

Global Health in Times of Violence

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Prologue

Coming to Terms with Global Violence and Health

**Barbara Rylko-Bauer, Linda Whiteford,
and Paul Farmer**

Truly, I live in dark times!
The guileless word is folly. A smooth forehead
Suggests insensitivity. The man who laughs
Has simply not yet had
The terrible news.
What kind of times are they, when
A talk about trees is almost a crime
Because it implies silence about so many horrors?

—Bertolt Brecht, “To Those Born Later”

For those—the countless many—who live in regions of the world ridden with conflict, insecurity, oppression, and (all too often) great poverty, these truly must seem like dark times. Even for those of us privileged (and lucky) to live in areas of relative peace and prosperity, violence seems to be ever present—if not in our daily lives, then certainly in the lives of others, captured by the daily news. Writing in 2002, Duncan Pedersen noted that since World War II, there have been more than 160 wars, with more than twenty-four million people killed (and some estimates double this number), the great majority of them civilians, and tens of millions displaced by internal conflict. It is now several years later, and the numbers are undoubtedly higher because political violence continues to plague many parts of

Africa, Latin America, the Middle East, and Asia, as well as regions of Europe. And within all these conflict zones, those most affected tend to be the poor and the politically marginalized.

If we look at the current conflict in Iraq (part of the “global war on terror”), we find estimates for civilian deaths ranging from 151,000 up to 601,000 in the period from the start of the war on March 20, 2003, to June 2006, with many more wounded and more than four million displaced (Amnesty International 2008; Tapp et al. 2008). These figures do not even begin to address the social costs or the related morbidity, mortality, and suffering (Inhorn 2008).

To this accounting we can add all the other forms of violence short of war. The World Health Organization estimates that on the eve of the new millennium, during the year 2000, there were more than 1.6 million deaths worldwide from violence (homicide, suicide, and war related), 91 percent of them occurring in low-to-middle-income countries (Krug et al. 2002:10). Moreover, as Carolyn Nordstrom (2004b:230) aptly notes, “impoverishment is traumatizing in itself” and all too often is one of the enduring legacies of political or civil strife. And there are other painful legacies—perpetrators, victims, and witnesses alike carry with them the violence they have seen and experienced: “Violence sticks to them...violence tears at the order of the community...violence is a dangerous illness” (Nordstrom 2004b:228–229). In fact, these numbers capture just a fraction of the suffering inflicted, not only by these more visible forms of violence but also by the often less visible symbolic and structural violence of poverty, hunger, exclusion, discrimination, and racism. To this list we must also add violence against women (rape and various other forms of abuse), which is pervasive but often goes unacknowledged—and unaddressed.

FACING VIOLENCE

This volume is the product of a collaborative effort begun in October 2006, when the authors gathered in Santa Fe, New Mexico, on the campus of the School of American Research (SAR, now the School for Advanced Research) to explore the intersections of health and violence. Our seminar began with a reading of Brecht’s poem “To Those Born Later,” written in 1938 as Hitler was consolidating his power. Its themes seem equally apropos in our times. “What kind of times are they, when / A talk about trees is almost a crime / Because it implies silence about so many horrors?”

One of the aims of this volume is to counter the current, all too common social tendencies toward silence, or what Didier Fassin (2007:xii) has termed “political anesthesia”—a sense that we need not know any more

than we already do about the horrors of our times, especially when they occur in social worlds that seem incommensurable with ours. And yet, for those of us living in peacetime locales and privileged circumstances, there is perhaps “no inequality more disturbing than that by which we decide... who can still interest us and who no longer does” (Fassin 2007:xiii). Lawrence Langer (1997:47) goes further in asserting that “until we find a way of toppling the barrier that sequesters mass suffering in other regions of the world from the comfort and safety we enjoy far from its ravages,” not much will change with regard to addressing the horrors of our time or preventing those of the future.

War and violence seem to be staples of human interaction, “pervasive, ancient, infinitely various, and a central fact of human life” (Whitehead 2004b:55). Nevertheless, we insist that there is nothing normal or inherently inevitable about living with violence, with oppression, with extreme suffering. It is, in fact, an abnormal state of humanness, even if a common one. Whatever else we can or cannot do to change this state of affairs, at the very least we can work toward exposing the forces and networks—often purposefully hidden from our view—that shape and sustain violence and can thus help to shift our individual and collective averted gaze. As Fassin notes in chapter 6, “it is at the point where violence disappears from our field of vision that the work of anthropology becomes crucial.” Refocusing our gaze is a necessary step in transforming it into an “alarmed vision...the only kind of vision that may goad us into interceding in situations of atrocity before they have spent their energy, leaving negotiated ‘reconciliation’ as the only practical course of action” (Langer 1997:54).

One challenge that we set for ourselves, as authors of this volume, was to use the power of ethnographic narrative to make the case that it is important to *see* violence that happens to others, no matter how distant from us they may seem; that it is possible to unravel the reasons for violence and needless suffering; and that this requires exposing the processes that make some kinds of violence more easily invisible. With this goal in mind, each chapter puts a face to violence, bringing the reader a step closer to individuals, places, and events that perhaps we would rather not know about. And yet, as we

- Listen to Joseph’s tale and visualize Nono Simelela’s tears (Didier Fassin)
- Try to see the world through Catorzina’s eyes (Carolyn Nordstrom)
- Contemplate the meaningless losses of Elsie and Lizbeth (Merrill Singer)

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- Read about the senseless injuries of Faustin and Gregoire (Paul Farmer)
- Sense Max's powerlessness and frustration (Linda Whiteford)
- Explore how war damages lives of fighters such as Rodrigo (Philippe Bourgois)
- Follow the life trajectory of Daniel and Maria del Carmen (James Quesada)
- Try to imagine the brutality that Jadzia witnessed (Barbara Rylko-Bauer)
- Admire Francisco's courage and bemoan his ultimate sacrifice (Kris Heggenhougen)

it becomes more difficult to *not see*, and we come a step closer toward understanding that the world in which these individuals live (or lived) is also the world we inhabit. Just as our world is not like theirs, their world need not be either.

SORTING HEALTH AND VIOLENCE

The focus of this volume is on violence—its manifestations, its causes, its consequences. Our initial intent, as medical anthropologists, was to examine global health issues with violence as the backdrop for our analysis. We shared an understanding that efforts to address problems of health, disease, suffering, and delivery of health care needed to extend beyond a simple focus on narrowly defined issues or initiatives and incorporate the multiple root causes of the global burden of disease.

As seminar participants listened and explored one another's work, the focus shifted to violence itself, viewed through the prism of health and health care. Given the nature of our research settings, the people and groups we study and learn from, and the topics being explored, it was evident, in the words of seminar participant Kris Heggenhougen, "that if we wanted to understand anything about health, we had to understand something about violence."

Over a three-day period, we exchanged ideas, challenged one another (in the words of Linda Whiteford) to "move out of our comfort zones," and listened to the productive suggestions of peers. Our sense of community and collaboration carried over in the ensuing months as we presented papers during a plenary session at the 2007 annual meetings of the Society for Applied Anthropology (in Tampa, Florida) and later shaped them into the chapters that make up *Global Health in Times of Violence*.

On Violence

When Morton Fried, Marvin Harris, and Robert Murphy (1967) published their edited volume *War, violence and conflict* were not central topics in anthropology and often were “subsumed under other research agendas” (Whitehead 2004a:5)—although some scholars, such as Eric Wolf (1969), were developing more critical perspectives on such topics. Much has changed since that time. Today, war, violence, and the related subject of social suffering are the focus of much discussion, debate, analysis, and theorizing (for example, Appadurai 2006; Coronil and Skurski 2005; Das et al. 2001; Das et al. 2000; Farmer 2003; Feldman 1991; Nagengast 1994; Sanford 2003; Scheper-Hughes and Bourgois 2004c; Sluka 2000; Waterston 2009; Whitehead 2004c). As Janis Jenkins (1998:124) notes, “the notion of violence is both much contested and multiplex in form.”

Approaches to the study of violence cover the spectrum of anthropological theory, methods, and substantive focus, ranging from debates about its “human nature” to cultural studies of violence as discursive practice, from analyzing the meanings and complexities of the lived experience of violence to examining historically generated social and economic forces that structure so much of collective and political violence. Most productive are approaches that integrate several perspectives, such as the one taken by Philippe Bourgois in chapter 2. He explores the intersections and tensions among various manifestations of violence—physical, structural, symbolic, intimate interpersonal, and everyday—via an analytic framework that synthesizes facets of the genesis, evolution, pervasiveness, and mutability of violence. The chapters that follow also address these various manifestations of violence. Particularly relevant to the topic of this volume is structural violence—the violence of injustice, all too often unacknowledged or misrecognized, caused by social structures and processes that marginalize people and sustain social inequalities (Farmer 2004a).

Global Health

Health remains a major integrating theme for this volume, and all the chapters deal with a wide range of often intersecting health care policies and problems. Topics range from AIDS to reproductive health, from illicit drug use to lack of health care access and the resurgence of primary care, from the role of medicine in contexts of brutality to the political use of biostatistics, from abuse experienced by street children and rape suffered by refugee women and girls, to the *global* extra-legal trade in weapons and pharmaceuticals and the examination of war and violence specifically as health issues.

Global health, as we use it, has several levels of meaning. The first reflects a macro perspective that recognizes the transnational impacts of globalization on health, injury, illness, and disease, as well as the importance of addressing local and national health care issues within a global context. This is coupled with an on-the-ground concern with how such macro-level forces (originating at the international, national, or regional level) play out locally, in the lives of individuals, families, and communities (for example, Castro and Singer 2004; Kim et al. 2000; Whiteford and Manderson 2000). There is also growing recognition of the complex ways in which global health is affected by power structures and international relations, as evidenced by current debates concerning the health consequences of trade policies, the role of health in human security, and the principle of health as a human right (Pfeiffer and Nichter 2008).

In a more specific sense, medical anthropologists, as a general rule, take a *global view* of health. In other words, health (or its absence) is perceived from a holistic perspective that encompasses a broad understanding of well-being (mental, physical, emotional, and social), defined and experienced not only biologically but also through cultural meanings and social expectations. And as the examples in this volume demonstrate, a broad array of social, economic, political, cultural, and environmental factors play a role, independently and synergistically, in shaping the health and well-being of individuals. This, in turn, is linked to the health (or lack thereof) of families, social networks, communities, cities, and nation-states.

The Intersection of Health and Violence

The lived experience of violence and injustice, as the individual narratives from each chapter demonstrate, has come to characterize, in too many corners of the world, the *real face of global health*. These are places where globalization has exacerbated social and economic inequalities, with concomitant impacts on the health and welfare of vulnerable populations and on their access to health care (Kim et al. 2000; Stiglitz 2003; Whiteford and Whiteford 2005). And the tools, processes, and products of globalization are also creating new forms and new targets of violence—both highly visible, large-scale collective violence and intimate, personal violence, often aimed at minorities (Appadurai 2006).

A growing body of literature (much of it from medical anthropology, as well as medicine and public health) has been documenting how war and violence impact the health and well-being of individuals, families, and communities—beyond the immediacy of injury and death (for example, Becker, Beyene, and Ken 2000; Bourgois 2003a; Farmer 1992, 2004b;

Green 1998, 1999; Johnston 2007; Kleinman, Das, and Lock 1997; Martín-Baró 1994; Minayo, de Assis, and de Souza 2006; Murray et al. 2002; Pedersen 2002; Robben and Suárez-Orozco 2000; Taipale 2002):

- By disrupting families and communities of support
- By displacing populations and exposing them to risks of hunger, disease, trauma, permanent disability, and further violence (rape, torture, exploitation)
- By affecting or damaging the environment (as in scorched-earth actions or radioactive contamination from weapons production and use)
- By destroying infrastructures, means of livelihood, and life trajectories
- By limiting access to health care
- By disrupting health information systems and preventive care and treatment services
- By the stress of living with fear and uncertainty
- Through the long-term embodied impact of trauma, witnessed or experienced, that manifests itself in culturally mediated physical, mental, and emotional ways
- Through memories that keep the violence—even when long past—alive

Violence has, in fact, become recognized as a global public health problem (Krug et al. 2002).

In recent years, medical anthropologists have also begun to pay closer attention to gender, class, and ethnic dimensions of violence and how these are manipulated by historically engrained economic forces and political actors; to the interconnections and dynamics of various forms of violence; to social and cultural contexts that give meaning to specific acts of violence; to the ways in which violence is experienced and inscribed on physical and social bodies; and to the layers of everyday violence that structure and characterize the social relations and daily struggles of people living not only in war zones but also in zones of poverty, zones of exploitation, zones of abandonment (for example, Biehl 2005; Das 2007; Das et al. 2000; Farmer 2003, 2004a; Nordstrom 2004a, 2004b; Olujic 1998; Scheper-Hughes 1992, 2007; Scheper-Hughes and Bourgois 2004b; Scheper-Hughes and Sargent 1998; Singer 2006b). These and other studies also demonstrate how history, science, racism, poverty, representation, and politics can interact synergistically to perpetrate violence by disenfranchising groups and disrupting

communities and ways of life and, in the process, damaging the health of individuals and families (for example, Briggs and Mantini-Briggs 2003; Fassin 2007; Johnston and Barker 2008).

Finally, there is a growing recognition that acts of violence are also human rights violations and, more significantly, that there is an inverse correlation between respect for human rights (including social and economic rights that have a direct impact on health and well-being, such as the right to health care, shelter, clean water, sustenance, education, and social security) and risk factors for violence (Gruskin and Butchart 2003). In fact, Paul Farmer (2003, 2008b) has argued that the most effective way of furthering the *global* human rights agenda is to make health (which, in its broadest sense, also encompasses other social and economic rights) central to this struggle.

Global Health in Times of Violence builds on this extensive and broad body of literature by integrating a political economy approach with analyses of how violence is inscribed, experienced, and understood by those who are its most likely victims. The chapters offer varied conceptualizations of violence, clarify the complex ways in which they are related, and explore the links between the social production of violence and the unequal production of global health and well-being (summarized in the epilogue)—while addressing the critical issue (to quote from Didier Fassin’s chapter 6) of “whether we are able to recognize violence in social processes that the dominant discourse never articulates in terms of violence.”

MAKING VIOLENCE MORE VISIBLE

The United States Holocaust Memorial Museum recently acquired an old photo album containing pictures of German SS officers relaxing and enjoying life—picnicking, singing, dining, hunting rabbits, flirting with young women as they shared bowls of blueberries, lighting candles on a Christmas tree. What makes this album remarkable is that the setting was in and around Auschwitz; what makes this album horrific is that it overlaps the period in mid-1944, when more than 434,000 Hungarian Jews were sent to this camp—so many that the crematoria could not handle them all. “The people [whom the album] depicts are engaged in the greatest mass murder ever committed, yet its principal impression is of pleasure; nor do the people portrayed look like villains” (A. Wilkinson 2008:55).

This example underscores a key factor in the reproduction of brutality and violence and in the production of its invisibility: what anthropologist Lisa Peattie (in a 1984 article about the ultimate act of global violence—nuclear war) referred to as “normalizing the unthinkable.” Studies of the

Holocaust and other massacres and genocides have elucidated various mechanisms by which state-sponsored violence and atrocity become normalized on a societal level (Hilberg 1989; Hinton 2002; Kelman 1973). These include the legalization of brutality in the name of ideology or nation; the provision of an aura of legitimacy by involving science, medicine, pedagogy, or religion; the establishment of routines and the creation of bureaucracies of brutality; and, perhaps most necessary, the manufacturing of difference and “the acceptance of dehumanization as a ‘natural’ part of the social order and of human history” (Rylko-Bauer 2005:36).

More difficult to diagnose are the processes that shape and enable the everyday violence that occurs at the local and interpersonal levels, such as those described in this volume. And yet, as is evident in the scenarios portrayed within the chapters, dehumanization and normalization of brutality and inequities are very much at play in these local contexts and personal dramas. Most important, much of this violence is misrecognized, glossed, or rendered invisible—as Philippe Bourgois (chapter 2) repeatedly demonstrates in his retrospective analysis of research conducted in six different sites over a period of three decades.

Reversing this requires exposing “public secrets [that] tend to coalesce around matters of power and its abuse” (as Whiteford notes in chapter 5, quoting from Nordstrom 1996:147). Citing cases from this volume—whether it is the use of rape as a weapon of war; or the ongoing international profiteering from trade in weapons, drugs, and people; or political manipulation of demographic and biostatistics; or exploitative transnational trade policies that exacerbate existing poverty and scarcity; or Nazi slave labor camps dotting the German cities and countryside; or, to bring it closer to home, the fact that the United States *did* torture (Danner 2009)—these actions and events and processes are played out, to one degree or another, within the public sphere. They are rendered invisible through various processes and for many reasons—the “states of denial” are numerous (Stanley Cohen 2001), and ordinary people play a role in accepting the status quo or the official explanations of denial, by becoming convinced that they need not bother to look, that it is someone else’s problem.

Exploring connections across time, across institutions and social and geographical spaces, is also critical to the project of making violence more visible, for it discloses the extent to which locally situated suffering and inequality are often shaped and structured by larger political and economic forces.

As international financial institutions and transnational corporations now dwarf the dimensions of most states, the former

institutions—and the small number of powerful states that control them—come to hold unfettered sway over the lives of millions.... Only through careful analysis of growing *transnational* inequalities will we understand the complex social processes that structure not only growing disparities of risk but also what stands between us and a future in which social and economic rights are guaranteed by states or other polities. (Farmer 2003:18)

Drawing on examples from this volume, we see how a superpower's ideologically based policies can affect the reproductive health of poor refugee women half a globe away; how transnational flows of drugs, money, and weapons are implicated in both the explosive violence of the Rwandan genocide and the embodied violence of Angolan street children; how worker exploitation in places like South Africa and Latin America produces cheaper commodities for affluent populations elsewhere; and how militarization and economic policies imposed by powerful international lending institutions and their patron states foster disenfranchisement and inequities in poorer countries, with tragic consequences for the health, well-being, and survival of already vulnerable individuals and families. Anthropology is well equipped to analytically trace, and thus make visible, the interconnections between global processes, ethnographic realities, and the suffering and injustices that all too often go unseen or unacknowledged (for example, Kim et al. 2000; Maternowska 2006; Whiteford and Manderson 2000).

In contributing to this critical perspective, the authors use narratives and various conceptual frameworks to trace the connections between individual experiences of physical, structural, symbolic, and interpersonal violence and the larger social structures and processes that shape these. Farmer explores the “social life of things”; Nordstrom follows the “fault lines” of transnational legal and extra-legal commerce; Fassin, Heggenhougen, and Rylko-Bauer draw lessons from history; Bourgois theorizes the multi-faceted dynamics of violence; Singer, in his syndemic approach, examines synergistic interactions between social factors, violence, and health outcomes; and, ultimately, Whiteford and Quesada ask, Who is responsible for harmful policies and practices? Who benefits?

TIMES OF VIOLENCE

The cases of violence discussed in this volume are both current and historically grounded, spanning a broad range that includes revisiting the events of Nazi Germany and the Rwandan genocide, of apartheid and

more recent conflicts in Africa, the dirty wars of Central America, and the “global war on terror” and the often senseless violence in our urban streets. These are not unusual moments or places in history. Violence, unfortunately, is enduring, pervasive, ubiquitous. Most acts of violence, whether on a small intimate scale or massively explosive, have roots in a traceable past and ramifications that continue well into the future. We risk misunderstanding the complexities and causes of contemporary violence if we lack an understanding of history, and this realization is reflected throughout *Global Health in Times of Violence*.

For example, Barbara Rylko-Bauer (chapter 10) draws uncomfortable parallels between medicine’s role in the horrors of the Holocaust and the involvement of medical personnel in the “global war on terror.” Didier Fassin (chapter 6) focuses on a history of violence and the violence done to that history, in relation to AIDS in post-apartheid South Africa, and Paul Farmer (chapter 3) offers an historical accounting of the Rwandan genocide and its aftermath—a landscape peppered with landmines that, a dozen years later, can still explode, maiming children. Kris Heggenhougen (chapter 9) urges us not to forget the lessons of history regarding the intersection of violence and health care. Using the case of Guatemala in the 1970s, he argues that if current global efforts toward a “new” primary health care are to succeed, they must incorporate an understanding of historical inequities generated by political and structural violence. Linda Whiteford (chapter 5) links global reproductive health policies, first established decades ago by the United States, to the “failure to provide” reproductive health care for refugee women, many of whom face the risks and trauma resulting from rape—a tragic fact that, in turn, reflects a “failure to protect” on the part of the humanitarian community. And history is central to Philippe Bourgois’ retrospective assessment (chapter 2) of his thirty years of working in violent contexts.

All the chapters, in fact, suggest that both the subject and the reality of violence seem overwhelming, in part because violence is so enduring. Violence begets violence: a worn phrase, oft repeated (like “Never again”), yet affirming a terrible truth. “Violence is a slippery concept—nonlinear, productive, destructive, *and* reproductive” (Scheper-Hughes 2007:161). Violence has an aftermath that can extend over years and decades—in the landscape of a war-torn country, in the memories and myths of a people, in the ensuing struggles for resources and power that ignite the next successive conflict, and in the interpersonal relationships of those who live in its shadows. Merrill Singer (chapter 7), for example, uses the theoretical framework of syndemics to explore the enduring legacy of violence in the

US urban ghetto, the damage it wreaks beyond immediate physical injury, and how it interacts synergistically with other problematic features of city life to create an unhealthful social urban environment, fostering yet more violence and suffering. Similarly, Carolyn Nordstrom (chapter 4) focuses her gaze on street children—a legacy of the Angolan civil war—and how their daily lives are impacted by the violence and health consequences of the exploitative, extra-legal global economies of arms trading, illicit pharmaceuticals, and the sex industry. James Quesada (chapter 8) examines how earlier war and political violence, compounded by the structural violence of subsequently imposed neoliberal reforms, shape and displace the lives of the poor and disadvantaged in Nicaragua.

THE INTERSECTION OF HEALTH, VIOLENCE, AND HOPE

Distressing as the events and examples described in these chapters may be, they also offer a glimmer of hope. The men, women, and children who animate these pages somehow have found the strength to persevere, despite facing unbelievable odds and suffering through war, genocide, injury, illness, displacement, and loss of family, home, and community. We who study and read about their suffering may be tempted to respond primarily with emotions such as dismay, anger, and helplessness. But they clearly have not done so. For this reason, neither can we avert our gaze and turn away. The human capacity for violence and brutality is countered by an opposing capacity of ordinary people for solidarity and hope (Broz 2004). The aftermath of violence also includes resilience and resistance (Nordstrom 1998). With “peace” come the difficult but necessary tasks of rebuilding and healing (Johnston and Slyomovics 2009). Individuals, families, and communities manage, in various ways and varying degrees, to carry on and remake their daily lives in the wake of terror, oppression, and violence (Das et al. 2001). In fact, those who have suffered greatly can sometimes offer us the clearest vision of what it means to be human.

In exploring violence through the prism of health and health care, we can find glimpses of opportunities for hope and change. In fact, a number of the cases presented in this volume reveal how health offers a critical lens through which we are better able to diagnose and understand violence and injustice (for example, the chapters by Bourgois, Whiteford, Fassin, Singer, and Quesada). Equally important are the examples (as in the chapters by Farmer, Nordstrom, and, again, Fassin) in which health care provides a political humanitarian space, even within the worst contexts, for acting against the violence. A seminal example discussed by Rylko-Bauer is that of the prisoner-doctors assigned to hospital work in Nazi concentration

camps. They gave care, aided acts of resistance, and at times were able to save lives, despite horrific living and working conditions and the constant threat of danger.

Health care can also serve as a means of mobilizing people and communities around social solidarity, as both Heggenhougen and Farmer demonstrate. Health can serve as a space for attenuating violence and has the potential for confronting problems of global proportions in a truly redistributive way. "The collective responses in confronting extreme violence and death represent a range of critical mechanisms for restoration and survival, which should not be underestimated" (Pedersen 2002:181).

News from Rwanda provides a recent example (and follows up on events described in Farmer's chapter 3). In a country still recovering from genocide, where the public health care system is being rebuilt, a volunteer cardiac surgical team from the Brigham and Women's Hospital in Boston successfully performed heart surgery on several patients, including a twenty-six-year-old man living in a refugee camp in rural southern Rwanda. As Paul Farmer later wrote (in his first-ever blog entry):

It was awesome medically, as it always is when the pericardium is opened; it was awesome personally, as someone who has fought alongside many others to make sure that quality medical care be made available to the poorest; and it was awesome spiritually to see, on the exact anniversary of the 1994 genocide, that the power to heal continues to trump the power to maim, sicken, or kill. (Farmer 2008a)

Global Health in Times of Violence is a collective endeavor to explore the intersections of health and violence, keeping in mind Philippe Bourgois' admonition that anthropology not repeat its own history:

As a discipline, anthropology largely missed the macro facts of colonialism, capitalism, genocide, and revolution over the past century, despite being an eyewitness to those processes.... By informing fieldwork with critical theory, anthropologists can make the connections between macro forces and intimate social relations, emotions, and dispositions so that individuals are no longer misrecognized as having to be worthy victims or blameful agents. (Bourgois 2006:xi)

The epilogue further explores the very difficult question of what can be done to diminish violence. Witnessing, documenting, and analyzing are

not enough, of course. Much more is needed to even begin addressing the causes and contexts that promote and sustain violence and oppression. But, as Lawrence Langer (1997:53) notes, “before we can present a program for dealing with human misery, we need to *represent* that misery.” *Global Health in Times of Violence* is our contribution toward that crucial step.

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