Bio-Citizens Or Health Consumers? How Csos Negotiate State And Individual Responsibility For Health In Croatia

Dill, Ann, Brown University

Now more than twenty years since the transition from socialism, civil society organizations (CSOs) in Central and Eastern Europe are integral to systems of health care and social welfare. While the contributions and limitations of the civil society sector in this region has received considerable attention, there is little work revealing how CSOs might address disparities in health and access to care that have emerged with the privatization of services and increased economic inequalities that accompanied the post-socialist transition. Central to this question are the ways CSOs represent those seeking care, in particular, the models invoked by CSOs to typify both individual and collective claims on the state and provider systems. This paper examines two models embodying competing objectives and claims deployed by health-related CSOs in Croatia: that of citizenship rights, and that of health consumerism. These models draw on different logics and discourses, center on divergent aims and methods, and promote different agendas and actions. The first reflects a variation of the concept of bio-(logical) citizenship (Petryna 2004, Novas and Rose 2005; cf. Ecks 2005), which denotes a broader project of medically based claims to state support for sick and disabled populations. Citizenship here is not a stable characteristic, but rather an identity negotiated as relations between care-seekers and care systems are politicized and transformed by global markets. These negotiations may encompass both individual and collective actions within transformed political and institutional arenas.

“Health consumerism,” by comparison, focuses on the promotion of rational and informed individual decision-making (Sulik and Eich-Krohm 2008). Conceptually, health consumerism shares with bio-citizenship acknowledgement of the globalized market of biotechnology and health care, and of late 20th Century disjunctures with claims made by virtue of membership in a nation state (cf. Novas and Rose Novas Op. cit.). As a model for social policy and programmatic action, however, health consumerism has a longer trajectory, tracing to Western consumer and anti-professional social movements of the 1960s and ‘70s (Sulik and Eich-Krohm Op. cit.; cf. “consumer citizens” in Johansson and Hvinden 2013). Its emphasis is less on individual or collective entitlement than on the enhancement of individual responsibility and choice (Borkman and Munn-Giddings 2008).

Based on public documents, observation of CSO meetings, and interviews with relevant experts and CSO leaders and members, this paper demonstrates the applicability of these models to Croatian CSOs addressing diverse health and disability concerns. CSOs emphasizing bio-citizenship press for extension of state and professional actions using a rights-based discourse. CSOs can play key roles in these transformative processes, for example through political advocacy or by contesting the discursive framework around the condition in question. In contrast, CSOs that bring the health consumer model into play act as intermediaries between individuals and state or provider institutions and provide critical forms of support and information to individual care-seekers. These organizations thus seek to enrich and supplement formal care systems as well as enhance the consumerist abilities of care-seekers.

As examined through case analyses, neither the age or life stage of CSOs (e.g., whether they pre-date the transition from socialism) nor the specific condition addressed differentiates those operating with a bio-citizenship framework from those addressing health consumerist issues. Instead, factors unrelated to health or disability status, including other claims on the political arena, connections with health professionals, and social attributes of CSO founders appear influential to the approach adopted. As well, the analysis explores how variation in the models deployed by health- and disability-related CSOs is linked to increasing complexity in the stratification of recipient populations and competing institutional logics (e.g., professional, administrative and economic) shaping health policies.

Understanding the impact of CSOs in mediating the results of transition to democratic market economies is particularly critical when it comes to essential areas such as health care, where state provision has contracted and remains contested parallel to massive growth in private
systems of providers and institutions. By identifying factors promoting divergent turns within civil society, this analysis can interrogate the consequences for the impact, sustainability, and wider contribution of CSOs. In turn, this addresses wider concerns about the consequences of both bio-citizenship and health consumerism for representative democracy and distributive social politics in contemporary post-communist states.