspective*. Cambridge: Cambridge University Press.

Hameršak, Marijana, Iva Pleše and Tea Škokić 2025 'Introduction.' In: *Keywords of the Balkan Route: The European Irregularised Migration at the Periphery*. Marijana Hameršak, Iva Pleše and Tea Škokić, eds. New York, Oxford: Berghahn. Pp. 1–6.

Huber, Ivanka, Uršula Lipovec Čebron and Sara Pistotnik, eds. 2020 *Neenakosti in ranljivosti v zdravju v Sloveniji: Kvalitativna raziskava v 25 okoljih*. Ljubljana: NIJZ.

Inhorn, Marcia 2006 'Defining Women's Health: A Dozen Messages from More than 150 Ethnographies.' *Medical Anthropology Quarterly* 20(3): 345–378.

Janes, Craig R. and Corbett, Kitty K. 2016 'Anthropology and Global Health.' DOI: 10.1146/annurev-anthro-091908-164314.

Kleinman, Arthur 1995 *Writing at the Margin: Discourse Between Anthropology and Medicine*. Berkley, CA: University of California Press.

Langwick, Stacey 2011 *Bodies, Politics, and African Healing: The Matter of Maladies in Tanzania*. Bloomington, IN: Indiana University Press.

Lipovec Čebron, Uršula 2025 'Health.' In: *Keywords of the Balkan Route: The European Irregularised Migration at the Periphery*. Marijana Hameršak, Iva Pleše and Tea Škokić, eds. New York, Oxford: Berghahn. Pp. 123–136.

Lipovec Čebron, Uršula and Sara Pistotnik 2018 '(Im)Mobile Populations and Health Rights: Accessing the Healthcare System in Slovenia.' In: *Healthcare in Motion: Immobilities in Health Service Delivery and Access*. Cecilia Vindrola-Padros, Ginger A. Johnson and Anne E. Pfister, eds. New York, Oxford: Berghahn Books. Pp. 53–71.

Lipovec Čebron, Uršula and Sara Pistotnik, eds. 2024 *Kovidna krajina: ranljivosti v času pandemije*. Ljubljana: University of Ljubljana Press.

Lock, Margaret and Vinh-Kim Nguyen 2010 *An Anthropology of Biomedicine*. Malden and Oxford: Wiley-Blackwell.

Mihelj, Sabina 2021 'Mediating Class in a Classless Society? Media and Social Inequalities in Socialist Eastern Europe.' Loughborough University. Internet source: <https://hdl.handle.net/2134/14099171.v1>,30.11.2025.

Nanda, Serena and Richard L. Warms 2002 *Cultural Anthropology*. Belmont: Wadsworth – Thomson Learning.

Narayan, Kirin 1993 'How Native is a "Native" Anthropologist?' *American Anthropologist* 95(3): 671–686.

Petrović, Tanja 2012 *Yuropa: Jugoslovensko nasleđe i politike budućnosti u postjugoslovenskim društvima*. Beograd: Fabrika knjiga.

Petrović-Šteger, Maja 2022 'Biolegality in the Balkans: Migration, Borders, and Health.' *Anthropology Today* 38(2): 14–17.

Petryna, Adriana 2002 *Life Exposed: Biological Citizens after Chernobyl*. Princeton, NJ: Princeton University Press.

Scheper-Hughes, Nancy 1995 'The Primacy of the Ethical: Propositions for a Militant Anthropology.' *Current Anthropology* 36(3): 409–440.

Singer, Merrill 2004 'Critical Medical Anthropology.' In: *Encyclopedia of Medical Anthropology*. Carol Ember and Melvin Ember, eds. New York: Springer. Pp. 253–258.

Stubbs, Paul 2023 *Socialist Yugoslavia and the Non-Aligned Movement*. Montreal, Kingston, London, Chicago: McGill-Queen's University Press.

Stubbs, Paul and Siniša Zrinščak 2009 'Citizenship and Social Welfare in Post-Socialist Contexts.' *European Societies* 11(4): 539–557.

Šimenc, Jana 2014 *Alergična družba: biomedicinski pogled na alergije*. Ljubljana: UMco.

Telban, Borut 1989 'Antropologije zdravja, bolezni in zdravljenj.' *Glasnik Slovenskega etnološkega društva* 29(3–4): 153–166.

Ticktin, Miriam 2011 *Casualties of Care: Immigration and the Politics of Humanitarianism in France*. Berkley, Los Angeles, London: University of California Press.

Todorova, Maria 1997 *Imagining the Balkans*. Oxford: Oxford University Press.

Toth, Martin 2003 *Zdravje, zdravstveno varstvo, zdravstveno zavarovanje.* Ljubljana: Zavod za zdravstveno zavarovanje Slovenije.

Vidmar Horvat, Ksenja 2018 *Periferna Evropa: tranzitologija in postkrizni diskurzi v jugovzhodni Evropi*. Ljubljana: Znanstvena založba Filozofske fakultete.

Žagar, Brina 2015 'Podobe raka.' *Anthropos: časopis za psihologijo in filozofijo ter za sodelovanje humanističnih ved* 47(1–2): 185–206.

POVZETEK

Prispevek prikazuje, kako se je področje medicinske antropologije v postjugoslovanskem okolju razvilo na podlagi edinstvenega niza zgodovinskih in političnih poti, kar jo razločuje od dominantnih paradigem discipline, ki so se oblikovale na tako imenovanem globalnem Severu. Avtorici opisujeta regijo nekdanje Jugoslavije kot prostor antropološke inovacije, ne zato, ker bi bila tako posebna, temveč ker v ospredje postavlja vse bolj globalne kontradikcije: med privatizacijo in univerzalnostjo, pravili in prakso ter pomanjkanjem in preživetjem. Nadalje dokazujeta, da je medicinsko antropologijo v tej regiji najproduktivneje razumevati v okviru dediščine jugoslovanske socialne medicine in artikulacije regije na podlagi koncepta periferije.

Simpozij »Medicinska antropologija z območja nekdanje Jugoslavije« ter članki v tej posebni številki odsevajo to pluralno in prepleteno dediščino ter ponujajo kritičen in regionalno utemeljen prispevek k medicinski antropologiji kot lokalnemu in obenem transnacionalnemu projektu. Avtorice pokažejo, kako je ta skupna dediščina zaznavna v številnih vidikih. Prvič, vsi prispevki razkrivajo še danes prisotno usmerjenost v javno: javno zdravstvo, javno dobro in javno odgovornost. Avtorice se vedno znova obračajo stran od globalnega neoliberalnega toka, ki uokvirja zdravstvo kot stvar individualne odgovornosti, k ideji, da je zdravstvo kolektivno. Drugič, raziskave v regiji kažejo, da se je skupni konceptualni in etični besednjak pravičnosti obdržal na celotnem območju. Besednjak ni le ostanek socializma, temveč živi vir – četudi pod stalnimi pritiski. Raziskovalke in raziskovalci še danes črpajo iz idej pravice, pravičnosti in solidarnosti, ne iz nostalgičnih, ampak iz pragmatičnih razlogov. Tretjič, ker Balkan ostaja ena ključnih evropskih migracijskih poti, je tudi vloga medicinskih antropologinj in antropologov z dokumentiranjem, interpretiranjem ter interveniranjem v prepletih mobilnosti, iregularnosti in oskrbe vse pomembnejša. Regija, ki je bila nekoč laboratorij socialističnega javnega zdravstva, je danes teren nasprotujočih si prihodnosti zdravstva. Četrtič, številni prispevki s simpozija se umeščajo med teorijo in uporabo, »temeljne raziskave« in »družbenotransformativne« dejavnosti, ter kažejo, kako pomembno je krmarjenje med tema registroma in njuno opredeljevanje, in sicer ne kot antagonistična, temveč kot vzajemno konstitutivna. Petič, hibridno umeščanje – med angažiranim sodelovanjem in konceptualno kritiko – je odprlo prostor za nekaj, kar bi lahko imenovali tretji pristop medicinske antropologije, ta, ki hkrati preizprašuje biomedicinsko moč in prispeva k zdravstveni praksi. V tem pogledu regija ne ponuja le študij primera, temveč omogoča metodološke vpoglede ter vse bolj angažirano medicinsko antropologijo, ki bi se lahko izkazala kot nujna in relevantna v sodobnem kontekstu, kjer je zdravstvo vse bolj poblagovljeno, ideala pravičnosti in dostopnosti pa ogrožena.