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The Trace: Violence, Truth, and the Politics of the Body

THE 2011 REVOLUTION IN TUNISIA HAS ELICITED MANY COMMENTS, but perhaps not enough consideration has been given to the meaning of the event that sparked it: the self-immolation of Mohamed Bouazizi on December 17, 2010, in the small town of Sidi Bouzid (where I happened to have worked some years ago). The 24-year-old street vendor, who financially supported his mother, uncle, and siblings with his meager earnings, committed suicide after one of the numerous confiscations of his wares and wheelbarrow by the police whom he was not able to bribe, and as the immediate consequence of the public humiliation endured as he was slapped in the face by a female municipal official (a fact that was later contested). This desperate act, followed by others in Tunisia as well as Algeria, Egypt, and Saudi Arabia, provoked a wave of protests throughout the country, leading to the overthrow of the Ben Ali regime in Tunisia and contributed to wider civil unrest in the Arab world. How can this event be interpreted in light of the question of the state and the body?

The state has a foundational relation with violence. To paraphrase Weber (1994 [1919]), in the ideal-typical social contract that links it to individuals, the state is supposed to protect society from violence through law and law enforcement, and in exchange it is granted the monopoly of legitimate violence. The contract holds as long as individuals receive sufficient security from the state and are not overly

subjected to abuse by it. When it is not respected, either because security is denied or abuse is gross, individuals may feel entitled to resist the state or even revolt against it. In the model of the moral economy via which E. P. Thompson (1971) interprets the so-called food riots of seventeenth-century England, it is when norms and obligations are not complied with that peasants rebel (in that case against landowners or grain-buyers), but the paradigm can be extended to the relationship of individuals with the state.

The foundational violence of the state as well as the potential opposition of social actors has a common site where they manifest themselves: the body. Kafka's allegory of the penal colony (1948 [1919]) is illustrative of this: the sophisticated machine used to execute the condemned inscribes the law he has infringed on his body in a long-lasting torture. Of course, in the real social world, the violence of the state can take various often less explicit forms—from restricting social protection through budget cuts in the public health care system, as in the United States, to brutal repression by the police against peaceful demonstrators, as in Egypt. Simultaneously, individuals have different ways of expressing their rejection of the unjust political order, from peaceful civil disobedience, as in India, to deadly hunger strikes, as in Turkey.

The Tunisian case is exemplary in that the violence of the state and the resistance of the individual are embodied in one person. Mohamed Bouazizi is a victim of both the structural and the political violence of the state: his dire living conditions are intricately linked to the corruption of the regime and the massive theft of public goods organized by the state, and his harassment is the expression of the unlimited possibility of police officers and public officials to abuse with impunity. Facing this intolerable excess of violence, the powerless young man still had the power to expose his life and exhibit his suicide as a desperate act to save his dignity. His body is almost simultaneously the site of the violence exerted by the unscrupulous military dictatorship (which in itself is the negation of the foundational contract of the state) and

of the ultimate resistance of the individual (which thus demonstrates how political subjectivity may respond and overcome political subjection). But this interpretation does not imply that when committing the gesture of burning himself, Mohamed Bouazizi was entirely and explicitly conscious of its signification; who knows? On the contrary, by highlighting the presence and evidence of the body as the site of violence and resistance, I emphasize not a psychological but a political move.

In a sense, Mohamed Bouazizi's act is the most violent response to violence that can be imagined. It violates indeed the most widely accepted biopolitical principle briefly evoked by Walter Benjamin (1986 [1921]: 299) in his *Critique of Violence*—the sanctity of life—of which the German philosopher writes: “The proposition that existence stands higher than just existence is false and ignominious, if existence is to mean nothing other than mere life.” Mohamed Bouazizi, as many men and women who sacrifice their life for their cause, demonstrates that just existence may still be higher than mere life—and that humanity may ultimately rely upon such conviction. This may be a lesson worth retaining here where political subjectivity is more often expressed by killing others for bare hatred than killing oneself for superior values.

The way I have approached so far the relation of the state with violence and the mediation of the body between these two entities is founded on the idea that the issue is fundamentally that of power—the power legitimately or illegitimately exerted on others, and the power to defend oneself by usual or unusual means. Actually, violence emanating from the state or directed against the state has long been the main historical fact, from the Roman Empire to the Communist revolutions, just as it has been the principal concern for political theorists, from Hobbes and Machiavelli to Carl Schmitt and Hannah Arendt. Although this empirical reality still exists and its intellectual translation remains valid—we are not done with the question of power, of course—another dimension of the relation between state and violence mediated by the body deserves more attention. It is the dimension on which Michel Foucault (2011 [2009]) focused his analysis in his last years and ultimate

lectures, when he shifted his interest from power, precisely, to subjectivity—that is, the question of truth and truth-telling, or in a literal translation from the French: the question of veridiction. Unlike him, however, I do not want to separate power and truth, to go beyond the former to concentrate on the latter, but to analyze their articulation.

My thesis is that the relation between the state and violence takes two forms, which are linked in a specular way—in other words, as mirror images. The body is not only the site where power is exerted or resisted, it is also the site where truth is sought or denied. Whereas much has been written on power and the body, probably because it is the most obvious dimension of the relation between state and violence, as well as the most evidently disquieting one, there is still much to be explored about truth and the body. Let me clarify my intention. Instead of analyzing the origin of violence, as is usual, either explicitly or implicitly, I suggest examining its effects. Or better said: its trace. If power leaves traces on bodies, what sort of truth does the state—and more generally society—extract from them? I describe power and truth as mirror images since they are intimately but symmetrically related around the body, respectively on the side of causes and consequences, as will become manifest in the two case studies I will briefly evoke. In the first, based on research I conducted in France about asylum seekers, the body bears the truth of violence that the state looks for in order to grant them the status of refugee. In the second, grounded on a study I carried out in South Africa about AIDS sufferers, the embodied truth of violence is denied by the state. Asylum is related to political violence; AIDS is linked to structural violence.

THE BODY AS THE SITE OF EVIDENCE

In France, as in most Western countries, asylum has become a critical issue over the last quarter-century. Far from the great expectations raised by the 1951 Geneva Convention in the aftermath of the Second World War, official institutions overseeing asylum in Europe are increasingly “mistrusting refugees,” in Val Daniel’s and John Knudson’s

words (1995). With the restrictions levied on immigration from the mid-1970s onward, the confusion between immigrants and refugees has been escalating, probably on both sides, as some candidates for immigration may be inclined to apply for asylum and as governments tend to denounce so-called bogus refugees in order to justify their harsh policies. In France, in 1976, 19 out of 20 asylum seekers were granted refugee status by the National Office for the Protection of Refugees. Three decades later, 19 out of 20 were denied the status by this institution, a proportion hardly modified when rejected candidates appeal to the National Court for Asylum, which only reverses one decision out of ten. Whereas Michael Marrus (1985) concluded his book on the history of those he called “the unwanted” during the twentieth century by enthusiastically predicting “the apparent end of a European refugee problem,” the global situation of asylum has turned out to be today the most problematic it has been since the 1950s.

In this context, not only are the accounts of the asylum seekers describing the persecutions they have endured and the risks they would incur if they were to return to their home country discredited, but their voice can no longer be heard: lawyers speak in their stead; volunteers help with their application, some even specializing in the so-called preparation of narratives; physicians and psychologists attest to their past experience. In fact, medical and psychological certificates affirming the existence of physical scars or psychic trauma compatible with the story recounted have become a key element to improve one’s chances of securing the refugee status (Fassin and d’Halluin 2005). This fragile evidence is so often requested by asylum officers and judges, as well as by lawyers and volunteers, that nongovernmental organizations that assist asylum seekers regarding their health problems and administrative issues are overwhelmed by this growing demand for expert advice.

“Dear Sir, I write in respect of the hearing of the Commission of Appeal. To obtain your refugee status, you must send me a medical certificate testifying to the traces left on your body as a result of the

torture and abuse inflicted on you, particularly on your eye. Please do not hesitate to contact me if you have any difficulty.” This sort of letter, written by a lawyer to an applicant, has become quite common over the recent years. In response to these requests, medical certificates take the following form:

This patient of Tamil origin was reportedly arrested in 1996, due to his involvement in aiding the Tigers, and incarcerated. He claims to have been tortured, hit with a bayonet and burned with cigarettes. Clinical examination shows at the root of the left thumb, two scars, one longitudinal, 3 cm and the other oval, related to a cut; on the left upper arm, five round lesions typical of cigarette burns; on the right leg, several scars from knife-wounds. On the whole the observations correspond to the patient’s statements.

Here, narrative elements are reduced to an extreme factual dryness, whereas clinical findings give the most objective description of physical traces, when they exist, the conclusion affirming the compatibility of the story and the diagnosis.

At the height of the violence in Colombia, Michael Taussig writes that he visited a young far-left activist who had been arrested, abducted, and tortured for having denounced the abuses of human rights committed by the army, and who remained profoundly affected by this experience, which he had miraculously escaped after being left for dead in a park:

He proceeded to tell me how he was tortured, how bad it was when they changed the handcuffs for rope, how he felt like drowning with the wet towel stuffed down his mouth, and what it was like being in the bag and shot but not killed. He leant his head forward almost onto my lap and guided my finger through the hair to the soft bulging

wounds of irregularly dimpled flesh. “Like the worshippers with Christ’s wounds,” murmured a friend days later to whom I was telling this (1992: 33).

In the political theology of asylum, the French state resembles Thomas, the skeptical apostle, who could only believe after having touched the open sores of Jesus. Officers and judges are often more convinced by a medical certificate than by a personal narrative.

For the asylum seekers, the experience of the violence of the state is therefore dual. In the home country, their body has been the site of the inscription of power, through the persecutions they have endured. In the host country, their body has become the site of the search for truth, via the traces proving these persecutions. Torture produces corporeal marks, and it is this imprint that bears witness for abuses. The irony is, however, that at the very moment when additional physical evidence is being requested from applicants by officers and judges, torturers worldwide have learned how to minimize the traces they leave on bodies—or of bodies (Rejali 2007). Moral tortures, including humiliations of which Abu Ghraib has become the infamous symbol, frequently replace physical ones; sexual abuses, including so-called political rape as it was practiced in Darfur and Bosnia, often leave no scar; or more radically, all material proof of the existence of the person may be erased by throwing corpses in mass graves, as in Cambodia, or making them completely disappear, as in Argentina.

But when persecuted individuals seeking asylum cannot give evidence of marks on their body, they now have the alternate possibility of proving the violence to which they have been exposed through what is sometimes designated as the “wounds of the soul,” that is, psychic trauma or, in its purest clinical form, post-traumatic stress disorder, which was introduced in the nosography with the 1980 Diagnostic and Statistical Manual (DSM) III classification of the American Psychiatric Association (Fassin and Rechtman 2009). Considering the delay in the transatlantic migration of the concept, it is only during the past decade

that this new category, which attests to the psychic imprint of the experience of previous violence, has been taken into account by nongovernmental organizations assisting asylum seekers in France. Over the past 30 years of their activity, there has been a remarkable increase in the number of psychological certificates, which reveal a no less noteworthy development of the diagnosis of trauma, rather than depression or anxiety, as psychiatrists used to indicate in their previous accounts.

This growing demand for evidence of the physical or psychic traces of abuses of asylum seekers poses three major problems. First, it profoundly transforms the nature of the condition of refugee. According to Article 1 of the Geneva Convention, a refugee is “any person who, owing to well-founded fear of being persecuted for reasons of race, religion, nationality, membership of a particular social group or political opinion, is outside the country of his nationality and is unable or, owing to such fear, is unwilling to avail himself the protection of that country.” Consequently, the state of the host country should decide to grant the refugee status on the ground of well-founded fear rather than actually endured violence. Second, this evolution obviously disadvantages applicants who have no marks left by the persecutions to which they have been subjected or who lack the medical and psychological networks to certify these marks. The case of rape is the most problematic and also the most frequent, since women or men who have been victims of sexual abuses generally have no physical scars, often do not experience post-traumatic stress disorder, and do not always consult physicians or psychologists. The “scar and trauma bonus,” as activists sometimes call it, therefore penalizes the majority of applicants. Third, this trend contributes to the disqualification of the word of the asylum seekers. Their account of what they have endured is considered secondary to the certificate of the medical or psychological expert. As their voices are silenced, it is their bodies that speak.

The conjunction of these three elements—change in the definition of the refugee, penalization of the majority of applicants, disqualification of their word—has precipitated the global discredit of asylum

observed during recent years. The more the state of the host country demands evidence from the body of the applicants, the more it reduces the spectrum of its protection to refugees—and ultimately, the more it facilitates the dirty work of persecutors, often with the benediction or assistance of the state in the home country. In the research I conducted at the National Court of Asylum in France, a Bangladeshi man who asserted he had been severely abused by local militias and municipal authorities because of his religion and human rights activism presented, at the end of his hearing, a picture of himself badly injured in a hospital bed as a consequence of what he said was a beating by the police. “What proves to me that you did not fall from your bicycle?” asked the president. Strictly speaking he was correct: when refugees have lost their moral credit, even bodies do not offer sufficient evidence. The search for truth by the state supposes a minimal level of trust not only toward applicants but also toward asylum as such.

THE BODY AS THE SITE OF MEMORY

The denial of the truth of the body may take more complex and conflictive expressions. During the 1990s, South Africa shifted from being one of the countries least affected by the AIDS epidemic on the continent to being the one with the highest number of HIV-infected persons worldwide. This unprecedented progression of the disease occurred in the context of the replacement of the apartheid regime by a democratic order in 1994 after more than a decade of civil unrest, state of emergency and, finally, smooth transition, with the liberation of Nelson Mandela, the lifting of the ban of the African National Congress (ANC) and the formation of a Government of National Unity after the first multiracial elections in 1994. The conjunction of the two phenomena—the biological and the political—was profoundly troubling for South Africans, whether the two elements were malevolently linked by conservative Afrikaners or regarded as an endless curse by the new leaders (Fassin 2007). As early as 1990, the charismatic head of the military branch of the ANC, Chris Hani (who was later assassinated), had

predicted that after apartheid, AIDS would be the next struggle. His intuition proved to be posthumously accurate.

The disease did not only provoke an epidemiological crisis; it also caused a national controversy. On the one hand, there was the public health situation with a 20 percent HIV-prevalence among adults, an estimated 5 million infected persons, and the announcement of a 20-year decrease in life expectancy during the next two decades. Accompanying this was a disturbing test for medical knowledge, since the models generally admitted could not account for the staggering evolution of the infection. The epidemiological crisis was literally one in terms of epidemic and in terms of logos. On the other hand, there was the polemic initiated by the president, Thabo Mbeki, and his health minister who, influenced by scientific dissidents from the University of California, stated, first, that a virus could not be the only source of this modern plague and that poverty was certainly the major cause, and second, that under these circumstances, antiretroviral drugs were at best useless, at worse dangerous, making social aid more than treatment availability the priority.

From a problem of governance, the issue rapidly escalated into a national controversy, with the country divided not so much between orthodox and heterodox as one often assumes, but between activist networks and the president's supporters, with a large majority of the black African population approving the latter's policy on the basis of racial belonging and political fidelity. The human tragedy had become a social drama. In Victor Turner's terms, it was "the expression of a deeper division and loyalties than appears on the surface," thus revealing "some dominant cleavages in the widest set of relevant social relations to which the parties in conflict belong" (Turner 1980: 150). There was more than AIDS to the AIDS controversy.

This excess of meaning, which Claude Lévi-Strauss regarded as "the very condition of symbolic thought" and invited "ethnologists and linguists to study," can be viewed as the truth that remained buried in the depth of the South African past (Lévi-Strauss 1987 [1950]: 63). Like

the “occult economies” and “witch killings” analyzed by John and Jean Comaroff (2008) in the same postcolonial context, the anthropological exploration of apparently wrong beliefs often unveils authentic issues. The alternate theories of AIDS, including conspiracy theories, and the support they received within large segments of population, in South Africa but also elsewhere, speak not of a medical truth, obviously, but of a historical truth—which, as social scientists, we have the obligation to comprehend, rather than denounce or deride.

The colonial and subsequent national state, in South Africa, has developed and sustained the capitalist exploitation of the racial majority since the second half of the nineteenth century, most notably in the mines, which Basotho migrant workers still assimilate to cannibals in the songs collected by David Coplan (1994). In a similar vein, as Randall Packard’s demonstration for tuberculosis from the 1910s onward (1989), it is possible to show how, in the case of AIDS, this racial domination and economic dispossession, associated with spatial segregation, have facilitated and probably sometimes initiated the dissemination of the infection. In the mining pits, for instance, local networks of “shebeens” and “hotspots” were made available to tens of thousands of men concentrated in hostels, for whom alcohol consumption and sexual encounters were the only distractions. This quasi-experimental setting for the expansion of the epidemic benefited from the support of the white supremacist regime, with its pass system limiting the movement of black people and confining men to their workplace, and more generally, with its discriminatory laws which subjected them to the almost unrestricted power of whites and ultimately prevented them from determining the course of their lives.

This was not only true of miners, but of most black men—and women. Such was the case of a 43-year-old man living in Limpopo province, in the north of the country, whom I came to know well over the years (Fassin 2009). His family has always lived in a region where the Native Land Act, more than three decades before the instauration of apartheid, had dispossessed black peasants of their lands, leaving them

the only option of selling their labor force to the mine industry or to the new white owners. This is what the man did, as had done his father and grandfather before him, toiling on a large farm for a derisory salary and living in a barrack where the end of the week signaled the visit of women, officially selling traditional beer, unofficially offering sexual services. In his early 20s, he left the farm for the neighboring town and started to work as a gardener for the bantustan authorities (which had the administrative responsibility of these segregated territories imposed under apartheid), but a year later, when the farmer ran short of labor, he forced his employers to dismiss him. The man had to return to the farm. He was married by then and therefore was separated from his wife, who was a domestic worker. During the course of several years, the couple only saw each other once a month when she would receive her wages and could visit him, since he was not authorized to leave the farm. Not being allowed by their employers to have their two children stay with one or the other, they left them in the care of the grandparents who brought them up, as was the case for so many children under apartheid. This destructured family life ultimately led the couple to divorce. One of the weekend female visitors became the man's partner. She soon fell ill and he started to show symptoms of disease as well. He was hospitalized for two weeks, and when he returned to the farm, the owner, who had been informed by the physician of his employee's medical condition, fired him and, refusing to pay his last salary, chased him with a rifle.

This is when I met this man. At an advanced stage of his disease and without earnings, he was relegated to the backyard of his sister's house, ostensibly rejected by his family. His emaciated body and inexpressive face testified to his medical condition as well as to his personal history. Actually, they provided a truth about the epidemic that received scant coverage in the usual public health accounts, both nationally and internationally. In his case as in so many others I have known, instead of being a cultural feature or behavioral orientation, sexual promiscuity—as it was designated, using a stigmatizing expression inherited from

nineteenth-century morality and frequently applied to African sexuality—was the expression of the grim exploitation and brutal domination imposed on the black population. But for journalists, physicians, and sometimes even anthropologists, it was much more gratifying to speak of the imaginary but presented as real “virgin cleansing myth”—that is, the rape of young women allegedly to eliminate the infection and purify one’s body—than to discuss the role of inequality in the dissemination of the disease. The political economy of the infection was thus the missing component of most interpretations of AIDS. By blaming the victims, the apartheid state had concealed this truth. By speaking of plot, the postapartheid state unveiled it—but in a literally aberrant manner. Yet the truth was worth telling.

It is a truth about the trace left within bodies by a history of violence. More than political violence, on which the analysts of colonial and apartheid regimes legitimately insist, it is structural violence, to use the term coined by Johan Galtung and appropriated by Paul Farmer (2004) and others. It is about the embodiment of a violent past and present that takes two forms. One, objectifiable, concerns the bodily inscription of living conditions, poverty, abandonment, and humiliation, and their translation in terms of lower life expectancy and even lower value of life. The other, subjective, manifests itself through a vision of the world constituted of resentment about the past and suspicion about the present, and in its purest form is expressed through conspiratorial theories. Epidemiologists can contribute to the measurement of the former, and anthropologists to the understanding of the latter. In the case of AIDS, in South Africa and elsewhere, the objective dimension was not acknowledged—cultural and behavioral models were more popular—and the subjective one was disqualified: as irresponsible and criminal.

Indeed, structural violence is a relatively abstract and elusive concept. It concerns the way historically constituted social structures interfere with people’s needs, capabilities, and aspirations. It combines in various ways economic inequality, social injustice, racial discrimina-

tion, and diverse forms of denials of human and citizen's rights. It is more difficult to apprehend than political violence. Its relation to the state is more pernicious but less obvious. Its imprint on the body is more profound but less tangible. It has no immediate visibility—but there are also more interests at stake in keeping it invisible, since its systematic unveiling could have unexpected consequences on the social order. This is why, whereas there is a broad international consensus to criticize political violence, at least publicly, there is little global agreement or even concern regarding structural violence. In fact, as was demonstrated by food riots in Venezuela and Bangladesh, the natives' uprisings in Ecuador or Australia, the al-Aqsa intifada in Palestine, and the civil unrest in the French *banlieues*, to name just a few in recent years, it is when structural violence is reversed into violent resistance that it begins to be taken seriously by the state—and often repression is the sole response.

CONCLUSION

The relation between the state and the body is complex and ambiguous. It consists of protection and persecution, compassion and repression. But more deeply it has violence for its foundation, the violence it concomitantly represses and authorizes. This violence can be political, the brutal exercise of force on bodies, or structural: the creeping inscription of inequality within bodies. Political violence tends to be denounced. Structural violence tends to be denied. The former is erased by the perpetrator and searched for by asylum institutions. The latter is made invisible by the dominant but may be claimed by the oppressed. This distinction, often taken for granted, has its limits, since the two forms of violence are often intimately related and difficult to disentangle. This is what I would like to illustrate through a simple story, which, I believe, poses complex questions.

It is the story of a young Haitian woman I met several years ago in France (Fassin 2011). I will call her Marie. During the 1990s, at the climax of civil war and paramilitary violence in Haiti, her father, who

was a political opponent, was murdered by unknown assailants and, some time later, her mother disappeared and was thought to have been killed. One day, a group of men burst into Marie's house and gang raped her in front of her boyfriend. In the following days, after having found temporary refuge at her aunt's, she decided to leave her country and seek asylum in France. But considering they did not have sufficient evidence of the persecutions she had endured or of the risk she would incur if she returned to Haiti, the French Office for the Protection of Refugees and later the Court of Appeal denied her request. Having become an undocumented immigrant with no relatives in France, Marie suffered from increasing isolation and depression. At some point she was brought to the hospital in a state of profound physical and psychological deterioration. The doctor diagnosed full-blown AIDS, probably a consequence of the rape. He prepared a medical dossier for the immigration services. An article had been recently added to French immigration legislation, that would allow aliens with a life-threatening disease, which could not be treated in their home country, to receive a temporary residence permit and free treatment in a hospital. Ironically, as a Kenyan engineer also suffering from AIDS, who had been illegally in France for years and finally obtained his permit because of his medical condition, told me: "This disease that kills me is also what allows me to live." Marie was legalized under this criterion known in French as "humanitarian reasons." What she had not been able to obtain as a right had finally been given to her by compassion. She was only one of many asylum seekers who, after being turned down by the institutions in charge of refugees, received residence permits due to their health problems.

How can we make sense of this story? The state in Haiti, insofar as such an entity did exist in those years, certainly played no role in protecting Marie and her family, and probably was even part of the violence to which they were subjected. But how to qualify this violence? Should we call it political or structural? Was Marie gang raped in retaliation or intimidation because she was the daughter of an opponent,

or simply because this sort of event becomes common in anomic situations? The answer to this question is almost impossible to determine. We know from the biographies of young black South Africans in the final years of the apartheid that the same individuals could be combating the regime and stealing from their neighbors, demonstrating in the townships and raping girls in the streets, alternately behaving as comrades and *tsotsis* (Glaser 2000). The French Office for the Protection of Refugees seemed, however, to know the answer: it denied Marie asylum, saying that she had been the victim of structural rather than political violence. Finally, like many asylum seekers in France, it is under this rationale that she was granted legal residence—as an AIDS sufferer rather than a persecuted individual. The trace left in her body by violence was recognized, but as a consequence of structural rather than political violence. Empathy outweighed entitlement.

From a practical perspective, one could certainly argue that the important point is that, in the end, Marie did obtain a legal status. After all, the protection of the French state is all that counts, one would think, whatever meaning is given to the trace left on her body by violence. Objectively, this may be true. Subjectively, however, it is possible that being recognized as a person living with AIDS worthy of compassion, or as a refugee deserving political protection, makes a substantial difference. Ultimately, it could also be that for our societies to acknowledge humanitarian reason over asylum has more profound consequences than what we would think. Establishing that these anthropological details about traces definitely matter could be a good *raison d'être* for a critical social science.

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