

Medical Landscapes During and After the Epidemic in the North Caucasus (Chechnya and Dagestan)

This project aims to explore and compare medical landscapes in Chechnya and Dagestan during and after the epidemic. The two, predominantly Muslim republics in the Russian Federation share many cultural similarities, but their authorities and inhabitants have responded differently to the Covid-19 epidemic.

“Terrorist can kill on average 6 people, one infected person can kill millions” said the head of the Chechen Republic, Ramzan Kadyrov. In Chechnya it is forbidden for medical personnel to publicly share any information about epidemic, individuals under quarantine face murder threats for breaking it. Officially and statistically both Chechnya and Dagestan are barely tackled by the epidemic. However, as the project leader preliminary research shows, in Dagestan hospitals are overflowed with patients suffering from pneumonia-like symptoms, morgues run out of space, several mountainous villages have lost all their elders. Religious authorities took over the role of the state authorities and ask people to eat healthy foods and shelter in place referring to Quran’s stance on epidemics. In both republics, to cope with the virus, fear and uncertainty many turn to alternative healing practices such as herbal medicine, cupping (*hijama*) or jinn exorcisms. Others shut down their mountainous villages and decide to rely on self-subsistence focusing on cattle herding and plant gathering.

In our research we will apply more-than-human approach, a relatively new approach in medical anthropology that may help us discover new potential entanglements in medical landscapes and allow for a broad and multi-aspect understanding of significance of such actors as viruses, jinns or plant species used for healing.

An outbreak of Covid-19 pandemic was a trigger for us to ask how Chechen and Dagestani medical landscapes look like, what are their characteristic features? How a powerful non-human actor such as Sars-Cov-2 virus shapes and reshapes these landscapes? What is the role of social media and statistics in (re)shaping these medical landscapes? If epidemics prolongs, are collective cultural and religious practices bound to change? And more broadly, in what aspects is the exploration of the social context of the epidemic significant? The preliminary research allows us to hypothesize that medical landscapes in both republics will tend to change, drift into informality and further islamize due to the occurrence of a new actor – Sars-Cov-2.

To answer our research questions we will focus on: (1) local strategies and tactics to cope with the situation of the epidemics applied by: inhabitants of the republics, medical personnel and unofficial medicine practitioners, (2) reactions to restrictions and other measures taken by federal and local governments, (3) cultural perceptions of the virus and its invisibility and unpredictability.

To explore social reality during and after the epidemic, in places where official sources are unreliable and fake and not-fake news are interwoven, ethnographic methods are the most suitable. Data collected on-site during participant observation, interviews with official and complementary medicine practitioners, their patients and other inhabitants of the two locations in each of the republics will be juxtaposed with data collected on-line in order to get more insight into the inter-relation between them. This may add to discussion among supporters and opponents of netnography.

Research with contemporary methodology of medical anthropology have never been conducted in Chechnya or Dagestan. Answers to our research questions in the form of publications will add to the theoretical approaches in medical anthropology and epidemic studies. They will also provide medical anthropologists with field examples from an ethnographically “neglected” region, that may be further used for comparisons. The material collected will be also a potential source of knowledge for this and the future epidemics.

This project proposal is an effect of the preliminary research conducted by the project leader since March 2020. The PI has conducted on-site fieldwork in Dagestan between 2004-2019 (altogether 32 months in the field) and in Chechnya between 2009-2018 (3 months in the field), as a result she has a broad network of contacts. Without this research experience and without an immense data-base of contacts this research project would not be possible.