



## Narrating health and scarcity: Guyanese healthcare workers, development reformers, and sacrifice as solution from socialist to neoliberal governance



Alexis Walker

Department of Science and Technology Studies, Cornell University, United States

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### ABSTRACT

In oral history interviews, Guyanese healthcare workers emphasize continuity in public health governance throughout the late twentieth century, despite major shifts in broader systems of governance during this period. I argue that these healthcare workers' recollections reflect long-term scarcities and the discourses through which both socialist politicians and neoliberal reformers have narrated them. I highlight the striking similarities in discourses of responsibility and efficiency advanced by socialist politicians in 1970s Guyana and by World Bank representatives designing the country's market transition in the late 1980s, and the ways these discourses have played out in Guyana's health system. Across diverging ideologies, politicians and administrators have promoted severe cost-control as the means to a more prosperous future, presenting short-term pains as necessary to creating new, better, leaner ways of life. In the health sector this has been enacted through a focus on self-help, and on nutrition as a tool available without funds dedicated for pharmaceuticals, advanced medical technologies, or a fully staffed public health system. I argue that across these periods Guyanese citizens have been offered a very similar recipe of ongoing sacrifice. I base my analysis on oral histories with forty-six healthcare workers conducted between 2013 and 2015 in Guyana in Regions 3, 4, 5, 9, and 10, as well as written records from World Bank and Guyanese national archives; I analyze official discourses as well as recollections and experiences of public health governance by those working in Guyana's health system.

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Sitting upstairs in the administrative wing of Georgetown Public Hospital Corporation—Guyana's largest hospital, Matron Williams spoke of the changes she'd seen during forty-five years working in the country's public health system. “Matron” was a title rooted in the British system, she reminded me, but everyone continued using it even after her position was officially renamed “Director of Nursing” over a decade ago. Names changed, she noted, sometimes reflecting more substantive changes than others. When she had first started volunteering at the hospital as a high school student, even Guyana didn't have its current title—it was still British Guiana, about to gain independence that year in 1966. Ten years later, Matron Williams had finished nursing school and was working in the trauma ward at Georgetown Hospital. It was a tough time for public health in Guyana, she explained:

They were nationalizing everything and there was a lot less being spent ... People were of course dissatisfied, we had a lot of migration. Once people could get out, they'd get out.

Matron Williams attributed tight public health budgets in the 1970s to socialist reforms focused on nationalization and cost control. However, she went on to argue that these were much like health system reforms initiated in the late 1980s under structural adjustment agreements with the World Bank, and Guyana's move from a socialist to a market economy. She stressed that in both cases budgets were tight and her friends and colleagues continued streaming out of the country.

In this paper I analyze how healthcare workers like Matron Williams narrate their experiences of Guyana's public health system from the country's socialist period through its market transition. Rather than focus on disjuncture between socialist and capitalist systems, healthcare workers have emphasized continuity in the discourses and practices of public health governance across these periods. I argue that these recountings of the past are

E-mail address: [akw45@cornell.edu](mailto:akw45@cornell.edu).

informed by official discourses that have mobilized strikingly similar narratives to legitimate limited social services both in socialist Guyana and after market reforms.

The Guyanese government has been faced with extremely limited resources throughout the entire post-independence period, and Guyana's strong dedication of resources to public health—with regards to total government spending, GDP, and in relation to other countries in the region—nonetheless represents a continuity of miniscule resources in relation to need. Across highly divergent ideologies, successive governments have justified a lack of services by promoting the moral value of efficiency, promising Guyanese citizens that long-term prosperity could be found through sacrifice and individual self-help. However, even in socialist Guyana this was not sacrifice as belt-tightening, where Guyanese could expect to live less stoically once greater prosperity arrived. Here sacrifice has been understood as short-term pain that leads to leaner ways of life: short-term because learning to live efficiently would ease this pain, not because the need for efficiency would diminish. And while the discursive world of anti-imperialist socialist sacrifice differs markedly from the World Bank's visions of temporary increases in poverty in the name of overall economic growth, both have emphasized efficiency and responsibility in promising that short-term pain would lead Guyanese to long-term prosperity.

A growing body of literature has suggested that tools and values integral to socialist systems have been taken up by reformers in the neoliberal tradition, and have played a central role in what Gil Eyal has called the *bricolage* of neoliberalism (Eyal, 2000; Bockman, 2015; Collier, 2011). Similarly, scholars have shown that socialist systems often incorporated substantial elements of individualism, along with other values and methods associated with or rooted in capitalism (Lampland, 2016, 1995; Kharkhordin, 1999). These connections do not reflect incomplete fulfillment of either socialism or neoliberalism, but should draw attention to precise *mechanisms and practices* of governing. Disparate systems often make use of quite similar concepts, drawing from one another's discourses and methods; understanding governance requires investigating their connections and the varying ways such concepts get enacted. In Guyana, and in much of the postcolonial world, the extreme limitation of resources plays a major role in the ways ideologies get narrated and practiced.

Beginning from healthcare workers' narratives, in this paper I highlight how ostensibly neoliberal values of efficiency and individual responsibility (Rose, 1999, 2002; Shamir, 2008; Zigon, 2010) have been key discursive tools for both Guyanese socialist politicians and World Bank reformers instituting market reforms. I argue that recognizing discursive similarities helps interpret popular experiences of governance and the descriptions of continuity offered by Guyanese healthcare workers. In the face of ongoing scarcity, Guyanese citizens continue to be offered a very similar recipe of sacrifice.

## 1. Methods

This paper is based on oral history methods approved by the Institutional Review Board of Cornell University, including interviews conducted between 2013 and 2015 with forty-six health professionals and administrators (nurses, nurse's aides, midwives, and physicians) who worked in the health sector in Guyana during both the socialist period of the 1970s and after marketization in the late 1980s. I selected interviewees through snowball sampling focused on distribution in racial and regional background as well as professional path. My research has been based primarily in the capital city, where much of the country's healthcare system is focused, but I have also conducted interviews and ethnographic work in several small villages (St. Cuthbert's Mission and Yupukari),

across the densely populated coastal areas outside of Georgetown, and in several larger cities (Linden, New Amsterdam). I also conducted interviews with Guyanese healthcare workers who emigrated to the US. From physicians to nurse's aides, and rural to urban settings, this group represents a wide range of experiences, but across these many sociodemographic factors, healthcare workers consistently narrate their experiences of public health governance through a lens of continuity.

This analysis does not interpret data from oral history interviews as a direct representation of the past or of Guyana's overall experience of structural adjustment. Healthcare workers' memories and narratives have certainly been shaped by their subsequent experiences, as well as the politics of collective memory (Bunzl and Berdahl, 2010; Cole, 2001; Watson, 1994). In the context of Guyanese public health, likening governance before and after Guyana's market transition is a recounting of the past and a political position that serves to discredit the current government's narratives of progress. And although my interviewees have experienced a wide array of backgrounds, these men and women's history of employment means they do not represent Guyana's poorest, who were certainly the most affected by the shifts of structural adjustment (Campbell, 2002). Nonetheless, these oral history interviews provide a significant window into the experience of Guyanese healthcare workers, and the frameworks through which they interpret and narrate their experiences (Chamberlain, 2007; Hoffman and Hoffman, 2007). Focusing on healthcare workers allows me to examine experiences of health governance from the perspective of individuals who have engaged daily with Guyana's public health system over several decades.

Because people interpret their experiences through widely-circulating languages and frameworks, I couple my oral history with an analysis of official discourses drawn from archival sources (including annual reports, policy papers, strategic planning documents, topical reports, speeches, and news coverage) from the National Archives of Guyana, the holdings of the Pan-American Health Organization at the University of Guyana, and from the personal files of a variety of current and former high-level administrators in the national health system. These methods allow me to analyze themes in healthcare workers' recollections across political and racial affiliation, and to cross-reference lived experiences with themes emerging in archival documents. The discourses of public officials I highlight here are one of several factors influencing healthcare workers' narratives, including the effects of memory noted above.

In the first section of the paper I demonstrate how healthcare workers have emphasized continuity across major shifts in governance taking place within their lifetimes, and I show the consistency of limited health budgets that lies beneath these representations. In the following section I demonstrate how Guyanese socialist politicians promoted efficiency, responsibility and sacrifice as key principles for public health, and I argue that these discourses have been reflected in the perspectives of healthcare workers—in the public health pamphlets they've developed, in their engagement with elected officials, and in oral history interviews. In the third section of the paper I show how World Bank reformers have mobilized languages framing sacrifice as a key to public health efficiency that are strikingly similar to the discourses of socialist politicians—discourses that shape healthcare workers' narratives of continuity in public health governance.

## 2. Shifting governance, continuing scarcity

Standing under the floodlights in front of the grandstand at Georgetown National Park, waves crashing on the seawall not 300 meters away, Prime Minister Forbes Burnham addressed a large

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