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SIDNEY W. MINTZ LECTURE
FOR 2001

An Anthropology of Structural Violence¹

by Paul Farmer

Any thorough understanding of the modern epidemics of AIDS and tuberculosis in Haiti or elsewhere in the postcolonial world requires a thorough knowledge of history and political economy. This essay, based on over a decade of research in rural Haiti, draws on the work of Sidney Mintz and others who have linked the interpretive project of modern anthropology to a historical understanding of the large-scale social and economic structures in which affliction is embedded. The emergence and persistence of these epidemics in Haiti, where they are the leading causes of young-adult death, is rooted in the enduring effects of European expansion in the New World and in the slavery and racism with which it was associated. A syncretic and properly biosocial anthropology of these and other plagues moves us beyond noting, for example, their strong association with poverty and social inequalities to an understanding of how such inequalities are embodied as differential risk for infection and, among those already infected, for adverse outcomes including death. Since these two diseases have different modes of transmission, different pathophysiologicals, and different treatments, part of the interpretive task is to link such an anthropology to epidemiology and to an understanding of differential access to new diagnostic and therapeutic tools now available to the fortunate few.

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1. This paper was delivered as the 2001 Sidney W. Mintz Lecture in Anthropology on November 27, 2001, at Johns Hopkins University. My deepest appreciation goes to the Department of An-

The ethnographically visible, central Haiti, September 2000: Most hospitals in the region are empty. This is not because of a local lack of treatable pathology; rather, patients have no money to pay for such care. One hospital—situated in a squatter settlement just 8 kilometers from a hydroelectric dam that decades ago flooded a fertile valley—is crowded. Medicines and laboratory studies are free. Every bed is filled, and the courtyard in front of the clinic is mobbed with patients waiting to be seen. Over a hundred have slept on the grounds the night before and are struggling to smooth out wrinkles in hand-me-down dresses or pants or shirts; hats are being adjusted, and some are massaging painful cricks in the neck. The queue of those waiting to have a new medical record created is long, snaking toward the infectious-disease clinic I am hoping to reach. First, however, it is better to scan the crowd for those who should be seen immediately.

Less ethnographically visible is the fact that Haiti is under democratic rule. For the first time in almost two centuries, democratic elections are planned and could result in a historic precedent: President René Préval, elected some years earlier, could actually survive his presidency to transfer power to another democratically elected president. If Préval succeeds, he will be the first president in Haitian history ever to serve out his mandate, not a day more, not a day less.

To local eyes, the prospect of this victory (which later did indeed come to pass) is overwhelmed by the vivid poverty seeping into the very seams of Haitian society. For the rural poor, most of them peasants, this means erosion and lower crop yields; it means hunger and sickness. And every morning the crowd in front of the clinic seems to grow.

To foreign eyes, the Haitian story has become a confused skein of tragedies, most of them seen as local. Poverty, crime, accidents, disease, death—and more often than not their causes—are also seen as problems locally derived. The transnational tale of slavery and debt and turmoil is lost in the vivid poverty, the understanding of which seems to defeat the analyses of journalists and even many anthropologists, focused as we are on the ethnographically visible—what is there in front of us.

Making my way through this crowd has become a daily chore and triage—seeking out the sickest—a ritual in the years since I became medical director of the clinic. Now the morning sun angles into the courtyard, but the patients are shaded by tall ficus trees, planted there years before. The clinic and hospital were built into the hillside over the previous 15 years, but the dense foliage gives the impression that the buildings have been there for decades.

I see two patients on makeshift stretchers; both are

thropology for the honor of delivering this lecture; special thanks go to Veena Das. For assistance in transforming a lecture into a paper, I thank Alice Yang, Nicole Gastineau, Haun Saussy, and, most of all, Barbara Rylko-Bauer, without whom this transformation would not have taken place. Finally, I am profoundly grateful to Sidney Mintz, whose careful scholarship serves as inspiration to all those who seek to understand the painful social processes that came to constitute the world we inhabit.

being examined by auxiliary nurses armed with stethoscopes and blood-pressure cuffs. Perhaps this morning it will take less than an hour to cross the 600 or so yards that separate me from another crowd of patients already diagnosed with tuberculosis or AIDS. These are the patients I am hoping to see, but it is also my duty to see to the larger crowd, which promises, on this warm Wednesday morning, to overwhelm the small Haitian medical staff.

A young woman takes my arm in a common enough gesture in rural Haiti. "Look at this, doctor." She lifts a left breast mass. The tumor is not at all like the ones I was taught to search for during my medical training in Boston. This lesion started as an occult lump, perhaps, but by this September day has almost completely replaced the normal breast. It is a "fungating mass," in medical jargon, and clear yellow fluid weeps down the front of a light-blue dress. Flies are drawn to the diseased tissue, and the woman waves them away mechanically. On either side of her, a man and a woman help her with this task, but they are not kin, simply other patients waiting in the line.

"Good morning," I say, although I know that she is expecting me to say next to nothing and wants to be the speaker. She lifts the tumor toward me and begins speaking rapidly.

"It's hard and painful," she says. "Touch it and see how hard it is." Instead, I lift my hand to her axilla and find large, hard lymph nodes there—likely advanced and metastatic cancer—and I interrupt her as politely as I can. If only this were a neglected infection, I think. Not impossible, only very unlikely. I need to know how long this woman has been ill.

But the woman, whose name is Anite, will have none of it. She is going to tell the story properly, and I will have to listen. We are surrounded by hundreds, and at least 40 can hear every word of the exchange. I think to pull her from the line, but she wants to talk in front of her fellow sufferers. For years I have studied and written about these peculiarly Haitian modes of declaiming about one's travails, learning how such jeremiads are crafted for a host of situations and audiences. There is so much to complain about. Now I have time only to see patients as a physician and precious little time for interviewing them. I miss this part of my work, but although I want to hear Anite's story, I want even more to attend to her illness. And to do that properly will require a surgeon, unless she has come with a diagnosis made elsewhere. I look away from the tumor. She carries, in addition to a hat and a small bundle of oddments, a white vinyl purse. Please, I think, let there be useful information in there. Surely she has seen other doctors for a disease process that is, at a minimum, months along?

I interrupt again to ask her where she has come from and if she has sought care elsewhere. We do not have a surgeon on staff just now. We have been promised, a weary functionary at the Ministry of Health has told me, that the Cuban government will soon be sending us a surgeon and a pediatrician. But for this woman, Anite, time has run out.

"I was about to tell you that, doctor." She has let go of my arm to lift the mass, but now she grips it again. "I am from near Jérémie," she says, referring to a small city on the tip of Haiti's southern peninsula—about as far from our clinic as one could be and still be in Haiti. To reach us, Anite must have passed through Port-au-Prince, with its private clinics, surgeons, and oncologists.

"I first noticed a lump in my breast after falling down. I was carrying a basket of millet on my head. It was not heavy, but it was large, and I had packed it poorly, perhaps. The path was steep, but it had not rained on that day, so I don't know why I fell. It makes you wonder, though." At least a dozen heads in line nod in assent, and some of Anite's fellow patients make noises encouraging her to continue.

"How long ago was that?" I ask again.

"I went to many clinics," she says in front of dozens of people she has met only that morning or perhaps the night before. "I went to 14 clinics." Again, many nod assent. The woman to her left says "Adjè!" meaning something along the lines of "You poor thing!" and lifts a finger to her cheek. This crowd response seems to please Anite, who continues her narrative with gathering tempo. She still has not let me know how long she has been ill.

"Fourteen clinics," I respond. "What did they say was wrong with you? Did you have an operation or a biopsy?" The mass is now large and has completely destroyed the normal architecture of her breast; it is impossible to tell if she has had a procedure, as there is no skin left to scar.

"No," replies Anite. "Many told me I needed an operation, but the specialist who could do this was in the city, and it costs \$700 to see him. In any case, I had learned in a dream that it was not necessary to go to the city." ("The city" means Port-au-Prince, Haiti's capital.)

More of the crowd turns to listen; the shape of the line changes subtly, beginning to resemble more of a circle. I think uncomfortably of the privacy of a U.S. examination room and of the fact that I have never seen there a breast mass consume so much flesh without ever having been biopsied. But I have seen many in Haiti, and almost all have proven malignant.

Anite continues her narrative. She repeats that on the day of the fall, she discovered the mass. It was "small and hard," she says. "An abscess, I thought, for I was breastfeeding and had an infection while breastfeeding once before." This is about as clinical as the story is to get, for Anite returns to the real tale. She hurt her back in the fall. How was she to care for her children and for her mother, who was sick and lived with her? "They all depend on me. There was no time."

And so the mass grew slowly "and worked its way under my arm." I give up trying to establish chronology. I know it had to be months or even years ago that she first discovered this "small" mass. She had gone to clinic after clinic, she says, "spending our very last little money. No one told me what I had. I took many pills."

"What kind of pills?" I ask.

Anite continues. "Pills. I don't know what kind." She

had given biomedicine its proper shot, she seems to say, but it had failed her. Perhaps her illness had more mysterious origins? "Maybe someone sent this my way," she says. "But I'm a poor woman—why would someone wish me ill?"

"Unlikely," says an older man in line. "It's God's sickness." Anite had assumed as much—"God's sickness" being shorthand for natural illness rather than illness associated with sorcery—but had gone to a local temple, a *houmfor*, to make sure. "The reason I went was because I'd had a dream. The mass was growing, and there were three other small masses growing under my arm. I had a dream in which a voice told me to stop taking medicines and to travel far away for treatment of this illness."

She had gone to a voodoo priest for help in interpreting this dream. Each of the lumps had significance, said the priest. They represented "the three mysteries," and to be cured she would have to travel to a clinic where doctors "worked with both hands" (this term suggesting that they would have to understand both natural and supernatural illness).

The story would have been absurd if it were not so painful. I know, and once knew more, about some of the cultural referents; I am familiar with the style of illness narrative dictating some of the contours of her story and the responses of those in line. But Anite has, I am almost sure, metastatic breast cancer. What she needs is surgery and chemotherapy if she is lucky (to my knowledge, there is no radiation therapy in Haiti at this time). She does not need, I think, to tell her story publicly for at least the fifteenth time.

Anite seems to gather strength from the now-rapt crowd, all with their own stories to tell the harried doctors and nurses once they get into the clinic. The semi-circle continues to grow. Some of the patients are straining, I can tell, for a chance to tell their own stories, but no one interrupts Anite. "In order to cure this illness, he told me, I would have to travel far north and east."

It has taken Anite over a week to reach our clinic. A diagnosis of metastatic breast cancer is later confirmed.

I am privileged to be presenting this lecture in honor of someone whose work I very much admire. I will be talking about Haiti and about tuberculosis and AIDS. I'm not sure I would know how *not* to talk about these diseases, which each day claim almost 15,000 lives worldwide, most of them adults in their prime. I hope less to take on grand theory than to ask how the concept of *structural violence* might come to figure in work in anthropology and other disciplines seeking to understand modern social life. Standing on the shoulders of those who have studied slavery, racism, and other forms of institutionalized violence, a growing number of anthropologists now devote their attention to structural violence.

Just as everyone seems to have his or her own definitions of "structure" and "violence," so too does the term "structural violence" cause epistemological jitters in our

ranks. It dates back at least to 1969, to Johan Galtung, as well as the Latin American liberation theologians (see Farmer 2003b, Gilligan 1997, Galtung 1969). The latter used the term broadly to describe "sinful" social structures characterized by poverty and steep grades of social inequality, including racism and gender inequality. Structural violence is violence exerted systematically—that is, indirectly—by everyone who belongs to a certain social order: hence the discomfort these ideas provoke in a moral economy still geared to pinning praise or blame on individual actors. In short, the concept of structural violence is intended to inform the study of the social machinery of oppression. Oppression is a result of many conditions, not the least of which reside in consciousness. We will therefore need to examine, as well, the roles played by the erasure of historical memory and other forms of desocialization as enabling conditions of structures that are both "sinful" and ostensibly "nobody's fault."

The degree to which people can fight back against such infernal machinery—or its symbolic props—has been the subject of much discussion in anthropology. We have written about "the weapons of the weak," to use James Scott's term (1976, 1985, 1990), and many texts have celebrated various forms of "resistance" to the dominant social order and its supports, symbolic and material. Romanticism aside, the impact of extreme poverty and social marginalization is profound in many of the settings in which anthropologists work. These settings include not only the growing slums and shrinking villages of the Third World (or whatever it is called these days) but also, often, the cities of the United States. In some of these places, there really are social spaces of spirited resistance.

Often, however, the impact of such resistance is less than we make it out to be, especially when we contemplate the most desperate struggles and attempt in any serious way to keep a body count. One way of putting it is that the degree to which agency is constrained is correlated inversely, if not always neatly, with the ability to resist marginalization and other forms of oppression. We already have good ethnographic accounts of, for example, how young working-class "lads" in England resist, or do not resist, "learning to labor" (Willis 1981). We have solid accounts of how women in industrialized countries—Japan and the United States—contest the meanings and experience of menopause (see Lock 1993, Martin 1987). We have in-depth reports on "social suffering" in France, India, the United States, Brazil, even highland Guatemala (see, for example, Bourdieu et al. 1993, 1999; Bourgois 1996, 1998; Cohen 1998; Green 1999; Scheper-Hughes 1992). But because ethnographic work relies on conversations with the living—or on the records left by the literate—we are still not getting the entire picture. An anthropology that tallies the body count must of course look at the dead and those left for dead. Such inquiry seeks to understand how suffering is muted or elided altogether. It explores the complicity necessary to erase history and cover up the clear links between the dead and near-dead and those who are the winners in the struggle for survival.

Bringing these links—whether termed social, biologic, or symbolic—into view is a key task for an anthropology

of structural violence. I will argue here that keeping the material in focus is one way to avoid undue romanticism in accomplishing this task. An honest account of who wins, who loses, and what weapons are used is an important safeguard against the romantic illusions of those who, like us, are usually shielded from the sharp edges of structural violence. I find it helpful to think of the “materiality of the social,” a term that underlines my conviction that social life in general and structural violence in particular will not be understood without a deeply materialist approach to whatever surfaces in the participant-observer’s field of vision—the ethnographically visible.

By “materialist” I do not mean “economic” as if economic structures were not socially constructed. I do not mean “biological” as if biology were likewise somehow immune from social construction. I am not trying to establish a bedrock category of reality or engage worn-out or false debates—for example, trying to persuade old-school materialists that social life matters or to convince hard-line culturalists that the material (from the corporeal to modes of economic production) is the very stuff of social construction. To push the metaphor, any social project requires construction *materials*, while the building process is itself inevitably social and thus cultural. The adverse outcomes associated with structural violence—death, injury, illness, subjugation, stigmatization, and even psychological terror—come to have their “final common pathway” in the material. Structural violence is embodied as adverse events if what we study, as anthropologists, is the experience of people who live in poverty or are marginalized by racism, gender inequality, or a noxious mix of all of the above. The adverse events to be discussed here include epidemic disease, violations of human rights, and genocide.

Purist naysayers aside, such an approach fits easily within the historically attested project of modern anthropology. This was true from the discipline’s beginnings, and I will argue that it remains so today. In a chapter entitled “What Anthropology Is About,” our clan ancestor Alfred Kroeber underlined the importance of “anthropology, biology, history.” “In practice,” he wrote in 1923, “anthropology is mostly classified as being both a biological science and a social science. . . . Such a situation of double participation is unusual among the sciences” (Kroeber 1963 [1923]:1). Unusual then, it is even more so now, when specialization and subspecialization have yielded great rewards in the biological sciences. The rewards are less evident, alas, within the “social sciences,” where increasing specialization has often brought with it the erasure of history and political economy. The erosion of social awareness is readily detected in modern psychology, epidemiology, and many branches of sociology. Desocialization is evident even in anthropology, held by many to be the most radically contextualizing of the social sciences.² Complex biosocial phenomena are the focus of

2. I do not make much of a distinction between anthropology and sociology. This is not a polemic point but a humble one also made by Kroeber: “Sociology and anthropology are hard to keep apart.”

most anthropological inquires, and yet the integration of history, political economy, and biology remains lacking in contemporary anthropology or sociology.³

An anthropology of structural violence necessarily draws on history and biology, just as it necessarily draws on political economy. To tally body counts correctly requires epidemiology, forensic and clinical medicine, and demography. The erasure of these broad bodies of knowledge may be seen as the central problematic of a robust anthropology of structural violence. If we set for ourselves the cheerful task of coming to understand pestilence, death, and destruction, let us look at how the erasure of history—indeed, of temporality itself—and of biology comes to hobble an honest assessment of social life. I focus my attention on Haiti.

Creating Deserts, Erasing History

Tacitus is credited with the aphorism “They created a desert and called it peace.” Erasing history is perhaps the most common explanatory sleight-of-hand relied upon by the architects of structural violence. Erasure or distortion of history is part of the process of desocialization necessary for the emergence of hegemonic accounts of what happened and why. Haiti, as Mintz as shown, serves as the most painful example of this erasure and why it matters. And there are certain times, such as now, in which exploring the historical roots of a problem is not a popular process. There is not always much support for laying bare the fretwork of entrenched structures that promise more misery. Soon after the events of September 11, the English novelist John Le Carré observed, “Suggesting that there is a historical context for the recent atrocities is by implication to make excuses for them. Anyone who is with us doesn’t do that. Anyone who does, is against us” (2001: 15).

It is possible, of course, merely to deny history, but crude revisionism—arguing that *x*, *y*, or *z* event simply did not happen—is neither a persuasive nor an effective tool within the corridors of power. People are not that easily fooled—at least not all of them all of the time. The erasure of history is subtle and incremental and depends upon the erasure of links across time and space. We know, too, that forgetting is also a natural—indeed, biological—process. Time heals all wounds, including

He contrasted this with the troubled relationship between anthropology and psychology. “The relations of anthropology and psychology are not easy to deal with. Psychologists began by taking their own culture for granted, as if it were uniform and universal, and then studying psychic behavior within it” (Kroeber 1963 [1923]: 12).

3. It is no longer possible to argue that history and political economy are neglected within anthropology and sociology; reviews of the literature suggest a growing awareness within anthropology, at least, of these two disciplines. I am referring, rather, to the synthesis of the socializing disciplines and what I have termed “biological sciences”; these would include epidemiology and the natural history of disease. The medical and biological anthropologists Alan Goodman and Tom Leatherman (1998) have leveled a similar critique.

those which, never drained properly, are waiting to burst open again, to the “surprise” of those who have forgotten.

Getting a good accounting of an event is always a challenge for the ethnographer who remains committed to the quest for—let’s say it—the truth (in certain academic arenas, such a search is regarded as little more than romantic or misguided). Anthropological inquiry often starts with current events and the ethnographically visible. When we study the social impact of a hydroelectric dam, of terrorism, or of a new epidemic, we run a great eliding risk. Erasures, in these instances, prove expedient to the powerful, whose agency is usually unfettered. Imbalances of power cannot be erased without distortion of meaning. Without a historically deep and geographically broad analysis, one that takes into account political economy, we risk seeing only the residue of meaning. We see the puddles, perhaps, but not the rainstorms and certainly not the gathering thunderclouds.

Both parts of this explanatory duty—the geographically broad and the historically deep—are critical. Those who look only to the past to explain the ethnographically visible will miss the webs of living power that enmesh witnessed misery. Some of the links that must be made visible are the living links. The latter-day critique of the conduct of ethnographic fieldwork within the confines of the (now rarely mentioned) British empire has served as the classic example in anthropology. The African anthropology of Evans-Pritchard and many others has been subjected to exercises attempting to restore these elided links (see, for example, Rosaldo 1986). Indeed, Johannes Fabian (1983) has argued that “denial of coevalness” remains a major problem in anthropology.

Those who look only to powerful present-day actors to explain misery will fail to see how inequality is structured and legitimated over time. Which construction materials were used, and when, and why, and how? Our attempts to freeze social process in an “ethnographic present” have in the end only complicated our task. “By some strange sleight of hand,” Mintz has noted, “one anthropological monograph after another whisks out of view any signs of the present and how it came to be. This vanishing act imposes burdens on those who feel the need to perform it: those of us who do not ought to have been thinking much more soberly about what anthropologists should study” (1985:xxvii).

Richly socialized accounts take time and space. They are longer than sound bites, more than factoids. They still emerge in certain forms—books, say, or long documentary films—but are rare in the media that command popular attention. Popular media adore the quick fix: best of all is a one-word explanation, such as “Islam made them do it” or “The clash of cultures is inevitable” or “They envy our good fortune.” Our works are long in part because the more we know about something, the less easy it is to dismiss any twist of interpretation, any ostensibly arcane historical detail, as irrelevant. How can we be sure of its irrelevance? If our epistemic sense of relevance filters something out, is that appropriate, or is it rather an occasion for critiquing our filters? Relevance depends on

what we are looking for, and the richer our knowledge of the material, the more competing hypotheses we will derive from it. The burden of significance becomes overwhelming as links between apparently disparate acts and distant places are revealed. And the stakes are high, surely, when it is a matter of life and death.

Allow me to offer, through two vignettes from the 1780s, separated in space but not in time, an example of linked, coeval processes. The first concerns French cuisine and fashion—still celebrated—and the other a less well-known export item, French enslavement of Africans. I am quoting from a cultural history of the soon-to-be *ancien régime* (Bernier 1981:77):

Hair powder (a mixture of starch and perfumed powders) had been in use throughout the century, but now you could not be in fashion unless you wore towers of hair piled up nearly three feet high and generously supplemented with cushions and hair pieces. This edifice was adorned with curls, a hat, ostrich feathers and jewels, but to be really modish you had to wear a headdress *de circonstance*. Thus, when Admiral d’Estaing won his battle over the English fleet, ladies wore an entire ship, almost a foot high and dangling a jeweled anchor in the back; they adorned themselves with flowers which drew water from flat bottles concealed deep within the structure, or with a mechanical jeweled bird which suddenly started to trill. . . .

This truly over-the-top haberdashery was to be found on the heads of the well-to-do, but even the growing upper-middle class was able to partake in such excess well before France was said to have a middle class. “French cuisine,” we read in the same book, “continued to progress in less exalted circles. The first modern cookbook was published in 1779. Entitled *La Cuisinière bourgeoise*, it achieved instant and lasting popularity.” Bernier reports that “if you were reasonably prosperous and wanted to give a dinner for fifteen in the summer, *La Cuisinière bourgeoise* advised the following menu:

One large roast beef
to be placed in the center of the table

FIRST SERVICE

Two soups:
Cucumber soup
Green pea soup with croutons

Four appetizers:
Fried mutton feet
Veal roast in pastry
Small pâtés
Melons

SECOND SERVICE

Boiled leg of mutton
Roast veal marinated in cream
Duckling with peas
Squab with herbs

Two chickens with little white onions
Rabbit steaks with cucumbers

THIRD SERVICE

Replace the roast beef in the center
by a large brioche

Four roasts:

One small turkey
One capon
Four partridges
Six squabs roasted like quails

Two green salads

FOURTH SERVICE

Apricot tartlets
Scrambled eggs
Vine-leaf fritters
Cookies
Small white beans in cream
Artichokes with butter sauce

FIFTH SERVICE: DESSERT

A large bowl of fresh fruit
to be placed in the center of the table

Four compotes:

Peaches
Prunes
Pears
Green grapes

Four plates of ice cream
One plate of cream cheese
One plate of pastries

"Of course," continues Bernier, "not everybody ate every dish. Most people would choose one, or at most two, offerings from any given service, and the quantities eaten of anything were very small. Even so, fifteen *middle-class* people, who probably spent some three or four hours over their meal, could hardly have left the table hungry" (1981:97–98, emphasis mine).

Nor were they thirsty, not for spirits. If half the guests were women with miniature men-o'-war in their hair, the providential hostess would want to prevent shipwrecks around the table. So what of the drink? Bernier (1981:181) notes:

No wines are mentioned in our menu because a variety of open bottles were set up on the sideboard. You would turn to one of the servants and ask for whatever you wanted to drink, white, red, or rose, as often as your glass was empty. In great houses it was the custom for each guest to bring his own servant, who stood behind him throughout the meal and attended to his wants. *La Cuisinière bourgeoise* aimed at a more modest milieu: it recommended having

seven servants to pass the food and wine, six of whom were probably hired for the day.

If the tone of Bernier's book is a bit flip, the ethnographic detail is meant to be accurate. The hairdos did have frigates in them and the French had reason to incorporate ships into their adornment: much of their bounty and wealth then came from a special kind of naval trade.

It is hard to deny—with the subsequent French Revolution to prove it—that most people in eighteenth-century France lived in poverty; the less fortunate classes were also increasingly aware of the excesses of the *ancien régime*. But how could local agriculture have sustained such luxury? It didn't, of course. We need to travel back to France's most important colony. It is estimated that by the late eighteenth century two-thirds of all of Europe's tropical produce and a great deal of French wealth came from Haiti alone (for more details, see Farmer 2003d). Indeed, although the author of the above-cited text does not mention slavery until page 181, he does spell out the cause-and-effect relationship between the accumulation of merchant capital through the triangular trade and the launch of powdered frigates into the salons of Paris, Bordeaux, and Versailles (Bernier 1981:181):

French products went everywhere, but very few objects of foreign make came into France. The bulk of trade was in foodstuffs, tobacco and colonial products: sugar, spices, rice, tea, coffee. This allowed a number of businessmen, most from Bordeaux, to cash in on a highly profitable item of trade, referred to as *le bois d'ébène* (ebony wood): black slaves. Many French shipowners took part in the infamous triangular exchange of slaves sugar and rum, and prospered. The city of Bordeaux was virtually rebuilt from scratch in the late eighteenth century and still looks glorious today. It was paid for in human flesh.

Where, precisely, was all of this "ebony" going? According to Klein (1986:57), approximately half of the slaves who crossed the Atlantic at this time were bound for a single slave colony, Saint-Domingue (as Haiti was then called):

By the late 1780s Saint-Domingue planters were recognized as the most efficient and productive sugar producers in the world. The slave population stood at 460,000 people, which was not only the largest of any island but represented close to half of the one million slaves then being held in all the Caribbean colonies. The exports of the island represented two-thirds of the total value of all French West Indian exports, and alone was greater than the combined exports from the British and Spanish Antilles. In any one year well over 600 vessels visited the ports of the island to carry its sugar, coffee, cotton, indigo, and cacao to European consumers.

Six hundred vessels a year to take deliveries from that "efficient" colony: no wonder the ladies wore ships perched on their heads. This is significantly more harbor traffic than occurs today, even though the population of the island, descended from the slaves, is about twenty

times as numerous. The colony's exemplary "efficiency" is, of course, disputed. Few of the slaves left accounts of their experience, but some European visitors wrote down their impressions. Among them was Moreau de Saint-Méry, who saw in the colony another face of the machinery of structural violence (1984:9–10):

In St. Domingue everything takes on an air of opulence that dazzles Europeans. That throng of slaves who await the orders and even the lifted finger of a lone individual, confers grandeur on him who commands them. To have four times as many servants as one needs marks the grandiloquence of a wealthy man. As for the ladies, their main talent is to surround themselves with a useless cohort of maid-servants. . . . Since the supreme happiness for a European is to be waited on, he even rents slaves until able to possess them in his own right.

That the French slave colony was a hellish place was evident enough to French and other European visitors: few Frenchmen who had a choice left their comfortable European homes, though many were indirect beneficiaries of the colonial system. But justifications of slavery were well accepted by most Europeans even at the height of the Enlightenment, and misgivings were not often expressed (Vissière and Vissière 1982). Some of the former slaves were able to put their thoughts to paper after the revolution that ended in 1803 made Haiti Latin America's first independent republic. A fully socialized cultural history of fashion and cuisine in late eighteenth-century France would benefit from cross-referencing a Haitian memoir from 1814. Speaking of his former French masters, Pompée Valentin Vastey (1814:6) asks:

Have they not hung up men with heads downward, drowned them in sacks, crucified them on planks, buried them alive, crushed them in mortars? Have they not forced them to eat shit? And, after having flayed them with the lash, have they not cast them alive to be devoured by worms, or onto anthills, or lashed them to stakes in the swamp to be devoured by mosquitoes? Have they not thrown them into boiling cauldrons of cane syrup? Have they not put men and women inside barrels studded with spikes and rolled them down mountainsides into the abyss? Have they not consigned these miserable blacks to man-eating dogs until the latter, sated by human flesh, left the mangled victims to be finished off with bayonet and dagger?

"Modern" Haiti: Resocializing History and Biology

Two hundred years later, I had the good fortune to go to Haiti. There I learned a good deal about the selective erasure of history and the force, often less readily hidden, of biology, but these erasures had not so much taken place within Haiti. In Haiti, the past was present—in

proverbs, in the very language spoken, itself a product of the slave colony, and in popular Haitian readings of its present-day misfortune. In Haiti structural violence continues to play itself out in the daily lives and deaths of the part of the population living in poverty. People know about the body count because they bury their kin.

Mintz and others have pointed out that Haiti has long constituted a sort of living laboratory for the study of affliction, no matter how it is defined (Mintz 1974a).⁴ Jean Weise observed some 30 years ago that "life for the Haitian peasant of today is abject misery and a rank familiarity with death" (Weise 1971:38). The biggest problem, of course, is unimaginable poverty, as a long succession of dictatorial governments has been more concerned with pillaging than with protecting the rights of workers, even on paper. Eduardo Galeano noted in 1973, at the height of the Duvalier dictatorship, that "the wages Haiti requires by law belong in the department of science fiction: actual wages on coffee plantations vary from \$.07 to \$.15 a day"⁵ (1973:12). While the dictatorships may be gone, the transnational political and economic structures that maintained them are still in place and still inflicting their harm.

An ethnographic study of modern Haiti may or may not discuss the ways in which West Africans were moved to Haiti.⁶ It may or may not discuss tuberculosis, smallpox, measles, or yellow fever. A modern ethnographer may not mention the former colony's having been forced to repay a "debt" to the French supposedly incurred by the loss of the world's most profitable slave colony. But these facts need to be included and their sequelae ad-

4. Mintz reminds us that many of the global phenomena under study today are not new. More specifically, the history of Haiti and much of the Caribbean presages current critiques concerning transnationalism: "Why, then, has the vocabulary of those events become so handy for today's transnationalists? Is one entitled to wonder whether this means that the world has now become a macrocosm of what the Caribbean region was, in the 16th century? If so, should we not ask what took the world so long to catch up—especially since what is happening now is supposed to be qualitatively so different from the recent past? Or is it rather that the Caribbean experience was merely one chapter of a book being written, before the name of the book—world capitalism—became known to its authors?" (Mintz 1997:120).

5. It is worth noting that those with miserable jobs are nonetheless considered fortunate in a country where unemployment is estimated, by the omniscient U.S. Central Intelligence Agency, at 70% (U.S. Central Intelligence Agency 2002; entry for Haiti. <http://www.cia.gov/cia/publications/factbook/geos/ha.html>). It is no wonder that the CIA is interested in the matter: Haiti was until quite recently one of the world's leading assemblers of U.S. goods—a continuation of its historic but invisible role as the source of cheap, exploited labor for Western powers. Kernaghan (1993) describes the conditions of these modern Haitian workers in U.S.-owned offshore assembly plants. U.S. industries, of course, are not alone in such exploitation, as is evidenced by a recent report on labor conditions on the orange plantations that lend Grand Marnier liqueur its distinctive tang (Butler 2000:3).

6. Haiti's first victims, however, were the natives of the island, perhaps 8 million strong in 1492 and completely gone by the time the French and Spanish struggled over the island in the late seventeenth century—eight million people, almost completely forgotten through the selective erasure of history and biology. Again, the privilege of forgetting belongs to the victors.

dressed: their absence makes a fully socialized accounting of the present nearly unthinkable. Allow me to sum up the post-independence history of Haiti:

The Haitian revolution began in 1791. France's refusal to accept the loss of so "efficient" and profitable a colony led, ultimately, to the expedition of the largest armada ever to cross the Atlantic. After the 1803 Battle of Vertières, in which Napoleon's troops were defeated, Haiti was declared an independent nation. But its infrastructure lay in ruins: some estimate that more than half of the island's population perished in the war. The land was still fertile, if less so than when the Europeans began monocropping it, and so the new republic's leadership, desperate to revive the economy, fought to restore the plantations without overt slavery. It was a losing battle, as Sidney Mintz has written: "An entire nation turned its back upon the system of large estates, worked by forced labor" (1974b:61).

Even if there were other ways of growing these products—and coffee, unlike sugar, was clearly a product that could be grown on small homesteads—who would buy them? The Europeans and the only other republic in the Western Hemisphere, the United States, were the only likely customers, and they mostly followed a French-led embargo on Haiti. How many people in France remember that, in order to obtain diplomatic recognition, Haiti was required to indemnify France to the tune of 150 million francs, with payments to the government of Charles X beginning in 1825? One hundred fifty million francs in reparations to the slave owners—a social and economic fact redolent with meaning then and today and one with grave material consequences for the Haitians.⁷ One scholarly history, written by the Haitian anthropologist Jean Price-Mars, discusses these reparations in this way: "From a country whose expenditures and receipts were, until then, balanced, the incompetence and frivolity of the men in power had made a nation burdened with debts and entangled in a web of impossible financial obligations" (1953:169–70).

This set the tone for the new century: trade concessions for European and U.S. partners and indirect taxes for the peasants who grew the produce, their backs bent under the weight of a hostile world. Especially hostile was the United States, the slave-owning republic to the north (Lawless 1992:56):

The United States blocked Haiti's invitation to the famous Western Hemisphere Panama Conference of 1825 and refused to recognize Haitian independence until 1862. This isolation was imposed on Haiti by a frightened white world, and Haiti became a test case, first for those arguing about emancipation and then, after the end of slavery, for those arguing about the capacity of blacks for self-government.

In the years following independence, the United States and allied European powers helped France orchestrate a diplomatic quarantine of Haiti, and the new republic

7. Haiti now seeks restitution of the French debt. For more on the case for restitution, see Farmer (2003a).

soon became the outcast of the international community. In 1824 Senator Robert Hayne of South Carolina declared, "Our policy with regard to Hayti is plain. We never can acknowledge her independence. . . . The peace and safety of a large portion of our union forbids us even to discuss [it]" (quoted in Schmidt 1995:28).

But the isolation was largely diplomatic and rhetorical, as those who remember the broad outlines of gunboat diplomacy recall. The United States was increasingly present as a trading partner and policeman, leading to a number of famous run-ins with the Haitians—famous, I mean, in Haiti, though largely forgotten, of course, in the United States (for details, see Farmer 2003d). Continuous U.S. naval presence led, eventually, to an armed occupation of Haiti in 1915. This occupation, another chapter of U.S. history now almost completely forgotten by the occupiers, was to last 20 years. Although the rationale for our military occupation is debated, "control of the customs houses," observed President Woodrow Wilson, "constituted the essence of this whole affair."

Since 1915, at the latest, the United States has been the dominant force in Haitian politics. The modern Haitian army was created, in 1916, by an act of the U.S. Congress. From the time of troop withdrawal in 1934 until 1990, no Haitian administration has risen to power without the blessing of the U.S. government. This gave us a string of military and paramilitary governments leading in 1957 to the Duvalier regime, which was, in terms of dollar support, a leading recipient of U.S. largesse.⁸ Indeed, there have been no major political discontinuities until perhaps 1990, with the result that the template of colony—a slave colony—continued to shape life in Haiti. Just as the wealthy were socialized for excess, the Haitian poor were socialized for scarcity. Management of time, affection, food, water, and family crises (including illness) all fit into this ancient framework of too much and too little.

This is the framework I had in mind when I began studying specific infectious diseases—one old, one new—in rural Haiti. In anthropology a version of this framework has been called "world-systems theory" (Wallerstein 1974), but it is not really theory-driven. It is an approach that is committed to ethnographically embedding evidence within the historically given social and economic structures that shape life so dramatically on the edge of life and death. These structures are transnational, and therefore not even their modern vestiges are really ethnographically visible. Many anthropologists have used this framework in an attempt to depict the social machinery of oppression by bringing connections into relief (Mintz 1977, Roseberry 1988).

Regardless of our specific research questions, we have struggled to define these social and economic structures, to understand how they work. For want of a better word, I have often used the term "neoliberal economics" to refer to the prevailing (at times contradictory) constel-

8. For more on the dimensions of U.S. support for the Duvalier family dictatorship and for justifications proffered to explain it, see Farmer (2003d).

lation of ideas about trade and development and governance that has been internalized by many in the affluent market societies. Neoliberalism is the ideology promoted by the victors of the struggles mentioned above. The dominance of a competition-driven market is said to be at the heart of this model, but in truth this ideology is indebted to and helps to replicate inequalities of power. It is an ideology that has little to say about the social and economic inequalities that distort *real* economies and instead, reveals yet another means by which these economies can be further exploited. Neoliberal thought is central to modern development efforts, the goal of which is less to repair poverty and social inequalities than to manage them. Its opponents include some of those left behind by development, whose deep disaffection is rooted in the erased experience I have tried to summarize. Work throughout Latin America has convinced me that the disaffection is also associated with a set of ideas not too different, interestingly, from that expressed by the late Pierre Bourdieu (1998:25):

Scientific rationalism—the rationalism of the mathematical models which inspire the policy of the IMF or the World Bank, that of the great law firms, great juridical multinationals which impose the traditions of American law on the whole planet, that of rational-action theories, etc.—is both the expression and the justification of a Western arrogance, which leads [some] people to act as if they had the monopoly of reason and could set themselves up as world policemen, in other words as self-appointed holders of the monopoly of legitimate violence, capable of applying the force of arms in the service of universal justice.

As someone who believes deeply in the promise and progress of science, I would point out that it is the ideology springing from market economies that is critiqued by most opponents of neoliberal thought. It is not affluence or modernity itself, still less a certain “way of life,” that is under attack. Haitians living in poverty have ample reason to be wary of neoliberal nostrums, for theirs is an embodied understanding of modern inequality. Over the past decade, Haiti has undergone something of an economic devolution. Gross national product has declined; so has life expectancy. What are the causes of all of this present-day misery? There is slavery, of course, and racism is central to slavery and this is one reason that recent meetings in Durban, South Africa, focused on both. Allow me to quote from the document signed there by representatives of over 150 countries:⁹

9. Declaration of the World Conference against Racism, Racial Discrimination, Xenophobia, and Related Intolerance. Durban, South Africa, August 31–September 8, 2001. (<http://www.unhcr.ch/html/racism/Durban.htm>, accessed on April 8, 2002). Whether one calls this sociology or anthropology or political “science,” let us stop and take a look at this “world conference.” Who are these people? They are representatives of nations and of nongovernmental organizations. Many call them—they call themselves—the “international community.” They went to major universities in the United States or Europe; they speak English in addition to other languages. They are us.

The world conference acknowledges and profoundly regrets the massive human sufferings and the tragic plight of millions of men, women and children caused by slavery, slave trade, trans-Atlantic slave trade, apartheid, colonialism and genocide and calls upon states concerned to honor the memory of the victims of past tragedies and affirms that wherever and whenever these occurred they must be condemned and their reoccurrence prevented.

The world conference regrets that these practices and structures, political, socioeconomic and cultural, have led to racism, racial discrimination, xenophobia and related intolerance.

The world conference recognizes that these historical injustices have undeniably contributed to poverty, underdevelopment, marginalization, social exclusion, economic disparities, instability and insecurity that affect many people in different parts of the world, in particular in developing countries.

The world conference recognizes the need to develop programs for the social and economic development of these societies and the diaspora within the framework of a new partnership based on the spirit of solidarity and mutual respect in the following areas: debt relief, poverty eradication, building or strengthening democratic institutions, promotion of foreign direct investment, market access.

Imagine what it is like for poor villagers to hear (I say “hear,” because most cannot read) these words in Haiti, a country stinging, still, not only from the reparations paid to their former masters but from a series of sanctions that continue to this day. “Mutual respect” would be nice, but “solidarity” has rarely taken practical form. As Sidney Mintz once wrote, “If ever there were a society that ought to have ended up totally annihilated, materially and spiritually, by the trials of ‘modernization,’ it is Haiti” (1972:7). If ever there was a society screaming out for precisely the sort of reparations recommended by “the international community,” it is Haiti. Tacitus would observe, surely, that here is a place in which war has created a desert.

How on earth could one rebuild such a broken place? Haiti has no roads to speak of and poor telecommunications. Agriculture has faltered, perhaps irreparably, and no industry promises to replace it. There are of course great polemics regarding the methods of “grassroots” development and production for export and equally high sentiment regarding “foreign aid.” The concept of “microcredit” has generated, fittingly enough, a cottage industry. But how does microcredit function in a failing economy? The poorest are those least likely to profit from credit in the odd event that it is extended to them.

The public-health infrastructure is of special concern to me. In the past decade I have witnessed two related processes in central Haiti: the collapse of the public-health sector and the overwhelming of the hospital of which I am the medical director. Even if our hospital

were uninterested in seeking foreign aid in the conventional sense, we would desperately be awaiting the rebuilding of the Haitian health system. The “international community” promised to help rebuild Haiti in 1994, when a \$500-million aid package was proposed. But the international community is large enough—“diverse enough” would probably be the word it would choose—to talk out of both sides of its mouth. We have read the Durban declaration, which calls for reparations to postslavery societies. We agree that this hemisphere’s poorest country is also and not coincidentally its largest postslavery society. Cuba would be in second place. Guess which two Western Hemisphere republics are under an aid embargo? Does anyone think that Haitians, at least the ones I live with, do not see the continuity between the current and previous embargoes?

“What embargo?” one may well ask. “Imposed on Haiti? By whom?” Since the Haitian elections of 2000, the U.S. government has used its influence with international lending institutions such as the Inter-American Development Bank to withhold already approved loans earmarked for development and improving health, education, and water quality in Haiti. And direct aid from the U.S. government now bypasses the formal national structures (such as the Ministries of Health and Education) and is distributed solely to nongovernmental agencies.

What is the justification for such an embargo, given all our promises? Are there credible claims, for example, that Jean-Bertrand Aristide, as unpopular in Washington, D.C., as he is popular in rural Haiti, did not win the presidential elections of November 2000 fair and square? No, the complaints this time are about the legislative elections that took place in May 2000, months before Aristide was reelected by the usual landslide, and in dispute were all of eight senatorial seats. The argument is that since vote counting was supposedly not done correctly, there should have been runoff elections. So, presto! official aid to Haiti is frozen. Those of us who study the patterns of giving to other countries may already be a bit suspicious as to the real motives behind such action. In a recently published editorial, Birns and McCarthy (2001) put it well: “Where else in the world does it [Washington] deny sending crucial aid to a famished neighbor in spite of its underdeveloped political system? Haitians are well aware of Washington’s game and are likening its freezing of desperately needed funds to the U.S. embargo imposed on Haiti after their 1804 revolution made the island the world’s first black republic.”

We seemed to have no trouble running hundreds of millions through the Duvalier dictatorship. We were unstintingly generous to the post-Duvalier military, whose spectacular exploits included burning down Aristide’s packed church during mass. Looking elsewhere to see whether rigorous adherence to certain electoral procedures, in general, determines the level of aid, we might consider Pakistan, which until recently was under a similar embargo but with real justification, since General

Pervez Musharraf came to power in a military coup.¹⁰ “My personal objective when I got here in August,” Ambassador Chamberlin said in an interview, “was to work very hard to improve Pakistani-American relations, with the aim that at the end of my three years here we could lift American sanctions on Pakistan. I could never have dreamed that we’d have accomplished so much of it in my first three months.” Any U.S. reservations about Pakistan’s military government were quickly forgotten as of September 11 (Burns 2001:3).

How does this hypocrisy play itself out among the poor? Take as an example Inter-American Development Bank (IDB) Loan No. 1009/SF-HA, “Reorganization of the National Health System.” On July 21, 1998, the Haitian government and the IDB signed a \$22.5-million loan for phase 1 of a project to decentralize and reorganize the Haitian health care system. The need to improve the health care system was and remains urgent: there are 1.2 doctors, 1.3 nurses, and 0.04 dentists per 10,000 Haitians; 40% of the population is without access to any form of primary health care. HIV and tuberculosis rates are by far the highest in the hemisphere, as are infant, juvenile, and maternal mortality. To use the bank’s jargon, the project was to target 80% of the population for access to primary health care through the construction of low-cost clinics and local health dispensaries, the training of community health agents, and the purchase of medical equipment and essential medicines. To be judged successful by its own criteria, the project would need to produce a drop in the infant mortality rate from 74 to 50 deaths per 1,000 live births, a drop in the juvenile mortality rate from 131 to 110 deaths per 1,000 births, a drop in the birth rate from 4.6 to 4, and a drop in the general mortality rate attributable to the lack of proper health care from 10.7 to 9.7 per 1,000. These were not overly ambitious goals. Most who evaluated the project thought it feasible and well designed. The signing took place several years ago.

Ratification of the loan agreement was initially held up by Haiti’s famously obstructionist 46th Legislature, whose goal was clear enough within Haiti—to paralyze all social services, including health care, in order to undermine every effort of the executive branch (even then associated with Aristide) to improve the living conditions of the poor majority that had elected him by a landslide in 1990 and in short order would do so again.

In October 2000, after the installation of the more representative 47th Legislature, the new parliament voted immediately to ratify the health project along with the three other vital IDB loan agreements. Nevertheless, by early March 2001, the IDB had not yet disbursed the loan but announced that it fully intended to work with the new Aristide government and to finance projects already in the pipeline. It demanded, however, that a number of

10. On August 21, 2002, Musharraf “unilaterally” amended Pakistan’s constitution to expand his control of the country even further. In these amendments he claimed the right to dissolve the elected parliament and to make additional amendments at his own discretion (Rohde 2002).

conditions be met, requiring the poorest nation in the hemisphere to pay back millions of dollars of outstanding debts racked up by the previous U.S.-supported dictatorships, as well as “credit commissions” and interest on undischarged funds. For example, as of March 31, 2001, Haiti already owed the IDB \$185,239.75 as a “commission fee” on a loan it had never received. The total amount of fees owed on five development loans from the IDB was \$2,311,422. Whereas in the nineteenth century Haiti had had to pay “reparations” to slave owners, at the start of the twenty-first century a different sort of extortion was being practiced to ensure that Haiti not become too independent. The health loan has still not been disbursed and thus the embargo on international aid to Haiti continues, despite the fact that the Haitian government has followed all the stipulations set down for resolving the disputed elections. In the meantime, the courtyard around our hospital remains overflowing—that is the ethnographically visible part.

These details about loans and such may seem pedestrian to an academic audience. They certainly would hold no great interest for me were it not for their direct and profound impact on the bodies of the vulnerable (Farmer 2003e). Trust me, they are of life-and-death significance.

For those reluctant to trust a physician-anthropologist on this score, one has only to consider the case of Anite, dying of metastatic breast cancer. She inhabits a world in which it is possible to visit 14 clinics without receiving a diagnosis or even palliative care. The contours of this world, a world in which her options and even her dreams are constrained sharply, have been shaped by the historical and economic processes described in this paper. Bourdieu used the term “habitus” as a “structured and structuring” principle. Structural violence is structured and *structuring*. It constricts the agency of its victims. It tightens a physical noose around their necks, and this garroting determines the way in which resources—food, medicine, even affection—are allocated and experienced. Socialization for scarcity is informed by a complex web of events and processes stretching far back in time and across continents. The Haitians have a proverb: *Grangou se mizè; vant plen se traka* (Hunger is misery; a full belly means trouble).

Creating Mirages: Erasing Biology

Clearly, history and its erasure are often embodied as bad health outcomes. This is especially true among the vulnerable. The people who choke our clinic courtyard, instead of other, emptier clinics in which “users’ fees” keep away the poor, may think of this as temporary. That will be up to decision makers in Washington, not in Port-au-Prince or in central Haiti. Structural violence takes on new forms in every era. As far as wages and work conditions go, we have heard of “the race to the bottom,” and the stewards of the globalizing economy make sure that political compliance is rewarded with the table

scraps of today’s menu, a good deal less sumptuous than that described by *La Cuisinière bourgeoise*.

If we cannot study structural violence without understanding history, the same can be said for biology. How does structural violence take its toll? Sometimes with bombs or even airplanes turned into bombs or with bullets. However spectacular, terrorism and retaliatory bombardments are but minor players in terms of the body count. Structural violence, at the root of much terrorism and bombardment, is much more likely to wither bodies slowly, very often through infectious diseases.

There is a sense, within anthropology, that its medical subfield is somehow pedestrian. This is a mistake. I say this not because of wounded amour propre but because I am convinced that a robust medical anthropology could be critical to our understanding of how structural violence comes to harvest its victims. Tuberculosis and AIDS cause millions of premature deaths every year. These two pathogens are, in fact, the leading infectious causes of adult death in the world today. Everyone interested in structural violence should have a particular interest in these diseases and in the social structures that perpetuate them.

An anthropological understanding needs to be, as Kroeber suggests, both biological and social. Let me illustrate with the better-known of the two diseases: Tuberculosis was long called “the white plague,” and it is widely believed that it arose with the industrial revolution and then faded. As the historian Katherine Ott notes, however, “Tuberculosis is not ‘resurgent’ to those who have been contending with and marginalized by it all their lives” (1996:49). A third of the world’s population is infected with the causative organism. We can expect 8–10 million cases a year, with 2–3 million deaths.

How would a critical anthropology look at tuberculosis? Unfortunately, much of the work to date has been focused on the “cultural beliefs,” as they are termed, of the victims of tuberculosis. In Haiti, for example, anthropologists have hastened to note that the locals often regard tuberculosis as a disease sent by sorcery. Alfred Métraux wrote about the “expedition of the dead” as a cause of what sounds to any clinician like untreated tuberculosis: “Whoever has become the prey of one or more dead people sent against him begins to grow thin, spit blood and is soon dead” (1972[1959]:169).

I took up this question of folk belief some decades later and discovered that many of the terms used in late-twentieth-century Haiti came right out of the slave plantations (Farmer 1992). In the Central Plateau, ethnographic research conducted in the 1980s revealed that tuberculosis was seen as “sent” by sorcery by the majority of those afflicted. A decade later, after an effective tuberculosis treatment program was put in place, Didi Bertrand and others noted that tuberculosis was increasingly seen as an airborne infectious disease. More to the point, it was seen as treatable, and the stigma associated with it was clearly on the wane.

This indissociable trio of anthropology, history, and biology is just as readily evident when we look closely at the world’s most recent plague and the complex tra-

jectory of its causative agent—a virus, in this case. Since the syndrome was first described, AIDS has also been termed a “social disease” and has been studied by social scientists, including anthropologists. Theses and books have been written. One scholar wrote, early on, of an “epidemic of signification” (Treichler 1988). When AIDS was first recognized, in the early eighties, it was soon apparent that it was an infectious disease, even though other, more exotic interpretations abounded at the time. Well before Luc Montagner discovered HIV, many believed that the etiologic agent was a never-before described virus, and people wanted to know, as they so often do, where this new sickness came from. During the eighties the hypotheses circulating in the United States suggested that HIV came to the United States from Haiti. Newspaper articles, television reports, and even scholarly publications confidently posited a scenario in which Haitian professionals who had fled the Duvalier regime ended up in western Africa and later brought the new virus back to Haiti, which introduced it to the Americas. AIDS was said to proliferate in Haiti because of strange practices involving voodoo blood rituals and animal sacrifice.

These theories are ethnographically absurd, but they are wrong in other ways, too. First, they happened to be incorrect epidemiologically. AIDS in Haiti had nothing to do with voodoo or Africa. Second, they had an adverse effect on Haiti—the tourism industry collapse in the mid-eighties was due in large part to rumors about HIV—and on Haitians living in North America and Europe. The perception that “Haitian” was almost synonymous with “HIV-infected” in the minds of many U.S. citizens, has been well documented (Farmer 1992, 2003c).

How, then, was HIV introduced to the island nation of Haiti? An intracellular organism must necessarily cross water in a human host. It was clear from the outset that HIV did not come to Haiti from Africa. None of the first Haitians diagnosed with the new syndrome had ever been to Africa; most had never met an African. But many did have histories of sexual contact with North Americans. In a 1984 paper published in a scholarly journal, the Haitian physician Jean Guérin and colleagues revealed that 17% of their patients reported a history of sexual contact with tourists from North America (Guérin, Malebranche, and Elie et al. 1984). These exchanges involved the exchange of money, too, and so “sexual tourism”—which inevitably takes place across steep grades of economic inequality—was a critical first step in the introduction of HIV to Haiti. In fact, the viral subtype (“clade”) seen in Haiti is a reflection of the fact that the Haitian AIDS epidemic is a subepidemic of the one already existing in the United States (see Farmer 1992, 1999).

There is more, of course, to the “hidden history” of AIDS in Haiti. By the time HIV was circulating in the Americas, Haiti was economically dependent not on France, as in previous centuries, but on the United States. From the time of the U.S. military occupation through the Duvalier dictatorships (1957–86), the United States had come to occupy the role of chief arbiter of

Haitian affairs. After the withdrawal of troops in 1934, U.S. influence in Haiti grew rather than waned. U.S.-Haitian agribusiness projects may have failed, deepening social inequalities throughout Haiti as the rural peasantry became poorer, but U.S.-Haitian ties did not. Haiti became a leading recipient of U.S. “aid,” and the United States and the “international financial institutions” were the Duvalier family’s most reliable source of foreign currency. Haiti became, in turn, the ninth-largest assembler of U.S. goods in the world and bought almost all of its imports from the United States. Tourism and *sous-traitance* (offshore assembly) replaced coffee and other agricultural products as the chief sources of foreign revenue in Haiti.

Haiti is the extreme example of a general pattern. If one uses trade data to assess the degree of Caribbean-basin countries’ dependency on the United States at the time HIV appeared in the region, one sees that the five countries with the tightest ties to the United States were the five countries with the highest HIV prevalence. Cuba is the only country in the region not linked closely to the United States. Not coincidentally, Cuba was and remains the country with the lowest prevalence of HIV in the Americas. It was possible to conclude an earlier book on the subject (Farmer 1992:264) by asserting that “AIDS in Haiti is about proximity rather than distance. AIDS in Haiti is a tale of ties to the United States, rather than to Africa; it is a story of unemployment rates greater than 70 percent. AIDS in Haiti has far more to do with the pursuit of trade and tourism in a dirt-poor country than with, to cite Alfred Métraux again, “dark saturnalia celebrated by ‘blood-maddened, sex-maddened, god-maddened’ negroes.”

But this was merely the beginning of a biosocial story of the virus. The Haitian men who had been the partners of North Americans were by and large poor men; they were trading sex for money. The Haitians in turn transmitted HIV to their wives and girlfriends. Through affective and economic connections, HIV rapidly became entrenched in Haiti’s urban slums and then spread to smaller cities, towns, and, finally, villages like the one in which I work. Haiti is now the most HIV-affected country in the Americas, but the introduction and spread of the new virus has a history—a biosocial history that some would like to hide away.

Like many anthropologists, I was not always careful to avoid stripping away the social from the material. But HIV, though hastened forward by many social forces, is as material as any other microbe. Once in the body, its impact is profound both biologically and socially. As cell-mediated immunity is destroyed, poor people living with HIV are felled more often than not by tuberculosis. Last year, HIV was said to surpass tuberculosis as the leading infectious cause of adult death, but in truth these two epidemics are tightly linked. Further, merely looking at the impact of HIV on life expectancy in certain sub-Saharan African nations lets us know that this virus has had, in the span of a single generation, a profound effect on kinship structure.

All this is both interesting and horrible. What might

have been done to avert the deaths caused by these two pathogens? What might be done right now? One would think that the tuberculosis question, at least, could be solved. Because there is no nonhuman host, simply detecting and treating promptly all active cases would eventually result in an end to deaths from this disease. Money and political will are what is missing—which brings us back to structural violence and its supporting hegemonies: the materiality of the social.

AIDS, one could argue, is thornier. There is no cure, but current therapies have had a profound impact on mortality among favored populations in the United States and Europe. The trick is to get therapy to those who need it most. Although this will require significant resources, the projected cost over the next few years is less than the monies allocated in a single day for rescuing the U.S. airlines industry (see Swoboda and McNeil 2001). But the supporting hegemonies have already decreed AIDS an unmanageable problem. The justifications are often byzantine. For example, a high-ranking official within the U.S. Department of the Treasury (who wisely declined to be named) has argued that Africans have “a different concept of time” and would therefore be unable to take their medications on schedule; hence, no investment in AIDS therapy for Africa. The head of the U.S. Agency for International Development later identified a lack of wristwatches as the primary stumbling block.¹¹ Cheap wristwatches are not unheard of, but, as I have said, the primary problem is a matter of political will. Others have underlined, more honestly, the high costs of medications or the lack of health-care infrastructure in the countries hit hardest by HIV. Still others point to fear of acquisition of resistance to antiretroviral medications. The list is familiar to those interested in tuberculosis and other treatable, chronic diseases that disproportionately strike the poor.

The distribution of AIDS and tuberculosis—like that of slavery in earlier times—is historically given and economically driven. What common features underpin the afflictions of past and present centuries? Social inequalities are at the heart of structural violence. Racism of one form or another, gender inequality, and above all brute poverty in the face of affluence are linked to social plans and programs ranging from slavery to the current quest for unbridled growth. These conditions are the cause and result of displacements, wars both declared and undeclared, and the seething, submerged hatreds that make the irruption of *Schadenfreude* a shock to those who can afford to ignore, for the most part, the historical underpinnings of today’s conflicts. Racism and

11. Andrew Natsios, administrator of the U.S. Agency for International Development, who spent a decade in aid work in Africa, said that many Africans “don’t know what Western time is. You have to take these (AIDS) drugs a certain number of hours each day, or they don’t work. Many people in Africa have never seen a clock or a watch their entire lives. And if you say, one o’clock in the afternoon, they do not know what you are talking about. They know morning, they know noon, they know evening, they know the darkness at night. I’m sorry to be saying these things, but a lot of people like Jeffrey Sachs advocating these things have never worked in health care in rural areas in Africa or even in the cities” (Donnelly 2002).

related sentiments—disregard, even hatred, for the poor—underlie the current lack of resolve to address these and other problems squarely. It is not sufficient to change attitudes, but attitudes do make other things happen.

Structural violence is the natural expression of a political and economic order that seems as old as slavery. This social web of exploitation, in its many differing historical forms, has long been global, or almost so, in its reach. And this economic order has been crowned with success: more and more people can wear hairdos with frigates in them or the modern equivalent if they so choose. Indeed, one could argue that structural violence now comes with symbolic props far more powerful—indeed, far more convincing—than anything we might serve up to counter them; examples include the discounting of any divergent voice as “unrealistic” or “utopian,” the dismal end of the socialist experiment in some (not all) of its homelands, the increasing centralization of command over finance capital, and what some see as the criminalization of poverty in economically advanced countries.

Exploring the anthropology of structural violence is a dour business. Our job is to document, as meticulously and as honestly as we can, the complex workings of a vast machinery rooted in a political economy that only a romantic would term fragile. What is fragile is rather our enterprise of creating a more truthful accounting and fighting amnesia. We will wait for the “glitch in the matrix” so that more can see clearly just what the cost is—not for us (for we who read the journals or engage in the social analyses are by definition shielded)—but for those who still set their backs to the impossible task of living on next to nothing while others wallow in surfeit.

Comments

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29 1 04

Each time we read something by (or about) Paul Farmer and his colleagues at Partners in Health we wonder why the world is not a better place when there are such committed people and organizations fighting injustice and serving the needs of the sick poor. He is a public intellectual who has been effective at fighting a good fight in the larger political realm of international health and human rights organizations. In this essay he writes passionately against victim-blaming theories of human suffering and untimely deaths and argues for a “political economy of death counts” à la Rudolf Virchow.

At the same time Farmer carves out time and energy

to heal the sick because he is a physician-theologian as well as an anthropologist. This gives him unique experiential access to documenting the embodiment of violence ethnographically and bearing witness against socially imposed suffering. The result is this clarion call for an ethnography of structural violence that represents a much-needed antidote to anthropology's failure to address population die-outs, invisible genocides, and ethnicities, despite the privileged eyewitness access to these critical events by its practitioners. But how should ethnographers confront the challenge of documenting, critiquing, and writing about and against the gradients of inequality that are rising across the globe?

For academics whose battles are fought primarily in theoretical and epistemological arenas, Farmer's use of the term "structural violence" remains too much of a black box. The concept needs to be elaborated, complicated, and diversified—perhaps even redefined—or it will deflect harmlessly off the ivory towers in which ethnographers have historically been trained not to see the global forces and power inequalities that propel intimate suffering.

Most of anthropology's traditional subjects survive precariously as second- and third-generation rural-urban migrants in urban shantytowns or as the land-poor, physically ailing postslave peasants that Docté Paul treats in his clinic. "Structural violence," consequently, is a crucial concept for understanding their life experience, but its relationship to other forms of violence and power, including discursive power, must be clarified lest our analysis become too linear and deterministic. A reductionist understanding of how the status quo is maintained does not do justice to Farmer's commitment to opening a vital debate over how to understand the political economy that kills his patients in order to denounce misrecognized injustice more effectively. Adding race and gender to the core concept of class may be a helpful first step, but it does not solve the problem. Those two social power categories also become black boxes that require unpacking.

We need to specify empirically and to theorize more broadly the way everyday life is shaped by the historical processes and contemporary politics of global political economy as well as by local discourse and culture. To be useful ethnography must be attuned to the local without predetermination. We have to be ready to see what we do not expect and what we do not want—irrespective of our political faiths and theoretical armature. Broad-brush concepts are hazardous; they hinder ethnographic critique. At the same time, in the year 2004, U.S. military and economic might and the unequal international terms of trade that are wrecking the lives of the socially vulnerable must remain central to ethnographic analysis.

Critical anthropologists still need to disentangle the causes, meanings, experiences, and consequences of structural violence and show how it operates in real lives—including how victims become victimizers and how that hides local understandings of structural power relations (Bourgeois 2003). This requires an embodied "carnal" ethnography (Wacquant 2004) by anthropolo-

gists who model themselves after the barefoot doctor but remain true to the requirements of a barefoot anthropology (Scheper-Hughes 1995).

In part inspired by Farmer, we have proposed conceptualizing violence as operating along a continuum from direct physical assault to symbolic violence and routinized everyday violence, including the chronic, historically embedded structural violence whose visibility is obscured by globalized hegemonies that Farmer denounces (Scheper-Hughes and Bourgeois 2004). "Violence" is a slippery concept that goes beyond physicality to include assaults on self-respect and personhood. The social and cultural dimensions of violence are what give it its force and meaning. Farmer's model of structural violence is a vivid reminder that most violent acts are not deviant. They are defined as moral in the service of conventional norms and material interests. As ethnographers we can best contribute by rendering visible these erased and unexpected linkages between violence, suffering, and power.

Academic categories can obfuscate as much as they elucidate, but in support of Farmer's call for an ethnography of structural violence, it is important to broaden the concept. Generative key words consistent with his call for intellectual engagement include Bourdieu's (2000) "symbolic violence" (and his related notion of "misrecognition"), Taussig's (1986, 1992) "culture of terror," his "space of death," and his emphasis on Walter Benjamin's "state of emergency [as] the rule," Conrad's (1969) "fascination of the abomination," Arendt's (1963) "banality of evil," Levi's (1986) "gray zone," Basaglia's "peace-time crimes" (Basaglia, Scheper-Hughes, and Lovell 1987) Scheper-Hughes's (1996) "everyday violence" and "invisible genocides," Farmer's (2003b) "pathologies of power," Kleinman, Das, and Lock's (1997) "social suffering," Agamben's (2000) "impossibility of witnessing," Foucault's (1978) "bio-power," and our "violence continuum" (Scheper-Hughes and Bourgeois 2004).

We thank Farmer for bringing a debate about power and social inequality to the center of anthropology. It is time for us to take off our metaphorical white gloves. We obviously have a lot of work to do.

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"It is a fact of experience which is always verified that history is made in the short term by the conquerors, who may be able to maintain it in the middle term but can under no circumstances impose it in the long term." Reinhart Koselleck's observation (1997), based on the distinction between the victor's *Geschichte* (as lived reality) and the vanquished's *Historie* (as elaboration of this reality), is echoed by James Scott's dichotomy (1985) of "history according to winners and losers," in which the latter becomes a "weapon of the weak." Whether

purely factual or politically optimistic, these assertions make clear that the relation to the past is not only recorded in official history but derives from a differentiated experience, a social inscription in bodies. I believe that this is Farmer's main point, and the critical anthropology of disease that he proposes around the Haitian case study is exemplary. It profoundly contradicts early culture-oriented works in medical anthropology. To express it brutally, AIDS has little to do with voodoo and much to tell us about history.

The question is, how can ethnography apprehend this embodiment of the past? For instance, how can we relate what happened during the Haitian revolution 200 years ago or during the American occupation in the 1910s and 1920s to what we see and hear about AIDS and tuberculosis today? And how can we articulate slavery and imperialism with the spread of epidemics and the proliferation of rumours? Using Farmer's words, is it possible to transform the "biosocial story of the virus" into a biosocial history of the disease? Reference to the past is omnipresent in his text, but it might be made more explicit. One of the most crucial and difficult challenges for anthropology, it is only partially grasped by phenomenological approaches such as that of Csordas (1990), which are more attentive to the immediate perception of the world than to the intermittent presence of the past.

Embodiment of history, as I have suggested about AIDS in South Africa (2003), can be understood in the theoretical framework of a performative social order. At the risk of oversimplification, one can represent the inscription of the past in two distinct ways. First, it refers to the social condition of individuals or groups and the sort of interactions it underlies. In Haiti, as in South Africa, it has to do with political oppression, economic exploitation, and racial discrimination, the genealogy of which can be traced in the long term. Individual biographies and urban or rural monographs give evidence that being exposed to HIV has directly to do with this configuration of everyday life as structural violence. Secondly, it refers to the historical experience, whether singular or collective, and the narratives through which it can be reached. In South Africa as in Haiti, it implies denial and suspicion, accusations of witchcraft and theories of conspiracy. What people say or hide and what governments do or assert can be understood only in the light of their views of the past and their politics of memory. Inequality is the language of the social condition. Resentment is the keyword for historical experience. Whether global or local, contemporary ethnography has to do with both realities. Only by taking them into consideration will it be able to resist what François Hartog (2003) calls "presentism" and account for lived reality in a way that makes sense for the social agents themselves.

Although prediction is beyond the scope of anthropology, it is plausible that if analytical tools such as Farmer's had been more widely recognized in the international scientific discourse on AIDS ten years ago, they would have opened a space between orthodox biomedical

and cultural interpretations neglecting social determinants, on one hand, and dissident approaches emphasizing the exclusive role of poverty, on the other, and would have made it possible, in countries like South Africa, to consider the epidemic both as the consequence of a virus and as a legacy of the past, in particular that of apartheid. From this perspective, political responsibility is directly involved in ethnographic work.

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25 1 04

Farmer has written a theoretically sophisticated, provocative account of structural violence and the utility of the concept for an anthropology of modern life. As we have come to expect of his work, this essay is heart-wrenching in outlining the chaos that structural violence creates in the everyday lives of Haiti's sick and poor. His rendering of the pain of others is not the voyeurism oft attributed to war photography or human rights and social justice activism but rather a deep concern for his fellow human beings.

What distinguishes Farmer's exegesis from others is his formulation of structural violence as a theoretical frame, a method of inquiry, and a moral/ethical imperative for the anthropological enterprise. For Farmer the efficacy of the concept of structural violence lies in its ability to render visible the social machinery of oppression. He argues that without a historical-materialist approach to the "ethnographically visible" realities of poverty, sickness, and hunger, the history and political economy of oppression are silenced—rendering the legacy of slavery or the fallout from neoliberal economic policies a taken-for-granted reality. Thus, through the erasure of history and memory, no one is to be held accountable for the inequities of everyday life experienced by those at the bottom—Anite with her untreated metastasized, fulminating breast or the untoward numbers of children who die of cholera in South African squatter camps where water has been privatized, squatter camps that abut mansions with private swimming pools. There is accounting to be had for the diminished lives of the impoverished, lives lived at an emotional, intellectual, and spiritual minimum, where general expectations of life are emptied of hope. Farmer enjoins anthropologists to engage with other disciplines—demography, epidemiology, history, political economy, clinical medicine—in this body count.

Within the frame of understanding domination and oppression, Farmer's critique of the resistance literature is salient, but I think he does not take it far enough. The domination/resistance binary needs to be embedded within a nexus of accommodation and collusion as well, one that takes into consideration how power operates not only on the global scale but in the daily lives of the people with whom anthropologists work. We must account for,

in John Gledhill's words, the micrologics of power. To be analytically and politically useful, the concept of structural violence must be able to capture the heterogeneity, the complexity, and the contradictions of the lives of the poor and disenfranchised. The simultaneity of state-produced chaos and order in people's daily lives must be accounted for. Thus, anthropologists need to historicize not only the large-scale international structures and processes of domination and oppression but the ways in which they play out in locales—to explore spaces of violence locally to shed light upon how and why the brutality produced by the powerful at the international and national level is reproduced and reshaped locally by some people toward each other in their daily lives. Interrogating structural violence—the subtleties and complexities of power relations and the microeconomics of difference—historically and locally gives attention to the multiple ways in which this violence is reworked through the routines of daily life as well as enacted through social relations and social institutions. It allows one to see the processes by which modern localities came into being and are reproduced through local microdifferentiation—the local tensions, factions, and contradictions produced in political, economic, racial, and gendered terms. These violence(s) of everyday life, as Arthur Kleinman has called them, are multiple, often mundane and partially obscured, yet they profoundly shape people's subjectivities and practices and are implicated in ordinary people's overt acts of violence and lawlessness toward each other. And it is here in this nexus that we may begin to explore the relationship between structural violence and structural impunity.

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4 II 04

Farmer argues that "social inequalities are at the heart of structural violence," and I agree. Inequitable socio-political and economic structures are at the root of disease. While the physician's gaze must be on the immediate etiology of a particular malady, Farmer knows that if we are to make a dent in the prevalence of the diseases from which his patients suffer he must attend to the matrix of fundamental causative factors that disproportionately condemn the majority of (marginalized) humanity to disease and death.

Global commerce running riot is creating ever-wider divides between elites and the marginalized (Heggenhougen 1999). In 1992 the income of the top fifth of the world's population was 150 times that of the bottom fifth (the ratio had been 30:1 in 1960) and the assets of the world's top three billionaires amounted to more than the combined GNP of all the least developed countries and their 600 million people (UNDP 1999:12, 3). Nguyen and Peschard (2003:447) remind us that "in modern society, inequality becomes embodied biologically, as those lower on the ladder suffer higher morbidity and mortality

rates." They point out (p. 270) that "ethnography has emerged as a key research strategy not for reciting a pious liturgy on the horrors of the forms human misery takes but for demonstrating the links between policy and everyday life and for carefully scrutinizing the legacy of those who rightfully seek to correct conditions that are all too often beyond their control." Increasingly, anthropologists who are now beginning to constitute a critical mass have been engaged in analytical processes similar to that suggested by Farmer, and their work indicates that change in the direction of improved public health can occur (see, e.g., Green 1991; Kim et al. 2002; Kleinman 1996; Nguyen and Peschard 2003; Scheper-Hughes 1990, 1992, 1995, 1996; Singer 1998; and Singer et al. 1992).

I consider Farmer's anthropology of structural violence a renewal of a thoroughly redefined and revitalized "therapeutic anthropology" (Shiloh 1997, Heggenhougen 1979) in the service of creating a "New Public Health," building on the traditions of the Alma Ata Declaration, the Ottawa Charter, and the People's Health Charter and the earlier work of nineteenth-century social theorists such as Rudolf Virchow (Eisenberg 1984). It is also in the tradition of the work of the physician/psychiatrist Franz Fanon (1964), who argued that treating individual patients must go hand in hand with "treating" the socio-economic/cultural-political contexts—the societies—in which people live. The "wretched of the earth" (Fanon 1961) cannot be cured unless societies are. This perspective is also resurfacing at the World Health Organization, for example, within the Social, Economic, and Behaviors Division (of whose steering committee Farmer is the chair) of the Special Programme on Tropical Disease Research and Training, which funds research on the lethal interaction between inequity and infectious disease. We should be encouraged that this perspective is no longer "on the fringe" even though it has a long way to go to make a major and lasting impact.

Stanley Diamond (1974:333) once suggested that the anthropological consciousness grew from a sense of alienation from the direction in which modern society was going: "The authentic anthropologists will not make careers out of their alienation, but will understand it as a specific instance of a pathological condition, demanding political commitment and action." Anthropologists of structural violence—therapeutic anthropologists—must collaboratively engage in identifying what conditions need to be corrected and suggest means by which this can be done. Initiating such therapy is obviously not a process in which the anthropologist plays God but one which derives from a therapeutic alliance, in the spirit of Paolo Freire and others, of the anthropologist and other outsiders (/insiders) and the affected populations. Unfortunately, it may only be as it becomes clear that part of the cost of doing nothing is political disruption and civil unrest that steps in this direction will be taken. Bernard Kushner of Médecins sans Frontières, speaking at the Harvard Medical School in 2001, suggested that benefiting from a state of the world that we know is wrong constitutes a form of stress that affects us all, and Kawachi and Kennedy (2002) have

shown that in the most inequitable societies not only the disadvantaged but the elite have poorer health than in societies that are less so. Recognition of these costs may eventually help persuade the powers that be of the benefits of contributing to the general good.

As Fromm (1955) once said, it is difficult to be sane in insane places. The insanity fueled by increasing inequity signifies a world in crisis. Societal therapy has become a necessity (Heggenhougen 1984), and anthropologists—students of the “human condition”—are especially challenged to engage in it. Farmer presents us with the challenge and is leading the way.

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At the start of his powerful call for resituating ethnography in the history and perversity of global systems of power and domination, Farmer notes the dilemma of the ethnographer (and of the clinician) in the grip of the immediacy of individual stories of suffering: “the transnational tale of slavery and debt and turmoil is lost in the vivid poverty, the understanding of which seems to defeat analyses of journalists and even many anthropologists.” Ethnography that focuses close-up on “the poor” tends to reveal the proximal constrictions and constraints on their options but not the larger machinery of oppression. For that we need other methods and other positions from which to conduct structural analyses of global systems. Local worlds of suffering are, however, one place to pick up a lead to trace in ever-widening circles outward. Indeed, Farmer’s own efforts to develop and sustain a hospital and clinic, hampered by the failures of banks and governments to honor international agreements, direct attention to the foreign policy of nation-states and the makers of global monetary policy. If ethnography has a role to play in this analysis of global systems, it will need to be an ethnography that penetrates the corridors of power. Who are “the architects of structural violence”? We know their rhetoric and rationalizations, but perhaps we need more appreciation of their ways of being-in-the-world and their decision-making processes.

Structural violence is a powerful metaphor that leads us to look for the brutality in taken-for-granted arrangements. The notion that it involves “sinful” social structures assigns blame and urges a moral response, but how are we to characterize this sin (as avarice, self-interest, gluttony, pride, racism, ignorance, aggression?) when there are so many sins on display? This moral language should encourage us to think about where, when, and why we sin. The short answer is that, offered the blandishments of power and privilege, most of us take the low road to maintain our own privilege and comfortable anesthesia. Everyone who participates in an oppressive social order is complicit in it, but the more privileged

we are the more we are loath to acknowledge our complicity.

Structural violence is not, however, primarily about individual choice—it is built into the functioning of impersonal (bureaucratic, technocratic, and automatic) systems and applied to whole classes of people without regard to the characteristics of any individual case; hence the limitations of the moral vocabulary derived from individual agency for analyzing the larger systems of oppression and exclusion. We need to understand how the system builds and rebuilds itself, neutralizing and absorbing opposition and reform.

The recent film *The Insider* shows this violence at work in the efforts of the tobacco industry to maximize the addictive potential of cigarettes and hide the evidence. It calls to account the corporations involved in selling this form of self-injury, which afflicts developed and developing countries alike. Indeed, of the world’s 1.1 billion smokers, 80% are in developing countries (Jha, Stirling, and Slutsky 2004). At the same time, it casts doubt on the capacity of self-censoring media to expose and challenge corporate malfeasance. Lowell Bergman¹ notes that the format of popular investigative journalism, which demands a single person at the center to tell the story, results in a map of the world that identifies heroes and evil-doers but does not help us to understand where and how to intervene to right the system.

Medical anthropology has special significance in this struggle to apprehend power and privilege. Clinical problems are morally serious and urgent, and their solution necessarily conjoins the symbolic with the material in its social and biological dimensions (Kirmayer 2003a). The scope and “realism” of medicine are signaled by the notion of triage, the rational sorting of the sick whereby limited resources are concentrated on those who have life-threatening but treatable wounds, leaving those with minor wounds to recover on their own and those with mortal wounds to die alone. Of course, this is not the only way to partition the suffering or to expend our resources, and the situation constantly threatens to break down into a thousand gradations and hard choices. The basis of virtue is the capacity for choice, but our choices are always constrained by interests that seek to restrict us to a set of options none of which will disturb the system. Here the study of local moral worlds meets up with the largest questions of global power and exploitation.

Erasure of social memory, then, is not “desocialization” but precisely the sort of socialization that serves consumer capitalism: “The culture of consumer society is mostly about forgetting, not learning” (Bauman 1998: 82). Memory of the lives of others is a moral imperative; without it we deny them their humanity (Margalit 2002) and lack the imagination to respond humanely to their suffering (Kirmayer 2003b).

As Farmer notes, clinicians are often impatient with

1. Bergman is the former *60 Minutes* journalist whose story is told in the film *The Insider* (<http://globetrotter.berkeley.edu/people/Bergman/bergman-cono.html>).

stories, but stories are what keep us going in the face of our inevitable mortality. More, they are the agents of individual and collective memory, and it is precisely through them that we can begin to appreciate the ways in which choices can be enlarged and value found in places beyond those sanctioned by the purveyors of desire.

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In his wide-ranging and innovative investigations of the nexus of disease and domination, Farmer has traced how social structures stamped by extreme inequality interact with asymmetric formations of power and knowledge to produce and distribute individual distress and mass illness (Farmer 2000). By capturing the pathogenic effects of poverty and linking them to transnational flows of people, goods, and influence across time, he has shown that issues of global public health, human rights, and social justice are inextricably joined and that tackling them demands a thorough revamping of the established methodologies of epidemiology and aims of international health policies (Farmer 2003b). This lecture both recaps and extends this line of inquiry to draw out its implications for social research.

I fully support Farmer's call to put history, power, and the body at the center of the anthropological stage, and I recognize the practical usefulness of the category of "structural violence" to point to the perennial limitations of a cultural anthropology that routinely disregards material factors and of biomedical research blind to social structure and cultural meaning, as well as to caution against the truncation of inquiry effected by both when they focus narrowly on the visible present. But I am concerned that the appeal of the concept is far outweighed by the analytic perils it entails.

Farmer reminds health researchers and practitioners that illness is a fully social and historical phenomenon and invites cultural anthropologists to keep their feet firmly planted on the ground of material relations instead of taking flight into the semiotic skies of symbols and narratives. And he is right to urge both to recognize that the patterns of practice they observe are often the precipitates of relations of economic and political force that can be centuries in the making (see also Farmer 2001). To do so, he deploys his trademark technique of linking the most microscopic details of a particular medical event to the most remote macrostructural forces that can be shown to shape its occurrence and evolution. In his deft hands, a clinical case serves as a springboard for linking the observable facts of the ethnographic *hic et nunc* to the invisible power structures of the *longue durée* that have conspired to produce both existing social pathologies and the cultural formations that cloak them. Here the bedraggled patients who crowd the courtyard of the hospital he directs in central Haiti personify the complex nexus of historical oppression anchored in racial scorn, brutal class

inequality, and medical penury that feeds a mortal spiral of neglect and morbidity. But is the concept of structural violence needed or even useful to capture and cut this tangled knot?

Farmer's brief for it suffers from three major defects that suggest otherwise. The first is that the illustrations he gives of it do not match his own definition. Slavery in Saint-Domingue was hardly "invisible" to those it held in its clutches, and responsibility for its horrors can be clearly assigned to colonial plantation masters, the merchants who profited from the trade in human cargo and tropical products, and the upper classes of Europe who spiced up their lifestyle with its proceeds. Likewise the imposition by France of "reparations" to slave owners and the diplomatic quarantine of the new republic by the United States, its military occupation of the island and steadfast support of a string of vicious dictatorships, and the recent delay of funding by the Inter-American Development Bank are not "ostensibly 'nobody's fault.'" What these examples indicate is the need for a multisited historical ethnography that would tie the contemporary social scenes of rural Haiti to the suites of the French monarchy, the U.S. state agencies, and the international bodies that have held the fate of the island in their grip, not the deployment of a concept that somehow diffuses responsibility in order to expand its ambit.

This is related to a second defect: the category of "structural violence" conflates full-fledged domination with mere social disparity and then collapses forms of violence that need to be differentiated, such as physical, economic, political, and symbolic variants or those wielded by state, market, and other social entities (Scheper-Hughes and Bourgois 2003). Nothing is gained by lumping under the same heading "steep grades of social inequality, including racism and gender inequality," that may operate smoothly with the consent of the subordinate with, say, wife beating and ethnic rioting or "brute poverty" with, say, military invasion and genocidal policies (Keane 1996).

Lastly, the concept is saturated with moral judgments that invite anachronism. One example: slavery is deeply offensive to our modern sensibility, but until the late eighteenth century it did not need the "erasure of history" to sustain itself because property in humans enjoyed the same doxic status among the ruling class as property in things (Davis 1975). And even today to declare it "sinful" hardly accords with the full historical record that reveals it to be not a "peculiar" institution but an embarrassingly banal one (Patterson 1982).

In short, structural violence may be strategically useful as a rhetorical tool, but it appears conceptually limited and limiting, even crippling. One can adopt "a deeply materialist approach" to the anthropology of suffering without resorting to a notion that threatens to stop inquiry just where it should begin, that is, with distinguishing various species of violence and different structures of domination so as to trace the changing links between violence and difference rather than merging them into one catchall category liable to generate more moral heat than analytical light.

Reply

PAUL FARMER
Cange, Haiti. 15 III 04

In the 2001 lecture delivered in honor of Sidney Mintz and in the text my colleagues were good enough to comment upon, I followed Mintz's example in writing about Haiti. The lecture underlined continuities between the rich and the poor, the well and the sick, the violent and the victims of violence. "Violence" in this essay was understood broadly to take many forms, including symbolic violence and the structural violence that is endured by those marginalized by poverty, gender inequality, racism, and even mean-spirited foreign policies. AIDS and tuberculosis in Haiti are stories of connection rather than disjuncture. To understand modern epidemics and how they are rooted in misery and inequality, we need to understand the ways in which they are rooted in history and political economy.

I also argued that certain ostensibly prosaic details were in fact matters of life and death for the victims of structural violence. As an example, I offered the aid embargo that for the past three years has blocked humanitarian and development assistance to the government of Haiti. At the behest of the current U.S. administration, international financial institutions have engaged in discriminatory and likely illegal practices with regard to Haiti. There has been relative silence in the press and from human rights groups on this score, because those with unfettered power can say what they want without much challenge when the stakes are deemed low.

This story has worsened markedly since I gave the Mintz lecture. In order to meet the latest demands of the Inter-American Development Bank (IDB), the cash-strapped Haitian government was required to pay ever-expanding arrears, many of them on loans paid out to the Duvalier dictatorship and to the military regimes that ruled Haiti with great brutality from 1986 to 1990 and 1991 to 1994. In July 2003 Haiti sent to Washington over 90% of all its foreign reserves to pay these arrears, but the aid never flowed, not for the four loans discussed in this essay, and Haiti's poverty, already ungovernable, generated more violence.

This startling echo of the practices of the nineteenth century—for the payments to the IDB will strike both lawyers and the Haitian poor as reminiscent of the payment of indemnities to France—is of a piece with many other discriminatory practices towards Haiti and its people. You would think that this might be newsworthy: the world's most powerful nations blocking aid and humanitarian assistance to one of the poorest, squeezing it until it collapses—which, of course, is precisely what occurred two weeks ago, on February 29. But it was not until a few days ago that one could read the news that the aid freeze might be related to the violent overthrow of the penniless Haitian government. In its only investigative piece about the three-year-long aid embargo, the

Boston Globe finally discovered these connections (Stockman and Milligan 2004):

The [aid] cutoff, intended to pressure the government to adopt political reforms, left Haiti struggling to meet even basic needs and weakened the authority of President Jean-Bertrand Aristide, who went into exile one week ago. . . . And as Haitians attempt to form a new government, many say its success will largely depend on how much and how soon aid will flow to the country. . . . Many of Aristide's supporters, in Haiti and abroad, angrily contend that the international community, particularly the United States, abandoned the fledgling democracy when it needed aid the most. Many believe that Aristide himself was the target of the de facto economic sanctions, just as Haiti was beginning to put its finances back in order.

Aid embargoes and the machinations of the most powerful would still seem to be topics of scant interest among scholars, but this cannot remain the case for anthropologists and sociologists who interest themselves in the misery of the modern world. The concept of structural violence may or may not prove useful, and the criticism offered by my colleagues is instructive and welcome. What is important for us to develop is an anthropology of affliction that can move easily from the local to the large-scale, tying together the ethnographically visible with the deeper structures that generate or perpetuate poverty and inequality and with the meanings these events and processes are given.

The events of the past few days, during which Haiti's thirty-third coup d'état was completed, reveal just how important it is for anthropologists and others to "study up" at the same time that we acknowledge the steep social gradients down which most of us work. As for the impact of these latest events on the epidemics about which I wrote in this essay, allow me to cite another unlikely source. The Pan American Health Organization (PAHO 2004) last week reported on the health crisis in Haiti, noting

disregard for the health institutions' neutrality and immunity. Several hospitals were the target of violence. Patients were assaulted in some institutions and the staff providing care is worried about exercising their duties safely. In some health institutions, the staff does not report for work on the day of demonstrations. Some of the patients in need of emergency care do not go to hospitals anymore for fear of violence. The Port-au-Prince University Hospital, one of the main hospitals in the country, has been almost at a standstill for weeks, for lack of personnel.

These conditions, which directly affect my clinical work, preclude a more extended consideration of my colleagues' commentaries but do not lessen my gratitude for both the forum in which to air these views and the clarity of these responses.

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