

neither here nor there

## Health and Healthcare in the context of Culture and Development: Understanding current circumstances in rural indigenous communities | Jessie M. Silver

Guyana is the second poorest country in the western Hemisphere, located on the northern shore of South America. While ninety percent of the population lives on the Creole coast, the land-locked interior is home to many Amerindian communities, spread throughout the bush and savannah in small villages. Given both the environmental milieu and the recent disease trends in the Americas, the incidence rates of malaria in Guyana have increased drastically over the past two decades, particularly in rural areas. Almost eradicated in the 1940s under a British colonial government, by the 1990s it was heavily endemic in most all of the southern Amerindian communities.

Using a single case study of malaria in one such village during the summer of 2004, this paper seeks to identify what contributes most to difficulties in maintaining health and obtaining successful healthcare in rural indigenous communities. The case that is used is an example of what is ordinarily seen and experienced in the village: a man gets malaria, and after three days of symptoms goes to the health post in the village for treatment. The community health worker takes a smear for a diagnostic test; however, there is no available microscopist to read the slide. Based on the patient's self-diagnosis (this being his eighth case of malaria), the health worker gives him treatment. He quickly gets better and is able to return to his job as a ranger on a rainforest preserve within a few days. Four days after beginning his treatment, a formal diagnosis verifies that his own diagnosis was correct.

To analyze this case with regard to finding difficulties contributing to maintaining health and obtaining healthcare, three different frameworks are used. A biomedical framework describes the epidemiological nature of malaria in rural Guyana. It characterizes the plasmodium strains and describes the pathology of the infection. In addition, it provides a discussion of antibiotic resistance, a growing problem both in rural Guyana and the rest of the world. Subsequently, a cultural framework reveals the cosmological backdrop of the Amerindian village: how life is understood and what is emphasized as important in a culture far different from a modern developed country with Western underpinnings. This framework also describes alternative systems of healthcare as well as divergent understandings of the system of biomedicine, showing that one system can take on radically different meanings in the context of different cultures. Finally, a framework of globalization reveals the significance of recent developmental events both in the village and in the surrounding area. Based on characterized patterns and effects of the global economy in similar areas around the globe, the changes that have occurred within Guyana over the past 25 years do not bode well for a healthy, sustainable future.

The three frameworks describe various aspects of the case study and are useful in understanding some of the factors that contribute to challenges regarding health and healthcare. However, the frameworks are also inadequate in describing much about case: they are mutually exclusive in the factors they are able to identify, some factors that are discernable in the case remain totally unseen within the frameworks, and ultimately, the frameworks have no ability to represent or elucidate the relationship between the factors they identify. As such, these frameworks function as photographs with narrow depths of field, bringing certain aspects of their subject into clear view at the cost of entirely missing the remaining parts.

However, because the case study constitutes a single phenomenon, its various aspects are undeniably interrelated. This relationship is not merely the sum of the various factors but rather their product: the factors interact with one another, creating synergistic effects in complex contexts wherein difficulties maintaining health and obtaining healthcare are produced. Given that there are not adequate frameworks with which to characterize these composite factors, they are far more difficult to address from a health-policy or healthcare perspective. As such, this paper proposes that the interaction of various factors and the lack of adequate frameworks for understanding their interaction contributes to difficulties maintaining health and obtaining successful healthcare.